



# Implementation of an In-house Radiotherapy Incident Learning System compatible with the Canadian National System for Incident Reporting - Radiation Treatment



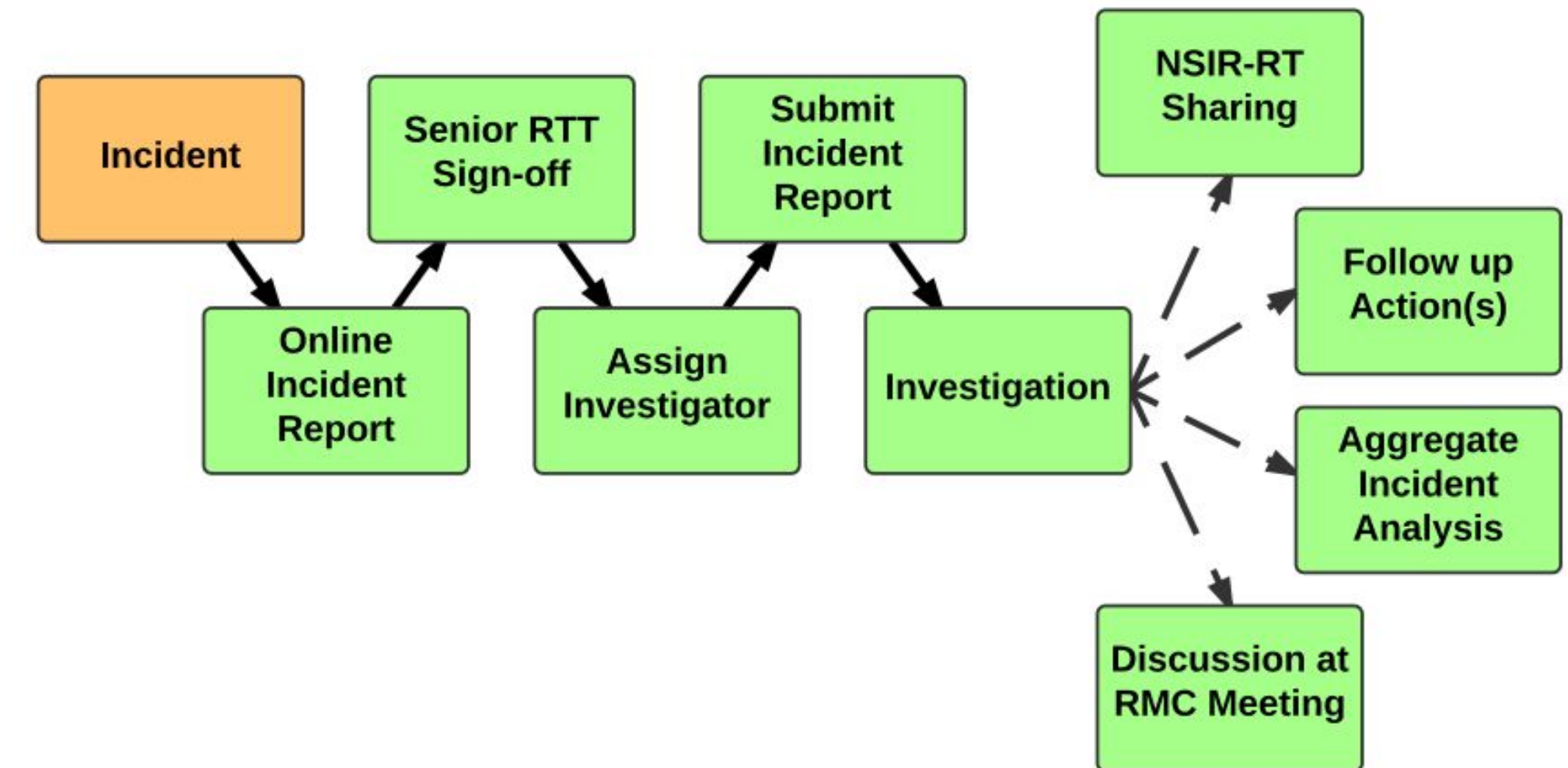
Logan Montgomery<sup>1</sup> and John Kildea<sup>1</sup>

(1) McGill University Health Centre, Medical Physics Unit, 1001 Blvd Decarie, Montreal, QC, Canada

## PURPOSE

1. Develop an online incident learning system (ILS) to facilitate local workflow
2. Use Canadian standardized RT incident reporting taxonomy:
  - o National System for Incident Reporting - Radiation Treatment
  - o Milosevic et al. *Practical Radiation Oncology* 2016.
3. Incorporate features to reduce investigator workload
4. Learn from incident data to prevent recurrence and eliminate latent conditions

## INCIDENT LEARNING WORKFLOW



Overview of the incident learning workflow in our centre. All steps in the workflow are facilitated by the SaILS software, which incorporates the taxonomy of the Canadian National System for Incident Reporting - Radiation Treatment.

## METHODOLOGY- THE SAFETY INCIDENT LEARNING SYSTEM (SaILS)

**Incident reports:** immediate investigator assignment (also supports paper forms)

**Incident investigation:** NSIR-RT compatible, features to optimize workflow

**Feedback:** dynamically updated incident summary pages (track by unique incident ID)

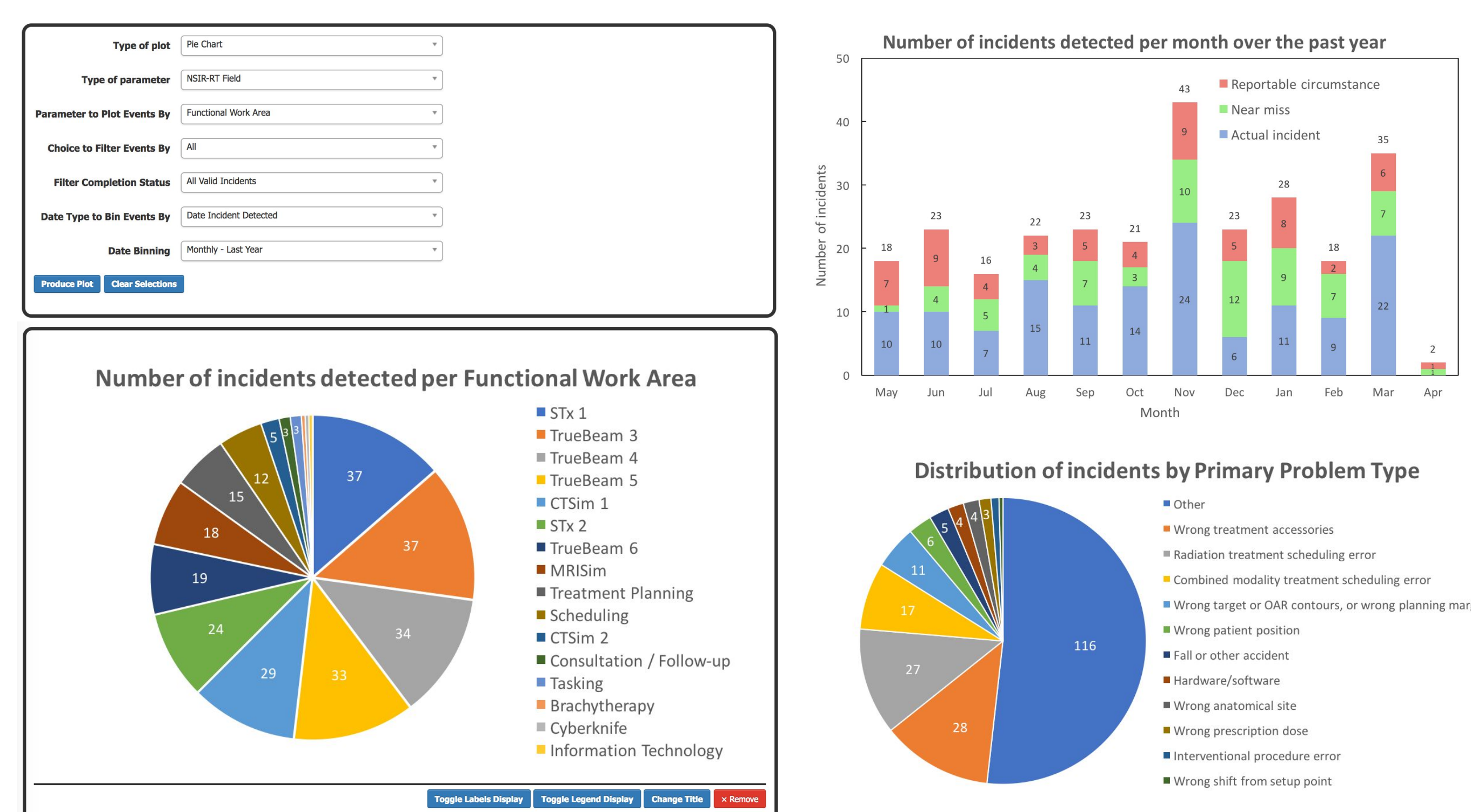
## RESULTS

### Workflow Optimization Features

**Incident Templates**

**Taskable Actions**

### Clinical Results



## CONCLUSIONS

- Open-source, NSIR-RT compatible, radiotherapy incident learning system with features to reduce workload and a complete data trending toolkit
- Please contact John Kildea at [john.kildea@mcgill.ca](mailto:john.kildea@mcgill.ca) if interested in deploying SaILS in your radiotherapy centre

## ACKNOWLEDGEMENTS

CPQR  
Canadian Partnership for Quality Radiotherapy  
PCQR  
Partenariat canadien pour la qualité en radiothérapie

Medical Physics  
RESEARCH TRAINING NETWORK

NSERC  
CRSNG

This work was supported by the Canadian Partnership for Quality Radiotherapy and the CREATE Medical Physics Research Training Network grant of the Natural Sciences and Engineering Research Council of Canada (#432290). The authors thank Crystal Angers, Randle Taylor, and Ryan Bottema of the Ottawa Hospital Cancer Centre for supplying the initial concept and code for SaILS. Feedback from colleagues at the McGill University Health Centre was greatly appreciated.