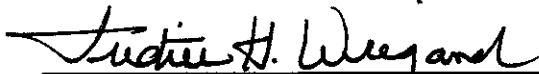
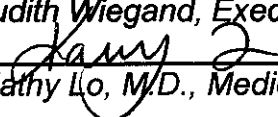


2015 PLAN OF CARE

RADIATION ONCOLOGY – JOAN KNECHEL CANCER CENTER

Approved by:

 2.12.2015
Judith Wiegand, Executive Director(Acting Director) Date
 2/12/2015
Kathy Lo, M.D., Medical Director Date

I. PURPOSE

A. AUTHORITY AND RESPONSIBILITY

The Acting Director of the Radiation Oncology program within the Joan Knechel Cancer Center is accountable for the administration of operations, staff development, finance and performance improvement activity of the service. The Acting Director provides leadership and collaborates with the Medical Director, and the staff by utilizing avenues of open communication. She oversees and provides support to continually improve the quality of the service's delivery system. The staff is expected to demonstrate authority, responsibility and accountability for their individual responsibilities in addition to utilizing educational opportunity for professional growth. The PET/CT has dual functions, the PET is utilized for diagnostic studies and treatment planning for the Radiation Oncologist, staffed with Nuclear Medicine Techs and is under the direct supervision of the Diagnostic Imaging Manager. The CT is the simulator for the development of the patient's treatment plan by the dosimetrist. In addition the Center includes the Tumor Registry service.

B. GOAL, VISION, MISSION, KEY VALUES

The goal of the Joan Knechel Cancer Center is to provide radiation therapy to patients in a supportive and compassionate environment, to provide coordination of care as the patient navigates through the treatment systems and to provide the social and nutritional services to help them to maintain an active life style or to prepare for end of life decisions.

II. SCOPE OF SERVICE

A. SCOPE AND COMPLEXITY OF PATIENT CARE NEEDS

Radiation Oncology provides radioisotope radiation therapy services to both inpatients and outpatients. The department is equipped with a dual energy linear accelerator and a PET/CT. Radiation Treatment is provided to patients with malignant and non-malignant conditions when deemed clinically appropriate.

B. TYPES AND AGES OF PATIENTS SERVED

Adult patients with cancer of malignancies who would benefit from radiation treatment.

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C. THE METHODS USED TO ASSESS AND MEET PATIENTS' NEEDS

Patient care begins with a comprehensive nursing assessment. The assessment includes a complete review of all bio-psychosocial systems, emotional status, spiritual needs, residence status, availability of support systems and a thorough assessment of physical status. The information gathered in the assessment and through a review of all lab, medical reports and diagnostic imaging reports, the Board Certified Radiation Oncologist consults with the patient on the findings and the benefits and side effects of radiation treatment. The patient is scheduled for a simulation to begin the mapping process for the development of the treatment plan by the Dosimetrist and the medical physicist. Treatment begins with the approval of the treatment plan by the Radiation Oncologist.

All patients are interviewed by the Social Worker to assess emotional and mental needs, including the measurement of the stress the patient is experiencing with the diagnosis of cancer. The patient who begins treatment has weekly evaluations with the RN and the Radiation Oncologist. The team which includes nursing, radiation techs, Dosimetrist, medical physics, social worker, coordinator, receptionist and the physician meet weekly to review each patient's case to evaluate the patient's progress and need for additional services and support.

III. RECOGNIZED STANDARDS OR PRACTICE GUIDELINES

American College of Radiology
Tumor Registry – standards from the NJ Department of Health and Senior Services
Radiation Safety Manual
NCCN Guidelines

IV. THE APPROPRIATENESS, CLINICAL NECESSITY, AND TIMELINESS OF SUPPORT SERVICES

A. KEY INTERDEPARTMENTAL RELATIONSHIPS

The Acting Director has close working relationships with Diagnostic Imaging, Infusion Therapy and Pathology. Staff, work with all other departments as the patients receive services to maintain their health, i.e., The Therapy Center and the clinical staff.

B. HOURS OF OPERATION

The Joan Knechel Cancer Center Radiation Therapy hours of operation are Monday through Friday 8:00 am to 4:30 pm. The Medical Director is on call 24/7.

C. MEDICAL STAFF – COMMUNICATION

Medical reports including but, not limited to consultation evaluation, treatment, follow-up and verbal reports are given to the referring physicians. Medical Director review and approves all Policies and Procedures either annually or as they are updated and revised.

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V. THE EXTENT TO WHICH THE LEVEL OF CARE OR SERVICE MEETS PATIENTS' CARE NEEDS

A. CLIENT/CUSTOMER SERVICE AND EXPECTATIONS

- The major focus of care is with cancer patients and their family members
- Weekly medical peer review is conducted on each patient
- Care management and coordination is conducted on a weekly basis or as needed.

B. PERFORMANCE IMPROVEMENT PLAN

Radiation Oncology staff participate in reporting performance improvement activities at least monthly. This data is aggregated into a service-wide performance improvement summary report and distributed quarterly to the Executive Director and annually to the Hospital Performance Improvement Council.

HRMC utilizes Lean as its foundational performance improvement methodology to support continuous elimination of waste within processes and systems. The Plan, Do, Check, Act improvement cycle is the methodology used for implementing and evaluating process changes of any magnitude.

C. CRITERIA USED FOR PRIORITIZING PERFORMANCE IMPROVEMENT OPPORTUNITIES:

- a. High Risk
- b. High Volume
- c. Problem Prone
- d. Cost Impact

D. DEPARTMENT SPECIFIC PERFORMANCE IMPROVEMENT ACTIVITIES

The following indicators are routinely monitored:

- Cancellations of appointments, i.e., consultations, treatment
- Patient Falls
- Radiation skin reactions by severity versus expectation based on Radiation Therapy OG (RTOG) Morbidity Scoring Criteria
- Dosimetry Adjustments/revisions
- Client Satisfaction

The following process is our focus for improvement this year:

- Establish a new work flow process for utilizing the EMR
- Dedicated parking space availability

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E. CLIENT SATISFACTION

Client satisfaction surveys are provided to the clients. The data from the surveys are aggregated and reported quarterly to the staff and to administration. All comments are reviewed and any comments of dissatisfaction are addressed.

F. ANNUAL PLAN OF CARE EVALUATION

The department-specific Plan of Care is evaluated at least annually for:

1. Effective implementation of performance improvement activities
2. Monitoring of problem resolutions
3. Collaboration in performance improvement activities
4. Establishment of priority processes for review

VI. AVAILABILITY OF NECESSARY STAFF

A. STAFF GUIDELINES

1. Skill Level of Personnel Involved in Client Care

- Acting Director
- Medical Director – Board Certified Radiation Oncologist
- Oncology RN
- Radiation Therapist – licensed by the State of New Jersey
- Dosemitrist
- Medical Physicists – licensed by the State of New Jersey
- Reception/Scheduler
- Coordinator
- LCSW
- Tumor Registrar – certified by the State of New Jersey

2. Staff Development

Staff will maintain clinical competence by attending continuing education program self-development opportunities and completion of annual mandatory requirements.

3. Staff Evaluation

Initial 90 day, annual, and as needed.

B. STAFFING PLAN

The Medical Director is also an independent physician who is on site during patient treatment. In addition there are at least two radiation therapists and the RN on site. Per diem staff are utilized to cover time off. The medical physicists are on site two days per week. The dosemitrist is remotely connected to the treatment planning software. The social worker is part-time.

C. STAFF – COMMUNICATION

Staff communication is primarily through e-mail and staff meetings. Hospital-wide information is communicated through the biweekly staff newsletter.

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D. SHARED GOVERNANCE

The Radiation Oncology staff members review shared governance documents that are available and accessible through the shared (s) drive: Nursing Folder, then Shared Governance folder.

“HotSpot” information is posted monthly to the bulletin board in the Radiation Oncology staff break room and a folder is provided with forms for staff members to express concerns.

Information may be shared at department staff meetings, via written memo or email to those unable to attend staff meetings prior to monthly Shared Governance meetings.