

EFFICIENCY IN THE WORKPLACE

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- ▶ GO LIVE MAY 2, 2023
- ▶ 6 DOF SEPT 1, 2023
- ▶ TATTOOLESS 1 YEAR

- AVG 35 PTS
- 1 WEEK AVG 40 PTS
- 1 YEAR AVG 46 PTS
- TIME SLOTS 15 TO 12 min

WORKFLOW PRIOR TO ALIGNRT

3 TATTOOS IN SIM

DAY 1

LEVEL TO TATTOOS

SHIFTS FROM DOSI

IMAGE, DR, TREAT

TEGADERM NEW AP ISO

Several white lines of varying lengths and angles are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

WORKFLOW POST ALIGNRT

3 BB'S IN SIM

DAY 1

LINE UP TO ALIGNRT ROI

SEND TO COUCH

IMAGE, DR, TREAT

MARK AP – per company policy



TIME STUDIES – BRAIN/HEAD & NECK

H&N 13 min --> 9.5 min

Scalp 16.25 --> 15

Nose 13 --> 10.5

H&N 14.5 --> 10.25

H&N 12.25 --> 10.66

H&N 14 --> 13.5

Brain 14.25 --> 12.75



TIME STUDIES – BREAST

DIBH CW/Nodes 15.6 --> 14.6

CW/Nodes 15.25 --> 12.25

CW/Nodes 12.25 --> 10.75

Breast 9.75 --> 10.75; Increase in time. Why?



TIME STUDIES - LUNG

Lung – 12.25 --> 12

Lung – 12.5 --> 11

Lung – 8.5 --> 7.75

Lung 10.75 --> 11.5

Bilat lung – 16.75 --> 14.25

SBRT Lung – 20 --> 17

SVC – 14 --> 15



TIME STUDIES – PROSTATE, PELVIS

Prostate 9.5 --> 9.25

Prostate 11.75 --> 10.5

Hip 11 --> 9



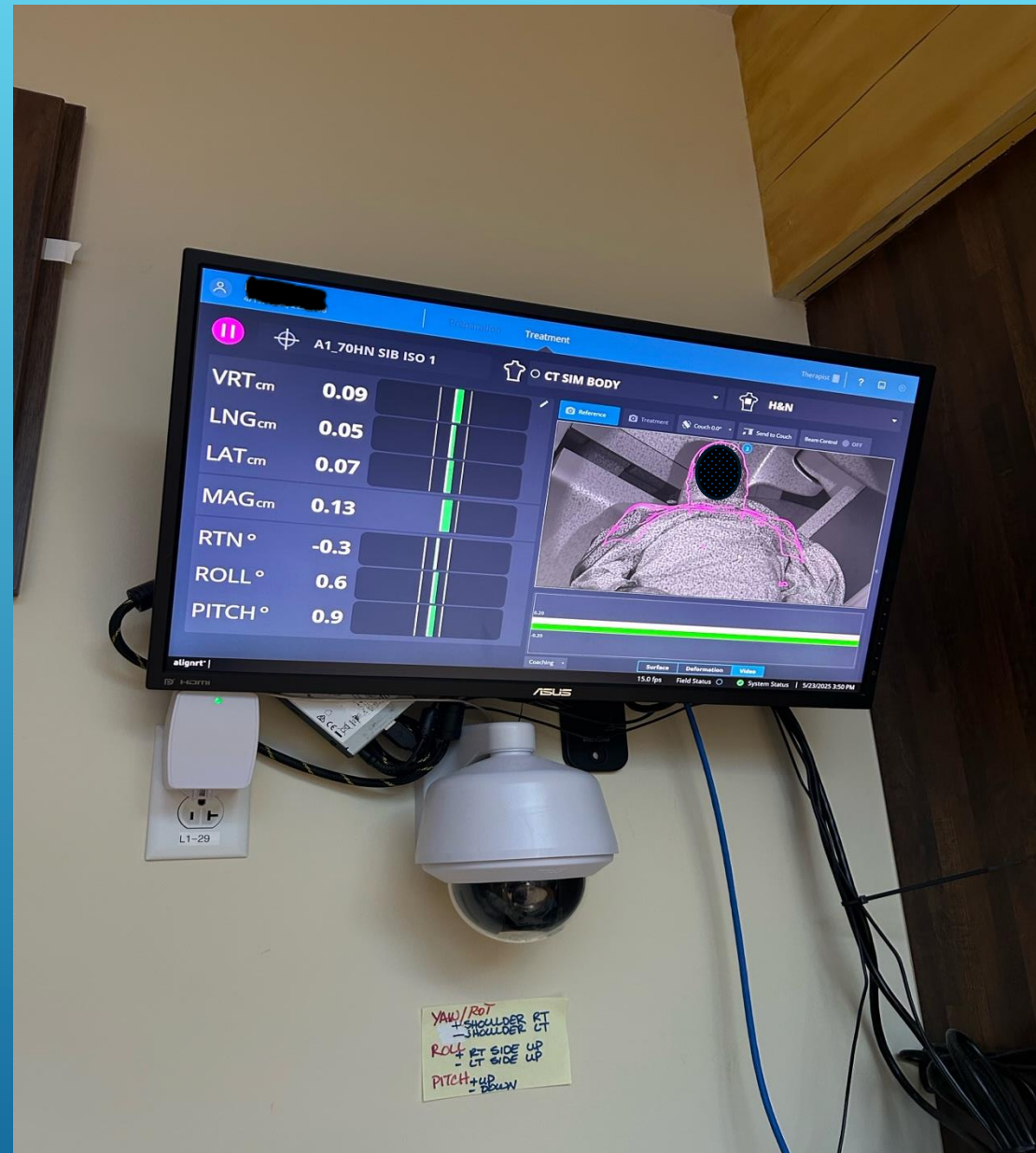
CURRENT PT LOAD

- ▶ AVG PT LOAD – 50
 - ▶ 7AM – 5PM
 - ▶ 4 FT THERAPISTS
 - ▶ 1 DR, 1 DOSI, 1 PHYSICS
 - ▶ 2 NURSES
 - ▶ 1 PSS
 - ▶ 1 STUDENT
- ▶ 6 MIN
 - ELECTRON
 - ▶ 12 MIN
 - TANGENT BREAST, LUNG, PROSTATE, BRAIN, H&N
 - ▶ 18 MIN
 - SRS, SBRT, APBI, IMRT DIBH BREAST
 - ▶ 24 MIN
 - MULTI ISO SRS/SBRT, BILAT IMRT BREAST
- 



TIPS & TRICKS

- ▶ Complete ROI ahead of time
- ▶ Have a cheat sheet for manual movements
- ▶ 6DOF couch – adjust only if more than 2
- ▶ Utilize Send to Couch
- ▶ Spotlight CBCT
- ▶ SSD'S
- ▶ Consistency
- ▶ Training – staff & students



QUESTIONS

- ▶ Does anything change with your workflow when you have an electron patient or a patient with bolus?
- ▶ While setting up a patient, you notice the ROI is not connecting and giving accurate shifts, can you change the ROI mid setup? If so, how?
- ▶ Does using the send to couch function help reduce setup time in the room? Does anything need to be done at the console to use send to couch?
- ▶ When do you move the patient in their immobilization device versus shifting the table and utilizing send to couch?
- ▶ Is the SSD function helpful? Do you find it to be accurate? If it fails to record SSD, what do you do?