

QRRO Process Survey Pre-Visit Facility Questionnaire

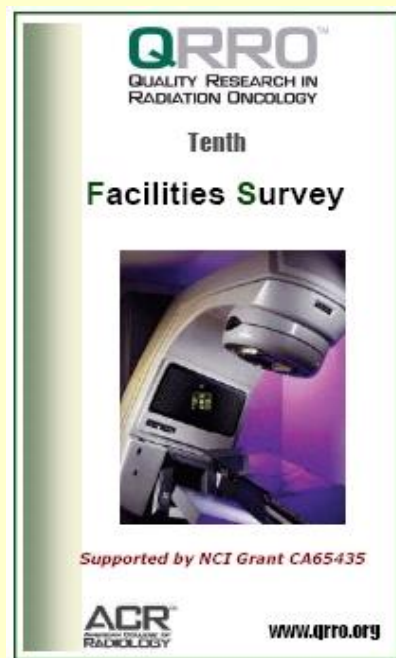
To be completed by: Chief of Radiation Oncology or his or her designee

Dear Colleague:

We are asking you to complete a short questionnaire regarding usual patterns in your practice during the definitive or adjuvant treatment of breast, cervical, gastric, lung and prostate cancers.

This short questionnaire will assist the clinical data abstractor in appropriately scheduling sufficient time to gather the 2007 QRRO Process Survey data at your institution. The questionnaire data will complement the survey data gathered by the clinical data abstractor during the on-site survey visit to your institution.

Thank you.



QRRO Process Survey Pre-Visit Facility Questionnaire

Facility Mailing Information

* 1. Facility Contact Information:

Name:

Institution:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

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Survey Questions Begin on this Page - (Type of Facility)

2. Type of Facility:

- University-based hospital
- Community-based hospital
- Free-standing outpatient center
- Other

(Please specify)

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(CancerCare/Treatment Network)

3. Does your facility belong to any cancer care/treatment network?

Yes, describe the type (e.g., affiliation, group practice, etc.)

No

Yes, (enter type of network, e.g., affiliation, group practice, etc.)

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(Medical Record Data)

4. Medical record data at this facility are stored in the following format?

- Paper
- Electronic
- A combination of paper and electronic

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(Machines to treat patients)

5. Which of the following are available to treat patients in your facility? (Choose all that apply)

- External Beam Linear Accelerator
- High dose-rate brachytherapy
- Low dose-rate brachytherapy
- IMRT
- IGRT
- 3D-CRT
- Stereotactic radiation therapy
- Tomotherapy
- Cyberknife

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(Dosimetry Information)

6. Where is external beam dosimetry information located? (Choose all that apply)

- Radiation Oncology PAPER chart
- Radiation Oncology ELECTRONIC chart
- Treatment Planning System
- Hospital PAPER chart
- Hospital ELECTRONIC chart
- Other

(Please specify)

7. Where is brachytherapy dosimetry information located? (Choose all that apply)

- Radiation Oncology PAPER chart
- Radiation Oncology ELECTRONIC chart
- Treatment Planning System
- Hospital PAPER chart
- Hospital ELECTRONIC chart
- Other

(Please specify)

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(DVH, Treatment, Images Stored)

8. Are the dose volume histograms stored in the patients' Radiation Oncology (RO) chart?

Yes

No, if no specify where they are stored (e.g., Treatment Planning System, Record & Verify System, etc.)

Not Applicable

Please specify (where stored)

9. Where is primary radiologic/tumor localization information stored?

Descriptive information from radiologic studies in RO PAPER chart

Descriptive information from radiologic studies in RO ELECTRONIC chart

DICOM images in RO specific PACS

DICOM images on CD available in paper chart

DICOM images in hospital (enterprise wide) PACS

Other, specify

Not available

(Other, please specify)

10. Where are treatment planning images stored?

Treatment planning system

RO Specific PACS

CD stored in patients RO chart

Hospital (Enterprise wide) PACS

Other, specify

Not available

Other (please specify)

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(Low-Dose Brachytherapy)

11. Do you do low dose rate prostate brachytherapy at your center?

Yes

No

12. If yes, where is the post-implant CT for dosimetric reconstruction stored?

The post implant CT is not available

In the Radiotherapy Department specific PACS

In the hospital or institution-wide PACS

In the radiotherapy film jacket

As a CD appended to the radiotherapy chart

Stored in the brachytherapy treatment planning system

Post implant CT based dosimetry is not done

Other

(Please specify)

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(Chemotherapy and Lab Information)

13. Where do you keep information about patients' chemotherapy delivery? (Choose all that apply)

- Radiation Oncology PAPER chart
- Radiation Oncology ELECTRONIC chart
- Hospital PAPER chart
- Hospital ELECTRONIC chart
- Medical Oncology PAPER/ELECTRONIC chart
- Integrated Radiation Oncology/Medical Oncology PAPER chart
- Integrated Radiation Oncology/Medical Oncology ELECTRONIC chart
- Other

(Please specify)

14. Where do you record lab results? (Choose all that apply)

- Radiation Oncology PAPER chart
- Radiation Oncology ELECTRONIC chart
- Hospital PAPER chart
- Hospital ELECTRONIC chart
- Medical Oncology PAPER/ELECTRONIC chart
- Integrated Radiation Oncology/Medical Oncology PAPER chart
- Integrated Radiation Oncology/Medical Oncology ELECTRONIC chart
- Other

(Please specify)

15. Do you plan to use the QRRO survey as an American Board of Radiology (ABR) Practice Quality Improvement (PQI) project toward maintenance of certification (MOC)?

Yes

No