

Radiation Oncology Practice Accreditation (ROPA) Report

Site(s) Information:

Site: 1

Utah Valley Hospital

Site: 2

American Fork Hospital

ACR Program Requirements

Section 1. Staffing

Staffing Levels	See Stratum Table Comments
Staff Qualifications	Acceptable
Radiation Oncologist Availability	See Section
Medical Physicist Availability	Acceptable

Section 2A. Radiation Oncologist(s) Data Collection

History and Physical/Consultation	See Section
Treatment Section	See Section
Patient Evaluation	Compliant
Treatment Summary	Compliant
Follow-Up	See Section

Section 2B. Medical Physicist(s) Data Collection

Chart and Physics Documentation	See Section
Simulation	Acceptable
Treatment Planning	See Section
Modalities	See Section

Section 3. Physics Quality Control Program

Instrumentation	Acceptable
Simulation/Treatment Machine/Quality Assurance	See Section
Treatment Planning	Acceptable
General Quality Assurance	See Section

Section 4. Policy and Procedures

Practice's Policy and Procedures	See Section
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Section 5. Continuous Quality Improvement

Practice's Continuous Quality Improvement	See Section
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Overall Accreditation Outcome: Defer

Section 1. Staffing

Staffing Levels

H1 Hospital based; 600 or more patients	F1 Freestanding; 600 or more patients
H2 Hospital based; 201-599 patients	F2 Freestanding; 201-599 patients
H3 Hospital based; 200 or fewer patients	F3 Freestanding; 200 or fewer patients

The following table shows selected personnel ratios for each site and stratum in which the facility falls, and the corresponding data. This illustrates how the facility compares to similar accredited facilities and the summary data of ALL accredited facilities

Ratio	Hospital	Classification	Actual	Ideal	ACR Accredited Facilities
New patients (280+155)/FTE radiation oncologist (1.6)	Both	H2	272	217	202
New patients (280+155)/FTE physicist (2)	Both	H2	217.5	244	246
New patients (280+155)/FTE dosimetrist (1.6)	Both	H2	272	254	251
New patients (280)/FTE radiation therapists (3)	Utah Valley Hospital	H2	93	77	77
New patients (155)/FTE radiation therapists (2)	American Fork Hospital	H3	77.5	62	
FTE radiation therapist (3)/treatment units (1)	Utah Valley Hospital	H2	3.0	3.0	3.1
FTE radiation therapist (2)/treatment units (1)	American Fork Hospital	H3	2.0	2.6	
New patients (280)/treatment units (1)	Utah Valley Hospital	H2	280	221	218
New patients (155)/treatment units (1)	American Fork Hospital	H3	155	139	

Comment: The oncologist, dosimetrists, and radiation therapists staffing levels were below the national stratum levels (for UVH and AFH). The number of treatment units were below the national stratum levels (for UVH and AFH)

Full Time Equivalent (FTE) means total personnel hours worked per week in a given discipline category, divided by 40

*While it may be instructive to compare staffing data to the facility's stratum and to the national average for accredited facilities, note that this data is incomplete in some important aspects. The data does not account for the staff's other duties (e.g. simulation for therapists) nor is the data scaled for complexity or the proportion of different pathologies treated in any given clinic. Each facility should, when comparing their staffing data to stratum and national averages, consider their patient population, range and complexity of services provided, and any staff duties outside of the core duties assumed in this data table.

Radiation Oncologist Availability: The radiation oncologist should be on the premises whenever radiation treatments are being delivered. When unavailable, the radiation oncologist is responsible for arranging appropriate coverage. Oncologist coverage only at one site on Mondays, Wednesdays, and Fridays.

Section 2A. Radiation Oncologist(s) Data Collection

Case: BB Prost
History and Physical/Consultation Comments: Compliant
Treatment Section-IMRT Comments: Compliant
Treatment Section-IGRT Comments: See Deficiency Section Below
Treatment Section-HDR Comments: Compliant
Patient Evaluation Comments: Compliant
Treatment Summary Comments: Compliant
Follow-Up Comments: Compliant

Case: JC Breast
History and Physical/Consultation Comments: See Deficiency Section Below
Treatment Section-3D Comments: See Deficiency Section Below
Patient Evaluation Comments: Compliant
Treatment Summary Comments: Compliant
Follow-Up Comments: See Deficiency Section Below

Radiation Oncologist Data Collection with Deficiency(s)

Case ID	Practice Parameter/Technical Standard	Section	Deficiency
BB Prost	Radiation Oncology Practice Accreditation Program Requirements	Treatment Section-IGRT	The following policies and procedures should be in place: Image guidance and port film policy
JC Breast	ACR-ASTRO Practice Parameter for Communication: Radiation Oncology (Section III.A.1.a)	History and Physical Consultation	Staging of the tumor when appropriate, should be performed and documented by the radiation oncologist (No tumor staging present)
JC Breast		Treatment Section-3D	3D plan isodose lines should be in the patient's chart
JC Breast	ACR-ASTRO Practice Parameter for Communication: Radiation Oncology (Section III.D)	Follow-Up Comments	6-week follow-up planned, but not documented

Section 2B. Medical Physicist(s) Data Collection

Case: BB Prost
Chart and Physics Documentation Comments: See Deficiency Section Below
Simulation Comments: Compliant
Treatment Planning Comments: Compliant
Modalities - IMRT Comments: Compliant
Modalities - HDR Brachytherapy Comments: See Deficiency Section Below

Case: JC Breast
Chart and Physics Documentation Comments: See Deficiency Section Below
Simulation Comments: Compliant
Treatment Planning Comments: See Deficiency Section Below
Modalities - 3D Comments: Compliant

Medical Physicist Data Collection with Deficiency(s)

Case ID	Practice Parameter/Technical Standard	Section	Deficiency
BB Prost JC Breast	ACR-ASTRO Practice Parameter for Radiation Oncology (Section II.E)	Chart and Physics Documentation	All field setups should be documented by a description of the patient position, properly labeled photographs, and/or diagrams and radiologic images. (No patient setup photos in chart)
BB Prost	ACR-ABS Practice Parameter for the Performance of Radionuclide-Based High-Dose-Rate Brachytherapy (Section II.F)	Modalities - HDR Brachytherapy	An independent check of the dosimetry plan must be performed prior to treatment delivery (Although performed, was missing from patient's chart)
JC Breast	ACR-ASTRO Practice Parameter for 3D External Beam Radiation Planning and Conformal Therapy (Section II)	Treatment Planning	Documentation with 3-D volume reconstruction, dose distribution, and/or dose volume histograms (DVH) is required (Although performed, dose was turned off for printouts in patient's chart, leading to no isodose distribution)

Section 3. Physics Quality Control Program

Instrumentation Comments: Compliant

Sim/Treatment Machine/QA Comments: Monthly QA records of CT sim must include all aspects of quality parameters listed in AAPM TG-66. A method to calculate MLC leaf speed for the TrueBeam must be developed and implemented.

Treatment Planning (External&Brachytherapy) Comments: Compliant

General Quality Assurance Committee: Policies should be created to address the performance of annual physics peer review. A policy should be created for high dose (>300 cGy/tx) treatments stating high dose treatments should be checked prior to treatment (until the implementation of Physics Treatment Approval). A Commissioning report should be created for the TrueBeam.

Section 4. Policies and Procedures

Policies and Procedures Comments: Quality Management Program should be updated for CT simulator, as well as for High Dose treatments (until Physics Treatment Approval). Formal Imaging Portal/IGRT, Disaster Plan, and Infection Control Policies should be in place as well.

Section 5. Continuous Quality Improvement

Continuous Quality Improvement Comments: M&M, Focus Studies, and Internal Outcomes should be more detailed. Physicist Peer Review Documentation should be officially implemented. A sample of patient charts should be gone over during chart rounds.