

Enhancing Staff Involvement in Radiation Oncology Quality Improvement through a Targeted QI Visitor Program

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Abstract

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Abstract

Purpose: Radiation oncology is a complex medical discipline, with safe patient treatment reliant on the coordination of a multidisciplinary team. Quality improvement (QI) programs can contribute meaningfully to departmental safety culture. For many enterprises, it is not possible for all staff to participate in QI committees (QICs). We aimed to expand staff engagement with QI activities and promote a culture of safety through a visiting staff initiative.

Methods: A visiting staff program to the monthly radiation oncology virtual QIC meetings at a multi-location network of academic and community-based radiation oncology clinics was initiated in May 2021. Before rotating, visitors received an overview of QI and safety principles and were encouraged to actively participate. To evaluate the initiative's impact, pre- and post-attendance surveys for visitors were conducted with questions scored on a Likert scale (1 = Strongly Disagree; 5 = Strongly Agree). Descriptive analyses on these surveys were performed. The 30-member standing QIC was surveyed after ten visitors had rotated to assess the value of the program.

Results: From 05/2021–07/2025, 220 staff rotated as QIC visitors. Response rates for the pre- and post-meeting surveys were 55.0% and 60.5%, respectively. Most respondents worked at a network location (69%). Among respondents, 29% were radiation therapists, 16% administrative staff, 12% physicians, 11% nursing staff, 7% physicists, 7% dosimetrists, and 2% advanced practice providers; role groups were missing for 16%. At baseline, there was agreement that a high reliability approach is important for patient safety and QI (96.7% pre and 98.5% post reported agree/strongly agree). After visiting the QIC, a greater proportion of visitors reported familiarity with QIC functions and feeling that they actively participate in patient safety (96.2% vs 56.2% and 72.2% vs 58.7% agree/strongly agree, respectively). More participants believed QI discussions were anonymous and confidential after participation than prior (72.9% vs 55.4% and 80.4% vs 69.5% agree/strongly agree, respectively). Nearly all visitors reported that they learned something new through QIC participation (91.7%), and a majority stated they may be or are interested in future participation (85.0%). Regarding qualitative responses about what visitors learned through the program, most responded "safety report analyses" (N=190); many also cited high reliability approach (N=157) and just culture framework (N=145). The standing QIC responses (N=14) overwhelmingly agreed or strongly agreed that the visitor program offered new perspectives (100.0%), was valuable (100.0%), and enhanced departmental quality and safety (92.9%).

Conclusion: The QIC visiting staff initiative was effective in strengthening safety culture, educating interdisciplinary staff, and improving transparency around QIC operations. Implementing a QI visiting staff initiative is feasible and valuable, with the potential for even greater impact in less developed QI programs.