Cancer Care Ontario

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Psychosocial Oncology (PSO) Activity Level Reporting Data Collection Resource Guide

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1. Introduction

This resource guide provides information on the data that is currently being collected through Activity Level Reporting (ALR) under the direction of the Cancer Care Ontario's Psychosocial Oncology (PSO) Program. Currently, the PSO program collects data in ALR to calculate wait times for seven of the eight specialized PSO disciplines and family/caregiver support visit volumes.

This resource guide is intended to serve as an educational resource for PSO Regional Leads, their IT teams, and clinicians to aide them in the collection of the information required to accurately measure wait times and caregiver/family support visit volumes.

Activity Level Reporting

Activity Level Reporting (ALR) data represents the basic set of data elements required to produce the quality, cost and performance indicators for the cancer system. The data elements constitute patient level activity within the cancer system focused on radiation and systemic therapy services and outpatient oncology clinic visits. This data is also a key component of the Ontario Cancer Registry (OCR), which registers every malignant neoplasm diagnosed in Ontario.

IPORT

CCO's secure, web-based analytic tool that provides planners and policy-makers with instant access to clear and accurate provincial and LHIN level cancer information. The data submitted for ALR is loaded into IPORT for reporting. The following outlines the steps regional stakeholders need to follow to gain access to IPORT.

If the requester does not already have access to IPORT

1. Connect with your LHIN's CCO Facility Local Registration Authority (LRA) who, in turn, will connect you with the ONE ID LRA to get a ONE ID account and assign IPORT to your ONE ID account.
2. Complete the IPORT request form given to you by your CCO Facility LRA
3. Complete a mandatory e-Learning session for IPORT
4. Submit your IPORT request form directly to CCO's Help Desk: helpdesk@cancercare.on.ca and copy your CCO Facility LRA

If the requester does have access to IPORT but not the PSO Dashboard or Wait Time (WT) Reports...

1. Complete the IPORT request form given to you by your CCO Facility LRA (where you will request the PSO Dashboard and WT Reports be added to your IPORT account)
2. Submit your IPORT request form directly to CCO's Help Desk: helpdesk@cancercare.on.ca and copy your CCO Facility LRA

2. Psychosocial Oncology Program Data Elements in ALR

The ALR data provided by your Regional Cancer Centre (RCC) helps the PSO Program at CCO to measure PSO wait times at the RCCs and family/caregiver support visits. The PSO Program uses the following data elements:

Disease Entity:

1. **Registration Date** and/or **Disease Sequence Number** *(*i.e. Used to link an ALR case "Diagnosis/Topography/Morphology Code" to the Clinic Visit activity*)*
2. **Date of Referral** (*to specific PSO discipline*)
3. **Diagnosis Code** - Caregiver Support Visits are identified with diagnosis code Z63.7 "*Other stressful life events affecting family and household"* (linked to Clinic Visits via Registration Date or Disease Sequence Number)
4. **Topography Code**
5. **Morphology Code**

Clinic Visit Entity:

6. **Visit Date**
7. **Visit Program Code** *(i.e. PSO)*
8. **Visit Type** *(i.e. Face-to-face vs. Telephone contact, one-on-one vs. group contact)*

HCP entity:

9. **HCP Number** *(used to link the HCP record to a Clinic Visit record)*
10. **HCP Specialty Code** *(as defined as Dietitian, Social Work, Psychology, Psychiatry, Occupational Therapy, Speech Language Therapy, Physiotherapy)*

For a more detailed look at the various ALR data elements used by the PSO Program, please see *Appendix A*.

3. PSO Wait Times

The current *Ontario Cancer Plan (OCP IV)* states that by 2019, we will "expand and integrate access to palliative, psychosocial and rehabilitation services to improve quality of life and patient experience in Cancer Centres and the community". In line with this strategic objective, and in an effort to measure timely access to PSO service providers, the PSO program at CCO has initiated the process of collecting, calculating, and

reporting on regional and provincial wait times for the seven PSO disciplines, including: dietitian, social work, psychology, psychiatry, occupational therapy, speech language therapy, and physiotherapy.

PSO Wait Time Definition & Calculation

PSO Wait Time = the number of days between the date of referral and the date that the patient has a first clinic visit with the PSO provider.

First Clinic Visit = A PSO first clinic visit is defined as direct patient care delivered by a PSO regulated health professional. The visit can take place face-to-face, over the telephone, or via OTN. The first clinic visit must be a meaningful visit where both an assessment and intervention occur. Supporting documentation will be completed in accordance with the regulating body's record keeping guidelines.

To calculate the wait time, two key data elements captured through ALR are utilized:

1. **Date of Referral** to a PSO provider
2. **Visit Date** with the PSO provider - only the *first* clinic visit date is used in the wait time calculation

For example, if a patient was referred to social work on March 19, 2014 and saw a social worker for an initial assessment and intervention on April 2, 2014, the wait time would be 14 days. While the patient may see the social worker for subsequent follow-up visits, and these should be captured appropriately as clinic visits to measure visit volume, these visits are not used in the calculation of the wait time.

PSO Wait Time Benchmarks

To determine appropriate wait times for the PSO disciplines, a PSO Wait Time Expert Panel was convened. This Expert Panel included representatives from the PSO disciplines as well as an oncologist and Patient and Family Advisors. The Expert Panel arrived through consensus at the following maximum acceptable wait times for a first consult and provincial targets for each discipline:

PSO Discipline	Maximum Acceptable Wait Time
Social Work	2 weeks (14 consecutive days)
Psychology	2 weeks (14 consecutive days)
Psychiatry	2 weeks (14 consecutive days)
Nutrition (Dietitians)	2 weeks (14 consecutive days)

PSO Discipline	Maximum Acceptable Wait Time
Physiotherapy	3 weeks (21 consecutive days)
Occupational Therapy	2 weeks (14 consecutive days)
Speech Language Pathology	2 weeks (14 consecutive days)

The Expert Panel determined that an ultimate target of 85 percent would be appropriate for all PSO disciplines. Thus, the aim is for 85 percent of cancer patients in Ontario to be seen within the target maximum acceptable wait time for all PSO disciplines. This target of 85 percent allows for situations in which wait times are driven by patient preference (and thus, are outside the control of the cancer system). It also helps to account for situations in which a longer wait time is clinically appropriate.

4. Caregiver/Family Support Visits

Caregivers of cancer patients frequently require their own psychosocial support throughout their loved ones cancer experience. Many RCCs offer dedicated support to caregivers as part of their programs and services. Cancer Care Ontario's Patient and Family Advisory Council has identified caregiver support as a priority for offering high quality cancer care. This sentiment has been echoed by the Patient and Family Advisors of the Psychosocial Oncology (PSO) Program.

Definition & Calculation

Caregiver = A person who takes on an unpaid caring role, providing physical and emotional care to someone with cancer. A caregiver may be a partner, parent, adult child, other family member, or close friend of the person with cancer. [1] [2]

The definition for a PSO Clinic Visit also applies to caregiver support visits:

A PSO clinic visit is defined as direct patient care delivered by a PSO provider. The visit can take place face-to-face or over the telephone, one-on-one or in a group setting; however, it must be a meaningful visit where some sort of counseling or intervention takes place.

The following are examples of what would be considered in scope and out of scope in ALR data capture for caregiver support visits:

[1] Canadian Cancer Society. 2017. If you're a caregiver. Retrieved from: http://www.cancer.ca/en/cancer-information/cancer-journey/if-you-re-a-caregiver/?region=on

[2] Canadian Cancer Action Network, Canadian Home Care Association and Carers Canada. April 2017. *Advancing Collective Priorities: A Canadian Carer Strategy.* Retrieved from: http://www.ccanceraction.ca/wp-content/uploads/2017/06/Advancing-Collective-Priorities_p-final-Rev.June-2.pdf

In Scope	Out of Scope
Individual Caregiver Support	Cancer Patient PSO visits where a caregiver may attend
Couples Counselling	Psychoeducational Groups where a caregiver may attend with the patient , but the intervention is directed toward the patient (e.g. Lymphedema support group)
Family/Caregiver Support Groups	Brief encounters, such as a hallway conversation, to provide information to a caregiver that does not provide an intervention
Behavioural/skills based courses where skills can be learned and practiced by both patients and caregivers (e.g. Mindfulness-Based Stress Reduction)	Caregiver visit on behalf of the cancer patient
Emergency/Crisis Caregiver Assessment or Intervention	
Unscheduled visits, such as being paged by oncologist, to provide information/education to a caregiver	

The PSO program does not include caregiver support visits in the wait time measures, as the focus of these measures is on cancer patients' access to PSO services. Only caregiver support visit volume is reported.

The volume of caregiver support visits are pulled from ALR using the key data elements:

1. (Disease entity) **Registration Date** or **Disease Sequence Number**: linked to **Diagnosis Code** *Z63.7 Other stressful life events affecting family and household*

2. (Clinic Visit entity) **Visit Date** with the PSO provider

5. Frequently Asked Questions

ISSUE (FOR QUICK REFERENCE)	QUESTION	RESPONSE
REPORTING SITES	**Which hospitals are being asked to report dates of referral via ALR?**	Only RCCs are being asked to report dates of referral for PSO.
MANDATORY OR OPTIONAL?	**Is reporting of dates of referral for PSO services mandatory or optional?**	Date of referral for all 7 PSO disciplines is now required. This includes date of referral for: dietitians, social workers, psychologists, psychiatrists, speech language therapists, occupational therapists, and physiotherapists.
DEFINITION OF REFERRAL DATE	**How is "date of referral" defined for a PSO provider?**	The date on which a request for consultation (fax/phone call/in-person request) to a "PSO Provider" is received at the RCC/hospital, even if the date of referral is received on the weekend i.e. do not use the following business day – use the actual date the referral is received at the RCC even if it occurred on the weekend. The date of referral is the date that the patient is actually referred, not the date on which the PSO department processes the referral.
MULTIPLE PRIMARIES	**How should PSO dates of referral be reported for patients with more than one primary cancer diagnosis (i.e. distinct ALR diseases/cases)?**	The PSO referral date for the **most recent cancer diagnosis** should be reported. However, in some very rare cases the most relevant cancer diagnosis could be used to report the referral date– i.e. primary esophageal diagnosed in December 2015 and primary lung diagnosed in March 2016, patient has a referral to a dietitian – the date of referral to the dietitian and clinic visit may be associated to the esophageal cancer (case), even though it is not the most recent diagnosis because it is the reason for this dietitian visit.
SYNCHRONOUS MULTIPLE PRIMARIES	**How should PSO dates of referral be reported for patients with more than one**	When a patient has **two primary cancers diagnosed on the same day or very close to the same day** (i.e. left and right

ISSUE (FOR QUICK REFERENCE)	QUESTION	RESPONSE
	primary cancer synchronous diagnosis (i.e. distinct ALR diseases/cases)?	breast cancer; left and right lung cancer) then select one diagnosis/case (i.e. left lung cancer) and ensure that PSO clinic visits continue to consistently be associated to the same diagnosis/case.
ASSESSMENT	**What does an assessment of a patient include?**	An assessment of a patient may be formal or informal, but must result in the PSO provider gaining an understanding of that patient's symptoms and needs.
INTERVENTION	**Does education given by a PSO provider count as an intervention?**	Yes. An intervention can include providing education, setting a treatment/management plan, referring to another health care provider if appropriate and providing other support to the patient as necessary based on the assessment.
PSO GROUP SESSION	**Should dates of referral be reported for PSO classes/group sessions?**	Yes. If a patient is referred to a group session (they attend with other participants) where both an assessment and intervention occur, for dietitian, social work, mental health, speech language, occupational therapy or physiotherapy, and the session is led by (one or more) of the PSO healthcare provider(s) then this data should be reported as a group visit (either face-to-face or virtual). The PSO program includes group visits in the wait time measures to accurately reflect a patient's access to PSO services – both one-on-one in nature and through groups.
MULTIDISCIPLINARY PSO GROUP VISTS	**How should groups led by more than one PSO provider be captured in ALR?**	In an effort to accurately capture the professions represented, unique patient visits to all providers leading the multidisciplinary group should be captured. For example, when a patient attends an in-person session co-facilitated by both a dietitian and a social worker, we would see two separate GF

ISSUE (FOR QUICK REFERENCE)	QUESTION	RESPONSE
		visits for each group participant, one tied to the dietitian and one tied to the social worker.
SERVICES FOR CAREGIVERS/FAMILY MEMBERS ONLY	**Should dates of referral be reported for PSO services provided to caregivers/family members?**	Caregiver/Family PSO support visits are now required for PSO activity reporting. Caregivers should be registered as unique patient cases and assigned an ICD10CA diagnosis code *Z63.7 Other stressful life events affecting family and household* under the Disease Entity in ALR. PSO visits should then be assigned to these patients by linking Clinic Visits (for the PSO program) to the "Registration Date" or "Disease Sequence Number" for Z63.7 under the Disease Entity file as per usual. Note: Caregiver support visits are **not** included in the PSO wait time measures. The date of referral does not need to be reported for caregiver/family member cases as they are not included in the PSO wait time indicator.
MULTIPLE REFERRALS	**What if a patient is referred multiple times to one PSO discipline?**	Currently, the PSO wait times indicator is based on the time between the first consult referral to the first time a patient sees a PSO provider.
CLINIC VISIT	**What counts as a clinic visit?**	Clinic visits for all 7 specialized PSO disciplines have been captured through ALR since 2011. A PSO clinic visit is defined as direct patient care delivered by a PSO regulated health professional. The visit can take place face-to-face, over the telephone, or via OTN. The first clinic visit must be a meaningful visit where both an assessment and intervention occur. Supporting documentation will be completed in accordance with the regulating body's record keeping guidelines. Please

ISSUE (FOR QUICK REFERENCE)	QUESTION	RESPONSE
		note: any documentation must also be in accordance to the hospital's policies and procedures.
ORIGIN OF REFERRAL	**Does it matter where or from whom the referral originates?**	We understand that referrals to PSO disciplines can originate from many different settings and health care providers, including physicians, allied health professionals, and from patient and families themselves. We currently do not have a mechanism to capture where or from whom the referral originated. Regardless of who made the referral, please treat all referrals the same.
STUDENTS /INTERNS/RESIDENTS/FELLOWS	**Should supervised student/intern/resident/fellow and other supervised PSO HCP be submitted to ALR when a patient has a clinic visit with them?**	Yes. If a student/intern/resident/fellow is being supervised by a HCP professional then their clinic visit should be submitted as if the HCP supervisor had conducted the clinic visit independently.
PATIENT DECLINES PSO SERVICE DURING APPOINTMENT BOOKING	**A referred patient is contacted to arrange an appointment and declines service. How should this be accounted for in ALR?**	If a referred patient is contacted and they decline service, this interaction should **not** be counted as a PSO clinic visit for this patient. In some cases, education is provided to the patient on what services can be provided, however an assessment of the patient is not done, the services are not provided and therefore this does not meet the definition of a PSO clinic visit as outlined.
CHANGING THE PATIENT'S DATE OF REFERRAL	**Are there any circumstances that the patient's original date of referral to PSO services be altered?**	No. Although there are some scenarios where it might make sense to change a patient's date of referral (e.g. patient first refuses PSO services and later accepts – see scenario described below), please **do not** alter the original date of referral. Maintaining a standardized date of referral definition is important to ensuring data consistency across patient scenarios and Cancer Centres.

6. Case Scenarios

Patient-Driven Circumstances

1. **Patient prefers to coordinate the PSO consult with their next appointment (i.e. could be 6 months from now), despite being able to see a PSO provider a lot sooner. This will exceed the maximum 2 week time frame target.**
   We are aware that there are situations wherein the wait time will exceed the 2 week target. In this scenario the wait time of 6 months is patient-driven and based on patient preference. To accommodate these types of situations, the PSO wait time benchmark has been outlined as "85% of Cancer patients in Ontario would be seen within the maximum acceptable wait time", as opposed to 100% which accommodates such instances.

2. **Patient does not speak English and you need to arrange for an interpreter which will delay the PSO clinic visit.**
   Again, we are aware that there are situations wherein the wait time will exceed the 2 week target. Similar to the case scenario above, this is why the benchmark is 85% of all patients, allowing for these types of situations.

3. **A patient comes for a first clinic visit and after the assessment refuses to go through with the intervention as outlined by the PSO provider.**
   Patients may choose to not go ahead with a treatment plan as has been advised by the PSO provider. If an assessment was done, and following the assessment the patient refuses any intervention, then this should be documented as a first clinic visit for the patient.

Inpatient Cases

4. **How do we capture patients whose status changes from inpatient to outpatient and vice versa.**
   If the referral and consult are both provided when the patient is an inpatient, then that data should be excluded.

   If the patient received a PSO referral as an inpatient, then receives the consult as an outpatient, PSO would want this intervention or counsel reported. The referral date is captured on the Disease file, so it should be accounted for, since the consult was provided in an outpatient basis. The date of referral should be retained.

   In the scenario where the patient is referred to PSO care as an outpatient, but then transferred to the inpatient unit (therefore delaying the first consult visit until they are discharged) – the date of referral and first consult date should still be submitted as is. This is another example of a patient-driven circumstance and is why the target is set as 85% (to allow for special circumstances such as this).

For the centres with shared PSO services, if a patient sees a PSO provider as an inpatient, and has follow-up visits as an outpatient with the same PSO provider, the follow-up visits should be submitted. Due to ALR methodology constraints, the follow-up visit will be coded and analyzed as a first visit.

Multiple Primary Cancer Diagnoses

5. **A complex patient is referred to social work. The patient has multiple primary cancer diagnoses, including reoccurring skin cancer, and more recently was diagnosed with breast cancer. Both are primary cancers. The patient has not been coping well and would like to meet with a social worker to discuss issues related to changing relationships, coping at work, and financial supports.**
   This patient visit with the social worker is likely relevant to both cancer diagnoses, however should be coded under only one. CCO's directive is to code the visit under the most recent diagnosis (in very rare situations you can code it under the most relevant to PSO provider session). In this case example, social work support could be related to either therefore it should be entered for the most recent diagnosis - breast cancer.

Multiple Referrals

6. **A patient is referred to physiotherapy for range of motion issues prior to starting treatment. The physiotherapist sees the patient a number of times, providing exercises to increase the patient's range of motion issues in order to carry out the recommended treatment plans. The issue is resolved, the physiotherapist closes the case and discharges the patient from their care. Ten months later, the patient finishes treatment but now suffers from decreased muscle strength. The oncologist generates a new referral to physiotherapy.**
   The PSO wait time indicator is based on the time between referral to the very first time (first consult) a patient sees a PSO provider. While the patient may see the physiotherapist for subsequent visits for a reoccurring problem or a new problem, and these should be captured appropriately as clinic visits to measure visit volume, these visits are not used in the calculation of the wait time.

Family/Caregiver Support Visits

7. **A caregiver/family member has an appointment with a PSO provider on behalf of the patient. At this appointment, support for the caregiver/family member is not provided as the appointment is in regards to the patient and their care.**
   In this scenario, a caregiver/family member is seeing a PSO provider, but not related to their own needs as a caregiver/family member. As such, this does not count as a caregiver/family member support visit under the definition. Please follow these guidelines to determine ALR submission:
   a) Documentation for the patient health record/chart should follow the regulated healthcare providers college and hospital policies and procedures;

   b) The abstracted data/submission record should follow the standards for abstracted data, in this case Canadian Institute for Health Information (CIHI) standards and the hospital policies.

      i. Therefore, if those standards state that an abstracted record should be created for the patient not present at the appointment, then follow this practice and submit to ALR.

      ii. If those standards state that an abstracted record should be created for the caregiver present at the appointment, then do not report this visit activity to ALR since ALR cannot distinguish this scenario (i.e. cancer patient not present) with either diagnosis code Z637 or diagnosis code (for patient).

7. Appendix A - CCO Data Book: Data Elements Used by the PSO Program

The CCO Data Book defines the clinical, operational and financial data required directly from RCCs and other healthcare delivery organizations who have entered into an agreement with CCO. Each of the data elements represents information required to support performance measurement quality improvement of the cancer system. To access the most current version of the CCO Data Book, CLICK HERE.

Below is a description of the PSO specific data elements that are collected at the RCCs.

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Clinic Visit/ Disease	Patient Chart Number	Patient identifier code that is unique within the healthcare facility.	CHAR 10	Alpha-numeric. Consistent with CIHI NACRS and DAD definition and format. If alpha, must be upper case.	Uniquely identifies a patient within an RCC. Necessary to determine a case. Foundational to most measures and indicators.	Mandatory	
Clinic Visit	Visit Date	The date that the patient was seen for a consultation or follow-up assessment with a health care provider. This visit date may refer to in-person, video conference, telephone or group visits"	YYYYMMDD	Valid dates only.	Foundational to most measures and indicators – ALR, Wait Times, Funding. Used as a proxy for Consult date for Wait Times. First Consult date will be used for Wait Time.	Mandatory	
Clinic Visit/ Healthcare Professional	HCP Number	Healthcare professional identifier code for the physician or non-physician who is most responsible for the patient or who saw the patient. This code is unique to the submitting healthcare facility.	CHAR 15	Numeric only as per CIHI NACRS format. For physicians, this code has historically been the physician's OHIP billing number in OPIS.	Uniquely identifies a healthcare professional (physician or non-physician) so patient activity can be linked to a healthcare provider.	Mandatory	
Clinic Visit	Visit Program Code	Primary cancer programs for clinic, planning and treatment activity. Includes; Radiation (RAD), Systemic (SYS), Surgical (SUR), Research (RE), Palliative	CHAR 3	RAD=Radiation Therapy, SYS = Systemic Therapy, SUR = Surgery,	Used to classify visits by Program.	Mandatory	

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
		(PA), Preventive oncology (PO) or Psychosocial Oncology (PSO).		RE = Research, PA = Palliative Care, PO = Preventive Oncology, PSO - Psychosocial Oncology.			
Clinic Visit/ Disease	Registration Date	Date this patient was first registered at this RCC and/or hospital for this disease	YYYYMMDD	Valid dates only.	Used as a surrogate for date of initial diagnosis when date of initial diagnosis in not available. Additional purpose: Used to derive disease sequence number for sites who do not submit the disease sequence number. Therefore used to link clinic visit activity to patient's disease.	Mandatory	
Clinic Visit/ Disease	Disease Sequence Number	The numeric sequence assigned to a primary cancer for a patient at a specific healthcare facility.	INTEGER	1 through 99.	Disease Sequence Number must be either entered or left blank on ALL records in ALL entities from a submitting site, and that must remain consistent from month to month. If left blank, CCO will derive a value from the Registration Date. If this is the case, the field must be unique amongst Diseases within the Patient. Used in ALR, Ontario Cancer Registry, Wait Times, Planning, and funding.		

Entity	Data Element	Definition	Format	Valid Values	Purpose and Use	Completion Requirement	Changes
Clinic Visit	Visit Type	Identifies the method of contact for clinic visits. Examples include, in-person (face-to-face), telephone, group visits, video conferencing. Note: visits done via Ontario Telemedicine Network (OTN)/other video conference mechanism to provide a systemic treatment consultation/follow-up are identified by using data element value "VC" (for individual/one-on-one). Videoconferencing done as a group (i.e. for educational purposes) should use the code or "GV" (to represent group setting).	CHAR 2	<NULL> - Face To Face OM - Patient Interaction by Phone OC - Oral Chemotherapy Clinic Visit VC - Individual/one-on-one visits done via Ontario Telemedicine Network (OTN)/other video conference mechanism to provide a consultation/follow-up GV - Videoconferencing done as a group (i.e. for educational purposes to represent group setting). GF - Group Visit Face to Face			
Disease	Diagnosis Code	The primary disease site, or whatever other condition caused this patient to be registered at the healthcare facility. Note that this is NOT the same as the Primary Problem field in NACRS. All newly diagnosed patients must have an ICD-10-CA code. For patients diagnosed in prior years, submit this code using the ICD version in effect at that time. Note: This should not be used to report Cancer Diagnosis. Topography and	CHAR 7	Only valid ICD-8, -9, -9CM, or -10 codes accepted. See *Appendix 1·18* for detailed list and descriptions of ICD-10-CA. For patients diagnosed in prior years, use the ICD version in effect at that time and submit the appropriate Diagnosis Code Version. Effective April 1, 2008 for new cases use the ICD10CA.	Used to report activity by disease site group. Used to report incidence and mortality rates by cancer type, ALR, Wait Times, and funding.	Conditionally Mandatory	

		Morphology must be used. (Applies to RCCs only)					
Disease	Topography Code	In accordance with ICDO standards, indicates the disease site of origin of a neoplasm. All newly diagnosed patients must have an ICD-0-3 Topography code. For patients diagnosed in prior years, submit this code using the ICD version in effect at that time. Topography code describing the site of the neoplasm at time of diagnosis* *International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3).	CHAR 4 alphanumeric	Please refer to Appendix 1·2 .	To facilitate T, N, M validation and derivation of best stage.	Conditionally Mandatory	Applies to RCC only.

Disease	Morphology Code	In accordance with ICDO coding standards, code structure describes (4 digit) Histology (Tumour/cell type), (5th digit) Behaviour, (6th digit) Grade or Cell lineage (leukemia's).	CHAR 5	New diagnoses should use the morphology codes from ICD-O-3. Recurrences of cancers diagnosed in prior years can be reported using whatever version of ICD-O was originally used. Note: Version 3 to be used for NEW registrations effective April 1, 2008 Exclude non-numeric symbols, such as slashes (/).	Used for calculating incidence rates. Also used for linking, planning and Ontario Cancer Registry.	Conditionally Mandatory	
Disease	Date of Referral to Social Work	The date on which a request for consultation to a Social Worker is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Dietitian	The date on which a request for consultation to a Dietitian is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Physiotherapy	The date on which a request for consultation to a Physiotherapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.

		following business day not to be used)					
Disease	Date of Referral to Psychiatry	The date on which a request for consultation to a Psychiatrist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used).	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Psychology	The date on which a request for consultation to a Psychologist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used)	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Occupational Therapy	The date on which a request for consultation to an Occupational Therapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used).	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.
Disease	Date of Referral to Speech Language Pathology	The date on which a request for consultation to a Speech Language Therapist is received at the Regional Cancer Centre/hospital. Note: Date of referral received over the weekend to be used (i.e. date of following business day not to be used).	YYYYMMDD	Valid dates only.	Calculation of wait times by program		Applies to RCC only.

Healthcare Professional	HCP Specialty Code	Credentialed specialty of the healthcare professional according to CIHI service provider code.	CHAR 5	For healthcare professionals who have multiple specialties, use their primary specialty.	Used to identify the type of healthcare professional for planning purposes.		

HCP Specialty Code for PSO Only

Nutritional Therapy	06000
Social Work	12000
Psychology	15000
Psychiatry	00064
Physiotherapy	03002
Speech Language Pathology	03009
Occupational Therapy	03003