**Quality Improvement Abstract**

The following information will be used on the Academy website and in the graduation materials. It will also form the basis of the information for online voting in the ‘Best Project’ category.

|  |  |
| --- | --- |
| **Quality Improvement Title** | **Improving the Efficiency of the Patient Pathway for Pre-Treatment Radiotherapy Patients** |
| **Quality Improvement Presenter(s)** | Clare Salmon, Planning and Pre-treatment ManagerErika Khan, Lead Pre-treatment Radiographer |
| **Quality Improvement Team** | David Nash, Radiotherapy & Medical Physics Quality Manager |
| **Abstract** Maximum of 300 words total. Please write in plain English. |
| ***Background & Problem:***  | Patients’ having Radiotherapy treatment need to undergo a planning CT scan. This allows the Oncologist to remotely decide on the area to treat either by outlining planning volumes (high dose radical treatment) or by the placement of fields (routine palliative treatment)Radiographers will plan the patient’s treatment then Radiographers and Medical Physicists will check the plan. Following this the Oncologist will then approve the treatment plan. The Pre-treatment team consists of Radiographers and a CT assistant, who immobilises and scans the patients ensuring that all relevant information is provided enabling accurate and reproducible Radiotherapy treatment.The planning team consists of Radiographers and Medical Physicists.The department sees an average of 150 patients a month.We have locally agreed criteria that we aim to meet:Radical treatment* CT scan 3 weeks before start date
* The Oncologist outlining to be completed 1 week before start date
* Planning completed 48 hours prior to the patient’s treatment start date

Palliative treatment* Single fractions to start ASAP (excluded from the audit)
* Fractionated to start within 2 weeks and planning completed 48 hours prior to treatment start date.

The Oncologists had one planning slot a week in their job plan.A previous baseline audit was completed over a period of one month, with all the Oncologists being audited. This was for a total of 155 patients. The Breast Mark Up Radiographers plan Breast patients so this group were looked at separately. Oncologists plan all our other patients.The results of this audit showed that the Patient’s pathway was unpredictable in meeting the current standards, work was being completed by the Oncologist outside of their session and the time for field placement and planning was reduced. This put pressure on the planning checking staff to complete tasks safely and to an optimal standard. Often the patient’s start date was postponed due to the process not being completed in time which many of the patients found distressing·  |
| ***SMART Aim:***  | * To improve the timescale that each individual task was completed in and limit the amount of chasing that the Radiographers were required to do to get the Consultants to compete their work.
* To ensure patients’ plans were prepped and ready to go before the patient’s start date thus limiting the disruption in the pathway and any need for postponing patients’ treatment.
* We introduced our first change and then used the same criteria as before to audit 4 Consultants who were in agreement
 |
| ***Method:***  | Meetings were held with the Consultants outlining our project and requesting four Consultants to implement 2 planning slots in their job plan and then we would audit to see if there was an improvement in timescales within the pathwayPre-treatment and Planning Radiographers were also included to ensure that CT scans and treatment plans were completed in an acceptable timescale to ensure the Consultants could complete their work. |
| ***Results:*** | Benefits and Improvements to this initiative included:* Produced a more efficient use of our Planning Radiographers’ time
* Less interruptions for the Consultants to complete tasks at short notice, when they were in other clinics
* Treatment plans were produced within adequate timescales thus ensuring less patients had their start dates postponed
* Improved communication between all our stake holders and a less pressurised (confrontational) approach to dealing with this issue going forward
* Treatments were postponed less and had fewer implications on patients’ anxiety levels
* Radiographers with only one speciality and who are geographically close to the department completed their tasks efficiently and could work to tighter timescales therefore reducing the patient’s pathway.
 |
| ***Lessons Learnt:*** | * A more formal agreement in standards is necessary given the large workload within our department.
* Time allocated to complete certain tasks ensured a reduction in the disruption rate and a less stressful department.
* Communication could be improved at each task to ensure efficiency and ownership of looking at personal workload
 |
| ***Next steps:*** | * A future Radiotherapy initiative so that we work towards the planning slots and not the patients’ start date
* The introduction of Oncology Consultant tasks in the patient Carepath giving the Consultants more responsibility for their own workload
* Managing a move away from the use of a selection of software tools currently being used in Radiotherapy Pre-treatment and Planning and utilising Aria only
* The possibility of introducing Radiographers to mark up other sites
 |