



# QUALITY MATTERS

An NQMC update: September 2021

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## BSA National Surveyor update

By Ms Joan Burns

### Virtual Accreditation Surveys continue

Accreditation surveys of Services and State Coordination Units (SCUs) have continued throughout the year and will continue into 2022, in line with the National Survey Plan 2021-2025. This has enabled the NQMC to continue its role of promoting quality improvement while Services continue to offer screening and assessment services through the pandemic.

Service Guides are available to assist Services/SCUs prepare for their virtual accreditation.

Please contact the [NQMC Secretariat](#) to receive a copy of the National Survey Plan 2021-2025 and the Service Guides.

### New Surveyor recruitment and training

The program will be seeking expressions of interest from Radiologists, Radiographers, Service Directors, Program Managers and Data Assessors to undertake training to become a BreastScreen Australia National Accreditation Program Surveyor.

Work has commenced on developing the training program for new Surveyors and will include training for virtual surveys. At this stage, the training course is planned for the first half of 2022. The training will be conducted virtually.

Expressions of interest will be called early next year and will be widely advertised throughout the program.

### Thanks and recognition

It is so important to acknowledge all the wonderful frontline staff at BreastScreen clinics and centres who have continued to provide screening and assessment services to the clients of their local areas during the pandemic. Thanks for all that you are doing to keep delivering safe, high-quality services. But it's not just the frontline staff. Thanks also to the many staff who have been redeployed to assist with contact tracing and other public health efforts during the pandemic. All that you do is appreciated by so many.

Thanks and stay safe everyone.

## BSA information update

### Clarification regarding NAS Measure 2.4.1

The purpose of this National Accreditation Standard (NAS) Measure is to ensure high quality screen reading, as studies have reported a significant difference in cancer detection rates between those readers who read less than 2,000 and those who read 2,000 or more screens per year.

The NQMC would like to clarify that, when determining compliance against NAS Measure 2.4.1, Services should count all the reads

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undertaken by a reader, not just the reads taken for the Service. For example, if a reader undertakes 1500 reads in a year for Service X and 700 reads in a year for Service Y, then both Services will be able to report that reader has met the requirements of NAS Measure 2.4.1.

### Remote Radiology Working Group

At its 28 May 2021 meeting, the NQMC finalised the revised guidelines on the Remote Radiology Assessment model and amendments to the NAS. These have now been forwarded to the Australian Government Department of Health for consideration.

In the meantime, Services and SCUs must continue to follow the current guidelines for remote radiology assessment.

### False positive reporting

The NQMC has reviewed and approved updates to the BreastScreen Australia National Accreditation Handbook regarding the process for reporting false positive percutaneous needle biopsies.

Services and SCUs are advised to apply the following process to report a false positive needle biopsy diagnosis to the NQMC:

1. Upon becoming aware of a possible false positive diagnosis, the clinicians in the Service should exclude the six scenarios listed in the flow chart.
2. If the case is not one of these six scenarios, Services should notify the NQMC Secretariat of a possible false positive diagnosis by [email](#). The NQMC Secretariat will acknowledge receipt and send a link for the relevant pro forma to the Service to support further detailed investigation.
3. Clinicians from the Service should undertake a multidisciplinary review and root cause analysis of the incident and submit the completed pro forma to the NQMC Secretariat.

The NQMC will apply the following process for reviewing a false positive needle biopsy diagnosis:

1. The Biopsy Quality Assurance Initiative Subcommittee will review the Service's multidisciplinary review and pro forma and report their findings to the NQMC.
2. The NQMC will collate de-identified cases to identify any trends and opportunities for overall Service improvement within the BSA Program.

A False Positive Reporting Paper was provided to Services Clinical Directors on 30 September 2020 noting these updates.

### NQMC membership

Ms Gretlyn Wessling has resigned from her role as Proxy for Patient Safety and Quality. The Secretariat has commenced the normal nomination process to replace Ms Gretlyn Wessling on the NQMC.

Ms Kim Coulter has resigned from her role as the Jurisdictional Appointed Member. The NQMC welcomes Ms Cynthia Leal who was previously the Proxy Jurisdictional Appointed Member. The Secretariat has commenced the normal nomination process to replace Ms Leal as the Proxy Jurisdictional Appointed Member.

The NQMC also welcomes Allen + Clarke Consulting as the new NQMC Secretariat.

### BreastScreen Australia – research and other activities

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

### Virtual accreditation pioneers

Maroondah BreastScreen was the first breast screening service in Australia to undergo an entirely virtual accreditation process in March 2021. The NQMC awarded Maroondah BreastScreen, their screening sites and the survey team, Special Recognition Awards for this achievement.

Virtual accreditation has been an innovative response to the ongoing COVID-19 pandemic. The NQMC, alongside its National Surveyor,

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developed a way to undertake this important process wholly online by replicating parts of face-to-face survey visits. With surveyors usually travelling in from all parts of Australia, the newly developed process of virtual accreditation is paving the way for future accreditations to occur online, without the need for travel.

The virtual survey would not have been possible without the enthusiastic staff at Maroondah BreastScreen and the BreastScreen Victoria Coordination Unit, as well as the survey team and the IT support



from their home services.

### **New Screening Clinic in Albany Yakamia, *Home of the Turtles***

**By Dr Liz Wylie, Medical Director,  
BreastScreen Western Australia (WA)**

BreastScreen WA opened a fixed clinic in Albany in June 2021, replacing the mobile service visiting the city. The clinic includes Aboriginal artwork and a plaque to describe to Menang, Noongar name for the area Yakamia – home of the turtles. The Service is working in collaboration with the local Aboriginal liaison service to provide block bookings and/or picnics for Aboriginal clients to increase engagement and participation of eligible women.

This permanent stand-alone screening site in the Lower Great Southern Region of WA will improve year-round screening access, and boost participation rates in Albany and the surrounding regions including the towns of Mount Barker and Denmark. The clinic is very welcome by the community and was fully booked five weeks ahead of the formal opening. Women living over 120km away in

Walpole and the hinterland of the Lower Great Southern region are taking the opportunity to attend screening at a time that is convenient to them.

On the 22 July 2021 we undertook a virtual interim survey of the facility. Two items to further improve signage and awareness of the location are being actioned although improving signage is conditional on the landlord's approval.

The Albany fixed clinic will allow redeployment of the mobile unit to the rapidly developing outer Perth Metropolitan regions including Ellenbrook, Armadale, Byford, Alkimos and Butler to grow participation as part of the strategic 2030 plan. BreastScreen WA is planning screening visits in these areas in collaboration with community partners and local government authorities.

The Albany clinic is a result of success in future planning, clinical leadership and community engagement. We are very proud to offer another permanent service in regional areas of Western Australia.

### **Australian Perspectives on Breast Density**

Recent research has been undertaken within Australia to understand general practitioners' awareness and knowledge of mammographic breast density and their perspectives around information and potential notification of BD for women. Two key studies into this research can be found at:

- General practitioners' (GPs) understanding and views on breast density in Australia: a qualitative interview study - Nickel B, Dolan H, Carter S, *et al* on [BMJ's website](#)
- It's about our bodies... we have the right to know this stuff": A qualitative focus group study on Australian women's perspectives on breast density, Patient Education and Counseling - B. Nickel, H. Dolan, S. Carter *et al.*, on [Science Directs website](#)

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### The Roadmap for Optimising Screening in Australia (ROSA) Project

How can BreastScreen Australia and related health care services adopt more risk-based approaches to screening?

This is the question currently being investigated by researchers at the Daffodil Centre, University of Sydney.

The ROSA Project is a Cancer Council Australia project funded by the Australian Government Department of Health to explore how screening and related services can be personalised for each woman aged 40-74.

The researchers are assembling evidence, undertaking modelling evaluations and working with stakeholders to come up with a consensus on the best way forward.

Leading the project is Associate Professor Carolyn Nickson from the Daffodil Centre (a joint venture between Cancer Council NSW and the University of Sydney) and the University of Melbourne, School of Population and Global Health.

For details and to stay up to date, please visit <https://www.cancer.org.au/go/rosabreast>, or contact [Amanda Tattam](#).

### NQMC reporting

#### Accreditation Application and Annual Data Report (ADR) Submission

The NQMC encourages all Services and SCUs to submit their accreditation and ADR data via Validata using the updated Excel template.

The use of Validata enables an automated submission process and the opportunity to improve quality control and data checking. For further support using Validata or the Excel template, please contact [the Australian Institute of Health and Welfare](#).

Further, the NQMC notes the following submission dates to Services and SCUs for accreditation applications and ADR's:

NQMC Meeting	Submission Date
26 Nov 2021	5pm Friday 29 Oct 2021
4 Mar 2022	5pm Friday 4 Feb 2022
27 May 2022	5pm Friday 29 Apr 2022
26 Aug 2022	5pm Friday 29 Jul 2022