

Addendum to the National Accreditation Handbook (to replace existing Appendix A on page 85 - 92)

AUDIT OF INDIVIDUAL SERVICE COMPONENTS

INTRODUCTION

The focus of the BreastScreen Australia accreditation system is to ensure that minimum standards are maintained, and that services are improved by the pursuit of continuous quality improvement. While setting out a comprehensive and thorough framework, the National Accreditation Standards (NAS) and associated processes allow for flexibility based on local requirements and context.

There are Service components such as a central registry or a mobile screening service which operate across catchments which undertake significant functions for more than one Service. It is inefficient and repetitive to include these components in the accreditation visit of each Service.

This Appendix outlines the process to assess, but not separately accredit, these Service components. This assessment will occur on a regular cycle and the report included in the application for accreditation of each Screening and Assessment Service (SAS) impacted on by their operations.

PROCESS

1. SAC/State Coordination Unit (SCU) identifies component/s to be assessed.

Components will most likely be those located outside of the Service as defined for accreditation purposes and may include, although not be limited to:

- A mobile screening service or relocatable unit shared between Services
- Central reading room
- Reading facility located in a Service which undertakes a significant proportion of reading for other Services
- Central call centre
- Central or outsourced mail facility for invitation and/or results letters

2. SAC/SCU identifies:

- a. A suite of Accreditation and/or Data Audit standards that are affected by performance and policies associated with the Service Component. An example of the standards selected for the Victorian Mobile Screening Service can be found in Table One.

- b. The composition of the site team. This would vary depending on the component e.g. a visit to a central reading room should involve a radiologist; a visit to a relocatable unit would include a radiographer.

3. The SAC/SCU submits to the National Quality Management Committee (NQMC) advice outlining:

1. Rationale for this component to be assessed
2. Type of component to be assessed
3. NAS and/or data audit items to be audited
4. Composition of site team
5. Timeline for visit and assessment (this could be undertaken independently or in conjunction with a SAS accreditation site visit).

4. NQMC approves or recommends amendments to the process

5. Visit and Assessment is undertaken

The SCU is responsible for the preparation and organisation of the visit in line with requirements for other site visits.

The site visit audit report would be presented to the State Accreditation Committee (SAC) and the NQMC. Requests for monitoring or further information and feedback and recommendations may be made by both the SAC and NQMC.

The report and correspondence would then be included in the normal application for accreditation of any individual Service that utilized this Service component.

STANDARDS

As outlined above, a suite of standards would be selected that best measured the quality of the component. These must be existing NAS or items included in the Data Audit.

This proposed protocol does not change the requirement that data from the Service Component will still be included in the normal Annual Data Report, or monitoring report, from each Service that uses it. It simply means that a more thorough report will be available at assessment.

Where data items are reported on, performance should be presented for the current and preceding three years (as per the normal Annual Data Report).

See **Table One** for an example of the NAS assessed for the Victorian Mobile Screening Service.

SITE VISIT

The site team must be a minimum of two visitors. Site visitors should be extra-jurisdictional, and relevant to the component being assessed.

CYCLE OF ASSESSMENT

Assessment every four years unless there is a major variation in the way it operates.

TABLE ONE: STANDARDS FOR ASSESSMENT OF MOBILE SCREENING SERVICE

Level	NAS	NAS description
3	2.10.3	The overall repeat rate for the Service is <3% of all screening films
3	2.10.2	The service ensures: <ul style="list-style-type: none"> ▪ That mammographic screening examinations consist of the two standard views (that is, cranio-caudal and medio-lateral oblique) ▪ Documentation of reasons for any deviation from the standard two views ▪ Implementation of a protocol for adequate examination of women with internal breast prostheses
3	2.10.4	The Service demonstrates annually that each radiographer achieves 50% or greater P or G ratings in a PGMI evaluation of 50 randomly selected film sets as outlined in Appendix M.
2	3.3.1	Women are offered the opportunity to ask questions in private before giving consent for any procedure. Health care providers are available to answer any clinical questions.
2	3.3.3	Written consent is obtained from all women before: <ul style="list-style-type: none"> ▪ the screening mammogram ▪ investigations at the assessment visit.
2	2.9.1	X-ray systems, premises and users meet radiation protection regulations.
2	2.9.2	Breast imaging meets the minimum standards specified in Appendix L.

Level	NAS	NAS description
2	2.9.3	Quality control procedures that meet the standards specified in Appendices K and H are implemented.
2	2.9.4	Breast imaging systems, including ancillary items, meet: <ul style="list-style-type: none"> ▪ manufacturer's specifications ▪ performance standards as specified in Appendices H and I.
2	2.9.5	Acceptance and annual testing of mammography systems is performed by, or under the close supervision of suitably qualified and experienced persons as specified in Appendix J.
2	2.9.6	Preventative maintenance and repair of imaging equipment meets manufacturer's recommendations or other appropriate standards.
2	2.10.1	Mammography is performed by diagnostic radiographers who are appropriately trained and supervised as specified in Appendix J.
2	2.10.5	The Service has a designated radiographer who is appropriately qualified and who is responsible for all aspects of quality assurance in radiography as outlined in Appendix N.
2	2.10.6	The designated radiographer implements a process for providing ongoing assessment and feedback to radiographers in all units (see Appendix K) about the quality of screening films using criteria such as those used in the PGMI evaluation system outlined in Appendix M.

Level	NAS	NAS description
2	2.11.1	Film identification complies with relevant radiation licensing regulations. Each film or hardcopy image is clearly marked with the date and sufficient information to identify the client and enable correct interpretation. All identifying information is on the film and is transferred to each copied film.
2	2.11.2	The Service demonstrates the identification of the radiographer and X-ray machine used for each screening mammogram.
2	4.3.1	All new and existing staff meet the relevant expertise, experience and training standards outlined in Appendix J.
2	4.3.2	All professional staff undertake continuing education and meet the continuing medical requirements of the professional bodies which represent their discipline.
2	4.3.4	All staff receive appropriate orientation and training within three months of commencement of employment at the Service.
2	4.3.6	All staff undergo annual performance appraisal, where they have the opportunity to identify any training needs that have not been met and agree to a plan for addressing these needs.
2	4.4.1	<p>The Service has systems in place to ensure that screening unit staff work closely with the assessment unit to ensure an integrated service, including:</p> <ul style="list-style-type: none"> ▪ at least one of the film readers will be part of an assessment team in the Program ▪ there will be liaison between staff in the screening units and assessment centre.

Level	NAS	NAS description
2	4.6.3	All staff are trained to ensure an understanding of the policies, protocols and procedures of the Service.
2	4.7.1	The Service implements protocols to meet relevant State/Territory and national infection control standards.
2	4.7.2	The Service implements protocols to meet relevant State/Territory and national occupational health and safety standards.
2	4.9.1	All screening units within the Service are linked to a specific assessment centre.
2	4.11.2	All staff sign a confidentiality form outlining their responsibilities and obligations upon commencement of employment at the Service and each year thereafter.
3	4.3.5	In-service training, of at least six hours, is provided to all staff annually.