Data Metrics

What patients are INCLUDED in the data set?

Patients that had a radiation therapy visit scheduled for the selected time period with a treatment plan of 15-45 fractions

non SBRT patients

patients that do not attend scheduled treatment (even if advance notice is given)

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

patients receiving 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 intend (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

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 your 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