ASTRO'S APEx - ACCREDITATION PROGRAM FOR EXCELLENCE®

Abridged Standards Guide
Radiopharmaceutical Therapy

ASTRO

Standard 1: Patient Evaluation, Care Coordination and Follow-up

1.1 A comprehensive patient evaluation, including any patient interaction prior to simulation/pre-treatment activities, should include documentation of the following elements:

- 1.1.1 Patient history.
- 1.1.3 Pregnancy status.
- 1.1.4 Allergies, including to contrast.
- 1.1.5 Prior radiation therapy.
- 1.1.6 Physical examination findings.
- 1.1.7 Diagnostic information (e.g., labs, pathology, imaging studies).
- 1.1.8 Staging or documentation of metastatic disease, when applicable.
- 1.1.9 Pain quantification.
- 1.1.10 Pain management plan, when applicable.
- 1.1.11 Initial plan or recommendation of care.
- 1.1.12 Discussion of patient treatment goals.
- 1.1.13 Radiation oncologist's signature and date.

1.3 The ROP's policy on sending prior radiation treatment details to new providers on request includes:

- 1.3.1 A process for transmitting prior radiation treatment details.
- 1.3.2 A timeline for transmitting prior radiation treatment details.

1.5 A post-treatment summary by the radiation oncologist should include documentation of the following elements:

- 1.5.1 Site of treatment (including laterality, as appropriate).
- 1.5.2 Treatment modality/technique.
- 1.5.3 Dose per fraction or number of fractions/treatments.
- 1.5.4 Cumulative total dose delivered.
- 1.5.5 Treatment date range.
- 1.5.6 Treatment tolerance and, if appropriate, disease response to treatment.
- 1.5.7 Concurrent systemic therapy
- 1.5.8 Pain management plan for patients with unresolved pain.
- 1.5.9 Follow-up plan.
- 1.5.10 Radiation oncologist's signature and date within one month of the patient's completion of treatment course.

1.6 The ROP supports care coordination by transmitting necessary documents to other providers, as appropriate, including:

- 1.6.1 The comprehensive patient evaluation within one month of the initial consultation.
- 1.6.2 The post-treatment summary within one month of treatment completion.

1.7 Post-treatment care coordination.

- 1.7.1 Patient follow-up occurs within four months of treatment completion.

Standard 2: Treatment Planning

2.2 Treatment planning directive.

2.2.1 A documented patient-specific planning directive guides treatment planning staff and defines target(s) goals and normal tissue constraints.

2.3 A formal treatment prescription includes the following elements:
- 2.3.1 Anatomic treatment site; including laterality where applicable.
- 2.3.2 Treatment modality/technique.
- 2.3.3 Energy or radioisotope used.
- 2.3.4 Total dose (activity).
- 2.3.5 Dose per fraction.
- 2.3.6 Number of fractions/treatments.
- 2.3.7 Frequency of treatment.
- 2.3.8 Normalization/calculation method.
- 2.3.9 Imaging guidance.
- 2.3.10 Radiation oncologist's (or authorized user's) signature and date before initiation of treatment.

Standard 3: Patient-specific Safety Interventions and Safe Practices in Treatment Preparation and Delivery

3.1 Patient verification during data transfer includes:
- 3.1.1 Verifying the patient identity at each point in which patient-specific information is electronically transferred from one information system to another or when manually entered.
- 3.1.2 Verifying the patient identity using two patient-specific identifiers.

3.2 For each patient, a timeout is performed prior to all procedures and treatments, which is then documented in the medical record and includes:
- 3.2.1 Verification of patient identity using at least two patient-specific identifiers.
- 3.2.2 Verification of patient treatment site.
- 3.2.3 Verification of correct patient positioning, when applicable.
- 3.2.4 Verification of correct treatment delivery.

3.3 The ROP has comprehensive SOPs for all appropriate techniques and modalities, including:
- 3.3.9 Radiopharmaceutical therapy. (RPT).

3.4 Patient-specific plan checks. For non-emergent cases, qualified ROP staff verify the following elements:
- 3.4.1 A physics check of the treatment plan/calculation completed <u>before</u> treatment.

3.6 End-of-treatment checks.
- 3.6.1 For each patient, a QMP performs an end-of-treatment review of the medical record within one week of treatment course completion.

Standard 4: Staff Roles and Responsibilities

4.1 The ROP has a job description that list requirements for scope and responsibilities within the clinical practice, supervision requirements, certification and/or eligibility and, where applicable, state licensure.

4.1.1 Authorized user.
4.1.2 Authorized medical physicist.
4.1.3 Additional treatment delivery personnel, e.g., nuclear medicine technician, radiation therapist, etc.
4.1.5 Oncology nurse.
4.1.9 Radiation Safety Officer.

Standard 5: Qualifications and Ongoing Training of Staff

5.1 For each professional discipline, the ROP defines:
5.1.1 A process for individuals who are eligible, but were not board-certified when employment commended, to achieve that certification.
5.1.2 A timeline for individuals who are eligible, but were not board-certified when employment commended, to achieve that certification.

5.3 Staff on-boarding.
5.3.1 The ROP defines and completes an initial training, orientation and job-specific competency assessment process for each new team member.

5.4 Staff training requirements include:
5.4.1 Annual radiation safety training to all staff assigned radiation exposure monitors.
5.4.2 Annual training for the infection control program.
5.4.3 Annual training for staff in emergency procedures
5.4.4 Annual or on-going staff training on the Health Insurance Portability and Accountability Act (HIPAA).

Standard 6: Safe Staffing Plan

6.1 Staffing levels.
6.1.1 The ROP's documentation of staffing requirements for each professional discipline is derived from measurable criteria.
6.1.2 The ROP specifies the number of each professional discipline required to be on-site, directly involved in patient treatment.
6.1.3 The ROP requires a qualified RO to be on-call 24 hours a day and seven days a week to address patient needs and/or emergency treatments.
6.1.4 The ROP has a process for it provides coverage during planned and unplanned absences of professional staff.

Standard 7: Culture of Safety

7.1 Culture of Safety SOP:
7.1.1 States that all patient safety events, including near misses, are to be reported and tracked within the ROP.
7.1.2 Includes a method for staff to report a safety event that includes reporting that complies with institutional, state, local and national requirements.
7.1.3 Includes an option for staff to report anonymously.
7.1.4 Has a timeline for reporting all patient safety events by all staff.

7.1.5 States that procedures are not started until all questions and/or concerns are resolved.
7.1.6 Provides assurance that there will be no reprisals based on reporting of patient safety events.
7.1.7 Identifies a method for patients to report safety events.
7.1.8 Includes a method for undertaking an immediate review of safety events, with the goal of understanding underlying factors and taking action to prevent future occurrences.

7.2 Designated Culture of Safety Leadership is responsible for:
7.2.1 Collecting and investigating reported events.
7.2.2 Convening interdisciplinary safety meetings to report back to staff on activities and findings.

7.3 Culture of Safety interdisciplinary meetings:
7.3.1 Promote an interdisciplinary team-based approach to safety.
7.3.2 Review all patient safety events and unsafe condition data from patient, staff and equipment events.
7.3.3 Proactively assess the ROP's structure and processes that promote safety.
7.3.4 Assess the progress of action plans to improve safety.

Standard 8: Radiation Safety

8.1 Facility licenses:
8.1.2 Comply with regulatory requirements for the use of radioactive sources.

8.2 Personnel radiation monitoring.
8.2.1 The ROP uses radiation exposure monitoring systems for staff consistent with NRC, Agreement State or local requirements.

8.3 The ROP has brachytherapy and radiopharmaceutical processes defining the safe storage, handling and waste for radioactive materials, including:
8.3.1 Safe receipt of radioactive materials, including specific area.
8.3.2 Appropriate labeling, inventory, theft reporting.
8.3.3 Appropriate area and signage for radioactive material storage.
8.3.4 Appropriate patient areas for treatment delivery.
8.3.5 Safe disposal following local, state and federal requirements.
8.3.6 Radioactive material release (e.g., lost sources, spills).

8.4 Radiation surveys.
8.4.1 Pre-treatment surveys are conducted on the patient and room.
8.4.2 Post-treatment surveys are conducted on the patient and room.
8.4.3 Surveys are conducted using properly calibrated survey meters.

Standard 9: Emergency Preparation and Planning

9.2 Patient related emergencies
9.2.1 Falls.
9.2.2 Threats of violence.

9.2.3 Adverse reactions.
9.2.4 Cardiac events.
9.2.5 Referring patients to the emergency room from practice during operating hours.
9.2.6 Referring patients for emergency care after hours.

Standard 10: Facility and Equipment

10.1 The ROP provides radiation shielding for each radiation area that is:
10.1.1 Based on shielding calculations performed by a QMP.
10.1.2 Verified annually against current workload.
10.1.3 Validated with radiation surveys performed by a QMP.

Standard 12: Quality Management of Treatment Procedures and Modalities

12.2 Non-linac-based treatment equipment QA program(s) are consistent with AAPM, or equivalent body, guidance on checks during:
12.2.8 Radiopharmaceutical day of treatment.

12.5 Equipment QA checks include:
12.5.3 Annual QA of measurement equipment.
12.5.6 Routine QA of secondary check programs.

Standard 13: Peer Review of Clinical Processes

13.1 The ROP defines and implements a peer review process for each professional discipline providing patient care including:
13.1.1 Authorized user.
13.1.2 Medical physicist.
13.1.3 Additional treatment delivery personnel, e.g., nuclear medicine technician, radiation therapist, etc.
13.1.4 Dosimetrist or other staff members (e.g., nurses).

Standard 14: Patient Education and Health Management

14.1 The ROP secures informed consent by:
14.1.1 Providing information regarding risks and benefits of the procedure.
14.1.3 Verifying consent is current.
14.1.4 Requiring a date and signature from the patient and the radiation oncologist.

14.2 Translation services.
14.2.1 The ROP has a process for communication with patients who have language barriers.
14.2.2 The ROP has a process for communication with patients who have communication barriers other than language.

14.3 Patient education.
14.3.1 The ROP staff reviews treatment related side effects with the patient before treatment begins and at least one time during the course of treatment.

14.3.2 Patient education includes options for treatment and the rationale for each option (e.g., surgical, chemotherapy, or choices of radiation modality/techniques).
14.3.3 Patient education includes intent of treatment (curative/palliative).
14.3.4 Patient education includes what to expect during the treatment process.
14.3.5 Patient education includes management of treatment related side effects, as applicable.

14.7 The patient experience is:
14.7.1 Collected, at least annually, using a survey and/or other tools.
14.7.2 Evaluated and acted upon to improve patient experience.