



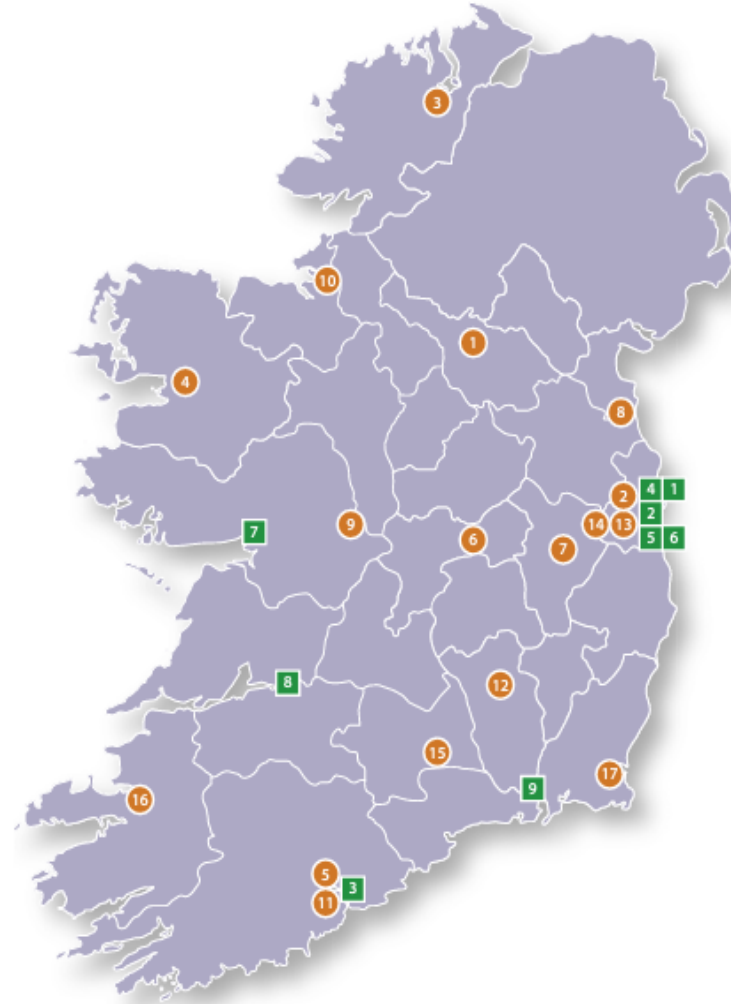
# Digitising Cancer Care in Ireland with NCIS



**Grant Carroll – National Cancer Information System  
Chief Pharmacist**

# HE Irish Cancer Services

- 9 Designated Cancer Centres
  - 8 adult
  - 1 paediatric
- 26 sites administering Systemic Anticancer Therapy (chemotherapy)
- Population ~ 5m
- Patient care across sites



## Designated Cancer Centres

- 1 Beaumont Hospital
- 2 CHI at Crumlin
- 3 Cork University Hospital
- 4 Mater Misericordiae University Hospital
- 5 St James's Hospital
- 6 St Vincent's University Hospital
- 7 University Hospital Galway
- 8 University Hospital Limerick
- 9 University Hospital Waterford

## SACT Hospitals

- 1 Cavan General Hospital
- 2 Connolly Hospital
- 3 Letterkenny University Hospital
- 4 Mayo University Hospital
- 5 Mercy University Hospital
- 6 Midlands Regional Hospital Tullamore
- 7 Naas General Hospital
- 8 Our Lady of Lourdes Hospital Drogheda
- 9 Portlaoise University Hospital
- 10 Sligo University Hospital
- 11 South Infirmary Victoria University Hospital
- 12 St Luke's General Hospital Kilkenny
- 13 St Luke's Hospital Rathgar
- 14 Tallaght University Hospital
- 15 Tipperary University Hospital
- 16 University Hospital Kerry
- 17 Wexford General Hospital

# HE The Challenge

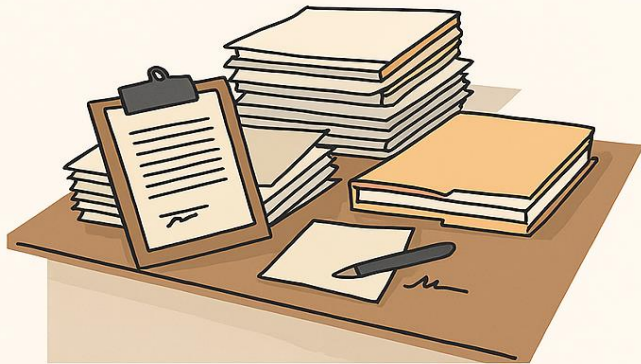
- Fragmented paper records across 26 hospitals
- Limited visibility of patient history and treatment plans
- Records that are challenging to read or access
- Potential for process inefficiencies



# HE The Shift

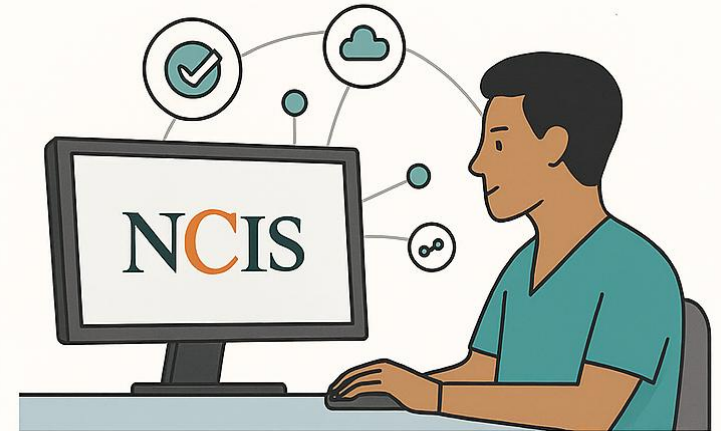
The **National Cancer Information System (NCIS)** is transforming how this care is delivered by providing a single national digital cancer record.

## Before NCIS



 Manual workflows,  
paper-based processes

 Fragmented records,  
limited digital data

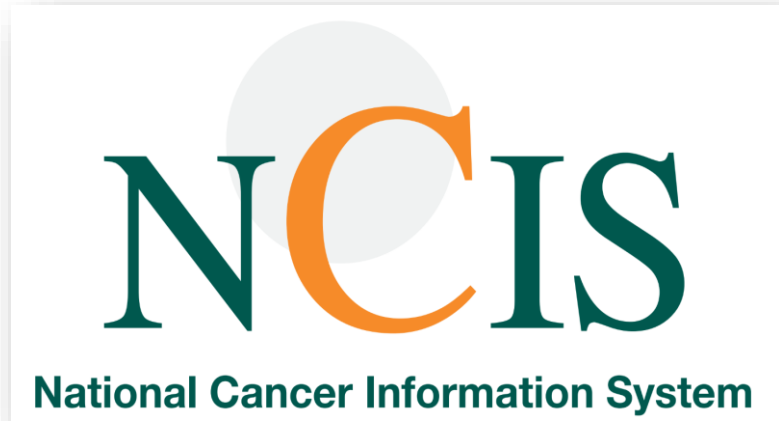


 Automated workflows,  
digital processes

 Integrated records,  
comprehensive data



# Introducing NCIS: A National Digital Platform



- Supports management of Systemic Anticancer Treatment (SACT)
- Provides a longitudinal, patient-centred care record
- Accessible across all cancer centres and hospitals



RECORDS AND MANAGES  
CRITICAL CLINICAL INFORMATION



SUPPORTS MULTIDISCIPLINARY  
TEAM MEETINGS (MDMS),



FACILITATES SAFE PRESCRIBING,  
PREPARATION & ADMINISTRATION  
OF ANTICANCER MEDICATIONS



PROVIDES A SINGLE SOURCE OF  
TRUTH FOR CLINICIANS



# NCIS – The Solution

## Treatment Decision (MDM)

**C37.CancerCenter Training Hospital**

Patient: **Mr MENZIES, ERICK**  
 D.O.B: 22.02.1952 (71)  
 NCIS ID: 9999900125  
 Hospital ID: 524722 (TRN)

General info: Diagnostics Conference Assessment Therapy Communication Follow-up Clinics

Personal info: Tumour case Clinical history Facility: [dropdown]

**Basic data**

Referring physician: dr test doctor (i) (\*) Oncology, Oncology  
 Primary consultant: Dr Doc Oncology (i) (\*) (+) Oncology, Oncology Department, Hospital XX  
 Family doctor/Specialist: Test DR GP (i) (\*) General surgery, TEST DR GP long name  
 Comorbidities: 01.06.2004 (i) E10.01 (\*) 60 chars remaining (+)  
 Type 1 diabetes mellitus with hyperosmolarity without nonketotic hyperglycaemic-hyperosmolar coma (NKHHC)

**Primary diagnosis**

Primary diagn. date: 01.05.2023 (i)  
 Primary diagnosis: C20 Malignant neoplasm of rectum  
 Suspicion of  
 Free text [ + / - ]  
 MSI High

**Colorectal cancer**

Tumour type: colon cancer (dropdown)  
 Localisation: (dropdown)  
 Tumour biology: Malignant primary site (dropdown)  
 Diagnosis confirmation: Clinical (dropdown) (i) on (calendar)

**Clinical TNM**

TNM-Edition: 8th edition (dropdown)  
 T: [dropdown] r [dropdown] ct2 [dropdown] m [checkbox] N: [dropdown] cN2 [dropdown] M: [dropdown] cM0 [dropdown]  
 Grading: G1 (dropdown) (i)  
 UICC stage: III (dropdown) (i)  
 ICD-O (morph.): (dropdown) (\*)  
 Restaging: [button]

## Medication Order

Cycles: 13 • Days: 155

20 Jun 2023 - 20 Jun 2023 • Interval: 14 days after Cycle 2 FOLFOX-6 Modified

**Cycle 3 FOLFOX-6 Modified** 1 Day

	Time	Product	Dose	Status	FI
<b>Day 1 - Tue, 20 Jun 2023</b>					
+ X	07:30	Ondansetron Tablet	16mg • Tabs: 2 x 8mg	PHYSICIAN-VERIFIED	
+ X	07:30	Dexamethasone Tablet	8mg • Tabs: 4 x 2mg	PHYSICIAN-VERIFIED	
+ X	08:00	<b>Oxaliplatin</b>	<b>126.79mg • 80% (68mg/m<sup>2</sup> BSA Dubois)</b>	PHYSICIAN-VERIFIED	
+ X	08:00	Calcium folinate 10 mg/mL Solution for injection	745.84mg • (400mg/m <sup>2</sup> BSA Dubois)	PHYSICIAN-VERIFIED	
+ X	10:00	<b>Fluorouracil</b>	<b>745.84mg • (400mg/m<sup>2</sup> BSA Dubois)</b>	PHYSICIAN-VERIFIED	
+ X	10:40	<b>Fluorouracil</b>	<b>4475.06mg • (2400mg/m<sup>2</sup> BSA Dubois)</b>	PHYSICIAN-VERIFIED	

## Barcode Medication Administration



## Pharmacy Verification & Preparation

Med. no. 208950: Oxaliplatin 5 mg/mL Accord Concentrate for solution for infusion 130mg in 500mL Glucose 5% 500mL bag Viaflo - Including Overfill - non-PVC Baxter by intravenous infusion over 120 min, ERICK MENZIES, TRN - Training Ward for 20/06/2023 08:00

Achieved: 0 Act. ingr. injected (Oxaliplatin 5 mg/mL Accord Concentrate for solution for infusion) ped: 130mg 0%

Amount to be transferred: 20.00mL

Transfer:  
 Oxaliplatin 5 mg/mL Accord 100mg (Lot: 19238472981743829, Vial no.: 1)

Transferred: 20.00 mL

<ENTER> Continue

1x Complexity Band 2 (1 USE THIS BAND., TRAIN) (\*)

Oxaliplatin 5 mg/mL Accord Concentrate for infusion  
 100mg (Lot #: 1923847298)  
 Used: 0/2 Blocked: 0  
 In use: # 1  
 Remainder: 100mg (20.00mL)



Cytotoxic Drug Keep out of reach of children

**Oxaliplatin 5 mg/mL Accord 130mg** (Oxaliplatin) Final Conc 0.23381 mg/mL

in 500mL Glucose 5%  
 Total Vol: 556mL by intravenous infusion over 120 min Med # 208950

**ERICK MENZIES**  
 Hospital Number: 524722 DOB: 22/02/1952  
 Admin due: Tue, 20/06/2023 08:00 (Day 1) Training Oncology/Haematology Day Ward  
 Store at: 2-8 degrees Celsius  
 Protect from Light Expiry: 16/06/2023 16:29  
 Reprint Training Hospital



# More Than a System



A modern, digital platform designed to support cancer medicine delivery through:

- Enhanced medicines governance
- Improved patient information communication
- Safe, efficient medicines delivery
- Shared patient record across sites
- Effective data recording and reporting

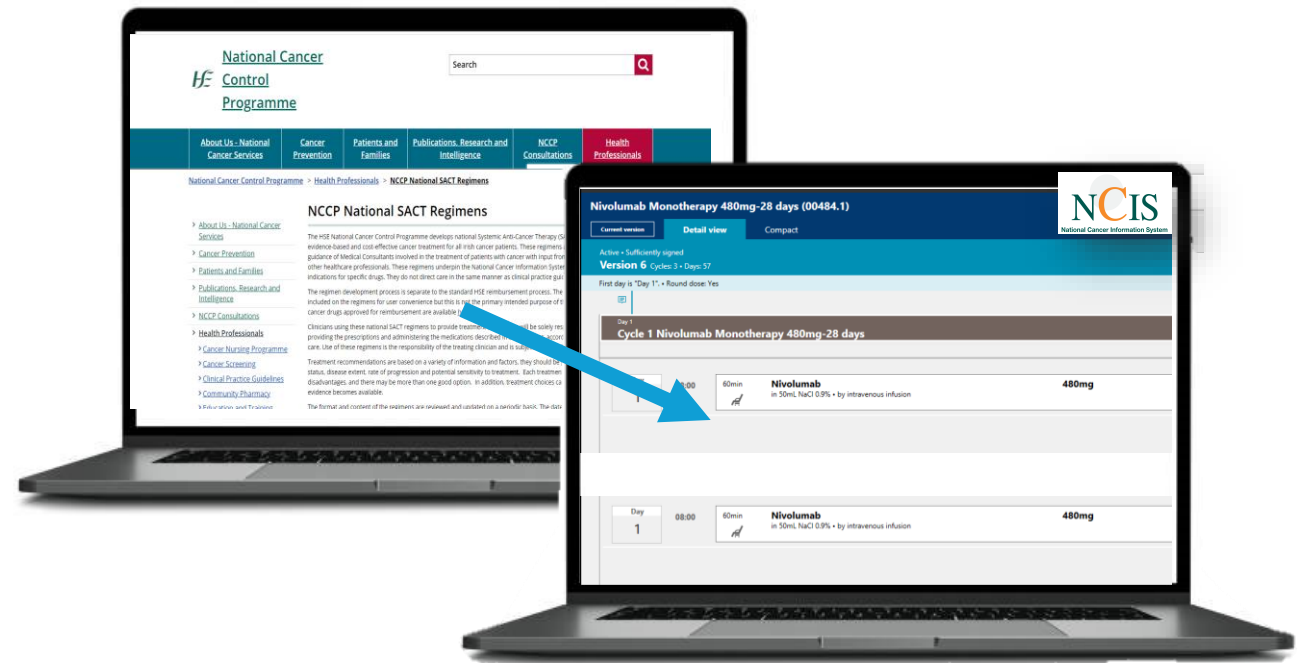
# HE Underpinned by Standardisation

## NCIS Standardisation

- **National Regimen Library:** Standardised treatment regimens nationally.
- **Single Source of Truth:** Centralised build and maintenance of a national drug file.
- **Streamlined Clinical Workflows:** Uniform assessment forms and templates
- **Improved Communication:** Standard documentation and workflows

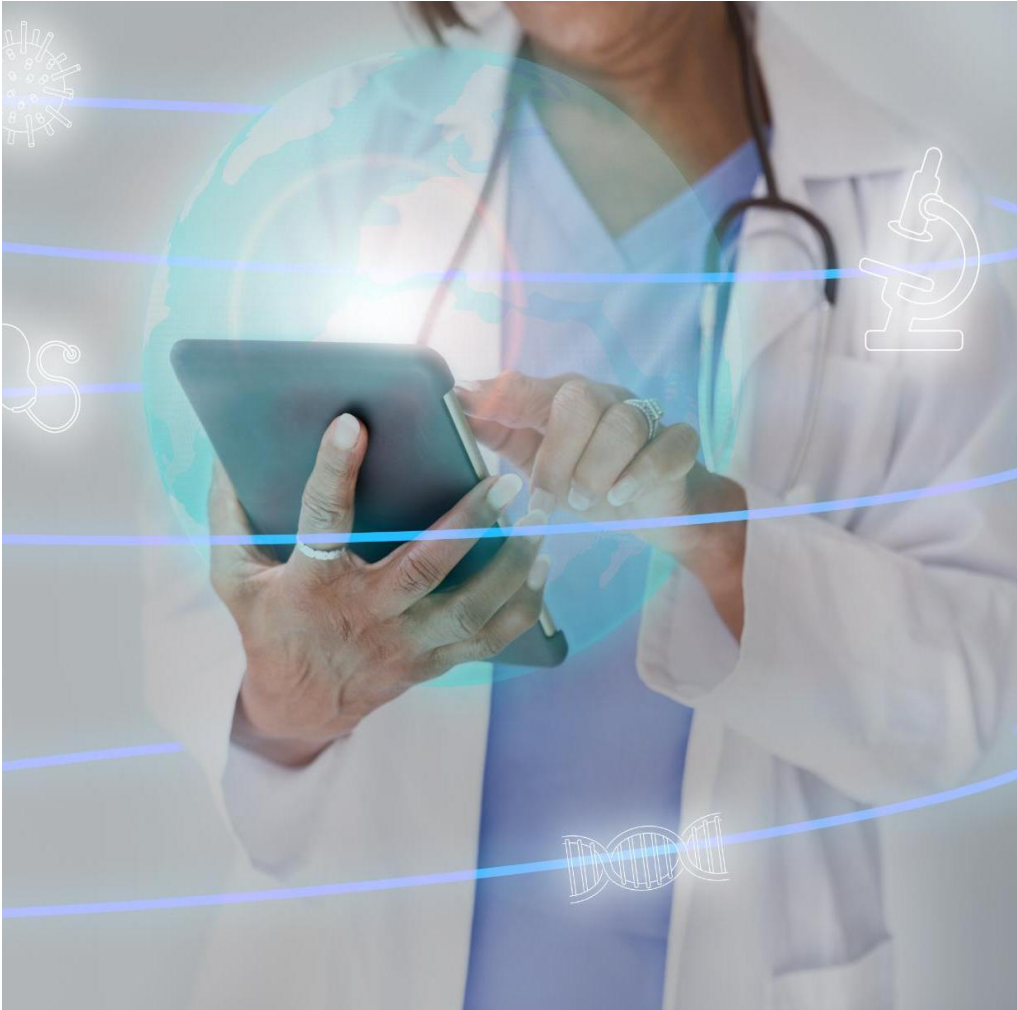
## Benefits

- **Optimised Resources**
- **Better Patient Care**





# Delivering Efficiency and Intelligence



**Real-Time Information Access**

**Collaborative Care Planning**

**Operational Efficiency Gains**

**Enhanced Data Integrity and Reporting**



# Ensuring Patient Safety & Care Quality



**Digital Prescriptions Reduce Errors**

**Automated Dose Calculations**

**Standardised National Regimens**

**Safety Verification Processes**

# HE Better for the patients

“A true measure of the implementation was our ability to repatriate a patient from another hospital who has been unable to receive her treatment there as she was too unwell to travel. The Nursing & Pharmacy staff saw 1st hand how seamless the transfer of care was from one centre to another, and saw how NCIS facilitated the optimum & compassionate patient experience for the patient in question. Sometimes as they say ‘seeing is believing’ and I think this has demonstrated to staff how NCIS will improve the care we can deliver to our Oncology patients.”

**NCIS Project Manager**



# HE Better for Clinical Teams

Faster, safer prescribing and the ability to access and manage treatments with greater precision.



“For me the one of the benefits of NCIS is that the prescriber, nurses and pharmacists have **instant access to the most up to date prescription, notes, and medical results**. Prescriptions, dose calculations and adjustments are clear and easy to follow.” — **NCIS Local User**

“My patients appreciate that every doctor or nurse they meet has access to the same information at each point of care. It makes their experience feel seamless and connected.” — **Oncology User**

“All points in the process are now timestamped from planning of therapy to administration. For the first time we can track patient journeys and as we scale we will use this functionality to redesign patient flow” — **Change Manager**

# HE A Foundation for the Future

**NCIS lays the groundwork for next-generation digital innovation for cancer care**



Patient-centred



Connected



Data-driven

