Title: Quality Assurance Evaluation of No-Fly Policy in Radiation Therapy Planning at Christiana Care

Background

ChristianaCare utilizes the Report2Learn (R2L) System & Quality Checklists (QCL) implemented to reduce/eliminate chances of error during patient treatment. The No-Fly Policy (NFP) was established to ensure sufficient time dedication to each step of planning after positive results at other institutions. The present study aims to evaluate the efficacy of NFP implementation as well as understand current trends in late chart arrivals for quality assurance (QA) which were not reported to mitigate such occurrences at ChristianaCare

Methods

Planned (N = 2,227) and late chart QA patient (N = 362) data were retrieved from compiled for the previous 18 months (6 quarters) via ChristianaCare's Radiation Oncology department. NFP (N= 22) reports were recovered from R2L system (2023-2024). Net Time Data from each month with a "negative" time left for physics check was extracted for analysis and descriptive statistics were conducted using Excel. Descriptive statistics describing the priority trends (number of planning days), technology used for treatment, treatment site and exploring reporting delays.

Results

The percent of Late Charts for QA were 14%, 22%, 16%, 11%, 15%, and 18% for each quarter from 2023 to 2024. Only a few of these were reported each month. An increase in 9-day plan assignments was seen while 5-days remained consistent. 3D and VMAT were the most utilized technology and VMAT exhibited the highest late charts. Finally, there has been an upward trend of treatment site being left as default "bodysite" which limited analysis of treatment site trend.

Discussion

Preliminary results displayed underreporting for NFP and a high number of Late charts for QA, which may increase changes for errors and puts the department in a reactive state in case of errors or close calls which contradicts the purpose of NFP. Results highlight the need for great NFP reporting to ensure patient safety.