



2010 Annual Meeting
Preliminary Agenda
As of June 7, 2010
(Subject to Change)

Workshop Track Codes
LDR – Leadership
COD – Coding & Reimbursement
QA – Quality
TCH – Technology/ EMR

SATURDAY, OCTOBER 30

Noon-5PM	Board of Directors Meeting (Board of Directors and Invited Guests)
Noon-7PM	Registration Desk
5PM-7PM	Exhibitor Set-up

SUNDAY, OCTOBER 31

7AM-5PM	Registration Desk
7:30AM-8:30AM	Breakfast
7:30AM-5PM	Exhibits
8:30AM-8:45AM	Opening/Welcome Program Committee Co-Chairs <ul style="list-style-type: none">• Gail Satterfield, SROA President• Giles Toole, SROA President-Elect
8:45AM-10:15AM	#001 Keynote Address Peter Baronstark, <i>Lifetime Leadership – Leaving a Legacy</i>
10:15AM-10:45AM	Breaks/Exhibits
10:45AM-11:45AM	#002 General Session Chris Walsh, MD, <i>Patient Safety</i>
11:45AM-Noon	Bathroom Break
Noon-1:30PM	Annual Business Lunch
1:30PM-2:30PM	Concurrent Workshops (LDR) #003 Negotiation Skills - The Art of Getting What You Both Want - Peter Baronstark

You are involved in negotiations every day of your life. Whether you are agreeing on appropriate schedules and deadlines for project,

solving problems with customers, setting salaries, acquiring more staff for your department, or going out to dinner with your family, you need to be able to identify and utilize skills of great negotiators. You'll learn the top strategies to use in a negotiation and how to counter those strategies when they are used against you. Following this step-by-step approach helps you achieve what you both want in virtually any negotiation. When you hear the word negotiation, what enters your mind? A buyer or seller haggling over the price of a product? A hostage held at gunpoint? Two large organizations putting together a merger? Getting your teenager to clean his room? Deciding where to go for dinner with your spouse? All of these are great examples of negotiating and clearly illustrate that Everyone Negotiates. For twenty years, we've had the privilege of enhancing negotiation skills, developing negotiation strategies, and sharpening negotiation technique through our negotiation training programs

RCC

(COD) #004 Cash & Coding Check-Up – Cindy Parman, CPC, CPC-H,

There are a number of factors that must come together to ensure reimbursement of a specific service or procedure, especially when that service is an expensive radiation oncology treatment modality. Accurate diagnosis code assignment communicates medical necessity and the complexity of patient care, preauthorization helps ensure reimbursement and a waiver of liability communicates insurance coverage to the patient.

In addition, there are modifiers that alter the basic procedure code definition, payment posting concerns, the need to eliminate credit balances, coordination of benefits among insurers and patient liability in the form of coinsurance and deductibles. Last, there is a growing need to follow-up on unpaid claims and issue an appeal when necessary. Examples of coding scenarios and tips will be provided to assist facilities and physician practices with charge capture, claim generation and documentation necessary to appeal an unpaid claim or support charges during a payer audit. Bring your questions and be ready to participate in ramping up reimbursement!

(LDR) #005 Physician Relationships – Nick Hernandez, MBA

How you behave stems from your point of view; physicians are no different. They are usually highly competitive people who are also very self-confident. Autonomy is a key value among physicians, but there exists huge generational differences in the physician community, which are showing cause for concern. Actively engaging in succession planning is a necessity for radiation oncology practices to ensure that they do not suffer during leadership transition periods. Building a depth of leadership talent can be very helpful.

Effective physician leadership is an important, critical success factor. In fact, strong physician leadership has been identified as an important contributor to both business and clinical success in today's challenging environment. The growing physician shortage is making physician recruiting a top priority for healthcare organizations. However, physicians are often suspicious of attempts to bring in new providers.

**(TCH) #006 Developing Internal Research Protocols – Jan Dragotta, BS,
RTT, RT & Janice Breen, PhD**

It is difficult, particularly for a community hospital, to maintain participatory status in research groups. It is challenging in the current environment to maintain the staffing necessary to open, accrue, and complete the clinical and documentation requirements of a clinical trial. Our center was one of 60 nationally to be approved as a Cancer Trials Support Unit (CTSU) Independent Clinical Research Site (CICRS). Initially we hoped that because CTSU provided access to all National Cancer Cooperative Groups trials and had an extensive list of protocols we would be able to meet the required accrual of six patients/year. What we discovered is that even this was challenging.

This discussion will review the experience at CentraState in developing internal clinical trials, which meet national standards. Topics of conversation include; identification of areas of need, principal investigators, writing methodology and developing budgets, working with the IRB and recruitment of participants.

2:30PM-3:00PM

Breaks/Exhibits

3:00PM-4:30PM

#007 General Session

Radiation Oncology Billing Panel

Moderator: Craig McNabb, MBA, BSN

Panelists:

David Beyer, MD – ASTRO/ACR JEC Representative

Carl Bogardus, Jr, MD – Bogardus Medical Systems

Deborah Churchill, RTT – President, Churchill Consulting, Inc.

Ron DiGiamo, MBA – President, Revenue Cycle, Inc.

James E. Hugh III, MHA, CHBME, ROCC(R) – Senior Vice President, AMAC

Cindy Parman, CPC, CPC-H, RCC – President, Coding Strategies, Inc.

Susan Vannoni, MS, RT, (R)(T) ROCC – President, Radiation Oncology

Consulting, LLC

4:30PM-5:15PM

New Member Reception (Invitation Only)

MONDAY, NOVEMBER 1

7AM-Noon

Registration Desk

7:30AM-8:30AM

Breakfast

Breakfast Roundtable Discussion Groups

- **Electronic Medical Record**
- **Proton Therapy**

7:30AM-11AM

Exhibits

8:30AM-9:30AM

#008 General Session

Arno Mundt, MD, The Current State of IGRT

9:30AM-9:45AM

Bathroom Break

9:45AM-10:45AM

#009 General Session

Bill Stanton, MD, The Changing Face of Cancer Care: For Richer or for Poorer, For Better or for Worse, In Sickness and in Health

10:45AM-11:45AM

Committee Meetings

- *Communications*
- *Program*
- *Advocacy*
- *Benchmarking & Best Practices*
- *Membership*

- *Reimbursement & Economics*

TUESDAY, NOVEMBER 2

7AM-5PM	Registration Desk
7:30AM-8:30AM	Breakfast Breakfast Roundtable Discussion Groups <ul style="list-style-type: none"> • Electronic Medical Record • Best Practices - Safety
7:30AM-4:30PM	Exhibits
8:30AM-9:30AM	#010 General Session <i>Meryl Luallin, Pride, Passion, Performance</i>
9:30AM-9:45AM	Bathroom Break
9:45AM-10:45AM	Concurrent Workshops (COD) #011 Pennywise - Optimizing Reimbursements in the Oncology Practice – Alex Hill

Provide radiation oncology administrators a comprehensive overview of the challenges and opportunities in radiation oncology and medical oncology practices. Optimizing reimbursement for services in the Radiation Oncology

(LDR) #012 The Provider Based Clinic Model: A Powerful Strategy For Cancer Program Growth and Physician Alignment – Joseph Spallina, MBA

The uncertainty about the impact of healthcare reform on physician practices and cancer programs, increasing challenges for oncology practices to generate income at historic levels, the maturing of oncology practices across the country and the impending national shortage of oncologists places cancer programs at risk and leaves oncology practice leaders wondering what near term income mechanisms are available for their practice to remain financially healthy. Future business structures have to eliminate unnecessary cost duplication in physician practices and cancer programs to generate the income that will be required to remain financially viable.

The provider based clinic model has been used by academic medical centers for decades in the business relationship between the hospital and faculty practice plan (s). While its development in the community setting is more recent, its application cannot be timelier given the income and competitive challenges faced by community oncology practices and cancer programs. In response to these challenges is the requirement to implement strategies that to reduce costs, contribute to practice and program viability and, create a common platform for physician practice and cancer program goal planning and success. The provider based clinic model offers physician practices and hospitals an alignment strategy to jointly pursue their goals with greater likelihood for success than other alternatives.

(QA) #013 To Discipline or Not to Discipline: Practical Approach to Handling the Mistakes Made in Radiation Onc – Alex Zafirovski, MBA, RTT

With more organizations publishing their quality measures and results online, we are entering a new era of transparency and accountability.

As a result of attending this session, participants will be able to:

1. Discuss the importance of transparency and accountability in radiation oncology
2. Recognize the different algorithms for handling the errors
3. Discuss the actual cases of errors and recommended approaches

(TCH) #014 The Transportable Radiotherapy Vault – TRV – Kevin Cassidy, MBA & Kyle Schmanke, MS

Cancer treatment with radiation therapy technologies has advanced rapidly leaving many radiation oncology departments facing enormous challenges in equipment upgrades and replacement. To stay competitive, and offer the best quality treatments, departments with older Linear Accelerators (linacs) are adding On Board Imaging (OBI), Cone Beam CT (CBCT), Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), Stereotactic Radiosurgery (SRS), Stereotactic Body Radiation Therapy (SBRT), and Respiratory Gating. Departments are forced to shut down or transfer patients to other centers while vault modifications and new equipment installation takes place. This reduces revenue, inconveniences the patients and adversely disturbs referral patterns affecting the facilities competitive services. It is estimated that two thousand single vault departments will need to face this difficult journey with the associated loss of revenue. RAD Technology Medical Systems Inc. is now offering the Transportable Radiation Vault (TRV) as a solution for the Radiation Therapy community.

10:45AM-11:15AM Break/Exhibits/ Vendor Drawing

**11:15AM-12:15PM Concurrent Workshops
(COD) #015 The Relationship with Your Billing Department May Be Affecting Your Revenue – Tamara Syverson, BS, RTT& Lisa Martin**

This program is designed to address the importance of establishing a relationship with the billing department and how this relationship can impact the revenue within the Radiation Oncology Department. Discussions will focus on key items that require a joint effort between the two groups and recommendations to implement efficient and productive practices.

MA-HRD (LDR) #016 Selection and Onboarding of Great Talent – Robin Chenail,

Healthcare organizations have the responsibility and honor of hiring great people who are brought in to help fulfill the missions of their organizations. In order to hire the best people for your organization, getting the right people “in the right seats on the bus” is critical. Turnover is expensive, and managers are often stretched for time, pulled in multiple directions, which creates less than optimal circumstances for meaningful dialogue during an interview with a candidate. One helpful solution may be a group interview process, which incorporates a series of successive steps and a dedicated time and specific day(s) during the week/month, where applicants are given a presentation overview of the facility/purpose of the organization, etc., (generating enthusiasm), which strongly emphasizes the values of the organization, and sets up expectations. Simultaneously, the applicants are being interviewed by management during the presentation, utilizing a scoring system based on a number of factors, such as the applicants’ participation and interest shown during the presentation, behavior, manner, punctuality, answering

applicable questions, etc. Following the presentation, participants who wish to continue are offered an individual interview, and if successful, then meet with the department manager hiring for the position. The applicants' knowledge, skills and abilities are closely compared with the stated functions and goals of the hiring departments, to determine a good fit. If hired, the interview process continues even throughout New Employee Orientation.

(QA) #017 Building a Culture of Patient Safety in Radiation Oncology – R. Alan Burns, BS, RT

Our industry has standards and guidelines that establish a multilevel “check and barrier” of preplanning, planning and treatment delivery processes for radiation therapy. This “check and barrier” system is used to lower the risks for errors to occur. However, we must understand how humans perform and how errors occur before we can start building a culture of patient safety. This understanding is key to building a culture of patient safety. A climate where staff is prepared to report errors and near-misses and an atmosphere where there is clear lines between acceptable and unacceptable behavior are hallmarks of a culture of patient safety. This environment is flexible and emphasizes teamwork. Studies have shown that the evaluation and revamping of clinical practices and “social engineering” are required to move an organization to a culture of patient safety. This change will result in better care for patients.

(TCH) #018 Implementation Basics and Physics Advancements in Accelerated Partial Breast Irradiation: IBPA in APBI – Jessica Hiatt, MS

Accelerated Partial Breast Irradiation is a rapidly evolving technique for the treatment of breast cancer. APBI first came onto the scene in the early 1990's with the interstitial technique. This technique involved the placement of flexible, after-loading catheters through the breast in an array centered on the patient's excision cavity. The treatment schema consisted of 10 fractions delivered twice per day for 5 days compared to the whole breast radiation therapy 6-week treatment course. Since the introduction of the interstitial APBI technique, many new partial breast devices have been introduced clinically: MammoSite, SAVI, Contura, to name a few.

This proposed lecture will chronicle the history of APBI, explain the rationale for it, showcase the intricacies of each technique, highlight the instances where one method may be preferred over another and, finally, describe the future directions of APBI.

12:15PM-2PM

**Quality Luncheon
Entertainment: The Healthy Humorist, Brad Nieder, MD**

2PM-3PM

**Concurrent Workshops
(COD) #019 Stories I Wish I Could Tell You – Cindy Parman, CPC, CPC-H, RCC**

H, RCC

Both Medicare and commercial payers mine data and determine which medical practices require an audit. Although there are a number of medical specialties that may be targeted, the high-dollar services provided as part of a radiation oncology course of treatment make this specialty a likely target of unwanted attention.

There is a common belief that radiation oncology entities are *never* audited, and even if such an audit were to occur, there would not be a major settlement. While a 'list' of those who have been penalized in

the past is often requested, the truth is that many of the investigations leading to refunds and penalties are “sealed” to protect the facility or physician practice involved.

In any medical record audit situation, the extent of existing medical record documentation becomes the sole defense. In addition, the skills and training received by billing staff, how denied charges are reviewed and potentially resubmitted and whether the tenants of a compliance program are actively followed will make a difference should there ever be a review of charges submitted for insurance payment.

PhD, DABR

(QA) #020 The Value of Safety in Radiation Oncology – James Gaiser,

The complexity of new technology has created new avenues for error — software flaws, faulty programming and outdated safety procedures including QA techniques and clinical protocols.

The economic recession and health care reform has caused health care providers to cut costs which impacts your staff’s tools, resources and time.

As special treatment modalities are adopted more commonly in community based clinics the need for specialized hands-on training on-site is not being met. There is a significant time commitment required by the staff to learn the practical steps involved in creating and maintaining an optimal QA program.

The demands of traditional radiation therapy services often limit the time your staff needs to keep up-to-date with the ever-evolving complexities of new technology. As a result, the staff’s coverage is not sufficient to prevent the occurrence of treatment errors and misadministration.

As industry providers are releasing new equipment with advance functionality, updates and repairs are frequently required. Too often an understaffed physics department has undue delays or compromises in properly testing the updated/repared equipment. This commonly results in errors going unnoticed until a crisis occurs.

Even very skilled and conscientious physics staff often has such a learning curve to keep up-to-date with the demands of new technology that some of the routine QA needs are delayed or neglected.

Recently there has been a renewed awareness of treatment errors in the public and private arena. Although treatment errors in radiation oncology are not new, interest has been drawn to this medical specialty through the media and a general fear of radiation in our society.

This concern led to a recent congressional hearing to evaluate the degree of the problem and to begin development of solutions to avoid future mishaps. This is likely to result in increased credentialing requirements for members of the treatment team as well as increased regulatory oversight of the process.

Solution methodology with is presented to the attendees for improved clinical processes to significantly reduce systematic errors. The methods will cover new technology implementation at multiple levels from installation through clinical installation and then continuous process improvement.

(TCH) #021 Hurricane Ike vs. UTMB: Disaster Recovery Planning Best Practices – Karen Lidstone, MBA & Collin Brack, MBA

Radiation Oncology Disaster Recovery planning for IT: Disaster Recovery, or DR, is a sub-section of the Business Continuity Plan and includes specific disaster mitigation policies and procedures for all electronic systems within Radiation Oncology. We present the set of best-practices required to deliver an accurate, and actionable IT Disaster Recovery Plan which includes the following: identifying the right team members, the scope of the DR document, the fact gathering process and the set of essential IT facts needed for both mitigation and recovery. A sample DR plan from the University of Texas Medical Branch, a teaching hospital, is presented along with our experience in successfully implementing the plan after catastrophic damage from a category-3 hurricane. Despite the complete physical loss of the Radiation Oncology clinic and data center, off-site operations resumed 3 days after the storm and physicians had access to patient's treatment plans, electronic records, and notes.

(LDR) #022 Managing for Customer Service - Meryl Luallin

The delivery of quality care and the resulting positive medical outcomes depend largely on the productive interaction of all care team members. To ensure that all office staff members contribute to the goals of the office or department, managers must have the skills to motivate, coach and evaluate employees toward greater customer service. This workshop in management effectiveness is tailored to the needs of working office managers.

WORKSHOP OBJECTIVES:

- IDENTIFY characteristics of effective teams and their leaders; learn proven techniques for building service-oriented teams
- LEARN AND PRACTICE the "TEAM" model for diagnosing employee performance and using "outside-the-box" managing styles
- LEARN the steps for ensuring a service culture at a medical practice

3PM-3:30PM

Break/Exhibits/ Vendor Drawing

3:30PM-4:30PM

Concurrent Workshops

(LDR) #023 Certificate of Need: What Is It and Do They Work? – Matthew Terry, MBA, BSRT, RT & Scott Plemmons, MBA, BSRT, RT

Certificate of Need (C.O.N.) programs are aimed at reducing health care facility costs and allowing coordinated planning of new services and construction. State laws control spending, which seeks to reduce overall health and medical costs by eliminating competition and allowing facilities to meet their demand. Many "CON" laws initially were put into effect across the nation as part of the federal "Health Planning Resources Development Act" of 1974. As of 2008, 36 states retained some sort of government CON program despite the ever-changing healthcare market.

This session will discuss the history of the CON laws and how they came into existence. We will understand some basic differences between the varied CON laws and how they may or may not affect

healthcare in each state. Some specific state references will be cited. In conclusion, the possible benefits and detriments of the programs will be debated.

Rowland, BS

(LDR) #024 Making the Transition from Staff to Supervisor – Julie

This presentation explores several aspects that are important to leadership development, and seeks to provide the listener with an understanding of key components to a successful transition from staff member to supervisor. Two important categories of discussion are the business aspect and the people aspect. Both elements are equally important to consider and are intertwined in a complex matrix. The presentation will address the business aspect as it relates to knowledge base, education and training, and leadership development. The people aspect will be addressed as it relates to human behavior and response to change and needs assessments (both by staff members and the newly appointed supervisor), and advice for a new supervisor. Additionally, this presentation seeks to provide the listener with some tangible strategies for making the transition from staff member to supervisor a successful one.

(QA) #025 Radiation Events in Imaging & Treatment: Cases, Causes, & National Policies for QA & Safety – J. Daniel Bourland, PhD

Ionizing radiation is an important tool for high technology radiological procedures in diagnostic imaging and radiation oncology, and automation and computer control of radiological devices have brought great advantages to patient care. However, recent high dose radiological events in imaging and treatment have occurred, unfortunately resulting in patient injuries and deaths. These events indicate a need for advancements and different methods for responsible personnel to insure patient safety and quality assurance during high technology radiation procedures. This workshop will review dose recommendations and regulations for patients and personnel, imaging and treatment device performance regulations, the causes and patient outcomes for high dose radiation events, and national responses by professional societies and the federal government regarding safety and quality assurance for computerized radiation procedures. Specific recommendations are given on the roles for radiation treatment team members to insure the safety and quality assurance of patient radiation treatments.

(TCH) #026 Error Reduction in Radiation Oncology: Experience with a Software Tool at Multiple Cancer Centers – Edward Kline, MS

Incidents related to radiation oncology are receiving increased public and government scrutiny. This work describes the results of a medical error reduction/compliance software tool (MERP) implemented at two radiation oncology centers over the course of almost two years. MERP was used to identify, categorize, evaluate, correct, and trend preventable systems-related medical errors (i.e., sentinel events, “near misses”, and medical events). References for defining what constitutes an error in MERP were tied to best practices (i.e., JCAHO, ACR, ACRO, etc.). Customization of template policies and procedures in MERP served as a benchmark for education and performance measurement. Violations of regulatory requirements in radiation safety/QA (i.e., State and NRC) and charge capture/documentation practices (i.e., CMS) were automatically flagged. Required reports were launched following a pathway of root-cause analysis and regulatory reporting requirements. The results of MERP’s clinical use at both centers will be presented.

4:30PM – 5PM Sponsor Wrap Up Meeting (Invitation Only)

7:30PM-10:30PM President's Party

WEDNESDAY, NOVEMBER 3

7AM-Noon Registration Desk

7:30AM-8:30AM Breakfast

7:30AM-Noon Exhibits

**8:30AM-9:30AM Concurrent Workshops
(COD) #027 Coding 101 – Deborah Churchill, RTT**

This session will provide an introductory level overview of the codes that result for a standard treatment regimen in radiation oncology. This presentation will follow the patient presentation process, beginning with the consult and continuing through a standard treatment to the completion of treatment.

As this course is an overview of entire treatment course, the presentation will focus on the code categories [simulation, isodose planning, etc.] and the documentation that is required for each procedure performed.

A sample composite regimen summary will be presented demonstrating two parallel grids to illustrate the coding summary and required documentation. This will provide the attendee with a tool to assist in rating the coding and documentation currently performed in their departments.

(LDR) #028 Light Their Fire - Evidence Based Performance Evaluations – Kelly Kassab, MHA & Nina Thomas, MS

One of the most challenging aspects of performance evaluations is ensuring that there is enough evidence to substantiate the comments and feedback given by management from a legal standpoint. The goal of UPMC Cancer Centers is to educate managers on how to identify low performers who are not meeting expectations and manage them appropriately while rewarding high performers. We took a three phase approach to address this problem: 1) Define the criteria established by UPMC for evidence based performance evaluations; 2) Define criteria to avoid rater bias, as well as techniques to differentiate between high and low performers; 3) Provide solid communication techniques to ensure that managers are fully prepared when they meet with their staff. This best practice is intended to reduce employee relation's issues and overall department turnover.

(LDR) #029 New Technology: Acquisition, and Installation, and ImplementationOh My! – Lisa Haskins, MBA

Installation and implementation of any new technology or upgrade is a daunting task regardless if you are experienced or new to the process. It is important to gather your key people, plan and implement the process in an organized fashion to ensure a seamless transition to the new technology.

We will walk through the step-by-step best practice utilized at UPMC Cancer Centers for implementing new technology.

Workshop attendees will have an understanding of key steps in planning, communication and education of new technologies introduced into a new or existing department. We will identify the key people you should involve in the project and create a project task list that will ensure a timely project.

(QA) #030 Whistleblower – James E. Hugh III, MHA, CHBME, ROCC(R)

Providers and physicians face a daunting array of laws and regulations from the government and third-party payers. What one day is an accepted practice in billing, coding and documentation can change immediately putting your department or practice at risk. The healthcare provider must be diligent in following these rapidly changing guidelines. With financial crisis looming in medicine, and the search for new dollars to fund government spending for healthcare reform (insurance reform), we can expect more intrusion, regulation and auditing of healthcare providers.

The providers, clinical and administrative staff will need to be more cognizant of practice changes, employee concerns, practice patterns and current guidelines set by the various medical societies. This presentation will assist the healthcare providers in identifying the trends that lead to a whistleblower lawsuit before it happens.

9:30AM-9:45AM

Bathroom Break

9:45AM-10:45AM

Concurrent Workshops

ROCC(R)

(COD) #031 Coding Updates - James E. Hugh III, MHA, CHBME,

Hospitals, freestanding centers, ASCs and physicians while treating cancer patients must keep current on all the changes affecting their ability to comply with regulations and retain their existing income.

It is difficult for providers to keep current in reimbursement and documentation issues. They depend upon consultants in the industry to supply them with the tools to ease the bureaucratic burden. In many instances, the cancer centers are dependant upon internal mechanisms to keep them current and up to date but many times these systems fall short of their expectations. The discussion of current and future coding, documentation, and payments changes will be covered in this session. We will present to the physicians, clinical staff, administrators and coders the changes in 2010 and beyond.

(QA) #032 The Role of Lean and Six Sigma in Healthcare – Margaret

Murphy, MBA

The birth of total quality in the United States came as a direct response to the quality revolution in Japan following World War II. As the US industrial sectors flailed in the wake of Japanese high quality, the urgency to embrace quality developed. Healthcare also recognized the need for quality improvement.

While PDCA improves processes and considers checks for further improvement, Lean Six Sigma develops solutions for defect and inefficient processes while considering the customer's needs and satisfaction. A systematic statistical approach is used in the final three phases: Analyze, Improve and Control. The major benefit to this approach is a scientific validation of each step and unlike the PCDA process, the Control phase ensures that improvements are sustained using a statistical monitoring process.

Healthcare is rife with waste and in this economy, the method provides invaluable tool, which will allow us to provide excellent, efficient, cost effective patient care.

(QA) #033 Raising the Bar: Continuous Quality Improvement at the Cleveland Clinic – Gail Lalli, BBA

The Department of Radiation Oncology at the Cleveland Clinic engages in the utilization of business performance tools to increase productivity, ensure quality and safety and raise the bar.

Departmental managers engage in the process to identify critical performance metrics, which are separated into major categories of Service, Quality/Risk Management/Innovation, Productivity/Financial and Billing and Compliance.

Identified metrics are linked to a scorecard, which includes targets set by the team. Managers meet monthly to review the scorecard and identify gaps and opportunities. Gaps are linked to a Most Wanted Improvement page where the owner, target completion date, status, deliverables and critical issues are identified.

Gaps in performance that require a longer amount of time and collaboration of resources move into the Top Projects category.

This process allows leadership to continually monitor improvement. Challenges become successes through open communication and collaboration and results are measurable and sustainable.

(TCH) #034 A New Paradigm for Quality in Radiation Oncology - The Electronic Facility Record – Kyle Schmanke, MS & Kevin Cassidy, MBA

As technology in Radiation Oncology becomes more complex the importance of proper installation, calibration and ongoing QA of equipment is paramount. The recent news concerning misadministration's and incorrect dose calibrations has patients and radiation oncology professionals concerned that new technologies be implemented and maintained properly. Recent disclosures have shown that mistakes occur even when the vendor participates in the commissioning process. The Electronic Facility Record (EFR) is a new paradigm in ensuring proper utilization of new technologies. The entry of very detailed equipment parameters in a facility database will ensure proper calibration parameters with instantaneous comparison to established peer data. Commissioning reports with validation to published data as well as established QA recommendations from the ACR, ACRO, and the AAPM give the entire radiation oncology team confidence that the equipment cornerstone is set properly and will support them moving forward with providing the highest quality patient treatments possible.

10:45AM-11:15AM	Break/Exhibits/ Vendor Drawing
11:15AM-12:15PM	#035 General Session <i>Ray Madaghiele, A-B-Cs of Remarkable Relationships for Service Success</i>
12:15PM	Meeting Adjourned
Noon-3PM	Exhibits Breakdown
12:30PM-3PM	Board of Directors Meeting (Board of Directors and Invited Guests)