National Radiotherapy Waiting Times Database, 2018–19; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	National Radiotherapy Waiting Times Database (NRWTD), 2018–19
METEOR identifier:	732790
Registration status:	AIHW Data Quality Statements, Standard 06/10/2020

Data quality

Data quality statement summary:

The National Radiotherapy Waiting Times Database (NRWTD) (METeOR identifier: 598445) is a compilation of data supplied to the AIHW based on the Radiotherapy Waiting Times National Minimum Data Set (NMDS) (METeOR identifier: 686202). This statement describes the quality of the data provided by participating radiotherapy providers for the period 2018–19.

Each data record contains information relating to a course of radiotherapy that began in the reference period (that is, where the waiting period associated with the course of radiotherapy ended in the reference period). The data collected includes administrative details, patient demographic characteristics and some clinical information. Data items are:

- establishment identifier
- establishment location (Australian Statistical Geography Standard 2016, SA2)
- ready-for-care date
- radiotherapy start date
- person identifier
- emergency status (yes/no)
- intention of treatment (curative, palliative, prophylactic)
- principal diagnosis (ICD-10-AM 10th edition)
- sex
- date of birth
- Indigenous status
- patient area of usual residence (SA2).

Summary of key issues:

Reporting by radiotherapy providers for this NMDS was mandatory for public providers; private providers participated on a voluntary basis. For 2018–19, data was reported by 100% of radiotherapy sites operating in the reference period.

The way in which data definitions are applied may vary, particularly the setting of the Ready-for-care date, which influences the reported waiting time for a course of treatment. These differences cannot be resolved or compensated for in this data collection. This may particularly affect comparisons of data across states and territories, and across sectors.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the [Australian Institute of Health and Welfare Act 1987](#) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a [management board](#), and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national datasets based on data from each jurisdiction, to analyse these datasets and disseminate information and statistics.

The [Australian Institute of Health and Welfare Act 1987](#), in conjunction with compliance to the [Privacy Act 1988](#), (Commonwealth) ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Public providers supplied data used in this report to state and territory health authorities. States and territories use these data for service planning, monitoring and internal and public reporting. These public radiotherapy providers may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

Some private providers that have a contract or partnership arrangement to provide services to public patients were required to participate, while other private providers (that were not obliged by a contract or a partnership agreement to participate) did so voluntarily. Some private providers submitted data directly to the AIHW, while others submitted data through their state or territory health authority.

Timeliness: The reference period for this data set is 2018–19. This includes records for all patients who started a course of radiotherapy between 1 July 2018 and 30 June 2019. These data were first published in October 2020.

Accessibility: The AIHW publishes data from this collection on its website at: http://www.aihw.gov.au.

Interpretability: Metadata information for the Radiotherapy Waiting Times NMDS is published in the AIHW's Metadata Online Registry (METeOR) at:

[/content/index.phtml/itemId/579304](#)

Relevance:	The National Radiotherapy Waiting Times Database collates information about the length of time that patients wait for radiotherapy in Australia, and key demographic and clinical information about the patients who received this treatment. The data can be used to derive information about the number of courses of radiotherapy provided in the reference period.
	The scope of the NMDS is patients who began a course of radiotherapy in the reporting period in Australia. The scope is restricted to measuring one period of time in a patient's treatment pathway, the time between being assessed as ready for care by a radiation oncologist and commencing treatment. This is not the only waiting period in a patient's treatment pathway; other waiting periods—such as the times between contacts with a general practitioner, medical oncologist, and radiation oncologist, and the time between the first consultation with a radiation oncologist and the patient becoming ready for care—are not collected.
	The data collection was created in response to a request from the Australian health ministers (via the then Australian Health Ministers' Conference) for data on the length of time people in Australia have waited for radiotherapy.
Accuracy:	Several quality issues were identified, though it is not possible to quantify their impact:

- Reporting by radiotherapy providers for this NMDS was mandatory for public providers, private providers participated on a voluntary basis. For 2018–19, all public radiotherapy sites, and all private sites operating in Australia provided data (100%).
- Providers are primarily responsible for the quality of the data they provide but the AIHW does extensive validations on the data received (e.g. data are checked for valid values and logical consistency). Potential errors are queried with data providers at the time data are loaded, and corrections and resubmissions may be made in response to these queries. The AIHW does not adjust data to account for possible data errors or for missing or incorrect values. Consequently, 431 records with negative or missing waiting times, were disregarded in the calculation of waiting times.
- South Australia has advised data on intention of treatment should be treated with caution, particularly those on prophylactic courses of treatment. There is likely to be an over-count of prophylactic courses, and an under-count in one or more of the other intention of treatment categories.
- Victoria has noted that emergency courses have not been provided for 2018–19, due to a problem with mapping from local coding systems.
- Western Australia has also noted the number of emergency courses are low and may not reflect the true count.
- Most providers mapped from patients' suburb and postcode data to the required statistical area level 2 (SA2) code, a geographical mapping code to which the socioeconomic and remoteness characteristics of the area can be assigned. This method is considered to be sufficient to identify an area of usual residence (ABS 2012). Some providers were unable to code patients' area of usual residence using full address details.
- The variation in patterns of principal diagnoses in this report may indicate data quality issues. For example, Victoria reports the primary site of the cancer, rather than the principal diagnosis associated with the course of radiotherapy. Practices and interpretation may also vary across other providers.

For Genesis CancerCare providers, where the ready-for-care date is not in the electronic record, the ready-for-care date has been derived from the date of the consultation. If this is unknown, then the simulation date is used. If neither is recorded, then the date of medical consent is assumed to be the ready–for-care date. This particularly affects Genesis Cancer Care Queensland sites in 2015–16 and in early 2016-17.

Coherence:	This is the fourth year of data collection under NMDS arrangements, though data for 2013–14 and 2014–15 were collated as pilot collection data supported by a data set specification and the 2013–14 to 2018–19 data collections are broadly comparable. It should be noted that participation by private sites rose substantially in the 2015–16 data collection (100%), compared with the 2014–15 collection (76%) and the 2013–14 data collection (47%). Participation by private provider sites in 2016–17 was 100%, in 2017–18 was 93% and in 2018–19 was 100%.

The way in which data definitions were applied might vary, particularly the setting of the ready-for-care date, which influences the reported waiting time for a course of treatment. These differences cannot be resolved or compensated for in this data collection. This may particularly affect comparisons of data across states and territories and, across sectors.

New South Wales has noted that there is likely to be some variation in emergency courses in their jurisdiction. Coding has progressively moved from a central mapping to data providers mapping from local coding systems. This is likely to affect trend comparisons of emergency courses in New South Wales.

Data products

Implementation start date: 01/07/2018

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
Steward:	Australian Institute of Health and Welfare

Relational attributes

Related metadata references:	Supersedes National Radiotherapy Waiting Times Database, 2017–18; Quality Statement AIHW Data Quality Statements, Superseded 06/10/2020
	See also Radiotherapy waiting times NMDS 2018-Health, Standard 25/01/2018
Data sources linked to this Data quality statement:	National Radiotherapy Waiting Times Database (NRWTD)