



Australian Government
Department of Health

NATIONAL BOWELCANCER

SCREENING PROGRAM

QUALITY FRAMEWORK

OCTOBER 2016

VERSION 1.0



This document was initially drafted by the Australian Government Department of Health in consultation with the Quality Framework Working Group. Subsequent support from the Program's advisory groups assisted in its finalisation.

The report was reviewed by the Program Clinical Advisory Group, the Program Delivery Advisory Group, and endorsed by the Standing Committee on Screening in October 2016.

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Version Control and Distribution

Version control (Document Revision History)

Version	Date	Comment
0.1	June 2014	First DRAFT Dept. of Health
0.2	July 2015	Second DRAFT revised by Dept. of Health based on feedback from the Program Delivery Advisory Group (PDAG) and a further review by the Bowel Screening Section (Health)
0.3	July 2016	Third DRAFT revised by Dept. of Health based on feedback from PDAG and a further review by Health
0.4	August 2016	Revised by Dept. of Health
0.5	October 2016	Endorsed by the Standing Committee on Screening (SCoS)
1.0	March 2017	Final document published by Australian Government Department of Health on the National Bowel Cancer Screening Program website

Distribution

Date Issued	Issued to
June 2014	PDAG – Working Group members
August 2014	PDAG and CAG members for comment
31 July 2015	Re-issued for comments to PDAG – Working Group members
August 2016	Re-issued for final comment to PDAG and CAG members
September 2016	Submitted to SCoS for endorsement
October 2016	Endorsed by SCoS
March 2017	Published on the National Bowel Cancer Screening Program website

Terms and Abbreviations

The following terms and abbreviations are used in this document.

Term	Meaning
ABS	Australian Bureau of Statistics
Accrediting Bodies	Organisations that drive the implementation of safety and quality standards to improve the quality of healthcare in Australia (e.g. ACSQHC, GESA)
ACSQHC	Australian Commission on Safety and Quality in Health Care
AIHW	Australian Institute of Health and Welfare
Consumer	A person who is eligible to be invited to participate in the National Bowel Cancer Screening Program
DHS	Australian Government Department of Human Services
EQulP	Evaluation and Quality Improvement Program – Australian Council on Healthcare Standards
GESA	Gastroenterological Society of Australia
GP	General Practitioner
Guidelines	National Health and Medical Research Council Clinical Practice <i>Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer</i>
Health	Australian Government Department of Health
Hot-zone	A postcode where the average monthly temperature is above 30 degrees Celsius and invitations to screen are only sent during cooler months
iFOBT	Immunochemical Faecal Occult Blood Test
NHMRC	National Health and Medical Research Council
Participant	A Program invitee that returns a completed iFOBT for analysis
Participant Details Form	A form sent with the iFOBT kit to be completed by the participant and returned with the completed kit to the pathology laboratory. The form collects information such as Indigenous status, disability, language spoken at home and GP information. The form includes a consent section requiring the participant's signature
PBSF	The <i>Australian Population Based Screening Framework 2008</i>
PFUF	Participant Follow-up Function
PI	National Performance Indicators for the National Bowel Cancer Screening Program
Positive colonoscopy	A colonoscopy that detected; Tubular adenoma, Tubulovillous adenoma, Villous adenoma, Sessile serrated adenoma, Traditional serrated adenoma, Adenoma, Carcinoma, other malignancy or polyps $\geq 10\text{mm}$
Program	National Bowel Cancer Screening Program

Term	Meaning
QRA	Quality Result Areas (Section 2 of document) mirror each major step of the Screening Pathway and its components to engage Program stakeholder participation in quality assurance, improvement and monitoring. Each QRA details the quality outcome, Standards and Determinants for the correlating step in the Screening Pathway
Quality Determinant	For the purposes of Section 2 of this document, a Quality Determinant is a process and activities that contribute to meet the Standards and Quality Result Areas (QRAs).
Quality Enabler	Quality Enablers are 'building blocks' for the required quality across the Program. The Quality Enablers specify the high level responsibility assigned to parties involved with implementing elements of the Program
Quality Standards	For the purposes of section 2 of this document (Quality Result Areas) a Quality Standard identifies the requirements to be achieved in order for the for the Quality Result Area outcome to be met
RCPA	Royal College of Pathologists Australasia
Screening Notice	A letter sent to people in the eligible population inviting them to opt-on to receive an iFOBT kit. This letter is sent to people who had a positive colonoscopy result at a previous screen or a recent colonoscopy recorded in Medicare records (MBS item)
Screening Pathway	The Screening Pathway articulates the steps an invitee would follow should they participate in the Program. The pathway commences at the point a potential participant first receives correspondence from the Program, through to definite diagnosis. It specifies the decision points and health providers' involvement along the way
The Healthcare Framework	The <i>Australian Safety and Quality Framework for Health Care</i> endorsed by Australian Health Ministers in 2010
Usual Care	Health care provided through public and private providers (such as GPs and hospitals) generated by, but not specific to the Program

1 Introduction

1.1 Introduction

Population screening is the *'the use of simple tests across a healthy population in order to identify individuals who have disease, but do not yet have symptoms'* (World Health Organization (WHO) 2015¹). Organised screening programs, compared to self- or GP-initiated screening, are governed by agreed principles and criteria designed to deliver formal quality processes for implementation, continuous monitoring and evaluation.

The Australian *Population Based Screening Framework* (PBSF)² sets out principles and criteria to support the implementation and management of high quality screening programs in Australia. The PBSF is based on the premise that screening has benefits, costs and harms that require careful consideration. The PBSF highlights that there is an obligation to maximise the benefits and minimise the harms of a screening program and it provides criteria to support assessment of these benefits and harms.

The PBSF also highlights that a population based screening program is a comprehensive approach to screening. It incorporates recruitment, screening, assessment, diagnosis and outcome. It is underpinned by an evidence-based screening pathway that commences with recruitment and follows through testing, to the point of diagnosis. To support the delivery of high quality services across all elements of the screening pathway, the PBSF highlights the need for a quality framework. Quality is integral to population screening to ensure health services are safe and live up to the promises made to consumers, and to promote continuous quality improvement practices in health care services. The Australian National Bowel Cancer Screening Program (the Program) recognises that its screening services must be of high quality in order to achieve the Program aims of reducing mortality and morbidity from bowel cancer.

1.1.1 About this Quality Framework

The Program Quality Framework is the first step in supporting the delivery of quality along the Screening Pathway ([Appendix A](#)). The Quality Framework is outcomes based; it states the desired quality outcomes for the different elements of the Screening Pathway and the actions that are required for these outcomes to be achieved.

The Quality Framework has been developed as part of a suite of documents to support the Program. Recognising the nature of the Program model, which comprises a combination of Commonwealth (screening and follow up delivery) and state and territory responsibilities ('usual care' and Participant Follow-up Function (PFUF) delivery), it is intended to be used by all those involved in the Screening Pathway, to guide individual and organisational activities, articulate specific responsibilities and highlight interdependencies. It serves as an aspirational framework informed by best practice, and describes the quality the Program aims to achieve. It builds on the collaborative, inter-government and inter-sectoral nature of the Program to promote quality across the Screening Pathway.

The Quality Framework is a tool for developing procedures to suit different business models. While in some instances the Quality Determinants reference specific guidelines, agreements or contracts,

¹ World Health Organization (2015) Early Detection of Cancer, <http://www.who.int/cancer/detection/variouscancer/en/>

² Population Based Screening Framework endorsed by the Australian Health Ministers' Advisory Council (2008).

users of this Quality Framework should consider their own circumstances in determining the requirement for tailoring existing standards or developing more specific guidance to operationalise this Quality Framework.

The Australian Government Department of Health (Health) is responsible for promoting, reviewing and updating the Quality Framework. The Quality Framework will be subject to regularly scheduled reviews by Health with the support its stakeholders and advisory groups and may be updated on a needs basis to reflect significant policy change. The Quality Framework will be published on the Program website at www.cancerscreening.gov.au.

1.1.2 Screening Pathway

The Screening Pathway ([Appendix A](#)) specifies the start and end point of the Program as well as the sequence of events, decision points and health providers' involvement along the way. The Screening Pathway proceeds along the following steps:

- Recruitment (initial invitation and rescreen)
- Screening
- Follow-up ('usual care')
- Diagnostic assessment ('usual care')

A key feature of the Screening Pathway is that there are specific elements delivered by the Australian Government, and services delivered through 'usual care'. 'Usual care' refers to those health services which are not under the direct responsibility of the Australian Government, but still an essential part of the Screening Pathway. For example, recruitment of participants and delivery of the screening test is centralised and provided through a national Program Register, whereas the follow-up and diagnostic assessment after a positive result are delivered through 'usual care' and state/territory-based follow up coordination. Therefore, this Quality Framework articulates the steps to support quality nationally and in 'usual care' for the Program.

1.1.3 Quality Framework governance and monitoring

The Australian Government is ultimately responsible for monitoring quality in the Program and this Quality Framework is a tool to accomplish this. Operational management in partnership with clinical governance is an essential component that distinguishes organised screening programs from opportunistic and routine screening. The degree to which the overarching Program objectives are achieved is an indicator for measuring quality. In this Quality Framework, each element of the Screening Pathway has an outcome described (see section 2, Quality Result Areas).

For example, Quality Result Area 2 is Recruitment. The outcome is:

All eligible Australians have access to the Program, irrespective of their geographical, socio-economic, disability or cultural background in order to achieve participation levels that maximise the benefit of early detection of bowel cancer.

In this example, an increasing participation rate will indicate that the relevant quality Standards detailed in this Quality Framework are being adhered to. A decrease in the participation rate will indicate that further analysis and work is needed to address and meet the quality Standards. Section 1.2.3 provides further information on how the Program is monitored.

The achievement of the outcomes detailed in Section 2 of this Quality Framework will require the collaboration of all stakeholders and service providers and in particular, those listed in Table 1.

Health will work with key stakeholders and industry groups to identify gaps in quality and take action for improvement where appropriate. Further work is planned by Health to consider the evidence and feasibility around identifying baseline targets and/or trend expectations to support this Quality Framework.

1.1.4 Who should use this Quality Framework?

This Quality Framework should be used by the individuals, governments, organisations and professional bodies that need to support quality delivery of the Program. This document should be considered when developing training and policies, and for organisations undergoing accreditation and certification. Table 1 provides examples of who should use this document.

Table 1 - Who should use the Quality Framework?

Who	Example*
Consumer—a person eligible to participate in the Program	From 2020, all eligible Australian citizens with Medicare access turning age 50 -74. Refer to Appendix B for eligible age groups during the implementation of biennial screening (from 2015-2020)
An individual/health professional providing Program related services	General practitioners (GPs), colonoscopists, health care workers, histopathologists, chemical pathologists, gastroenterology nurses and surgeons
An organisation or facility providing Program related services	Public and private hospitals and endoscopy units, clinics, health centres, general practice or those providing pathology or registry services under contract to Health
Accrediting bodies	State and territory governments, Gastroenterological Society of Australia, Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy, Australian Commission for Safety and Quality in Health Care, National Association of Testing Authorities.
State and territory governments	State and territory health departments, Local Health Services
Professional groups	The Gastroenterological Society of Australia, the Royal Australian College of GPs, Royal College of Pathologists of Australasia, Royal Australasian College of Surgeons, Royal Australasian College of Physicians, Australasian Association for Quality in Health Care
Australian Government	Australian Government Department of Health, Australian Institute of Health and Welfare (AIHW)

* See Section 3 (Quality Enablers) to see how these groups/organisations can use the Quality Framework.

1.1.5 Development of the Quality Framework

In 2008, the Australian Population Health Development Principal Committee (APHDPC), of the Australian Health Ministers' Advisory Council (AHMAC) released a Population Based Screening Framework (PBSF) which outlines a number of principles for the implementation and management of screening programs in Australia, including effective monitoring and quality. Subsequently, a Quality Working Group (QWG) for the Program ([Appendix C](#)) was asked to develop an overarching quality framework for the Program, in accordance with these principles, to ensure service provision is of the highest standard achievable in terms of quality, consistency, accessibility and

appropriateness at each stage of the screening pathway; and that structures and processes for effective monitoring, management and improvement of the program are in place.

The Quality Framework builds on the extensive work undertaken by the National Bowel Cancer Screening Program (the Program) QWG and specifically the *Report on development of a quality framework for the National Bowel Cancer Screening Program* (DLA Phillips Fox 2010).

The draft Quality Framework was presented to the then Program Advisory Group (PAG) in July 2011. The PAG endorsed the report's proposed principles for a quality framework, and agreed that further work needed to be done in relation to the standards and criteria. In November 2012, the Standing Committee on Screening agreed to progress the development of a Quality Framework, by way of a working group with consultation with the Program's Clinical Advisory Group and other relevant stakeholders. From 2012-2016, the draft Quality Framework was further developed in consultation with relevant stakeholders, through policy and document reviews, and in conjunction with the development of the Program Policy Framework, Phase Four.

All Australians expect high quality and appropriate health care, delivered by trained specialists and provided in a system with a culture of safety. The Quality Framework recognises existing safety and quality requirements for health care and draws out specific expectations relevant to the Program. In particular, the Quality Framework is based on the *Australian Safety and Quality Framework for Health Care* (the Healthcare Framework) endorsed by Australian Health Ministers in 2010 (Appendix D). Given the need for continuously improving the Program and its quality management, this Quality Framework will require ongoing refinement and cannot afford to be static.

1.1.6 Quality Framework Principles

The Healthcare Framework describes a vision for safe and high-quality care for all Australians and sets out the actions needed to achieve this vision. The Healthcare Framework describes three core principles for safe and high quality healthcare:

- ▶ consumer centred
- ▶ driven by information; and
- ▶ organised for safety.

The Healthcare Framework also identifies 'areas for action' that fall under the three core principles and these have been incorporated into the development of this document.

The principles have been considered in the context of the Quality Framework and the inter-sectoral nature of the Program. They are described in more detail below.

Consumer centred

For the purposes of this Quality Framework, the term 'consumer' refers to people who are actual or potential users of the Program. Consumers of the Program are those people eligible to be invited to participate, namely Australians aged 50 to 74 years; but particularly those who participate in screening (referred to as participants).

Being consumer centred recognises that the Program and all organisations and health professionals providing services to Program invitees are respectful and responsive to the preferences, needs and values of consumers. Having a consumer focus requires an active approach to engage consumers, policy makers and service providers as partners along all aspects of the Screening Pathway.

Driven by information

This principle refers to the practice of ensuring that the delivery of the Program and the delivery of associated health services to Program participants is underpinned and implemented in line with contemporary and relevant evidence and guidelines. It emphasises the importance of accurate and complete data collection and dissemination for the purposes of monitoring and evaluation.

It encourages health professionals to take action to follow best practice guidelines, as agreed by their profession, in order to provide consistent and good quality healthcare and services to consumers. It acknowledges that the Quality Framework is dependent on the effectiveness of existing quality management activities, particularly for the elements of the Screening Pathway that fall under 'usual care'.

It encourages a culture of continuous quality improvement across the Screening Pathway. Continuous quality improvement is a managed approach to quality improvement that emphasises an ongoing or continual process of improvement and evaluation (e.g. an ongoing cycle involving planning, doing, checking, identifying more actions and then starting again) in order to identify opportunities to improve the operations of an organisation with the end result of delivering better services to customers or clients.

Organised for safety

An effective approach to quality management incorporates the overall health system, through the governments, organisations and individuals delivering programs and services, to the consumers receiving and affected by the services delivered by the system. It recognises that safety and quality are the cumulative result of the interactions of the organisations, individuals, consumers and systems.

Ownership and accountability underpin all elements of the Quality Framework. All individuals and organisations that participate directly and indirectly in the provision of the Program have a role to play to take action to provide services that are safe and of high quality, both at the national program level and through 'usual care'.

This Quality Framework articulates the Quality Standards expected of organisations, professional groups and individuals involved with the delivery of the Program for the provision of services to participants along the Screening Pathway. The Quality Standards are linked to Quality Determinants that recognise existing quality management systems ([Appendix E](#)). Governments and organisations are responsible for developing policies and fostering a culture of continual quality improvement. Professional groups play an important role in providing expert advice and training and credentialing services to their members in order to prevent or minimise harm from healthcare errors.

1.2 National Bowel Cancer Screening Program

The Program aims to reduce the incidence, illness and mortality related to bowel cancer in Australia through screening to detect cancers and pre-cancerous lesions in their early stages, when treatment will be most successful.

The Program was implemented in 2006 by the Australian Government in partnership with state and territory governments to address the rise in incidence and mortality from bowel cancer. The Program operates in accordance with the Australian *Population Based Screening Framework (PBSF)*.

A biennial screening interval for all eligible Australians aged between 50 and 74 will be progressively phased in from 2015 and will be fully implemented by 2020 (see [Appendix B](#)). As the full rollout of the Program is implemented by 2020, the Program is expected to fulfil all criteria for operating in accordance with the PBSF.

1.2.1 Objectives

The Program aims to³:

1. Achieve participation levels that maximise the population benefit of early detection of bowel cancer in the target population.
2. Enable equitable access to the Program for men and women in the eligible target population, irrespective of their geographic, socioeconomic, disability or cultural background, to achieve patterns of participation that mirror the general population.
3. Facilitate the provision of timely, appropriate, high quality and safe diagnostic assessment services for Program participants.
4. Maximise the benefits and minimise harm to individuals participating in the Program.
5. Ensure the Program is cost effective and maintains high standards of program management and accountability.
6. Collect and analyse data to monitor participant outcomes and evaluate Program effectiveness.

1.2.2 Governance

The Program is an Australian Government program that is delivered under an agreed understanding with state and territory governments. High level policy decisions in relation to the Program are made by the Australian Government Minister for Health. Decisions that require the formal agreement of state and territory governments may be managed through multilateral negotiation through the council of Australian Governments structure or through separate bilateral arrangements.

A number of contracts and other funding administrative arrangements exist at the national level to deliver the Program. These include contracts governing the invitation (recruitment) process, quality and supply of immunochemical Faecal Occult Blood Test (iFOBT) kits, analysis of iFOBT by a pathology provider, management of the Program Register and PFUF, as well as reporting and evaluation of the Program against its agreed Performance Indicators (see below for further information on Performance Indicators).

State and territory governments have an advisory role in Program policy and management through the Standing Committee on Screening, the Community Care and Population Health Principal Committee and the Program Delivery Advisory Group. State and territory governments also have responsibility for providing 'usual care' services for Program participants following a positive screening test and local coordination of the Program including health system workforce and colonoscopy capacity. They are also responsible for other support activities to improve awareness of the Program and increase participation and follow up through the Program-funded PFUF.

1.2.3 Program Monitoring

The Program will be monitored regularly in accordance with screening principles of the PBSF and evaluated periodically. Performance Indicators (PIs) have been agreed to measure the performance of the Program in meeting its aim to reduce the morbidity and mortality related to bowel cancer in Australia (Table 2). Performance of the Program against the PIs is reported annually in a monitoring report published by the Australian Institute of Health and Welfare (AIHW),

³ National Bowel Cancer Screening Program Policy Framework – endorsed by the Community Care and Population Health Principal Committee on 30 May 2013.

along with six-monthly operational reports to Health and jurisdictional program managers⁴. Approaches to evaluation of the Program against the PIs may adjust periodically as the Program evolves and more data becomes available. Monitoring of the PIs reports how the Program is performing against its objectives.

Further work will be undertaken to consider the evidence and feasibility around identifying baseline targets and/or trend expectations for each PI to support continuous quality in the Program and to support the Program in meeting its objectives.

Table 2- Program Performance Indicators

PBSF step ^(a)	No.	Program performance indicator	Related Program Objectives
Recruitment	1	Participation rate	2, 5, 6
Screening	2	Screening positivity rate	1, 4, 5
Assessment	3	Diagnostic assessment rate	2, 3, 4
Assessment	4	Time between positive screen and diagnostic assessment	2, 3, 4
Diagnosis	5a	Adenoma detection rate	1, 4
Diagnosis	5b	The positive predictive value of diagnostic assessment for detecting adenoma	1, 4
Diagnosis	6a	Colorectal cancer detection rate	1, 4
Diagnosis	6b	The positive predictive value of diagnostic assessment for detecting colorectal cancer	1, 4
Diagnosis	7	Interval cancer rate	1, 4
Diagnosis	8 ^(b)	Cancer clinic-pathological stage distribution	1, 4
Outcomes	9 ^(b)	Adverse events—hospital admission	3, 4
Outcomes	10 ^(c)	Incidence of colorectal cancer	6
Outcomes	11 ^(c)	Mortality from colorectal cancer	6

(a) Population based screening Framework (PBSF).

(b) Indicators 8 and 9 are aspirational performance indicators (performance indicators where data are not currently available; however, when data are available, they would be reported).

(c) Indicators 10 and 11 are contextual performance indicators (performance indicators not specific to the Program, but provide context on the burden of bowel cancer in Australia, which may be related to bowel screening activity and outcomes).

⁴Performance indicators from the AIHW 2016 Monitoring Report onwards were updated, which may create difficulties producing accurate comparisons with previous reports.

1.3 Format and application of the Quality Framework

The key elements of the Quality Framework are:

- Section 1 - Introduction
- Section 2 - Quality Result Areas
- Section 3 - Quality Enablers

1.3.1 Section 1 – Introduction (this section)

1.3.2 Section 2 - Quality Result Areas

The Quality Result Areas mirror each major step of the Screening Pathway and its components to engage Program stakeholder participation in quality assurance, improvement and monitoring. For each of the Quality Result Areas, relevant Quality Standards and Determinants are identified for both the operation of the program and ‘usual care’ (as they pertain to the Program).

The Quality Framework articulates Standards and Determinants expected of all parties involved with the provision of the Program or services for participants of the Program. It is acknowledged that some of these may be aspirational whilst others are existing mandatory standards (for example the *National Safety and Quality in Health Service Standards*). The identification of Quality Standards that are aspirational is considered an important signal about the level of quality desired in the Program and is part of the process for driving continuous quality improvement.

Users of this Quality Framework should identify which Quality Results Area(s) (Section 2) apply to them and/or their organisation, in accordance with the Program Screening Pathway, and identify the relevant Standards and Determinants and governing bodies to address quality issues⁵.

1.3.3 Section 3 - Quality Enablers

The Quality Enablers are the building blocks that underpin the management of quality in the Program (Section 3). Each Quality Enabler includes information on the responsibility of individuals, governments and organisations involved in the delivery of the Program or the provision of health services to participants of the Program.

Users of the Quality Framework should first identify which Quality Result Area(s) (Section 2) apply to them and then refer to the Quality Enablers as a guide on the development and implementation of policies and procedures to enable the quality outcomes to be achieved.

Figure 1 highlights the structure of the Quality Framework and its integration with the aim and objectives of the Program.

Figure 2 demonstrates the integration of the Quality Framework with the Screening Pathway and the involvement of the different parties at different points along the Screening Pathway.

⁵ Quality issues are defined as elements of the Program or health system that could be improved or addressed to improve quality in the Program. They also include reporting breaches to guidelines and legislation.

National Bowel Cancer Screening Program (the Program)

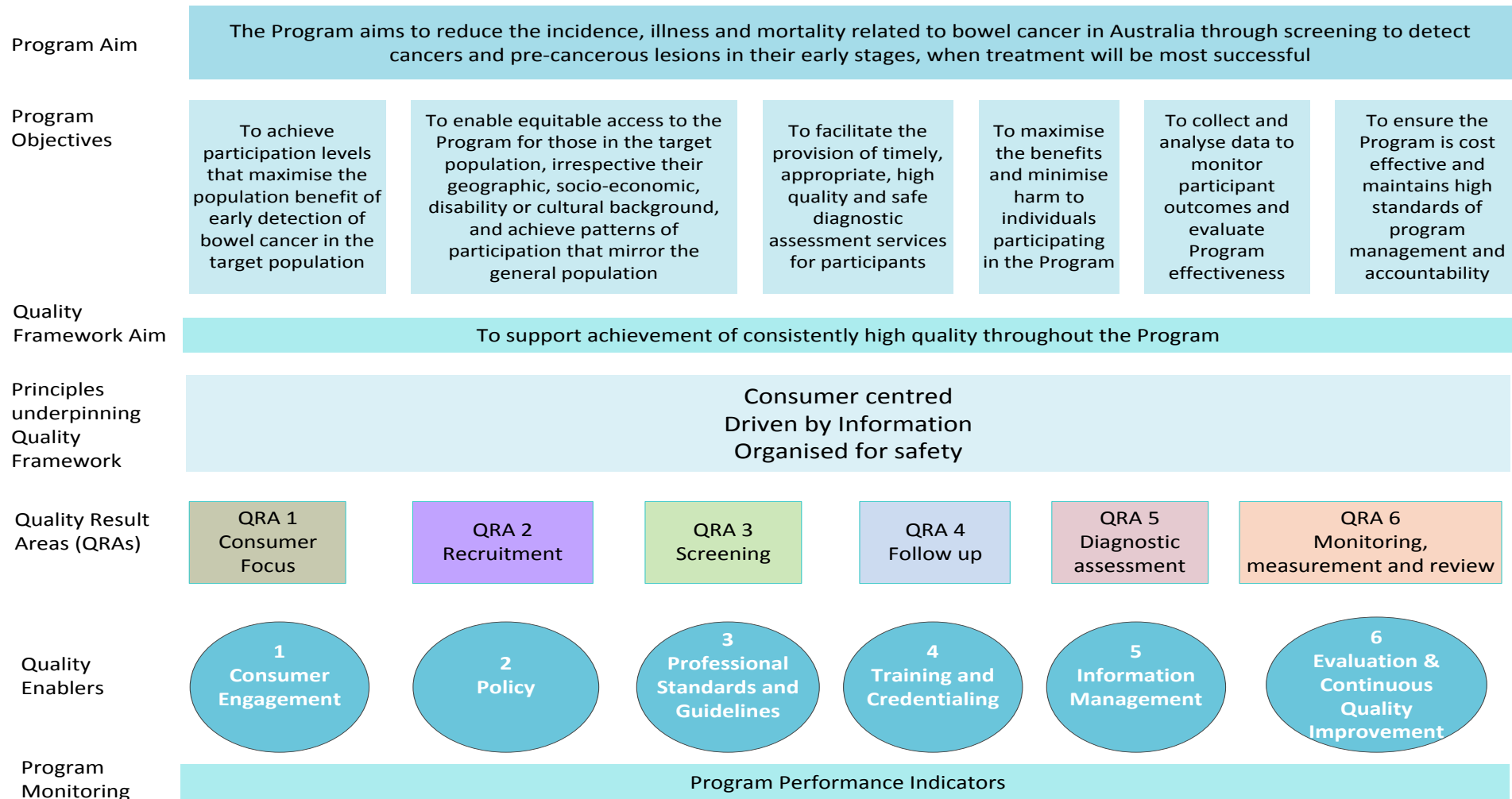


Figure 1: Integration of the Quality Framework with Aim and Objectives of the Program

National Bowel Cancer Screening Program

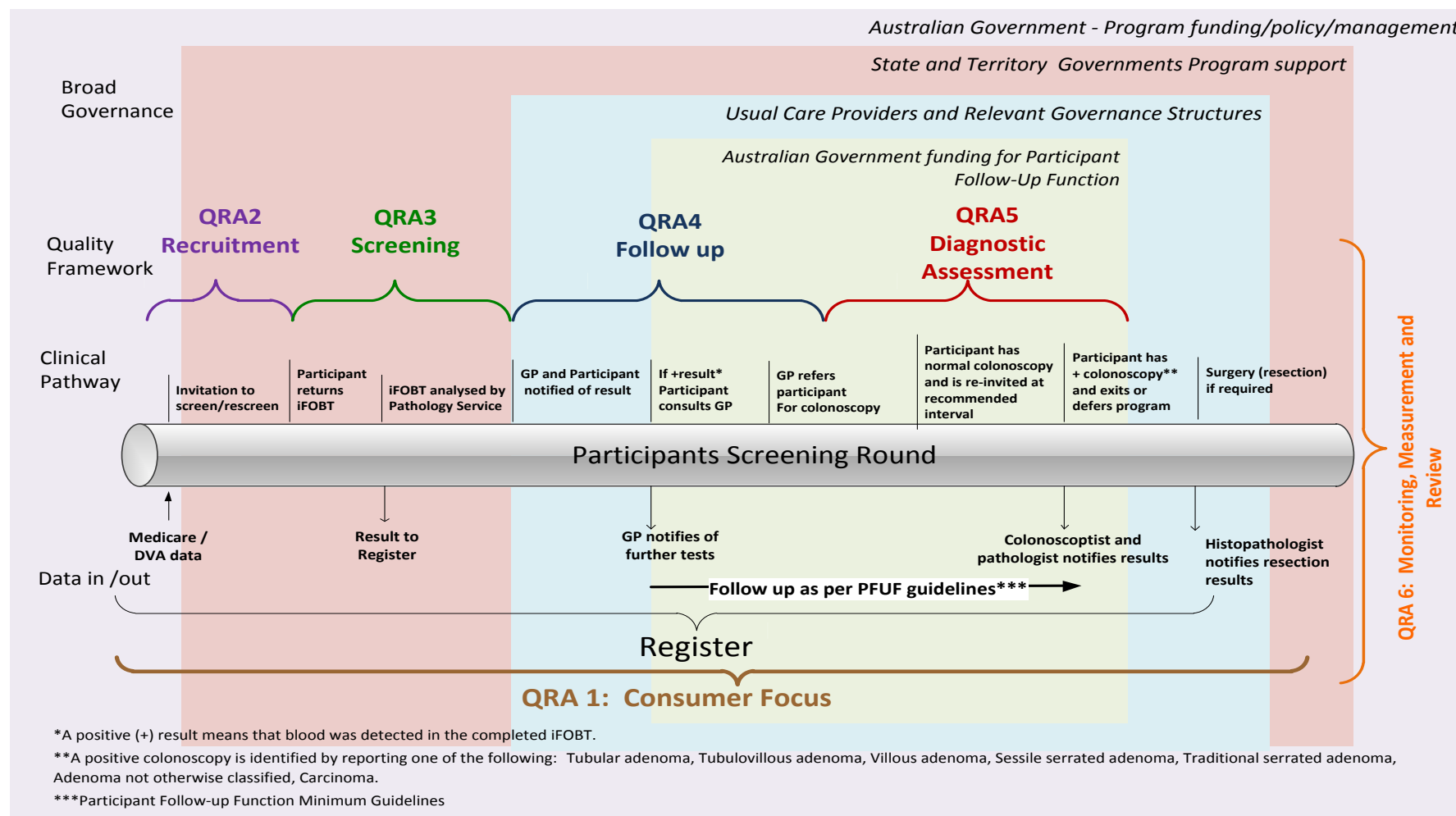


Figure 2: Integration of the Quality Framework Quality Result Areas with the Screening Pathway and Program stakeholders

2 Quality Result Areas

2.1 Quality Result Areas

Quality Result Areas (QRAs) are discrete components of the Screening Pathway, under which quality management, improvement and monitoring approaches are grouped to support safe and high quality screening. The QRAs are as follows:

1. Consumer Focus
2. Recruitment
3. Screening
4. Follow-up
5. Diagnostic assessment
6. Monitoring, measurement and review

For each QRA, the key outcome is described and relevant Quality Standards and Determinants are identified.

2.1.1 Quality Standards

Outcome based Standards exist under each QRA. The Quality Standards outline the requirements for quality to be achieved under each QRA. Outcome based standards are considered most suitable for the Program to maximise ownership and allow flexibility for local implementation⁶. Over time, these standards may change with evolving technology, expectations and performance.

Some Quality Standards align specifically to a Program Performance Indicator and these will be monitored and measured by the Program; however not all Standards translate to a Performance Indicator or can be directly measured. Users of this Quality Framework should consider appropriate data sources and/or necessary approaches to facilitate the measurement of the Quality Standards relevant to their organisation.

2.1.2 Quality Determinants

Quality Determinants are processes and activities that will contribute to meeting the Standards and QRA outcomes. They consist of operational requirements and guidelines, all of which are considered current best practice within the relevant health sectors.

Users of this Quality Framework should determine if and how local or organisational policies, or more relevant guidelines or best practice processes apply.

⁶ DLA Phillips Fox (2010) Report on development of a quality framework for the National Bowel Cancer Screening Program.

QRA 1	Standard	Determinant
<p>Consumer Focus*</p> <p><i>The Program supports high levels of participation by being consumer-focused and of high quality</i></p> <p>* QRA 1 incorporates the entire Program pathway</p>	<p>The eligible screening population is provided with accurate and accessible information about bowel cancer screening, including risks and benefits and the circumstances where people should not participate, so that individuals can make an informed choice about screening/re-screening.</p>	<p>1.1 Appropriate information and support for participants is provided to decrease anxiety experienced along the screening and assessment pathway.</p> <p>1.2 Involvement of key stakeholders, particularly consumers, in the design and delivery of the Program ensures the provision of consumer-focused, high-quality services.</p> <p>1.3 Appropriate information is provided to participants regarding colonoscopy wait times, potential costs associated with diagnostic services, and the likely outcomes of the diagnostic assessment to minimise psychosocial harm.</p> <p>1.4 Program will measure acceptability of the Program for participants.</p>

QRA 2	Standard	Determinant
<p>Recruitment (initial and rescreen)*</p> <p><i>All eligible Australians have access to the Program, irrespective of their geographical, socio-economic, disability or cultural background, in order to achieve participation levels that maximise the benefit of early detection of bowel cancer</i></p> <p>* QRA 2 incorporates 'usual care' and Program operation</p>	<p>The eligible screening population is identified and invited in a timely manner.</p>	<p>2.1 A national Program Register accurately records the invitation status and pathway status of invitees.</p> <p>2.2 The Program Register sends invitations to participate and screening notices in accordance with the Screening Pathway, Program Hot-Zone policy⁷ and the Program invitation schedule</p>
	<p>Information provided to eligible screening population is accessible, clear and accurate.</p>	<p>2.3 Bowel screening information is provided in a range of formats tailored to different consumer sub-groups and health professionals and is consistent with NHMRC Guidelines.</p> <p>2.4 Program forms are clear to assist participants to identify as Aboriginal and Torres Strait Islander, non-English speaking or as having a disability to enable the implementation of appropriate support services.</p> <p>2.5 Invitees are informed about the use, storage and sharing of personal information.</p> <p>2.6 Program consumer and health professional information is reviewed regularly to ensure all information is comprehensive, useful, easy to understand and culturally appropriate.</p> <p>2.7 Program invitees and participants are provided with options for deferring or opting out of the Program.</p>
	<p>Participation is optimised across all population screening groups.</p>	<p>2.8 Program Register follows up all non-responders in accordance with Program policy.</p> <p>2.9 iFOBT kits are available via alternative screening pathways for people in under-screened population groups including Aboriginal and Torres Strait Islander people, those from culturally and linguistically diverse backgrounds, people with a disability, and those living in rural, remote and low socioeconomic areas.</p>

⁷ People will be invited as close to their eligible birthday as possible with the exception of people who live in 'hot-zones'. People who live in hot-zones whose birthday falls within the excluded invitation period will receive their invitation either before the commencement of the excluded period or directly after the end of the excluded period.

QRA 3	Standard	Determinant
<p>Screening</p> <p><i>The screening test and its analysis are effective, safe and acceptable; and effective screening is supported by appropriate program design</i></p> <p>* QRA 3 incorporates 'usual care' and Program operation</p>	<p>The Program screening test demonstrates a high degree of accuracy for the early detection of colorectal cancer and advanced adenomas in the target screening population.</p>	<p>3.1 Measured test performance characteristics demonstrate:</p> <ul style="list-style-type: none"> • high validity, • requisite test specificity and sensitivity, • positive predictive value and negative predictive value, consistent with international evidence and where possible, Australian population clinical trials. <p>3.2 The screening test is included in the Australian Register of Therapeutic Goods.</p> <p>3.3 The screening test is monitored to ensure that it is performing within the parameters provided by the test manufacturer and agreed by the Program.</p> <p>3.4 Program policy and design supports optimised test performance.</p> <p>3.5 Emerging technologies for population screening are monitored and evaluated (as required) by Health.</p>
	<p>The screening test instructions are suitable for the eligible population and varying literacy levels.</p>	<p>3.6 The screening test instructions, including sample temperature stability, postage instructions and consent are simple and clear.</p> <p>3.7 The screening test instructions are supported by a pathology helpline that provides clear and accurate information and support and access to interpreting services.</p> <p>3.8 The screening test instructions are available in different languages.</p> <p>3.9 Alternative instruction formats are available for people with low literacy levels.</p> <p>3.10 Suitability of the screening test instructions are evaluated regularly for acceptability by identified eligible participant groups.</p>

QRA 3	Standard	Determinant
<p>Screening</p> <p><i>The screening test and its analysis are effective, safe and acceptable; and effective screening is supported by appropriate program design</i></p> <p>* QRA 3 incorporates 'usual care' and Program operation</p>	<p>Pathology analysis is accurate and in accordance with the Program and test manufacturer's specifications.</p>	<p>3.11 Analysis of screening test is completed to Program quality requirements and within the timeframes agreed between the contracted service provider and Health.</p> <p>3.12 The contracted laboratory and its services for the Program comply with all relevant accreditation, quality and contractual requirements.</p> <p>3.13 Test results are provided to participants and GPs (where nominated) within five days from the analysis of the test at the laboratory.</p> <p>3.14 Test result letters provide information to participants and GPs on the actions recommended for a positive or a negative test result, and for progression along the Screening Pathway.</p>
	<p>All participant information is collected, protected and stored appropriately.</p>	<p>3.15 The contracted pathology laboratory provides appropriate and timely advice to participants to ease test processes and reports inconclusive results.</p> <p>3.16 Informed consent is obtained at the time of participation when the participant completes the Participant Details Form.</p> <p>3.17 Indigenous data is collected in accordance with <i>National Best Practice Guidelines for Collecting Indigenous Status in Health Datasets</i>.</p> <p>3.18 Culturally and linguistically diverse data is collected in accordance with ABS Standards for Statistics on Cultural & Language Diversity.</p> <p>3.19 The Program Register and contracted pathology provider collect, protect and store participant data in accordance with relevant data standards and legislation.</p>

QRA 4	Standard	Determinant
<p>Follow-up (Primary Care Assessment)*</p> <p><i>Participants with a positive screening test result are followed-up for further diagnostic assessment</i></p> <p>* QRA 4 incorporates 'usual care' and Program operation</p>	<p>All participants who return a positive screening test result are provided with support and encouragement to progress along the Screening Pathway.</p>	<p>4.1 The Program provides participants and their nominated GP or medical practice with information about their screening test result and recommends that people with a positive test result visit a GP within two weeks.</p> <p>4.2 Information provided to participants and GPs on participant follow-up is accessible and consistent with the NHMRC Guidelines.</p> <p>4.3 The Program Register sends follow-up reminder letters at defined intervals according to the Screening Pathway.</p> <p>4.4 A Participant Follow-up Function is provided in accordance with the Participant Follow-up Function Minimum Guidelines.</p>
	<p>Appropriate and timely referral for follow-up diagnostic assessment is provided by GP/ Primary Healthcare providers.</p>	<p>4.5 The Program provides participants with positive test result information about colonoscopy or other diagnostic follow-up tests including risks and limitations of the procedure.</p> <p>4.6 GP/Primary Healthcare consultations and referrals for diagnostic assessment are provided in accordance with RACGP <i>Standards for General Practice and the Guidelines for Preventative Activities in General Practice</i> (Red Book).</p> <p>4.7 Colonoscopy referral will indicate that the patient is a participant in the Program and provides adequate clinical history to support timely access to colonoscopy as appropriate.</p> <p>4.8 Referral should identify positive iFOBT Program participants as Category 1 patients to facilitate colonoscopic diagnostic assessment within 30 calendar days of date of GP/Primary Healthcare consultation.</p>
	<p>The outcome of the GP visit and referral is reported to the Program Register.</p>	<p>4.9 GPs/Primary Healthcare providers report the outcome of the consultation to the Program Register within 30 calendar days.</p>

QRA 5	Standard	Determinant
Diagnostic Assessment* <i>Participants with a positive screening test result who need referral for colonoscopy or other diagnostic assessment receive timely, appropriate, and safe follow-up</i>	Follow-up diagnostic assessment occurs within 30 calendar days of GP referral to diagnostic assessment.	<p>5.1 Colonoscopy facilities or waitlist co-ordinators identify Program participants and prioritise their colonoscopy to occur within 30 calendar days.</p> <p>5.2 Colonoscopists identify histopathology samples from Program participants using the Program colonoscopy/ histopathology form.</p>
	Program participants receive a safe and accurate follow-up colonoscopy or other diagnostic assessment.	<p>5.3 Colonoscopy or other diagnostic assessment and histopathology is performed in appropriately accredited facilities by clinically qualified and registered health care providers.</p> <p>5.4 Facilities comply with all relevant Guidelines and Standards.</p> <p>5.5 Colonoscopists have received recognition of training in gastrointestinal endoscopy by the Conjoint Committee for the <i>Recognition of Training in Gastrointestinal Endoscopy</i>.</p> <p>5.6 Nurse endoscopists have received training in accordance with the HWA <i>Nurse Endoscopist Training Pathway 2014</i> and comply with the recommended minimum standards detailed in the HWA <i>Advanced Practice Endoscopy Nursing Credentialing Guide 2014</i>.</p> <p>5.6 Colonoscopy logs are maintained by proceduralists for the purposes of certification/re-certification.</p> <p>5.7 Histopathologists maintain relevant qualifications, registration and accreditation.</p> <p>5.8 Re-screening advice and referrals are provided in accordance with NHMRC Guidelines.</p>
	All pathology analysis of specimens from colonoscopy and follow-up surgery is conducted and reported by clinically qualified and accredited providers.	<p>5.9 Degree of dysplasia in adenomas is identified in accordance with RCPA standards.</p> <p>5.10 Histopathology results are reported to proceduralist and participant in a timely manner.</p>

* QRA 5 incorporates 'usual care' and Program operation

QRA 5	Standard	Determinant
	<p>Adverse events associated with colonoscopy and other diagnostic assessment are minimised and monitored by proceduralists and facilities in accordance with best practice.</p>	<p>5.11 Adverse events are reported to the appropriate organisational incident management system as soon as possible after the event becomes known and appropriate action is taken (if required).</p> <p>5.12 Adverse events are documented using the Program Adverse Event Report and sent by the relevant clinician to the Program Register. The Program Register notifies Health and the relevant state or territory of the report.</p>
	<p>The outcome of the colonoscopy or other diagnostic assessment and the histopathology is reported to the Program Register.</p>	<p>5.13 Program colonoscopy reports are submitted to the Program Register within 30 calendar days of procedure.</p> <p>5.14 Program Histopathology reports are submitted to the Program Register within 30 calendar days of procedure.</p>

QRA 6	Standard	Determinant
Monitoring and Review <i>Screening outcomes are monitored to ensure that the Program is achieving its objectives</i>	Program outcomes are monitored and formally reviewed at regular intervals to support continuous quality improvement.	<p>6.1 Program monitoring and evaluation is ongoing and occurs in accordance with the Policy Framework.</p> <p>6.2 Performance indicators are established, monitored and outcomes are published.</p> <p>6.3 Program contracted pathology provider reports performance and quality indicators to Health.</p> <p>6.4 Program Register provides regular reports to Health for monitoring Register performance and Program performance.</p> <p>6.5 Program Register provides regular reports to state and territory health departments to facilitate local monitoring.</p>
	Risks are identified and managed.	<p>6.6 A risk management plan that includes mitigation strategies and oversight of risk is established and maintained by Health.</p> <p>6.7 The risk management plan is reviewed periodically by Health, and action is taken where necessary.</p>
* QRA 6 incorporates the entire Program pathway		

3 Quality Enablers

3.1 What are the Quality Enablers?

Section 3 provides the Quality Enablers for the Program. The Quality Enablers are the building blocks that underpin the management of quality in the Program. Each Quality Enabler includes a high level guide on the responsibility of individuals, governments and organisations involved in the delivery of Program or the provision of health services to participants of the Program.

Users of this Quality Framework should identify which Quality Results Area(s) in Section 2 apply to them and/or their organisation, in accordance with the Screening Pathway, and identify the relevant Standards and Determinants to address quality.

The Quality Enablers should be used to guide the development and implementation of policies and procedures which will enable the objectives of the Quality Result Areas (Section 2) to be met.

3.1.1 Quality Enablers

This Section provides details on the six Quality Enablers:

1. Consumer engagement
2. Policy
3. Professional standards and guidelines
4. Training and credentialing
5. Information systems
6. Evaluation and continuous quality improvement

A diagram of how the Quality Enablers relate to the Program is provided in Figure 1.

For each of the Quality Enablers, high level responsibility is assigned to those stakeholders who have a key role in overseeing and implementing elements of the Program to the required quality levels. These include:

- ▶ Consumers
- ▶ An individual providing services to a program invitee/participant
- ▶ An organisation providing services to a program invitee/participant
- ▶ Professional Groups
- ▶ Accrediting Bodies
- ▶ States/Territories
- ▶ Health (the Australian Government Department of Health and through its agreements with the AIHW, the Program Register and other suppliers).

Quality Enabler 1 - Consumer engagement

The Program must be accepted and trusted by the individuals and communities it serves. The engagement of consumers throughout the Screening Pathway is critical to meeting the Program aims. All parties providing services along the Screening Pathway, as well as Program participants, have an important role to play to ensure that the Program: meets the needs of participants; achieves a high participation rate; minimises negative impacts; and reduces the mortality and morbidity from bowel cancer.

QE 1 - Who	Responsibility
Consumers	<p>To make an informed decision about participating in the Program, and access available information provided to support informed decision making.</p> <p>To carefully follow screening instructions.</p> <p>To participate in any follow-up requirements in a timely manner.</p> <p>To contribute to the Program's continual improvement by providing relevant feedback.</p>
An individual providing program services	<p>To provide culturally sensitive and culturally appropriate services.</p> <p>To provide services and advice consistent with relevant evidence based guidelines.</p> <p>To engage consumers in decision-making about participation in the Program and follow-up diagnostic assessment following a positive iFOBT.</p> <p>To promote participation in the Program.</p> <p>To manage complaints and feedback appropriately.</p>
An organisation providing services for the Program	<p>To provide opportunities for consumers to meaningfully engage with services to ensure consumer focused, culturally sensitive services are provided.</p> <p>To structure services to optimise participation by consumers, particularly those from under-screened groups including Aboriginal and Torres Strait Islander peoples and those from culturally and linguistically diverse backgrounds.</p> <p>To provide services and advice consistent with evidence based guidelines.</p> <p>To manage complaints and feedback appropriately.</p>
Professional Bodies	<p>To encourage participation in the Program.</p> <p>To provide accessible information for consumers.</p>
Accrediting Bodies	To foster a culture of consumer engagement.
States/Territories	<p>To promote participation in the Program.</p> <p>To ensure resources and information relating to the Program are evidence based and meet the needs of consumers.</p> <p>To manage feedback appropriately.</p>

QE 1 - Who	Responsibility
Department of Health	<p>To facilitate participation and input from consumer peak bodies and advocacy groups.</p> <p>To ensure Program resources and information are evidence based and meet the needs of all consumers in the Program, such as being easy to understand.</p> <p>To ensure the Program is culturally sensitive and appropriate and meets the needs of Aboriginal and Torres Strait Islander peoples, those from culturally and linguistically diverse backgrounds and other under-screened groups.</p> <p>To manage feedback appropriately.</p>

Quality Enabler 2 - Policy

Program policy is contained within the Policy Framework and explains the requirements of the Program, specifying the general approach required for particular procedures, roles and responsibilities.

Policies are statements which outline the intended approach for governments or an organisation. In the context of the Program, national policies articulate the key elements of the Program.

Organisations and professional groups are responsible for developing and implementing local policy that supports the Program. Individuals need to take action to adhere to the relevant policy.

QE 2 - Who	Responsibility
Consumers	To provide feedback on Program policy.
An individual providing Program services	<p>To understand and adhere to relevant policy.</p> <p>To provide feedback on program policy and input into organisational policy development relevant to the Program.</p>
An organisation providing services for the Program	<p>Ensure all local policy, relevant to the Program, is integrated, current, implemented, reviewed, made available to all relevant staff and in line with national Program policy.</p> <p>Ensure all contract requirements are met.</p>
Professional Bodies	<p>To advocate for and promote the Program.</p> <p>Continually update and disseminate evidence to support policy development.</p> <p>To update relevant policy and implement accordingly.</p>
Accrediting Bodies	<p>To be aware of the relevance of Program policy when accrediting services.</p> <p>Communicate issues and gaps to the Program and/or appropriate industry body.</p>

QE 2 - Who	Responsibility
States/Territories	<p>To determine and apply systems and support for Program policy within their jurisdiction.</p> <p>To determine and apply policy for the provision of colonoscopy in public hospital services.</p> <p>To actively participate in governance committees and work in partnership with Health where matters are relevant to both jurisdictions and the Commonwealth.</p>
Department of Health	<p>To determine national policy and ensure it is effective, contemporary, integrated, implemented and reviewed.</p> <p>To articulate the responsibility, accountability and leadership for the Program.</p> <p>To develop, implement and monitor in collaboration with key stakeholders, the Program Risk Management and Quality Improvement Action plans.</p> <p>Ensure that all Program resources are systematically reviewed and remain accurate and current.</p>

Quality Enabler 3 - Professional Standards and Guidelines

Professional standards are the mainstay of quality management in the Program. Auditable professional standards will reflect specific screening methods and policy, and be regularly reviewed as designated in the Quality Improvement Action Plan. Professional standards are developed with reference to safety, effectiveness, efficiency, and access and equity, and are based on the best evidence available. They can be incorporated into contracting arrangements and expressed as best practice guidelines.

An indicative list is included in [Appendix E](#), but those involved in the Program are required to ensure they are abreast of all current credentialing and accreditation requirements for the services they perform as part of the Program.

QE 3 - Who	Responsibility
An individual providing Program services	<p>To understand and adhere to relevant standards and guidelines.</p> <p>To provide input into relevant clinical standards and guideline development, revision and review as required.</p> <p>To report breaches of standard / guideline to relevant governing body.</p>
An organisation providing services for the Program	To assist in the integration of Program specific requirements into organisation accreditation and auditing activity.
Professional Bodies	<p>Continually update and disseminate evidence to support standards and guidelines.</p> <p>To develop guidelines and standards to support best practice in health care.</p>
Accrediting Bodies	To be aware of the relevance of Program specific standards and guidelines when accrediting services and to assess compliance.
States/Territories	To advocate compliance with relevant standards and guidelines from any individual, organisation or body providing Program services or support.

QE 3 - Who	Responsibility
Department of Health	<p>To provide a review, coordination and oversight function to ensure all aspects of the Program is covered by appropriate standards and guidelines.</p> <p>To encourage adherence to relevant guidelines and accreditation standards in policy documents and contracts.</p>

Quality Enabler 4 - Training and Credentialing

The delivery of a high quality bowel cancer screening program requires the necessary competencies of the relevant workforce. Credentialing ensures that individuals have the required skills, qualification and experience to undertake the work required. Ongoing education and the sharing of information is essential to maintaining and improving quality.

QE 4 - Who	Responsibility
An individual providing Program services	To ensure individual competence to undertake the roles required.
An organisation providing services for the Program	<p>To provide appropriate training for individuals providing Program services.</p> <p>To manage an appropriate credentialing process.</p>
Professional Bodies	<p>To make training available for members.</p> <p>To provide standards and credentialing processes for members.</p>
Accrediting Bodies	To ensure credentialing processes are consistent with industry standards.
States/Territories	<p>To facilitate access to training.</p> <p>To require appropriate credentialing by public health services.</p> <p>To monitor competency attainment through reporting and audit.</p>
Department of Health	<p>To encourage and support professional bodies in providing training and credentialing services.</p> <p>To advocate for a highly trained and professional Program workforce.</p> <p>To specify competency requirements.</p>

Quality Enabler 5 - Information Management

Information systems are vital to the operation and conduct of the Program, providing essential management tools and the platform for monitoring and evaluation. Information systems are a combination of technical equipment and infrastructure, personnel and processes that are organised to facilitate and manage the flow of information.

The Program Register is maintained by a third party under an agreement with Health. The Program Register is critical to nationally consistent data, national reporting and monitoring, and evaluation of the Program. The validity and competencies of the data collected are reliant on the contributions of many stakeholders and requires accuracy, completeness and timeliness to be most beneficial⁸.

Information used, collected and analysed across the Program must conform to the *Privacy Act 1988*, the National Cancer Screening Registry legislation, and relevant state and territory legislation.

QE 5 - Who	Responsibility
An individual providing Program services	To identify an individual as a Program participant on all referrals and/or pathology samples. To record information clearly, completely, accurately and promptly and provide reports to the Program Register.
An organisation providing Program Services	To facilitate and encourage practitioners to provide Program reports to the Program Register in a timely manner.
Professional Bodies	To encourage complete, accurate and prompt recording and reporting of required data from members. To contribute to the analysis of the information collected.
Accrediting Bodies	To ensure that relevant accreditation standards for data collection are met.
States/Territories	To encourage health practitioners and facilities to provide reports to the Program Register. To analyse relevant health data and make available any relevant data reports in a timely manner to support Program policy.
Department of Health	Oversee the operation of the Program Register, Information Line and pathology help line. Facilitate the secure and efficient collection of data through on-line forms, data repositories, incentives and a legislative framework, if required for all elements of the Screening Pathway. To coordinate timely access for stakeholders to high quality data. To ensure compliance with <i>National Best Practice Guidelines for Collecting Indigenous Status in Health Datasets</i> . To use data to inform program planning and policy review.

⁸ Technology is considered a key enabler in supporting improved reporting to the Program Register.

Quality Enabler 6 – Evaluation and Continuous Quality Improvement

A quality culture is contingent on continuous improvement. Continuous quality improvement is a managed approach to quality improvement that emphasises an ongoing or continual process of improvement and evaluation (e.g. an ongoing cycle involving planning, doing, checking, identifying more actions and then starting again) in order to identify opportunities to improve the operations of an organisation with the end result of delivering better services to customers or clients.

Continuous improvement can occur throughout the Screening Pathway by monitoring and evaluation of process and outcomes and identifying areas in need of improvement.

At the national level, evaluation draws on data collected through the Program Register to determine program effectiveness, safety and efficiency. Research in the field allows up to date evidence to be used to ensure the Program continues to meet its aim in the safest, most efficient and effective manner.

The Program will publicly report annually against agreed PIs. Program evaluations and reporting to the Standing Committee on Screening will further maintain Program accountability.

QE 6 - Who	Responsibility
An individual providing Program services	To contribute to local quality improvement processes.
An organisation providing services for the Program	To facilitate a culture of continuous quality improvement.
Professional Bodies	<ul style="list-style-type: none">To facilitate a culture of continuous quality improvement.To evaluate and contribute to the body of knowledge and process for the Program.To participate in national evaluations.To encourage, support and disseminate research and its findings.
Accrediting Bodies	To facilitate a culture of continuous quality improvement and adherence to standards.
States/Territories	<ul style="list-style-type: none">To facilitate a culture of continuous quality improvement.To evaluate and contribute to the body of knowledge and process for the Program.To participate in Program monitoring and evaluations.To encourage, support and disseminate research and its findings to the Program and relevant stakeholders.
Department of Health	<ul style="list-style-type: none">To oversee and coordinate process improvement, evaluation and horizon scanning to continually enhance the Program.To evaluate Program performance and achievement, including through development of PIs, baseline targets and benchmarks as appropriate.To maintain a Quality Improvement Action Plan for the Program that records quality issues and achievements and an action plan for quality improvement.

Appendix A: Screening Pathway

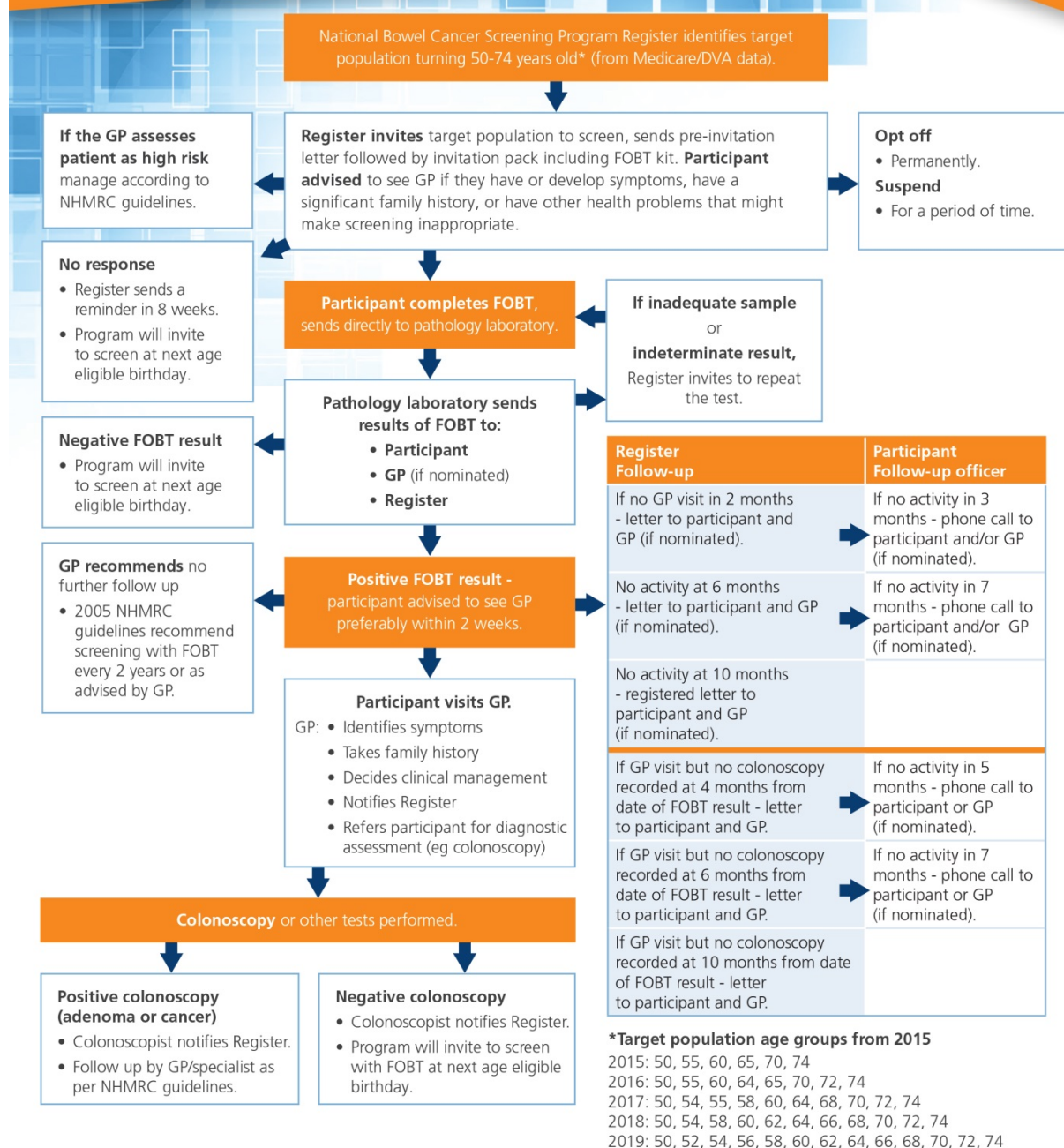
NATIONAL BOWELCANCER

SCREENING PROGRAM



Australian Government

PARTICIPANT'S SCREENING PATHWAY



11729 December 2016

National Bowel Cancer Screening Program
 Information Line: 1800 118 868 | Website: www.cancerscreening.gov.au

This publication is correct as at December 2016

Appendix B: Program implementation schedule



Age Eligibility by Year of Birth

Unshaded box indicates age cohorts invited from 1 January in each year

Phased implementation of biennial screening for 50 – 74 year olds

Year of birth	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
1941	65	66	67	68	69	70	71	72	73	74	75	76	77	78
1942	64	65	66	67	68	69	70	71	72	73	74	75	76	77
1943	63	64	65	66	67	68	69	70	71	72	73	74	75	76
1944	62	63	64	65	66	67	68	69	70	71	72	73	74	75
1945	61	62	63	64	65	66	67	68	69	70	71	72	73	74
1946	60	61	62	63	64	65	66	67	68	69	70	71	72	73
1947	59	60	61	62	63	64	65	66	67	68	69	70	71	72
1948	58	59	60	61	62	63	64	65	66	67	68	69	70	71
1949	57	58	59	60	61	62	63	64	65	66	67	68	69	70
1950	56	57	58	59	60	61	62	63	64	65	66	67	68	69
1951	55	56	57	58	59	60	61	62	63	64	65	66	67	68
1952	54	55	56	57	58	59	60	61	62	63	64	65	66	67
1953	53	54	55	56	57	58	59	60	61	62	63	64	65	66
1954	52	53	54	55	56	57	58	59	60	61	62	63	64	65
1955	51	52	53	54	55	56	57	58	59	60	61	62	63	64
1956	50	51	52	53	54	55	56	57	58	59	60	61	62	63
1957	49	50	51	52	53	54	55	56	57	58	59	60	61	62
1958	48	49	50	51	52	53	54	55	56	57	58	59	60	61
1959	47	48	49	50	51	52	53	54	55	56	57	58	59	60
1960	46	47	48	49	50	51	52	53	54	55	56	57	58	59
1961	45	46	47	48	49	50	51	52	53	54	55	56	57	58
1962	44	45	46	47	48	49	50	51	52	53	54	55	56	57
1963	43	44	45	46	47	48	49	50	51	52	53	54	55	56
1964	42	43	44	45	46	47	48	49	50	51	52	53	54	55
1965	41	42	43	44	45	46	47	48	49	50	51	52	53	54
1966	40	41	42	43	44	45	46	47	48	49	50	51	52	53
1967	39	40	41	42	43	44	45	46	47	48	49	50	51	52
1968	38	39	40	41	42	43	44	45	46	47	48	49	50	51
1969	37	38	39	40	41	42	43	44	45	46	47	48	49	50

Appendix C: Membership of the Program Quality Working Group (2008-2011)

Member Including qualifications and positions held	Role/representation
Prof. James St. John AM MB, BS(Melb), MD, FRCP, FRACP, AGAF Honorary Senior Associate, The Cancer Council Victoria Honorary Gastroenterologist, The Royal Melbourne Hospital Honorary Principal Fellow, university of Melbourne	Chair
Dr Elizabeth Dodd MB, BS (Syd), FRACGP, FACRRM	Australian College of Rural and Remote Medicine
Dr Katie Ellard MB, BS, FRACP Hon. Sec. Gastroenterological Society of Australia	Royal Australasian College of Physicians Gastroenterological Society of Australia
Dr Linda Foreman MB, BS, FRACGP, MPH	Royal Australian College of General Practitioners
Mrs Dianne Jones RN, RM, dip App Sc, B App Sc, FRCNA, ACGEN	Gastroenterological Nurses College of Australia
Mr Andrew Luck MB, BS, MD, FRACS	Royal Australasian College of Surgeons Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy
Emeritus Prof. Garry Phillips AM FANZCA, FJFICM	Australian and New Zealand College of Anaesthetists
Mr John Stuchbery MB, BS, FRACS	Royal Australasian College of Surgeons
Ms Jennifer Muller Dip.Rad. (Diag), Grad. Dip. Health Educ., M. Environment and Community Health Senior Director, Cancer Screening Services Unit, Population Health Branch, Queensland Health	Queensland Joint states and territories representative
Ms Gloria Sutherland MSc Senior Project Coordinator, WA Bowel Cancer Screening Implementation Team	Western Australia Joint states and territories representative
Ms Andriana Koukari Assistant Secretary Population Health Programs Branch	Department of Health and Ageing
Ms Marissa Otuszewski Director Bowel Cancer Screening Section	Department of Health and Ageing
Observers	
Ms Elaine Siggins	Gastroenterological Society of Australia
Ms Judy Mitcham	Gastroenterological Society of Australia
Secretariat	
Ms Julie Pettit	Department of Health and Ageing
Ms Marjorie Dixon / Ms Anetta Menkarska	Department of Health and Ageing
Ms Katherine Wright / Ms Jennifer Wallis / Ms Nicole Gray	Department of Health and Ageing
Ms Gina Rocks / Ms Fiona Gibson / Ms Nicola Stansfield	Department of Health and Ageing

Appendix D: Australian Safety and Quality Framework for Health Care



Australian Health Ministers endorsed the Australian Safety and Quality Framework for Health Care in 2010. The Framework describes a vision for safe and high-quality care for all Australians and sets out the actions needed to achieve this vision. The Framework specifies three core principles for safe and high-quality care. These are that care is **consumer centred**, **driven by information**, and **organised for safety**.

The Framework sets out twenty-one areas for action that all people in the health system can take to improve the safety and quality of care provided in all healthcare settings over the next decade.

The Framework should:

- be used as the basis of strategic and operational safety and quality plans
- provide a mechanism for refocusing current safety and quality improvement activities and designing goals for health service improvement
- be used as a guide for reviewing investments and research in safety and quality
- promote discussion with consumers, clinicians, managers, researchers and policy makers about how they might best form partnerships to improve safety and quality



Tools, resources, and examples to support local use of the Framework are available from the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au

AUSTRALIAN COMMISSION
ON
SAFETY AND QUALITY IN HEALTHCARE

December 2010

Australian Safety and Quality Framework for Health Care

Safe, high-quality health is always:	What it means for me as a consumer or patient:	Areas for action by people in the health system:
1 CONSUMER CENTRED This means: Providing care that is easy for patients to get when they need it. Making sure that healthcare staff respect and respond to patient choices, needs and values. Forming partnerships between patients, their family, carers and healthcare providers.	I can get high-quality care when I need it. I have information I can understand. It helps me to make decisions about my health care. I can help to make my care safe. My health care is well organised. The doctors, nurses and managers all work together. I feel safe and well cared for. I know my healthcare rights. If something goes wrong, my healthcare team look after me. I receive an apology and a full explanation of what happened.	1.1 Develop methods and models to help patients get health services when they need them. 1.2 Increase health literacy. 1.3 Partner with consumers, patients, families and carers to share decision making about their care. 1.4 Provide care that respects and is sensitive to different cultures. 1.5 Involve consumers, patients and carers in planning for safety and quality. 1.6 Improve continuity of care. 1.7 Minimise risks at handover. 1.8 Promote healthcare rights. 1.9 If something goes wrong, openly inform and support the patient.
2 DRIVEN BY INFORMATION This means: Using up-to-date knowledge and evidence to guide decisions about care. Safety and quality data are collected, analysed and fed back for improvement. Taking action to improve patients' experiences.	My care is based on the best knowledge and evidence. The outcome of my treatment and my experiences are used to help improve care.	2.1 Use agreed guidelines to reduce inappropriate variation in the delivery of care. 2.2 Collect and analyse safety and quality data to improve care. 2.3 Learn from patients' and carers' experiences. 2.4 Encourage and apply research that will improve safety and quality.
3 ORGANISED FOR SAFETY This means making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.	I know that the healthcare team, managers and governments all take my safety seriously. The health system is designed to provide safe, high-quality care for me, my family and my carers. When something goes wrong, actions are taken to prevent it happening to someone else.	3.1 Health staff take action for safety. 3.2 Health professionals take action for safety. 3.3 Managers and clinical leaders take action for safety. 3.4 Governments take action for safety. 3.5 Ensure funding models are designed to support safety and quality. 3.6 Support, implement and evaluate e-health. 3.7 Design and operate facilities, equipment and work processes for safety. 3.8 Take action to prevent or minimise harm from healthcare errors.

Appendix E: Indicative list of National Legislation, Standards and Guidelines to the Program

Following is an indicative list of National Legislation, Standards and Guidelines that are currently relevant to the Program. This list does not include state and territory legislation which should also be given consideration in the implementation of the Quality Framework.

- ▶ Australian Cancer Network Colorectal Cancer Guidelines Revision Committee. *Clinical Practice Guidelines for the Prevention, Early Detection and Management of Colorectal Cancer* (approved by the National Health and Medical Research Council on 8 Dec 2005).
- ▶ Australian Institute of Interpreters and Translators *AUSIT Code of Ethics and Code of Conduct* (2012)
- ▶ Facility- and service-based standards produced by accrediting organisations such as the *EQulP standards* published by the Australian Council on Healthcare Standards, Quality Improvement Council's *Health and Community Services Standards* 6th edition
- ▶ Governance Arrangements for Commonwealth Government Business Enterprises, which apply to Australia Post.
- ▶ National Accreditation Authority and Interpreters Ltd (NAATI) guidelines
- ▶ National Bowel Screening Program Participant Follow-up Function (PFUF) Guidelines (2012)
- ▶ National Health and Medical Research Council *Clinical Practice Guidelines for Surveillance Colonoscopy – in adenoma follow-up, following curative resection of colorectal cancer, and for cancer surveillance in inflammatory bowel disease* (2012)
- ▶ *National Safety and Quality Health Service Standards* (Australian Commission of Safety and Quality in Healthcare)
- ▶ Australian Institute of Health and Welfare *National Best Practice Guidelines for Collecting Indigenous Status in Health Datasets* (2010)
- ▶ *Privacy Act 2008*
- ▶ Professional standards which are applied to health care professionals (on either a voluntary or mandatory basis) by regulatory authorities and professional associations such as the professional colleges.
- ▶ Royal Australian College of General Practitioners document: *Standards for General Practices* (3rd edition) (2010).
- ▶ *Standard for Credentialing and Defining the Scope of Clinical Practice: a national standard for credentialing and defining the scope of clinical practice of medical practitioners, for use in public and private hospitals* (Australian Commission of Safety and Quality in Healthcare 2004)
- ▶ Standards and guidelines incorporated in the Therapeutic Goods Administration document: *Australian regulatory guidelines for medical devices*.
- ▶ Standards for anaesthesia incorporated in the 2008 revision of the document published jointly by the Australian and New Zealand College of Anaesthetists, the Gastroenterological Society of Australia and the Royal Australasian College of Surgeons: *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures*.
- ▶ The National Pathology Accreditation Advisory Council pathology standards including *Requirements for Pathology Laboratories 2007* and *Requirements for the Supervision of Pathology Laboratories 2007*, and associated standards and guidance documents.
- ▶ The Program Quality Working Group Draft Accreditation Standards for Colonoscopy Services, incorporated in the report: *Improving colonoscopy services in Australia*.
- ▶ World Wide Web Consortium's (W3C) *Web Content Accessibility Guidelines* version 2.0