Data Metrics

What patients are INCLUDED in the data set?

Time period: Patients scheduled to complete treatment between October 15-December 15 2023

Patients that had a radiation therapy treatment scheduled with a treatment plan of 15-45 fractions

Non SBRT patients

Patients that do not attend scheduled treatment (even if advance notice is given- no show or cancels)

Patients that will miss treatment due to a clinical concern/toxicity, or placed on hold due to side effects

Patients that are receiving both first course of treatment or treatment due to a recurrence

Patients that are receiving concurrent chemo/radiation treatment

Patients receiving hyper fractionated treatment (each fraction is considered an "appointment" even if occurring on the same day).

Patients receiving treatment for curative intent (the intent of treatment is long-term curative. Teams will need to more closely define this for themselves)

Any treatment visits totaling 3 or more missed

What patients are EXCLUDED:

Patients receiving radiation for palliative (pain relief) purposes (examples bone mets, brain mets)

Patients receiving SBRT or Ultra fractionated treatment (< 15 treatments)

Patient visits to see the clinician during the treatment period

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This survey is for [baseline_arm_1][name_of_program] associated with FIN or CID [baseline_arm_1][fin_or_cid]
If you have received this survey in error, please contact cancerqi@facs.org

For which disease site are you reporting patients?

- ◯ Breast
- ◯ GYN
- ◯ Head and Neck
- ◯ Lung
- ◯ Prostate
- ◯ GI
- ◯ Rectum
- ◯ Other site(s) not listed above

For the disease site selected above, how many total patients were scheduled for appointments in this time period?

_____

For the disease site selected above, how many completed ALL scheduled treatments in this time period?

_____

For the disease site selected above, how many patients missed 3 or more scheduled treatments during this time period (excluding reasons listed above in the exclusion criteria)

_____

No show rate as percentage (patients missing 3 or more scheduled visits) for this time period:

_____

Please select ALL known reasons why patients did not show up for treatment?

- ☐ Transportation barriers
- ☐ Patient sick (not due to treatment)
- ☐ Patient toxicity (attributed to treatment)
- ☐ Patient is hospitalized
- ☐ Housing Concern/barriers
- ☐ Financial concerns/barriers
- ☐ Psychosocial concerns (feelings of anxiety depression) about treatment
- ☐ Childcare issues
- ☐ Conflict in appointment with another provider/appointment
- ☐ Patient employment
- ☐ Patient did not want to wait for treatment after arrival (wait time)
- ☐ Decided to seek treatment elsewhere
- ☐ Does not wish to continue treatment
- ☐ Does not wish to answer reason for no show
- ☐ Outreach attempted; unable to reach patient
- ☐ We do not have a system that tracks reasons
- ☐ Other reason not categorized above

Reason not listed above: Please specify

_____

*If your program IS tracking reasons for non-attendance and you are able to provide a count of those reasons, please complete the below section by entering the number of patients that reported each of the reasons below. Note, you may select more than one reason per patient.

*If you program is NOT capturing this information at this time, please scroll down to the last question on this survey to submit a new disease site or end the survey.

Transportation:

_____

Patient sick (not due to treatment):

_____

Patient sick (attributed to treatment):

_____

Patient is hospitalized:

_____

Housing Concern:

_____

Financial Concerns:

_____

Psychosocial concerns (feelings of anxiety, depression, or other that prevents patients from attending treatment appointments): _____

Childcare issues:

_____

Conflict in appointment with another provider/appointment: _____

Patient employment/patient reported they were called in to work: _____

Patient did not want to wait for treatment after arrival (wait times): _____

Decided to seek treatment elsewhere:

_____

Patient does not wish to continue treatment:

_____

Patient did not provide a reason for missed appointment: _____

Outreach attempted. Unable to reach patient:

_____

Did not ask/document why the patient missed appointment: _____

Optional: Comments or questions

_____

I would like to add another disease site   ◯ Yes
                                                   ◯ No