

National Radiotherapy Waiting Times Database, 2016–17; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	National Radiotherapy Waiting Times Database (NRWTD), 2016–17
METEOR identifier:	696042
Registration status:	AIHW Data Quality Statements , Superseded 06/08/2019

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: [579304](#)). This statement describes the quality of the data provided by participating radiotherapy providers for the period 2016–17.

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 2011, 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 9th 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; all private providers also participated on a voluntary basis.

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.

The state and territory health authorities received the data used in this report from public radiotherapy providers. 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 2016–17. This includes records for all patients who started a course of radiotherapy between 1 July 2016 and 30 June 2017. These data were first published in July 2018.

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:

- For 2016–17, all public radiotherapy sites, and all private sites operating in Australia provided data. This makes coverage of the radiotherapy courses that began in the reference period 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, 250 records with negative or missing waiting times, mostly from the private sector, were disregarded in the calculation of waiting times.
- Reporting by radiotherapy providers for this NMDS was mandatory for public providers, and all private providers also participated on a voluntary basis. 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.
- 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 there is likely to be some under-count of emergency courses in their jurisdiction. Some codes have been mapped by data providers from local coding systems, such as Emergency status in Victoria. This practice has led to possible under-identification of emergency courses in Victoria.
- 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.
- In 2013–14 and 2014–15, data for public and private service providers in Victoria were contributed on a different basis to other data suppliers—Victoria provided data for courses of radiotherapy that ended (not started) in those collection periods. Whilst reported on a different basis, these data are considered broadly equivalent to data contributed by other data suppliers. However some care is needed in comparing 2015–16 data (which was provided for courses that began in the period) with 2014–15 and 2013–14 data for Victorian public providers. In addition, there was an under-count of

courses for Victorian public providers in 2013–14, due to the non-inclusion of records where courses started prior to the reference period.

- In 2013–14 and 2014–15, public provider activity in South Australia was under-counted due to technical issues with the data extraction process. Waiting times in South Australia for those years may also have been affected by data quality issues associated with the setting of ready-for-care dates, particularly for breast and prostate cancers. So caution should be used when comparing 2015–16 and 2016–17 data with 2014–15 data for South Australia (2013–14 waiting times data for South Australia were not published).
- 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.
- 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

Coherence:

This is the second 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. The 2013–14, 2014–15, 2015–16 and 2016–17 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%). Private participation in 2016–17 was also 100%.

South Australia noted that the decrease in activity (decrease in total number of courses reported) in South Australia between 2015–16 and 2016–17 was due to the move of the site of the Royal Adelaide Hospital in September 2017.

Caution is required when comparing data over time for Victoria and South Australia due to data quality issues as outlined in the Accuracy section above.

Data products

Implementation start date: 01/07/2016

Source and reference attributes

Submitting organisation: AIHW

Relational attributes

Related metadata references:

Supersedes [National Radiotherapy Waiting Times Database, 2015–16: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 16/07/2018

Has been superseded by [National Radiotherapy Waiting Times Database, 2017–18: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 06/10/2020

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

See also [Radiotherapy waiting times NMDS 2018-Health](#), Standard 25/01/2018