

**Quality Improvement Committee Annual Report Proforma**

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**ANNUAL REPORT TO THE PUBLIC**  
**ON**  
**QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN**  
**BY**  
**BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE**

**Please send completed reports to:**  
**Dr Brian Lloyd**  
**Chief Medical Officer**  
**Department of Health**  
**PO Box 8172 Perth Business Centre**  
**Western Australia 6849**

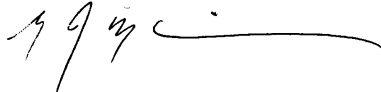
If you require any further information, or have any queries, please contact the Office of Safety and Quality in Health Care on 9222 4080.

Please note: The information you provide in this form must not identify, directly or by implication, any individual health care provider or receiver.

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Contact details of person providing the report:

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Signature:   
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Date: 15 February 2005

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**1. Name of Committee.**

BreastScreen WA Quality Improvement Committee.

**2. Name the health care facilities that contribute to this Committee.**

BreastScreen WA, Population Health Division, Department of Health WA.

**3. Give a brief description of the purpose of Qualified Privilege including the balance of the public interest in access to information and encouragement of participation by health care professionals in quality assurance.**

In the course of frank discussions and thorough follow-up of poor performance issues such as de-identified individual performance charts, missed cancers, false positive diagnosis and analysis of assessment outside the Program, the Committee has gathered clinical data of highly sensitive nature. This degree of scrutiny and the resulting improvements in the provision of mammography services would not have been possible without qualified privilege. The assurance that this information and related documentation would not be disclosed has encouraged candour on the part of the members in their discussions and allowed honest support and co-operation from individuals.

The possibility of this information and related documentation being disclosed would discourage candour on the part of the members in their discussions for improvements to public health services and would for that reason be against the public's best interest. The fear of criticism or litigation would divert the Committee from its main objective of clinical assessment and policy recommendation; and would prevent honest support and co-operation from individuals.

Qualified privilege is pivotal to the continuing effective functioning of the Committee as a means of evaluating clinical practice in mammography screening.

**4. Describe the main functions of the Committee.**

- Ensure the continued development of the Quality Culture at BreastScreen WA with an emphasis on continuous improvement, best practice and management of risks.
- Oversee compliance with the National Accreditation Requirements developed by the National Quality Management Committee (NQMC) for BreastScreen Australia.
- Oversee all quality activities at BreastScreen WA as directed by the DOH.

The creation of the Committee also complies with the requirement of the new Accreditation Standards that the Service implements a quality improvement plan with a focus on performance evaluation, clinical reviews and efficient introduction of new technologies.

**5. Attach the Terms of Reference (TOR) and any proposed changes to the TOR.**

See attached.

**6. Describe the categories of membership of the declared Committee.**

The Committee consists of not less than five and not more than ten members including:

- Medical Director of BSWA (Chair);
- Data Manager of BSWA, with thorough knowledge of mammography screening, experience in data analysis and research techniques and experience in clinical quality improvement activities;
- Designated Radiologist, Medical Imaging Technologist, Pathologist and Surgeon for BSWA, each with experience in detection and management of breast cancer, and experience in clinical quality improvement activities;
- Co-opted member with an interest in breast cancer and medico-legal expertise, with experience in clinical quality improvement activities;
- Co-opted members as required, with particular expertise and experience in clinical quality improvement activities particularly in the area of breast cancer;

NOTE: In the case that one person performs multiple roles within the organisation i.e. Medical Director is also the Designated Radiologist, there is no need for further representation.

**7. a) What services have been assessed and evaluated by the committee?**

**b) What action has been taken as a result of the assessment and evaluation?**

**c) What were the results of the action and the lessons learnt (if known at the time of producing report)?**

See table 1 attached.

**8. Attach a summary of the information management policy.**

- Under the Health Services (Quality Improvement) Act 1994, all information and documentation created, collated and evaluated by or on behalf of the BreastScreen WA Quality Improvement Committee is covered by qualified privilege.

- Members, employees of, or persons assisting the committee or activity must not directly or indirectly make a record of or disclose any identifying information whatsoever acquired by them as members of the Committee other than in accordance with the relevant legislation or unless consent is given by the individual to whom the information pertains.
- Members, employees of, or persons assisting the committee or activity must at all times ensure the security of all records in their possession relating to the committee or activity.
- All documentation and proceedings of approved quality improvement activities are to be stored in the corporate files and access restricted to the Medical Director or a designated member of the Quality Improvement Committee. Documents are to be stored for ten (10) years.
- Source documents that are not created specifically for the purposes of assessing quality e.g. medical records, are not covered by the provisions of the Act.

**Table 1. BreastScreen WA Quality Improvement Committee - Improvement Activities for January to December 2004**

Area assessed	Results / Outcomes	Action taken / Lessons learnt
Feedback from consumers and stakeholders	<p>The waiting room at Royal Perth Hospital Assessment Clinic will be extended.</p> <p>Development of a CME Conference (due May 2005) based on skill needs identified from feedback of health professionals.</p>	<p>Evidence based data will assist in the strategic provision of services including facilities and equipment.</p> <p>Implementation of the Australian Incident Monitoring System (AIMS) – in progress.</p> <p>98% of respondents were satisfied with service received, recommendations for improvement have been implemented.</p>
Screening women with disabilities	Improved processes for carers and women with disabilities attending for mammography screening	<p>Implementation of new policies and procedures</p> <p>Implementation of new educational brochure for women with intellectual disabilities</p>
Review of interval cancers	<p>Findings of 2004 Audit of 300 breast imaging consecutive reports presented at the RANZCR AGM in Perth in October (2004).</p> <p>Audit of individual cases.</p>	<p>Detailed performance feedback mechanisms to individuals result in improved radiology reporting.</p> <p>Continuous improvement of film reading quality.</p>
Monitor compliance with National Accreditation Standards	Audit of cases or review of policies and circumstances where the Service may not comply.	<p>Implementation of updated policies and procedures.</p> <p>A new permanent clinic in Rockingham (March 2005) is expected to better service the South-West Metropolitan area of the State.</p>
Records management (storage & disposal)	<p>Review of policies and practices for storage and/or disposal of medical records.</p> <p>Investigation of medico-legal issues with regard to disposal of x-rays.</p>	Updated policy submitted for legal advice.
Review of Service policies and procedures	<p>Ongoing review of policies and procedures.</p> <p>Close liaison with Programmes in other States and Territories regarding their policies and issues.</p>	<p>Improved clinical and administrative practices.</p> <p>Exchange of Policies and Procedures Manual with other BreastScreen programs.</p> <p>Implementation of new Family History screening guidelines in progress.</p>
Ongoing individual case review	<p>Audit of special cases as considered appropriate by the Committee.</p> <p>Information needs and skills gap analysis of health professionals in relation to breast cancer management.</p> <p>CME initiatives focused on identified areas of knowledge and performance deficit, based on audit findings and feedback from health professionals.</p>	<p>Appropriate follow-up of relevant cases.</p> <p>Presentation of findings at multidisciplinary educational meetings where appropriate. Preparation of a CME conference in May 2005.</p> <p>Provision of breast cancer management courses for GPs (GPDWA recognised), Indigenous Health Workers and other health professionals.</p>
Monitor BSWA Quality Improvement Plan	<p>Monitor implementation and evaluate outcomes of quality improvement activities within the Service.</p> <p>Ongoing critical evaluation of current practices.</p>	Quarterly reporting on quality improvement activities service-wide submitted to the Committee.

# ATTACHMENT 1

## BreastScreen WA Monthly Multidisciplinary Meetings Schedule for 2004

February	“Interval Cancers of Assessment”
March	“Quality of Life Assessment in Cancer Clinical Trials”
April	“General Practitioner Survey Results” “HRT and Breast Cancer: An Update”
May	“Young Women and Breast Cancer” “Update on gestational breast cancer project” “A prospective database: can we collect detailed information of ALL patients with breast cancer in WA - where to begin” “A new role for the Tissue Bank”
June	“CAPPS Lesion”
July	“Report on the European Breast Disease Meeting”
August	“Breast MRI - An Update”
September	“Margins Who Really Needs a Re-excision” “HRT in Breast Cancer” Summary of the trials since 1996
October	“New insights in the biology of Breast Cancer”
November	“Assessing the effectiveness of BreastScreen WA”

	"Impact of Breast cancer screening: BreastScreen and WACR data reconciliation, 1999 - 2004"
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