

Patient—ready-for-care date, DDMMYYYY

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Ready-for-care date
METEOR identifier:	448141
Registration status:	<ul style="list-style-type: none">• Health, Standard 07/12/2011• WA Health, Standard 19/03/2015
Definition:	The date, in the opinion of the treating clinician, on which a patient is ready to commence treatment, expressed as DDMMYYYY.
Data Element Concept:	Patient—ready-for-care date

Value domain attributes

Representational attributes

Representation class:	Date
Data type:	Date/Time
Format:	DDMMYYYY
Maximum character length:	8

Data element attributes

Relational attributes

Implementation in Data Set Specifications: [Radiotherapy waiting times DSS 2012-13Health](#), Superseded 13/11/2013

Implementation start date: 01/07/2012

Implementation end date: 30/06/2013

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 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.

[Radiotherapy waiting times DSS 2013-15Health](#), Superseded 13/11/2013

Implementation start date: 01/07/2013

Implementation end date: 30/06/2015

DSS specific information:

The purpose of collecting the ready-for-care date in the Radiotherapy waiting times 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 below); 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 below); and/or
2. the service does not usually start courses of radiotherapy treatment on that day (e.g. Fridays) (see example scenario iii below); 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 below); 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 below); 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 below).

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, i.e. 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 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.

[Radiotherapy waiting times NMDS 2015-2018Health](#), Superseded 25/01/2018

Implementation start date: 01/07/2015

Implementation end date: 30/06/2018

DSS specific information:

The purpose of collecting the ready-for-care date in the Radiotherapy waiting times NMDS 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 below); 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 below); and/or
2. the service does not usually start courses of radiotherapy treatment on that day (e.g. Fridays) (see example scenario iii below); 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 below); 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 below); 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 below).

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, i.e. 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 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.

[Radiotherapy waiting times NMDS 2018-ACT Health \(retired\)](#), Candidate
08/08/2018
[Health](#), Standard 25/01/2018

DSS specific information:

The purpose of collecting the ready-for-care date in the Radiotherapy waiting times NMDS 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) and 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 below); 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 below); and/or
2. the service does not usually start courses of radiotherapy treatment on that day (e.g. Fridays) (see example scenario iii below); 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 below); 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 below); 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 below).

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, i.e. 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 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.

[WA Health Non-Admitted Patient Activity and Wait List Data Collection \(NAPAAWL DC\) 2013-14WA Health](#), Standard 19/03/2015

DSS specific information:

In the NAPAAWL DC this data item has:

- Synonymous name: PER_READY_CARE_DATE
- Short name: Ready for care date.

[WA Health Non-Admitted Patient Activity and Wait List Data Collection \(NAPAAWL DC\) 2014-15WA Health](#), Standard 24/04/2015

DSS specific information:

In the NAPAAWL DC this data item has:

- Synonymous name: PER_READY_CARE_DATE
- Short name: Ready for care date.

[WA Health Non-Admitted Patient Activity and Wait List Data Collection \(NAPAAWL DC\) 2016-17WA Health](#), Standard 30/05/2017

DSS specific information:

In the NAPAAWL DC this data item has:

- Synonymous name: PER_READY_CARE_DATE
- Short name: Ready for care date.

Implementation in Indicators:

[National Healthcare Agreement Pla: Proportion of emergency radiotherapy treatment started within the emergency timeframeHealth](#), Qualified 12/01/2016

[National Healthcare Agreement Plb: Waiting times for non-emergency radiotherapyHealth](#), Qualified 12/01/2016