

Radiation Oncology Waitlist Data

Business Rules

1. Opening Statement

The purpose of collecting Radiation Oncology (RO) waitlist data is to increase visibility of patient wait times for public departments across the country. These business rules are intended to improve data accuracy, reliability, and consistency across sites, giving increased confidence when decision making.

Sector endorsement and implementation of consistent business rules will increase the likelihood of automating this data collection in the future.

Reporting of this data should be undertaken with a level of caution as it may not be representative of service arrangements which may be in place to manage waitlists (e.g. use of locums, outsourcing, additional clinics and/or staff working extended hours/shifts).

2. Definitions

FSA Definitions

First Specialist Assessment (FSA)	An FSA is a patient's first assessment by a registered medical practitioner of registrar level or above, or a registered nurse practitioner for a particular referral (or with a self-referral, for a discrete episode). The service is provided in ward and/or designated outpatient clinic or by telehealth. Excludes ED and outpatient attendances for pre-admission assessment/screening (National Collections). A new FSA is required if it has been more than 6 months since the date of discharge. Note: If a patient has a second unrelated cancer, this should be counted as a new FSA.
Date of receipt of referral	The date the referral for radiation oncology opinion is initially received into the radiation oncology service.
FSA prioritisation category	A categorisation used to prioritise booking a first specialist assessment (Table 1.0).
Date of FSA	The date of a patient's first assessment with a specialist.
FSA wait time	The number of days from the 'date of receipt of referral' until the 'date of first specialist assessment'.

Treatment Definitions

Radiation therapy treatment	A completed course of radiation therapy treatment.
Decision-to-treat date	The date on which the treatment was agreed between the patient and the clinician responsible for the first treatment. This will be day 0 when calculating waiting times.
Surrogate for decision-to-treat date	Date planning booking requested The date a planning (simulation) booking is requested in the radiation oncology system – signaling intent to treat with a radiation therapy.
Treatment prioritisation category	A categorisation used to prioritise the start of a treatment (Table 2.0).
Treatment intent	The intent of the cancer treatment for a particular patient e.g. curative or palliative.
Date of first radiation therapy treatment	The date of the first delivered dose in a course of treatment, for a particular patient.
Treatment wait time	The number of days from the 'Decision-to-treat date' until the patient received their first treatment.

Other Definitions

Ready-for-care date	The date a patient is physically ready to commence treatment, set by the clinician responsible for the first treatment. Note: Takes into consideration both clinical (e.g. post-operative healing) and patient factors.
Follow up	A subsequent appointment, following the first specialist assessment for a patient who has not been discharged from the service for longer than 6 months.

Refer to [Appendix 1](#) for High-Level Data Flow Diagram.

3. FSA Categories & Definitions

Table 1.0 - FSA categories and definitions with examples of tumour types.

FSA Category	FSA Definition	*Examples
1 Immediate	See within 24 hours Responsive cancers where patients are severely symptomatic or rapid progression documented – where if not treated quickly will suffer serious morbidity, threat to life, or loss of function.	Equivalent to treatment category A
2 Urgent	See within 5 working days Urgent palliative treatment	• Uncontrolled pain • Symptomatic brain metastasis
3 Semi-urgent	See within 10 working days • Cancers which are known to be responsive and may have compromised survival if delayed. • Palliative treatment / progressive symptoms	Equivalent to treatment category B or C (palliative)
4 Routine	See within 20 working days • Curative treatment (which are not categorised into 3 Semi-urgent).	Equivalent to treatment category C (curative) - <u>including</u> ductal carcinoma in situ (DCIS) breast patients.
5 Planned Delay	Planned delay based on treatment care plan (i.e. neoadjuvant chemotherapy or surgery).	Equivalent to treatment category D • Breast • Prostate (e.g. awaiting transurethral resection of prostate (TURP) or fiducial marker insertion)
6 Benign	See within 80 working days <i>ESPI 5 (120 days)</i> Benign disease	Equivalent to treatment category E • Thyroid eye disease • Dupuytren's disease
7 Advice	• Further assessment and/or management required. • Conditions not requiring or unlikely to benefit from radiation therapy treatment.	Patient transferred for follow up only OR not otherwise covered above

**To note these are examples of tumour types (not an exclusive list) and is not a substitute for clinical decision making.*

4. FSA Waitlist Data Rules

Waiting for FSA beyond guidelines

The proportion of patients waiting beyond FSA guidelines is calculated based on the “Total patients waiting beyond guidelines” divided by “Total patients waiting for FSA (with timeframe specified)”.

It is recommended the following FSA categories are included within waitlist data:

- Total patients waiting beyond guidelines: Category 1 to 4 + 6
- Total patients waiting for FSA (with timeframe specified): Category 1 to 4 + 6

Note: Category 5 + 7 are excluded as they are on a planned delay based on treatment care plan and/or advice.

Waiting for FSA

The total number of patients who are waiting for an FSA appointment. A raw number inclusive of all FSA categories (Category 1 to 7).

5. Treatment Categories & Definitions

Table 2.0 - Treatment categories and definitions with examples of tumour types.

Treatment Category	Treatment Definition	*Examples
Category A	Treat within 24 hours Urgent radiation therapy treatment where patients are severely symptomatic or rapid progression documented.	Indications: • Spinal cord compression • Respiratory compromise (i.e. trachea-bronchial compromise or superior vena cava obstruction) • Cardiovascular compromise (i.e. uncontrolled haemorrhage)
Category B	Treat within 10 working days • Cancers which are known to be responsive and may have compromised tumour control (i.e. worsening prognosis/compromised cure) if not treated promptly.	• Head and neck • Brain • Lung • Oesophagus • Cervix • Bladder • Sarcoma • Rectum followed by immediate surgery (i.e. RAPIDO)
Category C (palliative intent)	Treat within 10 working days All palliative treatments (which are not categorised into category A)	• Bone metastasis • Whole brain • Oligometastasis
Category C (curative intent)	Treat within 20 working days All curative treatments (which are not categorised into category B or D)	• Post-operative endometrium • Breast including DCIS (no neoadjuvant chemotherapy) • Prostate (concurrent OR no hormones) • Rectum followed by chemotherapy (i.e. OPRA) • Oligometastasis
Category D	Combined modality treatment Determined by scheduling of the two treatment modalities (i.e. sequential chemo-radiation, planned surgery, hormones).	• ***Neoadjuvant breast (chemotherapy) • Neoadjuvant prostate (hormones)
Category E	Treat within 80 working days <i>ESPI 5 (120 days)</i> Benign disease	• Dupuytren's disease • Acoustic neuroma

**To note these are examples of tumour types (not an exclusive list) and is not a substitute for clinical decision making.*

**** For neoadjuvant breast patients, best practice would recommend commencement of radiation therapy treatment within 4-6 weeks of last chemotherapy cycle.*

6. Treatment Waitlist Data Rules

Waiting for treatment beyond guidelines

The proportion of patients waiting beyond treatment guidelines is calculated based on the “Total patients waiting beyond guidelines” divided by “Number of patients waiting to start treatment (with timeframe specified)”.

It is recommended the following treatment categories are included within waitlist data:

- Total patients waiting beyond guidelines: Category A to C + E
- Number patients waiting to start treatment (with timeframe specified): Category A to C + E

Note: Category D are excluded as they are receiving combined modality treatment – determined by scheduling of the two treatment modalities.

Waiting for treatment

The total number of patients who are waiting for radiation therapy treatment. A raw number inclusive of all treatment categories (Category A to E).

7. Waitlist Threshold

At a department level - guidance on what is an acceptable waitlist, with action and/or management plans once a waitlist reaches the threshold level is documented below.

To be assessed at 9am on a Monday (or 9am Tuesday if stat day).

FSA Waitlist Threshold

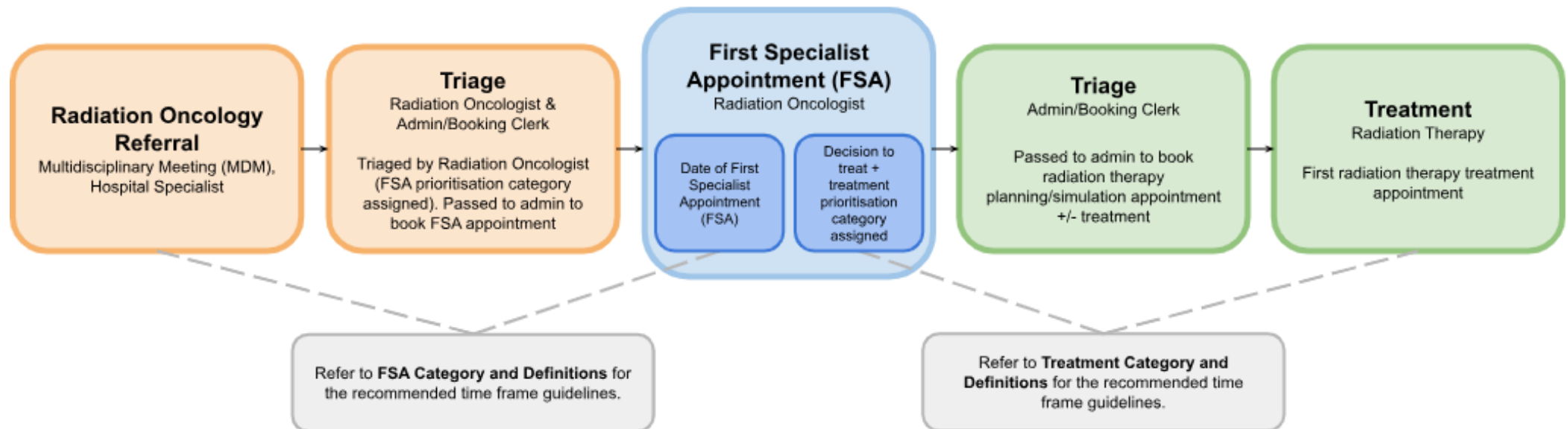
Trigger	Threshold Level	Action and/or management
Green status	The number of accepted FSA referrals is less than or equal to the number of available FSA appointments in a month.	No action required
Amber alert	The number of accepted FSA referrals exceeds the number of available FSA appointments in a month.	• Close internal monitoring • Exploration into reason waitlist increasing (i.e. high leave period, short staffing, higher patient numbers) • Propose actions to reduce waitlist • Raise 'amber alert' at Radiation Oncology National Meeting • Inform Te Whatu Ora Group Director of Operations and Regional Director.
Red alert (risk of patient harm)	The number of accepted FSA referrals exceeds the number of available FSA appointments by 50% in a month. Example: 100 available FSA slots in a month, however 200 patients waiting to be seen for FSA appointment.	• Raise 'red alert' at Radiation Oncology National Meeting • Waitlists that cannot be managed at regional or national level should be raised with the Tertiary Quaternary Meeting by the Chair of the National Radiation Oncology group. • Escalate to Chief Executive (CE) of Te Aho o Te Kahu.

Treatment Waitlist Threshold

Trigger	Threshold Level	Action and/or management
Green status	Ability to reach recommended guidelines for all patients.	No action required
Amber alert	Failure to reach recommended guidelines by 5% for category B and C (palliative & curative) patients. Formula: $\text{Percentage of patients (\%)} = \frac{\text{Total patients waiting beyond guidelines to start treatment.}}{\text{Total patients waiting to start treatment.}} \times 100$	• Close internal monitoring • Exploration into reason waitlist increasing (i.e. linear accelerator resource, short staffing, higher patient numbers, treatment complexity) • Propose actions to reduce waitlist • Raise 'amber alert' at Radiation Oncology National Meeting • Inform Te Whatu Ora Group Director of Operations and Regional Director.
Red alert (risk of patient harm)	Failure to reach recommended guidelines by 10% for category B and C (palliative & curative) patients.	• Raise 'red alert' at Radiation Oncology National Meeting • Waitlists that cannot be managed at regional or national level should be raised with the Tertiary Quaternary Meeting by the Chair of the National Radiation Oncology group. • Escalate to Chief Executive (CE) of Te Aho o Te Kahu.

Appendix 1: High-Level Data Flow Diagram

A diagram to illustrate the data pathway and flow which occurs in a clinical environment.



Appendix 2: Document Control

Document review period = 2 years.

Version	Date	Description
	19.03.2024	Radiation Oncology waitlist business rules drafted.
	12.04.2024	Incorporation of feedback from review process (Radiation Oncology National Meeting).
	02.09.2024	Incorporation of feedback from review process (ROWG – Radiation Oncology Working Group).
1.0	13.09.2024	Presented and discussed at ROWG. Endorsed.
1.1	02.10.2024	Correction to timeframes for FSA and treatment prioritisation categories, to account for working days.
1.2	15.10.2025	Updated definition for treatment prioritisation category B, removed 'No requirement for minimum survival'. No other changes required.
		To be reviewed October 2026 at the latest.