ROSIS
Radiation Oncology Safety Information System

Radiation Oncology Safety Information System
– a voluntary reporting system for radiation oncology

The first step in becoming an active ROSIS participant is registration.

This means that you must first complete and return this registration form giving details of your clinic and the local contact person/people who will be responsible for submitting reports. This will be the only time that you will be asked for this information.

On receipt of the submission you will be sent a clinic ID which will be your unique identifier. You will use only this clinic ID in all subsequent communication. All information submitted thereafter will be anonymised. Your clinic details will be confidential and cannot be accessed by users of this website.

The registration form includes details of the equipment, staff and environment in your centre. This information relates to the complexity of the processes within departments and will be used by the ROSIS group to carry out in-depth trend analysis of incidents in relation to complexity of practice, working environment and educational background of professional staff in a range of clinic types.

PLEASE RETURN THIS FORM TO:

       ROSIS

       FAO Joanne Cunningham

       Discipline of Radiation Therapy

       Trinity Centre for Health Sciences

       St James' Hospital

       Dublin 8

       Ireland

Department Information

Hospital Name:_____

Address: _____

                 _____

                 _____

                 _____

Contact Person(s):_____

Position: _____

Email: _____

Phone number: _____

Department Infrastructure

Approximate number of patients per year: (New patients receiving radiotherapy)

_____

Estimate proportion of CT based treatment plans

_____

Select one or more options that best describes your network:

□ None

□ Treatment planning system sends RT parameters to treatment unit

□ Simulator sends RT parameters to treatment unit

□ Full networking of RT parameters (i.e. field size settings, M.U. etc)

□ Full networking of RT images (i.e. electronic portal images, D.R.R. etc)

Select the most appropriate description of your record and verify system:

□ No machines have record and verify

□ Some machines have record and verify

□ All machines have record and verify

Please specify how many FTE of each staff are in your department:

_____ Radiation Oncologist (physician)

_____ Medical Physicist

_____ Radiation Therapist (RTT) at treatment unit

_____ Radiation Therapist (RTT) at simulator and/or in house CT

_____ Staff doing dosimetry

_____ Staff doing technical maintenance

_____ Other – *Please give details:*

_____

_____

Which of the following treatment modalities and/or techniques are you currently using?

□ **LA – Photons**
- □ 2-D RT
- □ 2.5D RT
- □ 3-D CRT
- □ 4-D / Gating *please specify technique* _____
- □ IMRT …
  - □ Dynamic
  - □ Static
- □ Rotational technique . . .
  - □ Tomotherapy®
  - □ RapidArc®
  - □ VMAT
- □ Stereotactic …
  - □ Radiosurgery
  - □ Radiotherapy
  - □ Intra-cranial
  - □ Extra-cranial
- □ TBI (total body irradiation)
- □ HBI (hemi-body irradiation)

□ **LA – Electrons**
- □ TSEI (total skin electron irradiation)
- □ Skin Apposition

□ **Orthovoltage**

□ **Co-60**

□ **Brachytherapy**
- □ HDR
- □ LDR
- □ 2-D
- □ 3-D
- □ 4-D

□ **Intraoperative RT**

□ **Gammaknife**

□ **Cyberknife**

□ **Radio-isotopes**

□ **Other -** *Please give details:*

_____

_____

Type and number of equipment in your department:

_____ CT

_____ MRI

_____ PET

_____ Ultrasound

_____ Conventional Simulator

_____ Conebeam Simulator

_____ Virtual CT-Simulator

_____ LA (Photons/Electrons)

_____ Tomotherapy

_____ Orthovoltage

_____ Co-60

_____ Brachytherapy

       _____ LDR

       _____ MDR

       _____ HDR

_____ Intraoperative RT

_____ Radio-isotopes

_____ Gammaknife

_____ Cyberknife

_____ Other

How is the majority of your maintenance of the equipment performed?

□ Service Contract

□ Inhouse

Quality Assurance Procedures in the Department

Select the options that best describe the QA system at your department

☐ Treatment charts are independently checked before treatment begins

☐ Treatment charts are routinely checked during treatment

☐ Data entry into record and verify is independently checked

☐ In-vivo dosimetry is used for most new patients

☐ Peer-review (planning conference) is done for most new patient prescriptions (dose and location)

☐ Portal or volumetric images are taken for most new patients (films or electronic)

☐ The patients identity is formally checked using a minimum of two identification methods prior to each daily treatment

☐ Regular clinical review (of side effects etc.) of most patients

☐ Written quality control procedures and records for most treatment unit checks

☐ Written procedures for most of the clinical processes

☐ Formal quality management system (ISO etc.)

☐ Regular QA of treatment units

☐ External dosimetry audit by EQUAL or by other - *please specify who conducts this audit* _____

☐ Other QA, *Please give details:*

       _____

       _____

       _____

Risk Management Procedures in the Department

Do you have a dedicated member of staff for Risk Management /Quality Assurance activities?

□ Yes

□ No

Do you have a reporting system?

□ Yes

       □ General hospital-wide report form
       □ Radiotherapy-specific report form

□ No

Is your reporting system:

□ Mandatory   or   □ Voluntary

□ Anonymous   or   □ Confidential

Is feedback given to staff?

□ Yes

□ No

Do you have a risk management committee?

□ Yes

□ No

How long has this committee been in existence (years)?

_____ years