Radiotherapy Board

TOP TIPS FOR IMPLEMENTING PAPERLITE / PAPERLESS WORKING IN RADIOTHERAPY

The Radiotherapy Board first developed this statement in 2017 to highlight the steps that should be considered by departments when implementing paperlite / paperless working in radiotherapy. Since then, many departments have implemented a paperlite / paperless process for the radiotherapy treatment pathway. Adoption of paperless or paperlite working also received a further impetus during the 2020/21 COVID-19 pandemic when there was a need to quickly adopt new ways of online working.

However, not every department has made the transition to paperless or paperlite working. The Radiotherapy Board is re-issuing its recommendations to support those departments still considering this. It is not intended to be a comprehensive guide but outlines many of the factors that should be considered.

Planning and Preparation

1. Assemble a multi-disciplinary team (MDT) 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 and the integration of software systems where appropriate. The Medical Physics Expert (MPE) should have oversight of areas that may impact on patient dose.

3. Ensure the processes and changes are embedded within an accredited Quality Management System such as ISO 9001:2015.

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

5. 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.

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

Ensuring compliance

7. Ensure the electronic system to be used conforms to the new UK data protection requirements and aligns with local information governance policies and protocols (for example, to ensure systems security for remote working).

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

Security and recovery measures

9. Policies to mitigate against the introduction of viruses, cyber-attacks or other disruptions of the service should be instigated (for example, ensuring appropriate security when using pen drives or restricting the ability to access the internet on radiotherapy equipment).

10. Ensure full and effective back-up procedures are in place prior to implementation, to protect continuity of service. These procedures should be tested at an agreed frequency.

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

12. Ensure the safety standards set out in NHS Digital document *DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems* are observed where appropriate, including the appointment of a Clinical Safety Officer.

Making the change

13. As an MDT, review all processes and software 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 and rationalise software as appropriate, whilst ensuring patient safety is not compromised.

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

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

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

Testing, Training and Implementation

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

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

19. 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 implementation of the new process.

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

21. Set up a HelpDesk, staffed by the ICT team and with input from MPEs, to provide rapid support and assistance for users of the new system.

Review, audit and learn

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

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