

2750 **Quality Improvement Rounds: The Impact of Multiprofessional Participation on Practice Improvement**

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Purpose/Objective(s): Quality assurance (or chart) rounds have traditionally provided a forum for physician (P) peer review of treatment plans. However, active participation in these rounds by other radiation oncology (RO) staff may be critical to addressing specific issues that can lead to practice improvement. To assess the impact of multi-professional participation on quality improvement, a qualitative audit of chart rounds was conducted to examine the contributions made by non-physician (NP) participants to the questions and discussions raised during rounds.

Materials/Methods: Demographic and technical data (doses, fields, use of image guidance, etc) on each completed plan were recorded on a previously developed and validated spreadsheet, as were the issues raised in the discussions and action points to address said issues. Attendance was also recorded. Content analysis was performed on 37 weeks worth of collected data.

Results: Rounds were well attended by the RO team, with an average of 4 RO faculty, 5 residents, and 4 other RO professionals (dosimetrists, physicists, therapists, nurses). A mean of 14.6 cases were presented per week including all new treatment starts. Previous analysis of the resulting discussions had identified 3 dominant themes; a) knowledge gaps, b) technical issues, and c) organizational concerns. On this analysis, a large proportion of these discussion questions were found to be initiated by NPs. Most often, the issues bridged the link between clinical presentation and delivery of treatment (e.g. use of cone beam CT on certain head and neck patients but not others, or clinical implications of dose constraints), helping to identify knowledge gaps in both P and NP groups. Immediate action plans were made for educational activities to address the question by the following week (e.g. resident presentations at rounds) leading to RO team education and professional development. The impact of NP participation, however, was most evident in addressing not only technical issues, but also organizational ones that led to global practice improvement (e.g. immediate feedback from therapists on reproducibility of patient setups with image guidance led to rewriting IGRT protocols and increased efficiency).

Conclusions: The participation of both P and NP RO professionals in weekly QA rounds leads to increased team education, professional development, and practice improvement. The immediate feedback and discussion generated by multi-professional interactions at rounds can lead to improved overall delivery of patient care and represents a shift in the rounds paradigm from quality assurance to quality improvement. This may serve as a model for other RO practices across the country and is congruent with recommendations for improvement based on ACR/ASTRO practice standards.

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