AbstractID: 11797 Title: eManagement: Workflow in Treatment
Planning Section

Purpose: Workflow in the treatment planning section consists of repeat consults and updates between the CT-Sim technologists, radiation oncologists, medical physicists, medical dosimetrists, radiation therapists and scheduling personnel on the status of patients undergoing treatment planning. For a center with a number of medical dosimetrists, radiation oncologists, and medical physicists, all have other responsibilities the interactions can be very chaotic. The eManagement is used to inform patient status so that untimely queries are reduced and only relevant personnel needed are informed to create efficient workflow. **Methods and Materials:** The eManagement is a task-orient software capable of updating with categories of (a) open, (b) in-progress, (c) completed, and (d) cancel tasks. Scripts are written to define tasks associated with the treatment planning workflow. For example, an open task on "MD clinical intent" means that the attending physician is required to provide the dose directives and prescription. Once the attending physician completes the prescription in the ARIA/Eclipse database, the task is changed to complete informing the medical dosimetrist of the status on this particular patient allowing him/her to proceed with the next task. An advantage of eManagement is the attending physician can complete this task in any place without physically going to the treatment planning section. A few scripts being implemented are "CT image dataset for TPS", "MD clinical intent", "MD contours", "IMRT QA Measurements", and "Post Chart after IMRT QA". **Results:** The outcome will be (a) reduction of untimely queries, (b) only relevant personnel needs to respond for timely processing, (c) completion of task can be perform in any place within the department, (d) time reduction in creating individualized treatment plans. **Conclusion:** The implementation of the eManagement software should improve workflow in the treatment planning section reducing patient simulation time resulting in quicker initiation of patient treatment.