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Continuous improvement based on integrated risk management for the cranial stereotactic treatment process

The cranial stereotaxis treatment process is highly complex. From patient admission to the end of treatment (medical consultation, prescription, dosimetry, dose delivery), this process combines highly technical acts (meticulous contouring with image fusion, high ballistic precision, millimetric patient immobilization, etc.).

The combination of highly precision technical acts and the involvement of a multidisciplinary team in this process, can be a source of different errors related to suboptimal organization, human errors, software complexity, etc. The risks incurred for this type of treatment are a significant reality, and an integrated risk management allows to minimize them as much as possible.

The first step in risk management was to map out this process. This mapping enabled us to identify activities with considerable risks, on which organizational safety barriers are of crucial importance to prevent possible incidents.

Among these barriers, we have :

- 1) Transversal communication (case meetings, departmental meetings, experience feedback committees) promoting traceability of key actions,
- 2) Standardization of practices by creating written procedures,
- 3) Continuous training of each stakeholder,
- 4) Definition of roles and responsibilities of each team in this process,
- 5) The existence of machine quality controls and personalized quality controls of treatments,
- 6) Experience feedback with the help of reporting of adverse events/dysfunction.
- 7) Structured post-treatment follow-up to examine acute and late side effects. This enable us to carryout a self-critical analysis and improve our practices.

The second step of this risk management, based on the Reason model, allowed us to examine the effectiveness of the safety barriers put in place and to adapt them if necessary.

The purpose of this work is to share, using the Reason model, some safety barriers put in place for our cranial stereotaxy treatment process, showing those that have proven effective and those that have required adaptation.

Biography:

Anitha Batamuriza Almasi is a Biomedical Scientist with 4 years of experience in molecular biology research, who contributed to the improvement of health care systems and have been quality specialist for 11 years. She supports various departments to meet the normative requirements. She is the coordinator of the patient identification's Committee and is involved in the implementation of good practice in the patient identification field. Following the appearance of a quality reference framework for Belgium, the « B-QUATRO », she became an auditor for the Belgian College of radiotherapy and works as a part-time professor in the field of Quality management.