

**BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE**

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**ANNUAL REPORT TO THE PUBLIC FOR 2015**  
**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.

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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>Development of personalised professional clinical training for radiologists.</p> <p>Open communication with individuals involved.</p>	<p>Detailed performance feedback mechanisms to individual clinicians results in improved radiology reporting.</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.</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 management.</p> <p>Regular display of new interesting and educational assessment cases for self-review and learning.</p>	<p>Improvement of clinical practices through regular review of clinical or surgical management.</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
<p>Feedback from consumers and stakeholders</p>	<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>Our Commitment to you client feedback forms available at all screening and assessment clinics and all complaints received, either in 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>Development of tailored staff training, professional education and system review initiatives.</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 satisfaction surveys and feedback indicate high levels of satisfaction with the services provided. Service recognition is high within the target age group.</p> <p>Client complaints system monitors service performance and is reported through the relevant BSWA and health service committees.</p> <p>Please find enclosed 2015, BreastScreen WA newsletters.</p>
<p>Informing consumers and clients</p>	<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. 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.</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. An ongoing survey of client response to the open disclosure is maintained.</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 website is regularly updated with current BreastScreen WA improvements and client information.</p> <p>The BreastScreen WA regular newsletters are available through the link <a href="http://www.breastscreen.health.wa.gov.au/About-Us/Newsletters">http://www.breastscreen.health.wa.gov.au/About-Us/Newsletters</a></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>To ensure the service meets key NAS performance indicators associated with participation and timeliness, capacity planning has responded with the opening of a new assessment clinic in at Fiona Stanley Hospital in February 2015.</p>	<p>Implementation of updated policies and procedures as relevant.</p> <p>The service underwent a data audit, of the client record management and security, and data record accuracy and storage integrity in August 2015. In November 2015, the whole service underwent a comprehensive 4 day external review of screening assessment services, against the National Accreditation Standards.</p> <p>A number of service performance criteria were noted to require service improvements. The State Quality Committee will oversight the services implementation of those required service improvements.</p>
Implementation of new technology	<p>Ongoing developmental work to integrate the client screening information system with the image storage system was ongoing in 2015. In May 2015, soft copy reading commenced potentially increasing the accuracy of reading for cancer detection in younger women and peri menopausal women.</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 annually to the Australian Institute of Health and Welfare and the BreastScreen Australia National Quality Management Committee.</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>
Monitor BSWA Quality Improvement Plan	<p>More structured implementation and evaluation of quality improvement activities.</p> <p>Ongoing critical evaluation of current practices.</p> <p>Develop and regularly update service strategic plans which build in QI activities.</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>Please see Agenda for the State Quality Committee meeting of Wednesday 9 December 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>BreastScreen WA is currently collaborating with Dr Dallas English, University of Melbourne on a NHMRC funded research in respect to over diagnosis of breast cancer in the BreastScreen WA service.</p> <p>BreastScreen WA is collaborating with Dr Jennifer Stone and Dr Andrew Redfern, University of Western Australia in respect to breast cancer in Aboriginal women.</p>



MULTIDISCIPLINARY MEETING 2015

Meeting commence at 6.00 pm  
Royal Perth Hospital, Radiology Seminar Room

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Monday 16<sup>th</sup> February – RPH

**Title: Pre-operative assessment of the axillary lymph nodes in patients with breast cancer and literature review.**

**Presenter: Dr Bann Saffar  
Radiology Registrar**

Monday June 15<sup>th</sup> – RPH

**Title: Microscope-in-a-needle  
Presenter: A/Prof Robert McLaughlin  
University of Western Australia**

Monday 19<sup>th</sup> October – RPH

**Title: Complications Of Breast Implants Current Issues  
Presenter: Dr Edward Van Beem**

**Publications:**

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**Indications for diagnostic open biopsy of mammographic screen-detected lesions preoperatively diagnosed as fibroadenomas by needle biopsy and their outcomes**

M.A. Sal ,R. Dhillon , D. Brookes , C. Lagrange, C. Metcalf,  
E. Wylie

Clinical Radiology 70 (2015) 507-514

**Radiographer technique: Does it contribute to the question of clip migration?** Journal of Medical Imaging and Radiation Oncology 59,5, pp. 564-570

Madeley, C.R. Kessell, M.A. Madeley, C.J. Taylor, D.B., Wylie E.J. 2015:



## STATE QUALITY COMMITTEE AGENDA

WEDNESDAY, 9<sup>TH</sup> December 2015, 4 –5 pm

8<sup>th</sup> Floor BOARDROOM, EastPoint Plaza, 233 Adelaide Terrace, Perth

**Chair:** Di Hastrich

**Apologies:** Helena Green, J Straton

- 1 New State Quality Committee – National Accreditation requirements [attachment a]
- 2 BSWA Quality Improvement Plan 2015–2016A [attachment b]
- 3 BSWA Strategic and Operational Plan 2015–2016 [attachment c]
- 4 BSWA Health Promotion Plan 2015–2017 [attachment d]
- 5 BSWA Application for Accreditation
  - Annual Data Report (ADR) for 2014 [attachment e]
  - Supplementary data information [attachment e 1]
  - Service Response to ADR [attachment f]
  - BSWA Non–Data Report for 2015 [attachment g]
  - BSWA Data Auditor Report [attachment h]
  - Service Response to Data Auditor Report [attachment i]
  - BSWA Site Visitors Report 2015 [attachment j]
- 6 Quality Improvement and Clinical Incident reporting activities:
  - Logging data entry errors [attachment k]
  - Summary of Interval Cancer reviews 2011 and 2012 [attachment l]
  - CIMS reporting 2014–2015 [attachment m]
- 7 NQMC transition to new national accreditation process [attachment n].
- 8 Last and Final Minutes of State Accreditation Committee April 2015 meeting (for information only). [attachment o]
- 9 BS Northern Territory letter re new structure and oversight [attachment p]

**NEXT MEETING:** to be advised

## **BreastScreen WA State Quality Committee**

The State Quality Committee (SQC) is the principle Quality Improvement Committee for BSWA. The SQC is appointed by the CEO of the Women's and Newborns Health Service (WNHS), and is independent of the BSWA State Co-ordination Unit. The SQC reports to the WNHS Clinical Governance Committee and the BreastScreen Australia National Quality Management Committee (NQMC). The SQC is responsible for the key areas of accreditation and quality improvement. As such, the committee is responsible for overseeing the development and implementation of a comprehensive annual quality improvement plan and reviewing BSWA data to ensure compliance with the NAS and the ACHS Standards. The SQC is also responsible for identifying areas where quality improvement strategies are required to improve performance against the NAS.

## **Terms of Reference**

- Monitor the Program's performance against NAS and ACHS standards;
- 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;
- Provide advice and feedback to BSWA regarding its Quality Improvement Program;
- Oversight the reporting and management of clinical incidents including sentinel events;
- Oversight the management of client complaints; and
- Reviews requests for data for research projects and requests for program participation in external and internal research proposals.

## **Membership**

Membership comprises representatives from:

- Royal Australasian College of Radiologists
- Royal Australasian College of Surgeons
- Royal College of Pathologists of Australasia
- Epidemiologist/Public Health Specialist
- Community Representatives (x2)
- Breast Care Nurse / Nurse Counsellor
- Australian Institute of Radiographers
- Independent Chairperson
- Medical Director, BreastScreen WA
- Manager Data and Information Systems, BreastScreen WA