Keeping Dosimetrists Current, Engaged, and Integrated in an Expanding Network:

A Staff Dosimetrist's Perspective

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1

Disclosures

- I am employed by Allegheny Health Network
- ❖ We use Elekta's Monaco & XiO TPS, Mosaiq EMR, and MIM



Objectives

- ❖ Day-to day in a network
- Communication is key
- ❖ Same, but not the same
- Workflow



3

Current Situation in Radiation Oncology

- * Radiation Oncology is evolving daily
- Leads to challenges and different experiences
- Smaller cancer centers are being acquired by larger institutions
- Large networks are becoming more commonplace



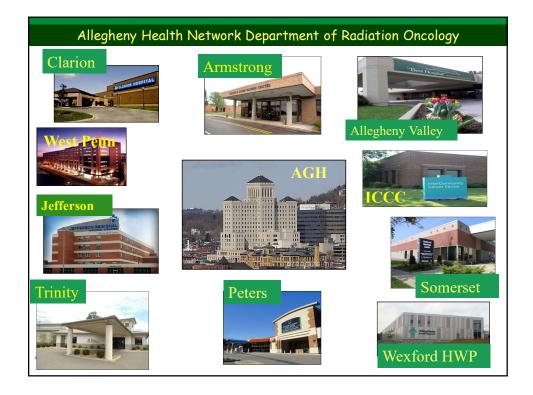
A little about Allegheny Health Network Radiation Oncology



5

- ❖Allegheny Health Network (AHN) is one of two major health systems in the Greater Pittsburgh Metro area
- ❖AHN's Radiation Oncology Department is comprised of 11 cancer centers across western PA/eastern OH





- ❖AHN currently employs 13 full-time Certified Medical Dosimetrists:
 - 3 at AGH, 1 at each site
- Varying years of experience, training, and backgrounds
- Each dosimetrist is responsible for planning at their site
- ❖Varying patient census per site across the network



AGH

- ❖6 Radiation Oncologists
- ❖4 residents
- ❖3 Dosimetrists
- 2 treatment machines
- ◆9 RTTs
- ❖3 RNs
- Multiple physicists clinical and research
- ❖In- and outpatient / call
- ❖Special procedures (SRS, SRT, SBRT, Mammosite, eye plaques, IVBT & PSI)
- ❖Treated average 35-40 patients (including specials) per day in 2016



۵

Peters Township Radiation Oncology (my base)

- ❖1 Radiation Oncologist
- ❖1 Dosimetrist
- ❖1 treatment machine
- ❖ 2-3 RTTs
- **\$1 RN**
- ❖1 physicist, 2 days per week
- Outpatient only
- ❖No call
- ❖Treated an average of 10-13 patients per day in 2016



Advantages to being in a network



11

Alone at each site but never "alone" within the network

- ❖ Ability to brainstorm difficult or challenging cases
- Ability to help out if you have time, or receive help if you are busy
- PTO coverage is almost always available, either on-site or remotely through servers
- ❖ Everyone is connected via direct access broadband servers



Everyone has access to a network server

- Policies and procedures
- ❖ PTO schedules
- Clinical information



13

Network Processes

- ❖ Treatment processes are *mostly* uniform across the network
- ❖ Network EMR Careplan workflows in Mosaiq have been established
- Evolve as necessary



Mosaiq Careplan / IQ Scripts

Starts when physician enters orders

- Without orders nothing happens!
- Sends out initial QCL to Billing, Nursing to get the patient started



15

- All QCL's are generated through the Careplan / IQ scripts
- When each of our QCL items are completed, the next step is triggered
- Keeps the workflow throughout the network standardized



Workflow generated from scripts

- Starts with Physician enter orders
- Biller gets insurance authorization
- Sim is scheduled then completed
- Contours drawn
- Plan generated, reviewed and accepted
- Plan and beams transferred to Mosaiq
- Plan approved
- Plan 2nd checked by physics
- Patient scheduled on treatment machine
- Patient and plan reviewed in peer review / port conference
- MRQA completed



17

Mosaiq

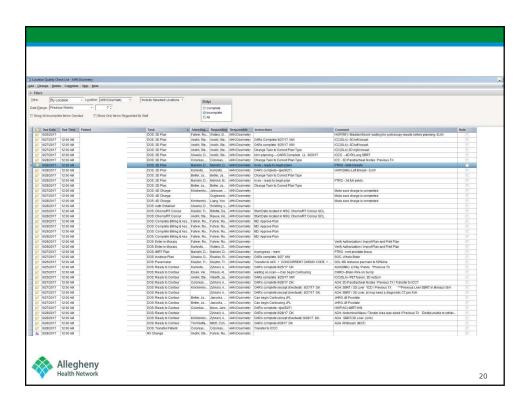
- Network-wide EMR system
- All patient radiation therapy data is kept there
- Separated by site, but can still see the others



AHN Dosimetry QCL

- ❖ "Bucket" list of all dosimetry patients
- ❖ All work from this list





AHN Dosimetry QCL Tasks

- ❖ 3D Plan
- ❖ 4D Charge
- Auth Obtained
- Chemo/RT Concur
- Enter in Mosaiq
- ❖ IMRT Plan
- ❖ Isodose Plan
- Pacemaker
- Ready to Contour
- Transfer Patient
- * RX Change

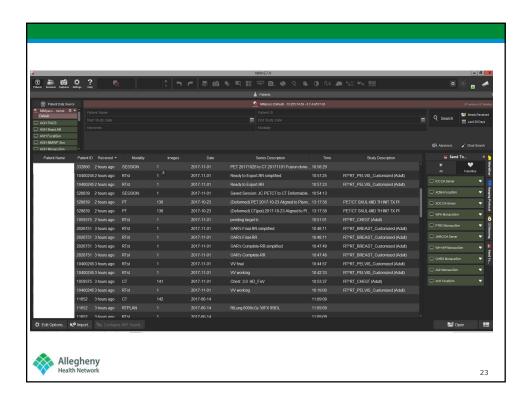


21

MIM

- All contouring and fusions take place in one centralized MIM server
- ❖ All dosimetrists at all sites have access

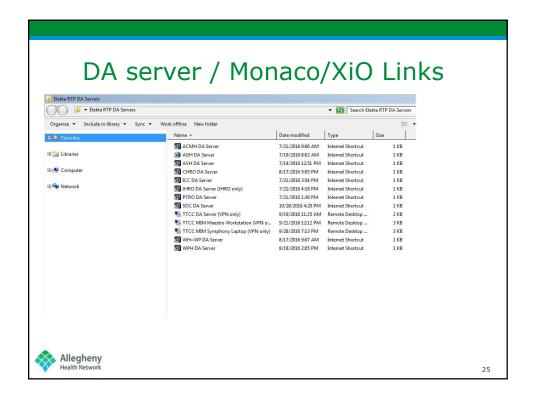




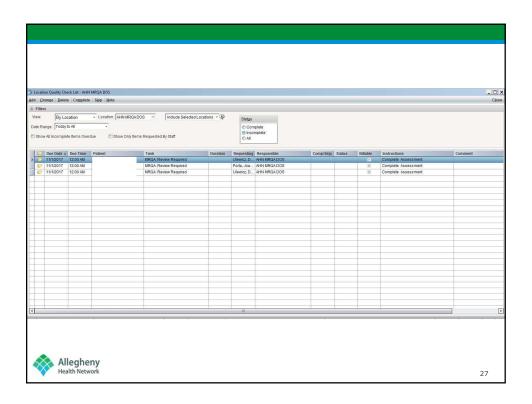
Monaco / XiO Treatment Planning Systems

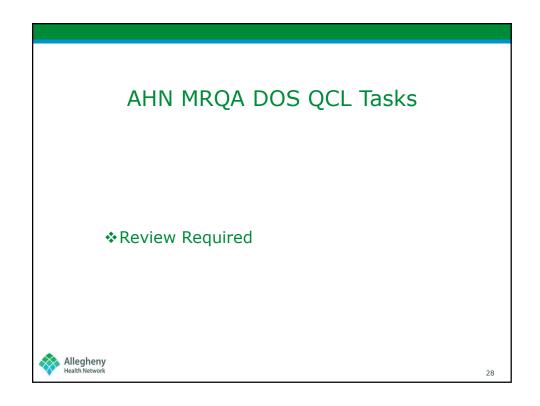
- All sites have their own system, which houses their own patient data
- Any dosimetrist can remote into another TPS at another site

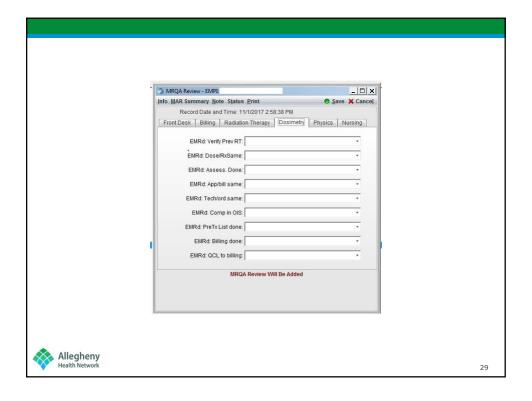












Quality Control Trigger

- Quality Control Trigger system with bi-weekly meetings to discuss issues with the network and how to correct them/prevent them from happening in the future
 - Anyone network-wide can provide input
 - Lessons learned are shared



Network Communication

Very important for keeping us all current, engaged, and integrated!



31

Daily

On-site "huddle" held at each individual Rad Onc department

- Basically, 5 min daily staff meeting
- Discuss any new information
 - Network, department, staffing
- Address issues, problems
- Ask questions



Monthly

Network dosimetry staff meeting

- Anything involving dosimetry staff
 - TPS status, PTO coverage, QCT/QA issues, site-specific information, announcements, trainings, personnel, etc.
 - Open discussion for us to talk about anything



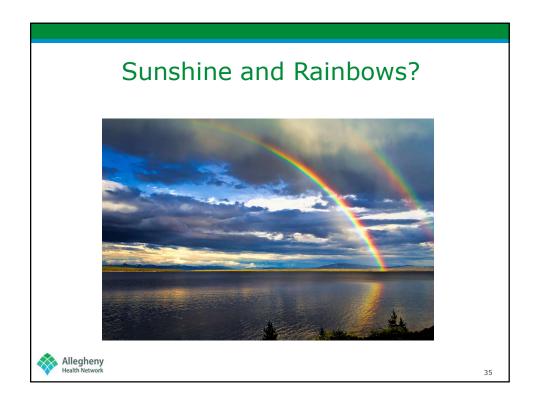
33

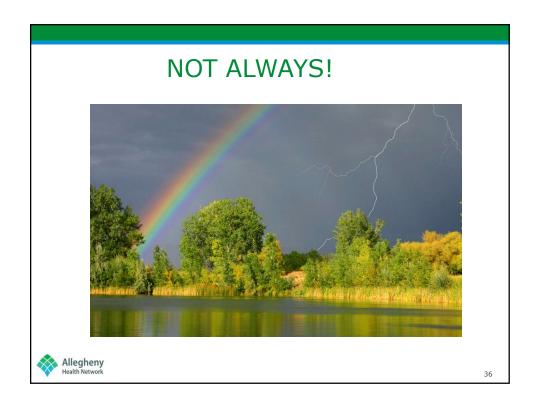
Annual

AHN Annual Practicum

- Entire network learning
 - ½ day all together with speakers geared towards the network as a whole
 - ½ day with breakout sessions geared towards each group







Differences (not necessarily disadvantages)



37

Different equipment at each site

- ❖ Monaco vs XiO
- Elekta vs Siemens vs Varian



Different treatment capabilities across sites

- **❖** SBRT
- VMAT



16 Different Radiation Oncologists

16 Different Opinions



Despite being part of a network, each individual site has their own "tweaks" to the network process

What works at AGH may not necessarily work perfectly at PTRO, and vice versa



41

No matter what,
there will always be some people
who insist that change is bad,
and will
"do their own thing"





Personal accountability

- We get so focused on our site / can easily neglect elsewhere
- Be aware of what's on the master QCL and MRQA QCL
- ❖ Take initiative

Ask, learn, get involved!



43

Future State

The next 5 years...

- AHN is planning to both expand the network to include 3 new cancer centers and 5 new dosimetrists
- Also, upgrading current clinics to the same equipment
- Eliminate some of the "differences" between sites



Which means....

- * Dosimetrist's roles will continue to evolve
- We must continue to keep current and engaged so that we remain an integrated network of dosimetrists



45

Acknowledgements

- ❖ Lori Slack, BA, RT(T), CMD Dosimetry Supervisor
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