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| <p><b>Name of Policy:</b> <u>Peer Review/Training and Chart Rounds</u></p> <p><b>Policy Number:</b> 3364-134-30</p> <p><b>Department:</b> Radiation Oncology</p> <p><b>Approving Officer:</b> Chief Executive Officer - UTMC<br/>Clinical Service Chief, Radiation Oncology</p> <p><b>Responsible Agent:</b> Technical Manager, Radiation Oncology</p> <p><b>Scope:</b> Radiation Oncology</p> |  <p><b>Effective Date:</b> 6/14/2021</p> <p>Initial Effective Date: 9/1/1980</p> |
| <p> <input type="checkbox"/> New policy proposal                      <input type="checkbox"/> Minor/technical revision of existing policy<br/> <input checked="" type="checkbox"/> Major revision of existing policy                      <input type="checkbox"/> Reaffirmation of existing policy </p>  |  |

**(A) Policy Statement**

Radiation Oncology plans will be reviewed prospectively, concurrent and/or retrospectively.

**(B) Purpose of Policy**

A peer review process:  
To assure appropriate and accurate prescribed dose delivery to appropriate anatomic site.

**(C) Procedure**

1. Appropriate assigned professional and technical members of the Department attend weekly Chart Rounds.
2. In addition to second check of treatment plan by a Qualified Medical Physicist (QMP), all new treatment plans are peer reviewed during weekly chart rounds attended by multiple QMPs', and board certified Radiation Oncologists, therapists, and nurses.
3. Each chart will be reviewed weekly by Physics prior to chart rounds to confirm accurate chart doses and accurate dose accumulation by checking the following:
  - Prescription as written by Radiation Oncologist
  - Therapists' initials
  - Treatment date
  - Field # MU's
  - Treatment fraction
  - Elapsed days
  - Daily dose
  - Accumulated dose
  - If accumulated dose is close to prescription total dose, a possible boost will be discussed with MD.
4. The clinical physicists' have an annual peer review performed by the medical staff office.
5. Each patient receiving radiation treatment will be assessed via review of their treatment record and all imaging performed during the course of treatment.
6. Copies of the sign-in sheets and list of patients reviewed during chart rounds will be kept on file at the Nurses Station.
7. All patients reviewed will have a journal note indicating their case was reviewed.

8. Any adjustments or changes ordered by the physician as a result of peer review will be recorded in a tiered system manner, the Levels will be documented as a journal note in the Radiation Oncology patient chart in Aria and new plan documents printed as deemed necessary.

**Level 1:** No change, proceed with planning/treatment.

**Level 2:** Suggestion by a non-treating physician is made for a minor change (e.g., minimize the max dose in the breast, or minimize volume receiving 105% of the dose). Treating physician is to consider the suggestion and decide whether to implement. Patient to continue receiving treatment in an uninterrupted fashion.

**Level 3:** Suggestion is made for a major change in the plan with regards to dose/fractionation/volume/intent; patient not be treated until issue resolved.

a). Once change implemented, plan is to be re-presented and approved.

b). If change not implemented, and treatment not in line with established practice standards for that clinical situation, the treating physician has to provide published evidence to non-treating physicians to support clinical decision making before patient can start treatment.

**Level 4:** Continued disagreement between physicians requiring need for adjudication by a disease site expert in Radiation Oncology (e.g., experts from U. Michigan, University Hospitals Case Western, Ohio State, CCF, Henry Ford, Karmanos, and similar NCCN-designated Comprehensive Cancer Centers), and also involve the QA/QI committee. Patient not to start treatment until adjudication.

9. Physicists have scheduled different clinic days to oversee clinical activities. This enforces review of patients' treatment plan and delivery documented by other peers.
10. Therapists have scheduled rotation times through CT simulation and treatment machines for the purpose of continuous competency on all equipment and peer review.
11. Various other trainings available through manufacturer webinars, national meetings and on-site training are available to all staff and information for continuing education is disseminated verbally and through departmental meetings.
12. A quarterly meeting among faculty and staff is held to discuss these trends and patients' morbidity/mortality and to use examples for further education, feedback, and learning.

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| <b>Approved by:</b>  |            | <b>Review/Revision Date:</b>       |           |
| <u>/s/</u>   | 06/14/2021 | 10/1981                            | 2/1995    |
| Mersiha Hadziahmetovic MD                                  | Date       | 1982                               | 1996      |
| Clinical Service Chief, Radiation Oncology                 |            | 1983                               | 3/1997    |
|  |            | 1984                               | 10/1997   |
|  |            | 1985                               | 4/1999    |
|  |            | 1986                               | 3/2002    |
| <u>/s/</u>   | 06/14/2021 | 1987                               | 1/2007    |
| Richard P. Swaine  | Date       | 1988                               | 4/22/2010 |
| Chief Executive Officer-UTMC                               |            | 1989                               | 11/1/2014 |
|  |            | 2/1990                             | 10/1/2017 |
|  |            | 11/1992                            | 2/1/2018  |
|  |            | 10/1993                            | 2/1/2021  |
|  |            |                                    | 6/14/2021 |
| <i>Review/Revision Completed By:</i><br>Michelle Giovanoli |            | <b>Next Review Date:</b> 6/14/2024 |           |
| <b>Policies Superseded by This Policy:</b> 38-30           |            |                                    |           |