Management of Anticancer Treatment Protocols Configured within the Oncology Management System Policy

1. Purpose

The policy outlines the clinical governance standards of WA Country Health Service (WACHS) Cancer Services for the management of anticancer treatment protocols configured within the Oncology Management System (OMS).

The OMS – Charm® is the endorsed application for use within WACHS and is shared with other Health Service Providers (HSP) within WA Health.

This policy applies to all WACHS Designated Cancer Treatment Units (DCTUs), including Regional Cancer Units and TeleChemotherapy Units that are OMS-enabled and licenced to use the OMS.

This document is to be used in conjunction with:

- WACHS Systemic Anticancer Therapy Procedure
- WACHS Anticancer Therapy Prescribing Procedure
- WACHS TeleChemotherapy Policy
- Cancer Institute NSW, Cancer Treatments Online – eviQ
- The Clinical Oncology Society of Australia (COSA) Guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy
- Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards User Guide for Medication Management in Cancer Care
- Australian Government Cancer Australia Optimal Cancer Care Pathways and Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer
- Related WA Health and WACHS Policy.

2. Policy

This policy applies to anticancer treatment that is either prescribed or requested for configuration in the OMS.

OMS protocols are developed based on peer reviewed evidence, primarily using protocols from eviQ. If a protocol is not listed on eviQ, it undergoes a multidisciplinary review by the WACHS Cancer Clinical Governance Group (CCGG) for subject matter expert recommendations before being developed into a protocol for either WACHS-wide or individual patient use. Refer to WACHS Anticancer Therapy Prescribing Procedure for further detail on this governance process.

The system administrator will determine the classification of anticancer treatment protocols configured within the OMS as either minor or major, which will guide the subsequent management process as outlined below.

The management of all protocol requests is undertaken in collaboration with South Metropolitan Health Service (SMHS), noting that decision is to be granted by both HSPs before the protocol is published, refer to Appendix A: OMS Protocol Management Process.

2.1 Minor Update to Existing Protocol

Requirement for minor update may be identified through feedback from end users, eviQ clinical practice updates, or identified by system administrators during regular audit and protocol review processes.

When a minor update to an existing protocol is required, (e.g. typographical errors, Pharmaceutical Benefits Scheme (PBS) streamline code, broken reference URL links, applying changes of biosimilar products), the OMS system administrator will review and update the protocol within the OMS.

A cancer pharmacist who has not been involved in modifying the protocol will independently verify the updates. This verification will ensure the accuracy of the changes by cross-referencing the updated protocol with the relevant recommendations, any protocol-specific adjustments, and the original protocol where applicable.

Once the minor updates are verified, a new version of the electronic protocol will be generated. This new version will automatically invalidate the previous version, ensuring the system operates with the most current protocol.

2.2 Major Update to Existing Protocol or Creation of New Protocol

When a major update to an existing protocol is required, (e.g. dose change), or when the creation of a new protocol is required within the OMS, the submission process will depend on whether a recommendation from the WACHS CCGG is required. This requirement is determined in accordance with the WACHS Anticancer Therapy Prescribing Procedure.

All protocols will be reviewed and validated by relevant disciplines from each HSP including medical, nursing and pharmacy representatives. Validators will be provided with appropriate access to the system and training to ensure a consistent and standardised approach to validation.

All validators need to complete their review before protocol validation can progress to the publication stage. Any comments made by a validator need to be resolved by the OMS system administrator before the protocol validation can progress to the publication stage. All checks will be documented and auditable within the system.
The final decision to publish a protocol in the OMS is made by the system administrator, once all validator comments have been reviewed and resolved, and all validations are complete.

Note: For urgent applications approved by the WACHS CCGG, configuration will be prioritised and may be completed within a reduced timeframe based on clinical urgency. This will be clearly communicated to relevant stakeholders by the system administrator.

It is important to note the distinction between configuration and validation**.** The overall timeline varies depending on the complexity of the validation process:

- for protocols tailored to individual patient use requiring validation by a single HSP, the validation timeframe may be shorter

- for WACHS-wide protocols requiring validation from each HSP, the timeframe may be extended due to the need for coordination among multiple stakeholders.

WACHS CCGG recommendation not required

If the protocol is already listed in eviQ, or if WACHS CCGG recommendation is not required, a request to create a new protocol or modify an existing protocol can be submitted directly to the WACHS OMS system administrator. This is done by completing the appropriate OMS Application Request Form (new pathway request or existing pathway change request), available on the WACHS Charm® SharePoint page.

WACHS CCGG recommendation required

If the protocol is not listed in eviQ or if a CCGG recommendation is required, the WACHS CCGG governance process must be completed in accordance with the WACHS Anticancer Therapy Prescribing Procedure prior to OMS submission.

Following governance approval, a representative of the WACHS CCGG will submit a completed OMS Application Request Form, with supporting evidence of approval attached to the request.

Once the protocol is configured within the OMS, validation is undertaken by a designated review team comprising a WACHS senior cancer nurse, senior cancer pharmacist, and consultant medical oncologist or haematologist. One or more validators should be representatives of the WACHS CCGG and confirm that the configuration aligns with clinical governance approvals.

Once all disciplines have completed their review, and any issues have been resolved, the protocol is published in the OMS and made available for use. For individual patient use protocols, the system administrator will deactivate the protocol in the OMS after it has been assigned to the patient by the prescriber.

All newly created or updated protocols will be tabled with the WACHS CCGG and WACHS Medication Therapeutics Committee (MTC) for noting. Refer to Appendix A: OMS Protocol Management Process.

This management process ensures all protocols within the OMS are clinically validated, aligned with national safety standards, and suitable for individual or WACHS-wide implementation prior to publication and patient assignment.

2.3 Deletion of a Treatment Pathway from a Patient Record

If a treatment pathway has been incorrectly assigned to a patient, and the clinician identifies a clinical risk from this misinformation being displayed in the OMS, the clinician can request the pathway be deleted from the patient's OMS record, by completing the Delete a pathway from a patient record OMS Application Request Form.

Pathway deletion will only be approved if all the following criteria are met:

- the pathway was not clinically indicated and was never part of the patient's treatment plan at any point in their treatment journey

- no treatments or appointments were scheduled or administered for the patient under the assigned pathway
- the pathway was assigned in error.

If any of these criteria are not met, the pathway will be discontinued, rather than deleted, ensuring it remains visible to end users in the OMS for transparency and clinical documentation.

All deleted pathways will be documented in the corporate record keeping system of all pathways which have been deleted from a patient record, and audit logs can be requested from the application vendor as required.

3. Roles and Responsibilities

The **WACHS OMS System Administrator** (in collaboration with SMHS OMS System Administrator) is responsible for**:**

- consulting with relevant stakeholders to reach consensus on how the protocol is represented within the OMS
- reviewing, prioritising and enacting protocol requests within the OMS
- manage the protocol validation process within the OMS
- reporting a list of protocol updates and newly published protocols within the OMS to WACHS CCGG and WACHS MTC for noting

The **OMS Protocol Validator** is responsible for:

- initiating, documenting and validating the review of new and existing protocols from within the OMS and provide an electronic signature upon completion and satisfaction with the validation process.

The **WACHS Cancer Clinical Governance Group** is responsible for:

- providing overarching governance for the development, review and endorsement of cancer treatment protocols in the OMS and related processes
- reviewing and assessing new treatment protocols or significant modifications that require governance approval
- initiating OMS configuration requests to the OMS system administrator following completion of the governance process ensuring timely communication
- supporting WACHS staff to comply with this policy by the provision of advice, information and regular updates relating to cancer treatment protocols.

The **WACHS Medicines and Therapeutics Committee** is responsible for:

- noting endorsed protocols that have been activated in the OMS
- endorsing policy documents and forms relevant to medication management and safety of anticancer treatments

All **WACHS Cancer Services clinical staff** are responsible for:

- determining whether a proposed protocol is listed in eviQ or requires WACHS CCGG approval as outlined in the WACHS Anticancer Therapy Prescribing Procedure
- submitting OMS application request forms directly to the WACHS OMS system administrator where WACHS CCGG recommendation **is not** required

- submitting the request to the WACHS CCGG for review and recommendation prior to OMS configuration where WACHS CCGG recommendation **is** required.

All **WACHS clinical staff** are accountable for their own practice and are to provide care:

- within their registration status
- in accordance with the codes and guidelines approved by their relevant National Board supported by AHPRA
- within their scope of practice and competence
- within their prescribed responsibilities and duties as defined in their JDF
- within the context of practice that they are operating
- as per local policy and procedure.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Approved protocols configured within the OMS will be reviewed by the WACHS Charm® system administrator in collaboration with the SMHS system administrator every 2 years. Reviews may occur earlier if prompted by changes in clinical practice.

Compliance, monitoring and evaluation is the responsibility of WACHS CCGG, WACHS OMS system administrator and WACHS Cancer Services. All OMS Application Request forms will be tabled by the OMS system administrator as a standing agenda item for noting at the WACHS CCGG meetings and the WACHS MTC meetings.

This document will be reviewed as required to determine effectiveness, relevance and currency. At a minimum, it will be reviewed every 3 years by the WACHS Cancer Clinical Governance Group and endorsed by the WACHS Medication Safety Committee.

Any issues or concerns are to be escalated to the WACHS Cancer Clinical Governance Group for appropriate action.

5. References

Australian Commission on Safety and Quality in Health Care. Electronic medication management systems: a guide to safe implementation, 3rd edition. Sydney: ACSQHC; 2019

Australian Commission on Safety and Quality in Health Care. High Risk Medicines Sydney

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards 2nd Ed. Medication Safety Standard 4. Sydney: ACSQHC; 2017. P. 29-36

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Primary and Community Healthcare Standards, 3rd edition. Sydney: ACSQHC; 2019

Australian Commission on Safety and Quality in Health Care. National Indicators for the Quality use of Medicines in Australian Hospitals [Internet]. Sydney NSW (Australia): 2014

Australian Government Cancer Australia Optimal cancer care pathways

Australian Government Cancer Australia Optimal Care pathway for Aboriginal and Torres Strait Islander people with cancer

Australian Government Department of Health Australian Immunisation Handbook.

Cancer Institute of NSW. eviQ Cancer Treatments Online [Internet]. Sydney NSW (Australia): 2017

Clinical Oncological Society of Australia. Guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy [Internet]. Sydney NSW (Australia): 2024

Clinical Oncological Society of Australia, Cancer Pharmacists Group, Positions Statement: Safe handling of monoclonal antibodies in healthcare settings 2013

Government of Western Australia Department of Health, WA Health Clinical Services Framework 2014 –2024.

Institute for Safe Medication Practices. ISMP Targeted Medication Safety Best Practices for Hospitals. ISMP; 2024

6. Definitions

Term	Definition
Publication	A protocol is published in the OMS once all reviewers have completed their review, no rejections have been made, and any comments have been resolved. The final step is clicking ‘Activate and Remove’, which removes the protocol from the review tool and sets its status to ‘Active’, making it available for use in the OMS.
Configuration	Configuration is the process of building and customising the OMS database at a system level through system setup, system variables, and local default settings. The OMS system administrator manages the system configuration and system variables, while local defaults are controlled by Charm® Health.
End user	An end user is any clinician or healthcare staff member who accesses and uses the Oncology Management System (OMS) as part of their role. This includes, but is not limited to, medical practitioners, nurses, pharmacists, and administrative staff involved in cancer care.

	End users rely on the OMS to view, manage, and deliver treatment plans, schedules, and protocols for patients.
eviQ	Resource of evidence-based, consensus driven cancer treatment protocols and information for use at the point of care. eviQ is developed for the Australian context and supports health professionals in the delivery of cancer treatments.
Healthcare Record	A healthcare record (paper-based or electronic) of a patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication orders for an episode of care.
Medication Order	A medication order is a written instruction issued by an authorised individual, in accordance with the regulation, authorising any specified health practitioners (within their scope of practice) to dispense, supply and administer (not prescribe) a specified medication in circumstances specified within the instruction. Medication orders can be electronically generated, pre-printed forms or handwritten orders. Examples include: WACHS endorsed speciality medication chart, an electronic order in an approved OMS, and other verbal-electronic means. The **medication** order for anticancer treatment should present the treatment information in a clear, consistent and unambiguous manner and include all supportive therapy associated with the protocol.
Oncology Management System	An Oncology Management System (OMS) is an end-to-end Electronic Medication Management (eMM) System supporting treatment for haematology and oncology patients. The system includes a central library of systemic anticancer treatment protocols, pharmacy management, patient scheduler, prescribing, administration and reporting. An OMS improves patient safety by removing paper and related prescribing and administration errors.
Protocol	A protocol is an evidence-based regimen of medications to treat cancer that is endorsed for clinical use by WACHS.
System Administrator	The System Administrator is the user role responsible for configuring the back-end databases for the application including protocol library, scheduler, reports, questionnaires and other related processes relating to configuration of master files. Also defined by the vendor as Charm® Project Officer (CPO). The Oncology Management System (OMS) database is shared with SMHS, with all changes requiring review

	and endorsement by both WACHS and SMHS OMS System Administrators.
Anticancer Treatment	Anticancer Treatment is medications used to treat cancer, including all chemotherapy, immunotherapy, targeted therapy, and hormone therapy.
Validation	Validation is the process that enables users to start, document, and review new and existing protocols within the OMS, ensuring they are accurate and approved before use.

7. Document Summary

Coverage	WACHS wide
Audience	Medical, nursing, pharmacy, clerical and any staff who work with systemic anticancer treatments at OMS-enabled WACHS DCTUs
Records Management	Clinical: Health Record Management Policy
Related Legislation	*Health Practitioner Regulation National Law* (WA) *Medicines and Poisons Act 2014* (WA) Medicines and Poisons Regulations 2016 (WA) *Therapeutic Goods Act 1989* (Cth) Therapeutic Goods Regulations 1990 (Cth) Therapeutic Goods (Poisons Standard—June 2025) Instrument 2025 (Cth) *Voluntary Assisted Dying Act 2019* (WA) Work Health and Safety (General) Regulations 2022 (WA)
Related Mandatory Policies / Frameworks	• MP 0095/18 Clinical Handover Policy • MP 0122/19 Clinical Incident Management Policy • MP 0175/22 Consent to Treatment Policy • MP 0130/20 Complaints Management Policy • MP 0084/18 Credentialing and Defining Scope of Clinical Practice Policy • MP 0072/17 Health Technology Governance Policy • MP 0131/20 High Risk Medication Policy • MP 0144/20 Information Retention and Disposal Policy • MP 0067/17 Information Security Policy • MP 0104/19 Medication Review Policy • MP 0094/18 My Health Record Policy • MP 0134/20 National Safety and Quality Health Service Standards Accreditation Policy • MP 0053/17 Patient Alert Policy • MP 0171/22 Recognising and Responding to Acute Deterioration Policy • MP 0077/18 Statewide Medicines Formulary Policy • Clinical Governance, Safety and Quality Policy Framework
Related WACHS Policy Documents	• Anticancer Therapy Prescribing Procedure • Assessment and Management of Inter-Hospital Patient Transfers Policy • Cancer Institute NSW - Cancer Treatments Online - eviQ – Endorsed for use in Clinical Practice Policy • Central Venous Access Devices (CVAD) and Long Peripheral Venous Catheter (PVC) Management • Cancer Services Referral Procedure • Chaperone Policy • Clinical Documentation Policy

	• Day Infusions Policy • Environmental Cleaning Policy • Falls Prevention and Management – Clinical Practice Standard • Goals of Patient Care Guideline • Hazard and Incident Management Procedure • Health Record Management Policy • High Risk Medications Procedure • Infection Prevention and Control Policy • Inter-Hospital Clinical Handover Form Procedure • Malignant Spinal Cord Compression – WACHS Clinical Practice Standard • Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure • Medication Handling and Accountability Policy • Medication Prescribing and Administration Policy • Medication Review Procedure • Nursing Management of the Neutropenic ADULT Haematology and Oncology Patient Procedure • Patient Identification Policy • Personal Protective Equipment Procedure • Peripheral Intravenous Cannulae (PIVC) Management • Pressure Injury Prevention and Management Policy • Recognising and Responding to Acute Deterioration (RRAD) Policy • Recognising and Responding to Acute Deterioration Procedure • Safe Handling and Administration of Monoclonal Antibodies Guideline • TeleChemotherapy Policy • Waste Management Policy • Work Health and Safety Policy
Other Related Documents	• Australian Open Disclosure Framework • Clinical Risk Management Guidelines for the Western Australia Health System • National Hand Hygiene Initiative in Western Australian Healthcare Facilities • Post Fall Multidisciplinary Management Guidelines for Western Australian Health Care Settings 2018 • Working with Consumers and Carers Toolkit
Related Forms	• MR 59 WACHS Cancer Coordination Admission Form • MR 59.1 WACHS Cancer Services – Triage Admission Form • MR 59A WACHS Consent to Cancer Treatment • MR 59B WACHS Cancer My Education Checklist • MR 59C WACHS Cancer Nursing Assessment & Care Plan

	• MR 59C.1 WACHS Cancer Services – Distress Thermometer • MR 59C.2 WACHS Cancer Services – Immunotherapy Assessment Tool • MR 59C.3 WACHS Cancer Services – Oral Mucositis Assessment Tool • MR 59C.4 WACHS Cancer Services – Antineoplastic Drug Extravasation Assessment Tool • MR 59C.5 WACHS Cancer Services – Pre-Admission Nursing Assessment Tool • MR 59C.6 Day of Treatment Nursing Assessment Tool • MR 59D WACHS Cancer Treatment Infusion Observation Chart • MR 59E WACHS Cancer Services Continuation Sheet • MR 59F WACHS Cancer Services – ISOBAR Handover Form • MR 59G WACHS Cancer Services – Telephone Triage Tool • MR 59H WACHS Cancer Services – Supportive Needs Assessment Tool for Aboriginal People (SCNAT – AP) • MR 59I WACHS Integrated Cancer Services Referral Form • MR 111 WACHS Nursing Admission, Screening and Assessment Tool – Adults • MR 140 WACHS MER/Code Blue Response • MR170.1 WACHS Medication History and Management Plan • MR 179 WACHS Peripheral Intravenous Cannula Observation Record • MR 179A WACHS Central Venous Access Device (CVAD) Insertion & Assessment Record • MR 179B WACHS Central Venous Access Device (CVAD) Insertion Site Assessment Continuation Sheet • MR 179C WACHS CVAD Access-Dressings Continuation Sheet • WACHS Medical Alert Cancer Treatment • WACHS Safety Risk Report Form (SRRF)
Related Training	Available from MyLearning: • High Risk Medications: Introduction (HRMINT EL2) • WACHS OMS eLearning
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 4484
National Safety and Quality Health Service (NSQHS) Standards	2.04, 2.06, 2.07, 4.01, 4.02, 4.04, 4.05, 4.11, 5.15, 6.03, 6.04, 8.10, 8.11.

Aged Care Quality Standards	Nil.
Chief Psychiatrist's Standards for Clinical Care	Nil.
Other Standards	NSQHS: • User Guide for Medication Management in Cancer Care • National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines • Recommendations for Terminology, Abbreviations and Symbols used in Medicines Documentation

8. Document Control

Version	Published date	Current from	Summary of changes
1.00	15 August 2025	15 August 2025	New policy document developed to facilitate the implementation of the Oncology Management System (OMS) – Charm® in WACHS.

9. Approval

Policy Owner	Executive Director Nursing & Midwifery
Co-approver	Executive Director Clinical Excellence
Contact	WACHS OMS System Administrator
Business Unit	WACHS Cancer Services
EDRMS #	ED-CO-25-277712

This document can be made available in alternative formats on request.

Appendix A: OMS Protocol Management Process