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The purpose of the *Radiation Treatment Program (RTP) Newsletter* is to provide updates on RTP quality projects and highlight current provincial initiatives.

Cancer System Quality Index (CSQI) 2014

What is the CSQI?

The CSQI is a web-based report that tracks Ontario's progress toward better outcomes in cancer care and highlights where cancer service providers can advance the quality and performance of care. This tool is used by health professionals, cancer organizations, planners and policy makers to identify cancer trends and to plan and improve all areas of cancer prevention and care. The CSQI is developed in partnership by the Cancer Quality Council of Ontario (CQCO) and the Ministry of Health and Long-Term Care.



2014 Significant Results

Head and Neck Unplanned Hospital Visits & Integrated Wait Times:

Between 2011 and 2013, almost 30% of oropharynx patients visited the ED during their course of radiation therapy (RT) in Ontario with some variation across the regional cancer centres. Provision of alternative strategies/clinics, out of normal working hours, to deal with these patient issues was recommended.

Most oropharynx cancer patients diagnosed in 2012 had a median wait of 49 days from diagnosis to start of RT. The diagnosis to referral median is 14 days (range of 8 to 16 days) indicating that 50% of patients are not referred for more than 2 weeks after being diagnosed. Variation seen across LHINs suggests there is room for improvement, presumably in the staging work up of patients and coordination of care with other related disciplines. See how your centre did in treating Head and Neck Cancers by clicking [here!](#)

Other RT CSQI measures:

- [RT Utilization](#)
- [IMRT Utilization](#)
- [Radiation Equipment Utilization](#)

In 2013

57%

of radiation treatments with curative intent were reviewed by a peer radiation oncologist

Peer Review:

CCO defines peer review as the review of elements of a treatment plan by a second radiation oncologist for quality management and assurance. Peer review has several dimensions, including case conference review of treatment decision making, peer-to-peer review of planning contours, or team meetings where representatives from multiple disciplines (e.g. physicians, therapists, physicists, etc.) review proposed treatment plans. In 2013, peer review in RT was occurring inconsistently across Ontario. Significant regional variation was seen. Highlights include Carlo Fidani, Stronach Regional and Southeastern Regional Cancer Centres, which had the highest rates of peer review among the regions.

See how well your centre is doing by clicking [here!](#)

Spotlight: The Clinical Specialist Radiation Therapist (CSRT)



What is a CSRT?

CSRTs are Radiation Therapists, registered with the College of Medical Radiation Technologists of Ontario (CMRTO) in the specialty of radiation therapy (RT). They have obtained additional knowledge, skills and judgment that allows them to perform their full scope of practice, including specific activities that are managed through either medical directives or delegation.

When did the CSRT project begin?

In 2003, the RT community began examining ways in which the provision of radiation treatment could be improved in response to unique service pressures. Aligning with Ontario's cancer system priorities, the development of new innovative health care provider roles that contribute to effectiveness and efficiency of the existing system and ultimately improve health outcomes was needed. In response, the CSRT Project was developed in 2007 to examine advanced practice roles in RT.

What are the benefits of a CSRT?

Extensive pilot studies have demonstrated that CSRTs can improve patient care by **decreasing wait times, streamlining activities and eliminating redundancies, improving access to services, improving job patient satisfaction and enhancing interprofessional team-functioning**. In addition, the CSRT roles have been supported by their peers, becoming valued members of the teams in which they work, facilitating improved workflows and enhanced team functioning and cohesiveness. CSRTs have also published numerous scholarly articles and presented at local, national and international conferences. The CSRTs have also begun development of the CSRT Community of Practice (CoP), to advocate for a collective advanced practice RT identity that will ensure role sustainability through contributing to and improving the effectiveness and efficiency of patient care in radiation medicine and its impact on the patient, family and provincial healthcare system.

Where are we now?

Based on the success of the pilot projects, the project is focused on permanently integrating the CSRT role into Ontario's cancer care system. Currently, the CSRT Project is focused on: rolling out the Palliative CSRT role provincially and implementing other new positions; developing policies and processes to facilitate the formalization of the CSRT role in Ontario; and conducting project activities to maintain momentum in order to realize sustainability and permanence of the CSRT role.

How many CSRTs are currently in place?

There are currently 17 CSRTs in 7 centres across the province, with an additional 7 CSRTs (including 3 at centres 'new' to the CSRT Project) set to join by the end of summer 2014 in various specialties.

If you have any questions about the CSRT Project, please access the [CSRT project page](#) or contact [Michelle Ang](#).

IN MY OWN WORDS

...It's been amazing to see [this project] grow ... this year, we'll be growing from 17 to 24 CSRTs in Ontario AND we'll be piloting the brand new certification process for advanced practice in RT that we have developed with the Canadian Association of Medical Radiation Technologists! So we're pretty proud of the progress we have made over that time.

-Nicole Harnett, Project Manager, CSRT

IN MY OWN WORDS

The CSRT Community of Practice is an exciting and important initiative to engage all CSRTs in Ontario. We have the opportunity to collaborate, set national standards and move profession forward on global stage.

-Laura D'Alimonte (Odette) and Michelle Lau (PMH), CSRT CoP Co-leads

Cancer Centre	CSRT Specialty/Position
Juravinski Cancer Centre	Head and Neck, Palliative Bone Metastases, Breast, Thoracic HDR Brachytherapy
London Regional Cancer Program	Head and Neck, Skin Cancer
Odette Cancer Centre	Palliative, Skin, Brachytherapy, Stereotactic Body RT, Supportive Care and Sexual Health (Summer 2014)
Carlo Fidani Peel Regional Cancer Centre	Palliative, Stereotactic Body RT and Radiosurgery (Summer 2014)
Princess Margaret Cancer Centre	Palliative, Breast, Head and Neck, Brachytherapy, IGART, IGART Chest/Upper abdomen (Summer 2014)
Southlake Regional Cancer Centre	Palliative, Stereotactic Body RT (Summer 2014)
R.S. McLaughlin Durham Regional Cancer Centre	Palliative (Summer 2014)
Ottawa Hospital Regional Cancer Centre	Palliative (Summer 2014)
Simcoe Muskoka Regional Cancer Centre	Palliative (Summer 2014)

A Closer Look: Assessing the importance of the Harold E. Johns Program to the future of medical physics in Ontario

What is the HEJ Program?

Access and quality improvement initiatives tend to garner the most attention among RTP programs, but education is an important component of the RTP mandate as well. The Harold E. Johns Medical Physics Studentship Program, for example, has been a key part of the RTP since 1982 and has enjoyed great success. The Program aims to promote interest in the field of medical physics among undergraduate students and encourage students to continue pursuing this area of study. Ultimately, CCO hopes that some of these students are inspired to pursue medical physics careers in the Ontario cancer system.

Why is the Program important?

In the winter of 2013/14, the RTP conducted a 'value-for-money' audit of the Harold E. Johns Program and found that the Program has been successful in encouraging young people to consider careers in medical physics. The Program stimulates interest and continuation of studies in the field of medical physics and entrance into the Ontario cancer system, as evidenced by the fact that:

14% of Ontario's medical physics workforce gained interest and entrance into the field through their participation in the Harold E. Johns Program

67% of current medical physics residents have participated in the Harold E. Johns Program

Programs such as Harold E. Johns are important in securing the future of medical physics in Ontario. In the next five years, a 4% retirement rate per year is estimated for medical physicists, increasing to 10% per year in the next 10 years. As cancer incidence and treatment complexity increase, it is crucial to attract new medical physicists into system.

How does the Program work?

- A total of up to 13 awards are offered across Ontario – one in nearly every Regional Cancer Program
- Each centre selects a recipient for the award at its own discretion; all recipients are expected to have shown strong academic performance and a demonstrated interest in physics
- Studentships are approximately four months in length; at the end of their studentships, recipients write and submit a report to CCO about their experience with the Program

How can I learn more about the Program?

If you have any questions or would like to learn more about Program, please access to program website [here](#) or contact Lindsay Reddeman, Senior Analyst for the Radiation Treatment Program at Lindsay.Reddeman@cancercare.on.ca

Where Are They Now?

Some of our past and present Harold E. Johns Award Recipients shared some thoughts on their experiences with the Program and how it shaped—or is shaping—their career paths. Here is what they had to say:

"As an Harold E. Johns student, I helped to commission a new accelerator for London in 1986. This was clearly the right experience, place, and time because the experience led to part time work when school resumed, then a full time position, and



and eventually to PhD studies with Dr. Jerry Battista. The Program opened a door and gave me an appreciation for the profound human impact of physics on medical care. I am deeply grateful the program, my early mentors, Dr. Don Dawson and Jed Schroeder, and Jerry."

- Dr. Michael Sharpe, Harold E. Johns Award Recipient 1986 and Associate Head of Radiation Physics, Radiation Medicine Program, Princess Margaret Hospital

"I applied for the Harold E. Johns Studentship Program for the opportunity to gain work experience relevant to my field of study and insight towards a possible career goal. Perhaps the most interesting thing I have learned during my time as a student here has been the important role quality assurance plays in every step of the process; from diagnosis, to planning, to delivery. My time here has definitely influenced my plans for the future, and I will seriously consider a career in medical physics."

- Joshua Trevisanutto, Harold E. Johns Award Recipient 2014, Northwestern Ontario Regional Cancer Centre

Updates from our Centres

Staffing News

- **Dr. Jeffrey Cao** joined the Department of Radiation Oncology in London as of July 1, 2014. Dr. Cao was awarded the [CARO-Elekta Fellowship](#) completed at the BC Cancer Agency Vancouver Centre, focusing on utilization of lung stereotactic radiotherapy. Dr. Cao completed a second Fellowship with the CPQR, developing national QA guidelines for radiation treatment programs. *(London)*
- **Sheila Robson**, RT Manager, retired as of June 27, 2014. Assuming the Joint Acting RT Manager positions are **Lisa Di Prospero** and **Steve Russell**. *(Odette)*
- A new radiation oncologist **Dr. Andrew Chiang** joined on May 26, 2014. Dr. Chiang's practice will focus on the Head/Neck, GI, GU, Lung, and Thyroid disease site groups. *(North East)*
- **Lorie Eastick**, former RT Manager in Sudbury, recently started a new management position in the Organizational Excellence Office at Health Sciences North, which is responsible for patient safety, quality and process improvements. Effective June 16, 2014, **Laurie Stillwaugh** assumed the position of RT Manager. *(North East)*
- DRCC is proud to support **Margaret Hart** as the new CCO Clinical Quality Lead - Radiation Therapy. *(Durham)*
- **Sharon McKinnon**, retired as RT Manager earlier this summer. Effective August 11, 2014, the new RT Manager in Thunder Bay is **David McConnell**. *(North West)*
- **Dr. Tom McGowan**, Head of Radiation Oncology, at the Carlo Fidani Peel Regional Cancer Centre will be on a LOA for 1 year as he has assumed a new role, as Head of The Cancer Centre Bahamas and the soon to be opened, Cancer Centre Eastern Caribbean (Antigua). **Dr. Jonathan Tsao** has assumed the position of Interim Head. *(Peel)*
- **Elen Moyo** joined the Radiation Medicine Program at Princess Margaret in August as the Director of Radiation Therapy. *(PMH)*
- **Mike Ryan** and **Dana Zaremski** assumed Interim RT Manager positions in Southlake earlier this summer. *(Southlake)*

Awards and Academic Achievements

- **Lesley Pringle**, Coordinator, Radiation Therapy received a 2014 CCO Human Touch Award for her work with patient and family-centred care initiatives. *(London)*
- **Dr. Mary Gospodarowicz** will be awarded the Gold Medal by the American Society for Radiation Oncology (ASTRO's highest honor) in September 2014. *(PMH)*
- **Anthony Fyles**, **Tom Purdie** and **Grace Lee** received an Honourable Mention at the Cancer Quality Council of Ontario's 8th Annual Quality and Innovation Awards event in November 2013 for developing and implementing the QuickStart Program, offering same-day radiotherapy planning and treatment for early stage breast cancer. *(PMH)*
- **Pam Catton**, **Nicole Harnett** and **David Jaffray** received the [Colin R Woolf Award for Excellence](#) in course coordination from the University of Toronto Department of Radiation Oncology in recognition of the sustained excellence of the RMP Accelerated Education Program. *(PMH)*
- **Dr. Jerry Battista** was awarded the [Edward G. Pleva Award for Excellence in Teaching](#). *(London)*
- **Melissa Rempel**, MRT(T), and **Krista Bota**, MRT(T), presented at the [RTI3 conference](#). The topics of their presentations were, respectively, "Evaluation of Barrier Film in Prevention of Acute Radiation Dermatitis in Breast Cancer Patients" and "Feasibility of Preoperative VMAT for Early Stage Breast Cancer". *(London)*
- At the April 2014, [ESTRO conference](#) in Vienna, Austria, 5 radiation therapists – **Melissa Rempel**, **Danielle McGregor**, **Krista Bota**, **Allison Walker**, **Nissa Boulanger** – had poster or oral presentations. *(London)*
- **Dr. Michael Velec** recently successfully defended his PhD thesis titled "Deformable Dose Reconstruction to Optimize Liver Radiotherapy" and is the first PhD Radiation Therapist in Ontario. *(PMH)*

Updates from our Centres *(Cont.)*

Staff and Program Impact

- **June Harriman** (CSRT with the Skin Cancer Team), in collaboration with physician and nursing colleagues, has significantly decreased the patient wait times from referral to consult by implementing improvements to the triage process and assisting with clinic workload. *(London)*
- The Ottawa Model for Smoking Cessation was introduced in March 2014 with radiation therapists taking the lead role as the program champions. *(London)*
- London Health Sciences Centre will be having an accreditation survey in November 2014. **Wendy Schoen**, radiation therapist, is the lead for the cancer program component. *(London)*
- **Michael Milosevic, John French** and **John Schreiner** spoke to the commissioners of the Canadian Nuclear Safety Commission (CNSC) at a hearing in May to describe how medical physicists, radiation therapists and radiation oncologists work together through our various professional organizations and through the CPQR. The presentation generated a useful discussion which helped the CNSC determine that while patient safety is not an issue that is regulated under their mandate, the RT community does work well together to ensure patient safety is held to high standards. *(Kingston/PMH)*
- In the past 6 months, DRCC opened 3 new peripheral clinics (Coburg, Lindsay & Scarborough), celebrated the 1 year anniversary of satellite radiation treatment unit at Peterborough Regional Health Centre, delivered their first VMAT treatment, opened a new CT simulator and a 2 replacement linacs. *(Durham)*

CCO RTP Updates

- Congratulations to **Dr. Michael Brundage** and **Dr. Michael Sharpe** on their second terms as CCO RTP Clinical Quality Leads for Radiation Oncology and Medical Physics, respectively. Welcome to **Margaret Hart** as the new Clinical Quality Lead for Radiation Therapy. Many thanks to **Sophie Foxcroft** for her great work on the RT CoP and Peer Review initiative during her time as the Clinical Quality Lead for Radiation Therapy.
- Congratulations to **Eric Gutierrez** on his CCO Long Service Award. Eric has made many great contributions to CCO over the past 10 years.
- Welcome to **Lindsay Reddeman**, Senior Analyst, and **Michelle Ang**, Policy Research Analyst, who joined the RTP this past spring. Many thanks to **Marissa Mendelsohn** and **Liz Murray** for all of their contributions to the RTP over the last few years.
- **REMINDER:** The next Provincial Radiation Treatment Program Committee (PRTPC) meeting will be held on November 27!

We want to hear from you! Please send your ideas for RTP Newsletter Spotlights and Updates and your feedback to RTP@cancercare.on.ca

If you have any questions about the content of this newsletter or about the RTP, don't hesitate to contact us. You can reach us by sending an email to our general mailbox (rtp@cancercare.on.ca) or contacting us individually.

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