Clinical Impact of a Clinical Specialist Radiation Therapist (CSRT) for patients requiring Palliative Radiotherapy

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How the CSRT came to be... (2003-2012)

2000

MOHLTC (Ministry of Health and Long Term Care)
... health care culture shift

ORTAP/CCO

APRT Developmental Project

CSRT Demonstration Project – Ph I

CSRT Demonstration Project – Ph II

New CSRTs deployed
Health Care Shift → Change in Practice ...
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- New CSRTs deployed

Formed in 2003

(Ontario Radiation Therapy Advanced Practice Group / Cancer Care Ontario)
How the CSRT came to be... (2003-2012)

MOHLTC

ORTAP/CCO

APRT Developmental Project

Began in 2004
Pilot project to “field test” advanced roles in the Province of Ontario

CSRT Demonstration Project – Ph I

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New CSRTs Deployed

(2003-2012)
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New CSRTs Deployed

Began in 2007

Project moves forward... Birth of “Clinical Specialist Radiation Therapist”

(Mar 2007 – Mar 2008)

HealthForceOntario

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How the CSRT came to be...

(2003-2012)
Patient Care Pathway

- Decision to Treat
- Planning Imaging
- Target Delineation
- Plan Creation
- Plan QA
- Plan approval
- Weekly Review
- Daily Treatment
- Follow Up / Community

 Courtesy of Nicole Harnett
Palliative Radiation Oncology Program (PROP)

- The **Radiation Medicine Program (RMP)** @ PMH provides palliative RT to 2000+ patients per year
- **PROP**, in conjunction with Palliative Referral Service (PRS) program focuses on expediting care for the patients requiring palliative RT (>40% of pt load)
  - Academic program staffed by collaborative group of professionals (DRO, NP, case RN, CSRT, research assistants, volunteers...)
  - Teaching and academic focus in symptom control with palliative RT
CSRT – Palliative Care

JOB DESCRIPTION

• Advanced **clinical** and **technical** expertise

• Manage a **subset** of routine palliative referrals, such as metastases in the bone(s), lung(s), and/or brain

• Undertake **research** and **educational** activities

• With **expanded** knowledge and skills:
  ∴ Undertake clinical assessment and hold review clinics
  ∴ Prescribe from a list of approved drugs for symptom management
CSRT – Palliative Care

BUILDING THE ROLE

• PROP clinics are M-F in the morning
  ▶ Good training grounds – multiple disciplines

• Patient assessment, case discussion and treatment decision-making as part of the team

• Streamline process for pts requiring palliative RT by:
  • Initiating bookings and radiation Rx
  • Delineation of G/C/PTVs or treatment fields (delegated by attending RO)

• Review clinic + see patients during 5-10 fractions

• Discharge care plans
Study Objective

• To evaluate the clinical impact of a CSRT with an expanded scope of practice in PROP clinics by analysing time data along the patient care pathway.
Methodology

**WAIT TIMES Analysis**

- Time frame = 8 months
  \[ n = 169 \text{ patients} \]

- Captured time points:
  **WITH** vs. **WITHOUT**
  CSRT involvement
  - Patient’s check-in time at PROP clinic
  - Planning CT scan appointment time
  - Actual CT appointment end time
CSRT Impact: Clinical

Time Saving

• Consult-to-Planning wait times was shorter for those patients WITH CSRT involvement in their care

  ➔ on average, patients spend at least 10% less time in the hospital (usual 4.5hr-visits)

• CSRT was able to shorten patient’s overall stay
Clinical Impact of Clinical Specialist Radiation Therapist (CSRT) for Patients Requiring Palliative Radiotherapy

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INTRODUCTION

The investigation of advanced practice for radiation therapy began several years ago in Ontario, with several projects focusing on establishing the value and feasibility of developing advanced practice roles for the profession. Initial feasibility assessment took place from 2004-2006 as part of the “Advanced Practice for Radiation Therapists Developmental Project” (APART). Following review of the APART report, with funding from the Ministry of Health and Long Term Care (MOHLTC), the initiative moved forward by implementing 5 roles under the “Clinical Specialist Radiation Therapist (CSRT) Demonstration Project Phase 1.”

- Increased patient access
- Improved patient outcomes

One of the demonstration locations was the CSRT Palliative Care in the Radiation Medicine Program (RMP) at Princess Margaret Hospital, which provides palliative radiotherapy (PRRT) to 3000 patients per year. In part through the Palliative Radiation Oncology Program (PRoOP), an academic program staffed by a collaborative group of professionals, with a focus on teaching and academic in symptom control from malignancies.

- PRoOP Objectives:
  - Minimize patient time to be spent in the hospital
  - Minimize patient’s pain and discomfort
  - Improve optimize the processes required to move patient from initial consult to treatment planning

- CSRT Palliative Care:
  - Advanced clinical and technical expert
  - Working at various points within the patient care pathway (CPP) within PRRT
  - Undertakes research and educational activities related to palliative care
  - Perform targeted clinical assessments and take patient histories

OUTCOME:
- 14 minutes in time savings per patient.
- TOTAL TIME IN HOSPITAL (min) = PROP (in TP2) – CT Completion (TP2)
- Patients’ length of stay in hospital from consult to completion of PRRT planning was examined, including those patients whose consult (TP2) was on a different day than planning (TP3)

OUTCOME:
- Analysis showed CSRT had more impact in shortening overall time that patients with moderate PRRT spend in hospital (14 minutes saved out of mean 277 minutes stay).

FUTURE DIRECTIONS:
- Concordance studies evaluating the acceptability of normal tissue contours and target volumes delineated by the CSRT, as assessed by the radiation oncologist
- Evaluation of the “clinical impact” of any changes to contours made by radiation oncologist
- Exploration of the possibility of “CSRT-run” palliative clinics for a defined population of patients
- Assessment of patients’ satisfaction with care - comparing those patients whose care included CSRT (A) and those who did not (B)

Project was generously funded by the Ministry of Health and Long Term Care (MOHLTC)
How the CSRT came to be... (2003-2012)

MOHLTC

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Continued in 2008
(Jul 2008 – Mar 2011)

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CSRTs on the Move

Ontario

CANADA
Deployment of CSRTs
Thank You

Believe It.
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The Princess Margaret
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Questions?