

Use of a dedicated day care unit in a modern radiation oncology facility -- a short audit

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Our radiotherapy department specializes in all types of conformal therapy including stereotactic body radiotherapy, stereotactic radiosurgery and brachytherapy including interstitial and prostate seed implant. The department also includes a dedicated four-bed day care unit attached to the integrated brachytherapy suite. It is managed by a resident doctor, along with four staff nurses under the supervision of a radiation oncologist. We performed an audit of our day care unit to gain insight into its utilization and needs.

We decided to consider each encounter (admission to the unit) as one event. We collected data from one year, from April 2014 to March 2015. The relevant information was collected and tabulated using the hospital's electronic recording system. We then performed an analysis of the frequency of various events within the unit. Results were summarized in one composite bar diagram.

A total of 504 events occurred in the day care unit during the one-year period. The results are summarised in [Figure 1](#). The mean length of day

care stay was six hours out of the 504 encounters, 3 resulted in patients being shifted to the inpatient department for further care.

This is the first time in medical literature that the use and utility of a radiation oncology day care unit has been recorded and presented. Most of the insurance companies require patient admission for initiation of medical coverage,^[1,2] therefore many of our patients used the day care facility to satisfy this insurance requirement and also save money and time. The added advantage of the day care unit for the patient is that the patient becomes acquainted with the department and most of the departmental staff on the first day, making the remainder of treatment more comfortable.

In the department besides these four beds, we also have four other beds where admissions were not recorded. They are meant for use by our patients during initiation and continuation of treatment for the same purposes as the four beds we have described above.



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The summary of encounters at our day care from April 2014 to March 2015 (n = 504)

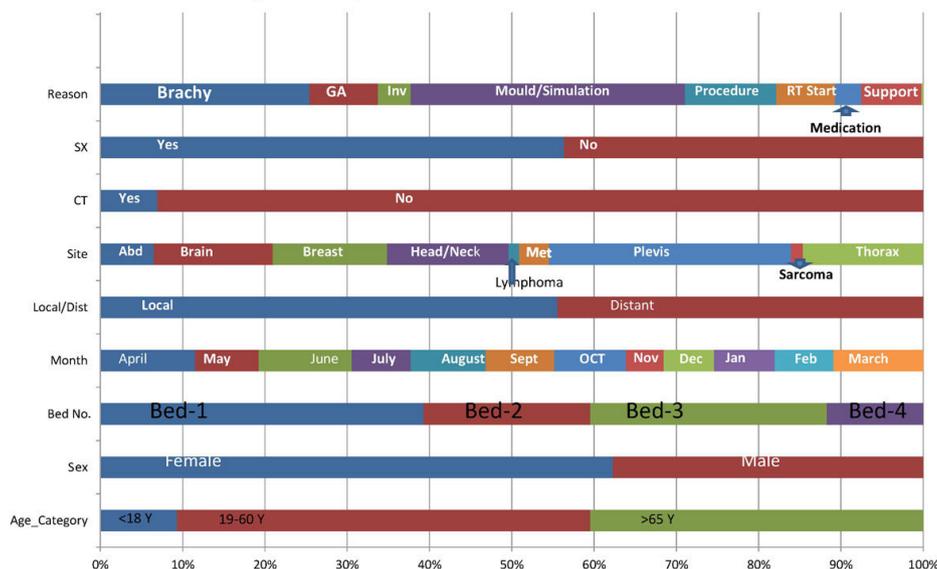


Figure 1: Reason-Reason for admission, Sx-Post surgery, GA-General anaesthesia, support-Supportive care, CT-Patient on concurrent Chemotherapy by medical oncology, Met-Treated for metastasis, Local/Distant-Measure of daily travel by patient; RT start-starting of radiation therapy. Procedure: minor invasive procedures

The day care unit remains the heart of our on-treatment patient coordination activities for several reasons. The unit helps provide personalized care to each patient in each visit, and offers suggestions for patient health problems. It also provides supportive care to patients in the form of IV fluids and injectable analgesics, under supervision. The day care unit also provides specialized procedures like brachytherapy and recovery from short-term anaesthesia.

Studies of the needs and patterns of admissions of oncology and radiotherapy patients are increasing in number. Serious needs can lead to unplanned admission for many radiation patients.^[3] The admissions in oncology are also patients who deserve serious attention.^[4] Patients who come for elective brachytherapy, radiotherapy, or simply to satisfy insurance requirements, can receive mild to moderate supportive care, which can be well managed in a fully-equipped day care unit. If needed, the patients can be shifted to an inpatient ward for further care or intervention. This approach will effectively save resources for the institution and will also be less taxing for the patients and the insurance companies.

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Conflicts of interest

There are no conflicts of interest.

Patient consent

Patient consent was obtained from the patients.

Ethics approval

This article does not contain any intervention with human participants or animals.

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