

National Radiotherapy Waiting Times Database, 2014–15; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
Synonymous names:	National Radiotherapy Waiting Times Database (NRWTD), 2014–15 (pilot collection)
METEOR identifier:	648146
Registration status:	AIHW Data Quality Statements , Superseded 02/08/2017

Data quality

Data quality statement summary:

The [National Radiotherapy Waiting Times Database \(NRWTD\)](#) is a compilation of data supplied to the Australian Institute of Health and Welfare (AIHW) based on the [Radiotherapy waiting times DSS 2013-15](#) which was collected from participating radiotherapy providers for the period 2014–15 as the second year of a pilot collection. Each record provides 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). Other data collected includes administrative details, patient demographic characteristics and some clinical information, as follows:

- 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 8th edition)
- Sex
- Date of birth
- Indigenous status
- Patient area of usual residence (SA2).

Summary of key issues:

Reporting by radiotherapy providers for this second pilot year of collection was not mandatory, however full coverage of public providers was achieved, and a high proportion of private providers chose to provide data. The retrospective and pilot nature of this collection increases the likelihood that definitions such as the *Ready-for-care date* and *Radiotherapy start date*, that clinicians and providers use, may vary from the agreed DSS definition. These differences cannot be resolved or compensated for in this retrospective collection. This may particularly affect comparisons of data across states/territories and across sectors.

Institutional environment: The Australian Government set up the AIHW as a major national agency 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 that a management board governs, and it is 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 data sets based on data from each jurisdiction, to analyse these data sets 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 that the AIHW manages 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 through their state or territory health authority.

Timeliness: The reference period for this data set is 2014–15. This includes records for all patients who started a course of radiotherapy between 1 July 2014 and 30 June 2015. These data were first published in October 2016.

Accessibility: The AIHW publish data from this collection on the AIHW website at: <http://www.aihw.gov.au>.

Interpretability: Metadata information for the RWT DSS is published in the AIHW's Metadata Online Registry (METeOR).

METeOR can be accessed at the following AIHW web address:

[/content/index.phtml/itemId/517220](http://content/index.phtml/itemId/517220)

Relevance: The purpose of the radiotherapy waiting times DSS is to collect information about the times that patients wait for radiotherapy in Australia, and the factors that affect waiting times. Information is also collected on the number of courses of radiotherapy provided and key demographic and clinical information about the patients who received this treatment. The scope of the DSS is patients who began a course of radiotherapy in the reporting period in Australia.

Accuracy:

A number of quality issues were identified, but it is not possible to quantify impact.

- For 2014–15, all public radiotherapy centres provided data for the RWT DSS. Participation by private providers was lower—76% of private providers are included in this collection; therefore, the reported data may not be representative of that sector as a whole. A small proportion of sites were unable to provide waiting time data, but did provide other requested data.
- This is a pilot collection—and the data were requested retrospectively—so some providers may not have recorded all data items or may not have recorded items according to agreed definitions. This may particularly affect assignment of ready-for-care dates which are used to calculate waiting times.
- Providers are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values and logical consistency. Potential errors are queried with jurisdictions at the time data are loaded, and corrections and resubmissions may be made in response to these edit queries. The AIHW does not adjust data to account for possible data errors or missing or incorrect values. However, negative waiting times were disregarded in the calculation of waiting times.
- Victoria and Western Australia have noted that there is likely to be some under-count of emergency cases in their jurisdictions. 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 cases in Victoria. Some providers were unable to code patients' area of usual residence using full address details to the required SA2 code. In these cases, providers have, in most cases, assigned the SA2 code based on the mapping from postcode to SA2 correspondances published by the ABS. The ABS has characterised the overall quality rating for this mapping as 'poor'. This means that the ABS expects there is a high likelihood the correspondence will not convert data overall accurately and that the converted data should be used with caution as it may not reflect the actual characteristics of many of the geographic regions involved.
- Data on Indigenous Australians should be interpreted with caution as there was a high proportion of courses of radiotherapy for which the Indigenous status of the patient was not reported (34%); where Indigenous status was reported, the quality of the data is unknown.
- Data reported for principal diagnosis may not be a reflection of the incidence of certain cancers in the Australian population. The differences in principal diagnoses activity in this report may indicate data quality issues, for example, where some providers may be reporting the primary site of the cancer, rather than the diagnosis code associated with the health condition being treated in the specific course of radiotherapy.
- In 2014–15, data for public and private service providers in Victoria was provided on a different basis to other data suppliers—Victoria provided data for courses of radiotherapy that ended (not started) in the collection period. As these records are considered to be broadly equivalent to data that other data suppliers submitted, all data reported by Victoria have been included in this report. However, some care is needed in comparing 2014–15 data to 2013–14 data for Victorian public providers as, although the same issue occurred in the 2013–14 data, there was an under-count of courses for Victorian public providers in that year's data 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 understated due to technical issues with the data extraction process. Waiting times in South Australia may also have been affected by data quality issues associated with the setting of ready-for-care dates, particularly for breast and prostate cancers.
- Western Australia provided waiting times data for 1 public radiotherapy site only. To protect the confidentiality of that service provider, waiting times have not been published for Western Australia, at their request.

Coherence: 2014–15 is the second pilot year of collection of radiotherapy waiting times data. There were no changes to the metadata upon which the data collections are based and the 2013–14 and 2014–15 data collections are broadly comparable. However, the following differences should be noted:

- there was substantially increased participation by private providers in the 2014–15 data collection, compared with the 2013–14 data collection
- as mentioned previously, some care is needed in comparing 2014–15 data to 2013–14 data for Victorian public providers as there was an under-count of courses for Victorian public providers in that year's data due to the non-inclusion of records where courses started prior to the reference period.

Data products

Implementation start date: 01/07/2014

Source and reference attributes

Submitting organisation: AIHW

Relational attributes

Related metadata references: Supersedes [National Radiotherapy Waiting Times Database, 2013–14; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 02/11/2016

Has been superseded by [National Radiotherapy Waiting Times Database, 2015–16; Quality Statement](#)

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

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