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IMPROVING WAIT-TIMES FOR RADIATION ONCOLOGY INTRA-TREATMENT VISITS

Tania Sasson, Estela Li, Jessica Gluszko, John Kildea, Sonia Skamene, Melissa Lam Shang Leen, Carolyn Freeman, Tarek Hijal, Steve Dodd
McGill University, Montreal, QC

Purpose: AOPSS survey conducted in the Cedar's Cancer Centre (CCC) waiting room showed that 63 % of patients wait longer than expected for their radiation intra-treatment visits. The purpose of this study is to objectify wait times at the CCC and identify factors affecting them. This data will be used to implement the first improvement as part of a Plan-Do-Study-Act (PDSA) cycle in an effort to decrease wait times, thereby improving patient satisfaction.

Materials and Methods: A management system in waiting rooms was used to obtain time stamp data from four samples (taken from August 4, 2018 to January 16, 2019). The outcome measure was time from check-in for appointment to beginning of intra-treatment visit. Employing a standard statistical approach, results were tabulated and stratified according to physician, time of day, day of the week and wait time experience. A root cause analysis was also performed.

Results: Baseline data from 1054 patients was analyzed, of which 10 patients with wait-times >5 hours were excluded. Median time from check in to beginning of intra-treatment visit was 46 minutes, mean 53 minutes. Almost all patients (94%) were seen within two hours, with the majority seen within one hour (63%). There was variation between wait times by treating physician, time of day and by day of the week. Wait-times vary between physicians, ranging from 38 minutes to 76 minutes. For check-ins after 7:00, wait-times tended to increase throughout the morning, from 16 minutes to a peak of 73 minutes. After that there was a steady decline during the afternoon to 10 minutes. The longest average wait times were encountered by patients who were checked-in on Monday (66 minutes) while the shortest occurred on Friday (39 minutes). A root-cause analysis showed coordinator unavailability, confusion with names of rooms, and poor communication between physicians and treatment machines to be amongst contributory factors to prolonged wait times.

Conclusions: Our analysis showed that 37% of patients wait >1 hour for their intra-treatment visit. The goal is to decrease this number to <25% within two months of implementation of new workflow and check-in process for the intra-treatment clinic. Lengthy wait times can be prevented using classic quality improvement methodology. As such, PDSA cycles will be used to implement a series of interventions, and changes in wait time will be tracked. For the first cycle of PDSA changes, we will act on three of the main contributory factors to prolonged wait times – we will aim to clarify signage in waiting rooms to decrease the likelihood of patients waiting in the wrong place, aim to increase communication between physicians and machines, and aim to have regularly scheduled intra-treatment visits rather than schedule them on the go so patients are less affected by coordinator unavailability. These results will be analyzed in two months time (after the first cycle of improvements) and presented at CARO.

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A COMMUNITY- BASED ORTHOPEDIC RADIATION ONCOLOGY CLINIC (OROC): AN EARLY EXPERIENCE REPORT

Julie Blain, Richard Singh, Abhirami Hallock, Adrian Ishkanian, Brenda Luscombe, Janice Giesbrecht
McMaster University, St. Catharines, ON

Purpose: Skeletal related events (SREs) reduce life and increase health care costs (1,2). Practice guidelines recommend a multidisciplinary approach to management of Metastatic Bone Disease (MBD) to improve outcomes and reduce clinical morbidity (3). Prophylactic orthopedic fixation for high-risk MBD enhances quality of life and reduces health care cost (2,4). A fracture risk assessment includes radiographical assessment of the size, type and location of the lesion and a clinical examination to assess functional pain (5,6,7). Prior to OROC, on call orthopaedic evaluation was required based on the radiographic report of pending fracture risk. The use of orthotic devices was limited only to spinal braces, Radiation Oncology follow-up care and rehabilitation services were lacking for patients with bone metastases of the appendicular skeleton. This report describes a provincial survey on the use of multidisciplinary care for SREs and a preliminary review of the OROC clinic experience.

Materials and Methods: An email survey of four questions was sent to fourteen Ontario Radiation Therapy Department Managers regarding current practices for the treatment of long bone metastases at their cancer centre. OROC Charts were reviewed retrospectively from April to July 2018 and information regarding fracture risk category and interventions including referrals, orthotics and patient education material were collected.

Results: A response rate of 71% (10/14) demonstrated that 30% (three of 10) of Radiation Oncology Departments currently offer a dedicated Bone Metastases clinic that operates on a weekly or biweekly basis. One radiation oncology department provides a combined multidisciplinary assessment with a Radiation Oncologist and Orthopedic Surgeon in their MBD Clinic. The remaining respondents (n=5) indicated that orthopedic surgeon resources are utilized on an as needed or on call basis for fracture risk assessment of long bone metastases. From April to July 2018, 29 patient consultations and nine follow-up visits occurred in the weekly OROC clinic. Eleven out of 29 (38%) patients were identified as high risk of pathologic fracture and received restricted weight bearing instructions. Five out of 29 (17%) patients were offered prophylactic orthopedic fixation and 20/29 (69%) received palliative radiation therapy. Four out of 29 (14%) patients were referred for prosthetic/orthotic devices and three out of 29 (10%) for physiotherapy services.

Conclusions: Preliminary data supports the interdisciplinary OROC objective of providing rapid access to centralized coordinated care in order to improve patient education, time to treatment, provide follow-up and rehabilitation services. Future partnership with a community-based rehabilitation program and OROC will ensure consistency of post-treatment care for patients with SREs of the appendicular skeleton. Further research is needed to measure the outcomes of this patient population in addition to establishing best practices for patients with SREs.

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THE CLINICAL SIGNIFICANCE OF BONE MINERAL DENSITY CHANGES FOLLOWING LONG TERM ANDROGEN DEPRIVATION THERAPY IN PROSTATE CANCER PATIENTS ENROLLED IN THE PCS V TRIAL

Rachel Vaughan¹, James Man Git Tsui¹, Michael Jonathan Kucharczyk¹, Abdenour Nabid², Rédouane Bettahar³, Linda Suzanne Vincent⁴, André-Guy Martin⁵, Marjory Jolicoeur⁶, Michael Yassa⁷, Maroie Barkati⁷, Levon Igidbashian⁷, Boris Bahoric⁸, Robert Archambault⁹, Hugo Villeneuve⁷, Md Mohiuddin¹⁰, Tamim Niazi⁸

¹McGill University, Montreal, QC

²University of Sherbrooke, Sherbrooke, QC

³Centre Hospitalier Régional de Rimouski, Rimouski, QC

⁴Pavillon Ste-Marie Centre hospitalier régional de Trois-Rivières (CHRT), Trois-Rivières, QC