

Dr Russell Banner

Clinical Oncologist and Radiotherapy Lead
South West Wales Cancer Centre











1 million population

4 Elekta Linacs

1 Philips Big Bore CTSim

2000 patients a year

10 WTE Clinical Oncologists

32 Radiographers

25 Physics / Dosimetrists

~8 Hospital Clinic locations

Mosaiq

Citrix

Mirada

Prosoma

Pinnacle







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Orchestrating Radiation Oncology Workflows IntelliSpace Radiation Oncology

Radiotherapy and Oncology 106 (2013) 271-275



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Radiotherapy and Oncology

journal homepage: www.thegreenjournal.com



Commentary

Time in radiation oncology – Keep it short!

Rebecca Bütof, Michael Baumann

*Department of Radiation Oncology, "OncoRay National Center for Radiation Research in Oncology, University Hospital/Medical Faculty Carl Gustav Carus, Technische Universität Dresden, Germany; 'Institute of Radiation Oncology, Helmholtz Zentrum Dresden, Gersendorf, Germany

Radiotherapy and Oncology 87 (2008) 3—16 www.thegreenjournal.com

Systematic review

The relationship between waiting time for radiotherapy and clinical outcomes: A systematic review of the literature

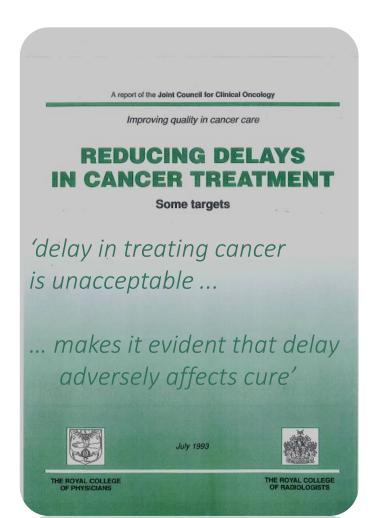
Zheng Chen^a, Will King^a, Robert Pearcey^b, Marc Kerba^a, William J. Mackillop^{a,*}

^aQueen's Cancer Research Institute, Queen's University, Kingston, Ont., Canada, ^bCross Cancer Institute, Edmonton, Alta., Canada

'The risk of local recurrence increases with increasing waiting times for RT...

...and may translate into decreased survival in some clinical situations'









VOLUME 28 · NUMBER 18 · JUNE 20 2010

JOURNAL OF CLINICAL ONCOLOGY

Critical Impact of Radiotherapy Protocol Compliance and Quality in the Treatment of Advanced Head and Neck Cancer: Results From TROG 02.02

Lester J. Peters, Brian O'Sullivan, Jordi Giralt, Thomas J. Fitzgerald, Andy Trotti, Jacques Bernier, Jean Bourhis, Kally Yuen, Richard Fisher, and Danny Rischin





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Protocol









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Tweet





I've only seen an increase in fragmentation of systems in the last 10 years.

No one seems interested in simplifying things and other than paying lip service, proponents of digital systems & managers seem incapable of doing anything.



Up to 16 different passwords/PINs needed for day2day oncology practice in 2019 #NHS. Clumsy and ineffective. Or is it just me? Ready for a holiday!

- 1. Trust's IT system
- 2. Trust's Radiology system
- 3. Trust's Pathology system
- 4. 4-digit PIN NHS "so-called" smart card
- 5. 4-digit PIN for printer/scanner
- 6. Clinic e-outcomes system

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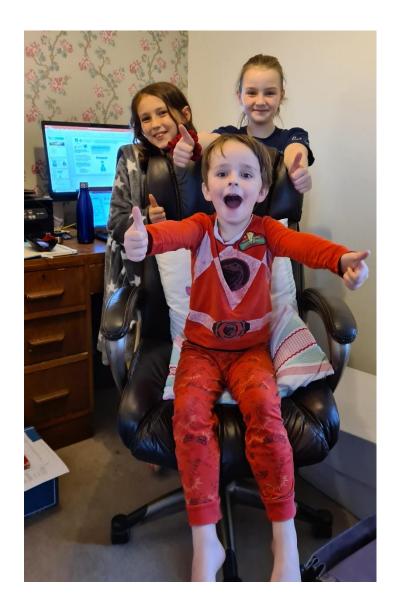
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Vs - Protocol -> Vs









SWWCC response: Pathway & Technology improvements

- Mosaiq
 - QCL Quality Check Lists
 - Localisation, Approval, Plan Query
 - Patient workflow
 - Departmental workflow
 - Electronic Booking form
 - Remote approval of outlining volumes
 - Remote approval of plans



- ProSoma
 - Remote outlining
 - Remote approval of plans





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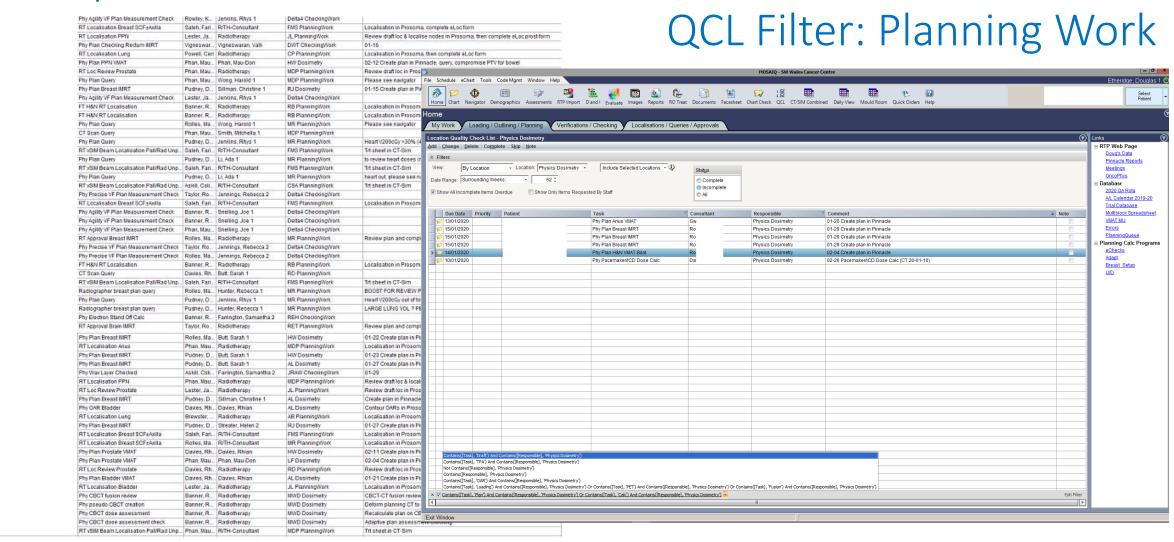


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QCL: Departmental overview







- Time to RT
 - combination of pathway and technology paperless / QCLs
- Excellent Team but Limited resources
 - physical and workforce
- Got so far, now can see opportunity to go much further
 - Automation
 - Flow



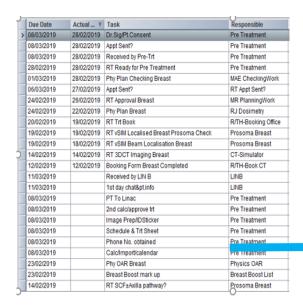


- SWWCC and Philips
 - Existing Big Bore CT user
 - 2017 TPS replacement with Pinnacle
 - Using Autoplan and VMAT / IMRT solutions all planned sites.
- 2018 a co-creation partnership to develop an approach to consistent, efficient, high quality RT planning
 - ISRO software as a Patient Management solution
 - Protocol driven use of technology and automation
 - Radiation Oncology Practice Management
 - Workflow management
 - Prostate, Breast and Palliative pathways





Understanding current workflows with Practice Management support







Breast and Prostate pathway mapping





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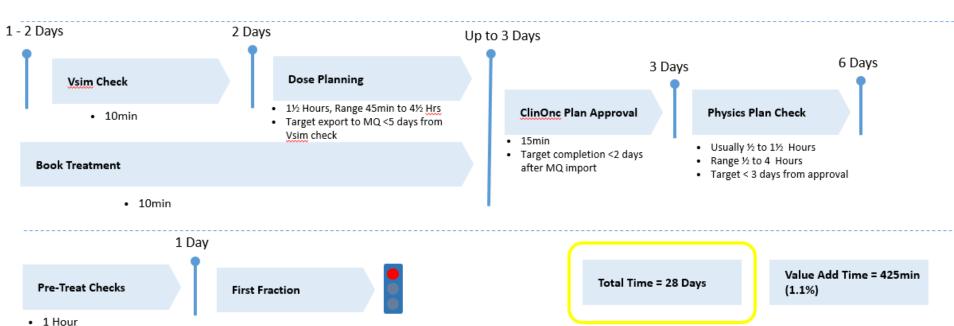
5 Days

SWWCC Breast Pathway

Practice Management

'Current State – Time'









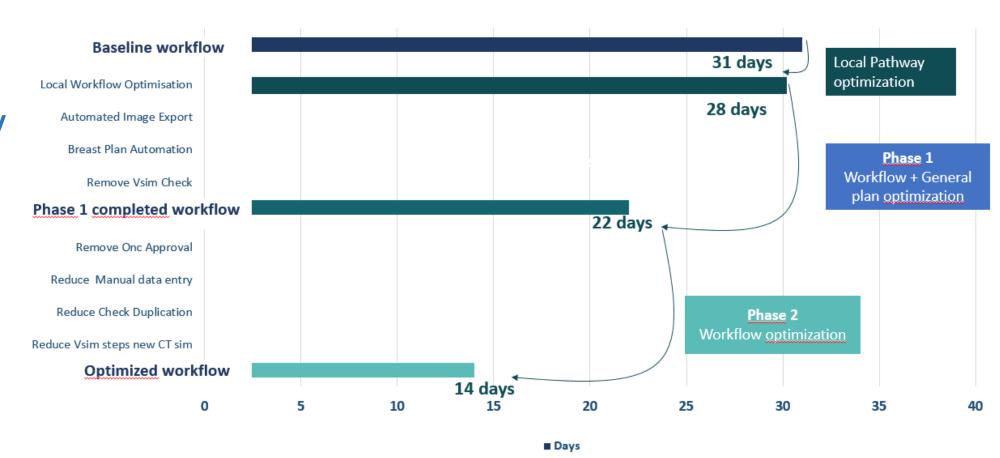
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SWWCC Breast Pathway

Practice Management

Improvement Plan







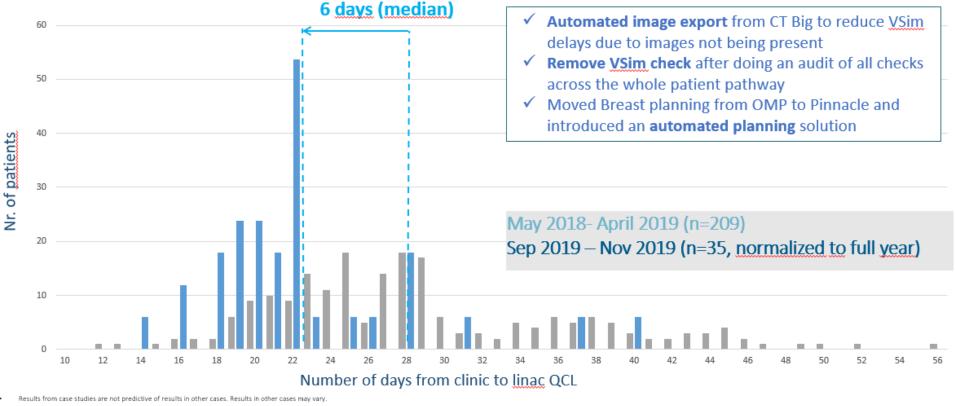
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SWWCC Breast Pathway

Practice Management

Phase 1



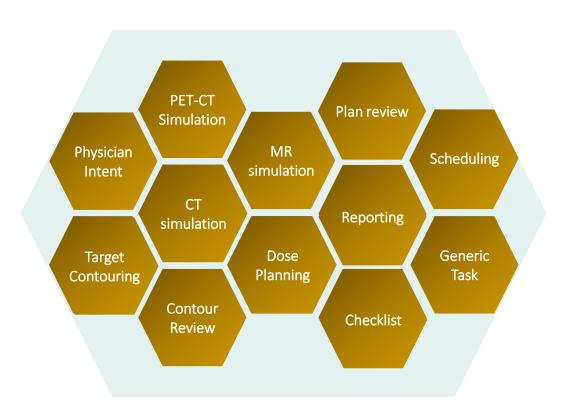




Building ISRO ProtocolCards

SWWCC specific workflow

Tumour site specific tasks







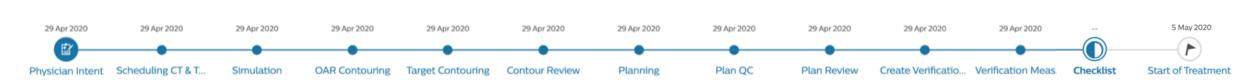


Building ISRO ProtocolCards

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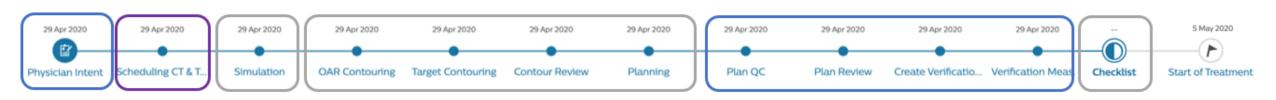
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Prostate ProtocolCard – La Tour Hospital, Switzerland



Prostate ProtocolCard - Swansea Bay University, UK







- Start with Physician Intent
 - Single log in
- Patient information imported from HIS

 Any patient specific modifications highlighted as customised workflow





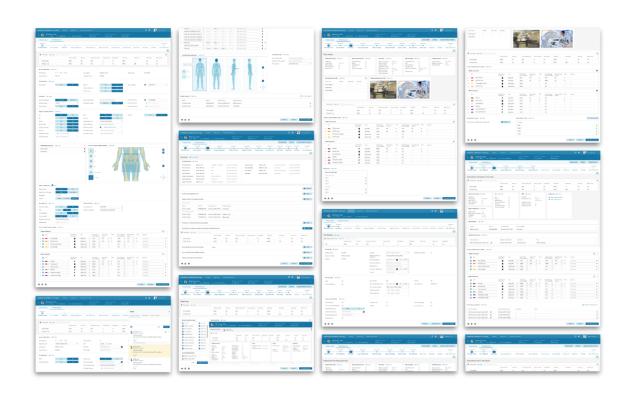




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 Build SWWCC task pages through workflow

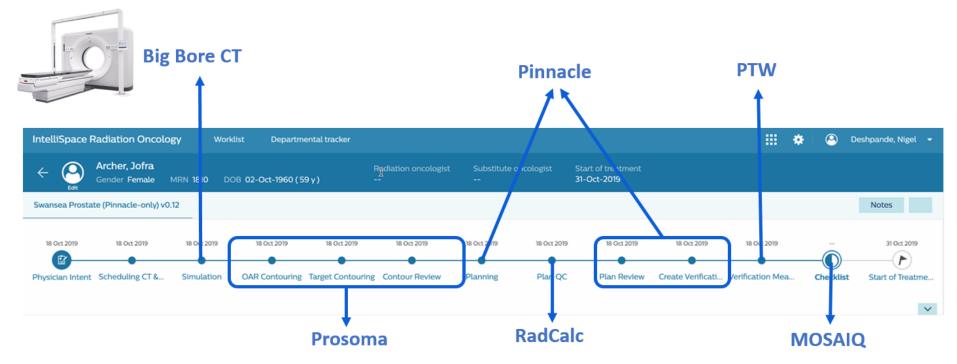
• CTSim, Contouring, Planning...







ProtocolCard customised to SWWCC equipment profile

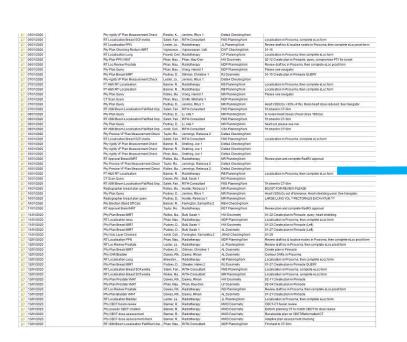


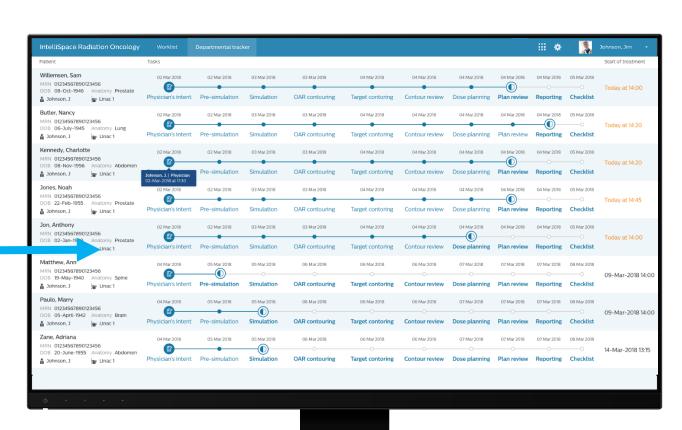
- Each user opens task specific software from within ISRO
- DICOM data automatically routed to each system





- Overview of patients within Workflow
- Prioritisation by clinical urgency or planned treatment start date
- Whole SWCCC workload



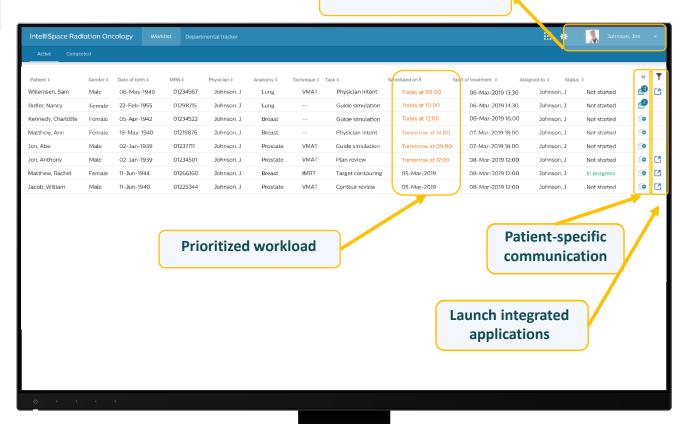






User groups worklist

- Overview of patients within Workflow
- Prioritisation by clinical urgency or planned treatment start date
- Whole SWCCC workload
- Individual user tasks
 - Filter workflows
 - Launch applications
 - See Clinical Patient Info
 - Review completed tasks







- October 2020 experience of implementation in SWWCC
 - Users new to ISRO



- 2 prostate patients
 - Physician intent and scheduling retrospective
 - All other tasks lives
- Dual planned on Clinical Pinnacle and ISRO Pinnacle
- Entire system check to work over Citrix, remote from hospital
- Worked well on tablets

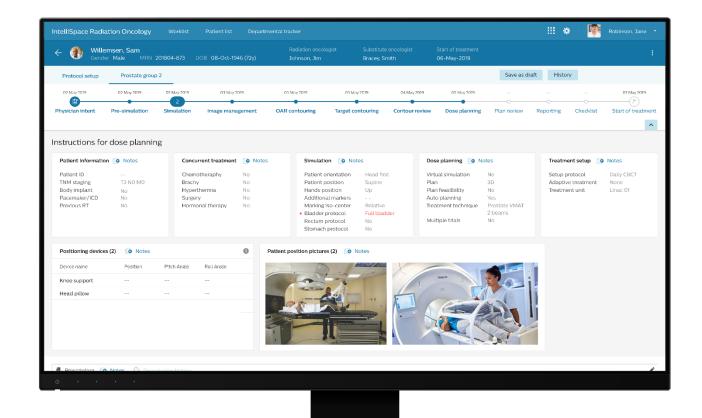






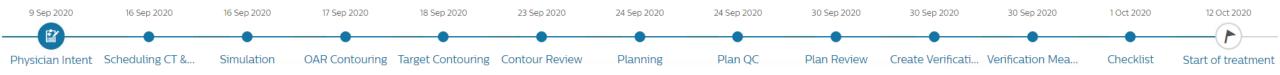
- Simulation page
 - 'excellent, liked the way it was specific to prostate set up only'
 - 'There was a lot less to fill out, saving time and minimising the room for error'
 - 'We added a few things that were missing – Philips said no problem'

'It almost seems too simple' - Helen, CTSim



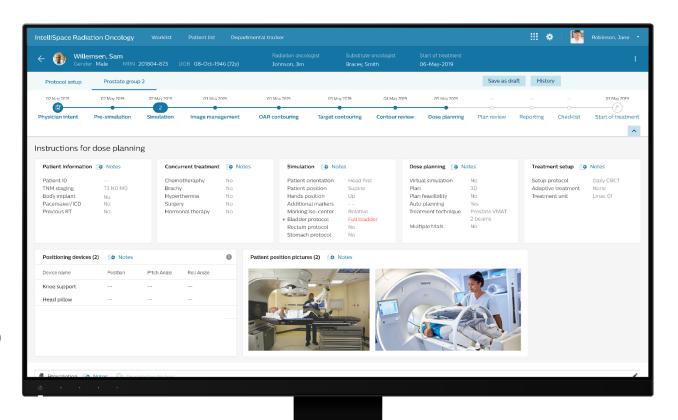






- Stu, RT QI lead
 - The exercise was really useful
 - ISRO is easy to use, clear to understand and a vast improvement on what we are currently using which could lead to reduction in errors
- Pauline, booking
 - Easy to use, some flexible changes to alter start date needed

'It almost seems too simple' - Helen, CTSim



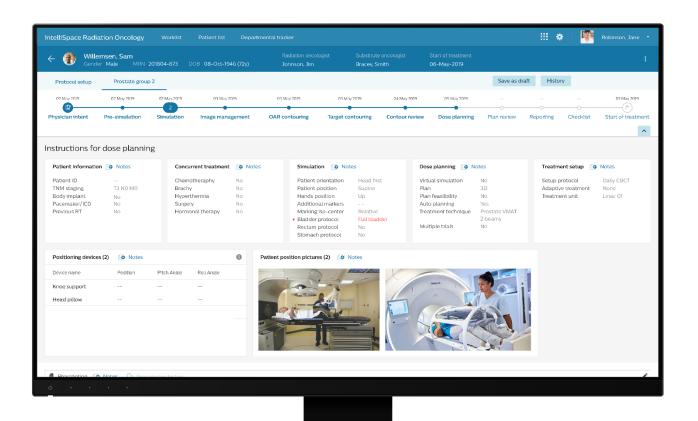




- Lots of constructive feedback
 - Really liked all the information was specific to the Prostate workflow
 - Reduced the un-needed information
 - 'Intuitive'
- Some additions suggested to ProtocolCard
 - Checking stage redesign
 - Extend workflow to include pre-treatment
 - Treatment summary at the end needed
- 'All in all everything was very positive and show really good potential, especially the future steps we plan when we integrate further automation to tasks'
 - Doug, Head RT Physics Technologist



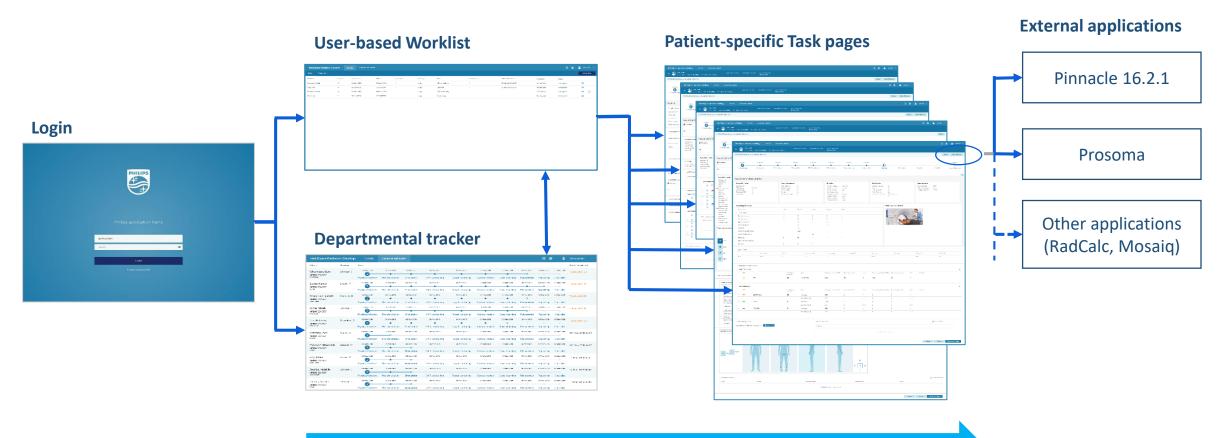
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An intelligent patient management system







- Connecting workflows, reducing time to treatment
 - Single log-in for access to all systems
 - Remote access
 - Filterable workflows
 - Clear priorities
 - Automation built in
 - Doesn't dictate equipment profile using best tools for the task
 - Takes you straight to patient in software you need for that task







- Practice Management and IntelliSpace Radiation Oncology
 - South West Wales Cancer Centre optimised workflows
 - ProtocolCards providing safe, intuitive and detailed information
 - Integrates automation, reduces time wasted
 - Bespoke user group views to allow tasks to be carried out efficiently
 - Improves communication between team members
 - Ensures our patients will be treated as soon as possible, as safely as possible

