

BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE

ANNUAL REPORT TO THE PUBLIC FOR 2014

ON

QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN

BY

BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE - WNHS

**Please send completed reports to:
Director, Office of Safety and Quality in Healthcare
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 Healthcare 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.

Contact details of person providing the report:

Name: DR ELIZABETH WYLIE

Position: MEDICAL DIRECTOR

Tel: 9323 6701

Email: liz.wylie@health.wa.gov.au

Signature: 

Date: 29 February 2016

The *Health Services (Quality Improvement) Act 1994* provides for the approval and protection of quality improvement committees reviewing, assessing and monitoring the quality of health services and for related purposes. Section 9 of the *Health Services (Quality Improvement) Regulations 1995* each committee is to make a report available to the public at least once in each period of 12 months.

The following fulfils the requirements of the committee under section 9 of the *Health Services (Quality Improvement) Regulations 1995*.

Attach a copy of the committee's *Terms of Reference*

Report on issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required

Issue/project/activity

Description	Action	Outcomes
Review of interval cancers	<p>Ongoing audit of individual cases for 0-12 months and 13-24 months post screen.</p> <p>Developing appropriate continuing professional development material in response to emerging trends in performance.</p> <p>Open communication with individual clients and medical staff involved.</p>	<p>Detailed performance feedback mechanisms to individual clinicians' results in individual performance appraisal, and tailored continuous education interventions to improved radiology reporting accuracy.</p> <p>Continuous improvement of image reading quality.</p>
Ongoing individual case review	<p>Follow-up of relevant cases as considered appropriate by the Committee particularly sentinel cases that indicate significant service delivery clinical safety risks.</p> <p>Development of clinical training courses recognised by relevant professional colleges and national bodies to meet information needs and skills gap in relation to breast cancer detection and management.</p> <p>Regular display of new interesting assessment cases for peer-review.</p>	<p>Ongoing improvement of clinical practices through regular review of clinical or surgical management outcomes.</p> <p>Presentation of findings at multidisciplinary educational meetings where appropriate (see Appendix).</p> <p>Provision of breast cancer management courses for GPs (RACGP recognised), Indigenous Health Workers and other health professionals.</p>

Description	Action	Outcomes
Feedback from consumers and stakeholders	<p>Feedback from the GP Advisory Group and the Consumer Reference Group provided input into the development of new resources and media advertising.</p> <p>Evidence based data assists in the strategic provision of services including facilities and equipment.</p> <p>Feedback forms available at all screening and assessment clinics and all complaints received, either verbal or in writing, are recorded and actioned as required.</p> <p>Feedback surveys are monitored for areas of client dissatisfaction, or praise. Specific targeted surveys are designed to highlight areas of service activity and are used to improve performance and client involvement.</p>	<p>New resources for special groups such as ATSI or CALD women are developed and distributed in the community and to the clinics to promote equity of access to all eligible women.</p> <p>Client complaints system monitors service performance and is reported through the relevant BSWA and health service committees.</p> <p>Comprehensive client surveys and direct engagement has allowed the service to relocate services to sites that are more suitable for women with disabilities.</p>
Informing consumers and clients	<p>As a result of the interval cancer review process and in the spirit of open disclosure, BreastScreen WA writes to clients with an interval cancer to acknowledge their cancer and offer an apology that screening was not able to provide an earlier diagnosis. An offer to discuss the case and/or meet with the client is extended from the Program in each letter.</p> <p>Appropriate information relevant to breast cancer and its detection, including national Program policy statements is made available to the public. At the clinics and on the web site.</p>	<p>The principle of open disclosure in interval cancer cases in a screening program is actively practiced by the service. Clients with an interval cancer are assured that all interval cancer cases are reviewed to improve the quality of the Program, and have indicated with their positive feedback that they appreciated this initiative. A number of women and their partners avail themselves of the opportunity to meet with the medical director for discussion of their individual screening mammogram accuracy and medical personal circumstances.</p> <p>Clinical updates, national policies on various topics and service data reports are available for viewing or download via the BreastScreen WA website.</p> <p>The BreastScreen WA regular newsletters are available through the link http://www.breastscreen.health.wa.gov.au/About-Us/Newsletters</p>

Description	Action	Outcomes
Monitor compliance with National Accreditation Standards (NAS)	<p>Audit of cases or review of policies and circumstances where the Service may not comply. Regular external reviews are designed to ensure the Service meets key NAS indicators.</p> <p>Key National Accreditation Standards related to cancer detection accuracy and service delivery timeliness are regularly reviewed.</p>	<p>Implementation of updated clinical processes, policies and procedures as relevant.</p> <p>The service was awarded 4 years accreditation with the national Program in 2011 and in 2015 will apply for reaccreditation, undergoing a full and thorough external review of service performance.</p> <p>In 2014, the old Fremantle Clinic was closed and relocated to larger, purpose built facilities in Cockburn.</p>
Implementation of new technology	<p>Ongoing developmental work to integrate the client screening information system with the image storage system is being undertaken by the service. By the end of the project all image management and clinical decision making will be based on more efficient digital processes.</p> <p>BreastScreen Australia is closely monitoring the national transition to digital screening technology via its regular reporting processes. Data for key performance indicators such as cancer detection rates, recall rates and productivity is reported by all services.</p>	<p>Improved image quality and productivity and safety in health care and service provision.</p> <p>Improved clinical and administrative practices.</p> <p>Contribute to the body of knowledge surrounding new technologies, not only within the service but across the BreastScreen Australia program.</p> <p>The service is working towards a paperless client record, which will eventually integrate with the client's personal electronic medical record.</p>
Monitor BSWA Quality Improvement Plan	<p>Comprehensive evaluation of quality improvement activities to ensure safety of service. Ongoing critical evaluation of current practices, and developing clinical practice.</p> <p>Develop and regularly update service strategic plans based on continuous service improvement.</p>	<p>Regular reporting on service wide quality improvement activities submitted to the Committee.</p> <p>Regular quality improvement activities encourage a culture of continuous improvement across all disciplines and levels of the organisation.</p> <p>In 2014, a number of LEAN service projects were commenced which will report in 2015.</p>

Description	Action	Outcomes
Engage in relevant breast cancer research activities	<p>Staff and consultants present at major clinic meetings locally, interstate and internationally.</p> <p>Research projects utilising BSWA data are conducted from time to time with various university faculties and publications are oversighted by the BSWA QI Committee.</p> <p>Biennial multidisciplinary conferences are hosted by BreastScreen WA in Perth. The next conference will be in November 2014.</p>	<p>Improved understanding of breast cancer behaviours, detection and management. Engagement with the medical research and clinical community. Staff development and training.</p> <p>Biennial BreastScreen WA multidisciplinary meeting was conducted in Perth, please find enclosed the program.</p>



Multidisciplinary Meetings 2014

Meetings commence at 6.00pm and rotate between RPH and SCGH monthly.

RPH: Monday, Radiology Seminar Room, Radiology Department.

SCGH: Iris Finnie Meeting Room 1st Floor, G Block, Radiology Department.

Monday 17 th February – RPH ****CANCELLED	<i>Positron Tomography (PET) Probe Work</i> Dr Kerryn Butler-Henderson
Monday 17 th March - RPH	<i>How Pathologist's may contribute to over-diagnosis & overtreatment.</i> Dr Cecily Metcalf
Monday 14 th April - RPH	<i>Reducing overtreatment in breast cancer. What can the Radiation Oncologist do in 2014?</i> Dr Serena Sia – Radiation Oncologist
Wednesday 21 st May – SCGH	<i>Are there tumour pathological features that correlate with a false negative axillary ultrasound?</i> Dr Gareth Porter
Monday June 16 th – RPH	<i>Why Study Mammographic Density?</i> Dr Jennifer Stone
Monday July 21 st – RPH	<i>Positron Tomography (PET) Probe Work</i> Dr Kerryn Butler-Henderson
Wednesday 20 th August – SCGH	<i>Tomosynthesis – Protocol Workshop</i> Anita Bourke, Natalie Webb, Liz Wylie
Monday 15 th September - SCGH	<i>“BreastScreen WA Bunbury – 1 year of interesting cases”</i> Dr Maria Vanessa Atienza-Hipolito Mr Neill Kling and Dr Felicity Frost
Monday 20 st October – RPH	<i>“Expanding the indications for MRI: What is best practice?”</i> Winthrop Professor Christobel Saunders
Sat/Sun 8-9 th November – Pan Pacific	<i>Realising the benefits of digital breast imaging.</i> BSWA & AIR Breast Cancer Conference

Publications:

Suspicious mammographic parenchymal abnormalities that are occult at ultrasonography
Deepika Gunawardena, Janette Tresham, Mireille Hardie, Michael Phillips, Elizabeth Wylie
Journal of Medical Imaging and Radiation Oncology, 58: (2014) 668-673

Clinical and imaging features of male breast disease, with pathological correlation: A pictorial essay

Ng, A. M. L., Dissanayake, D., Metcalf, C. and Wylie, E. (2014),
Journal of Medical Imaging and Radiation Oncology, 58: 189–198.
doi: 10.1111/1754-9485.12073

Is Step Down Assessment of screen detected lesions as safe as workup at a Metropolitan Assessment Centre?

Jade P Hughes, Diana C. Jose, Gina H. Tuch, Lin Fritschi, J. Tresham, E. Wylie
Aust NZ J Public Health: 2013 Online
doi: 10.1111/1753-6405.12129

Grants

Dr Jennifer Stone, Professor Christobel Saunders, Dr Andrew Redfern, Dr Elizabeth Wylie, Dr Sandra Thompson 2014, **'Mammographic density as a predictor of breast cancer risk and mortality in Western Australia Aboriginal women'**, Cancer Council of Western Australia.



QUALITY IMPROVEMENT STATE ACCREDITATION COMMITTEE

AGENDA

Thursday 4th December 2014, 4.00-5.00 pm
8th Floor Board room, Eastpoint Plaza, 233 Adelaide Terrace, Perth

Chair: Di Hastrich

Apologies: Dr M. Bennett, Dr J. Straton, Mr H. Dawkins, Ms Helena Green

Present: Dr F. Frost, Dr Wylie, R. Abberley, J. Townsend, D. Kiff

1. Minutes of meeting dated 10th April 2014 (Attachment 1)
2. BreastScreen WA Annual Data Report for 2013 (Attachment 2)
and response by Service to unmet NAS (Attachment 3)
3. BreastScreen Northern Territory support
4. BreastScreen Australia new National Accreditation Standards and Processes progress report
5. BreastScreen Australia National Surveyor role (Attachment 4)
6. PACS and soft copy reading progress report.

Other business:

1. BreastScreen WA expansion of services (target age group, new services) – update
2. Research project

Next meeting 23 April 2015

Quality Improvement Committee

The Committee was established in 2002 under the *Health Services (Quality Improvement) Act 1994* (the Act). Under the Act, the Committee enjoys privilege of information, which restricts the disclosure of information compiled by the Committee in the course of quality improvement activities. The assurance that sensitive data cannot be released enhances the Program's ability to evaluate clinical practices.

The Committee is required to report annually to the DoH, the public and the Minister for Health according regulations eight, nine and ten of the Health Services (Quality Improvement) Regulations (1995).

Terms Of Reference

The purpose of the Committee is to:

- 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 Standards developed by the National Quality Management Committee (NQMC) for BreastScreen Australia.
- Oversee all quality activities at BreastScreen WA as directed by the DOH.

The functions of the Committee include:

- Assessment and Evaluation - to assess and evaluate the quality of health services, namely mammography screening and/or review clinical practices namely breast imaging and assessment of screen detected mammographic abnormalities;
- Reporting and Recommending - to report to, and make recommendations to, the Director General of Health concerning the health services, namely mammography screening and/or the clinical practices, namely breast imaging and assessment of screen detected mammographic abnormalities; and
- Monitoring and Implementation - to monitor the implementation of any recommendations which may be made, from time to time, by the Committee to the Director General of Health in his capacity as the governing body of BreastScreen WA or any successor body which may in the future become the relevant "governing body" under the HS(QI) Act.

In particular, the Committee is to:

- Provide leadership, and promote and facilitate continuous improvement in the quality of the Program's services;
- Evaluate the quality of the Program's services through quality activities, particularly those that review clinical practices and service delivery;
- Instigate the development of recommendations and plans of action for the improvement of services, based on the evaluations undertaken;
- Make recommendations to the DoH and the NQMC, concerning the quality of Program services;
- Monitor the implementation of such recommendations made to the DoH and the NQMC;
- Evaluate the effectiveness of recommendations and report outcomes;
- Publish outcomes in a DoH annual report;
- Provide advice to the DoH and NQMC on quality matters;
- Ensure relevant expertise is available for the implementation and evaluation of quality activities; and
- Take, on behalf of the DoH, all those administrative actions required to obtain and maintain the approval of the Committee, in terms of the Act, by the Minister for Health.

Membership

The Committee will consist of not fewer than five and not more than 10 members:

- Medical Director, BSWA (Chairperson);
- Coordinator, Data Management & Support Services, BSWA;
- Designated Radiologist, BSWA;
- Designated Radiographer, BSWA;
- Designated Pathologist, BSWA;
- Designated Surgeon, BSWA;
- Co-opted member with an interest in breast cancer and medico-legal expertise, with experience in clinical quality improvement activities; and
- Co-opted members as required, with particular expertise and experience in clinical quality improvement activities particularly in the area of breast cancer.

BreastScreen WA State Accreditation Committee

The State Accreditation Committee (SAC) is appointed by the CEO of the Women's and Children's Health Service (WCHS), and is independent of the BSWA State Co-ordination Unit. The committee is responsible for overseeing compliance with the NAS.

Terms Of Reference

- Monitor the Program's performance against NAS;
- Provide advice and oversee the implementation of strategies targeting low performance or non-compliant areas;
- Provide advice about accreditation of the screening and assessment services within BSWA;
- Provide advice to the Program in the preparation of the application for accreditation and compliance with the NAS and Accreditation Handbook [or equivalent];
- Evaluate the Program's application for accreditation and supporting documentation, and make recommendation to the NQMC regarding BSWA's eligibility for accreditation; and
- Provide advice and feedback to BSWA regarding its Quality Improvement Program.

Membership

Membership comprises representatives from:

- Royal Australasian College of Radiologists
- Royal Australasian College of Surgeons
- Royal College of Pathologists of Australasia
- Epidemiologist
- Radiation Health Section, Department of Health WA
- Community Representatives (x2)
- Breast Care Nurse / Nurse Counsellor
- Australian Institute of Radiographers
- Independent Chairperson
- Medical Director, BreastScreen WA
- Coordinator, Data Management & Support Services, BreastScreen WA