Radiotherapy waiting times NMDS 2015-2018

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Identifying and definitional attributes

Metadata item type: Data Set Specification

METEOR identifier: 579304

Registration status: Health, Superseded 25/01/2018

DSS type: National Minimum Data Set (NMDS)

Scope: The main purpose of the Radiotherapy waiting times national minimum data set (RWT NMDS) is to describe the information that must be collected to calculate the waiting times for the following time period in the treatment pathway for radiotherapy services in Australia:

> 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. While it is mandatory for public establishments to report data to the national minimum data set (NMDS), private providers are also encouraged to participate.

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 started a course of radiotherapy treatment within the reference period.

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: Courses of radiotherapy treatment started.

Guide for use: The table below defines some key concepts used in the Radiotherapy waiting times NMDS. It is assumed that data submitted to the Radiotherapy waiting times NMDS 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 is described either by the principal diagnosis (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 period (see Scope above) using the following data elements:

The time in days between Patient—ready-for-care date, DDMMYYYY and Patient—radiotherapy start date, DDMMYYYY.

Implementation start date: 01/07/2015

Implementation end date: 30/06/2018

Comments: *Glossary items*

Glossary terms that are relevant to this National minimum data set are included here.

Course of radiotherapy treatment

Radiotherapy

Source and reference attributes

Submitting organisation: NHISSC Radiotherapy Waiting Times Working Group

Relational attributes

Related metadata references:

Supersedes Radiotherapy waiting times DSS 2013-15
Health, Superseded 13/11/2013

Has been superseded by Radiotherapy waiting times NMDS 2018-
Health, Standard 25/01/2018

See also National Radiotherapy Waiting Times Database, 2015–16; Quality Statement
AIHW Data Quality Statements, Superseded 16/07/2018

See also National Radiotherapy Waiting Times Database, 2016–17; Quality Statement
AIHW Data Quality Statements, Superseded 06/08/2019

See also Person with cancer—clinical emergency indicator, code A
WA Health, Standard 19/03/2015

See also Person with cancer—intention of treatment, code AAA
WA Health, Standard 19/03/2015

See also Statistical Area Level 1 of usual residence National Best Endeavours Data Set 2016-17
Health, Superseded 28/02/2017

See also Statistical Area Level 1 of usual residence National Best Endeavours Data Set 2017-18
Health, Superseded 25/01/2018

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Address—statistical area, level 2 (SA2) code (ASGS 2016) N(9) ***DSS specific information:*** In the Radiotherapy waiting times NMDS, this data element describes the geographic code that indicates the service provider organisation's geographic location. In the Radiotherapy waiting times NMDS, the Classification scheme for this data element did not come into effect until the 2016-17 collection year. Prior to this the Australian Statistical Geography Standard 2011 was used.	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Patient—clinical emergency indicator, yes/no code N ***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 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.	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Patient—intention of treatment, code N	Mandatory	1

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 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 9th edn) ANN{.N[N]}	Mandatory	1
-	Patient—radiotherapy start date, DDMMYYYY	Mandatory	1
-	Patient—ready-for-care date, DDMMYYYY	Mandatory	1

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.

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	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

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	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.		
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2016) N(9) ***DSS specific information:*** In the Radiotherapy waiting times NMDS, the Classification scheme for this data element did not come into effect until the 2016-17 collection year. Prior to this the Australian Statistical Geography Standard 2011 was used.	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