

Measuring the Effectiveness of Training on Changes to Clinical Practice: Educating Healthcare Professionals to Provide Brief Interventions for Smoking Cessation to Patients in a Comprehensive Cancer Centre

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Background: Smoking cessation (SC) is recommended to prevent individuals from developing cancer, with additional benefits following a cancer diagnosis. An interprofessional model has been implemented to integrate SC best practices into daily clinical care. Healthcare professionals were provided with peer-to-peer training to provide brief interventions of SC to patients. This study measured the effectiveness of peer-to-peer education by assessing confidence levels and importance rankings of clinical staff, post-training.

Methods: An electronic survey was sent to healthcare professionals (nurses, radiation therapists, and patient and family supportive care professionals) at the cancer centre who received training in the brief intervention for smoking cessation. The survey was divided into three domains: confidence, comfort, and knowledge. Respondents were asked to rate a series of statements using Likert scales and open-ended questions.

Results: 61 surveys were returned (24% response rate). Majority of respondents had >10 years clinical experience (70%), 91% agreed it was important to support patients in their efforts to quit smoking, 88% agreed they have an impact on their patients' SC attempts, and 67% had opportunities in daily practice to support SC. 61% would benefit from additional education. 53% indicated they experienced challenges providing SC with respect to ownership, accountability of providing interventions and patients' responsiveness.

Conclusions: Peer-to-peer training for SC can increase confidence, comfort, and knowledge. Challenges include: comfort level of clinicians, best time to ask patient, and confidence in knowing their scope of practice.

QUALITY

The Weekly Chart Check: How Much is Necessary?

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Background: The weekly chart check process at the North East Cancer Centre (NECC) was very long and had many redundant checks. Each unit was responsible for checking their own charts on a weekly basis. Looking back at the incidents and good catches that were reported over the last two years (at NECC), the majority were not caught on the chart check, but rather on the treatment unit, during daily pre-treatment checks. Those that were caught on the chart check were minor documentation errors (eg: forgot to initial a note). This brought up the question of whether the weekly chart check was the right place to catch an error.

Methods: The radiation therapists at NECC formed a working group to recommend changes to the weekly chart check process. Using LEAN thinking to reduce waste within the system, all of the checks were reviewed using "value added" and risk/severity assessments, to ensure that any checks that were removed do not increase the chances of incidents occurring. A new weekly chart check work flow was created, ensuring that each check was done at the right place and at the right time.

Benefits/Challenges/Outcomes: With the recommendations, the majority of the chart checks were completed, even during heavier workloads. Using a

teamwork approach and optimizing resources, all chart checks are the responsibility of all units.

Recommendations/Learnings: LEAN thinking should be used when developing and assessing all practices. We need to encourage a culture amongst co-workers that the majority of incidents occur are a result of system failure (environment, system design, etc.) and not people. Creating a standard of work with clear roles and responsibilities has positively contributed to the work environment by optimizing quality, patient safety and efficiencies.

Retrospective Study on Peer-Review: A Case for Real Time Palliative Plan Assessment

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Background: Peer review is considered to be an effective means for ensuring the quality of qualitative patient-specific decisions in radiotherapy, especially treatment with radical intent. The Simcoe-Muskoka Regional Cancer Centre (SMRCC) Radiation Therapy Program, which opened in July of 2012, introduced a multidisciplinary peer review process in January of 2013 with objectives of reviewing all treatment courses, including palliative courses, improving the quality of radiotherapy our patients receive, and building a departmental culture of quality improvement. In addition, we have protocolized not just courses given with curative intent, but also courses with palliative intent where possible.

Methods: The total number of treatment courses, peer-reviewed treatment courses, and replanned courses as a result of peer-review between 01/01/2013 and 30/09/2013 were retrospectively reviewed. Courses were subcategorized by intent (palliative versus curative) and treatment protocol (protocol vs non-protocol). Descriptive statistics were used.

Results: The total number of radiation courses treated at the SMRCC between 01/01/2013 and 30/09/2013 was 1072. 452 courses were given with palliative intent (42.2%) and 620 (57.8%) with curative intent. 898 courses were peer-reviewed (83.8% of all courses). 26 courses were replanned after peer-review (2.9%); 12 of these replanned courses were palliative (46.2% of all replans), of which 10 were non-protocols (83.3%) and 2 were protocols (16.7%); 14 were curative (53.8% of all replans), of which 7 were protocols (50.0%) and 7 were non-protocols.

Conclusions: In our centre, a target of 100% peer reviewed cases is achievable. The number of peer reviewed courses that are replanned is consistent with the published literature. There were an equal number of replans with palliative and non-palliative intent, which argues for the importance of peer review of radiation courses given with palliative intent. There were fewer replans for palliative courses treated on protocol than those treated off protocol. This suggests that even palliative treatments should be protocolized when possible to decrease replans, a measure of inefficiency in the radiotherapy process.

From Incident to Implementation: The Tale of Safety Strap Implementation in Ontario Radiation Therapy Centres

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Background: The implementation of safety straps for all patients undergoing radiation treatment in Ontario is the result of collaboration of the Radiation Therapy Professional Advisory Committee (RTPAC) and the Radiation Therapy Community of Practice (RTCOP). As a result of a critical patient incident