BreastScreen Australia

National Quality Improvement Plan

2018-2020

Approved by the National Quality Management Committee on 2 March 2018

Contents

Glossary

AIHW	Australian Institute of Health and Welfare
BSA	BreastScreen Australia
DDP	Data Directions Project
ISQua	International Society for Quality in Health Care
NAS	National Accreditation Standards
NPBP	National Performance Benchmarking Program
NQMC	National Quality Management Committee
NQIP	National Quality Improvement Plan
QIP	Quality Improvement Plan
SCU	State Coordination Unit
SDP	Strategic Data Plan
SQC	State Quality Committee
SQIP	State Quality Improvement Plan

1 Purpose

This is the National Quality Improvement Plan (NQIP) for the 3-year period 2018-2020.

The purpose of the NQIP is to support quality improvement within the BreastScreen Australia (BSA) program at a national level.

It provides a formalised process for achieving the following core objectives:

- Identify National Quality Improvement Priorities that are critical to achieving BSA Program objectives;

- Provide realistic and achievable strategies and actions for resolving National Quality Improvement Priorities;

- Enable the NQMC to provide strategic leadership in the quality improvement of BSA services in a collaborative manner.

2 Introduction

Since its conception, the BSA National Quality Management Committee (NQMC) has primarily operated as a compliance body, responsible for assessing the performance of BSA Services/ State Coordination Units (SCUs) against the National Accreditation Standards (NAS). Under the revised accreditation system, implemented from 1 January 2016, the NQMC's role has been broadened to include strategic leadership in national quality improvement.

This NQIP has been developed by the NQMC to fulfil its new responsibility. It succeeds the inaugural NQIP 2016-17 and identifies a number of National Priorities for quality improvement at a national level.

2.1 Scope

The NQIP supports national quality improvement through two key avenues:

- identifying areas of underperformance or high performance at a national level; and
- "horizon-gazing" for emergent technologies and practices that will support quality within the BSA program.

The NQIP articulates as National Priorities those quality improvement issues and opportunities that warrant coordinated national action and which the BSA program is equipped to adequately address within realistic timeframes.

The types of National Priorities in the NQIP can include:

Type	Description
Procedural	This will include overarching actions to establish or sustain the NQIP.
Structural	This will include strategic, quality-related structural improvements to the BSA Program.
Performance	This will include strategies to improve specific national NAS Measure performance.

2.2 Governance

NQMC is the decision-making body for the content and implementation of the NQIP. State Quality Committees (SQCs) are responsible for ensuring that their State Quality Improvement Plans (SQIPs) align with the NQIP.

The draft NQIP was communicated to jurisdictions following the August 2017 NQMC meeting. The NQMC considered jurisdictional feedback on the NQIP and finalised it at its March 2018 meeting.

2.3 NQIP Development and Review

This NQIP was developed using the process outlined in Figure 1. It has involved the update of the NQIP through a process of:

1. identifying key quality improvement issues for the BSA Program through the consideration of a range of information sources; and
2. applying selection criteria to determine which issues warrant inclusion in the NQIP as a National Priority.

The SQCs' input, along with their SQIPs have formed a key reference in this process.
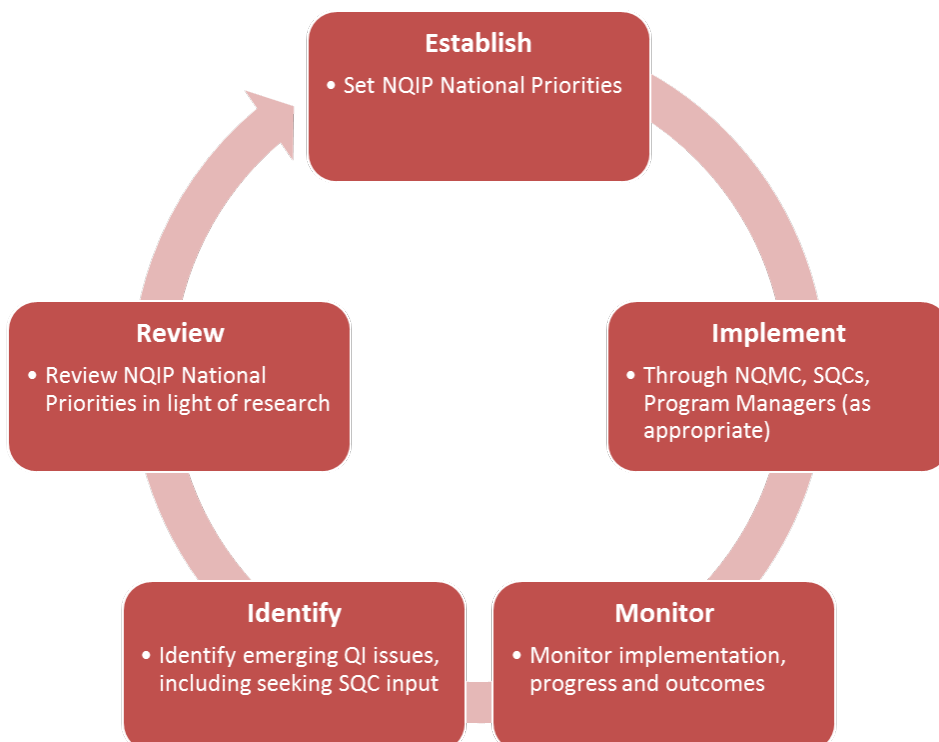
Figure 1: NQIP Development

The NQIP is updated as illustrated in Figure 2. The review cycle typically commences in April with a request for SQC input, with any updates to the NQIP typically being approved by the NQMC at its August meeting.

For those quality improvement issues not captured as National Priorities, the NQMC will take direct action where appropriate within the broader national quality improvement framework.

Figure 2:   NQIP Development and Review Cycle

3 Identifying National Priorities

3.1 Existing National Priorities

The inaugural NQIP 2016-17 contained three National Priorities which are outlined in Box 1.

Box 1: National Priorities from NQIP 2016-17

Establishing a Strategic Data Plan Project (SDP)

The BSA program has a wide variety of data available to inform quality improvement. This project covers the development of a data plan which will improve the integration and utilisation of these data, including accreditation data, data held by Services/SCUs, data held by the Australian Institute of Health and Welfare (AIHW) and other relevant data sources.

The SDP will drive better use of the available data by facilitating its strategic application in accurately identifying and responding to quality issues, as well as providing a refined understanding of where further research may be required.

Specifically, in the initial instance, the SDP will support the implementation of a National Performance Benchmarking Program (NPBP). It will also support the development of a reporting tool to analyse Service/SCU level accreditation data to assist in identifying National Priorities for inclusion in the NQIP.

More broadly, the SDP will be closely tied with the planned revision of the accreditation and reporting process, which seeks to streamline the data flow in the accreditation system.

Establishing a National Performance Benchmarking Program (NPBP)

The establishment of the NPBP will allow the NQMC to meet its governance responsibility to:

Document and report on the national performance of BreastScreen Australia Services and SCUs against the NAS Measures to facilitate benchmarking across jurisdictions and drive quality improvement (BSA Accreditation Handbook 2015, p. 23).

The NPBP will be established as one of the key components of the SDP (see Section 3.1) and form one of the overarching structures for supporting national quality improvement.

The NPBP will provide each Service/multi-service SCU with a benchmarking report which demonstrates their performance against key NAS relative to both national and peer Service performance. The design of the NPBP will need to consider benchmarking alike Services, e.g. rural, metropolitan etc. The NPBP will allow for the identification of areas for improvement and also highlight areas of excellent performance, facilitating program-wide learning from effective practice.

- The NPBP will provide benchmarking reports to Services and multi-service SCUs following the August NQMC meeting each year. These reports will be de-identified so that only the relevant Service's/multi-service SCU's performance is labelled. Subject to confidentiality terms, the Program Managers Group will receive a national summary of identified data, in order to workshop quality improvement opportunities.

Remote Tele-Radiology Research Project (previously Remote Radiology Evaluation)

BreastScreen Services in a number of jurisdictions face significant difficulties in providing assessment services to isolated and dispersed populations. Remote Tele-radiology offers potential for improving the quality of BSA service delivery nationally.

- The NQMC considers it is essential that new procedures, such as remote tele-radiology, be subject to rigorous, evidence-based guidelines to establish national best practice.

- The NQMC has identified that there is a need to provide clear guidance to BreastScreen services on how remote tele-radiology can be implemented with minimal risk to patient safety and service quality.

Accordingly, the NQMC, in conjunction with a number of jurisdictions, has established a research project to evaluate the use of remote tele-radiology.

This project will provide the basis for the development of quality and consistency guidelines for remote tele-radiology practice.

The progress in implementing these National Priorities is outlined in Table 1.

Table 1:   Progress with National Priorities from NQIP 2016-17

National Priority	Progress
Developing a Strategic Data Plan Designing and implementing a National Performance Benchmarking Program	Both these National Priorities are being progressed as part of a broader Data Directions Project (DDP). AIHW was engaged to develop the SDP (including high level specifications for the NPBP). The DDP Steering Committee is currently considering a draft SDP, which is expected to be finalised for consideration by the NQMC alongside this NQIP at the August 2017 NQMC meeting. The DDP includes a component relating to Forms Improvement which is aimed at: • further improving and simplifying the current suite of forms; and • developing online forms where possible to replace current fillable PDF forms.
Establishing a Remote Radiology Research Project	The Remote Tele-radiology Research Project will compare and analyse the delivery and outcomes of remote radiology assessments with the current model of assessment within the BSA Program. The project will assist the NQMC to provide clear guidance to Services on how remote tele-radiology can be implemented with minimal risk to patient safety. A project Governance Committee has been established and James Cook University have been engaged to undertake the research project. The research project timeline is two years. Study design and project setup has occurred, with the project commencing on the ground in the second half of 2017 and concluding in late 2019.

All three of these national priorities were considered to be relevant for continuation in NQIP, noting that:

• the SDP and the NPBP would move into the implementation phase; and

• the Remote Tele-Radiology Research Project will continue until late 2019.

3.2 Identifying new National Priorities

A range of potential national quality improvement issues was identified through reference to the following:

• Progress with the implementation of the National Priorities contained in the NQIP 2016-17;

• An analysis of current SQIPs;

• Advice/recommendations from SQCs; and

• An analysis of common issues arising at NQMC Meetings and from accreditation surveys.

These inputs were considered by a NQIP Working Group appointed by the NQMC, which included a representative nominated by the BSA Program Management Group. The Working Group identified ten potential national quality improvement issues as illustrated in Table 2 for consideration as National Priorities:

Table 2: Potential national quality improvement issues

QI Issue	Description
1. Supporting small accredited services	This recognises that smaller accredited Services can struggle to meet NASs due to limited resources and expertise. The performance of such services could be improved if they had: • access to shared resources and materials (for example, promotional material); • direction on best practice clinical guidelines; • specialist support in the development of policy, strategy and position statements and risk management; • and so on.
2. Clarifying protocols and national consistency in practices.	The provision of more definitive advice to Services and SCUs on what is/not acceptable practice under protocols would promote consistency in expectations and improve service delivery quality for women nationally.
3. Setting skills and qualification requirements for key service roles.	There is a number of key service roles for which the NAS Commentary does not define skills and qualification requirements, or where the specification is not mandatory. For example, there are no qualification requirements for a non-clinical Service Manager. This is a key leadership, governance and management role which has capacity to significantly influence Service performance, organisational culture and change management. Further, the current qualification requirements for Data Management roles are '*Relevant qualifications in data management are highly desirable*', whilst for Health Promotion staff '*Tertiary qualifications in public health/health promotion/education and demonstrated skills and experience in health promotion strategies are highly desirable*'. A review of qualifications, experience and/or skills requirements for these types of key service roles could assist in strengthening the quality of Service/SCU performance over the long term.

QI Issue	Description
4. Improving the consistency of Service Quality Improvement Plans.	Under Standard 7, Protocol 7.7 provides that Services and/or SCUs should continually review, assess and implement a detailed quality improvement plan (QIP). A review of QIPs provided with Applications for Accreditation indicated that the majority are limited to addressing NAS Measures that are unmet or where performance is declining. Encouraging Services/SCUs to ensure they have QIPs covering all NAS Measures and Protocols could strengthen the quality improvement culture across the entire screening and assessment pathway.
5. Facilitating national consistency in best practices through a shared repository of quality improvement practice.	Across all accredited BSA Services/SCUs there is a range of very good practice initiatives that could be used to inform other Services/SCUs. Establishing a shared repository for accessing information on these practices would help Services/SCUs more readily identify practices that can be used to improve the quality of their service delivery.
6. Developing a national approach to individualised screening policy/procedures.	Currently, there is no established national approach to the individualised screening of women with heightened risk of breast cancer. The development of clear national policy, strategies, guidelines/procedures and tools would assist in both the provision of consistent levels of service within the BSA Program and in the provision of information to women, that appropriately manages their service expectations.
7. Attaining ISQua[1] accreditation	ISQua is an independent not for profit global organisation that operates the leading International Accreditation Program. That program provides a mechanism for standards setting organisations to assure that their standards, their processes and their surveyor training programmes meet international best practice requirements. The NQMC has previously identified a long-term aspiration for attaining ISQua accreditation for the BSA Accreditation. This would verify the robustness and comprehensiveness of the BSA accreditation arrangements and inform the ongoing review of those arrangements.

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[1] International Society for Quality in Health Care

QI Issue	Description
8. Addressing proposed changes to the NAS Measures.	The SDP development process identified a number of NAS Measures that require immediate action to permit the NQMC to collect the right data measures for decision-making and national quality improvement. The issues of concern include: • A number of NAS Measures that are outside the direct control of Services; • Rewording a NAS Measure to align it better with its original intent; and • Reviewing the appropriateness of a number of NAS Measures that involve 100% targets. These issues require further consultation before clear resolutions could be identified by the NQMC.
9. Improving the currency of data used by the BSA Accreditation system.	The NQMC has identified there is a need to improve the currency of data submitted to the NQMC during accreditation processes. The NQMC is concerned that significant data lags in submitted Applications and Annual Data Reports are impeding the NQMC's decision-making capacity, with some data being up to 24 months old. The NQMC has consulted with BSA Program Managers on this issue and potential approaches have also been explored in the development of the SDP.
10. Implementing a NAS review mechanism	To maintain the integrity of the accreditation process it is important that the current NAS and their NAS Measures are contemporary and appropriate. During the development of the SDP it was recognised that there are standards and targets that are historical that may benefit from review. Specifically: • the cancer detection standards have not been reviewed for some years; • the participation target of 70% is never met; • rescreening targets are also rarely met; and • the recall to assessment target for first screens is often unmet. While the NQMC is responsible for the ongoing review of the NAS and their NAS Measures, there is currently no review mechanism in place.

4 The National Quality Improvement Plan 2018-2020

Having regard to progress with the current National Priorities in NQIP 2016-17, the National Priority selection process outlined in <u>Attachment A and feedback from jurisdictions</u>, the National Priorities for the three year period 2018-20 are set out in Table 3.

In selecting these National Priorities, the NQMC sought to ensure that the NQIP was relevant and achievable in an environment where jurisdictions and the NQMC are still bedding down the newly implemented revised accreditation system.

An Action Plan for addressing the National Priorities is contained in Section 4.2.

Table 3: National Priorities 2018-2020

Title	Nature	Description
1. Implementing the Strategic Data Plan (SDP)	Continuing	The BSA program has a wide variety of data available to inform quality improvement. A SDP is being developed and is aimed at improving the integration, currency and utilisation of these data by the NQMC, including accreditation data, data held by Services/SCUs, data held by AIHW and other relevant data sources.
2. Establishing a National Performance Benchmarking Program (NPBP)	Continuing	The NPBP is being established as one of the key components of the SDP and will form one of the overarching structures for supporting national quality improvement. The NPBP will provide each Service/multi-service SCU with a benchmarking report which demonstrates their performance against key NAS relative to both national and peer Service performance. The NPBP will allow for the identification of areas for improvement and also highlight areas of excellent performance, facilitating program-wide learning from effective practice.
3. Remote Tele-radiology Research Project	Continuing	The Remote Tele-radiology Research Project is comparing and analysing the delivery and outcomes of remote tele-radiology assessments with the current model of assessment within the BSA Program. The project will assist the NQMC to provide clear guidance to Services on how remote tele-radiology can be implemented with minimal risk to patient safety. A Governance Committee is overseeing the project and James Cook University is undertaking the research. The project timeline is two years. Study design and project setup has occurred, with the project commencing on the ground in the second half of 2017 and concluding in late 2019.

Title	Nature	Description
4. Supporting the quality improvement culture in the BSA Program	New	This priority is designed to drive the evolution of the quality improvement agenda within the BSA Program at the Service/SCU level. In the initial instance, it will involve: establishing a shared repository of quality improvement best practice. This is seen as a longer term National Priority for which new actions/initiatives will be developed over time.
5. A national approach to screening women at increased risk of breast cancer	New	This priority involves the NQMC working collaboratively with jurisdictions to develop national minimum guidelines to the individualised screening of women with increased risk of breast cancer. This initiative will cover: • A nationally agreed definition of women at increased risk of breast cancer; • The availability of annual screening for at risk women; • The screening and reporting approach to dense breasts; and • Risk criteria and associated assessment tools. In developing the guidelines, regard will be had to relevant international best practice, including the UK National Institute of Health Care Excellence (NICE) guidelines[2].
6. A NAS Review Program	New	This priority is aimed at ensuring that NAS and their NAS Measures remain contemporary and appropriate. It involves: • Establishing a NAS review mechanism and supporting process to enable the orderly and targeted review of NAS and NAS Measures over time. • Reviewing the NAS Measures recommended by the SDP as requiring attention under Strategic Data Priority 1 to ensure the NQMC optimises data measures for decision-making and national quality improvement. • Considering any NAS or NAS Measure issues that may emerge from the pending evaluation of the revised accreditation system for the BSA program.
7. Optimising data currency.	New	This priority involves establishing a rigorous and collaborative process to examine and make recommendations aimed at optimising the currency of the data used for informing BSA Accreditation decision-making. This would include examining a number of data currency optimisation options identified by the SDP process.

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[2]   CG164 - Classification and Care of People at Risk of Familial Breast Cancer and Management of Breast Cancer and Related Risks in People with a Family History of Breast Cancer

4.1 Other Quality Improvement Initiatives

The remaining quality improvement issues identified, whilst important, were not considered to warrant inclusion as a NQIP National Priority. It was agreed that these issues could be advanced by other means, as outlined in Table 4.

Table 4:   Actions to advance other identified quality improvement issues

QI Issue	Action
1. Supporting small or struggling accredited services 2. Clarifying protocols and national consistency in practices.	The NQMC will consult with jurisdictions on how the BSA Program might: • build the capacity of services that are struggling with compliance and/or quality improvement; and • identify and promote new models of care that can assist in improving the quality and consistency of practices in Services/SCUs.
3. Attaining ISQua[3] accreditation	Achieving ISQua accreditation will require considerable resources and time. It is considered that action on this issue now is premature given: • The revised Accreditation system has only just been implemented and is still being bedded down; • The pending evaluation of the revised BSA Accreditation system. The NQMC will consider this as a potential future National Priority.

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[3] International Society for Quality in Health Care

4.2 Action Plan

The following table outlines the NQIP National Priorities and the indicative process and timelines proposed for their initial progression.

National Priorities	Type	Source	Actions	Timeline	Accountabilities	Success Measures
Implementing the Strategic Data Plan	Structural	NQIP 2016-17	Implement the recommendations of the SDP that is approved by the NQMC.	March 2018 – March 2019	NQMC/Data Directions Project Steering Committee	SDP implemented and supporting quality improvement and improved data flow within the BSA program.
Establish National Performance Benchmarking Program	Procedural	NQIP 2016-17	Design and implement NPBP, including engaging appropriate contractor.	August 2018	NQMC/Data Directions Project Steering Committee	NPBP established.
Remote Radiology Research Project	Structural	NQIP 2016-17	Conduct evaluation.	2017-2019	NQMC/ Governance Committee	Evaluation produces outcomes that can be used to guide remote radiology best practice within the BSA program.
Supporting the quality improvement culture in the BSA Program	Performance	National Surveyor	Establishing a shared repository of quality improvement best practice.	October 2017- March 2018	NQMC Secretariat/ Australian Department of Health	The repository is established and updated six monthly.

National Priorities	Type	Source	Actions	Timeline	Accountabilities	Success Measures
A national approach to screening women at increased risk of breast cancer	Structural & Performance	National Surveyor SQCs	Establish a Working Group to develop a pathway towards a national approach to screening women at increased risk of breast cancer.	May 2018	NQMC	Working Group established. NQMC recommends national approach to SCoS.
			Working Group to provide Report to NQMC for consideration for submission to SCoS.	December 2018	Working Group	
A NAS Review Program	Structural & Performance	National Surveyor SQCs SDP	Establish NAS Review Program mechanism	May 2018	NQMC	A NAS Review Program mechanism.
			Establish a review of • the NAS Measures identified in the SDP as requiring immediate action. • the targets for the NAS Measures that did not change in the recent revision of the accreditation system, but where historic BreastScreen data do not support these targets.	June 2018	NQMC	Appropriate reforms are made to NAS Measures.
			Establishing a Working Group to determine a plan for the development of targets for NAS measures for the current BSA target cohort of women aged 50–74.	August 2018	NQMC	A workable plan is agreed for the development of targets for NAS measures for the current BSA target cohort of women aged 50–74.

Attachment A - National Priority selection process

A range of nationally relevant quality issues and opportunities will be considered for selection as National Priorities each year. These may include recurring or notable areas of underperformance or high performance at a national level. They may also include additional projects, strategies and structures which work to support quality improvement within the BSA program.

Potential National Priorities will be identified through a comprehensive review of accreditation data, relevant research, the national performance database, SQIPs and direct consultation with SQCs.

The National Priority selection process utilises the following criteria to identify the most pressing quality issues with the greatest potential for improvement through coordinated national action:

1. The issue is relevant to the whole country or large portion of the country.

2. If the issue is relevant only to one jurisdiction, it has significant ramifications for the outcomes for women.

3. The issue involves consideration of the harm/benefit balance and is likely to improve the outcome for women.

4. The issue is considered nationally significant in terms of achieving the objectives of the BSA Program Objectives, which are to:

   a) Reduce the mortality and morbidity attributable to breast cancer.

   b) Maximise early detection of breast cancer in the target population.

   c) Maximise the proportion of women in the target population who are screened every two years.

   d) Provide high quality services that are equitable, acceptable and appropriate to the needs of the population and equally accessible to all women in the target age group.

   e) Provide screening and assessment services in accredited Screening and Assessment Services as part of the BSA program.

   f) Provide high standards of program management, service delivery, monitoring, evaluation and accountability.