EXPERIENCE WITH THE DEPT. OF MEDICAL PHYSICS

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Disclaimer

This presentation is a reflection of my own personal experience.

My views are not necessarily the views of others who work in a similar, but different setting.

The focus is on diagnostic medical physics – for which I am certified.



- Background & local setting
- The start-up & implementation
- Opportunities & challenges
- General remarks & thoughts



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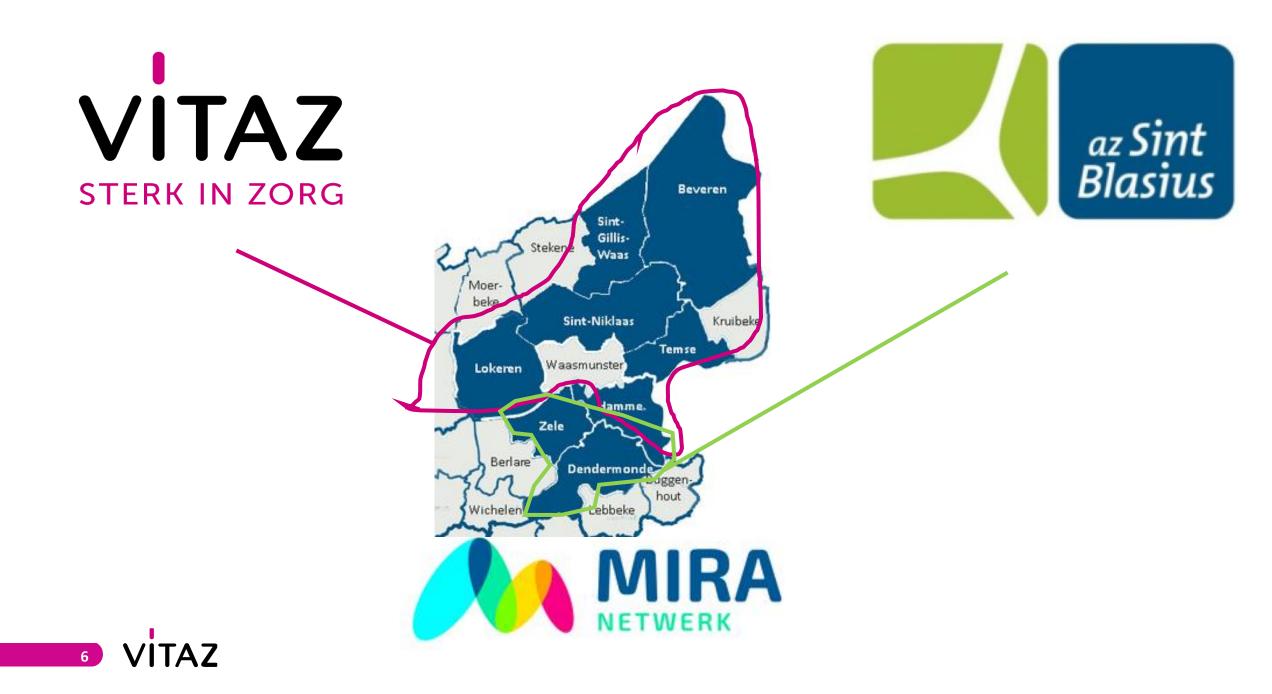
VITAZ STERK IN ZORG











Background & local setting

- Total of 8 locations
- No radiotherapy (except sattelite campus of Iridium in Sint-Niklaas)
- MPE tasks were all outsourced before
 - Techni-Test, Controlatom, QCC
- They were looking for someone with the diagnostic radiology cerftification to start up a network-wide department
- Started september 2021
 - 70% VITAZ 30 % AZSB



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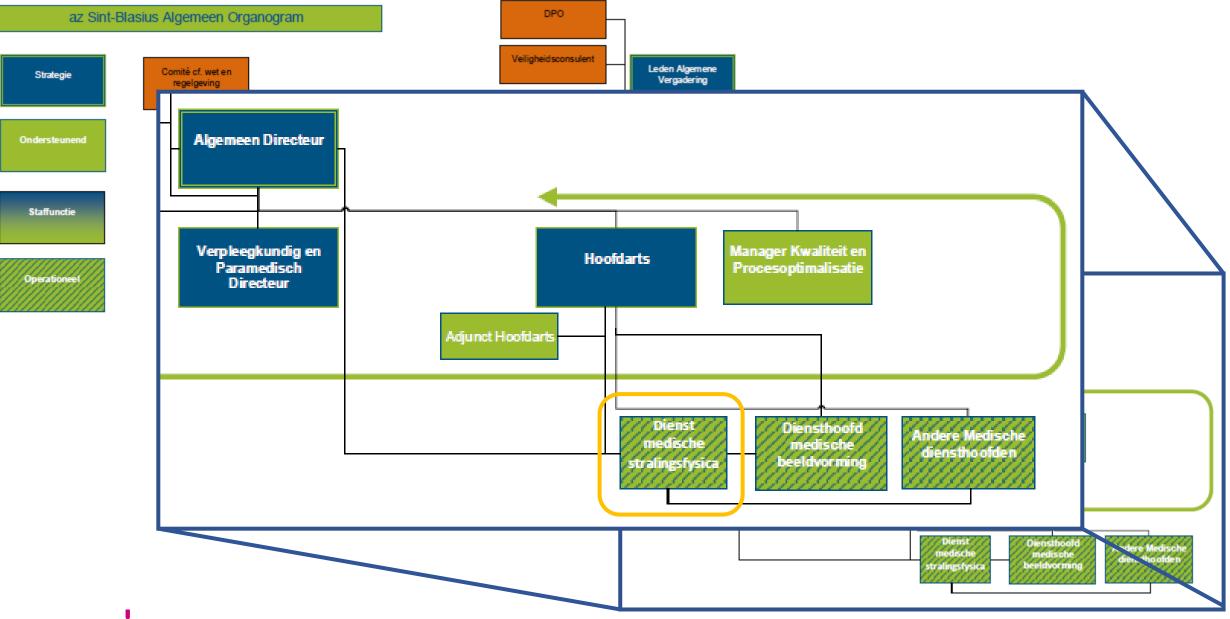


Start-up & Implementation

- First thing I did:
 - Print out the KB and read it from beginning till the end
 - Define "what is my job" and also.. "what is NOT my job"
- Second thing I did:
 - Fill out the forms for officially establishing the department
 - According to the TR Organization of medical physics
 - I remember the position in the organogram taking a lot of time
 - Theoretically link with exploitant
 - Practically medical director



AZ Niko		Algemene vergadering Raad van bestuur		Organogram	
Algemeen departement Algemeen directeur	departement departement		Medisch departement Medisch directeur		Verpleegkundig & Paramedisch departement Verpleegkundig & paramedisch directeur
Core-business diensten Apotheek Dienst Investerings- en exploitatiemanageme Dienst Quality & Safety Dienst Elektronisch patiëntendossier (EPD) Dienst Interne preventie & Fysische controle Dienst Informatica		 Dienst Investerings- en exploitatiemanagement Dienst Quality & Safety Dienst Elektronisch patiëntendossier (EPD) Managementteams (Spoed, Intensieve zorgen,) Dienst Hemovigilantie Dienst Medische stralingsfysica 			
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Start-up & Implementation

- Official approval 25 February 2022
- By this time:
 - Contracts with external firms were renegotiated and reorganized
 - Investment was made in QA equipment
 - All QA tasks within my responsability performed internally
 - Automation of several "administrative" tasks, together with ICT
 - I put significant effort in getting to know all medical heads of deptartment where medical radiological equipment is present



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Opportunities

- We are given a bigger stage in the hospital organization
 - People look at us differently and are pretty welcoming!
 - It's our time to show what the benefit of an (internal) MPE can be!
- I was given the chance to build something from scratch
 - Very favourable to craft the job/tasks towards your own vision
- Because of being an internal MPE you have access!
 - Not only to equipment to try new stuff / tests
 - But also to broaden your perspective and horizon!
 - Follow the clinical workflow join surgeries, cathetherizations, ... and ask how and why clinicians use medical radiological equipment!



Challenges

- We need to step out of our comfort zone
 - I realized that I know a lot about medical imaging but very little about other (even more important) processes in the hospital
- Setting boundries keep your list of tasks in your own hand
 - It's a lot of work if done qualitatively don't lose the pedals!
- Hiring people with the right qualifications in the (near?) future
 - The stars need to align not too much choice out there
 - I have projects in the back of my mind that I choose not to start yet...



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General remarks & Thoughts

- How big is too big for a medical physics department?
 - And how do we quantify this?
- Specific case: To what extend am I or should I be involved with the 2 accelerators from Iridium at my campus?
- Should we include a course in "Healthcare Organization & Financing" in our curriculum?
 - And communication skills..?

