Don't let us ask for the Moon, we have automation!

Technologies to automate clinical workflow in radiation therapy

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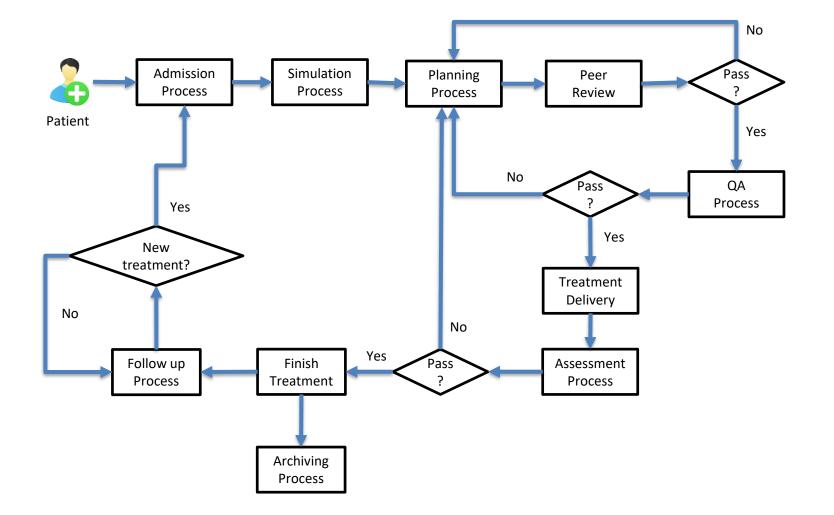
Learning objectives

- 1. Know what RTLS is, and how can RTLS technologies improve clinical workflow for higher operation efficiency, better patient safety and experience.
- 2. Know technologies to improve communications in clinic.
- 3. Know what DICOM and RT PACS are, and technologies to automate plan archiving.

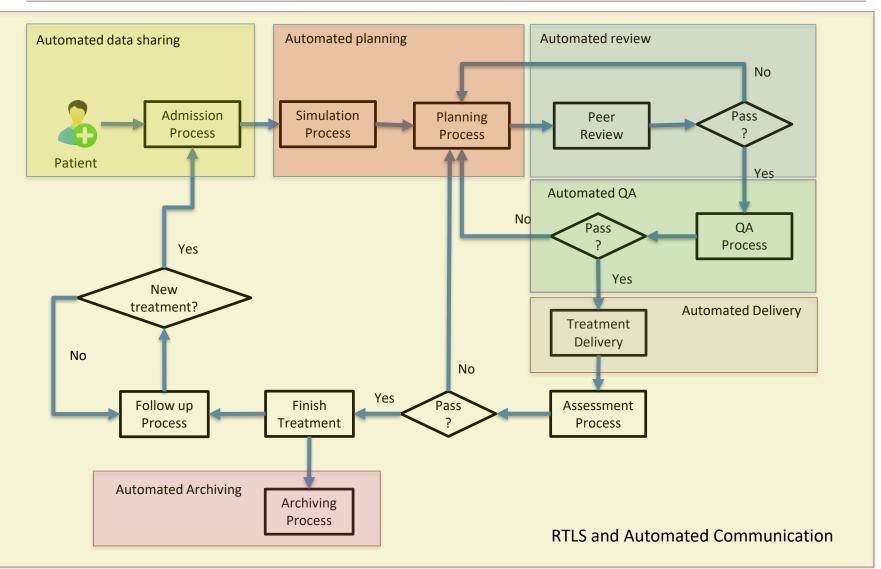
Outline

- 1. Clinical workflow and automation options.
- 2. Real-Time Location system and its applications in radiation therapy clinics.
- 3. Automated communications.
- 4. Automated chart rounds.
- 5. Automated plan archiving.

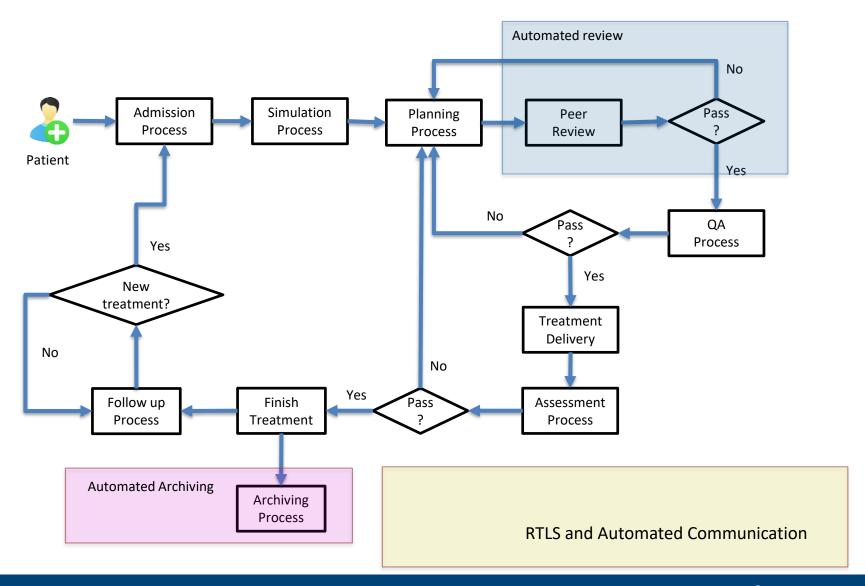
A typical clinical workflow



A typical clinical workflow



Automated portion to discuss



Real-Time Location System

Real-Time Location System (RTLS) is such a system that can tell the care team at any moment locations of patients, accessories, equipment and staff.

Why is RTLS useful ?

- 1. Track/verify patients
- 2. Track/verify patient-specific accessories
- 3. Track shared equipment
- 4. Track staff

RTLS technologies

- 1. Active radio frequency identification (active RFID)
- 2. Passive radio frequency identification (passive RFID)
- 3. Active radio frequency-infrared hybrid (active RFID-IR)
- 4. Infrared (IR)
- 5. Optical locating
- 6. Passive RFID RTLS via Steerable Phased Array Antennae
- 7. Ultrasonic ranging (US-RTLS)
- 8. Bluetooth Low Energy (BLE)
- 9. ..

BLE beacon and receiver

Form factors of BLE beacons

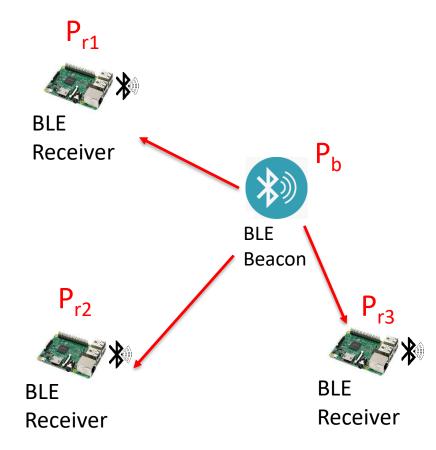




Raspberry Pi as BLE receiver

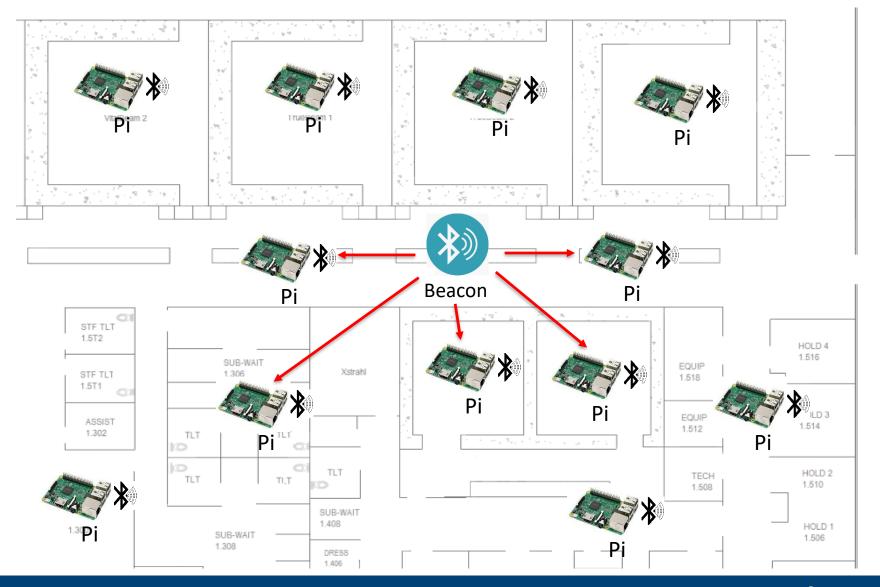


How does BLE RTLS work ?



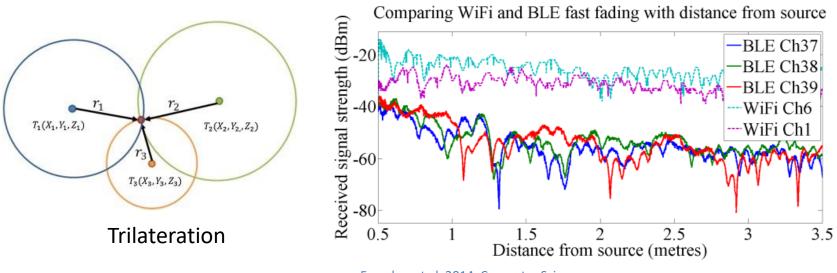
- A BLE beacon at a unknown point P_b sends RF pulse at an interval to all directions.
- BLE receivers at known locations (P_{r1}, P_{r2}, P_{r3}) receive RF signal at different strengths.
- Use an algorithm to estimate BLE beacon location P_b.

How does BLE RTLS work ?



Methods for location calculation

- Traditional methods Trilateration, threshold
 - Suffer from low accuracy and stability
 - Signal strength is affected by building infrastructure
 - Signal is affected by strong interference (wavelength ~ 12cm)
- Machine learning methods ANN, CNN, RNN



Faragher et al. 2014, Computer Science.

Bluetooth signal is highly fluctuated!

Al solved the problem

RESEARCH ARTICLE

Accurate real time localization tracking in a clinical environment using Bluetooth Low Energy and deep learning

Zohaib Iqbal[®], Da Luo, Peter Henry, Samaneh Kazemifar, Timothy Rozario, Yulong Yan, Kenneth Westover, Weiguo Lu, Dan Nguyen, Troy Long, Jing Wang, Hak Choy, Steve Jiang*

Medical Artificial Intelligence and Automation Laboratory, Department of Radiation Oncology, University of Texas Southwestern Medical Center, Dallas, TX, United States of America

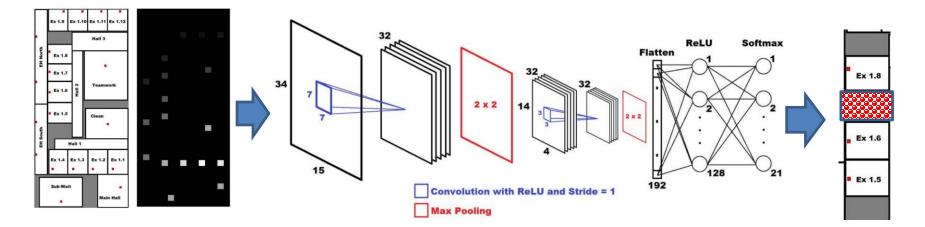
* Steve.Jiang@utsouthwestern.edu





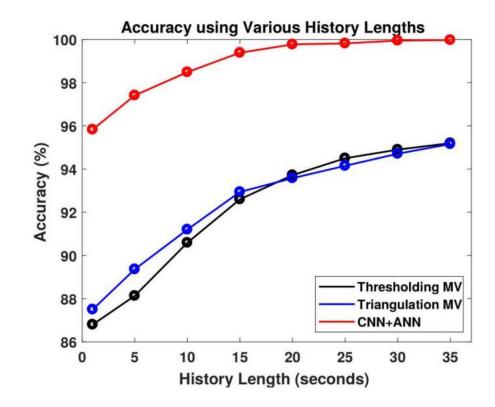
Find location in deep learning

- sensors (> 3) to calculate location
- Simulate effects of building structure and signal interference
- Train the DL database in calibration process (build location patterns)
- Find the closest pattern in the machine learning database



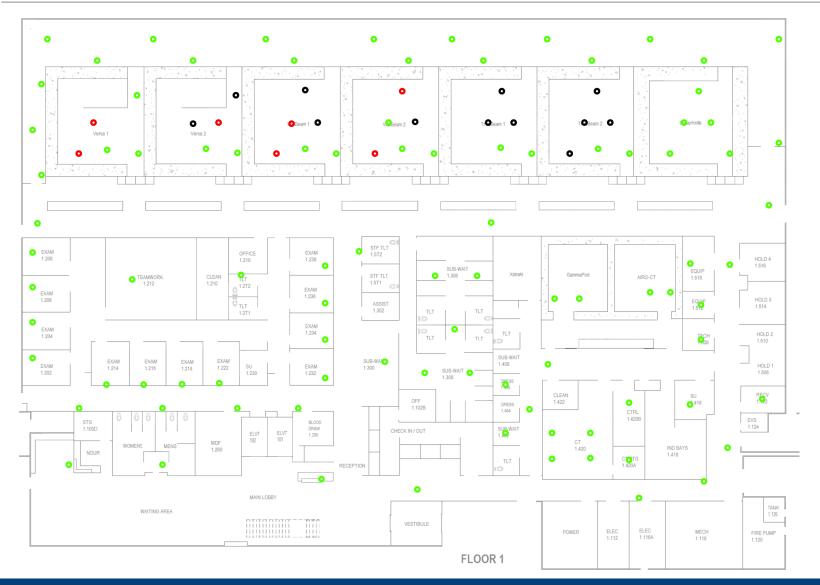
Iqbal et al. 2018, PLoS ONE

Deep Learning is more accurate than traditional methods

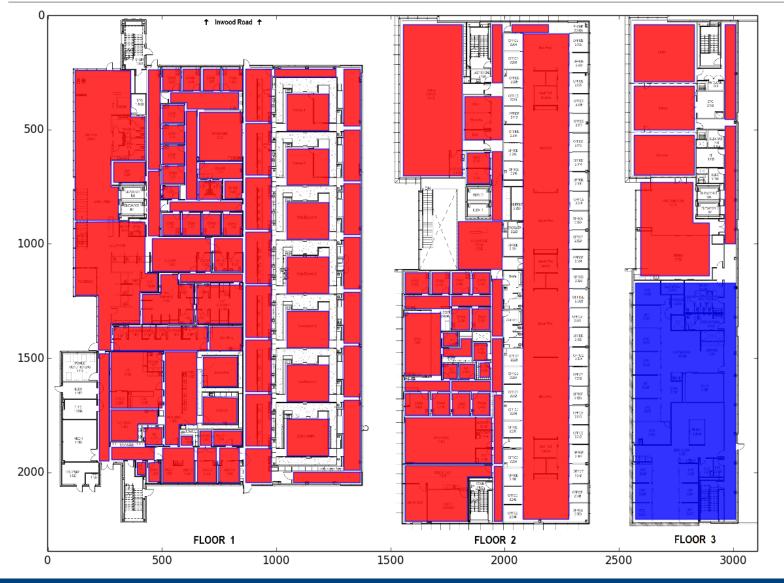


Iqbal et al. 2018, PLoS ONE

Locations of 133 Raspberry Pis



Building is divided into 144 zones



RTLS Applications

Tag registration and management

Live Map

- Patient location
- Device location
- Accessory location
- Staff location
- Location "google"
- Electronic checklist
 - Double check patient's ID
 - Double check accessories
- Timeboard
- Attendance auto check-in
- Patient auto check-in

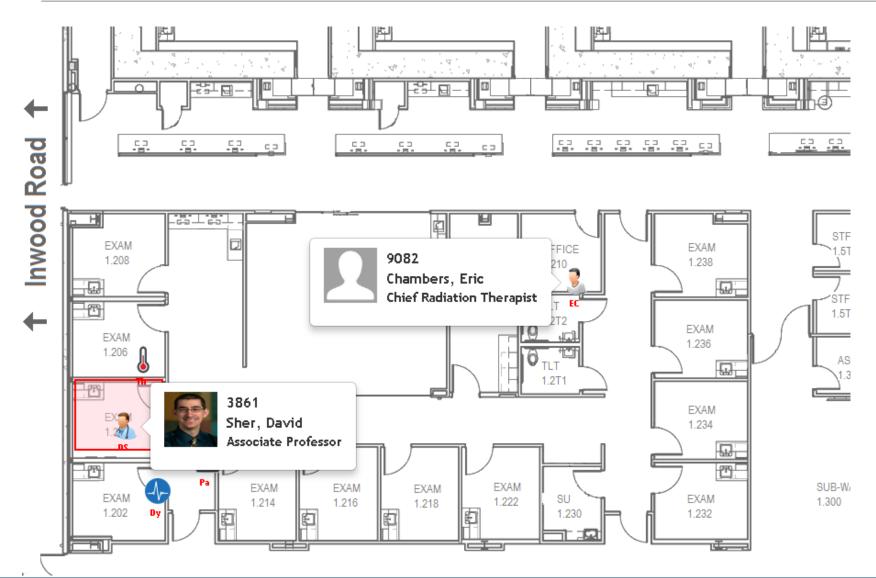
RTLS tag registration app

outhwest Medical C		al Time Location System						Where	Live Map	9	Logo
	Patient Access	ory Staff	Equipmen	t,							
Tag ID:	Enter Tag ID	Patient: Enter Patient's	MRN				Register				
Search b	y TAG ID or NAME										
	All	Not Present		464	l ent	ries					
TAG ID	SUBJECT ID	NAME	TYPE	Days	FRE	EQ Status	Delete Assoc	Battery Change	Dispose Tag	Location	Data Analytics
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50441	6469119	1110 ACH 1858 JAAR 18	Mask	6	10	Active	Delete Association	Battery Changed	Dispose Tag	1	Data Analytics 🗸
50462	0.0000	1611/1612 (133113)	Vac Lock	7	10	Active	Delete Association	Battery Changed	Dispose Tag	1	Data Analytics -
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Live Map app



Live Map app

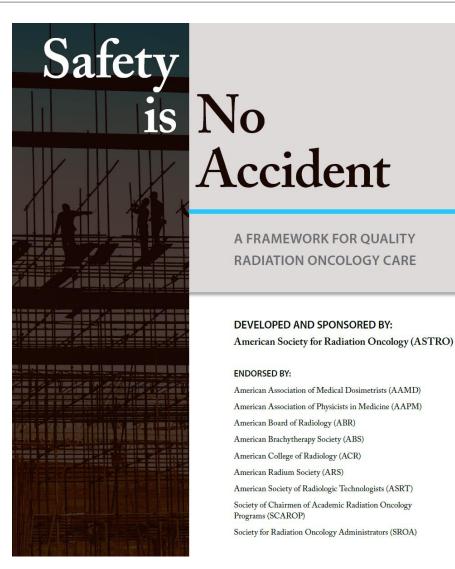


Location "google"

UT Southwestern Where - Real Time Location System	Privacy Settings	Tag Registration	👤 Yulong Yan	🕩 Logout
david				
DAVID Mask Location: TrueBeam 1 Back				1
Sher, David david.sher@utsouthwestern.edu Faculty Last Seen: Teamwork Desimetry Monday, January 13, 2020 05:50:01 PM				1
DAVID K Vac Lock Location: Versa 2 Back				1
DAVID Mask Location: Versa 2 Back				1
, DAVID Vac Lock Location: Versa 1 Back				1

RTLS assisted electronic checklist

One of the most effective strategies to improve safety of radiation therapy procedures is to use a checklist to verify all relevant items prior to each treatment delivery as suggested by the ASTRO committees.



Why use electronic checklist?

- 1. Directly linked to treatment console.
- 2. Patient specific.
- 3. Can be automated by RTLS.
- 4. Web-based app that is easy to use and maintain.
- 5. Backed by a database to facilitate data analysis & investigation.
- 6. Paperless.

Electronic checklist – superset

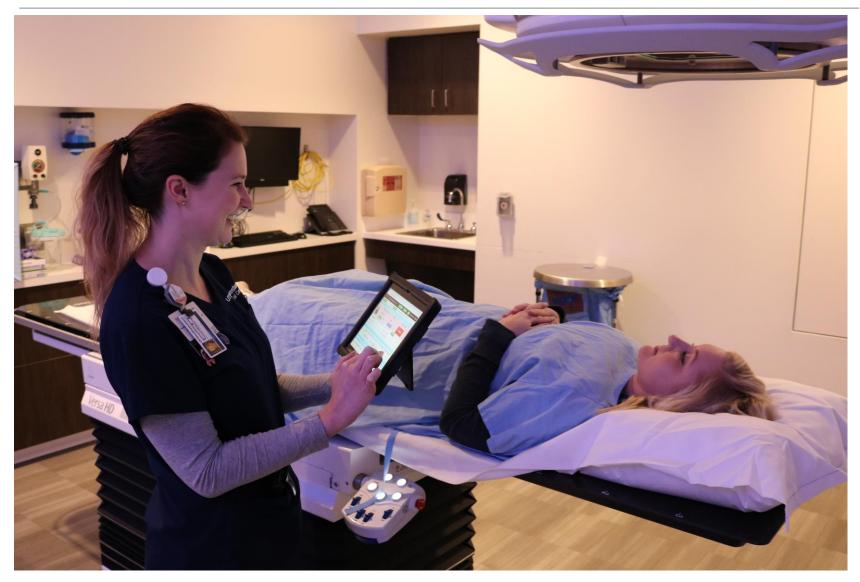
UTSouthwestern Medical Center Tx Life	eGuard v1.1					TxLifeGuard Review	Tag Registration	Live <i>I</i>	Лар	🕩 Logout
Ping MOSAIQ			21B Change Machine	Last	t Checke	d: 2020-03-20 11:38:	32			
Patient Identification	on	Not Ch	ecked	Ň		N/A items		IM	D: Min Minimu Not Ready	
Site: Brst R Init 425 cGy x 16	56 - 3D Conf	ormal -	6X/18X Dose: 4256	6 cGy @ 26		: 8 / 16	Checked			
Fields: 1 - RT MED Pattern: CT Sim;	TANG, 2A - I	RT LAT T	ANG, 2B - RT LAT	TANG 18x		ent SSDs: 88.9, 88.7 ment: 7 fx boost to				
Immobilization										
Setup Note: breast Bite Block	Not Checked	e 10, lar _{N/A}	ge@8, upper VB both Block	Not Checked	t F, head ۱/۸	turned to left, stopp Body Frame	er @1, knee	C, long 8	.0	
Bolus • Yes	No	N/A	Mask	Not Checked	N/A	Mold Care Cushion	Not Checked	N/A		
Vac Lock 1 •	Not Checked	N/A								
Setup & Motion Ma	nagement									
6 DOF	Not Checked	N/A	ABC	Not Checked	N/A	BladderFilling	Not Checked	N/A		
Compression	Not Checked	N/A	Dental Trays	Not Checked	N/A	Dentures	Not Checked	N/A		
Eyes Open	Not Checked	N/A	EyeShields/Drops	Not Checked	N/A	Magnet/Monitoring	Not Checked	N/A		
No Swallow	Not Checked	N/A	NPO	Not Checked	N/A	Oral Contrast	Not Checked	N/A		
Trach Out	Not Checked	N/A	VRT	Not Checked	N/A					
Imaging Verificatio	n									
Imaging Completed	Not Checked	None	N/A							

Electronic checklist – patient-specific set

UT Southwestern Medical Center Tx LifeGuard v1.1		TxLifeGuard Review	Tag Registration	Live Map	🕞 Logout							
Ping MOSAIQ	VitalBeam1 Change Machine +	Last Checked: 2020-03-20 11:39:	53									
Patient Identification												
	1248 HOHHHO	1001-101-1010		MD: MHM MH								
4	07 02 1981	Male		Ready								
	Checked	N/A items										
Site & Plan												
Site: Pelvis4500 - Arc IMRT - 10	X Dose: 4500 cGy @ 180 cGy x 2	5 Fx #: 23 / 25	Checked									
Fields: 1 - arc1 CCW, 2 - arc2 C	CW, 3 - arc3 CCW, 4 - arc4 CW	Current SSDs: 89.4, 89.4	Current SSDs: 89.4, 89.4, 89.4, 89.4									
Pattern: IMRT, GU protocol		Comment: Boost to follo	Comment: Boost to follow (38 total tx)									
Immobilization												
Setup Note: FULL BLADDER F sol	id; hands on chest; lower vacbag a	t F2 LH= 10.4 tattoos										
Vac Lock 1 Checked	N/A											
Setup & Motion Management												
BladderFilling Checked	N/A											
Imaging Verification												
Patient Identification MD: Male Me Checked M/A Items Site & Plan MAle Site: Pelvis4500 - Arc IMRT - 10X Dose: 4500 cGy @ 180 cGy x 25 Fx #: 23 / 25 Checked Fields: 1 - arc1 CCW, 2 - arc2 CW, 3 - arc3 CCW, 4 - arc4 CW Current SSDs: 89.4, 89.4, 89.4, 89.4 Pattern: IMRT, GU protocol Comment: Boost to follow (38 total tx) Comment: Boost to follow (38 total tx) Immobilization Setup Note: FULL BLADDER F solid; hands on chest; lower vacbag at F2 LH= 10.4 tattoos Vac Lock 1 Creeked N/A Setup & Motion Management BladderFilling BladderFilling N/A												

When the arrow button is clicked, the app will tell users where accessories are. So it is also an electronic finder.

Electronic checklist in action



Electronic checklist - analytics

UTSouthweste Medical Cer	nter IXLITEGU	ard Review -	keat nime	Location Sys	tem v1.1						<u> 1 1000 100</u>	🕩 Log out
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	21A	21B	21C	Agility	Cyberknife	TrueBeam1	TrueBeam2	Versa1	Versa2	VitalBeam1	VitalBeam2	Total
Percentage	81.5 %	92.5 %		95.8 %	98.3 %	78.6 %	90.6 %	91.7 %	94.6 %	85.5 %	96.5 %	89.7 %
# record	88	86	0	68	57	99	125	111	87	130	137	988
# treatment	108	93	0	71	58	126	138	121	92	152	142	1101
# detect	0	0	0	0	58	87	127	117	83	134	130	736
# miss	0	0	0	0	0	3	2	0	2	3	9	19
# wrong	0	0	0	0	0	4	11	0	4	6	4	29
inlogged treatmer	nts											
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Result of using electronic checklist

The RTLS assisted electronic checklist works well in clinic. Due to automation and minimalistic design, the minor extra work for the care team is rewarded with noticeable improvements on clinical practice. When the care team is getting used to the electronic checklist, it will become even more effective.

	1 year no Lifeguard	4 months with Lifeguard	Projected one year with Lifeguard
Event total	16	4	12
Near miss total	12	3	9
Combined	28	7	21

Timeboard – another RTLS app

UT Southwe	estern al Center	Monday, 1/13/2020, 9:5	2a TrueBeam1
Initial	Appointment	Arrival (wait min)	Activity
JB	9:20a	9:15a (36)	IMRT Complex
ТР	10:00a	9:38a (14)	IMRT Complex
NM	10:20a	9:47a (4)	IMRT Complex

- 1. Have patients well informed
- 2. Talk to patients when they had waited for too long
- 3. Do adaptive scheduling when able
- 4. A reminder for care team

Attendance auto check-in

ter Atte	ndance - Re	al Time Loc	ation Syst	tem v	1.1															L Yulong	Yan 🕩 I	Log out
12/02/2020	03/18	/2020 Typ	e All	¥	Profession [All	T	hreshold 50%	O O	Search	📥 Downloa	ad										
	Attendance rate	EC3.120 Rad Onc Conf Rm 2; EC3.130 Rad Onc Conf Rm 3	Seminar- MPS Set Up: 2020-02- 10 15:00- 16:00: <i>EC3</i> .130 <i>Rad Onc</i> <i>Conf Rm</i> 3	Lei Ren, Ph.D. (Duke): 2020-02- 10 16:00- 17:00: EC3.130 Rad Onc	Rounds: 2020-02- 12 16:00- 17:00: - EC3.120 Rad Onc Conf Rm 2; EC3.130 Rad Onc Conf Rm 3	Chart Rounds: 2020-02- 19 16:00- 17:00: EC3.120 Rad Onc Conf Rm 0 2; EC3.130 Rad Onc 3 Conf Rm 3	Conf Km	Seminar: Medical Physics Seminar Series- Dr. Jiang Du (Lunch Provided): 2020-02-24 12:00-13:00: EC3:130 Rad Onc Conf Rm 3;	MPS Break Down: 2020-02- 24 13:00- 13:30: EC3.130 Rad Onc	International Observer Seminar - Susheel Kumar Yeshala: 2020-02-25 08:00-09:00: <i>EC3.120 Rad</i> <i>Onc Conf Rm</i> 2	Rounds: 2020-02- 26 12:00- 13:00: EC3.120 Rad Onc Conf Rm 2; EC3.130 Rad Onc	Chart Rounds: 2020-03- 04 16:00- 17:00: <i>EC3.120</i> <i>Rad Onc</i> <i>Conf Rm</i> <i>2</i> ; <i>EC3.130</i> <i>Rad Onc</i> <i>Conf Rm</i> 3	Mohamed Abazeed: 2020-03-05 15:00- 15:30: EC3.160A Rad Onc Exec Conf	Abazeed: 2020-03-05 15:30- 16:00: EC3.160A Rad Onc	Abazeed (Northwestern	Rad Onc	Medical Physics Seminar Series- Dr. Dajiang Zhu (UTA): 2020- 03-09 16:00- 17:00: EC3. 120 Rad	Chart Rounds: 2020-03- 11 16:00- 17:00: EC3.120 Rad Onc Conf Rm 2; EC3.130 Rad Onc Conf Rm 3	Mindy Joo - REQUIRED Faculty Invite: 2020-03-12 11:00- 12:00: EC3.100A Rad Onc	Hassan-	Oral Exam: David Parsons - REQUIRED Faculty: 2020-03-16 14:00- 15:00: EC3.120 Rad Onc Conf Rm 2	Chart Rounds: 2020-03- 18 16:00 17:00: EC3.120 Rad Onc Conf Rm 2; EC3.1 Rad Onc Conf Rm
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- Chart roundsSeminars
- Lectures
- Oral exams

Potential applications

- Upon patient's arrival
 - Patient auto check-in
 - Kiosk / greeting board
 - Appointment reminder/updates to smart phone
- More analytics tools to improve clinical workflow and experience

•••

Automated communications

1. Patient notification

- a. Text to patient's phone (reminder or updates)
- b. Smart bulletin board (machine status)
- 2. Notification within a care team
 - a. Interactive phone book
 - 1) Email
 - 2) Pager
 - 3) Call
 - b. Automated reminder in email/pager
 - 1) Clinical duty next day
 - 2) Tasks to fulfil
 - 3) Unfinished work before overdue
- 3. Interactive PADs

Patient notification

An automated SMS text messaging program is used to deliver daily appointment time reminders to patients on an elective basis. Automated text messages are sent 2 hours before treatment appointments with appointment-specific information.

(Jun Tan, et. al., "Automated Text Message Reminders Improve Radiation Therapy Compliance," IJOBP, Vol. 103, No. 5, pp. 1045e1052, 2019. DOI: https://doi.org/10.1016/j.ijrobp.2018.11.050)

Results of patient notification

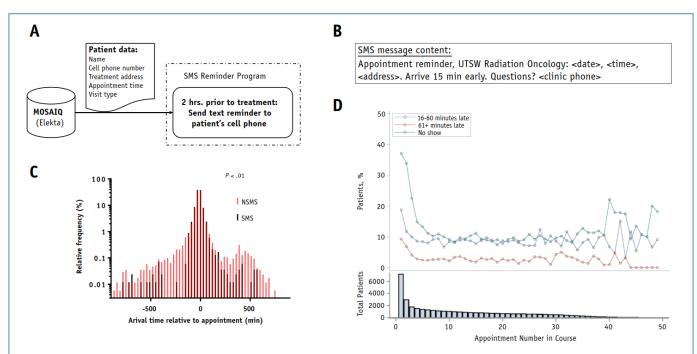
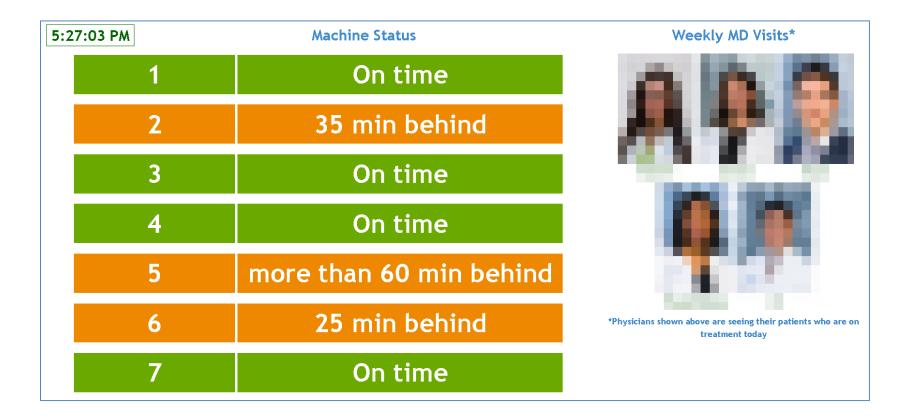


Fig. 1. (A) Flow diagram for short message service (SMS) reminders. (B) Sample SMS content. Variable fields are indicated using angle brackets. (C) Distribution of patient arrival time, relative to their scheduled appointment time (time 0 = the appointment time), for patients receiving SMS versus no SMS (NSMS). (D) Average lateness and no-show rates by fraction number. Statistics reflect the aggregate of the entire study population.

Machine status bulletin board

- Whether the treatments on each machine have been on schedule.
- The physicians seeing the patients.
- The machine doctor.

Machine status bulletin board



UTSouthwestern Medical Center

Interactive searchable phonebook

RO Board | Contacts + Clinics Physics PMRB Staff ODOT Scrups Clinical Operations Recommendation Sheet

0 1

Type 2 or more letters or numbers to start searching

Q Search

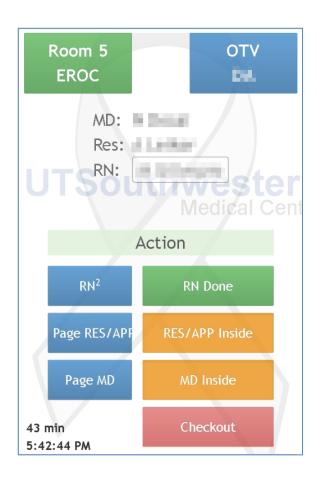
Notice! Please allow popups, otherwise pager messages will not send. See an error? Please let your division admin know about updates.

0

On Call / Group Pagers	Ext.	Phone	Pager	Fax	Location
MD (group)			97 23		
Resident (group)			97 28		
MROC IT (on call) - Click for Help			21 03		
Request					
Supervisor (group)			97 50		
Dosimetry POD A (CNS, HN, PED)			21 33		
Dosimetry POD B (Breast, Lung, GYN)			21 35		
Dosimetry POD C (GU, GI)			21 37		
Physics Residents (group)			97. 78		
Physician	Ext.	Wi-Fi	CureATR/AM	Title	Office
ANNI ANNI ANNI ANNI ANNI ANNI ANNI ANNI	1999		395	Assistant Professor	EC2.244
AND BHBHA	16870		;115	Professor	EC2.312
All the All the All the	1000		j205	Assistant Professor	EC2.228
	1990		221	Assistant Professor	EC2.210
Ch A	149.10		j206	Professor and Chairman	EC3.160D
D	6691.0		j202	Assistant Professor	EC2.218
Della Nel	4444		890	Assistant Professor	EC2.350
	1484		931	Assistant Professor & Residency Program Director	EC2.346
SAMA ANNA	den o		:026	Assistant Professor	EC2.240
ANNA MILLAN	1119.10		:905	Associate Professor	EC2.342
ALTER ALTERN	144.10		:153	Assistant Professor & Director of Clinical Research	EC2.334
lia			:176	Assistant Professor	EC2.206
	14410		137	Associate Professor	EC2.328
K	aller		249	Assistant Professor	EC2.234

Interactive Pads for exam rooms

- Every exam room has a tablet outside the room by the door.
- Patient in exam room, check-in and out time.
- Staff members in room, check-in and out time.
- Paging a staff by clicking a function button.
- Holding room for



Automated chart rounds

- A list of patients sorted by disease group and physicians.
- Plan documents can be downloaded and reviewed
- Enter review comments.
- Log treatment break cause.
- Generate attendance report.

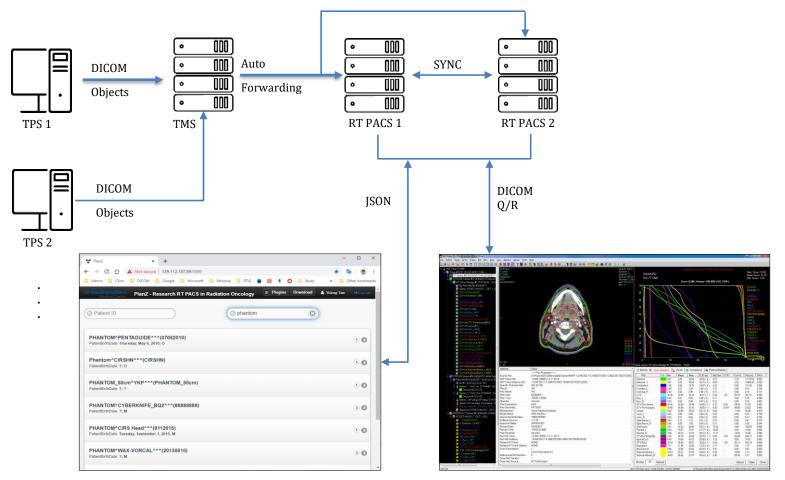
Chart rounds, patient list and review

RO Board	Chart Round 🗸 To log attendance, use "bi	it.ly/roattend"					9041	🕩 Log ol			
Ph	Person Name	Indiana and		BUILDING STORE		Council In	A COMPANY OF A COMPANY				
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lye	SAFERING, AMERICAN	Diagnosis C30.1* Malignant neoplasm of middle ear;									
lye	NAME TO AND										
Jia	Madda, 4487 (2,221	Prescription Start Date: 03/23/2020									
Jia	Tumon, control		Site	Dose (cGy)	FX	Technique	Treatment Intent	Tx_Plan			
Kir	Automatical, and the constant			1000	F		Definitive	*			
Kir	(1870a, 400ami)		HNSIB7000Re	1000	5	Arc IMRT	Definitive				
Ku	Ballines, contants		HN SIB 7000	6000	30	Arc IMRT	Definitive	*			
Ku	MARLEY, MINUT		<u></u>								
Ku	LANDATER CORP.	To-Do									
Mc	Augustus, como	Last Review	red								
Nv	Michael, House	Last Review	eu								
Ra	CONTRACT, MARCEL					riewed					
Ra	(2006), (2005)	•			*						
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Automated plan archiving - DICOM

- DICOM stands for <u>Digital Imaging and Communication in</u> <u>M</u>edicine.
- It is the standard devised by the National Electrical Manufacturers Association (NEMA) in association with American College of Radiology (ACR), aiming to facilitate interoperability between systems claiming DICOM conformance in a multi-vendor environment.
- DICOM modalities for radiation therapy are also called DICOM RT. A RT plan can be exported and archived in a Picture Archiving and Communication System (PACS).
- A PACS equipped with a RT viewer is called RT PACS.

Automated plan archiving



Web portal

RT Viewer

Why do we need a RT PACS ?

- A secondary plan backup system in addition to vendor provided backup solutions.
- Standardized data format, is vendor independent.
- Interchangeable between different systems.
- Fast data retrieval for clinical practice and research.
- Much longer "shelf life".

In short, things are easier in DICOM.

SAM Questions

What is RTLS ?

- A. A Real-Time Location System that tracks assets and people for a better workflow.
- B. A Radiation Therapy Localization System that localizes and tracks tumor in real time.
- C. A Real-Time Localization System that localizes and tracks moving targets.
- D. A Radiation Therapy Lifeguard System to improve patient's safety in a radiation therapy clinic.

Question 2

Ways to improve safety of radiation therapy procedures.

- A. Check patient's identity in at least two methods.
- B. Match treatment plan and its treating site.
- C. Use a patient-specific checklist to verify the completion of all checks.
- D. All of above.

Question 3

Better communications within a care team, and between patients and care team will

- A. increase clinical operation cost and interrupt clinical procedures too often.
- B. improve clinical operation efficiency and patient experience.
- C. improve patient safety.
- D. only decrease patients' wait time.

Question 4

Can radiation therapy plans be archived in DICOM objects ?

- A. No, radiation therapy plans cannot be archived in DICOM format.
- B. Yes.