



SROA Advocacy Patient Safety Questions

The SROA Advocacy Committee created these “Patient Safety Questions” with generic answers to aid facilities in answering the concerns of patients following the recent reports of radiation overdoses in the media. These questions and answers are intended only as examples, with the committee encouraging radiation oncology facilities to address these concerns individually:

1. **IS THE PRACTICE ACCREDITED?** If **Yes**, see next question. If **No**, however this facility follows the standards and guidelines of either the American College of Radiology or the American College of Radiation Oncology and the American Association of Physicists in Medicine.

2. **IF ACCREDITED, BY WHAT AGENCY?** Might be the Joint Committee, and/or the American College of Radiology and/or the American College of Radiation Oncology. State the agency’s role and the requirements for accreditation.

3. **WHAT ARE THE QUALIFICATIONS OF YOUR STAFF?** Radiation Oncologists – Board Certified by the American Board of Radiology (ABR), Medical Physicist - Board Certified by the American Board of Radiology (ABR) or The American Board of Medical Physics (ABMP), Medical Dosimetrist – Board Certified by the American Association of Medical Dosimetrists (CMD), Radiation Therapist – Certified by the American Registry of Radiologic Technologists.

4. **HOW LONG HAS THE PRACTICE PROVIDED RADIATION ONCOLOGY SERVICES TO THE PUBLIC?** Provide the length of service per practice.

5. **WHAT ARE THOSE SERVICES AND WHEN WERE THEY IMPLEMENTED?** Provide per practice.

6. **HOW DO YOU IMPLEMENT A NEW TECHNOLOGY/SERVICE IN YOUR PRACTICE?** Provide per practice.

7. **DO YOU TRAIN PERSONNEL AND HAVE ASSISTANCE FROM QUALIFIED EXPERTS TO PLAN, EVALUATE AND IMPLEMENT NEW TECHNOLOGY/SERVICE BEFORE IT IS AVAILABLE FOR PATIENT CARE?** Planning and implementing a new technology/service is a joint process that involves our administration, physician, medical physicist, technical staff and other staff members, along with the vendor and other qualified experts. Initial training begins with vendor presentations, site visits and technical expert presentations. Staff attends these vendor training programs and learns any new equipment on-site. All aspects of the new technology/service are performed with test processes and procedures. The technology/service is not put into service for patient care until it is proven to be safe, when used by qualified staff, and meets the quality assurance specifications of the manufacturer.

8. **DOES THE PRACTICE USE THE RADIOLOGICAL PHYSICS CENTER QUALITY AUDIT PROGRAM TO VALIDATE RADIATION DOSAGE MEASUREMENTS?** (The primary responsibility of the RPC is to assure the NCI and the cooperative clinical trial groups that all participating institutions have the equipment, personnel, and procedures necessary to administer radiation doses that are clinically comparable and consistent. The monitoring tools used include on-site dosimetry reviews; remote auditing tools, including thermoluminescent detectors (TLD) and review of both anthropomorphic phantoms; and reviews of benchmark and actual protocol patient treatments.) My facility uses the

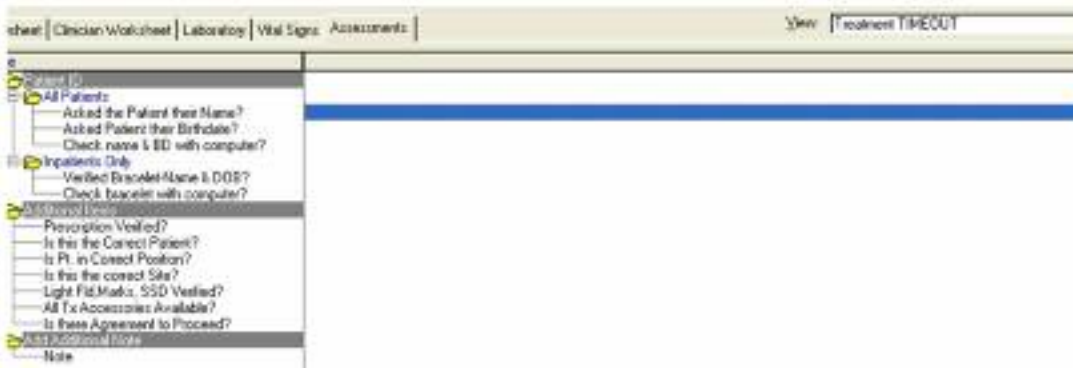
RPC to validate new treatment techniques and verifies treatment unit radiation doses on an annual basis and when new treatment units are being commissioned.

9. **DOES THE PRACTICE HAVE A RADIATION QUALITY ASSURANCE PROGRAM THAT MONITORS AND ANALYZES TREATMENT PLANNING AND TREATMENT DELIVERY PROCESSES/SYSTEMS?** Our practice has a detailed quality assurance program which range from weekly physician and staff chart round; treatment planning/treatment unit quality assurance procedures (daily, weekly, monthly, quarterly and annual; treatment patient medical chart review prior to treatment and weekly during treatment;

10. **HOW OFTEN IS THE PRACTICE EVALUATED BY STATE AND/OR NATIONAL RADIATION CONTROL AGENCIES?** This depends on each state. Normally, practices are evaluated annually.

11. **DO YOU HAVE A PROGRAM IN PLACE TO MONITOR, ANALYZE, REPORT AND PERIODICALLY REVIEW COMPLICATIONS AND ADVERSE EVENTS OR ACTIVITIES THAT MAY POTENTIALLY HARM PATIENTS?** A facility could have a program that has treatment outcome audits; daily staff assessments of treatment effects; morbidity/mortality rounds, etc.

12. **DOES THE PRACTICE ADHERE TO THE “TIME OUT” SAFETY PROCEDURE IMPLEMENTED BY THE JC TO VERIFY CORRECT PATIENT, CORRECT SITE, AND CORRECT TREATMENT?** (The Universal Protocol (UP) has been in effect since July 1, 2004. The UP consists of three distinct parts: pre-procedure verification, site marking and a timeout performed immediately prior to the procedure. The UP is applicable to any setting where invasive procedures are performed, not just the operating room. Radiation therapy is considered an invasive procedure because it is therapeutic). The following is a screenshot of a Treatment Time Out checklist:



Endorsed by SROA Board of Directors on March 20, 2019