

Manchester Cancer Acute Oncology Minimum Dataset

Guide to Dataset April 2015

Age

Age in numbers eg, 78
Not date of birth

Referral from

Dropdown, including

A&E
Community
MAU
Christie
Rapid alert
CNS
SPCT
Inpatient ward
Patient/carer
Other

This should be the first means/source of referral, eg if Christie Hotline contact AO regarding a patient then it is Christie; if Rapid Alert is the first AO know about the patient then it is Rapid Alert etc

Date of AOS Initial Assessment

Date of first action by AOS, eg face to face assessment, advising team, documenting in notes etc. Does not have to be a face to face assessment, ie in those patients with suspected malignancy when AO involved in guiding teams regarding investigations.

Date

Was referral outside core hours

Yes
No

Yes, if AO referral between standard AO hours which are approx. 9.00-17.00 Monday – Friday.

If no, it is evening/night/weekend, eg not standard AO working hours

Standard of 24hr/1 working day met

Yes

No

For first AO review, eg nurse or AO doctor

If admitted on Friday evening or over weekend, then Monday is classed as achieving the 24 hour standard

Reason for Delay

Dropdown to include

Staffing

Workload

Pt not aware of cancer diagnosis

Pt not on ward

Other

AOS category

Type 1 – new diagnosis/MUO/CUP

Type 2 – treatment related

Type 3 – disease related

Other

Type 2 - treatment related, eg neutropenic sepsis, side effects of SACT, radiotherapy, surgery any other oncology treatment

Type 3 – MSCC, SVCO, disease progression, brain mets, bowel obstruction etc

Primary diagnosis ICD code

According to ICD code

Performance Status

National guidance regarding PS

AOS Level of Intervention

According to previously agreed network document

Date of suspected MSCC

Date suspected

Date of MRI/CT scan for MSCC

Date of scan. CT added in as clinically indicated in some situations

If over 24hrs is this clinically appropriate?

Following dropdown to be completed

Clinical reason
MRI provision
Failure to follow procedure

Clinical reason, ie if patient not able to tolerate scan for good clinical reason
MRI provision, ie if MRI scan not available
Failure to follow procedure, ie if local policies/procedures not followed

Date of decision to treat

Date of decision for radiotherapy, surgery, BSC etc

MSCC treatment type

Dropdown to include

Radiotherapy
Surgery
Best supportive care
MSCC excluded
Surgery and radiotherapy
Impending MSCC
Haematological treatment

Removed cauda equina and n/a

Initial AO Consultant Review seen within 24hrs/1 working day?

Yes or no

Yes, face to face patient assessment
Yes can include consultant haematologist review

For patients admitted Friday evening or over weekend, then Monday morning is a yes

Admission date

Date patient admitted to hospital

Hospital discharge date

Date of hospital discharge

Admission avoidance

Yes or No

Yes if patient seen and assessed by AO in A&E, GP assessment unit, clinic or ACU and sent home from there. As long as AO involved can classify as admission avoidance

Admission avoidance cannot be classified if patient admitted to a hospital bed, eg MAU, other ward area

Total length of stay

Total days patient is in hospital from admission to discharge date, regardless of when discharged by AO

For admission avoidance patients, total length of stay should not be included

Investigation Avoidance – On discussion, plan to remove

Suspected neutropenic sepsis door to needle time with 3 time frames < 60 mins, 60-120 mins, > 120 mins

Door is the door
Door to IVAB time

Date discharged from AO

Date that AO team discharged patient from follow-up, this may be different to discharge date