

Chemotherapy Quality Dashboard 2020/21



| Indicator Reference Number | Domain | Theme | Measure | Rationale | Name of Indicator / Description | Numerator | Denominator | Period Type | Frequency | Data Source Numerator | Data Source Denominator | Target | Interpretation Guidance | Notes | Reporting Period | | | |
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| | | | | | | | | | | | | | | | Q1 2021 | Q2 2021 | Q3 2021 | Q4 2021 |
| CHEM01a | Domain 1: Preventing people from dying prematurely | Mortality | Outcome measure | Indicates quality of treatment decisions and measures outcomes for each cancer group | 30-day mortality figures for palliative intent | Of those in the denominator, the number who have died within 30-days of receiving palliative SACT | Total number of patients who have received SACT in the reporting period | Quarterly | Quarterly | SACT | SACT | | Lower is better | The following supportive treatments are excluded: • Hormone analogues e.g. progesterones, oestrogens, and somatostatins; • Prophylactic therapies e.g. bisphosphonates (such as pamidronate and zoledronic acid), and denosumab; • Chemoprotectants e.g. vitamins, anti-histamines, and anti-emetics; • Steroids if used alone; • And any other non-cancer treatments e.g. cytoreductive therapies (such as hydroxycarbamide) and growth factors (such as GCSF). | N/A | Apr 20 - Jun 20 | July 20 - Sept 20 | Oct 20 - Dec 20 |
| CHEM01b | Domain 1: Preventing people from dying prematurely | Mortality | Outcome measure | Indicates quality of treatment decisions and measures outcomes for each cancer group | 30-day mortality figures for curative intent | Of those in the denominator, the number who have died within 30-days of receiving curative SACT | Total number of patients who have received SACT in the reporting period by cancer group | Quarterly | Quarterly | SACT | SACT | | Lower is better | The following supportive treatments are excluded: • Hormone analogues e.g. progesterones, oestrogens, and somatostatins; • Prophylactic therapies e.g. bisphosphonates (such as pamidronate and zoledronic acid), and denosumab; • Chemoprotectants e.g. vitamins, anti-histamines, and anti-emetics; • Steroids if used alone; • And any other non-cancer treatments e.g. cytoreductive therapies (such as hydroxycarbamide) and growth factors (such as GCSF). | N/A | Apr 20 - Jun 20 | July 20 - Sept 20 | Oct 20 - Dec 20 |
| CHEM02 | Domain 5: Treating and caring for people in a safe environment; and protecting them from avoidable harm | Incident reporting | Outcome measure | Demonstrates that Trusts are appropriately recording incidents and near misses | Proportion of intravenous chemotherapy administrations which result in incident form for all degrees of SACT extravasation | Of those in the denominator, the number of administrations that resulted in an incident form for all degrees of SACT extravasation | The total number of intravenous chemotherapy administrations carried out in the reporting period | Quarterly | Quarterly | Provider submitted | SACT | | Lower is better | Includes: all cancers the following supportive treatments are excluded: • Hormone analogues e.g. progesterones, oestrogens, and somatostatins; • Prophylactic therapies e.g. bisphosphonates (such as pamidronate and zoledronic acid), and denosumab; • Chemoprotectants e.g. vitamins, anti-histamines, and anti-emetics; • Steroids if used alone; • And any other non-cancer treatments e.g. cytoreductive therapies (such as hydroxycarbamide) and growth factors (such as GCSF). | N/A | Apr 20 - Jun 20 | July 20 - Sept 20 | Oct 20 - Dec 20 |
| CHEM03 | Domain 3: Helping people to recover from episodes of ill health or following injury | Clinical trial | Outcome measure | Clinical trial and research participation is known to improve outcomes for patients and overall care provision at service providers | Proportion of all patients starting SACT who have been entered into a clinical trial or a study addressing a systemic therapy-related treatment policy | Of those in the denominator, the number of patients who have been entered onto a clinical trial or study addressing a systemic therapy-related treatment policy | The total number of patients starting SACT in the reporting period | Quarterly | Quarterly | Provider submitted | Provider submitted | | Higher is better | Include all cancers | N/A | Apr 20 - Jun 20 | July 20 - Sept 20 | Oct 20 - Dec 20 |
| CHEM04 | Domain 3: Helping people to recover from episodes of ill health or following injury | Emergency admissions | Outcome measure | Unplanned emergency admissions is one measure that demonstrates how effectively service providers are managing patient care through elective treatment pathways and whether patient information is sufficient to support self-care. Where providers have low unplanned emergency admissions, one would expect a high number of AOS/planned or elective admissions and vice versa. This measure should include unplanned emergency admissions across all hospitals/sites for all patients receiving SACT at one particular provider | Unplanned emergency admissions (AOS) within 30 days of SACT | Of those in the denominator, the number who have had an unplanned emergency admission within 30-days of receiving SACT | Total number of patients who have received SACT in the reporting period | Quarterly | Quarterly | SACT | SACT | | Lower is better | Includes: all cancers The following supportive treatments are excluded: • Hormone analogues e.g. progesterones, oestrogens, and somatostatins; • Prophylactic therapies e.g. bisphosphonates (such as pamidronate and zoledronic acid), and denosumab; • Chemoprotectants e.g. vitamins, anti-histamines, and anti-emetics; • Steroids if used alone; • And any other non-cancer treatments e.g. cytoreductive therapies (such as hydroxycarbamide) and growth factors (such as GCSF). | N/A | Apr 20 - Jun 20 | July 20 - Sept 20 | Oct 20 - Dec 20 |

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| CHEM05 | Domain 1: Preventing people from dying prematurely | Neutropenia | Outcome measure | Patients undergoing treatment with chemotherapy are at high risk of neutropenic sepsis. This measure understands how efficiently and effectively a provider delivers care to patients at risk of neutropenic sepsis in order to prevent patient harm, in accordance with national guidelines | Proportion of patients with suspected neutropenic sepsis who are given antibiotics within 60 minutes of sepsis being identified | Of those in the denominator, the number of patients who were given antibiotics within 60 minutes of sepsis being identified | The total number of patients with suspected neutropenic sepsis in the reporting period | Annual | Annual | Provider submitted | Provider submitted | | Higher is better | | N/A | N/A | N/A | Apr 20 - Mar 21 |

Data collection has been approved by the Review of Central Returns - ROCR
ROCR/OR/2230/001MAND