Radiotherapy Board

TOP TIPS FOR IMPLEMENTING PAPERLITE / PAPERLESS WORKING IN RADIOTHERAPY

Many Cancer Centres are implementing a paperlite / paperless process for the radiotherapy treatment pathway. This can provide an efficient and effective way of working but is a significant undertaking, requiring a multi-professional team (MPT) approach to change management. Given the diverse nature of radiotherapy delivery organisations nationally, there is no "one size fits all" method of implementation. The Radiotherapy Board has developed this statement to highlight the steps that should be considered when implementing paperlite / paperless working. It is not intended to be a comprehensive guide but sets out many of the factors that should be considered.

1. Assemble a MPT project group which covers all aspects of the treatment pathway, including administration.

2. Ensure the group has membership from Information and Communications Technology (ICT) staff who understand the capabilities and needs of an effective electronic system. This should extend to the required underpinning Information Technology (IT) infrastructure, in terms of hardware, software, licensing and back-up arrangements.

3. Ensure the processes and changes are embedded within an accredited Quality Management System such as ISO 9001.

4. Ensure the electronic system to be used conforms to data protection requirements.

5. A risk assessment should be completed on the change of practice prior to implementation.

6. Policies to mitigate against the introduction of viruses, cyber attacks or other disruptions of the service should be instigated (for example, use of pen drives for internet access on radiotherapy equipment).

7. Ensure full and effective back-up procedures are in place prior to implementation, to protect continuity of service.

8. The local disaster recovery/business continuity plan should be reviewed and updated, if required.

9. Appoint an effective chair and ensure all project group members and the wider department are informed of, and consulted on, planned changes.

10. Visit and talk to as many centres who have implemented a paperlite / paperless process as you can. These should ideally be centres of a similar size / organisational model, at least one of which has the same Oncology Information Management System (eg Aria, Mosaiq). Find out what they would do differently, if they undertook the process again.

11. Find out if there are any other ICT projects being scoped / starting imminently by the organisation and ensure that any areas of commonality are identified and explored in parallel.

12. As an MPT, review all processes involved in the radiotherapy treatment pathway from referral to follow up. Re-engineer the pathway to take advantage of the capabilities of the IT system to remove redundant steps, whilst ensuring patient safety is not compromised.

13. Review local IR(ME)R protocols, ensuring duty holder responsibilities are clearly described in terms of the new electronic solution.

14. Review the new pathway in the context of the departmental geographical layout, to see if the new pathway makes ergonomic sense.

15. Review the new pathway to ensure there are no further efficiencies that can be made.

16. Finalise the paperlite / paperless process as a project team and agree an implementation plan with specific timings.

17. Independent and robust methodologies should be employed for testing of the pathway prior to introduction.

18. Prepare a training package about the new system and launch this at all suitable departmental meetings. Provide individual training for all staff who will be using, or are likely to use, the new system, to support the implementation of the new process.

19. Ensure protocols and procedures are updated to reflect paperlite working.

20. Review the process after 3 months to ensure that there are no unexpected consequences and no further efficiencies that can be made. Subsequently, routine audit for practice changes. Monitor locally reported radiotherapy errors to identify common occurrences; introduce preventative action and inform practice.

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