**TG262** 

# **Workflow and the Electronic Chart**

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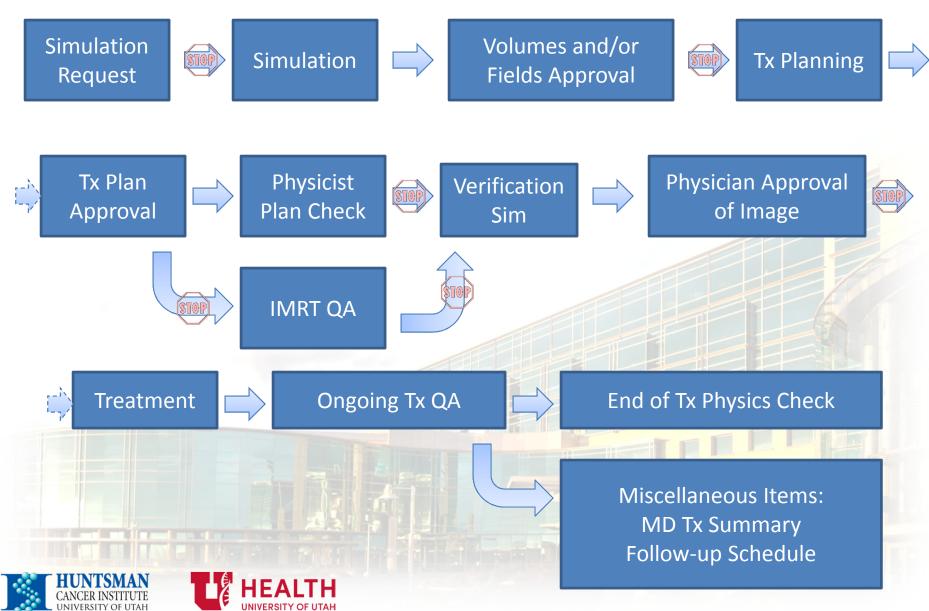
**Huntsman Cancer Hospital** 





**2017 AAPM Annual Meeting** 

### Workflow Example



### Workflow in RO-EMR

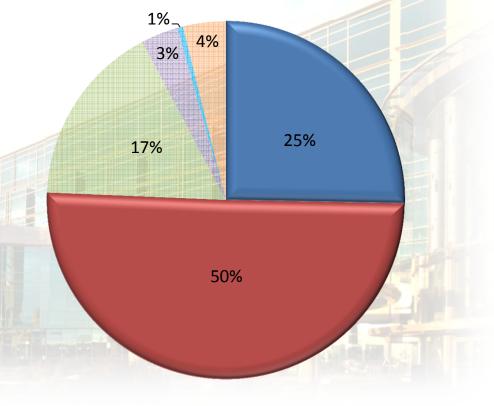
- Record keeping
  - Approved simulation request form
  - Physicist plan check form
  - Portal images
- Task tracker
  - Tx plan approved, pending next task physicist plan check
- Safety catch
  - Treatment prevented without approved prescription





• Overall, how satisfied is your practice with the utility of the RO-EMR environment in management of your clinical workflow?

- a. Very satisfied
- b. Satisfied
- 🗏 c. Neutral
- d. Dissatisfied
- e. Very dissatisfied
- f. Our RO-EMR does not manage clinical workflow

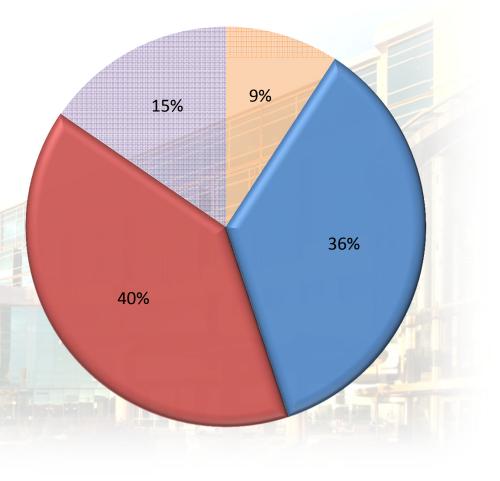


- Factors that seem to contribute to higher workflow management satisfaction:
  - More variety of groups included in the committee.
  - Total number of committee member.
  - Time spent more in software selection, training, and hybrid chart usage length of less or equal to 6 months.



 Which of the following safety barriers prevent proceeding with the simulation without completion of MD's simulation order?
Choose the first answer that applies.

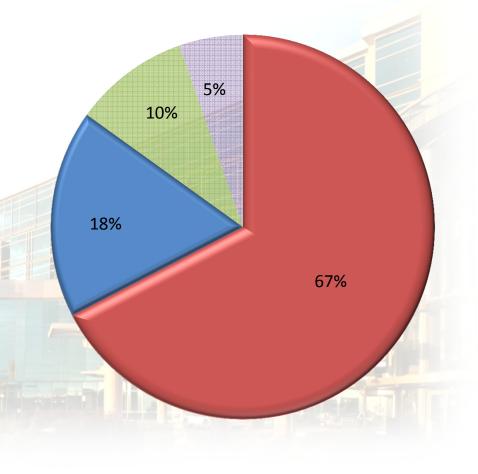
- a. Software interlock. (forcing function)
- **b**. Time out procedure or checklist.
- c. Written policy.
- d. There is no barrier.





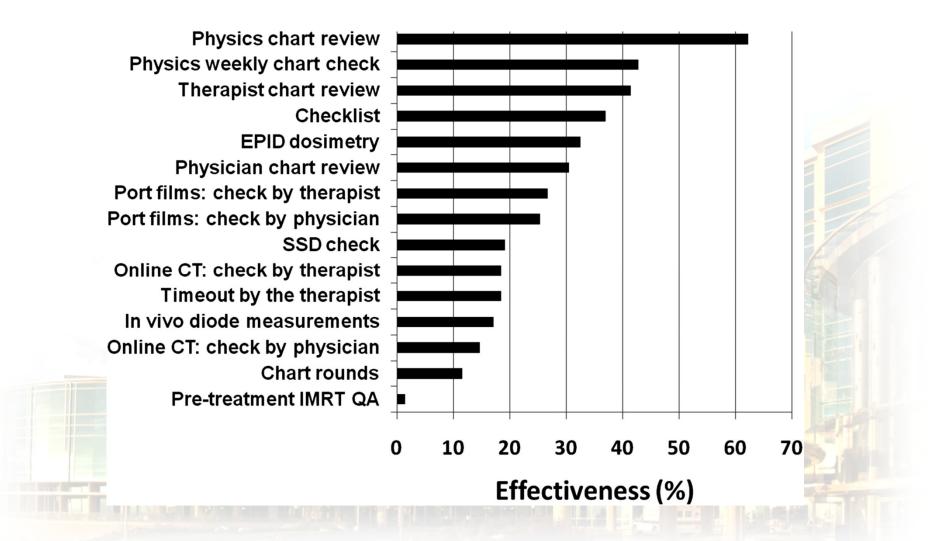
 Which of the following safety barriers in your RO-EMR prevent proceeding with the treatment without final approval by physics? Choose the first answer that applies.

- a. Software interlock. (forcing function)
- **b**. Time out procedure or checklist.
- c. Written policy.
- d. There is no barrier.



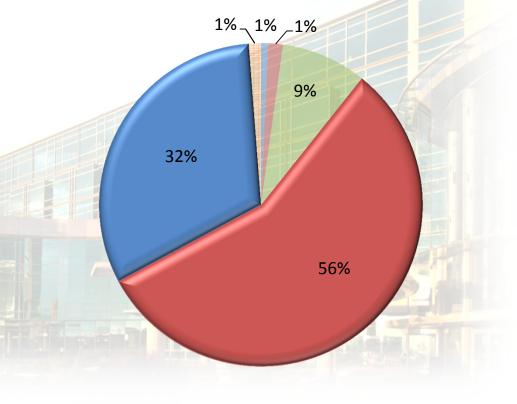


#### Importance of Physicist Plan Check



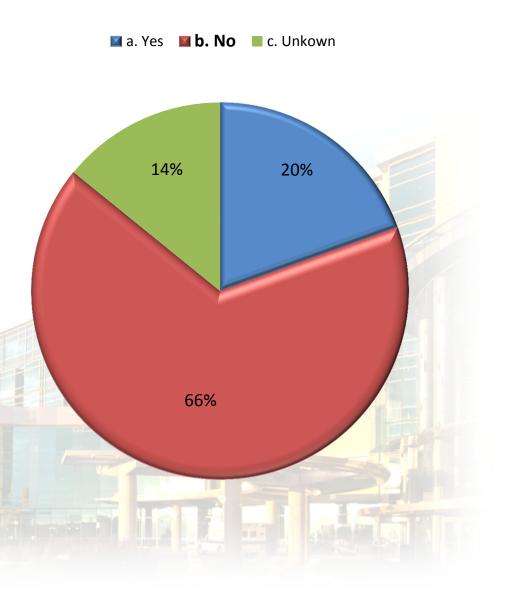
Ford, E.C., et al., *Quality Control Quantification (QCQ): A Tool to Measure the Value of Quality Control Checks in Radiation Oncology.* Int J Radiat Oncol Biol Phys, 2012. **84**(3): p. e263-e269.

- How often do you experience <u>failures of</u> <u>communication/transfe-</u> <u>rring of treatment</u> <u>history from your</u> delivery systems back to the e-chart system?
- a. Always (daily occurrences)
- b. Usually (several times a week)
- c. Sometimes (once every week)
- d. Rarely (once every couple weeks)
- 🖬 e. Never
- f. My RO-EMR does not communicate with the delivery system

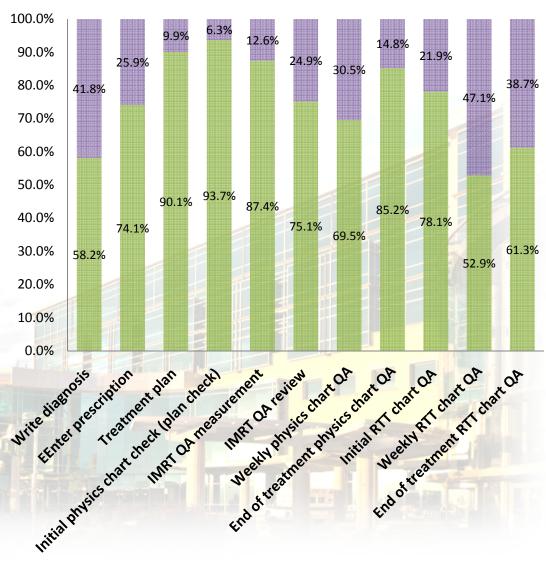




 Have you had nearmisses or deviations
because of <u>failures of</u> <u>communication/transfe-</u> <u>rring of treatment</u>
<u>history</u> back to the echart system?



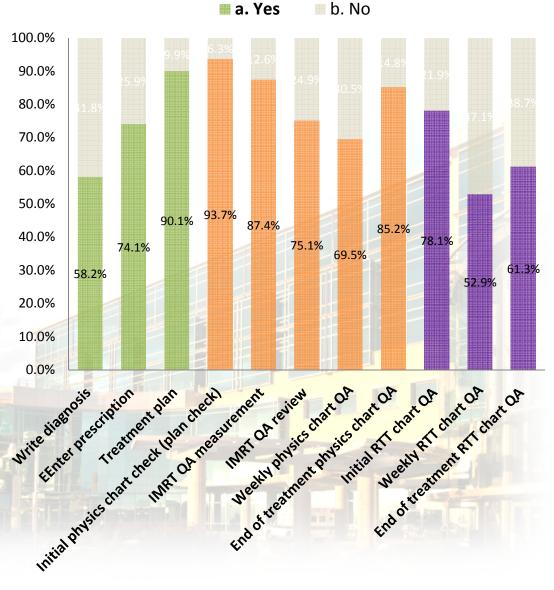
 Do you explicitly schedule and/or manage the following parts of your workflow using the RO-EMR (i.e. via MOSAIQ QCL, ARIA care path, etc)?



a. Yes

🛛 b. No

 Do you explicitly schedule and/or manage the following parts of your workflow
using the RO-EMR (i.e.
via MOSAIQ QCL, ARIA care path, etc)?



 How well is the communication within the RO-EMR functioning in the contexts given below?

