

Radiation Therapy: Referral to First Consultation (Radiation Oncologist)

Name and Definition

Full Name	Access to Cancer Treatment – Radiation Therapy The maximum time that nine out of ten people will wait (in weeks) from referral to the time of their first appointment with a radiation oncologist, by facility	
Short Name	Radiation Therapy: Referral to First Consultation (Radiation Oncologist)	
Definition	The number of days from the date that a referral was received from a physician outside a cancer facility (e.g. family physician or surgeon) to the date that the first consult with a radiation oncologist occurred.	
Domain	Health Services Delivery	
Dimension		
Acceptability	Efficiency	Appropriateness
Yes	Yes	Yes
Effectiveness	Accessibility	Safety
No	Yes	No
Category of Measure	Strategic	
Type of Measure	Process Measure	
Other Comments / Notes		

Context

Business Context	AHS Strategic Direction AHS 2010 – 2015 Health Plan: Improving Health for All Albertans Becoming the Best: Alberta's 5-Year Health Action Plan 2010-2015
Rationale	There are three indicators that are relevant and important for the above definition: <ul style="list-style-type: none"> • The percentage of patients who had their first consult that met the 4 week benchmark • Number of weeks by which 50% of patients had their first consult • Number of weeks by which 90% of patients had their first consult <p>The purpose of these indicators is to provide a high-level perspective of how quickly patients who had a consult with a radiation oncologist over a given time period of interest received it from the date they were referred from an external physician.</p>
Notes for Interpretation	Currently there are three facilities that provide radiation therapy: Cross Cancer Institute, Tom Baker Cancer Center, and Lethbridge (opened late June 2010) that are included in reporting. Reporting for Lethbridge will commence in January 2011. Two more facilities will open over the next couple years as part of the RT Corridor project: one in Red Deer and the other in Grande Prairie. These sites will be added to the reporting once they have 3 full months of data.
Organizational Strategy	Evaluation of radiation therapy service processes and capacity (space and human resources).
Benchmark Comparisons	The national benchmark is 2 weeks. The 2012/2013 target in Alberta is 3 weeks. This will become 2 weeks in fiscal year 2013/14.
Cited References	The national benchmark is based on recommendations from the Canadian Association Radiation Oncologists.

Technical Specifications

Metric	Percentage and number of days
Preferred Display Format	99.9% and 9,999
Numerator	Number of consultations that occurred within 28 days of the corresponding referral date.
Inclusion Criteria for Numerator	Consultations with radiation oncologists that occurred in the time period of interest that were within 28 days (i.e., 27 days or fewer) of their referral date.
Exclusion Criteria for Numerator	Consultations that occurred in the time period of interest that were 28 days or more after their referral date. In the case of patients who had more than one consult in the reporting period but only one referral date (i.e., referral followed by two consultations (e.g. one by a medical

Performance Measure Definition

oncologist and one by a radiation oncologist)) the second consult (and later) is (are) not counted.

Data Source(s) for Numerator Raw data collection is via the cancer electronic medical record, ARIA. Report generation is via the cancer data warehouse.

Refresh Rate for Numerator Weekly

Data Steward for Numerator Alberta Health Services.

Denominator Number of patients who had their first consult with a radiation oncologist within the reporting time period.

Inclusion Criteria for Denominator Patients who had their first consult with a radiation oncologist within the reporting time period.

Exclusion Criteria for Denominator In the case of patients who had more than one consult in the reporting period but only one referral date (i.e., referral followed by two consultations (e.g. one by a medical oncologist and one by a radiation oncologist)) only the first consult is counted.

Data Source(s) for Denominator Raw data collection is via the cancer electronic medical record, ARIA. Report generation is via the cancer data warehouse.

Refresh Rate for Denominator Weekly

Data Steward for Denominator See above comment for "Data Steward for Numerator"

Technical Notes Both a referral date and a consult date have to be present in the data to be counted in these indicators. There are some complicated scenarios that arise in the data either due to scheduling errors, legitimate need for a patient to see multiple oncologists for consultations or from multiple external referrals in a short time period due to multiple cancer diagnoses.

A consult is considered a "first consult after the referral" if it meets the following criterion: There is no other consult between the consult in question and the most proximal referral date prior to the consult in question.

Calculation

1. Percent within 28 days is calculated by the number who had a consult in 27 days or less from their referral date divided by the total number of patients who had a consult with a radiation oncologist within the time period of interest.
2. 50th% is calculated by identifying the number of elapsed days since the referral date by which time half of the patients who had a consult with a radiation oncologist in the time period had received it.
3. 90th% is calculated by identifying the number of elapsed days since the referral date by which time 90% of the patients who had a consult with a radiation oncologist in the time period had received it.

Relationship to Other Indicators As listed under Calculation, there are three indicators for the interval "time from referral to first consultation with a radiation oncologist," % seen within the benchmark, median time and 90th percentile time.

Level of Reporting	National	No	Provincial	Yes	Zone	No	Site	Yes
---------------------------	-----------------	----	-------------------	-----	-------------	----	-------------	-----

Reporting Notes

Frequency of Reporting	Annually	No	Quarterly	No	Monthly	Yes	Other	No
-------------------------------	-----------------	----	------------------	----	----------------	-----	--------------	----

Other Reporting Frequency

Limitations As a high level indicator, it does not reflect patient "appropriate" care, as appropriateness should take into account the urgency of each patient's need for treatment.

Prior to September 2010, the main completeness issue for this indicator was missing referral dates. We have QA reports that are run regularly to identify missing data and in the summer 2010 we conducted a short-term project to develop a provincial manual for collecting referral and first consult dates. Re-training occurred at all cancer facilities in September-November 2010. Monitoring for missing data will continue to ensure the manual and re-training were successful.

Fairly good validity, however, not all patients need to have a consult with the same urgency. Sometimes a longer time period is reasonable depending on the type/stage of cancer. Urgency of treatment is not reflected in the above measures.

Performance Measure Definition

Data are available approximately two weeks after the end of the month.

Reliability is comparable from the beginning of the 2008/2009 fiscal year.

Planning Documents

Reference Documents

Name	Business Planning Document URL
AHS Health Plan	http://www.albertahealthservices.ca/3238.asp
AHS Strategic Direction	http://www.albertahealthservices.ca/org/ahs-org-strategic-direction.pdf
Alberta's 5-year Health Action Plan	http://www.health.alberta.ca/documents/Becoming-the-Best-2010.pdf