ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 15: Oncology and Cancer Care

Core standard · applicability by facility type shown for each criterion

DOCUMENT NUMBER	ASF-HS11-S15
REVISION	01
DATE OF THIS REVISION	10 November 2026
STATUS	Approved for use
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, Chair, Public Health Institute of Georgia
APPLIES TO SURVEYS STARTING AFTER	[date to be confirmed]
REVIEW	Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027.
CONTROLLED COPY	The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the revision shown on its cover.

REVISION HISTORY

Revision	Date	Change	Approved by
01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 15 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL

Prof. Giorgi Pkhakadze, MD, MPH, PhD
Chair, Public Health Institute of Georgia

Date: 10 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision is at france-asf.fr.

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 15 at a glance: criteria, responsibilities, training

9 Criteria 15.1 to 15.11 (each on its own page)

10 Questions and answers

11 References

12 Document register

Criterion pages: 15.1 Cytotoxic Drug Handling Follows a Verified Safe-Handling Standard · 15.2 Chemotherapy Dose Is Verified by Independent Two-Person Check · 15.3 Neutropenic Fever Triggers an Immediate, Time-Bound Response · 15.4 Extravasation Is Recognised and Managed Immediately · 15.5 Multidisciplinary Tumour Board Informs Treatment Planning · 15.6 Palliative Care Integrated Alongside Active Treatment · 15.7 High-Alert Medicines Have Extra Safeguards · 15.8 Patients Are Triaged by Urgency · 15.9 Sepsis Is Recognised and Treated Quickly · 15.10 Pain and Symptoms Are Assessed and Controlled · 15.11 The Patient's Goals and Wishes Are Recorded.

1 Introduction

This document is Standard 15 of ASF Health Standards. It sets out how a facility gives cancer care safely: safe handling of cytotoxic drugs, independent checks of chemotherapy, early response to neutropenic fever and extravasation, tumour board review, early palliative care, high-alert medicines, triage, sepsis recognition, symptom control, and recorded patient goals.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 15 makes sure that people with cancer receive safe, timely and well-checked treatment, that complications are recognised at once, and that their symptoms and wishes are at the centre of their care.

Who should read it. Oncologists, haematologists, oncology nurses, pharmacists, palliative care clinicians, the tumour board members, the clinical governance lead, the clinical governance lead, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 15 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you deliver cancer care, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 15.1 to 15.11, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan),

POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

4 Scope

Standard 15 covers cytotoxic drug handling, chemotherapy checks, neutropenic fever, extravasation, tumour boards, palliative care, high-alert medicines, triage, sepsis, symptom control, and patient goals and wishes. The applicability is shown in section 4.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 15 APPLIES

Standard 15 applies when the facility treats cancer, including chemotherapy on inpatient wards and in dedicated units. For each facility type the table shows whether oncology and cancer care is a default service (expected) or an optional service (offered only if the facility provides it). The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
15.1 Cytotoxic Drug Handling Follows a Verified Safe-Handling Standard	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.2 Chemotherapy Dose Is Verified by Independent Two-Person Check	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.3 Neutropenic Fever Triggers an Immediate, Time-Bound Response	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.4 Extravasation Is Recognised and Managed Immediately	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.5 Multidisciplinary Tumour Board Informs Treatment Planning	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.6 Palliative Care Integrated Alongside Active Treatment	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.7 High-Alert Medicines Have Extra Safeguards	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.8 Patients Are Triaged by Urgency	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

Criterion	Applies to
15.9 Sepsis Is Recognised and Treated Quickly	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.10 Pain and Symptoms Are Assessed and Controlled	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
15.11 The Patient's Goals and Wishes Are Recorded	**default** in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as verifications, times or decisions

Abbreviation	Meaning
SOP	Standard operating procedure. A step-by-step description of how a task is done

DOCUMENT CODE PREFIXES

Prefix	Topic
ONC	Oncology and cancer care

7 Terms and definitions

Term	Definition
Cytotoxic drug	A drug that kills or damages cells, used in chemotherapy, and handled as a hazardous drug.
Extravasation	Leakage of a drug from a vein into the surrounding tissue, which can cause severe injury with some drugs.
High-alert medicine	A medicine that causes serious harm when given in error, such as concentrated electrolytes, insulin and chemotherapy.
Multidisciplinary tumour board	A team of specialists who review a cancer case together before a treatment plan is agreed.
Neutropenic fever	Fever in a patient whose white cell count is very low, usually after chemotherapy, which must be treated as an emergency.
Sepsis	A life-threatening response to infection that causes organ damage.
Vesicant	A drug that can cause tissue damage if it leaks from a vein.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

8 Standard 15 at a glance

Standard 15: Oncology and Cancer Care is a service standard of ASF Health Standards. It applies when the facility treats cancer, and covers the safe handling and checking of cancer drugs, the recognition and treatment of complications, and the planning and care of each patient with cancer.

The standard has nine criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
15.1	Cytotoxic Drug Handling Follows a Verified Safe-Handling Standard	Must	Must	Must
15.2	Chemotherapy Dose Is Verified by Independent Two-Person Check	Must	Must	Must
15.3	Neutropenic Fever Triggers an Immediate, Time-Bound Response	Minimum	Must	Must
15.4	Extravasation Is Recognised and Managed Immediately	Minimum	Medium	Must
15.5	Multidisciplinary Tumour Board Informs Treatment Planning	Minimum	Medium	Must
15.6	Palliative Care Integrated Alongside Active Treatment	Minimum	Medium	Must
15.7	High-Alert Medicines Have Extra Safeguards	Minimum	Must	Must
15.8	Patients Are Triaged by Urgency	Must	Must	Must
15.9	Sepsis Is Recognised and Treated Quickly	Minimum	Must	Must
15.10	Pain and Symptoms Are Assessed and Controlled	Minimum	Must	Must
15.11	The Patient's Goals and Wishes Are Recorded	Minimum	Must	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
15.1	Cytotoxic Drug Handling Follows a Verified Safe-Handling Standard	Manager (ISCO 1342) · Secretary (ISCO 3344)
15.2	Chemotherapy Dose Is Verified by Independent Two-Person Check	Nurse (ISCO 2221) · Manager (ISCO 1342)
15.3	Neutropenic Fever Triggers an Immediate, Time-Bound Response	Manager (ISCO 1342) · Secretary (ISCO 3344)
15.4	Extravasation Is Recognised and Managed Immediately	Nurse (ISCO 2221) · Manager (ISCO 1342)

No.	Criterion	Positions responsible or involved
15.5	Multidisciplinary Tumour Board Informs Treatment Planning	Secretary (ISCO 3344) · Manager (ISCO 1342)
15.6	Palliative Care Integrated Alongside Active Treatment	Manager (ISCO 1342)
15.7	High-Alert Medicines Have Extra Safeguards	Manager (ISCO 1342)
15.8	Patients Are Triaged by Urgency	Manager (ISCO 1342)
15.9	Sepsis Is Recognised and Treated Quickly	Manager (ISCO 1342)
15.10	Pain and Symptoms Are Assessed and Controlled	Manager (ISCO 1342)
15.11	The Patient's Goals and Wishes Are Recorded	Manager (ISCO 1342)

8.3 TRAINING FOR STANDARD 15

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

Course	Essential for	Recommended for	Criteria	Status
Oncology & Infusion Therapy Safety Endorsement (AMB-11)	Manager, Nurse	None	15.1, 15.2, 15.3, 15.4, 15.5, 15.6	In development
Medication Safety: Operating SOP-MED-01 End to End (T-08)	Manager, Nurse	None	15.7	In development
Care & Treatment: Clinical Standards for Accreditation (H-04)	Manager, Nurse	None	15.8	In development
Safety & Emergency Preparedness (H-05)	Manager, Nurse	None	15.9	In development
Clinical & Medical Care in Long-Term Care (LTC-04)	Manager, Nurse	None	15.10	In development
End-of-Life & Palliative Care (LTC-06)	Manager, Nurse	None	15.11	In development

Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

15.1 Cytotoxic Drug Handling Follows a Verified Safe-Handling Standard

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Preparation, administration, and disposal of cytotoxic and other hazardous drugs follows a defined, verified safe-handling standard — appropriate personal protective equipment, engineering controls, and disposal procedures — not informal practice that varies by individual staff member, including on inpatient wards where chemotherapy may be administered outside the dedicated infusion unit.

Rating rule. Must in every setting: cytotoxic and hazardous drugs are prepared, given and disposed of under a defined, verified safe-handling standard.

GUIDANCE

Cytotoxic drugs can harm the people who prepare and give them, and the environment. The facility sets one safe-handling standard covering protective equipment, the cabinet and engineering controls, and the disposal of waste. The standard applies on the inpatient wards as well as in the infusion unit.

Informal practice differs from one person to the next. A written standard, checked by observation, is the only way to show that every task is done the same way and that spills are cleaned up correctly.

WHAT GOOD LOOKS LIKE

- Spill kits are placed where the drugs are prepared and given, and staff practise the clean-up each year.

COMMON MISTAKES

- A nurse prepares cytotoxic drugs without the protective equipment on the ward.
- Waste disposed of in general bins.

> **Why it matters.** Cytotoxic drugs can harm the people who prepare and give them, and the environment. A verified safe-handling standard for preparation, administration and disposal protects everyone.

WHAT THE ASSESSOR CHECKS

Sample. Observe cytotoxic preparation, administration and disposal on several days, and review the verification register for the last 6 months.

1 Cytotoxic and hazardous drugs are handled under a defined, verified safe-handling standard.

Method. Compare the standard with the procedure for preparation, giving and disposal.

Evidence to show. Cytotoxic drug safe handling (ONC-SOP-001).

Pass when. The standard covers preparation, giving and disposal and is verified.

2 **Protective equipment is worn for each task.**

Method. Observe a sample of tasks and record the equipment worn.

Evidence to show. Cytotoxic handling verification register (ONC-REG-001).

Pass when. Equipment is worn for every observed task.

3 **Spills are cleaned up with the spill kit, and each spill is recorded.**

Method. Check each spill record for the clean-up steps and the kit check that day.

Evidence to show. Cytotoxic handling verification register (ONC-REG-001).

Pass when. Every spill has a record of the clean-up and a kit check on the day.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A nurse prepares a cytotoxic drug without gloves or a safety cabinet, and a spill exposes staff. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-001	Cytotoxic drug safe handling	Manager	Chief executive	Chief executive
ONC-REG-001	Cytotoxic handling verification register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Cytotoxic drug safe handling	— Must
Secretary (ISCO 3344)	Keeps the Cytotoxic handling verification register	— Must

REFERENCES FOR THIS CRITERION

- NIOSH List of Hazardous Drugs in Healthcare Settings, 2024 (National Institute for Occupational Safety and Health (CDC), 2024 (Publication 2025-103)) https://cdc.gov/niosh/publications/hcp/numbered/2025-103.html

15.2 Chemotherapy Dose Is Verified by Independent Two-Person Check

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every chemotherapy dose, drug, route, and infusion rate is independently verified by two qualified individuals before administration, each forming their own judgement separately — not a single check followed by a second signature, and applied identically on inpatient wards as in the dedicated oncology unit.

Rating rule. Must in every setting: every chemotherapy dose is checked independently by two qualified people before it is given.

GUIDANCE

Every chemotherapy dose, drug, route and infusion rate is checked by two qualified people. Each person forms their own judgement separately and records it. A second signature added after one check is not an independent check.

Chemotherapy doses are high and a single error can be fatal. The second check only works if the second person looks at the order and the dose on their own.

WHAT GOOD LOOKS LIKE

- Two-person checks are carried out at the bedside as well as in the pharmacy, and the second checker never prepared the dose.

COMMON MISTAKES

- A dose checked by one nurse only, and the second signature added later.
- The second person reads the first person's entry and signs without checking.

> **Why it matters.** Chemotherapy doses are high and mistakes are severe. An independent second check by a second trained person catches the error before it reaches the patient.

WHAT THE ASSESSOR CHECKS

Sample. Review every chemotherapy dose record for the last 3 months, and observe the check on several days.

1 Every chemotherapy dose is independently verified by two qualified people before administration.

Method. Check each sampled dose for two recorded independent checks made before administration.

Evidence to show. Chemotherapy two-person check record (ONC-FRM-002).

Pass when. Every sampled dose has two recorded independent checks before administration.

2 **The check covers the drug, dose, route and infusion rate.**

Method. Check the record for each element in the sample.

Evidence to show. Chemotherapy two-person check record (ONC-FRM-002).

Pass when. Every sampled check records all four elements.

3 **The second check is made by a different person, who records their own judgement separately.**

Method. Check each record for two different people and two separate entries.

Evidence to show. Chemotherapy two-person check record (ONC-FRM-002).

Pass when. Every record shows two different people, each entering their own check.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A dose is checked by one nurse only, and an overdose is given because the second check was never made. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-002	Chemotherapy independent two-person check	Manager	Chief executive	Chief executive
ONC-FRM-002	Chemotherapy two-person check record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Chemotherapy independent two-person check (ONC-SOP-002); chemotherapy two-person check record	— Must
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: Independent verification of high-risk medicines https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

15.3 Neutropenic Fever Triggers an Immediate, Time-Bound Response

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A patient with suspected neutropenic fever receives first-dose antibiotics within a defined, short time target from presentation, with staff trained to recognise the urgency and a protocol that bypasses routine triage queuing — not treated as a standard fever presentation.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a patient with suspected neutropenic fever receives first-dose antibiotics within a short, defined time target.

GUIDANCE

A patient with fever during chemotherapy may have neutropenic fever, which can become sepsis within hours. Such a patient is flagged as urgent at triage, bypasses the routine queue and receives first-dose antibiotics within a short time target set by current guidance.

Neutropenic fever is treated as an emergency because the white cells that fight infection are already low. The time from presentation to the first antibiotic dose is the measure that matters.

WHAT GOOD LOOKS LIKE

- The neutropenic fever pathway is posted in triage, and the time target is shown on the screen.

COMMON MISTAKES

- A febrile patient on chemotherapy triaged as a routine fever and waiting in the queue.
- Antibiotics given several hours after arrival with no recorded reason.

> **Why it matters.** Chemotherapy lowers the white cells that fight infection. A patient with fever in that state can die within hours. Giving antibiotics within a set time is what saves them.

WHAT THE ASSESSOR CHECKS

Sample. Review every suspected neutropenic fever case in the last 12 months, against the time target and the register.

1 A patient with suspected neutropenic fever is treated as an emergency at triage.

Method. Check the triage record for each sampled case.

Evidence to show. Neutropenic fever response (ONC-SOP-003).

Pass when. Every sampled case is flagged as urgent at triage.

2 First-dose antibiotics are given within the time target.

Method. Compare the presentation and antibiotic times in the register with the target.

Evidence to show. Neutropenic fever time register (ONC-REG-002).

Pass when. Every sampled case had antibiotics within the target, or a recorded reason.

3 The time target is current against guidance.

Method. Check the target against the current guidance and the date of the last review.

Evidence to show. Neutropenic fever response (ONC-SOP-003).

Pass when. The target was reviewed within the last year.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A febrile neutropenic patient waits 4 hours for antibiotics in the waiting room, and no reason is recorded. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-003	Neutropenic fever response	Manager	Chief executive	Chief executive
ONC-REG-002	Neutropenic fever time register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Neutropenic fever response (ONC-SOP-003); triage on arrival	— Must
Secretary (ISCO 3344)	Keeps the Neutropenic fever time register (ONC-REG-002); sepsis recognition and antibiotic timing	— Must

REFERENCES FOR THIS CRITERION

- Management of febrile neutropaenia: ESMO Clinical Practice Guidelines (European Society for Medical Oncology, 2016)
- NICE (2018). Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients (NG151). Used for: Neutropenic fever response and antibiotic timing. https://www.nice.org.uk/guidance/ng151

15.4 Extravasation Is Recognised and Managed Immediately

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff administering vesicant or irritant chemotherapy agents are specifically trained to recognise early signs of extravasation, with a defined, immediate management protocol and appropriate antidotes available wherever these agents are administered, including inpatient wards.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff recognise extravasation early, and the immediate management protocol and antidotes are ready at the chair.

GUIDANCE

Extravasation is leakage of a vesicant or irritant drug into the tissue around the vein. Staff who give these drugs are trained to recognise the early signs. A written protocol sets the first steps and times, and the antidotes and equipment are kept at the chair, on the ward and in the infusion unit.

If the infusion continues after leakage starts, the tissue damage can become severe. Acting at the first sign, and having the antidote to hand, limits the harm.

WHAT GOOD LOOKS LIKE

- Staff practise the extravasation response on a training arm each year, and the antidote kit is checked daily.

COMMON MISTAKES

- A vesicant leaks at the cannula, and the nurse continues the infusion for ten minutes.
- Antidote kit found incomplete on the ward when it is needed.

> **Why it matters.** If a drug that damages tissue leaks into the skin during an infusion, it can cause severe injury. Staff who recognise it early and act at once limit the harm.

WHAT THE ASSESSOR CHECKS

Sample. Review extravasation events and staff training for chemotherapy giving, for the last 12 months.

---

1 A written immediate management protocol is followed at the first sign.

Method. Check each recorded extravasation for the protocol steps and times.

Evidence to show. Extravasation management record (ONC-FRM-003).

Pass when. Every recorded extravasation has the protocol started at once.

2 Antidotes and equipment are available at the chair.

Method. Check the chair kit on each sampled day.

Evidence to show. Extravasation recognition and immediate management (ONC-SOP-004).

Pass when. The kit is complete on every sampled day.

3 Each extravasation is reviewed, and any lapse in the protocol is reported.

Method. Check each event for the review and any report made.

Evidence to show. Extravasation management record (ONC-FRM-003).

Pass when. Every event has a review, and any lapse is reported.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A vesicant leaks at the cannula, and the nurse continues the infusion for 10 minutes before stopping. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-004	Extravasation recognition and immediate management	Manager	Chief executive	Chief executive
ONC-FRM-003	Extravasation management record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Extravasation recognition and immediate management (ONC-SOP-004); extravasation management record	— Medium
Manager (ISCO 1342)	Maintains the Extravasation recognition and immediate management	— Medium

REFERENCES FOR THIS CRITERION

- ONS/ASCO Guideline on the Management of Antineoplastic Extravasation (Oncology Nursing Society and American Society of Clinical Oncology, 2025) https://www.ons.org/publications-research/cjon/29/5/onsasco-guideline-management-antineoplastic-extravasation

15.5 Multidisciplinary Tumour Board Informs Treatment Planning

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Complex or newly diagnosed cancer cases are reviewed by a multidisciplinary tumour board before the treatment plan is finalised, with documented board input shaping the plan, not a single treating physician's decision presented as though it were a team decision.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: complex and newly diagnosed cancer cases are reviewed by a multidisciplinary tumour board before the plan is final.

GUIDANCE

Complex or newly diagnosed cancer cases are reviewed by a multidisciplinary tumour board before the treatment plan is finalised. The board includes the relevant specialties, records its input, and the input shapes the plan that the patient receives.

A tumour board that meets after the decision is made does not improve the decision. Recording the specialties and the input makes the team decision visible and checkable.

WHAT GOOD LOOKS LIKE

- Each tumour board records the decision, the specialties present and the agreed plan, and the patient is told the outcome.

COMMON MISTAKES

- A single physician's decision recorded as a team decision.
- A board that meets but whose input is not written into the plan.

> **Why it matters.** Complex cancer cases are best decided by a team of specialists together. A tumour board that reviews the case before treatment starts improves the decision.

WHAT THE ASSESSOR CHECKS

Sample. Review the tumour board records for newly diagnosed and complex cases in the last 12 months.

1 Complex or newly diagnosed cases are reviewed by the board before the plan is finalised.

Method. Compare the list of eligible cases with the board records for the sample.

Evidence to show. Tumour board decision register (ONC-REG-003).

Pass when. Every eligible case in the sample has a board review before the plan.

2 **The board includes the relevant specialties and records its input.**

Method. Check each board record for the specialties present and the input recorded.

Evidence to show. Tumour board decision register (ONC-REG-003).

Pass when. Every board record lists the specialties and the input.

3 **The board input is in the treatment plan.**

Method. Check the plan for each reviewed case.

Evidence to show. Tumour board decision register (ONC-REG-003).

Pass when. Every reviewed case has the board input in its treatment plan.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A new breast cancer is started on surgery without a board review, and the board later recommends a different plan. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-REG-003	Tumour board decision register	Secretary	Chief executive	Manager
ONC-POL-001	Multidisciplinary tumour board	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Multidisciplinary tumour board (ONC-POL-001); tumour board decision register	— Medium
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

15.6 Palliative Care Integrated Alongside Active Treatment

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Palliative care expertise is integrated early in the course of serious cancer diagnoses, alongside active treatment, not introduced only once active treatment has been exhausted — with symptom management and goals-of-care conversations happening throughout, not as a late, separate referral.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: palliative care is integrated early, alongside active treatment, with symptoms and goals reviewed throughout.

GUIDANCE

Palliative care is introduced early in a serious cancer diagnosis, alongside treatment. Symptoms are assessed at each cycle, and goals-of-care conversations take place throughout the illness, not as a separate referral at the end.

Early palliative care controls symptoms and helps patients cope with treatment. It has been shown to improve quality of life, and it should never begin only when treatment has failed.

WHAT GOOD LOOKS LIKE

- Palliative care is part of the first consultation after a serious cancer diagnosis, and the patient is introduced to the team early.

COMMON MISTAKES

- A patient with metastatic disease receives no palliative input until the last week of life.
- Palliative input requested only when treatment has stopped.

> **Why it matters.** Cancer patients need palliative care alongside treatment, not only at the end. Bringing it in early controls symptoms and supports the patient through treatment.

WHAT THE ASSESSOR CHECKS

Sample. Review the palliative care referrals and symptom records for patients with serious cancer diagnoses in the last 12 months.

---

1 **Palliative care is referred at diagnosis of a serious cancer, not only at the end of treatment.**

Method. Check each referral date against the date of diagnosis.

Evidence to show. Palliative care integration and referral (ONC-SOP-005).

Pass when. Every sampled referral is made within the time set after diagnosis.

2 **Symptoms are assessed at each treatment cycle.**

Method. Check the symptom record for each treatment cycle in the sample.

Evidence to show. Palliative care integration and referral (ONC-SOP-005).

Pass when. Every cycle has a symptom assessment recorded.

3 **Goals-of-care discussions take place and are recorded at set points.**

Method. Check the goals record for each discussion and its date.

Evidence to show. Patient goals and advance care plan record (ONC-FRM-004).

Pass when. Every patient has a discussion recorded at each set point.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with metastatic disease gets no palliative input until the last week of life. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-005	Palliative care integration and referral	Manager	Chief executive	Chief executive

Other records in the criterion: ONC-FRM-004 Patient goals and advance care plan record

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Palliative care alongside active treatment https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/
- WHO (2019). Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. Used for: Cancer pain management https://news.gmj.ge/guideline/guidelines-for-the-pharmacological-and-radiotherapeutic-management-of-cancer-pain-in-adults-and-adolescents/

15.7 High-Alert Medicines Have Extra Safeguards

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Must	Must

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A defined list of high-alert medicines applies on every ward. Each one has a second check, and concentrated electrolytes and insulin are kept separate from general stock.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: a defined list of high-alert medicines has a second check on every ward, and concentrated electrolytes and insulin are stored apart.

GUIDANCE

A defined list of high-alert medicines applies on every ward. Each medicine on the list has a second independent check before it is given. Concentrated electrolytes and insulin are stored separately from routine stock, so that they cannot be picked by mistake.

High-alert medicines cause serious harm when given wrongly, and the most common errors are picking the wrong vial or the wrong concentration. Separate storage and a second check prevent most of them.

WHAT GOOD LOOKS LIKE

- The high-alert list is reviewed each quarter with the pharmacy team, and near misses are shared on every ward.

COMMON MISTAKES

- Concentrated potassium stored with routine stock and given in error.
- Second checks signed without being carried out.

> **Why it matters.** High-alert medicines cause serious harm when given wrongly. An extra independent check and separate storage prevent the most common errors.

WHAT THE ASSESSOR CHECKS

Sample. Check the high-alert medicine list, the storage of concentrated electrolytes and insulin, and the second-check records on several wards.

---

1 The high-alert list is current and posted on every ward.

Method. Compare the posted list with the current version on each ward visited.

Evidence to show. High-alert medicines management (ONC-SOP-006).

Pass when. Every ward has the current list posted.

2 **Each high-alert medicine has a second independent check before it is given.**

Method. Check each sampled dose for the second check and its time.

Evidence to show. High-alert medicines management (ONC-SOP-006).

Pass when. Every sampled dose has a second check recorded before it is given.

3 **Concentrated electrolytes and insulin are stored separately from routine stock.**

Method. Observe storage on several wards.

Evidence to show. High-alert medicines management (ONC-SOP-006).

Pass when. No concentrated electrolyte or insulin is found with routine stock.

Pass. The criterion is met when every check above is passed.

Immediate fail. . Concentrated potassium is stored with routine stock and is given in error. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-006	High-alert medicines management	Manager	Chief executive	Chief executive
ONC-SOP-002	Chemotherapy independent two-person check	Manager	Chief executive	Chief executive
ONC-FRM-002	Chemotherapy two-person check record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: High-alert medicines and medication safety https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

15.8 Patients Are Triaged by Urgency

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every patient arriving for emergency or urgent care is sorted by clinical urgency, within a set time, using a recognised triage tool. The most urgent are seen first.

Rating rule. Must in every setting: every emergency or urgent arrival is triaged by urgency with a recognised tool, and the most urgent are seen first.

GUIDANCE

Every patient arriving for emergency or urgent care is triaged on arrival with a recognised triage tool, within a set time. The most urgent patients are seen first. Triage is reviewed when the condition changes.

Triage decides who is seen first. Without a recognised tool, the sickest patient can wait behind a patient who is less ill, and no one can show why the order was chosen.

WHAT GOOD LOOKS LIKE

- Triage is supported by a visual triage board, and triage staff refresh their use of the tool each year.

COMMON MISTAKES

- A patient with chest pain triaged as non-urgent and waiting 90 minutes.
- A triage tool used in some wards and not others.

> **Why it matters.** Triage decides who is seen first. Without a recognised tool, the sickest patient can wait behind the least sick, and nobody can show why.

WHAT THE ASSESSOR CHECKS

Sample. Review triage records for a random sample of emergency and urgent arrivals in the last 3 months.

1 Each patient is triaged on arrival with the recognised triage tool.

Method. Check the triage record for the tool used and the time of triage.

Evidence to show. Triage by urgency (ONC-SOP-007).

Pass when. Every sampled arrival has a triage category recorded.

2 The most urgent patients are seen first.

Method. Compare the triage category with the time each patient was seen.

Evidence to show. Triage by urgency (ONC-SOP-007).

Pass when. No patient in a lower category is seen before a patient in a higher category in the sample.

3 **Triage is reviewed when the patient's condition changes.**

Method. Check the reassessment entries for changes in condition.

Evidence to show. Triage by urgency (ONC-SOP-007).

Pass when. Every reassessment is recorded with the new category.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with chest pain is triaged as non-urgent and waits 90 minutes. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-007	Triage by urgency	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- WHO (2005). Emergency Triage Assessment and Treatment (ETAT): Manual for Participants. Used for: Triage by urgency https://news.gmj.ge/guideline/emergency-triage-assessment-and-treatment-etat-manual-for-participants/

15.9 Sepsis Is Recognised and Treated Quickly

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff recognise sepsis using a defined screening tool. Antibiotics are given within the time set by current sepsis guidelines, and the time is recorded.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: sepsis is recognised with a defined screen, and antibiotics are given within the time set by current guidance.

GUIDANCE

Sepsis is screened for at presentation with a defined tool. Antibiotics are given within the time set by current sepsis guidance, and the time from recognition to treatment is recorded in the sepsis register.

Each hour of delay to antibiotics adds risk in sepsis. Measuring the time from recognition to treatment is the only way to know whether the service is meeting the standard.

WHAT GOOD LOOKS LIKE

- A sepsis care bundle is started together with the screen, and the team reviews every missed time target.

COMMON MISTAKES

- A sepsis case recognised at 9 am and treated at 6 pm, with no record of the delay.
- Sepsis screen recorded as negative with no reason for the decision.

> **Why it matters.** Sepsis is time critical. Each hour of delay to antibiotics adds risk, so the time from recognition to treatment must be measured.

WHAT THE ASSESSOR CHECKS

Sample. Review every suspected sepsis case in the sepsis register for the last 12 months.

1 Sepsis is screened for with the defined tool at presentation.

Method. Check the triage record for the screen in each suspected case.

Evidence to show. Sepsis recognition and antibiotic timing (ONC-SOP-008).

Pass when. Every suspected case has a screen recorded at presentation.

2 Antibiotics are given within the time set by current guidance.

Method. Compare the recognition and antibiotic times in the sepsis register with the time set.

Evidence to show. Sepsis recognition and antibiotic timing (ONC-SOP-008).

Pass when. Every case has antibiotics within the time set, or a recorded reason.

3 The sepsis register records each case from recognition to treatment.

Method. Check each register entry for all the times.

Evidence to show. Sepsis recognition and antibiotic timing (ONC-SOP-008).

Pass when. Every entry has the recognition and treatment times.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A sepsis case is recognised at 9 am and antibiotics are given at 6 pm, with no record of the delay. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-008	Sepsis recognition and antibiotic timing	Manager	Chief executive	Chief executive
ONC-SOP-003	Neutropenic fever response	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- WHO (2024). Guidelines on the Clinical Management of Sepsis. Geneva: World Health Organization, 30 January 2024. Used for: Sepsis recognition and antibiotic timing https://www.who.int/news/item/30-01-2024-guidelines-on-the-clinical-management-of-sepsis
- NICE (2024). Suspected sepsis in people aged 16 or over: recognition, assessment and early management. Used for: Recognition of suspected sepsis https://news.gmj.ge/guideline/suspected-sepsis-in-people-aged-16-or-over-recognition-assessment-and-early-management/
- Surviving Sepsis Campaign (2021). Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021. Used for: Sepsis management https://news.gmj.ge/guideline/surviving-sepsis-campaign-international-guidelines-for-management-of-sepsis-and-septic-shock-2021/

15.10 Pain and Symptoms Are Assessed and Controlled

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Pain and other symptoms (breathlessness, nausea, anxiety, agitation) are assessed on a schedule with a validated tool, and treated with a written symptom plan that is reviewed when symptoms change.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: pain and other symptoms are assessed on a schedule with a validated tool and treated with a written plan.

GUIDANCE

Pain and other symptoms, such as breathlessness, nausea and agitation, are assessed on a schedule with a validated tool. Each symptom has a written plan, and the plan is reviewed whenever the symptoms change.

Most of the suffering in serious illness comes from symptoms that are not measured or not acted on. A scheduled score and a plan that is updated keep the patient comfortable.

WHAT GOOD LOOKS LIKE

- Symptom scores are shown on the patient chart and reviewed at each ward round.

COMMON MISTAKES

- A patient with severe nausea has no plan for three days, and the nausea is not reassessed.
- Pain scores recorded but not acted on.

> **Why it matters.** Pain and other symptoms such as breathlessness, nausea and agitation drive most of the suffering in serious illness. Assessing them on a schedule, and acting on the scores, is what keeps patients comfortable.

WHAT THE ASSESSOR CHECKS

Sample. Review pain and symptom assessments and symptom plans for a sample of patients with cancer in the last 6 months.

---

1 Pain and symptoms are assessed on the set schedule with a validated tool.

Method. Check the assessments against the schedule for each sampled patient.

Evidence to show. Pain and symptom assessment and plan (ONC-SOP-009).

Pass when. Every sampled patient is assessed on schedule with the validated tool.

2 **Each symptom has a written plan that is acted on.**

Method. Check the plan for each symptom and the action taken.

Evidence to show. Pain and symptom assessment and plan (ONC-SOP-009).

Pass when. Every symptom has a plan and a recorded action.

3 **The plan is reviewed when symptoms change.**

Method. Check the review entries after each change in symptoms.

Evidence to show. Pain and symptom assessment and plan (ONC-SOP-009).

Pass when. Every change in symptoms has a plan review recorded.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with severe nausea has no plan for 3 days, and the nausea is not reassessed. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-SOP-009	Pain and symptom assessment and plan	Manager	Chief executive	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- WHO (2019). Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. Used for: Pain and symptom control https://news.gmj.ge/guideline/guidelines-for-the-pharmacological-and-radiotherapeutic-management-of-cancer-pain-in-adults-and-adolescents/

15.11 The Patient's Goals and Wishes Are Recorded

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: default in Hospital; **optional** in Ambulatory clinic. **Not applicable to:** Primary health clinic, Long-term care, Telemedicine, Home care, Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The patient's goals, values and wishes are discussed and recorded, including advance directives, and are reviewed as the illness progresses.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: the patient's goals, values and wishes, including advance directives, are discussed, recorded and reviewed.

GUIDANCE

The patient's goals, values and wishes are discussed and recorded, including any advance directive. The record is reviewed as the illness progresses, so that care follows what the patient wants.

If goals are not asked and written down, care is given according to what the team assumes. A recorded and reviewed goal is the basis for every later decision.

WHAT GOOD LOOKS LIKE

- The patient is offered a written summary of their goals, and the family knows where it is kept.

COMMON MISTAKES

- A patient with advanced cancer is never asked about goals, and an intensive procedure starts against their wishes.
- An advance directive held by the family but not in the patient file.

> **Why it matters.** Patients with serious illness have goals and wishes that shape their care. If they are not asked and written down, care is given according to what the team assumes they want.

WHAT THE ASSESSOR CHECKS

Sample. Review patient goals and wishes records for patients with serious cancer in the last 12 months.

1 Goals, values and wishes are discussed and recorded.

Method. Check each sampled record for the discussion and the wishes recorded.

Evidence to show. Patient goals and advance care plan record (ONC-FRM-004).

Pass when. Every sampled patient has goals and wishes recorded.

2 Advance directives are recorded where the patient has one.

Method. Check the record for an advance directive wherever one exists.

Evidence to show. Patient goals and advance care plan record (ONC-FRM-004).

Pass when. Every advance directive is recorded in the patient file.

3 **Goals are reviewed as the illness progresses.**

Method. Check the review dates against the course of the illness.

Evidence to show. Patient goals and advance care plan record (ONC-FRM-004).

Pass when. Every patient's goals were reviewed at each significant change in illness.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with advanced cancer is never asked about goals, and an intensive procedure is started against their wishes. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ONC-FRM-004	Patient goals and advance care plan record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Patient goals and advance care planning https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/

10 Questions and answers

Does Standard 15 apply to every facility?
No. It applies to facilities that treat cancer, including chemotherapy on inpatient wards and in dedicated units. Section 4 shows, for each facility type, whether oncology is a default or an optional service.

Does a chemotherapy dose on a ward need a second check?
Yes. Under 15.2 every chemotherapy dose is checked independently by two qualified people, on the inpatient wards as well as in the oncology unit.

What happens when a patient has a fever on chemotherapy?
Under 15.3 the patient is treated as an emergency at triage, and first-dose antibiotics are given within the time target.

Is a tumour board needed for every patient?
No. Under 15.5 complex or newly diagnosed cases are reviewed by the board before the plan is final. Routine cases follow the facility's own process.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

The criterion text is the authority. These answers summarise it.

11 References

CITED FOR CRITERIA

1. NIOSH List of Hazardous Drugs in Healthcare Settings, 2024 (National Institute for Occupational Safety and Health (CDC), 2024 (Publication 2025-103)) https://cdc.gov/niosh/publications/hcp/numbered/2025-103.html (criterion 15.1)
2. WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: Independent verification of high-risk medicines https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 15.2)
3. Management of febrile neutropaenia: ESMO Clinical Practice Guidelines (European Society for Medical Oncology, 2016) (criterion 15.3)
4. NICE (2018). Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients (NG151). Used for: Neutropenic fever response and antibiotic timing. https://www.nice.org.uk/guidance/ng151 (criterion 15.3)
5. ONS/ASCO Guideline on the Management of Antineoplastic Extravasation (Oncology Nursing Society and American Society of Clinical Oncology, 2025) https://www.ons.org/publications-research/cjon/29/5/onsasco-guideline-management-antineoplastic-extravasation (criterion 15.4)
6. WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Palliative care alongside active treatment https://news.gmj.ge/guideline/quality-health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/ (criterion 15.6)
7. WHO (2019). Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. Used for: Cancer pain management https://news.gmj.ge/guideline/guidelines-for-the-pharmacological-and-radiotherapeutic-management-of-cancer-pain-in-adults-and-adolescents/ (criterion 15.6)
8. WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: High-alert medicines and medication safety https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 15.7)
9. WHO (2005). Emergency Triage Assessment and Treatment (ETAT): Manual for Participants. Used for: Triage by urgency https://news.gmj.ge/guideline/emergency-triage-assessment-and-treatment-etat-manual-for-participants/ (criterion 15.8)
10. WHO (2024). Guidelines on the Clinical Management of Sepsis. Geneva: World Health Organization, 30 January 2024. Used for: Sepsis recognition and antibiotic timing https://www.who.int/news/item/30-01-2024-guidelines-on-the-clinical-management-of-sepsis (criterion 15.9)
11. NICE (2024). Suspected sepsis in people aged 16 or over: recognition, assessment and early management. Used for: Recognition of suspected sepsis https://news.gmj.ge/guideline/suspected-sepsis-in-people-aged-16-or-over-recognition-assessment-and-early-management/ (criterion 15.9)
12. Surviving Sepsis Campaign (2021). Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021. Used for: Sepsis management https://news.gmj.ge/guideline/surviving-sepsis-campaign-international-guidelines-for-management-of-sepsis-and-septic-shock-2021/ (criterion 15.9)
13. WHO (2019). Guidelines for the pharmacological and radiotherapeutic management of cancer pain in adults and adolescents. Used for: Pain and symptom control https://news.gmj.ge/guideline/guidelines-for-the-pharmacological-and-radiotherapeutic-management-of-cancer-pain-in-adults-and-adolescents/ (criterion 15.10)
14. WHO (2021). Quality health services and palliative care: practical approaches and resources to support policy, strategy and practice. Used for: Patient goals and advance care planning https://news.gmj.ge/guideline/quality-

health-services-and-palliative-care-practical-approaches-and-resources-to-support-policy-strategy-and-practice/ (criterion 15.11)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

12 Document register

Every document code used in Standard 15, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	Criteria
ONC-FRM-002	Chemotherapy two-person check record	Form (record)	15.2, 15.7
ONC-FRM-003	Extravasation management record	Form (record)	15.4
ONC-FRM-004	Patient goals and advance care plan record	Form (record)	15.6, 15.11
ONC-POL-001	Multidisciplinary tumour board	Policy	15.5
ONC-REG-001	Cytotoxic handling verification register	Register	15.1
ONC-REG-002	Neutropenic fever time register	Register	15.3
ONC-REG-003	Tumour board decision register	Register	15.5
ONC-SOP-001	Cytotoxic drug safe handling	Procedure (SOP)	15.1
ONC-SOP-002	Chemotherapy independent two-person check	Procedure (SOP)	15.2, 15.7
ONC-SOP-003	Neutropenic fever response	Procedure (SOP)	15.3, 15.9
ONC-SOP-004	Extravasation recognition and immediate management	Procedure (SOP)	15.4
ONC-SOP-005	Palliative care integration and referral	Procedure (SOP)	15.6
ONC-SOP-006	High-alert medicines management	Procedure (SOP)	15.7
ONC-SOP-007	Triage by urgency	Procedure (SOP)	15.8
ONC-SOP-008	Sepsis recognition and antibiotic timing	Procedure (SOP)	15.9
ONC-SOP-009	Pain and symptom assessment and plan	Procedure (SOP)	15.10