

QUALITY MATTERS



An NQMC update: September 2020

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BSA National Surveyor Update

By Ms Joan Burns

Virtual accreditation surveys

BreastScreen services have recommenced in all jurisdictions following their temporary closures in March due to the outbreak of the COVID19 pandemic.

The BreastScreen Accreditation Program was paused in March 2020 for a period of 12 months in order to provide certainty to

services and state coordination units in order to assist them to focus on the immediate impacts of the pandemic.

Now that BreastScreen services have recommenced, it is important Accreditation Program also recommence in order to provide assurance to the women who attend these services and to the wider community of the continuing high quality and safety of BreastScreen services.

Accreditation survey visits will recommence from March 2021.

The BreastScreen Australia Accreditation Program is a peer-review, quality improvement-focussed program that includes surveys being undertaken by multidisciplinary, multijurisdictional Survey Teams from across Australia.

The NQMC has recognised the continuing uncertainty arising from the impacts of the COVID19 pandemic, including clusters, outbreaks, border closures and quarantine measures and that these impacts may be experienced in an unpredictable way at any time, in any location.

In August 2020, the NQMC took the decision to create the capacity and capability within the BreastScreen Australia Accreditation Program to undertake accreditation surveys virtually. That is, to enable Survey Teams to attend services and state coordination units virtually for the purposes of undertaking the activities associated with an accreditation survey.

The first virtual accreditation survey is planned for March 2021.

This is an exciting and timely development and keeps BreastScreen at the forefront of innovation and agility in dealing not only with this pandemic, but where physical site visits are not possible due to extreme weather events such as bushfires and cyclones.

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The COVID19 pandemic has resulted in all organisations and programs finding new ways of working and BreastScreen accreditation is no exception. There will, of course, be technological changes to support the adoption of virtual accreditation surveys. Changes to survey processes will, however, be explicitly kept to a minimum as much as possible in order to reduce the impact on services/SCUs.

The work to make it all happen is well underway, fuelled by large doses of cooperation and goodwill.

Regular updates will be provided in Quality Matters.

New survey management protocols

Survey management protocols will be amended and new ones developed to take account of virtual accreditation surveys.

The first of these were approved by the NQMC at its meeting of 28 August 2020. They include a Screening Unit Survey Management Protocol that is designed to be suitable for surveys whether real or virtual; and an amended Protocol Management Checklist (PMC). Copies of the Screening Unit Survey Management Protocol may be obtained by contacting the National Surveyor whilst the PMC is available on the Cancer Screening website.

National Survey Plan 2021-2025

The addition of a year to the accreditation cycle provided an opportunity to revise and renew the National Survey Plan. Thank you to all the services and state coordination units whose cooperation, goodwill and collegiality made the revision of the plan possible.

Dates for individual surveys are updated on an ongoing basis. Enquiries regarding the National Survey Plan can be directed to the National Surveyor.

New Surveyor recruitment and training

A recruitment campaign to attract and train new surveyors will be undertaken over the next few months to provide greater capacity and flexibility in the surveyor pool. Don't miss out on the chance to be a part of the BSA Accreditation Program and the opportunity to

visit other services, meet with colleagues, learn from others and share knowledge and experience.

Further details will be provided in Quality Matters and via a recruitment campaign.

Accreditation data contextual reporting framework

The closure of services and state coordination units during the early days of the pandemic will be reflected in the data collected by services and the ability to meet some national accreditation standards (NAS). To provide services and state coordination units with the opportunity to provide a context to the data, and accreditation data contextual reporting framework was developed in a collaborative fashion between the National Surveyor, service and jurisdictional data representatives. The framework enables services/SCUs to describe the many and varied impacts that the COVID19 outbreak had on the delivery of BreastScreen services as the pandemic unfolded. This important narrative will be considered by the NQMC alongside the annual data provided by services and in accreditation applications.

The framework can be obtained by contacting the NQMC Secretariat.

Lastly, a word of support and thanks to everyone in Victoria who has recently been in lockdown. Well done and good luck as you navigate the pathway out to COVID-normal once again.

To everyone in the wider BreastScreen family, thanks for all you do - and stay safe.

Please feel free to contact me anytime on 0409 883 255 or at nationalsurveyor@jbapl.com.au

Joan Burns
National Surveyor

BSA information update

Services and SCUs are reminded that all BSA documents and forms are available in their latest version on the Cancer Screening website. The most failsafe method to ensure you are using the correct version is to always download the required form each time it is needed, rather than refer to older saved copies.

The Protocol Management Checklist [BSA000](#) is now on the Cancer screening website. This form is intended as a guide to assist Services and SCU's to undertake a self-assessment on the NAS protocols.

Quality Improvement Initiatives

BreastScreen Tasmania – Accredited with Commendation - Quality Improvement strategies

By Ms Gail Ward

The National Quality Management Committee (NQMC) awarded BreastScreen Tasmania (BST) 'Accredited with Commendation' in November 2019 – the first time this has been awarded to a state-wide service under the revised accreditation system. *Accredited with Commendation* has only been awarded twice previously to state-wide services – South Australia and West Australia - since the inception of the BreastScreen Australia Accreditation Program in the mid-1990's.

The NQMC, in its role facilitating Continuous Quality Improvement for the Program, requested that BST share some of our quality improvement strategies under Standard 1 and 2 through the Quality Matters Bulletin.

Standard 1: Like most Services, we have struggled under capped funding to increase our participation and re-screen rates. The implementation of our new Client Management System (CMS/BIS) in 2016 enabled close monitoring of participation rates and trends and the identification of areas with lower engagement. The launch of our new mobile unit in January 2017 provided us with the capacity to introduce new screening sites, particularly in outer suburban areas around Hobart. As Tasmania is the most regionalised

state, with around half the population living in the south, and the other half distributed across the state, the new mobile gave us the capacity to take screening to smaller towns. Our participation has increased to over 60% for the first time in many years. Implementing a strategic approach to timely screening reminders and rigorous follow-up of non-responders has also delivered an increase in re-screen rates, for the first time in many years.

Standard 2: BST has had in the past, 'Early Review' rates outside the standard. Our Clinical Director, Mr David Finkelde, and Designated Radiologist, Dr Nick Repin led a process of robust MDM review and discussion, resulting in increased Vacuum-assisted biopsies and consequent definitive results. This meant the majority of assessment recommendations were either return women to routine screening, or refer for treatment/management, rather than Early Review.

We would be happy to share our learnings and strategies with other Services with similar challenges.

BreastScreen Queensland -Partnerships with Aboriginal and Torres Strait Islander health professionals critical to achieving high Indigenous participation rates regional North Queensland BreastScreen service

The BreastScreen Queensland (BSQ) Townsville Service provides a screening and assessment service to women of North Queensland, with a catchment that extends from Ingham in the north to Bowen in the south and Mount Isa in the west. It includes significant Aboriginal and Torres Strait Islander communities on Palm Island, in north-western Queensland and within Townsville itself.

One of the objectives of the BreastScreen Australia program is to 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 including women from Indigenous backgrounds.

BSQ Townsville Service has a relatively high proportion of Aboriginal and Torres Strait Islander women in its target population (women aged 50-69 years) at 5.4% in 2017-2018, more than twice that of the State at 2.4%. Despite a high Indigenous population, BSQ Townsville Service has successfully increased participation rates of Aboriginal and Torres Strait Islander women (50-69 years) from 43.5% in 2010-2011 to 55.5% in 2017-2018 (Figure 1).

workers which greatly facilitated improved participation.

From 2012/13 to date, BSQ Townsville is supported by the Aboriginal and Torres Strait Islander Cancer Care Coordinator, Liela Murison, from the Townsville University Hospital. Liela is an Indigenous elder as well as a health professional and is extremely well respected in the local Aboriginal and Torres Strait Islander community. Liela's tireless and

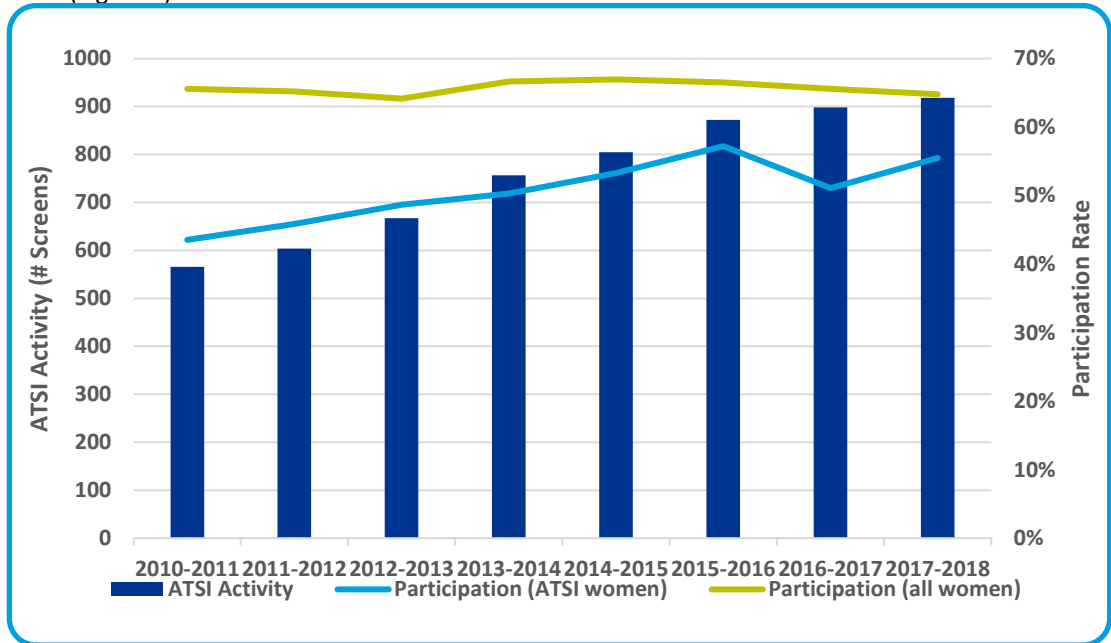


Figure 1. Aboriginal and Torres Strait Islander (ATSI) Participation Rates and Activity (50-69 years) – BreastScreen Queensland, Townsville Service. Source: BSQ SCU

Note: Despite increasing number of Aboriginal and Torres Strait Islander women screened in 2016-2017, participation of Aboriginal and Torres Strait Islander women fell as a result of Australian Bureau of Statistics (ABS) correction of population estimate from the 2016 Census.

Aboriginal and Torres Strait Islander Community Engagement

In 2011/12, the Service received non-recurrent funding under the Closing the Gap initiative to increase participation rates within Aboriginal and Torres Strait Islander communities. The funding in Townsville was used to employ an Indigenous Liaison Officer (ILO) responsible for implementing targeted strategies at various mobile and Townsville sites. Strategies included group screening and cultural days at mobile locations and establishment of new mobile sites at predominantly Aboriginal and Torres Strait Islander communities such as Camooweal and Dajarra in western Queensland. The ILO managing the Project was very respected in all the Aboriginal and Torres Strait Islander communities in the catchment and worked cooperatively with local health

compassionate commitment to increasing engagement with the screening program within her community has continued the success of the Closing the Gap project.

The key to Liela's success is in her extensive networks of local Aboriginal and Torres Strait Islander health workers and liaison officers at particularly rural and remote communities. Liela travels with the mobile providing advice and assistance to Aboriginal and Torres Strait Islander women and supporting local health workers. Some of this support includes promotion of the mobile visit at community events, assistance with transport and completion of personal questionnaires, and advising staff of any local cultural sensitivities. Liela also arranges and hosts group booking days with refreshments and other incentives

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such as 'goodie bags' as well as arranging 'yarning' sessions and other activities.

BSQ Townsville Service is extremely proud of our achievements with regards to participation rates of the Aboriginal and Torres Strait Islander population which is gradually approaching participation of the overall population thanks in no small role to the efforts of Liela Murison.



Figure 2. Aboriginal and Torres Strait Islander cancer care coordinator Liela Murison and BSQ Townsville breast imaging director Elizabeth Phillips.

****Note: photo taken pre-COVID**

Mapping a Pathway to Success: - South Eastern Sydney Illawarra Screening and Assessment Service (NSW)



South Eastern Sydney Illawarra BreastScreen (SESI) Screening and Assessment service has been actively pursuing a process of moving towards excellence over the last 4 – 5 years. The accreditation survey in 2018/19 focused the service on actively mapping a process for improving the service outcomes.



The key areas that assisted SESI in achieving much improved outcomes are:

1. The development of workforce capacity and capability through:

- a) Training current staff about the National Accreditation Standards and the quality indicators, and how they assist the service in monitoring and improving performance across time.
- b) Opportunistically recruiting staff that have a focus on change and strategic thinking
- c) Aligning staffing to service needs by reconfiguring the workforce and establishing new and / alternative positions to support the quality improvement process
- d) Leading by example, by setting high standards, and expecting staff to know and understand service performance parameters
- e) Sharing information and providing all senior staff open access to the weekly and monthly reports so that everyone is informed about performance and there are no exceptions for not being informed about how the service is tracking against the standards (some weekly / monthly and some quarterly).

2. Establishing a suite of reports that are focused on the key performance areas for the service in the week / month / year to date:

BreastScreen NSW has been focused on producing an excellent Dashboard of current performance data for each of the Screening and Assessment services, which SESI BreastScreen has access to. However, the SESI data team, led by the Director and the senior

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management team, developed their own suite of reports that is proactively used to manage service performance. This is undertaken in a variety of ways including:

- a) Establishing a weekly suite of reports (produced by the Data Team), that are discussed at meetings held early in the week that focus on key performance areas where the service needs to improve i.e.:
 - Timeliness to assessment: number of assessment clinics, bookings, managing surges and capacity concerns
 - Outstanding reads (first, second and third), and how they will map to each of the three assessment sites to create increased demand for clinic time
 - Bookings – reviewing past week’s performance as well as bookings forward into the next week
 - Monthly targets and tracking, with forward estimates on how the service will track across the month based on current bookings and screens completed. These are a little less accurate early in the month, but by midmonth are reliable.
 - Establishing reports for mismatches and incomplete screening episodes, so that images are actively tracked to ensure that all images are managed appropriately.
 - Call Centre activity and cancellations, and online booking volumes
 - Invitations sent in the previous week, and options for managing demand in the next week.
 - Downtime reports – understanding the screen losses due to breakdowns and cancellations, and mapping a pathway to regain volume lost.

b) Radiographer Reports:

- Number of images performed per radiographer / client
- Technical Repeats
- Compression ratios

c) Radiologist Reports:

- Monthly reading volumes per Radiologist
- Quarterly reading reports re accuracy, with performance feedback to Radiologists
- Quarterly Cancer Detection Rates

d) Interval Cancer Rates:

- These are monitored but due to the delay in obtaining the data, it is difficult to monitor these on more than a quarterly to six-month basis. The SESI medical clinical coordinator contacts all identified clients that notify the service that they have a cancer detected, and that are classified as an interval. These client’s images are reviewed to see if the service has missed anything.

3. Enhancing the South Eastern Sydney Illawarra BreastScreen service profile in the community

BreastScreen NSW proactively engages in state-wide promotions, advertising and state media campaigns on an annual basis. However, the NSW BreastScreen screening and assessment services have their own Health Promotion teams that are responsible for local community engagement.

SESI BreastScreen has established a very proactive Health Promotion Team that delivers over 100 face to face presentations to local communities, GPs and clubs and other health services each year. This team has a dedicated business and service plan and works to achieve the objectives that are established as the key priorities for the year.

Crucial strategies that have been successful in these engagement experiences include:

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- a) A focus on key population priority populations such as CALD, and the local Aboriginal Health services, and their supporting health services, GPs and local communities.
- b) Meeting with GP groups and arranging specialist lectures from some of our surgeons to assist the GP groups in improving their knowledge around breast screen, cancer diagnosis and longer-term management.
- c) Designing site specific information and promotional materials that are tailored to the needs of specific sites and suit the needs of these communities.
- d) Working on strategies such as the 'Cherry Blossom' aesthetic theme at Sydney BreastScreen (see attached photos) to make the site more attractive to the clients. Changing the aesthetics is a more recent example of the way the team makes a focus point in order to improve screening and participation at that site. The collateral promotional materials of 'masks and mints', that we give all ladies that attend the Sydney BreastScreen site, has been very well received, with a pink mask and sugar free mints being given to all ladies who attend screening at this site.

These are just three of the key focus areas for the SESI BreastScreen service in improving performance. It is important to pay attention to the detail in the accreditation standards, while finding a way to make the team to engage. Our weekly meetings are sometimes fun rather than serious, but the team all come away knowing what they have to achieve for the week, and the SESI BreastScreen team are focused and fully engaged, and they know that they are highly valued for their knowledge and contribution to the service.

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BreastScreen Australia – Research and other activities

A summary of current BreastScreen Australia research and other projects managed by the Commonwealth Department of Health is available on the [Cancer Screening website](#). This summary is updated periodically.

NQMC Membership

The position of Radiographer Proxy will be vacated in December 2020 when the current Radiographer Proxy steps into the Radiographer role after the resignation of the current Radiographer Member, Ms Carmel Smith. Nominations are being sought for this position until Wednesday 14th October 2020.