

UBHOW CHINGLEY



Dashboards for CT doses

Matthew Dunn Head of Radiation physics Matthew.dunn@nuh.nhs.uk

Project background

Official title:

Optimising CT doses by using analytics tools to increase operator involvement in patient dose auditing.

MSc project – Paul Stringer (STP trainee) – he did all the clever parts!!!

Pilot Project

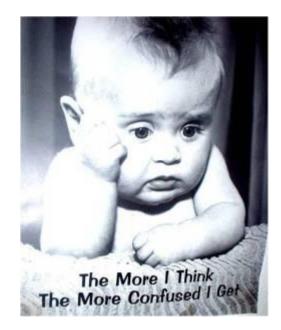
So why a dashboard

User feedback regarding the current dose management system

- Difficult to get the data you want.
- Need more training to use it.
- Analysis of excel downloads is time consuming.

Outcome

Little radiographer interaction with the data.





Why are dashboards great?

- Fast access to analysed data (can be live)
- Good for tracking progress
- Easy to use and understand
- Easy to find and share the relevant information



What system does it replace?

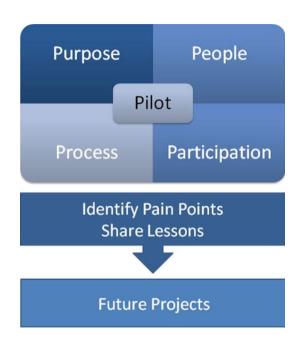
- Manual analysis of excel download data
 - Time consuming
 - Delay in accessing the information waiting for physics
 - Unable to drill down easily without filters etc

	B26										
	A	В	С	D	E	F	G	Н	1	J	K
	Date of Purchase	Investment	Shares	Original P/S	年开始 P/S	年结束 P/S	Current P/S	Original Value	年开始 Value	年结束 Value	Current Value
1	•	-	-	•	T	-			•	-	-
2	6/15/11	AAPL	55.00	\$325.00	\$553.82	561.02	\$530.95	\$17,875.00	\$30,460.10	\$30,856.10	\$29,202.25
3	3/23/12	AAPL	14.00	\$596.59	\$553.82	561.02	\$530.95	\$8,352.26	\$7,753.48	\$7,854.28	\$7,433.30
4	8/16/12	AAPL	0.64	\$631.40	\$553.82	561.02	\$530.95	\$402.80	\$353.31	\$357.90	\$338.72
5	9/24/12	AAPL	84.00	\$686.91	\$553.82	561.02	\$530.95	\$57,700.44	\$46,520.88	\$47,125.68	\$44,599.80
6	11/15/12	AAPL	0.76	\$536.09	\$553.82	561.02	\$530.95	\$407.14	\$420.60	\$426.07	\$403.24
7	2/14/13	AAPL	0.88	\$467.26	\$553.82	561.02	\$530.95	\$409.15	\$484.95	\$491.26	\$464.93
8	5/16/13	AAPL	1.09	\$433.46	\$553.82	561.02	\$530.95	\$473.58	\$605.08	\$612.94	\$580.09
9	8/15/13	AAPL	0.96	\$494.71	\$553.82	561.02	\$530.95	\$476.92	\$533.91	\$540.85	\$511.86
10	11/14/13	AAPL	0.91	\$526.00	\$553.82	561.02	\$530.95	\$479.86	\$505.24	\$511.81	\$484.38
11	2/13/14	AAPL	0.90	\$539.07	\$553.82	561.02	\$530.95	\$482.64	\$495.85	\$502.29	\$475.37
12	5/12/11	VTI	261.00	\$69.30	\$75.14	95.92	\$97.69	\$18,087.30	\$19,611.54	\$25,035.12	\$25,497.09
13	6/30/11	VTI	1.08	\$68.25	\$75.14	95.92	\$97.69	\$73.86	\$81.32	\$103.81	\$105.72
14	9/29/11	VTI	1.35	\$59.49	\$75.14	95.92	\$97.69	\$80.20	\$101.30	\$129.31	\$131.70
15	12/28/11	VTI	1.48	\$64.29	\$75.14	95.92	\$97.69	\$95.10	\$111.15	\$141.89	\$144.51
16	3/30/12	VTI	1.13	\$72.14	\$75.14	95.92	\$97.69	\$81.59	\$84.98	\$108.49	\$110.49
17	6/29/12	VTI	1.33	\$69.29	\$75.14	95.92	\$97.69	\$92.05	\$99.82	\$127.43	\$129.78
18	9/28/12	VTI	1.32	\$73.49	\$75.14	95.92	\$97.69	\$97.32	\$99.50	\$127.02	\$129.36
19	12/27/12	VTI	2.01	\$72.74	\$75.14	95.92	\$97.69	\$146.44	\$151.26	\$193.09	\$196.66
20	3/28/13	VTI	1.22	\$80.70	\$75.14	95.92	\$97.69	\$98.54	\$91.75	\$117.13	\$119.29
21	6/28/13	VTI	1.27	\$82.74	\$75.14	95.92	\$97.69	\$104.96	\$95.31	\$121.67	\$123.92
22	9/27/13	VTI	1.33	\$87.91	\$75.14	95.92	\$97.69	\$117.20	\$100.18	\$127.88	\$130.24
23	12/27/13	VTI	1.42	\$95.67	\$75.14	95.92	\$97.69	\$135.62	\$106.52	\$135.98	\$138.48
	12/21/10	VII	1.42	\$53.07	\$73.14	55.52	\$97.0 9				
24								\$106,269.97	\$108,868.03	\$115,747.99	\$111,451.16
25											
26	Original Investment	\$102,417.80									
27	年开始 OI	\$103,904.40									



How did we approach the development

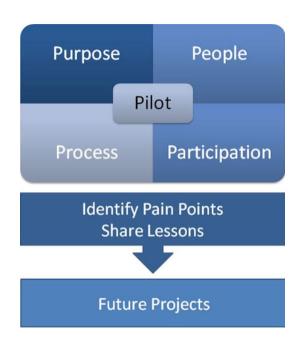
- Need <u>actionable</u> information <u>not</u> a vanity project
- Designed around the users and their tasks
- Input and feedback





How did we approach the development

- Need <u>actionable</u> information <u>not</u> a vanity project
- Designed around the users and their tasks
- Input and feedback











- Trust wide business intelligence tool
- Deployed on all PC's
- Developers can obtain development account
- Can link to live data or uploads e.g. from excel



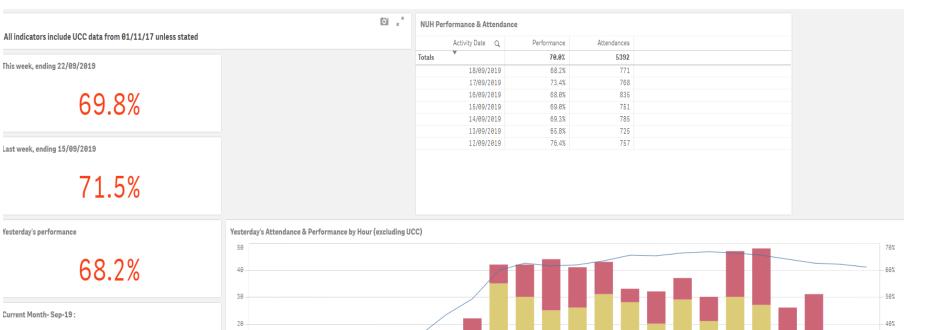
Software package

ß



30%

20%



70.4%

YTD performance

🗕 Yesterday's Performance Cumulative 🛛 📕 Non Breaches Yesterday

Breaches Yesterday



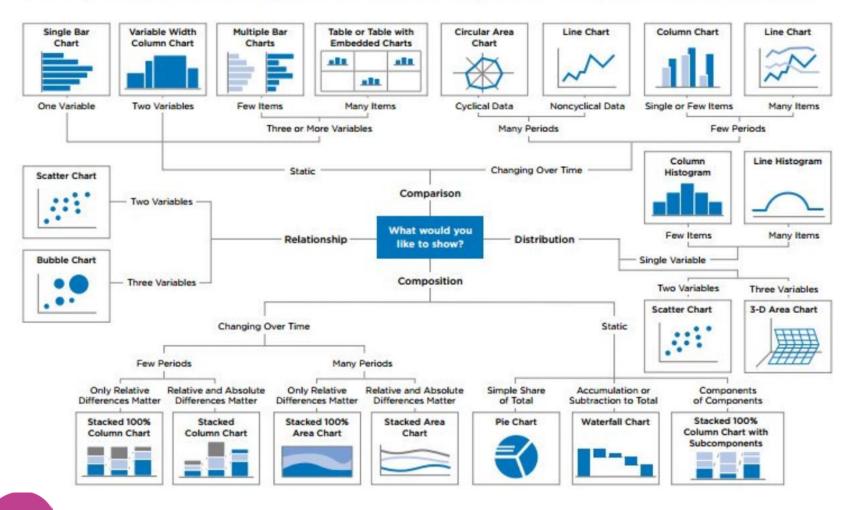
Task based dashboard

Page	Purpose
Dose Trends	Plots trends lines for CTDI value and DLP which can be filtered to display data from a specific protocol, scanner, or period.
Current Dose	Provides a side by side comparison of mean CTDI and
Values	mean DLP values delivered by each scanner for the
	selected protocol, alongside NDRLs.
Outlier	Plots CTDI against DLP for the select unit and protocol
Assessment	allowing outlier cases to be identified and group. Trends
	in protocol use can also be examined.
Dose	Displays dose and irradiation event distribution data, to
Histograms	allow a quick assessment of procedural compliance.
Dose	Displays dose distribution data allowing the viewer to
Distributions	review the range of doses delivered for each protocol by a given device.
Protocol Checker	The protocol checker lets the viewer look for CRIS coding errors in the look up table Dosewatch uses to group like studies.

Table 1: An outline of the different task-based pages produced.

Task based dashboard

SELECTING THE APPROPRIATE CHART FOR STRATEGY PRESENTATIONS



https://jixta.wordpress.com/2016/07/25/selecting-the-appropriate-chart-for-strategy-presentations/

Demo

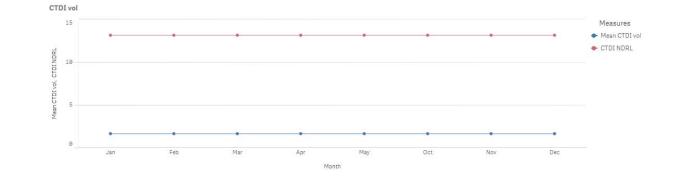
Dose trends

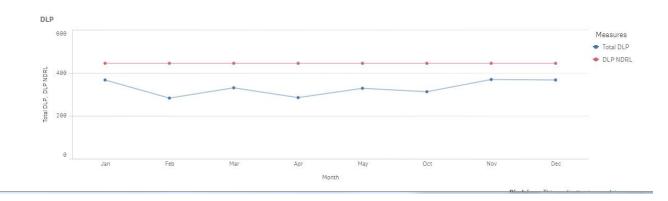
This tool lets you review the variation in dose values over the course of the selected year.

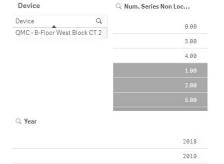
Use the 'series type' filter to ensure localizer data is removed.

Choose filters here







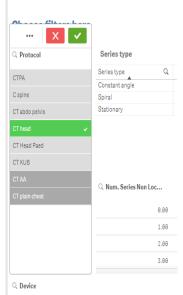


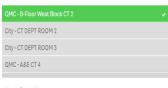


Demo

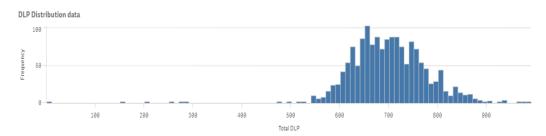
Dose Histograms

This tool displays a dose histogram that lets you identify the frequency of scan which were higher or lower than the average dose.

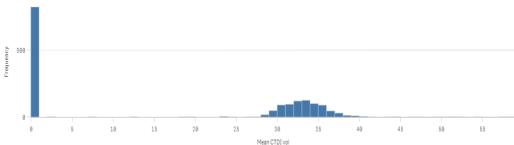


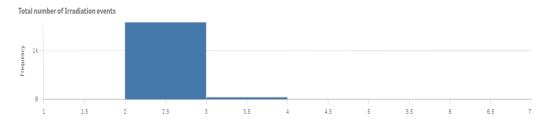












Total Number of Irradiation events

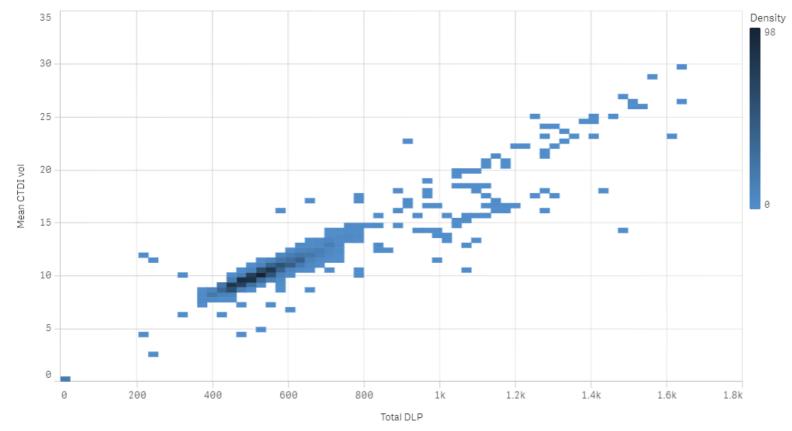
Demo

Current dose values



Mean CTDI vol vs DLP *

Demo



* Providing overview of 1.7k dimension values.

Task based outcomes

Aspect	Summary of findings
Dose trends	Doses were consistent in general. However, C Spine and CT Abdo/pelvis doses increased in December 2018 on CT3AE (QMC).
Current doses values	All below NDRLs. CT2 (CHC) doses were consistently highest and CT3 (CHC) the lowest, except for CT head.
Outliers	Distinct outliers were identified for most scans - this is being further investigated.
Dose distributions	Distributions were consistent between scanners. CT Abdo/Pelvis displayed the greatest DLP range.
Coding errors	Coding issues were identified for all protocols. CT head was the most impacted. Of concern 33% of "Landmarx sinuses" examinations were coded as CT head. Sinus examinations are much lower dose than CT head. This has the impact of understating NUH audited CT head results.
Inconsistent practice	For CT Abdo/pelvis a higher number than average of irradiation events was reported when imaging on the A&E scanners, as expected. A higher number than average of irradiation events was also reported, for C-Spine imaging on CT2 (CHC).

Table 8: This is a summary of CT team leaders' page-based task findings.

Outcome/conclusions

CT team leaders found the system to be easy to use, accessed it frequently, and reported multiple actionable findings. This is a comparable result with **Oliveri A et al. European Radiology Aug2016**

Study goals	Outcomes
How can dose auditing be improved using business analytics tools?	The CT dashboard has allowed the introduction of a weekly 'bottom-up' auditing process using available dose data, as opposed to an annual top-down approach.
How can dose data be best visualised to aid the dose auditing process?	CT team leader feedback identified dose trend plots and dose histograms to be the most useful visualisations to have available and to share with the MPE.
Which metrics reported by dose audits do radiographers find useful? What are they reacting to?	Current dose values and dose trend data was valued highest. The CT team leaders reacted strongly to the outlier data, wanting to understand how such cases could be avoided.
Can improving staff interaction with dose and related data provide new insights for service improvement?	The CT dashboard has enabled a greater audit frequency. CT Team leaders and staff have begun proactively reporting coding errors. Training needs have been identified and acted upon. It has also been recommended to use the usage data to plan team resources.