

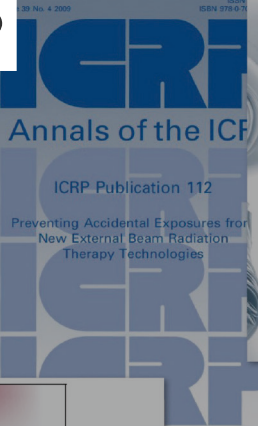
# Is risk management

# becoming your challenge?

	Preparation, positioning and setup	Due to lack of attention, the wrong mask model is used to create the mask	A mask, not optimal for the therapy, is used
CT scan	Preparation, positioning and setup	Wrong or missing information in the diagnosis does not allow the MTA to choose	Wrong patient positioning during CT scan
CT scan	Preparation, positioning and setup	Due to lack of attention, the catheter is not retracted, or not sufficiently retracted after	Rectal catheter not properly retracted
CT scan	Preparation, positioning and setup	>The patient cannot completely empty the bladder (bladder cancer);	Wrong bladder filling
CT scan	Patient acceptance at CT	Technical problem of the connection between DICOM worklist and MOSAIQ	The patient appointment is not added to the DICOM worklist
CT scan	Post-scan	Technical problem of the connection between CT-PC and other systems (OIS, TPS,	The CT scan cannot be exported from the CT-PC
CT scan	Preparation, positioning and setup	>Surgery staff forget to send the patient to the CT station (where he should receive the	The patient does not use the Microlax before CT scan
CT scan	Preparation, positioning and setup	>Test results are not yet available from laboratory	Contrast medium cannot be administered because the
CT scan	Patient acceptance at CT	>The patient was not yet elucidated from the Physician	CT cannot be performed because elucidation is not
Patient consultation and setup		>The physician forgot to give the patient's record to DRG office (in charge of transfer in	Diagnosis is not suitable
CT scan	Patient acceptance at CT	The appointment was not printed in the patient's appointment card because either:	
1st fraction		Irradiation time is too long for the capability of the patient.	
CT scan		>MTA forget to ask the patient weight necessary to calculate the amount of	
CT scan	Preparation, positioning and setup	>MTA forgets to administer the contrast medium to the patient due to lack of	
CT scan	Preparation, positioning	>MTA has not enough experience to adjust	



Initial Barriers	Severely Occurrence, initial	Detectability, initial	Added Prevention	Added Barriers
Physician review of				



**The report of Task Group 100 of the AAPM: Application of risk analysis methods to radiation therapy quality management**  
 M. Saiful Huq, Benedick A. Fraass, Peter B. Dunscombe, John P. Gibbons Jr., Geoffrey S. Ibbott, Arno J. Mundt, Sasa Mucic, Jatinder R. Patla, Frank Rath, Bruce R. Thomadsen, Jeffrey F. Williamson, and Ellen D. Yorke

	3	Keyword: Diagnosis, Patient's record Feedback: A) Der Patient wird nicht durch
	5	Keyword: Appointment card Feedback: Manchmal wird vergessen,
	4	Feedback: Während der 3D-Simulation findet kein Atemtraining statt. Der Patient
Ideas to be investigated in case	2	8 Keyword: Contrast medium Feedback: Es gibt eine Tabelle für die
Ideas to be investigated in case	9	1 Keyword: Contrast medium Feedback: Durch Unaufmerksamkeit kann
Ideas to be	8	3 Keyword: Scan length

# Work better Work faster

## myQA® PROactive

The benchmark for proactive risk management in radiation oncology.

- \_ Follow best practice with minimum efforts
- \_ Be confident on risk evaluation
- \_ Create a true value: higher safety

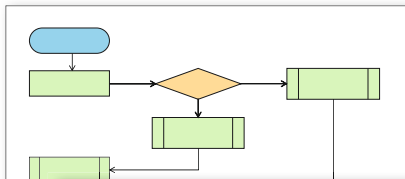
Leave the risk management challenge behind! Start efficiently from a wide choice of high-quality templates. Streamline your work with intuitive graphical tools and meaningful use of statistics. Put the focus on actions and maximize safety by taking the best decisions based on cost/benefit analysis.



Contact us:

[iba-dosimetry.com/product/myqa-proactive](https://iba-dosimetry.com/product/myqa-proactive)

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Mitigation	Status	Benefit (patients/y)	Fixed cost (€)	Recurrent cost (€/y)	Cost of non-implementing the mitigation (€/y)
RFID badges	Idea under evaluation	14	250,000	15,000	t.b.d.
In-vivo dosimetry	Idea under evaluation				
SGRT	Idea under evaluation				

