Patient dose audit with OpenREM

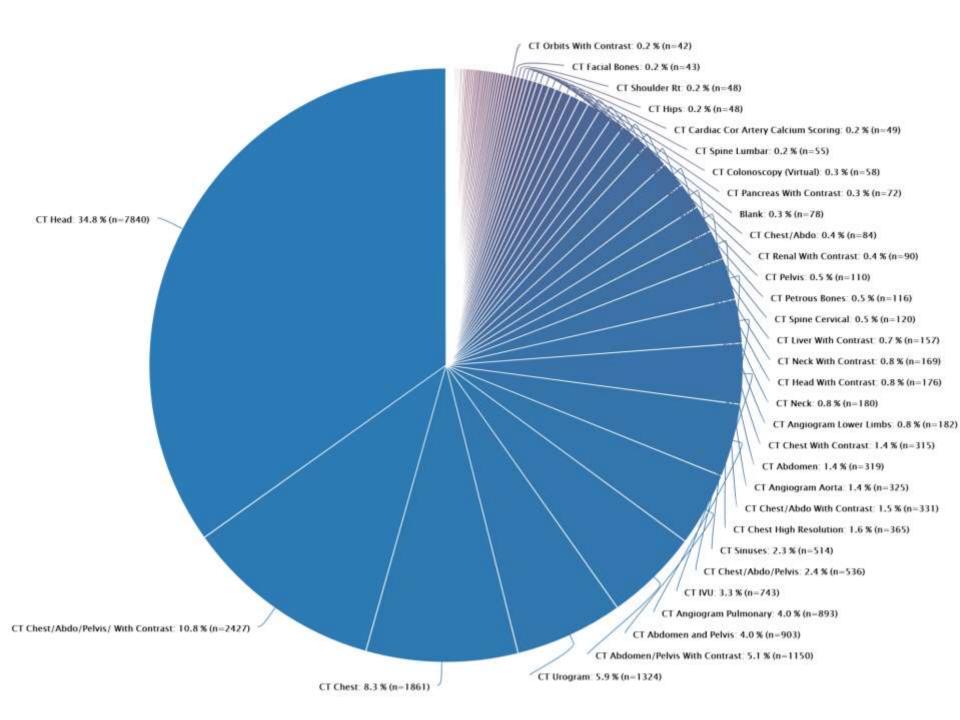
David Platten

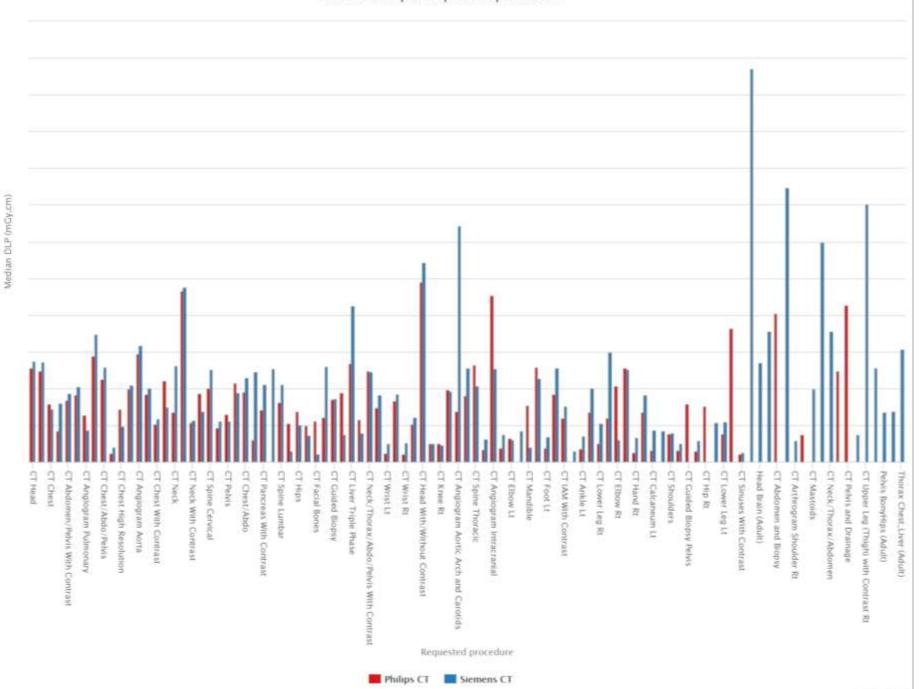
Medical Physics Department

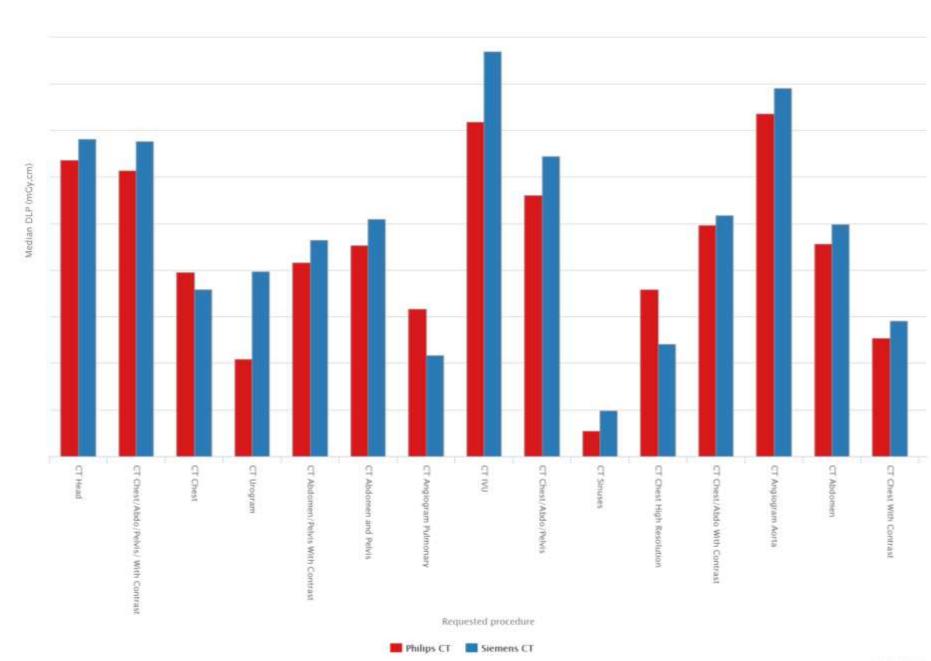
United Lincolnshire Hospitals NHS Trust

DLP per requested procedure

Patients at least 16 years old 1/2/2015 to 31/1/2016 n=24006 n=22500 excluding CT sim





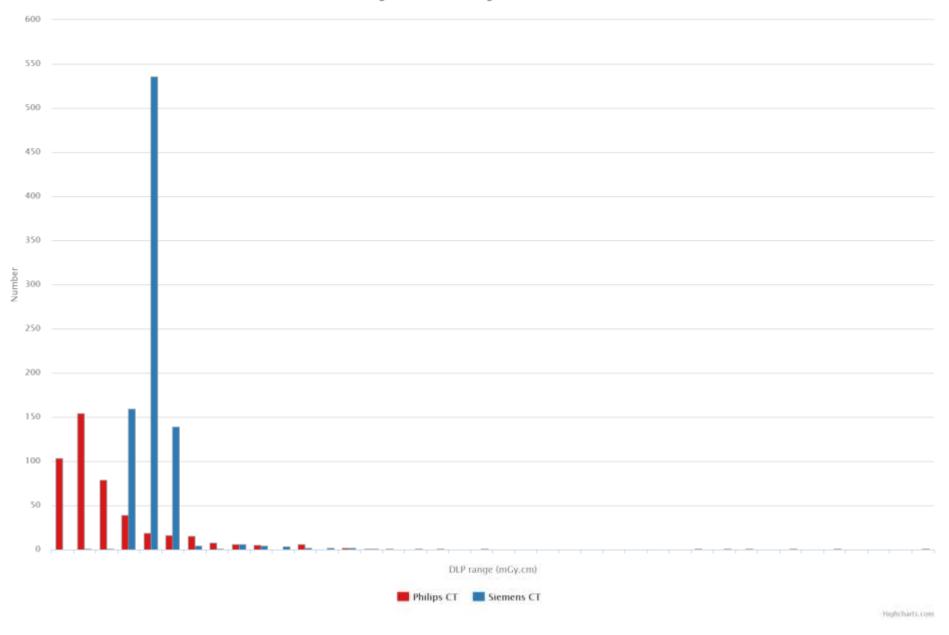


CT Urograms

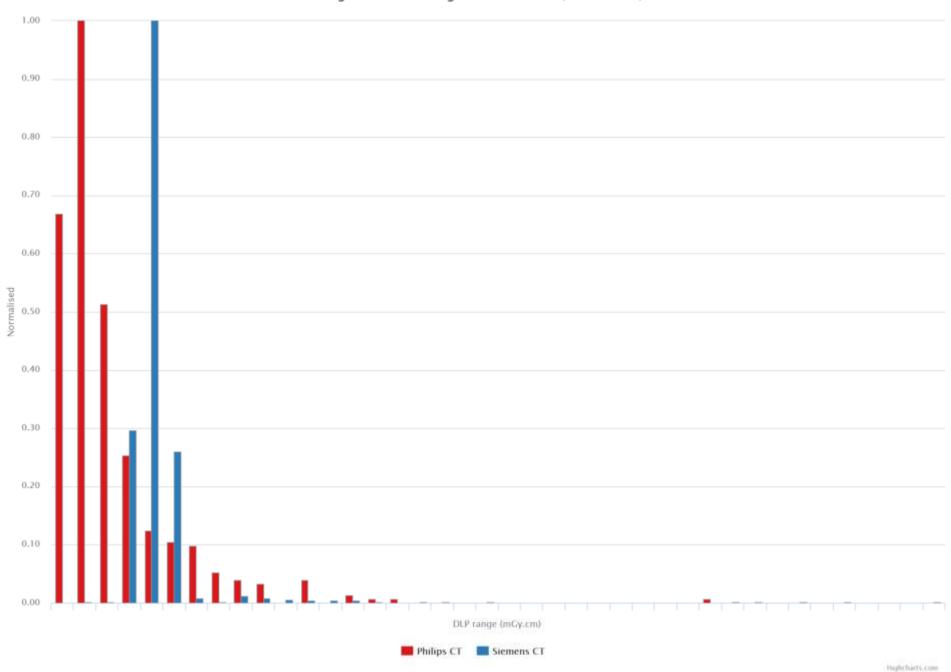
Median DLP from one system higher than the other

Look at the histograms

Histograms of CT Urogram DLP values

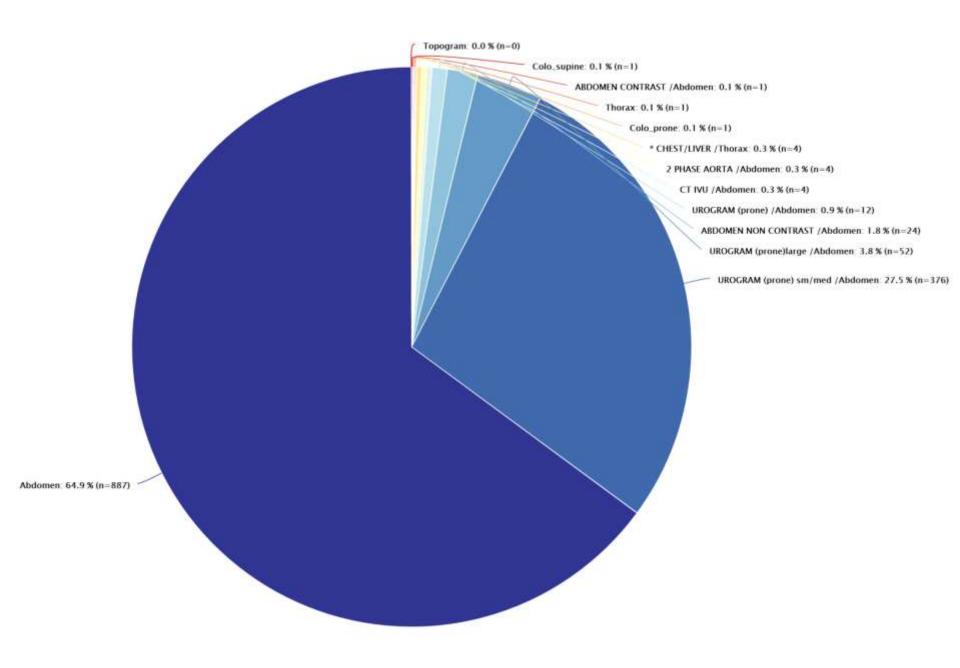


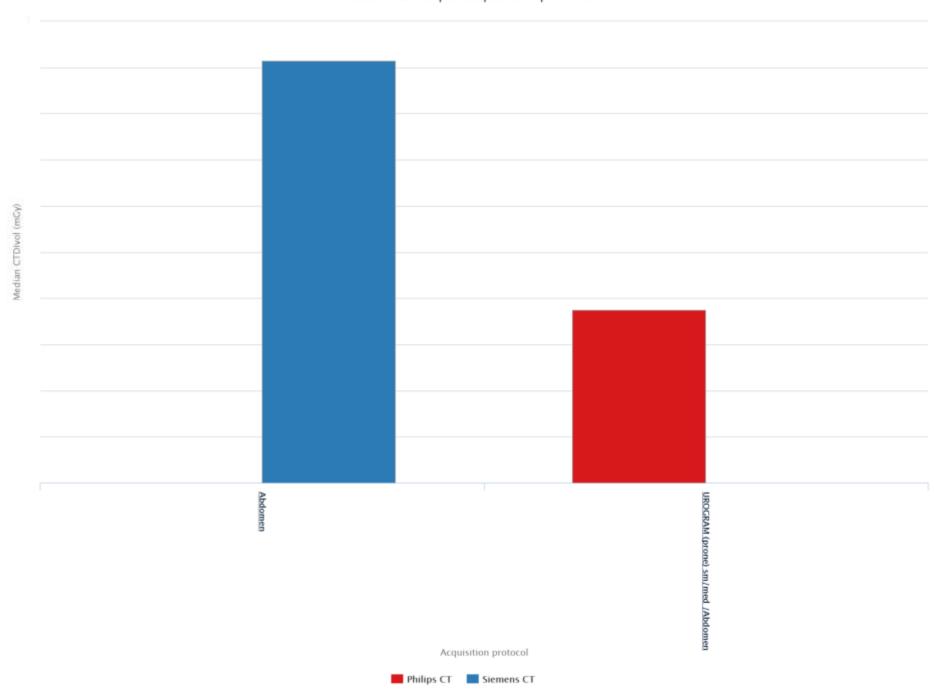


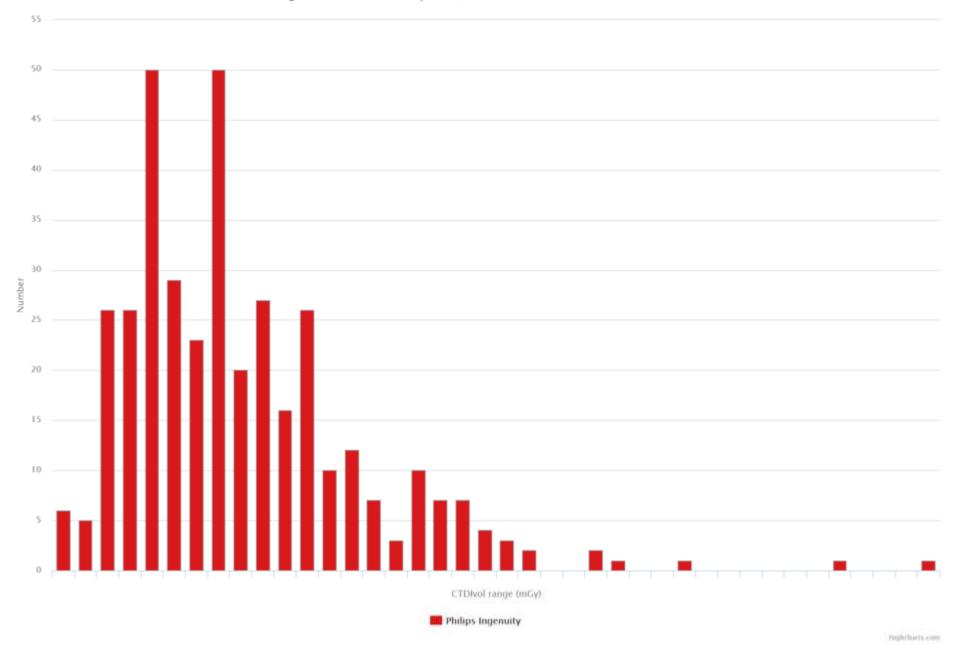


CT Urograms

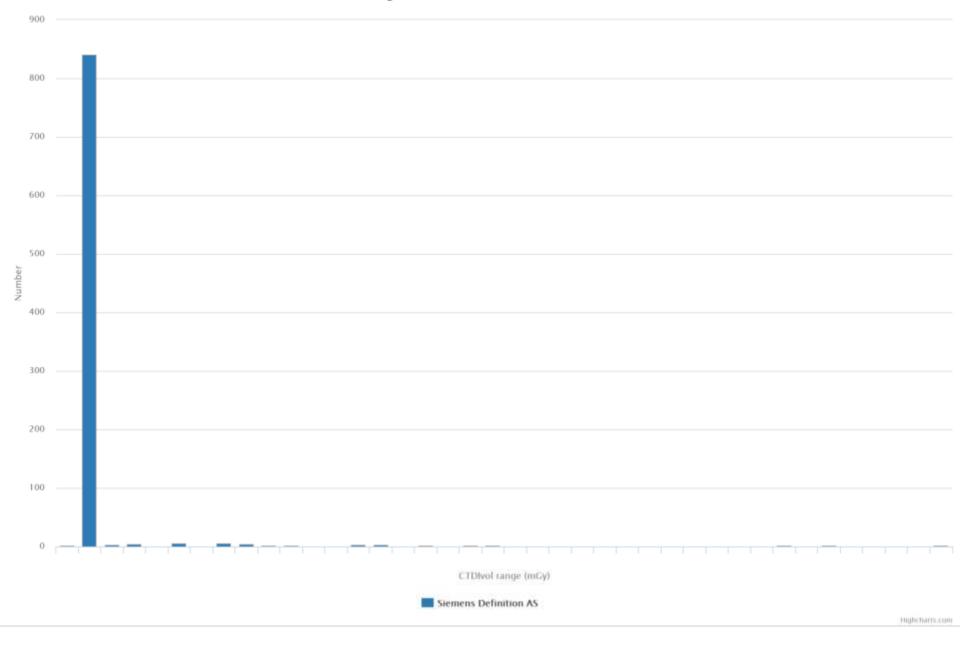
What acquisition protocols are being used?









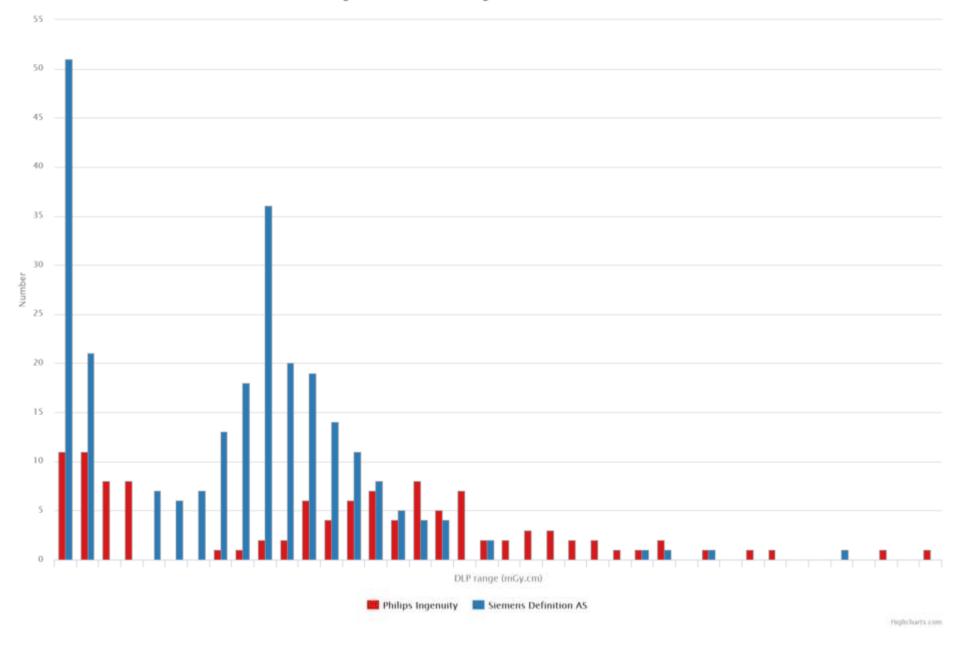


CT Urograms

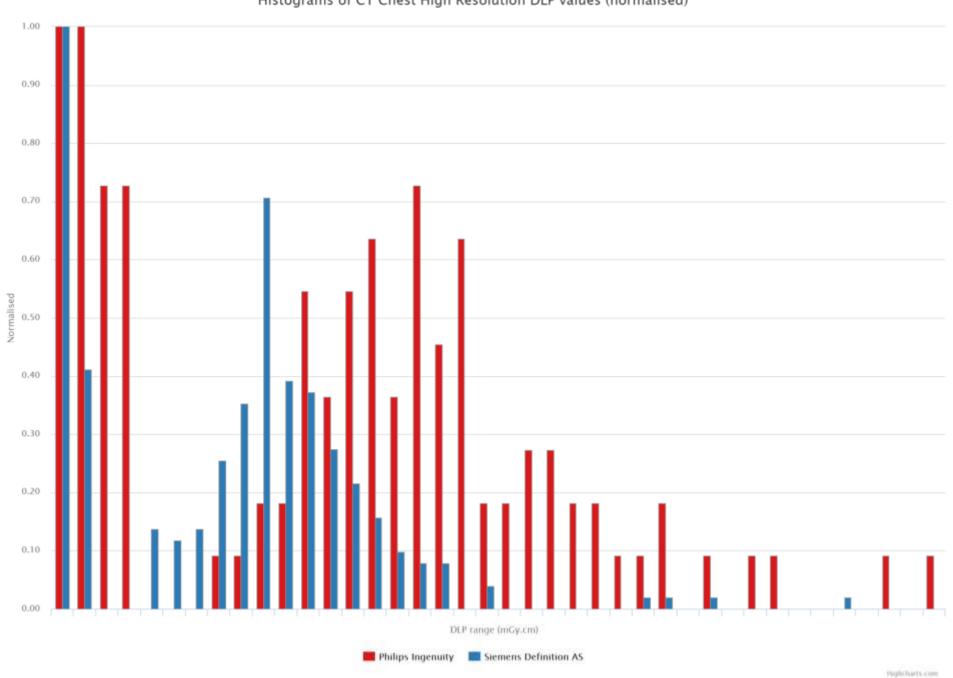
AEC has been switched on for the Siemens system

CT Chest High Resolution

Histograms of CT Chest High Resolution DLP values



Histograms of CT Chest High Resolution DLP values (normalised)



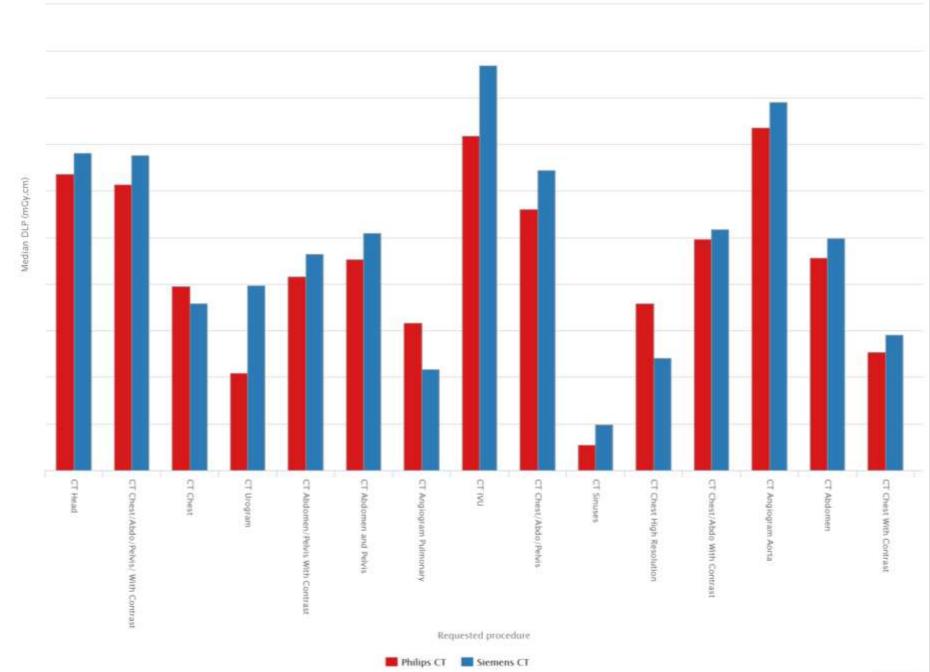
CT Chest High Resolution

A mixture of axial and helical scans
Helical AEC settings to be reviewed
for the Philips scanner

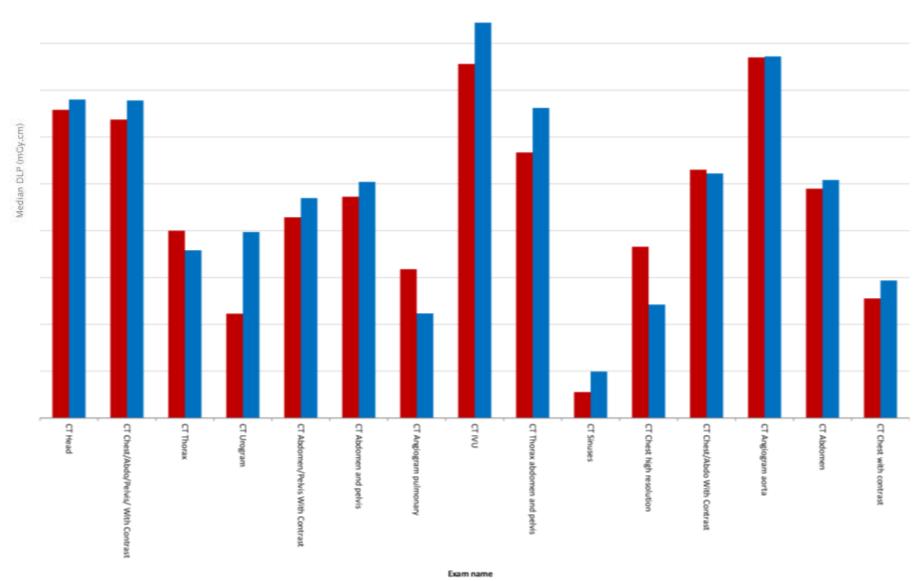
OpenREM vs. CRIS

CRIS dose data

- DLP data for total examination
 - No breakdown per acquisition protocol
 - No scan parameter data available
- DLP values manually entered by radiographer
 - Transcription errors
- CT scanner sometimes incorrect
 - All patients entered as scanner 1 by reception;
 checked and updated by radiographer post-scan
- Takes time to analyse







Summary

- Easy to compare mean or median dose values between systems using a variety of methods
 - Requested procedure; study description; acquisition protocols
- More information that previous audit method (examining RIS data)
- More reliable data than previous audit method (no manual data entry)
- Doesn't solve all problems
 - Different acquisition and study names; assuming that requested procedures did what was requested
- Tabulated and graphical dose data can be exported
- Relatively easy to install (<u>docs.openrem.org</u>) with little or no capital outlay