Radiotherapy waiting times DSS 2012-13

Exported from METEOR (AIHW's Metadata Online Registry)

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Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 447921

Registration status: Health, Superseded 13/11/2013

DSS type: Data Set Specification (DSS)

Scope: The main purpose of the Radiotherapy waiting times data set specification (RWT DSS) is to describe the information that must be collected to calculate the waiting times for two time periods in the treatment pathway for radiotherapy services in Australia:

1. The time between the date a patient's first referral is received at a particular establishment by a radiation oncologist to the date of that patient's first consultation at that establishment with a radiation oncologist; and
2. The time between the patient's ready-for-care date and the date of the first megavoltage external beam radiotherapy treatment.

Establishments in scope are only those healthcare establishments that provide megavoltage external beam radiotherapy treatment (in-scope radiotherapy treatment). Both public and private establishments are in scope. It is desirable for both public establishments and private establishments to report data to the DDS.

The scope is not limited by diagnosis: it includes people with cancer (notifiable and non-notifiable) and people who do not have cancer.

People in scope are those who, within the reference period:

- had a first consultation at a particular establishment with a radiation oncologist, but did not start a course of radiotherapy treatment (regardless of whether treatment was prescribed) (consult only—related to wait time period 1 above); or
- had a first consultation at a particular establishment with a radiation oncologist and started a course of radiotherapy treatment (consult + treatment—related to wait time periods 1 and 2 above); or
- started a course of radiotherapy treatment but whose first consultation at that establishment with a radiation oncologist was in a previous reference period (treatment only—related to wait time 2 above).

For public establishments, all in-scope activity should be reported, including services provided by specialists operating under right of private practice arrangements.

Collection and usage attributes

Statistical unit:

1. First consultations at an establishment with a radiation oncologist;
2. Courses of radiotherapy treatment started.

Guide for use: The table below defines some key concepts used in the Radiotherapy waiting times DSS. It is assumed that data submitted to the Radiotherapy waiting times DSS adhere to these definitions. These definitions do not necessarily apply to other data sets.

Key concept	Definition
Course of radiotherapy treatment	A course of radiotherapy treatment is a series of one or more radiotherapy treatments prescribed by a radiation oncologist. A course of radiotherapy treatment should have an associated ready-for-care date and, when treatment starts, a radiotherapy start date. A patient can receive more than one course of radiotherapy treatment at the same time (i.e. courses which are simultaneous or which overlap). These courses may have the same or different ready-for-care dates and the same or different radiotherapy start dates. Only a radiation oncologist can prescribe a course of radiotherapy treatment. A prescription is not equal to a course of radiotherapy treatment. A prescription may be for one or more courses of radiotherapy treatment. A prescription outlines the anatomical region/sites to be treated and is for a prescribed dose at a defined volume (fractionation) over a defined period of time. One course of radiotherapy treatment may cover multiple phases and multiple treatment plans. The completion of a course of radiotherapy treatment is not relevant to the definition of a course of radiotherapy treatment.
Diagnosis	Diagnosis may be described either by the principal diagnosis and primary site of cancer (where radiotherapy is intended as treatment for cancer), or by the principal diagnosis of the disease being treated (where radiotherapy is intended as treatment for a disease other than cancer).
Treatment start	Treatment starts with the first fraction delivered and does not include the planning or simulation stages of radiotherapy.

The statistical unit will be calculated by the AIHW for time periods 1 and 2 (see Scope above) using the following data elements:

For waiting period 1, AIHW will calculate the time in days between 'Health service event—service request received date, DDMMYYYY' and 'Health service event—first service contact date, DDMMYYYY'.

For waiting period 2, AIHW will calculate the time in days between 'Patient—ready-for-care date, DDMMYYYY' and 'Patient—radiotherapy start date, DDMMYYYY'.

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

Source and reference attributes

Submitting organisation: NHISSC Radiotherapy Waiting Times Working Group

Relational attributes

Related metadata references:	Has been superseded by Radiotherapy waiting times DSS 2013-15 Health, Superseded 13/11/2013

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Address—statistical area, level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
	DSS specific information: In the Radiotherapy waiting times DSS, this data element describes the geographic code that indicates the service provider organisation's geographic location.		
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Health service event—first service contact date, DDMMYYYY	Conditional	1
	Conditional obligation: Every record must contain either this item or Patient—radiotherapy start date, DDMMYYYY. ***DSS specific information:*** This is the date of the patient's first ever consultation at a particular establishment with a radiation oncologist. Subsequent consultations the patient has at the same establishment (with the same or different radiation oncologist or for the same or a new diagnosis) are not within scope of the RWT DSS.		
-	Health service event—service request received date, DDMMYYYY	Conditional	1
	Conditional obligation: This item must be completed if Health service event—first service contact date, DDMMYYYY exists. ***DSS specific information:*** This is the date on which the service request/referral for a patient's first ever consultation at a particular establishment with a radiation oncologist was received by the radiation oncologist.		

Seq No.	Metadata item	Obligation	Max occurs
-	Patient—clinical emergency indicator, yes/no code N	Conditional	1

Conditional obligation:

This item must be completed if Patient—radiotherapy start date, DDMMYYYY exists.

DSS specific information:

Assigning the clinical urgency category is a clinical decision by the radiation oncologist.

Individual service providers may use various more detailed clinical urgency sub-categories to assist in prioritising patients for treatment (e.g. semi-urgent, routine, etc), all of these sub-categories should be mapped to one of the two urgency categories provided.

If the emergency status of a course of radiotherapy treatment changes during the planning or delivery of a course of radiotherapy treatment, the new status should be reported, not the original. Each separate course delivered to a patient may have a different emergency status.

-	Patient—intention of treatment, code N	Conditional	1

Conditional obligation:

This item must be completed if Patient—radiotherapy start date, DDMMYYYY exists.

DSS specific information:

This data element records the intention of treatment for the course of radiotherapy.

Assigning the intention of treatment is a clinical decision by the radiation oncologist.

Individual service providers may use various more detailed sub-categories of intention of treatment, these sub-categories should be mapped to one of the categories in this data element.

If the intention of a course of radiotherapy treatment changes during the planning or delivery of a course of radiotherapy treatment, the new intention of treatment should be reported, not the original intent of treatment. Separate courses delivered to a patient may have different intentions of treatment.

-	Patient—principal diagnosis, (ICD-10-AM 7th edn) ANN{.N[N]}	Mandatory	1

DSS specific information:

For patients with cancer, this data element should record secondary (metastatic) site of cancer where the principal diagnosis is for a secondary (metastatic) cancer. If the principal diagnosis is for a primary site of cancer, this data element should be the same as the Person with cancer—primary site of cancer, code (ICD-10-AM 7th edn) ANN{.N[N]}

For patients who do not have cancer, this data element should record a non-cancer related ICD-10-AM code as the principal diagnosis.

-	Patient—radiotherapy start date, DDMMYYYY	Conditional	1

Conditional obligation:

Every record must contain either this item or Health service event—first service contact date, DDMMYYYY.

-	Patient—ready-for-care date, DDMMYYYY	Conditional	1

Conditional obligation:

This item must be completed if Patient—radiotherapy start date, DDMMYYYY.

DSS specific information:

The purpose of collecting the ready-for-care date in the RWT DSS is to enable the calculation of waiting times for radiotherapy treatment.

Illustrative guidelines and examples of how to determine a ready-for-care date are included below.

Category A: Factors that are expected to influence the ready-for-care date

Patients are ready for care on the date on which the Radiation Oncologist and the patient agree to radiotherapy treatment, unless:

1. the radiation oncologist considers treatment should not commence because the patient requires other treatment prior to radiotherapy. This prior treatment may be for the same morbidity as the intended radiotherapy or a co-morbidity. Examples of prior treatments include: hormone therapy, chemotherapy, surgery, other types of radiotherapy (such as brachytherapy), dental work. This excludes treatments that would not have been necessary if the patient could have been treated by their ready-for-care date, for example, using chemotherapy to prevent tumour progression during the waiting time (see example scenarios i and v below); and/or
2. the radiation oncologist considers treatment should not commence because the patient is in a post-operative, post-chemotherapy or other type of healing phase; and/or
3. the radiation oncologist must wait for the results of a test or other information, which are required as part of the decision making process to set a ready-for-care date. For example: a patient has had previous radiotherapy and access to detailed information on what was previously treated needs to be established before a decision can be made on how to proceed, or a patient has had insufficient clinical work up before referral; and/or
4. a delay is requested by the patient, or the patient delays their decision to agree to treatment (see example scenario ii); and/or
5. the patient declines radiotherapy treatment (in this case, there is no ready-for-care date).

In situations 1 to 4, above, the ready-for-care date is the first date the patient is ready for care following these delays. In situation 5, above, the patient is not given a ready-for-care date.

Category B: Factors that are not expected to influence the ready-for-care date

The following are delays not expected to influence the ready-for-care date. Therefore, the patient is ready-for-care on the date on which the Radiation Oncologist and the patient agree to radiotherapy treatment, or the first date following a category A delay as listed above, even though:

1. the service is not usually open on that day (e.g. weekends and public holidays) (see example scenario iii); and/or
2. the service does not usually start courses of radiotherapy treatment on that day (e.g. Fridays) (See example scenario iii); and/or
3. the service cannot provide treatment on that day for other reasons either within or outside the control of the service (e.g. waiting lists, staff shortages, equipment unavailability or breakdown, industrial action, etc.) (see example scenario ii); and/or
4. the necessary preparatory activities involved in planning and simulation such as imaging and tests have not been completed by that day, assuming that these tests are not required to make a decision about the ready-for-care date (see example scenario iv); and/or
5. the patient might become temporarily not ready for care due to a category A delay which occurred after previously being ready for care. This includes situations where the patient is referred to other treatments (e.g.

chemotherapy or hormone therapy) which are used to fill the gap in treatment caused by waiting times for radiotherapy. In this situation, the alternative treatments would not have been necessary if the patient did not have to wait for radiotherapy (see example scenario v).

Changing the ready-for-care date

Once a ready-for-care date is set, the only justification for changing it is if one or more of the category A delays described above occur on or before the ready-for-care date. For example, if a patient takes a longer or shorter time than anticipated to heal from pre-radiotherapy surgery, the ready-for-care date may be changed to reflect this. If one or more of these delays happens after the ready-for-care date, the ready-for-care date should remain unchanged. This reflects the fact that had the patient been able to receive radiotherapy as soon as they were ready for care, the second delay would not have occurred.

The exception to this rule is where there is a change to either the urgency or intent of treatment; in this case the ready-for-care date should be adjusted to reflect the new clinical assessment of the ready-for-care date.

Example scenarios

Example scenario i: During a consultation on 18 June, a radiation oncologist recommends radiotherapy and their patient agrees to this treatment. There are no category A delays, meaning that the patient's ready-for-care date is 18 June. However, there is a waiting time of 40 days to start a course of radiotherapy treatment. This is clinically unacceptable to the radiation oncologist, so the patient is prescribed chemotherapy to fill the gap caused by the wait for radiotherapy. However, chemotherapy is not the first choice for treatment and would not have been prescribed if radiotherapy had been available within a clinically acceptable timeframe. Therefore, the patient's ready-for-care date does not change—it remains 18 June. The period where the patient is having chemotherapy, and the subsequent recovery period, has no bearing on the ready-for-care date.

Example scenario ii: During a consultation on 9 August, a radiation oncologist recommends radiotherapy and their patient agrees to this treatment. Although the patient is medically ready for treatment, family and work obligations result in the patient requesting a delay of 10 days. The ready-for-care date is therefore 19 August. The service provider has no appropriate timeslots for starting the course of radiotherapy treatment until a further 20 days after the ready-for-care date. The ready-for-care date remains 19 August, with the delay until the start date unrelated, in this case, to the patient's requested delay.

Example scenario iii: A clinician determines that a patient requires surgery prior to radiotherapy. The expected recovery time for the surgery is 10 days. The first date after the 10-day healing phase is 30 November and this date is the patient's ready-for-care date. This date happens to be a Friday. For this patient, there is a clinical requirement that the first 5 days of treatment be on consecutive days, however the service is not open on the weekend, therefore the service cannot offer to start the course of radiotherapy treatment until the following Monday. This is a category B delay, therefore, the ready-for-care date should remain the date of the Friday 30 November.

Example scenario iv: A patient is deemed ready for care at a consultation with a radiation oncologist on 23 February. There are no category A delays. Therefore the patient's ready-for-care date is 23 February. If pre-treatment planning and simulation for that patient takes 7 days to complete, the ready-for-care date remains 23 February. The ready-for-care date is not moved 7 days later.

Example scenario v: A radiation oncologist deems a patient will be ready for care on 29 March. Treatment is not available on 29 March and the start date is planned to be 18 April. On 6 April the patient becomes not ready for care for 20 days (regardless of whether this reason is category A (e.g. treatment for another health condition) or category B (e.g. the patient is sent for other treatment to relieve symptoms while they wait for radiotherapy)). On 26 April the patient becomes ready for care once again. This does not change the ready-for-care date. That is, the time between the ready-for-care date and the start of a course of radiotherapy treatment can include a period where the patient is not ready for care. The rationale for this is that had the patient received radiotherapy treatment

Seq No.	Metadata item	Obligation	Max occurs
	on the ready-for-care date (i.e. before the period when the patient became not ready for care), the delay caused by the period of being not ready for care would not have occurred.		
-	Person with cancer—primary site of cancer, code (ICD-10-AM 7th edn) ANN{.N[N]} ***Conditional obligation:*** This data element should be provided for all patients receiving services for a cancer-related diagnosis.	Conditional	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1