BreastScreen Australia NAS Measure and Protocol Concise Descriptors and Acronyms

Purpose

The purpose of this document is to provide:

- Concise descriptors for BreastScreen Australia (BSA) NAS Measures;

- Concise descriptors for BSA Protocols; and

- A list of acronyms for commonly used terms in the BSA program.

These concise descriptors and acronyms can be used by BSA internal stakeholders in:

- Internal NQMC documentation;

  - Meeting papers;

  - Accreditation submissions;

- Correspondence within the program (with jurisdictions, the Program Management Group (PMG) or Department of Health);

- Internal email communications; and

- National Surveyor documentation (where appropriate).

NAS Measure Concise Descriptors

The NQMC established concise descriptors for NAS Measures in 2016 for use in internal BSA documentation and correspondence. The following table contains concise descriptors for NAS Measures.

Note: The NAS Measure concise descriptors are for convenience and are not intended to be self-explanatory. Please refer to the full NAS and/or Data Dictionary for definitions and detail.

Standard	Level	NAS #	NAS Description (short name)	Type
Access/Participation	2	1.1.1(a)	Partic 50-74 last 24 months	Monitor
Access/Participation	2	1.1.1(b)	Partic 50-69 last 24 months (≥70%)	Benchmark
Access/Participation	2	1.1.2(a)	Rescreen R1 50-72 in 27 months	Monitor
Access/Participation	2	1.1.2(b)	Rescreen R1 50-67 in 27 months (≥75%)	Benchmark
Access/Participation	2	1.1.3(a)	Rescreen R2+ 50-72 in 27 months	Monitor
Access/Participation	2	1.1.3(b)	Rescreen R2+ 50-67 in 27 months (≥90%)	Benchmark
Access/Participation	2	1.2.1(a)(i)	Partic 50-74 special groups - indig	Monitor
Access/Participation	2	1.2.1(a)(ii)	Partic 50-74 special groups - CALD	Monitor
Access/Participation	2	1.2.1(a)(iii)	Partic 50-74 special groups - remote	Monitor
Access/Participation	2	1.2.1(a)(iv)	Partic 50-74 special groups - SES	Monitor
Access/Participation	2	1.2.1(b)(i)	Partic 50-69 special groups - indig	Monitor
Access/Participation	2	1.2.1(b)(ii)	Partic 50-69 special groups - CALD	Monitor
Access/Participation	2	1.2.1(b)(iii)	Partic 50-69 special groups - remote	Monitor
Access/Participation	2	1.2.1(b)(iv)	Partic 50-69 special groups - SES	Monitor
Access/Participation	3	1.2.2(a)	1.2.2(a) Partic all women 40-49 and 75+	Monitor
Access/Participation	3	1.2.2(b)	Partic all women recalled 40-49 and 75+	Monitor
Cancer Detection	1	2.1.1(a)	Cancer invasive R1 50-74	Monitor
Cancer Detection	1	2.1.1(b)	Cancer invasive R1 50-69 (≥50/10k)	Benchmark

Standard	Level	NAS #	NAS Description (short name)	Type
Cancer Detection	1	2.1.2(a)	Cancer invasive R2+ 50-74	Monitor
Cancer Detection	1	2.1.2(b)	Cancer invasive R2+ 50-69 (≥35/10k)	Benchmark
Cancer Detection	1	2.1.3(a)	Cancer small R1 50-74	Monitor
Cancer Detection	1	2.1.3(b)	Cancer small R2+ 50-74	Monitor
Cancer Detection	1	2.1.3(c)	Cancer small 50-69 (≥25/10K)	Benchmark
Cancer Detection	2	2.1.4(a)	Cancer invasive annual women 50-74	Monitor
Cancer Detection	2	2.1.4(b)	Cancer small annual women 50-74	Monitor
Cancer Detection	2	2.1.4(c)	Cancer invasive annual women 40-49	Monitor
Cancer Detection	2	2.1.5	Cancer invasive 40-49 and 75+	Monitor
Cancer Detection	2	2.1.6	Cancer invasive small (≤ 15mm) 40-49 and 75+	Monitor
Cancer Detection	2	2.2.1(a)	DCIS R1 50-74 (mon)	Monitor
Cancer Detection	2	2.2.1(b)	DCIS R1 50-69 (≥12/10k)	Benchmark
Cancer Detection	2	2.2.2(a)	DCIS R2+ 50-74	Monitor
Cancer Detection	2	2.2.2(b)	DCIS R2+ 50-69 (≥7/10k)	Benchmark
Cancer Detection	3	2.2.3	DCIS annual women 50-74	Monitor
Cancer Detection	2	2.2.4	DCIS 40-49 and 75+	Monitor
Cancer Detection	2	2.3.1(a)	Interval cancer 1st year 50-74	Monitor
Cancer Detection	2	2.3.1(b)	Interval cancer 1st year 50-69 (<7.5 per 10k)	Benchmark
Cancer Detection	2	2.3.1(c)	Interval invasive breast cancer 1st year 40-49 and 75+	Monitor
Cancer Detection	2	2.3.2(a)	Interval cancer 2nd year 50-74	Monitor
Cancer Detection	2	2.3.2(b)	Interval cancer 2nd year 50-69 (≤15 per 10k)	Benchmark
Cancer Detection	2	2.3.2(c)	Interval cancer 2nd year 40-49 and 75+	Monitor
Cancer Detection	2	2.4.1	Reads by reader (>2000)	Benchmark

Standard	Level	NAS #	NAS Description (short name)	Type
Cancer Detection	3	2.5.1	Women with up to four images	Monitor
Cancer Detection	3	2.5.2	Tech repeat rate (≤2%)	Benchmark
Cancer Detection	2	2.6.1(a)	Annual screening 50-74	Monitor
Cancer Detection	2	2.6.1(b)	Annual screening 50-69 (≤10%)	Benchmark
Cancer Detection	3	2.6.2	Annual screening 40-49, 75+	Monitor
Cancer Detection	2	2.6.3(a)	Recall R1 50-74	Monitor
Cancer Detection	2	2.6.3(b)	Recall R1 50-69 (<10%)	Benchmark
Cancer Detection	2	2.6.3(c)	Recall R1 40-49 and 75+	Monitor
Cancer Detection	2	2.6.4(a)	Recall R2+ 50-74	Monitor
Cancer Detection	2	2.6.4(b)	Recall R2+ 50-69 (<5%)	Benchmark
Cancer Detection	2	2.6.4(c)	Recall R2+ 40-49 and 75+	Monitor
Cancer Detection	2	2.6.5	Recall PPV R1 50-74	Monitor
Cancer Detection	2	2.6.6	Recall PPV R2+ 50-74	Monitor
Cancer Detection	2	2.6.7	Early review (<0.2%)	Benchmark
Assessment	2	3.1.1	Needle biopsies, benign (<5%)	Benchmark
Assessment	2	3.1.2(a)	Benign lesions, false positive (0%)	Benchmark
Assessment	2	3.1.2(b)	False positive root cause analysis (100%)	Benchmark
Assessment	2	3.1.3	Absolute sensitivity of biopsy (>90%)	Benchmark
Assessment	1	3.1.4	Open biopsies benign R1 (≤0.35%)	Benchmark
Assessment	1	3.1.5	Open biopsies benign R2+ (≤0.16%)	Benchmark
Assessment	3	3.1.6	Specimen imaging (100%)	Benchmark
Assessment	1	3.1.7	Lesions identified first excision (≥95%)	Benchmark
Assessment	1	3.1.8(a)	Diagnosis without excision (≥85%)	Benchmark
Assessment	1	3.1.8(b)	Diagnosis without excision, DCIS vs invasive	Monitor

Standard	Level	NAS #	NAS Description (short name)	Type
Timeliness	2	4.1.1(a)	Time to screening 28 days 50-74 (≥90%)	Benchmark
Timeliness	2	4.1.1(b)	Time to screening, days to 90% 50-74	Monitor
Timeliness	2	4.1.2	Time to results 14 days (>90%)	Benchmark
Timeliness	1	4.2.1(a)	Time to assessment 28 days (≥90%)	Benchmark
Timeliness	1	4.2.1(b)	Time to assessment, days to 90%	Monitor
Timeliness	1	4.2.1(c)	Time to assessment, offered in 28 days	Monitor
Timeliness	2	4.2.2	Results at first assessment visit (≥95%)	Benchmark
Timeliness	2	4.2.3	Assessment visits no more than two (≥95%)	Benchmark
Timeliness	2	4.2.4	Biopsy verbal results 7 days (≥85%)	Benchmark
Timeliness	2	4.2.5	Assessment complete 15 days (>95%)	Benchmark
Timeliness	2	4.2.6	Assessment results 14 days (100%)	Benchmark
Data Management	2	5.1.1	Histo info received (≥95%)	Benchmark
Data Management	3	5.1.2	Treatment info received (≥95%)	Benchmark

Protocol Concise Descriptors

The NQMC established concise descriptors for Protocols in 2018 for use in internal BSA documentation and correspondence. The following table contains concise descriptors for NAS Protocols

The following table contains equivalent concise descriptors for Protocols.

Note: As with those for NAS Measures, the concise descriptors are for convenience and are not intended to be self-explanatory. Please refer to the full Protocol and/or Data Dictionary for definitions and detail.

Standard	Protocol (short name)
Access/Participation	*1.1: Recruitment, invitations and equitable participation.*
Cancer Detection	*2.1: 2.1: Resolution of discordance reading outcomes.*
Cancer Detection	*2.2: ALARA, standard views & deviation, breast prosthesis.*
Cancer Detection	*2.3: 2.3: PGMI Evaluation.*
Cancer Detection	*2.4: P or G rating ≥50%.*
Cancer Detection	*2.5: Image ID RANZCR compliance.*
Cancer Detection	*2.6: Identify & review interval cancers.*
Cancer Detection	*2.7: Reader performance and feedback.*
Cancer Detection	*2.8: Review & address reader performance.*
Cancer Detection	*2.9: Management of breast symptoms.*
Assessment	*3.1: MDT expertise.*
Assessment	*3.2: MDT correlations.*
Assessment	*3.3: Percutaneous needle biopsy radiologist & MDT member review.*
Assessment	*3.4: Correlation lesions surgery detected through screening.*
Assessment	*3.5: Discordance assessment & post-surgical follow up.*
Assessment	*3.6: Screening staff with assessment unit.*
Assessment	*3.7: Evaluation of women recalled to assessment.*
Data Management	*5.1: Conform data dictionary.*
Data Management	*5.2: Data quality control throughout screening & assessment.*
Data Management	*5.3: Staff instructed to ensure data quality.*
Data Management	*5.4: Security, accuracy, integrity & management of data.*

Standard	Protocol (short name)
Data Management	*5.5: File tracking system.*
Data Management	*5.6: Unique identifier.*
Data Management	*5.7: Records identifiable to health professional.*
Data Management	*5.8: Records retention & storage.*
Data Management	*5.9: Disaster recovery PACS & BIS.*
Data Management	*5.10: Develop & maintain high quality ICT systems.*
Client Focus	*6.1: Information available to women throughout pathway.*
Client Focus	*6.2: Information provided on waiting times along pathway*
Client Focus	*6.3: Provision of results by medical practitioner, counsellor support.*
Client Focus	*6.4: Access to own records, including copies of images.*
Client Focus	*6.5: Strategy to encourage key stakeholder participation*
Client Focus	*6.6: Seek feedback about acceptability and appropriateness of screening and assessment.*
Client Focus	*6.7: Opportunity to ask questions before consent*
Client Focus	*6.8: Consent records that information given and understood.*
Client Focus	*6.9: Consent obtained for screening, assessment, data sourcing and release.*
Client Focus	*6.10: Option of referral to a clinic or returning to GP*
Client Focus	*6.11: Protocol for referral for subsequent management*
Client Focus	*6.12: Women diagnosed are advised of future status in Program.*
Governance & Management	*7.1: Position descriptions*
Governance & Management	*7.2: Expertise, experience and training standards in Appendix C.*
Governance & Management	*7.3: Staff trained policies, protocols and procedures*
Governance & Management	*7.4: Regular clinical breast specific professional development activities*
Governance & Management	*7.5: Designated Pathologist RCPA QA*
Governance & Management	*7.6: Screening and assessment units BSA identifiable and resourced.*

Standard	Protocol (short name)
Governance & Management	*7.7: Review, assess and implement a detailed QIP*
Governance & Management	*7.8: Research projects Ethics Committee approval*
Governance & Management	*7.9: Management or advisory structure key stakeholder representation*
Governance & Management	*7.10: Where Service and SCU are separate, contract detailing responsibilities and accountabilities.*
Governance & Management	*7.11: Financial management systems*
Governance & Management	*7.12: Infection control processes.*
Governance & Management	*7.13: Incident management and open disclosure.*
Governance & Management	*7.14: Policy, Protocols and Procedures Manual maintained*
Governance & Management	*7.15: Policy, Protocols and Procedures are implemented, reviewed and improved.*
Governance & Management	*7.16: Audit schedule policies, protocols and procedures*
Governance & Management	*7.17: Appropriate equipment*
Governance & Management	*7.18: Radiation protection regulations.*
Governance & Management	*77.19 Breast imaging systems meet specifications, quality control, Appendices D, E, F & RANZCR imaging Standards.*
Governance & Management	*7.20: Preventative maintenance and repair of imaging equipment*
Governance & Management	*7.21: Pathology laboratories RCPA NATA accreditation*
Governance & Management	*7.22: New technologies*

BreastScreen Australia List of Acronyms

Given the familiarity of BSA stakeholders with a number of key acronyms used frequently within the program, the acronyms contained in the following table can be used within the BSA Program. This would remove the requirement to include full explanations of each acronym every time they are used.

Acronym	Explanation
ADR	Annual Data Report
ATSI	Aboriginal and Torres Strait Islander
BIS	Business Information System
BSA	BreastScreen Australia
CALD	Culturally and Linguistically Diverse
CQI	Continuous Quality Improvement
DGMA	Data Governance and Management Assessment
MDM/T	Multi-Disciplinary Meeting/Team
NAF	NAS Accountability Framework
NAS	National Accreditation Standards
NQMC	National Quality Management Committee
PACS	Picture Archiving and Communication System
PGMI	Perfect, Good, Moderate, Inadequate
PMC	Protocol Management Checklist
QA	Quality Assurance
QI	Quality Improvement
QIP	Quality Improvement Plan
SAS (NSW)	Screening & Assessment Service
SCU	State Coordination Unit
SQC	State Quality Committee