BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE

ANNUAL REPORT TO THE PUBLIC

ON

QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN

BY

BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE

Please send completed reports to:
Dr Simon Towler
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 2238.

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

Contact details of person providing the report:

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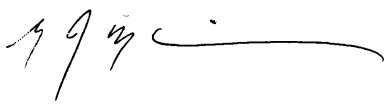
Signature: 

1. **Name of Committee.**

   BreastScreen WA Quality Improvement Committee.

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

   BreastScreen WA - Women and Newborn Health Service, North Metropolitan Area Health Service.

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

   The Committee consistently collects and analyses data of highly sensitive nature endeavouring to improve clinical practices. The capacity to have honest discussions and meticulous follow-up of poor performance issues, de-identified individual performance charts, missed cancers, false positive diagnosis and cases assessed outside the Program, are essential to this process. Advancement in the provision of mammography services through extensive scrutiny would not be possible without qualified privilege and the assurance that related information would not be disclosed.

   Sensitive 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 cooperation from individuals.

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

4. Describe the main functions of the Committee.

- Ensure continued enhancement 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 creation of the Committee also complies with the requirement of the National Accreditation Standards (2004) 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 APPENDIX 1 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, Chief Medical Imaging Technologist, Senior Medical Imaging Technologist (Training, Technical and Quality Assurance), Designated Pathologist and Surgeon for BSWA, each with experience in detection and management of breast cancer, and clinical quality improvement activities;
- 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.

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 brief description of issues, projects and/or activities undertaken by the Committee for which Qualified Privilege was required. For the selected items, please answer the following questions:

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?

See APPENDIX 2 - 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.

APPENDIX 1 - QIC Terms of Reference

TERMS OF REFERENCE
QUALITY IMPROVEMENT COMMITTEE

NAME
The BreastScreen WA Quality Improvement Committee.

ORIGIN
The Committee was established by the Department of Health (DoH), as the governing body of BreastScreen WA through approval by the Commissioner of Health dated 11th October 2001.

The Committee was established in order 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.

PURPOSE
The Committee is to evaluate, investigate and advise the Director General on the quality of services provided by and within the Service, and to facilitate continuous improvement.

In particular, the Committee is to:

- provide leadership, 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 North Metropolitan Area Health Service (NMAHS) and the NQMC, concerning the quality of Program services;
- monitor the implementation of such recommendations made to the NMAHS and the NQMC;
- evaluate the effectiveness of recommendations and report outcomes;

- submit outcomes to the NMAHS for publication in their annual report;
- provide advice to the NMAHS and NQMC on quality matters;
- ensure relevant expertise is available for the implementation and evaluation of quality activities;
- take, on behalf of the Department, all those administrative actions required to obtain and maintain the approval of the Committee, in terms of the Act, by the Minister for Health.

ACCOUNTABILITY

The Committee is accountable to and reports to the North Metropolitan Area Health Service.

MEMBERSHIP

The Committee will consist of not less than five and not more than ten members:

- 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, Chief Medical Imaging Technologist, Senior Medical Imaging Technologist (Training, Technical and Quality Assurance), Designated 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 fulfils multiple roles within the organisation i.e. Medical Director is also the Designated Radiologist, there is no need for further representation.

The Chair is assisted by the Senior Project Officer as committee secretariat.

CHAIR

The Chairperson will be the Medical Director of BreastScreen WA.

APPOINTMENTS

Membership to the Committee shall form part of the duties and responsibilities of the staff mentioned above. The Chair of the Committee must notify the Minister in writing of the names of the members of the Committee at the time of any changes in the membership of the Committee.

APPENDIX 1 - QIC Terms of Reference

To avoid any doubt about the protection afforded by Ministerial approval under the Act, a member who is unable to attend a meeting may NOT send a delegate.

In the event that a member is not able to fulfil his or her responsibilities as part of the Committee either permanently or for a period greater than 12 months, or if the Committee considers that a third person would better meet the requirements for membership in regards to experience in clinical quality improvement activities, a written submission must be presented to the Committee for approval and forwarded to the Committee.

OPERATING PROCEDURES

Meetings

To be held six monthly unless otherwise agreed by the members.

Quorum

The Chairperson plus 50% of the appointed members constitute a quorum.

Records

Minutes of each meeting will be maintained and will record accurately the members present, the deliberations of the Committee and all other business of the meeting.

All minutes of meetings and other documentation created by, at the request of, or solely for the purpose of the Committee, will be kept in accordance with Regulations 6 and 7 of the Health Services (Quality Improvement) Regulations 1995.

REPORTING

The Committee will provide the following reports:

- Annual activity report to the public - in accordance with regulation 9 of the Health Services (Quality Improvement) Regulations 1995, by way of the Office of Safety and Quality in Health Care (OSQH) Internet site.
- Annual activity report to the Minister for Health – in accordance with regulation 10 of the Health Services (Quality Improvement) Regulations 1995. The NMAHS will also receive a copy of this report.

ADOPTION AND AMENDMENT OF TERMS OF REFERENCE

These Terms of Reference were first adopted by the DoH on 4th January 2001. The Terms of Reference will be reviewed annually by the Committee and changed only by resolution of the DoH. The Chair of the Committee will notify the Minister in writing of any changes to the Terms of Reference, as they occur. The date and substance of any changes will be recorded immediately below.

These Terms of Reference were most recently declared to be current on: 23rd February 2005.

APPENDIX 2 - Table 1. BreastScreen WA Quality Improvement Committee – Improvement Activities for January to December 2006

(a) Area assessed	(b) Results / Outcomes	(c) Action taken / Lessons learnt
Review of interval cancers	Audit of individual cases. Development of needs-based clinical training. Open communication with individuals involved.	Detailed performance feedback mechanisms to individual clinicians result in improved radiology reporting. Continuous improvement of film reading quality. Undertake reconciliation process, if required.
Ongoing individual case review	Follow-up of relevant cases as considered appropriate by the Committee. 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.	Improvement of clinical practices through regular review of clinical or surgical management. Presentation of findings at multidisciplinary educational meetings where appropriate (see Appendix 3 attached). Provision of breast cancer management courses for GPs (GPDWA recognised), Indigenous Health Workers and other health professionals.
Feedback from consumers and stakeholders	Feedback from GP Advisory Group and Consumer Reference Group provided input into the development of new resource and media advertising. Evidence based data assists in the strategic provision of services including facilities and equipment. The Service monitors and responds to client views via 2006 satisfaction survey of 1,300 clients across the screening and assessment service.	Development of tailored staff training, professional education and system review initiatives. A Mammography and Radiation Risk brochure is being developed. Investigate and monitor areas where clients expressed dissatisfaction.
Monitor compliance with National Accreditation Standards	Audit of cases or review of policies and circumstances where the Service may not comply. Expansion of Cannington Clinic due to increasing local demand in the East Metropolitan area. Development of Joondalup South business case to meet service demand in specific metropolitan area.	Implementation of updated policies and procedures. Official opening of relocated Cannington Screening Clinic in August 2006. Plans for a new operational clinic in Joondalup South next year to meet local demand is in progress.
Records management (storage & disposal)	Revision of records disposal policy by reviewing policies and practices for storage and/or disposal of medical records. Investigation of medico-legal issues with regard to disposal of x-rays.	Updated policy submitted for legal advice. Plans underway to create more space for physical storage of medical records and improve safety in the work environment. Contribute to updated Department of Health Patient Information Retention and Disposal Schedule (Version 3).

APPENDIX 2 - Table 1. BreastScreen WA Quality Improvement Committee – Improvement Activities for January to December 2006

(a) Area assessed	(b) Results / Outcomes	(c) Action taken / Lessons learnt
Review of Service policies and procedures	Close liaison with Programmes in other States and Territories regarding their policies and issues encourage information sharing - improving clinical and administrative practices. Service agreement to provide two yearly mammography screening to Christmas Island women.	Exchange of Policies and Procedures Manual with other BreastScreen programs. Improved clinical and administrative practices. Implementation of new Family History screening guidelines in March 2006. Mammography screening carried out in August 2006 for women on Christmas Island.
Monitor BSWA Quality Improvement Plan	More structured implementation and evaluation of quality improvement activities. Ongoing critical evaluation of current practices.	Quarterly reporting on service wide quality improvement activities submitted to the Committee. Regular quality improvement activities encourage a culture of continuous improvement across all disciplines and levels of the organisation.

BreastScreen WA
WA's only accredited screening service

MULTIDISCIPLINARY MEETINGS 2006

Meetings commence at 6.00pm and rotate between RPH and SCGH monthly.
RPH: Monday, Pathology Seminar Room, Pathology Department.
SCGH: Wednesday, Radiology Seminar Room, 1st Floor G Block.

Monday 20th February
RPH
Dr Michelle Bennett Interval Cancers of Assessment

Monday 10 April **RPH**
Dr Jim Anderson, Dr Gudrun Peters Update Breast MRI

Wednesday 24 May
Dr Michael Millward IBIS II **SCGH**

Monday 19 June **RPH**
Dr Liz Wylie
Diagnostic Imaging Radiation Induced Breast Cancer

Wednesday 31 July 5.30-7.00 pm SCGH Mary Lockett Theatre
Prof Afaf Girgis Director of Centre for Health Research & Psycho-Oncology, The Cancer Council NSW, University of Newcastle
Translating psychosocial research into benefits for cancer patients:
The progress so far

Monday 14 August **RPH**
Male Breast Disease – Case Reviews
Dr Caroline Yapp & Dr Cecily Metcalf

Wednesday 27 September **SCGH**
Dr Lee Jackson, "Back to the Future" Macroscopic intraoperative examination of sentinel lymph nodes
Dr Reimar Junckerstorff, "Hormone receptors and breast cancer – getting to the core of the problem"?

Monday 16 October
Andy Redfern
Anti-Oestrogen and Herceptin Treatment - An Update RPH

Wednesday 22 Nov **SCGH**
Ben Wood, Pathology of Lobular Lesions