

COSD v9 - AO Data Items - Introduction

This guidance is prepared by the Acute Oncology Expert Advisory Group, Chaired by Dr Ernie Marshall.

The Acute Oncology Expert Advisory Group has a wide geographical and multi-disciplinary representation from the full range of professionals involved in delivering acute oncology services, as well as oversight from the fully constituted Chemotherapy Reference Group.

This guidance is incorporated into the COSD v9 User Guidance:

Any queries or questions about the content of this document or the new COSD Acute Oncology data items should be forwarded to Catherine Donnelly at cancerreg@tst.nhs.uk

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CORE - ACUTE ONCOLOGY

This is a new section for COSD v9 and is designed to capture Acute Oncology (AO) episodes within a Trust.

Context

The purpose of these items is to capture the unplanned urgent care cancer patients receive in an Acute care environment. These data are only for collection by those Hospitals with an Acute Oncology Service (AOS) in place.

These new AO items have been selected specifically because they are commonly collected by AO teams as part of their day to day activity and will be used to provide a national view of unscheduled cancer patient activity for collation with other nationally collected datasets, e.g. Hospital Episode Statistics (HES), Emergency Care Data Set (ECDS), Systemic Anti-Cancer Therapy (SACT), etc. to complete the picture of cancer patient pathways.

The data in the AO section will be for Patients with an emergency attendance (unplanned or advised), or have an AO eligible episode when attending an OPA or other planned appointment, or they may be an admitted patient (in a bed for one or more nights) experiencing an AO episode.

Patients to include are those who were:

- assessed and then admitted for one or more nights
- assessed and sent to their usual place of residence, without an overnight stay
- assessed as an admitted patient after an emergency attendance and kept in for one or more nights
- assessed as an admitted patient after an emergency attendance and discharged to their usual place of residence.

The assessment will have been 'face to face' with the patient (rather than by phone) and carried out by Nursing or Medical staff who are contracted members of the local AOS or trained by the AOS to provide appropriate levels of care and decision making on behalf of the AOS.

If more than one assessment takes place during a patient's AO episode, each assessment should be reported as an individual record, even if the assessments share the same date; it is important all data is completed for each assessment to provide the complete picture for each patient.

These data are generally collected by the AOS as part of their day to day activity and are used in the compilation of their Quality Surveillance (peer

review) returns for Acute Oncology, Neutropenic Sepsis, CUP and MSCC activity and targets. If not all items are directly collected by your AOS, they can be derived using existing data collected for COSD, HES and by your Emergency Department as part of their regular Emergency Care Dataset (ECDS) return. Some of the data may be collected by other teams, e.g. Sepsis or spinal teams may record some of the NS or MSCC data.

For AO care provided by Nursing or Medical staff trained by the AOS but not actually contracted to the AOS, their activity should also be included in the COSD Acute Oncology submission to ensure all AO type activity is accounted for.

These data have been chosen for collection within COSD, rather than the Systemic Anti-Cancer Therapy (SACT) dataset, due to the points in the pathway not always being directly linked to a systemic anti-therapy treatment.

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AO Data Items - Details

May be multiple occurrences per record (0..*)

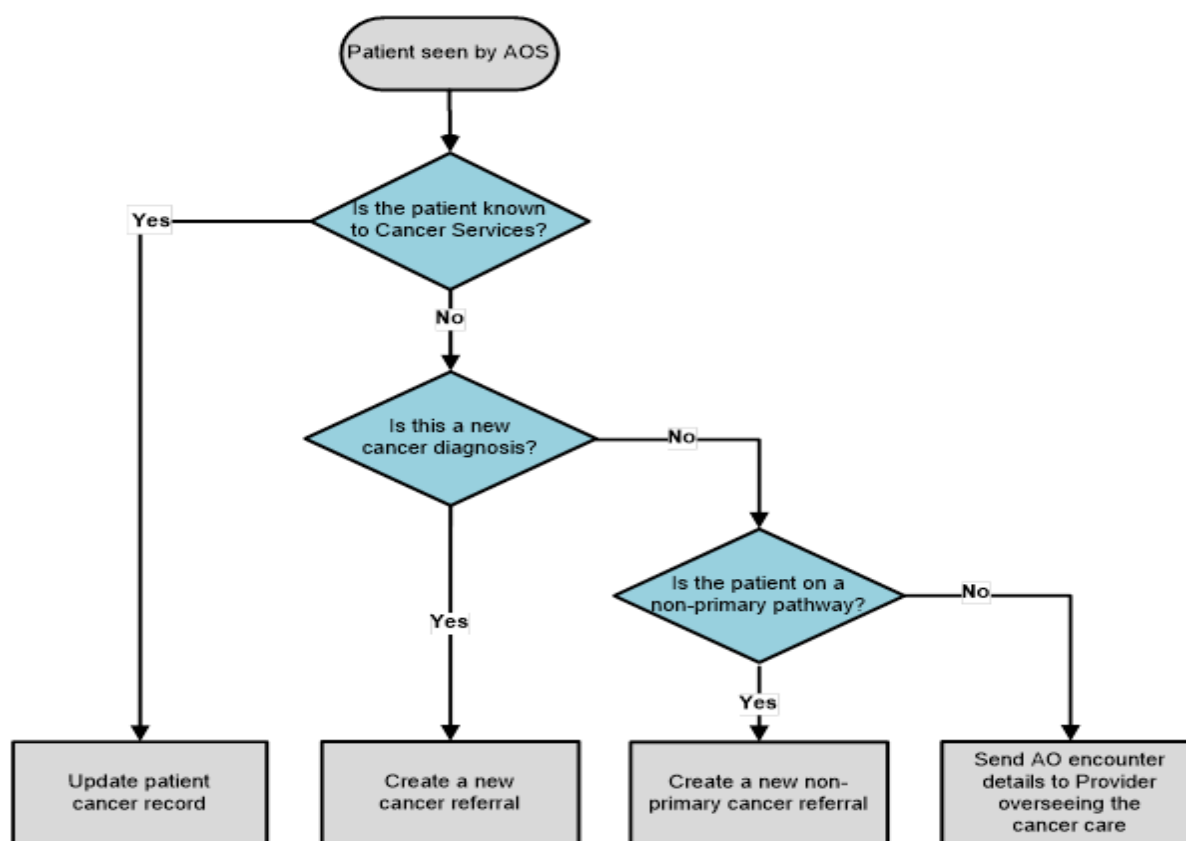
Data item No.	Data Item Section	Data Item Name	Format	Schema specific ation (M/R/O/X)
CR8700	CORE - ACUTE ONCOLOGY	ACUTE ONCOLOGY ASSESSMENT DATE	an10 ccyy-mm-dd	R
CR8710	CORE - ACUTE ONCOLOGY	ORGANISATION SITE IDENTIFIER (ACUTE ONCOLOGY)	an5	R
CR8720	CORE - ACUTE ONCOLOGY	ASSESSMENT LOCATION	an1	R
Start of repeating item - Patient Type				
CR8730	CORE - ACUTE ONCOLOGY	PATIENT TYPE	an2	R
End of repeating item - Patient Type				
CR8740	CORE - ACUTE ONCOLOGY	OUTCOME	an1	R

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AOS Patient and Data Flow

The following flow chart helps identify whether your Trust will be responsible for submitting these data items as part of their COSD submission. The flow assumes your Trust will provide the patient's cancer care - if the patient is referred to another Provider for management, that Trust will be responsible for creating records and a COSD submission.

The final two steps in the flow chart below helps you understand if a patient should be on a non-primary patient pathway (at your Trust) or if the data should be sent to another provider, as the patient's cancer care is currently being managed by that Trust.



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AO Data Items - Definitions

Below is guidance on how to interpret the AO Data Items.

ACUTE ONCOLOGY ASSESSMENT DATE: This is the date the oncology assessment was carried out. Additional supporting information includes:

- If more than one assessment has taken place during the AO episode, supply the date of each assessment, along with all the additional data items laid out below.
- Include AO assessments carried out by AOS and other nursing and medical staff trained to provide AO care (but not actually members of the AOS).

ORGANISATION SITE IDENTIFIER (ACUTE ONCOLOGY): The ORGANISATION IDENTIFIER of the Organisation acting as a Health Care Provider. Additional supporting information includes:

- This data item will identify the location of the hospital or cancer treatment centre in which the patient was assessed by the AOS
- The hospital specific code of where the assessment took place should be recorded rather than the Trust level code

ASSESSMENT LOCATION: The location where the Acute Oncology (AO) assessment was performed within the health care provider.

01	Emergency Care Department
02	Medical Assessment Unit
03	Emergency Ambulatory Care Unit
04	Ward
05	Out-Patient Clinic
06	Dedicated Acute Oncology Bed/Chair
07	Day Case Unit
08	Chemotherapy Unit
98	Other

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Assessment Location Definitions

01 - Emergency Care Department – this would be chosen if the patient was in an emergency care department chair or bed, admitted or not, when the AOS assessment was carried out.

02 - Medical Assessment Unit – this would be chosen if the patient was in a Medical Assessment Unit chair or bed, admitted or not, when the AOS assessment was carried out.

03 - Emergency Ambulatory Care Unit – this option would be selected if the patient was assessed in an Emergency Ambulatory Care Unit when the AOS assessment was carried out. A new term for this activity is Same Day Emergency Care, which represents the activity which would take place in an Emergency Ambulatory Care Unit.

04 - Ward – would be selected if it was the most appropriate selection given the other options available for where the AOS assessment was carried out.

05 - Out-Patient Clinic – would be selected if it was the most appropriate selection given the other options available for where the AOS assessment was carried out.

06 - Acute Oncology Bed/Chair – this would be chosen if the patient was assessed whilst in a dedicated AO bed or chair – admitted or not, when the AOS assessment was carried out.

07 - Day Case Unit – this would be chosen if it was the most appropriate selection given the other options available for where the AOS assessment was carried out.

08 - Chemotherapy Unit – this would be chosen if it was the most appropriate selection to make given the other options available for where the AOS assessment was carried out, inpatient or not.

98 - Other – this option would be selected if none of the other options were appropriate.

The assessment location will generally be one of the above, or similarly named - select the closest match or 'Other' if none of them fit.

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PATIENT TYPE: Record the type each patient presentation is grouped within.

01	New Presentation
02	Treatment Complication
03	Suspected or Confirmed Neutropenic Sepsis
04	Cancer Complication
05	Cancer Recurrence/Progression (Local or Regional)
06	Cancer Recurrence/Progression (Distant)
07	Cancer Transformation
08	Suspected or Confirmed Metastatic Spinal Cord Compression (MSCC)
09	Comorbidity Complications
98	Other

Note: Multiple selects can be made if more than one option fits.

The purpose of this data item is to capture the volume of patients being seen by AOS, divided into these Patient groups:

- **Type I** - all patients in whom a first diagnosis of cancer is suspected in the emergency setting
- **Type II** - patients with known cancer who present as an emergency with acute complications of non-surgical treatment - including Systemic Anti-Cancer Therapy (SACT) or radiotherapy
- **Type IIIa** - patients with known cancer and are acutely ill because of the disease itself; this group represent the largest proportion of emergency patients and often present with complex issues including comorbidity, progressive cancer and end of life care (EOL) needs
- **Type IIIb** - patient with known cancer and are acutely ill because of comorbidity

See below table for mapping between the data items values and the Type I, II, IIIa and IIIb patient groups.

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AO Patient Type and Patient Group Mapping:

Patient Group	AO Patient Type
Type I	New Presentation
Type II	Treatment Complication Suspected or Confirmed Neutropenic Sepsis
Type IIIa	Cancer Complication Suspected or Confirmed MSCC Cancer Recurrence/Progression (Local/Regional) Cancer Recurrence/Progression (Distant) Cancer Transformation
Type IIIb	Comorbidity
N/A	Other

The Comorbidity Complication and Other patients will help establish the volume of patients who are assessed by AOS but do not actually have a specific cancer related issue at that time.

Patient Type Definitions

01 - New Presentation - this option is relevant for patients who have never had a cancer diagnosis before and who are diagnosed for the first time after an emergency attendance. Because these patients will not have an existing cancer record, an eligible cancer record will need to be created to enable the reporting of the AO data items. (We acknowledge there will be some AOS activity that cannot be reported via the COSD because the patient is confirmed with a non-cancer diagnosis).

02 - Treatment Complication - this option is relevant for patients who have received or are receiving Cancer treatment and have become poorly as a consequence. This could include patients who have an acute or chronic response to treatment e.g. patients who have an AO episode for acute SACT or Radiotherapy reactions or have a chronic condition caused by historic cancer treatment which has left them with directly related health complications.

03 - Suspected or Confirmed Neutropenic Sepsis - although this could come under Treatment Complication it has been split out to capture any patients with an AO episode that started off as a suspected or concluded as a confirmed case of Neutropenic Sepsis/Febrile Neutropenia. These data are

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intended to establish a national picture of the number of suspected and confirmed NS cases in England.

04 - Cancer Complication - this option is relevant for patients who have become poorly because of their cancer rather than because of the treatment they are receiving. These patients could have a current diagnosed cancer and are on active treatment/monitoring or patients who have an historic diagnosis which has recurred, progressed or transformed.

05 - Cancer Recurrence/Progression (Local/Regional) - this option is relevant for patients who have become poorly because their current or historic cancer has progressed either locally or regionally e.g. the cancer has returned in the same location as the original diagnosis or has spread to regional lymph nodes.

06 - Cancer Recurrence/Progression (Distant) - this option is relevant for patients who have become poorly because their current or historic cancer has spread to a distant part of their body e.g. the cancer has spread to distant lymph nodes or to the liver.

07 - Cancer Transformation - this option is relevant for patients who have had a cancer that has transformed into another disease type (relevant to certain types of Haematological, Brain, Sarcoma and Colorectal morphologies).

08 - Suspected or Confirmed MSCC - this option is for patients who are suspected of having Metastatic Spinal Cord Compression (MSCC) and should be recorded as such regardless of whether the diagnosis is confirmed. MSCC patients could also be New Diagnosis, or Cancer Progression/Recurrence but it has been separated out so national analysis can be carried out on the number of MSCC patients.

09 - Comorbidity Complications - this option is for patients who present with Comorbidity complications e.g. heart disease, diabetes, bone density issues, and receive an AOS assessment. It is important to gather data on these patients in order to assess the volume of AOS activity.

98 - Other - this option covers patients who have an emergency presentation for a reason unrelated to their diagnosed cancer, treatment or comorbidity, e.g. a broken bone - this data is not essential but would again help identify the volume of AOS activity.

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OUTCOME: Record the outcome of the acute oncology episode.

1	Not Admitted
2	Admitted
3	Remained Admitted
4	Discharged
5	Patient Died
8	Other

This information will generally be captured in the local PAS or Emergency Department system (if separate) or maybe in a dedicated AOS system. These data will help with admission avoidance and length of stay calculations and focuses on the outcome of the interaction, rather than the outcome on the patient's overall condition. Patient Died has been included to cover all potential outcomes.

Outcome Definitions:

1 - Not Admitted - this option would be selected if the patient was not admitted to hospital and was sent to their usual place of residence after being assessed by the AOS - this activity would usually be counted as 'Admission Avoidance'.

2 - Admitted - this option would be selected if the patient was assessed by AOS and admitted either on their recommendation or in consultation with relevant Acute Medicine staff.

3 - Remained Admitted - this option would be selected if the patient was already an admitted patient before their AOS assessment and continued as an admitted patient after assessment with no recommendation by AOS to be discharged.

4 - Discharged - this option would be selected if the patient was already an admitted patient before their AOS assessment and AOS recommended the patient was discharged after assessment. This activity would generally be used in the Length of Stay calculations.

5 - Patient Died - this option would be selected if the patient died during their AO episode whilst onsite at the Hospital, regardless of whether they had been an admitted patient or not.

8 - Other - this option covers outcomes not listed in the above.

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Guidance on creating new/updating existing Cancer Records

New Presentation

If Your Organisation is the Cancer Care Provider:

- As the Diagnosing Organisation, a new cancer record will need to be created and the AO data items appended as per your local processes.
- See Pathway Flow for details of what other COSD data is expected.

If Your Organisation is not the Cancer Care Provider

- If you IPT the patient to another Provider for Diagnosing, that Provider will need to create a new cancer record and append your AO data items as per their processes.

Treatment Complication, Suspected or Confirmed NS, Cancer Complication, Suspected or Confirmed MSCC, Comorbidity and Other

If Your Organisation is the Cancer Care Provider:

- Record the AO data against the existing cancer record as per your local processes.
- If patient is discussed at MDT and/or investigations and enabling or cancer treatments are provided, these can be added to the cancer record for inclusion in the COSD submission to complete the picture of care given.

If Your Organisation is not the Cancer Care Provider

- Send them your AO data items as per your local processes so they can append them to the relevant cancer record as per their processes

Cancer Recurrence/Progression (Local/Regional) and Cancer Recurrence/Progression (Distant)

If Your Organisation is the Cancer Care Provider:

- Record the AO data against the existing cancer record as per your local processes, but follow the COSD User Guidance and/or local system provider guidance for recording Recurrence and Progression data.
- If patient is discussed at MDT and/or investigations and enabling or cancer treatments are provided, these can be added to the cancer record for inclusion in the COSD submission to complete the picture of care given.

If Your Organisation is not the Cancer Care Provider

- Send them your AO data items as per your local processes so they can append them to the relevant cancer record as per their processes

Cancer Transformation

If Your Organisation is the Cancer Care Provider:

- Record the AO data against the existing cancer record as per your local processes, but follow the COSD User Guidance and/or local system provider guidance for recording Transformation data.
- If patient is discussed at MDT and/or investigations and enabling or cancer treatments are provided, these can be added to the cancer record for inclusion in the COSD submission to complete the picture of care given.
- *Some conditions can transform from a benign to a malignant condition – follow your local processes regarding how these patient records are updated/created.*

If Your Organisation is not the Cancer Care Provider

- Send them your AO data items as per your local processes so they can append them to the relevant cancer record as per their processes.

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