

BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE

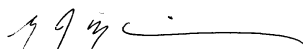
ANNUAL REPORT TO THE PUBLIC FOR 2013
ON
QUALITY IMPROVEMENT ACTIVITIES UNDERTAKEN OR OVERSEEN
BY
BREASTSCREEN WA QUALITY IMPROVEMENT COMMITTEE - WNHS

**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:

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Date: 22nd July 2014

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	Ongoing audit of individual cases for 0-12 months and 13-24 months post screen. Development of needs-based clinical training. Open communication with individuals involved.	Detailed performance feedback mechanisms to individual clinicians results in improved radiology reporting. Continuous improvement of image reading quality.
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. Regular display of new interesting assessment cases for self-review and learning.	Improvement of clinical practices through regular review of clinical or surgical management. Presentation of findings at multidisciplinary educational meetings where appropriate (see Appendix). Provision of breast cancer management courses for GPs (RACGP recognised), Indigenous Health Workers and other health professionals.

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 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>
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. 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.</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>
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 screening and assessment clinic in 2013.</p>	<p>Implementation of updated 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>A new screening and assessment clinic with a capacity of 5000 screens per year was opened in Bunbury in 2013. Improvements in appointments availability and clinic environments are planned for 2014.</p>

Description	Action	Outcomes
Implementation of new technology	<p>The transition from analogue to digital mammography equipment in screening and assessment clinics is complete. New mobile units were built to take the sensitive x-ray equipment on the roads across WA.</p> <p>Ongoing developmental work to integrate the client screening information system with the image storage system will be completed in 2015. By the end of the project all image management and clinical decision making will be based on 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>
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>
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>



MULTIDISCIPLINARY MEETINGS - 2013

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

RPH: Radiology Seminar Room, Radiology Department.

SCGH: Iris Finnie Meeting Room 2nd Floor, Radiology Department.

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| Monday 18 th February – RPH | “What’s new in HER World?” An overview of anti-HER2 therapy
<i>Dr Daphne Tsoi</i> |
| Monday 18 th March - RPH | De-mystifying oncoplastic surgery
<i>Dr Wen Chan Yeow</i> |
| Monday 15 th April - Meeting rescheduled to June | |
| Friday 3 rd May | Wollaston Conf. Centre
Breast Cancer Research Symposium |
| Monday 20 th May – RPH | PIP implant integrity testing
<i>Dr Alan Kop</i>
ROLLIS Pilot extension trial update and interim results
<i>Dr Donna Taylor</i> |
| Monday 17 th June – RPH | Liposculpturing/Post Lumpectomy
<i>Dr Lee Jackson</i> |
| Monday 22 nd July –RPH | Mammographic screening for breast cancer: what is the benefit?
How much over-diagnosis is there in organised screening programs?
<i>Prof Dallas English</i> |
| Monday 19 th August – RPH | Dermatology of the Breast
<i>Dr Judy Cole</i>
Breast Pain
<i>Dr Vineeta Singh</i> |
| Monday 16 th September - RPH | Sleep as a potential risk factor for breast cancer
<i>Ms Jennifer Girschik</i> |
| Monday 21 st October – RPH | The mortality benefit of breast cancer screening in WA
<i>Dr Carolyn Nickson</i>
Auto Density: automated measurement of mammographic breast density to predict breast cancer risk and screening outcomes |
| Monday 18 th November - RPH | CESM and marker studies
<i>Dr Donna Taylor</i> |