

Research Protocol Feasibility Readiness Assessment

The purpose of this assessment is to share the capabilities and services available at a partner healthcare centre (satellite site) that could be used to provide a patient with Clinical Trial activities. Please note, 'systemic therapy' includes chemotherapy, biotherapy, and immunotherapy.

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Overview of Facility, Services and Personnel

Facility _____

Address _____

Main phone number: _____

Catchment Area _____

Total number of beds _____

Number of systemic therapy chairs: _____

Type of Health Care Facility: Community Health Care Facility
 Regional Health Care Facility
 Tertiary Health Care Facility

Distance from Trial Accrual (primary site) facility: _____

Nearest regional health care facility [if applicable]: _____

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Are the following services available?

	Yes	No
Emergency room services 24/7	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient unit for admissions	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care unit with intubation	<input type="checkbox"/>	<input type="checkbox"/>
Intensive care unit with short term ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient services for cancer patients	<input type="checkbox"/>	<input type="checkbox"/>
Systemic therapy administration	<input type="checkbox"/>	<input type="checkbox"/>
Plasmapheresis services (PLEX)	<input type="checkbox"/>	<input type="checkbox"/>
Able to initiate urgent hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>
Dental services in hospital or associated with the hospital	<input type="checkbox"/>	<input type="checkbox"/>
Hearing & speech evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care services	<input type="checkbox"/>	<input type="checkbox"/>
Pain management team	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy onsite or available to hospital 24/7	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial support/spiritual care services	<input type="checkbox"/>	<input type="checkbox"/>
Paracentesis and thoracentesis	<input type="checkbox"/>	<input type="checkbox"/>
Home care	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Bronchoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

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Personnel

	Yes	No
Hematologist/Oncologist	<input type="checkbox"/>	<input type="checkbox"/>
General Practitioner Oncology (GPOs)	<input type="checkbox"/>	<input type="checkbox"/>
Physicians with 24/7 coverage able to respond to emergency situations	<input type="checkbox"/>	<input type="checkbox"/>
Anaesthesiologist[s] [for procedural sedation e.g. lumbar punctures, scans]	<input type="checkbox"/>	<input type="checkbox"/>
General surgeon[s]	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease specialist[s]	<input type="checkbox"/>	<input type="checkbox"/>
Pathologist[s]	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Care physician[s]	<input type="checkbox"/>	<input type="checkbox"/>
Radiation oncologist[s]	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmologist	<input type="checkbox"/>	<input type="checkbox"/>
General Internist	<input type="checkbox"/>	<input type="checkbox"/>
Neurologist	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterologist	<input type="checkbox"/>	<input type="checkbox"/>
Nephrologist	<input type="checkbox"/>	<input type="checkbox"/>
Respirologist	<input type="checkbox"/>	<input type="checkbox"/>
Interventional radiologist	<input type="checkbox"/>	<input type="checkbox"/>
Radiologist available to read urgent scans	<input type="checkbox"/>	<input type="checkbox"/>
Thrombosis specialist	<input type="checkbox"/>	<input type="checkbox"/>
Cardiologist	<input type="checkbox"/>	<input type="checkbox"/>

Ambulatory Services

Designated Oncology space? Yes No

Inpatient

Designated oncology inpatient ward with capacity to manage supportive care for adults? Yes No

Is there a shared ward? Yes No

Where is systemic therapy provided in your institution? Ambulatory clinic Inpatient unit

Resources/Skills/Knowledge

Which of these systemic therapies can currently be given in your facility?

- Antibody therapy
- Antibody therapy with a high chance of reactions ex. rituximab
- Infusions lasting over 4 hours
- Intramuscular injections
- IT Chemo

How many ADULT- certified systemic therapy nursing staff work in the Inpatient Unit and Ambulatory Clinic? _____

The following skills relate to venous access. Please check the box for all skills currently available in your hospital:

	Implanted Venous Access Device (Ports)	Central Venous Catheter (PICC)
Insertion	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>
Removal	<input type="checkbox"/>	<input type="checkbox"/>

When can implanted venous access devices be inserted? _____

When can central venous catheters be inserted? _____

Resources and Support

Please check the box for each statement that is TRUE for each of the settings where systemic therapy can be given to oncology patients:

	Ambulatory	Inpatient	Emergency
Resuscitation equipment is available (e.g. oxygen, suction, ambu bag, crash cart, pediatric drugs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs to deal with anaphylaxis are available (e.g. Benadryl, epinephrine, hydrocortisone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guidelines related to CVC care are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systemic therapy can be given after hours by a systemic therapy-certified nurse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a separate room for cases requiring isolation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a negative pressure room for reverse isolation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a designated physician available in house 24/7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pharmacy

Please provide contact information for manager of pharmacy: name/phone/email _____

Systemic therapy is prepared by:

- Pharmacist
- Pharmacy technicians with systemic therapy preparation course or equivalent supervised by pharmacists
- RN
- Physician

Please check the box next to EACH anti-infective agent that is in your formulary:

- Penicillin's (e.g. ampicillin)
- 3rd Generation cephalosporins (e.g. ceftazidime)
- Fluoroquinolones (e.g. levofloxacin)
- Aminoglycosides (e.g. gentamicin)
- Carbapenems (e.g. meropenem)
- Vancomycin
- Co-Trimoxazole (IV)

Please check the box next to EACH anti-emetic that is in your formulary:

- aprepitant
- chlorpromazine
- dexamethasone
- granisetron
- metoclopramide
- nabilone
- ondansetron PO
- ondansetron IV

Intravenous antifungals

- Fluconazole
- Amphotericin B
- Abcelet
- Ambisome
- Other relevant antifungals

Antivirals

- Oral acyclovir
- Intravenous acyclovir
- Intravenous ganciclovir

Pain Medications

- Morphine- oral and intravenous
- Fentanyl- intravenous
- Hydromorphone- intravenous
- Codeine- oral
- Oxycodone- oral

Steroids

- Dexamethasone

Please check the box next to EACH extravasation agent that is in your formulary:

- 50% DMSO (Dimethyl sulfoxide) topical solution
- sodium thiosulfate
- Hyaluronidase 1500 units' injection

Is a G-CSF available on your formulary?

- Yes
- No

How many days does it take to obtain?

Does your pharmacy currently prepare systemic therapy?

- Yes
- No

Is there a specialized oncology pharmacist?

- Yes
- No

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Dietary Needs

Can you provide total parenteral nutrition (TPN) to patients?

- Yes
 No

If yes:

- Premixed commercial solutions are available
 Compounded, patient-specific solutions can be provided

Can your healthcare facility insert NG tubes?

- Yes
 No

Can your healthcare facility insert gastrostomy tubes?

- Yes
 No

Can enteral [tube] feeds and care be administered and/or monitored at your centre in liaison with tertiary centre health personnel?

- Yes
 No

Can home enteral feeds and care be initiated in your centre or district, including teaching, and the organization of equipment and formula provision?

- Yes
 No

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What blood and related products can be administered to oncology patients in each of these areas?

	Emergency Department	Inpatient Unit	Ambulatory Unit
Red Blood Cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Platelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plasma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV gamma globulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coagulation factor concentrates for bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where are patients most likely to be administered blood products? _____

Laboratory Preparedness

Can your healthcare facility provide Blood Products to all blood types for transfusion within 24 hours? Yes
 No

What is the minimum processing (turnaround) time for your laboratory? _____

Are lab collection services available at your centre? Yes
 No

Lab Manager or contact person: _____

Lab Manager or contact person phone: _____

Phone number for lab results: _____

Are lab services other than collection available at your centre? Yes
 No

Hematology

CBC	<input type="checkbox"/> Yes <input type="checkbox"/> No
PT/PTT/INR	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fibrinogen	<input type="checkbox"/> Yes <input type="checkbox"/> No
ATIII	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti Xa	<input type="checkbox"/> Yes <input type="checkbox"/> No
CSF cell count	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microscopic urine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Na/K	<input type="checkbox"/> Yes <input type="checkbox"/> No
BUN	<input type="checkbox"/> Yes <input type="checkbox"/> No
Creatinine	<input type="checkbox"/> Yes <input type="checkbox"/> No
AST	<input type="checkbox"/> Yes <input type="checkbox"/> No
ALT	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bilirubin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Glucose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Magnesium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phosphate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calcium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lactate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uric acid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rasburicase uric acid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Albumin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amylase	<input type="checkbox"/> Yes <input type="checkbox"/> No
Capillary blood gas	<input type="checkbox"/> Yes <input type="checkbox"/> No
Creatinine clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No
TSH	<input type="checkbox"/> Yes <input type="checkbox"/> No
T4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cortisol levels	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESR	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRP	<input type="checkbox"/> Yes <input type="checkbox"/> No
CK levels	<input type="checkbox"/> Yes <input type="checkbox"/> No

Microbiology

- | | |
|---|--|
| Strep screen | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Throat bacterial | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Throat fungal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Throat viral | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CSF bacterial | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CSF fungal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CSF viral | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood bacterial | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood fungal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood viral | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hepatitis A | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hepatitis B | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hepatitis C | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Human Immunodeficiency Virus [HIV] | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Varicella | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IgG | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Urine bacterial | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Urine fungal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Urine viral | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aerobic and anaerobic bacterial cultures done | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Continual timed alarm for positive bacterial cultures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Antibiotic levels available | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Blood Bank

Manager or Senior/Chief Technologist: _____

Manager or Senior/Chief Technologist Phone: _____

Available on site (check all that applies):

- Irradiated, CMV negative packed red cells
- Irradiated, CMV negative platelet concentrates
- Frozen plasma
- Cryoprecipitate
- Intravenous Immune Globulin [IVIG]
- Serum albumin
- Coagulation concentrates

Irradiated, CMV negative packed red cells # of units/comments _____

Irradiated, CMV negative platelet concentrates # of units/comments _____

Frozen plasma # of units/comments _____

Cryoprecipitate # of units/comments _____

Intravenous Immune Globulin [IVIG] # of units/comments _____

Serum albumin # of units/comments _____

Coagulation concentrates please specify types and # of units/comments _____

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Diagnostic Imaging Preparedness

X-Ray Yes No

Ultrasound Yes No

Linear array endoscope Yes No

Endoscopic US Yes No

Radial endorectal US Yes No

Ultrasound-guided FNA/CORE Yes No

Bone scan Yes No

Gallium Yes No

GER Yes No

HIDA Yes No

WBC scan Yes No

Lung V/Q scan Yes No

Renal Cortical scan Yes No

CT scanner Yes No

How many slices? _____

CTPA (rule out pulmonary embolism) Yes No

Visualize central line placement? Yes No

Type? _____

Echo Yes No

MUGA Yes No

PET scan Yes No

MRI Yes No

EMG Yes No

EKG Yes No

Linear array Yes No

Radial endoscopy Yes No

Radial endorectal Yes No