



**BreastScreen Australia**

# **NQMC Strategic Data Plan**

**2018-2020**

**Approved by National Quality Management Committee – May 2018**

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# Abbreviations

AIHW	Australian Institute of Health and Welfare
BSA	BreastScreen Australia
DDP	Data Directions Project
NAS	National Accreditation Standard
NDA	National Data Advisory
NQIP	National Quality Improvement Plan
NQMC	National Quality Management Committee
PMG	BreastScreen Australia Program Management Group
SCU	State Coordination Unit
SDP	Strategic Data Plan

# Executive Summary

This *Strategic Data Plan 2018-2020* (SDP) has been developed for BreastScreen Australia (BSA) by the National Quality Management Committee (NQMC). The SDP will support both the NQMC’s traditional role in accreditation decision-making and its new role in national quality improvement.

The SDP includes *Strategic Data Priorities* and associated actions that have been identified through a process of research and consultation. They focus on improvements that will foster and augment the strategic use of data across the BSA Program in terms of both:

- accreditation decision-making; and
- national quality improvement within the BSA Program.

The *Strategic Data Priorities* in the SDP have been identified under three parameters:

- Collecting the right data;
- Collecting and handling data efficiently; and
- Using data appropriately.

Through a collaborative process with BSA Program partners, this SDP provides resolutions for the current data and data related policy issues faced by the NQMC and the BSA Program. The SDP will put into place mechanisms that enable the NQMC to continue to maintain a strategic data focus into the future. This includes the establishing of an ongoing National Data Advisory (NDA).

The *Strategic Data Priorities* and their associated actions are shown in Table 1.

**Table 1: Strategic Data Priorities and associated actions**

#	Strategic Data Priority	Actions
1.	That Data Measures are optimised	<p>1.1. That the NDA develop a schedule for it to review the NAS Measures, which shall include making recommendations on the following priority issues:</p> <ul style="list-style-type: none"> <li>♦ The changes recommended by the AIHW in its paper titled ‘Discussions and Options Paper’ to the following seven NAS Measures, with reference to the PMG’s and NQMC’s comments: <ul style="list-style-type: none"> <li>- NAS Measure 2.4.1</li> <li>- NAS Measure 3.1.6</li> <li>- NAS Measure 3.1.7</li> <li>- NAS Measure 4.1.1</li> <li>- NAS Measure 4.2.6</li> <li>- NAS Measure 5.1.1</li> <li>- NAS Measure 5.1.2</li> </ul> </li> <li>♦ NAS Measure targets where historic BreastScreen data do not support these targets.</li> <li>♦ The process and timing for the development of targets for NAS Measures for women aged 50-74, including the validity of introducing interim targets in the short term.</li> </ul>

#	Strategic Data Priority	Actions
2.	That an optimal balance is achieved between data completeness and currency	<p>2.1. The NDA examine the constraints and opportunities for optimising data currency, with reference to the following options (detail in the <i>AIHW Discussion and Options Paper</i>):</p> <ul style="list-style-type: none"> <li>♦ Addition of more current data for some NAS Measures; or</li> <li>♦ Reporting data from different reporting periods to allow more current data to be included for some NAS Measures.</li> </ul>
3.	That the collection and handling of data is optimised	<p>3.1. The DDP Steering Committee to:</p> <ul style="list-style-type: none"> <li>♦ Progress the <i>Performance Report</i><sup>1</sup> through the <i>Forms Improvement</i> initiative, including engaging with jurisdictions on the development of an online Performance Report.</li> <li>♦ Ensure that the Online Data Repository can generate the required 5-year funnel plots and population denominators for the NQMC, Services and SCUs.</li> </ul> <p>3.2. The NDA to:</p> <ul style="list-style-type: none"> <li>♦ Investigate the feasibility of a centralised process for providing the population data denominators required by Services/SCUs through the Online Data Repository.</li> <li>♦ Specify the reporting period that should be used for each NAS Measure in the <i>Performance Report</i>.</li> </ul>
4.	The use of data is optimised	<p>4.1. The NQMC consider making some of the qualitative protocols a part of the self-assessment process that BSA Services would undertake alongside their applications for accreditation.</p> <p>4.2. Implement the National Performance Benchmarking Program.</p> <p>4.3. Implement the National Priorities Identification Program including the establishment of a Priorities Register.</p>

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<sup>1</sup> Or other title, as approved by the NQMC.

# 1 Purpose

This *Strategic Data Plan* (SDP) has been developed for BreastScreen Australia (BSA) by the National Quality Management Committee (NQMC). The SDP will support both the NQMC's traditional role in accreditation decision-making and its new role in national quality improvement.

The SDP includes *Strategic Data Priorities* and associated actions that have been identified through a process of research and consultation. They focus on improvements that will foster and augment the strategic use of data across the BSA Program in terms of both:

- accreditation decision-making; and
- national quality improvement within the BSA Program.

## 2 Background

### 2.1 BreastScreen Australia data

BreastScreen Australia is Australia's national breast cancer screening program which aims to reduce morbidity and mortality from breast cancer through the detection of unsuspected breast cancer in women. While the Commonwealth provides overall policy direction and coordination, the program is delivered at a local level by state and territory governments.

Under this program data are collected at the state and territory level, with each state and territory operating a BreastScreen register for the collection of data for that jurisdiction.

#### **BreastScreen registers**

Most data in BreastScreen registers are sourced from within the program itself, but there are some data that are sourced from outside the program such as histopathology for women who have a biopsy and surgical information of women who are diagnosed with breast cancer. The BreastScreen Australia screening pathway and how this relates to data items on a BreastScreen register is illustrated in Figure 1.

BreastScreen register data are very important, both for the primary role of administrative data to support the day-to-day running and delivery of the program, and for the many secondary roles, which include supporting 4-yearly accreditation of BreastScreen Services, identification of emerging quality issues, program performance monitoring, and research.

The focus of this document is data used to support accreditation of BreastScreen Services as well as data that allows the identification of quality issues.

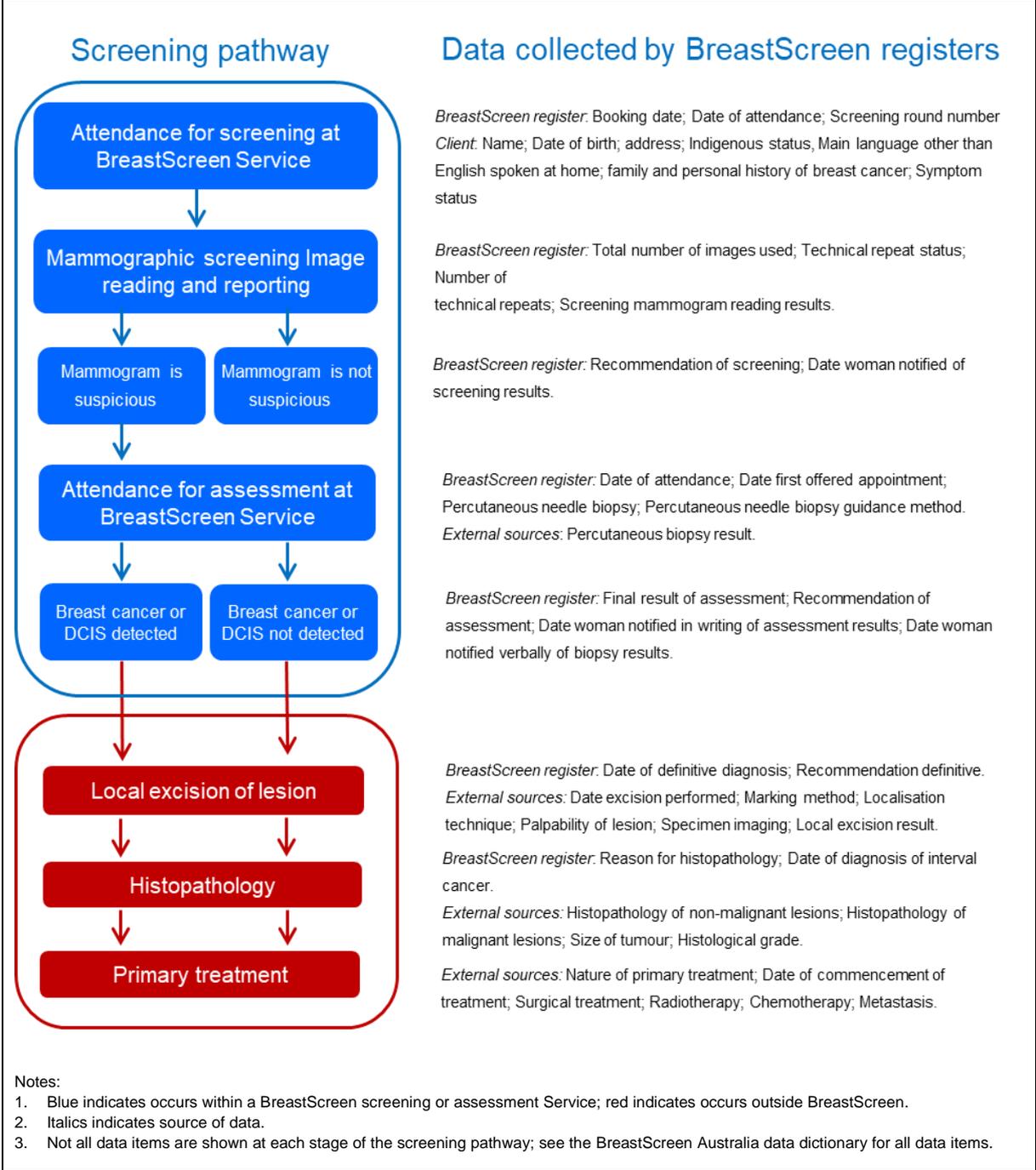
#### **BreastScreen register data support accreditation of services**

In order to be accredited through BreastScreen Australia, each BreastScreen Service delivering screening and assessment services to women and State Coordination Units (SCUs) in multi-service jurisdictions need to submit an Accreditation Application to the NQMC, which is tasked with making accreditation decisions for the BSA Program. Once accredited, BreastScreen Services and SCUs need to submit Annual Data Reports to the NQMC.

A major component of accreditation the Accreditation Application and the Annual Data Reports is the reporting of BreastScreen data against National Accreditation Standard (NAS) Measures. The NAS were developed to ensure that women receive safe, effective and high quality care under the program. They assist BreastScreen Services and SCUs to incorporate the essential principles of a quality improvement program into every day practice.

Accreditation is the external verification of how well the Service and/or the SCU is performing against the NAS, and the effectiveness of the strategies they have employed to maintain and improve the quality of the services they provide, as well as being recognition of the commitment of the staff in the BreastScreen Services/SCUs to providing a high quality service.

**Figure 1: Screening pathway and sources of key BreastScreen register data items**



There are 42 NAS Measures covering the areas of access and participation, cancer detection, assessment, timeliness and data management and information systems, thereby covering all key areas of quality service provision. While all NAS Measures are important in assessing how well BreastScreen Services/SCUs are performing in terms of providing a high

quality service, not all NAS Measures have a target that needs to be reached in order for the BreastScreen Service/SCU to have met the required level of service quality. Only those NAS Measures with a target are used by the NQMC to make a decision about accreditation.

Within the 42 NAS Measures there are multiple parts, so in effect there are 39 individual data measures with a target and hence used for decision making, and 25 that are collected but do not directly contribute to an accreditation decision (although they need to be provided in order for a BreastScreen Service/SCU to be accredited).

## **2.2 Accreditation decision-making and national quality improvement**

Until recently, the primary role of the NQMC has been to assess the performance of BreastScreen Services against the NAS in order to make decisions about accreditation of those BreastScreen Services. However, under the revised accreditation system, implemented from 1 January 2016, the NQMC's role has been broadened to include strategic leadership in national quality improvement.

While the NQMC has a long history of considering BreastScreen data reported against NAS Measures in the context of accreditation decision-making, consideration of these and other data for national quality improvement by the NQMC is new. Accordingly, there needs to be clear articulation of how the BreastScreen data will be used to support the NQMC's new role in national quality improvement leadership.

### 3 Facilitating the strategic use of data

NQMC recognises the need to use data strategically to fulfil both its historic role as well as its new role. Consequently, the NQMC identified the development of an SDP as a *National Priority* in the *NQMC National Quality Improvement Plan 2016-17 (NQIP)*.

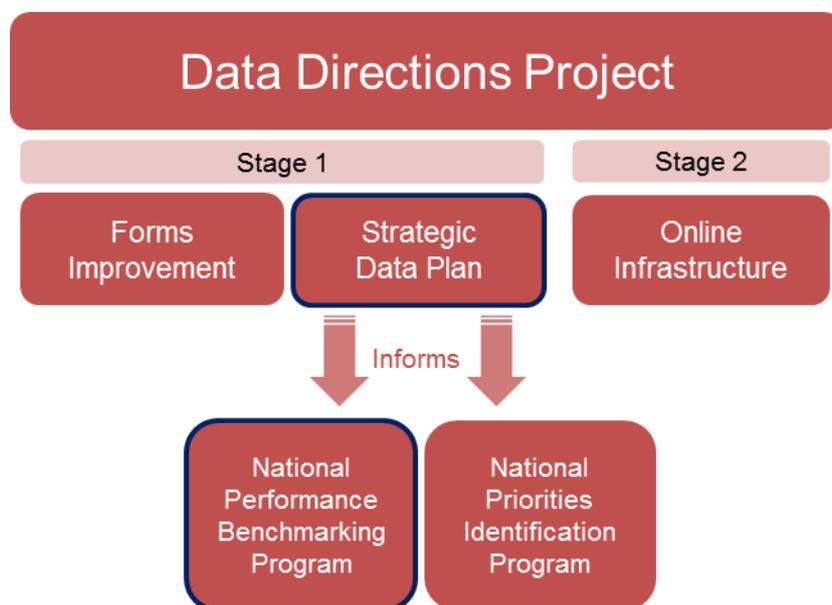
The NQIP also established that the NQMC would introduce a *National Performance Benchmarking Program* (another *National Priority*). Further, it was recognised that the SDP would enable the development of a *National Priorities Identification Program* to inform future NQIPs.

The NQMC also established a *Forms Improvement* initiative, that has proposed the use of a *Performance Report* that would improve the way in which data were provided by the BreastScreen Services/SCUs and the ways these data would flow through to the NQMC.

These programs and initiatives will be supported by the development of an *Online Data Repository* that will make it easier to navigate the data that are currently available and to facilitate greater uses of these data. Specifically, it will facilitate the provision of data by BreastScreen Services/SCUs and the generation of reports for the *National Performance Benchmarking Program* and the *National Priorities Identification Program*.

This SDP has been developed as part of a broader *Data Directions Project (DDP)* which is being progressed by the DDP Steering Committee. The relationship between this project, the SDP and its attendant programs and initiatives are shown in Figure 2 (a dark outline indicates a NQIP *National Priority*).

**Figure 2:** Relationship between Data Directions project, Strategic Data Plan, the National Performance Benchmarking Program, the National Priorities Identification Program and the Forms Improvement initiative



#### 3.1 The development of the Strategic Data Plan

The NQMC, through the Australian Department of Health, engaged the Australian Institute of Health and Welfare (AIHW) to develop this SDP in consultation with jurisdictional BSA Program Managers. A draft SDP produced by the AIHW was considered by the NQMC, along with input from the BSA Program Management Group (PMG). This SDP was subsequently produced and was approved by the NQMC at its May 2018 meeting.

## 3.2 Setting Strategic Data Priorities

Through a collaborative process with BSA Program partners, this SDP proposes resolutions for the current data and data related policy issues faced by the NQMC and the BSA Program. Into the future, it is important that there are mechanisms that enable the NQMC to continue to maintain a strategic data focus.

To facilitate the resolution of data and data related policy issues, the NQMC will establish an ongoing National Data Advisory (NDA). The NDA will be an expert group tasked with:

- making recommendations on national data policy issues referred to it by the NQMC; and
- consulting with jurisdictional Program Managers and other key stakeholders on those issues prior to developing proposed solutions.

Internally the NQMC needs to establish a mechanism for the identification of data and data related policy issues. This will need to be decided by the NQMC but could be achieved through the inclusion of a standing data item at its meetings for the identification and discussion of any data issues that relate to BreastScreen data .

The NDA will be separate from and operate at a higher level than the Data Dictionary Working Group established by AIHW.

## 4 Current Strategic Data Priorities

The overarching aim of this SDP is to drive the better use of data within the BSA Program. It will enable the NQMC and BSA Program partners to pursue improvements that will foster and augment the strategic use of data across the BSA Program in terms of both:

- accreditation decision-making; and
- national quality improvement within the BSA Program.

Driving the better use of available data can be summarised under three parameters:

- Collecting the right data;
- Collecting and handling the data efficiently; and
- Using the data appropriately.

Within each parameter, *Strategic Data Priorities* have been identified. These priorities are designed to assist the NQMC to optimise the collection, use and consideration of data for accreditation decision-making and national quality improvement.

In this context, it is recognised that the quality control systems underpinning the provision of BSA Services require specific knowledge and experience to understand, analyse and interpret the data. Consequently, decisions on data quality policy issues must be made in close collaboration with BSA Program Managers who are ultimately responsible for these quality control systems.

### 4.1 Collecting the right data

It is critical that the right data are collected for the purpose at the onset, which requires that it is first understood what questions the data need to be able to answer. The NQMC has two roles, both of which rely on data to enable decisions to be made.

For accreditation decision-making, the NQMC considers the performance of BreastScreen Services/SCUs to decide the appropriate accreditation status. Thereafter, the NQMC needs to consider whether the accreditation status of a BreastScreen Service/SCU requires review on the basis of Annual Data Reports.

For national quality improvement, the NQMC needs to decide what national quality improvement action should be taken given the performance of, and issues experienced by, accredited BreastScreen Services/SCUs.

Determination of the appropriate data for these purposes has already been achieved through the development of NAS Measures. These Measures are appropriate to the aims and objectives of BreastScreen Australia and are intended to ensure that all women who screen through BreastScreen Australia receive high quality care.

#### *Findings*

- Most NAS Measures that are currently being collected and monitored are appropriate and comprehensive, and do not leave data gaps that need to be filled either using BreastScreen data or data from other sources.
- Reporting and monitoring that BreastScreen Services/SCUs currently perform for their own internal quality and performance purposes should remain as internal reports and not elevated to measures reported by all Services/SCUs to the NQMC.
- Additional data identified as potentially beneficial for the NQMC to collect were
  - i. clinical data related to the implementation of clinical best practice, and

- ii. monitoring participation at smaller geographic levels.
- Significant issues were raised with a handful of NAS Measures that require resolution; with seven NAS Measures identified that require action. This involves NAS Measures that fall under the categories of: outside the control of BreastScreen Services/SCUs, does not measure what is intended, or target of 100%. Detail on specific issues raised in relation to these seven NAS Measures are contained in the AIHW Discussion and Options Paper.
- It was also identified that a review of the targets for NAS Measures that did not change in the revision of accreditation, but where historic BreastScreen data do not support these targets, should also be undertaken to ensure the targets the NQMC use for accreditation decision-making have a strong evidence base.
- It was identified that it would be of value to develop targets for NAS measures for women aged 50–74 (the current BSA Program target group), possibly with interim targets until sufficient time has passed to have a strong evidence base for the development of final targets.
- The NQMC’s *NQIP 2018-2020* contains National Priority Number 6 – A NAS Review Program. This National Priority:
 

*... is aimed at ensuring that NAS and their NAS Measures remain contemporary and appropriate. It involves:*

  - *Establishing a NAS review mechanism and supporting process to enable the orderly and targeted review of NAS and NAS Measures over time.*
  - *Reviewing the NAS Measures recommended by the SDP as requiring attention under Strategic Data Priority 1 to ensure the NQMC optimises data measures for decision-making and national quality improvement.*
  - *Considering any NAS or NAS Measure issues that may emerge from the pending evaluation of the revised accreditation system for the BSA program.*

1.

Strategic Data Priority 1	That Data Measures are optimised
<p>1.1. That the NDA develop a schedule for it to review the NAS Measures, which shall include making recommendations on the following priority issues:</p> <ul style="list-style-type: none"> <li>◆ The changes recommended in the AIHW <i>Discussion and Options Paper</i> to the following seven NAS Measures, with reference to the PMG’s and NQMC’s comments:               <ul style="list-style-type: none"> <li>- NAS Measure 2.4.1</li> <li>- NAS Measure 3.1.6</li> <li>- NAS Measure 3.1.7</li> <li>- NAS Measure 4.1.1</li> <li>- NAS Measure 4.2.6</li> <li>- NAS Measure 5.1.1</li> <li>- NAS Measure 5.1.2</li> </ul> </li> <li>◆ NAS Measure targets where historic BreastScreen data do not support these targets.</li> <li>◆ The process and timing for the development of targets for NAS Measures for women aged 50-74, including the validity of introducing interim targets in the short term.</li> </ul>	

## Data Currency

The BreastScreen Australia NAS Commentary requires that ‘*Services and SCUs will use the most recent 12-month period for which data are available, which will be no more than 18 months old, when presenting information and data for accreditation. The same 12-month period will be used for the calculation of all NAS Measures.*’ That is, the end of the data reporting period used by Services and SCUs should not be more than 18 months prior to the date of their accreditation applications and Annual Data Reports.

The NQMC has been concerned that this requirement does not ensure that it is considering the latest available data in its accreditation decision making. Prior to the preparation of this Plan, the NQMC consulted with state and territory BreastScreen Program Managers regarding a proposed 6 month limit on the age of data (that is, the data will be no older than 6 months prior to the end of the reporting period).

A thorough and comprehensive discussion and assessment of the issue of data currency is provided in the AIHW’s *Discussion and Options Paper*.

### Findings

- BreastScreen Program Managers were highly supportive of the concept of reporting current data, but considered the 6-month age limit on data proposed by the NQMC not to be feasible. This is because, while some NAS Measures can be reported within 6 months, a great many (including all NAS Measures related to cancer detection) simply cannot be reported within this period. This is not a shortcoming of the BreastScreen Services/SCUs, it is simply that sufficient time needs to have passed in order for data to be available to allow the BreastScreen Services/SCUs to report on some NAS Measures.
- When considering the rules for data currency, a balance needs to be struck between completeness and currency to ensure the quality of these data is of sufficient robustness to support decision-making.
- The AIHW’s advice was that it appeared as though the current requirement for data to be no more than 18 months old is well considered and realistic, and takes into consideration the three sources of data lag, which are:
  - the time taken for women to undergo treatment or diagnostic open biopsy to the stage where a final diagnosis is determined as well as the time taken to acquire the surgical, histopathology and primary treatment information from external sources, following a final diagnosis;
  - inherent data lags in the specifications for some NAS Measures; and
  - the requirement to provide an Annual Data Report in the month coinciding with a BreastScreen Service’s accreditation, coupled with the requirement for data to be reported for the most recent calendar or financial year.
- A number of options that may allow more recent data to be reported have been considered and included in the AIHW’s *Discussion and Options Paper*. The AIHW indicated that the benefits of these options are limited as they are not able to overcome the inherent data lag in acquiring histopathology information, and so no cancer detection NAS Measures (which are arguably of most importance to consider using current data) are likely to be able to be included as a result of these options.
- The AIHW recommended that an examination of these options should compare preliminary and final data, as described in the *Discussion and Options paper*, to determine if any significant differences exist.
- The PMG recommended the NQMC consider an examination of the constraints and opportunities for improving data currency rather than focussing on setting a new data

currency rule. This would involve an examination of data currency best practice and an evaluation of real constraints.

2.

## Strategic Data Priority 2

That an optimal balance is achieved between data completeness and currency

### Actions

2.1. The NDA examine the constraints and opportunities for optimising data currency, with reference to the following options (detail in the AIHW *Discussion and Options Paper*):

- ◆ Addition of more current data for some NAS Measures; or
- ◆ Reporting data from different reporting periods to allow more current data to be included for some NAS Measures.

## 4.2 Collecting and handling the data efficiently

The current methods of collecting and handling data have many inherent inefficiencies, which has prompted the NQMC to undertake a *Forms Improvement* initiative to increase the efficiency of data collected and develop plans for an *Online Data Repository* to increase the efficiency of handling the data collected.

Under the current method of submitting data to the NQMC, there are three data items that are required to support an Accreditation Application or Annual Data Report. These are:

- a completed Data Report (which includes NAS Measures for the current and previous reporting periods, as well as the numerator and denominator for the current reporting period);
- 5-year funnel plots for Cancer Detection NAS Measures 2.1.1; 2.1.2; 2.1.3; 2.2.1; 2.2.2; and
- monthly data for NAS Measure 4.2.1 (a); and, if unmet, NAS 4.2.1 (b) number of days to meet standard (of note, there is no requirement for reporting of NAS Measure 4.2.1 (c) if NAS Measure 4.2.1 (a) is not met, despite this being included in the NAS Measures).

The AIHW considered that this is not the most efficient way for BreastScreen Services/SCUs to provide these data components, particularly given that some components such as the 5-year funnel plots will only be considered by the NQMC for some BreastScreen Services/SCUs.

The *Forms Improvement* initiative includes a proposal for a *Performance Report* in which the different entities in the accreditation process would add their input in sequence. The initial *Performance Report* would be completed by the BreastScreen Service/SCU, the Survey Team would add its findings on performance based on its survey outcomes, the BreastScreen Service/SCU would add its responses to the Survey Team findings and then the *Performance Report* would be submitted with the application documentation to the NQMC.

The NQMC would then review this *Performance Report* and add its findings and accreditation decision with supporting reasons. The final *Performance Report* would then be issued back to the submitting BreastScreen Service/SCU.

## Findings

- Forms (whether the current Data Reports or the proposed *Performance Reports*) for the provision of data need to clearly state the reporting period that should be used for each NAS Measure, as well as instructions as to how to apply that reporting period to the data specifications. These reporting periods need to be achievable in terms of the data that are available to report them, and how this relates to the month that coincides with a BreastScreen Service's accreditation.
- There are major efficiencies that would come from BreastScreen Services/SCUs providing one set of data once, and in the NQMC considering one set of data once. In order to facilitate this, there need to be clear expectations on both sides, with BreastScreen Services/SCUs knowing what data reporting will be expected of them, and the NQMC knowing what data they expect to receive from the BreastScreen Services/SCUs. At present, NQMC expectations of the reporting period that will be submitted do not always align with data reported by the BreastScreen Services/SCUs.
- Additional requests for data by the NQMC require BreastScreen Services/SCUs to expend additional resources providing the data, and the NQMC to expend additional resources considering data, and may delay accreditation decisions which is not to anyone's benefit.
- The proposal for a *Performance Report* is strategically strong as it is efficient and transparent and ensures that Services and the NQMC have visibility of all the data (across the Service self-assessment, Survey Report and Service responses) on which they are making decisions.
- The *Performance Report* can be strengthened if consideration is given to the following ways in which the provision of data could be more efficient:
  - All data components to support an Accreditation Application or Annual Data Report submitted in a single form (this means that monthly data for NAS Measure 4.2.1 (a) (as well as number of days to meet standard if NAS Measure 4.2.1 (a) is not met) should be included with other NAS Measure data).
  - 5-year funnel plots for Cancer Detection NAS Measure 2.1.1, 2.1.2, 2.1.3, 2.2.1 and 2.2.2 generated automatically through the Online Data Repository rather than being separately generated by the BreastScreen Service/SCU.
  - BreastScreen Services/SCUs provide only the numerator component of participation data, with rates calculated after submission using population data in the Online Data Repository to ensure that the appropriate population is used in each case and to promote consistency and comparability of participation data across BreastScreen Services/SCUs. If this was pursued, the source of the data would need to be determined, and access provided to BreastScreen Services/SCUs as well.

The large changes that are planned under the *Forms Improvement* initiative will require review to identify any emerging issues. Rapid resolution of any emerging issues will ensure that these initiatives, that have the capacity to greatly increase the efficiency and appropriateness of data collection and consideration, are optimal.

Longer term, it is important that the NQMC regularly assess whether the way in which data are collected is optimal to ensure they take advantage of advances in technology.

3.

*Actions*

3.1. The DDP Steering Committee to:

- ♦ progress the Performance Report through the *Forms Improvement* initiative, including engaging with jurisdictions on the development of an online Performance Report.
- ♦ Ensure that the Online Data Repository can generate the required 5-year funnel plots and population denominators for the NQMC, Services and SCUs.

3.2. The NDA to:

- ♦ Investigate the feasibility of a centralised process for providing the population data denominators required by Services/SCUs through the Online Data Repository.
- ♦ Specify the reporting period that should be used for each NAS Measure in the Performance Report.

## 4.3 Using the data appropriately

BreastScreen data are highly valued, and the NQMC is able to consider a comprehensive suite of BreastScreen data to make decisions about accreditation of BreastScreen Services/SCUs, and to support its role in national quality improvement.

Considerable resources are expended to provide timely, high-quality and accurate data to the NQMC, and there is an expectation that all the data supplied will be used.

This means that not only is the NQMC tasked with the very important role of making accreditation decisions, but now it carries the responsibility of ensuring that the data that are collected are used optimally. While some of the data collected will only be appropriate to consider with respect to an accreditation decision, the NQMC's role in national quality improvement will enable it to use the data collected most effectively to provide an evidence base for the identification of quality trends - both good and bad. This will allow the NQMC to be a strategic leader in national quality improvement for BreastScreen Australia. In this way, the NQMC can optimise use of the available data.

The AIHW indicated that two NQMC initiatives are in line with the NQMC's national quality improvement role - the *National Performance Benchmarking Program* and the *National Priorities Identification Program*. These two programs are discussed in more detail in the AIHW's *NQMC Programs Paper*.

*Findings*

- The PMG considers that qualitative data and the role that the protocols play in the accreditation process needs further consideration. Specifically, the holistic assessment of BSA Service performance would benefit from the NQMC making some of the qualitative protocols a part of the self-assessment process that BSA Services undertake as part of the application process for accreditation.
- The *National Performance Benchmarking Program* and the *National Priorities Identification Program* represent new uses for the NAS Measure data that are collected from BreastScreen Services/SCUs. This increase in the use of existing data without increasing the burden on those providing the data is a key concept in the strategic use of data and aligns with the data principle of 'collect once, use often'.

4.

*Actions*

- 4.1. The NQMC consider making some of the qualitative protocols a part of the self-assessment process that BSA Services would undertake alongside their applications for accreditation.
- 4.2. Implement the National Performance Benchmarking Program.
- 4.3. Implement the National Priorities Identification Program including the establishment of a Priorities Register.

## 5 Strategic Data Plan - Implementation

The *Strategic Data Priorities* that have been identified, as well as their associated actions, activities, timelines, accountability and success measures are listed in Table 2. As the activities required are undertaken, further timelines will be defined for some of the listed Actions.

**Table 2: Strategic Data Plan**

#	Strategic Data Priority	Actions	Activities Required	Timeline	Accountability for activities	Success Measures
1.	That Data Measures are optimised	<p>1.1. That the National Data Advisory (NDA) develop a schedule for it to review the NAS Measures, which shall include making recommendations on the following priority issues:</p> <ul style="list-style-type: none"> <li>♦ The changes recommended by the AIHW in its paper titled 'Discussions and Options Paper' to the following seven NAS Measures, with reference to the PMG's and NQMC's comments: <ul style="list-style-type: none"> <li>- NAS Measure 2.4.1</li> <li>- NAS Measure 3.1.6</li> <li>- NAS Measure 3.1.7</li> <li>- NAS Measure 4.1.1</li> <li>- NAS Measure 4.2.6</li> <li>- NAS Measure 5.1.1</li> <li>- NAS Measure 5.1.2</li> </ul> </li> <li>♦ NAS Measure targets where historic BreastScreen data do not support these targets.</li> <li>♦ The process and timing for the development of targets for NAS Measures for women aged</li> </ul>	<p>Establish NDA</p>	June 2018	NQMC	NAS Measures are optimised based on sound evidence.
			NDA undertake a review of priority NAS Measure issues	November 2018 NQMC Meeting	NDA with support from NQMC Secretariat	
			NDA complete the review of NAS Measures	May 2019 NQMC Meeting	NDA with support from NQMC Secretariat	

#	Strategic Data Priority	Actions	Activities Required	Timeline	Accountability for activities	Success Measures
		50-74, including the validity of introducing interim targets in the short term.				
2.	That an optimal balance is achieved between data completeness and currency	<p>2.1. The NDA examine the constraints and opportunities for optimising data currency, with reference to the following options (detail in the <i>AIHW Discussion and Options Paper</i>):</p> <ul style="list-style-type: none"> <li>◆ Addition of more current data for some NAS Measures; or</li> <li>◆ Reporting data from different reporting periods to allow more current data to be included for some NAS Measures.</li> </ul>	NDA undertake a review of opportunities for optimising data currency and provide its recommendations to the NQMC and PMG.	November 2018 NQMC Meeting	NDA with support from NQMC Secretariat	Data currency within the BSA Accreditation system is optimised.
3.	That the collection and handling of data is optimised	<p>3.1. The DDP Steering Committee to:</p> <ul style="list-style-type: none"> <li>◆ Progress the <i>Performance Report</i><sup>2</sup> through the <i>Forms Improvement</i> initiative, including engaging with jurisdictions on the development of an online Performance Report.</li> <li>◆ Ensure that the Online Data Repository can generate the required 5-year funnel plots and population denominators for the NQMC, Services and SCUs.</li> </ul>	DDP SC progress the development of the Performance Report as per agreed Project Plan.	As per DDP Steering Committee agreed Project Plan for the <i>Forms Improvement</i> Initiative.	DDP SC supported by NQMC Secretariat	The <i>Performance Report</i> is approved, implemented and operational.
			Develop Project Plan for development of Online Data Repository.	30 September 2018 (following finalisation of Performance Report Specifications)	DDP SC supported by NQMC Secretariat	

<sup>2</sup> Or other title, as approved by the NQMC.

#	Strategic Data Priority	Actions	Activities Required	Timeline	Accountability for activities	Success Measures
			Obtain budget for technical development and implementation, including testing	31 October 2018	Commonwealth Department of Health (funding)	
		3.2. The NDA to: <ul style="list-style-type: none"> <li>Investigate the feasibility of a centralised process for providing the population data denominators required by Services/SCUs through the Online Data Repository.</li> <li>Specify the reporting period that should be used for each NAS Measure in the <i>Performance Report</i>.</li> </ul>	The NDA investigate and develop recommendations for consideration by the NQMC and PMG.	November 2018 NQMC Meeting	NDA supported by NQMC Secretariat	The feasibility of a centralised process is determined.
4.	The use of data is optimised	4.1. The NQMC consider making some of the qualitative protocols a part of the self-assessment process that BSA Services would undertake alongside their applications for accreditation.	National Surveyor to develop a proposal for NQMC consideration following consultation with PMG.	For submission to NQMC August 2018 meeting.	National Surveyor	The BSA Accreditation self-assessment process is strengthened through the inclusion of critical qualitative protocols.
		4.2. Implement the National Performance Benchmarking Program.	Develop Project Plan for development of	31 August 2018	DDP SC supported by	The Programs are fully implemented

#	Strategic Data Priority	Actions	Activities Required	Timeline	Accountability for activities	Success Measures
		4.3. Implement the National Priorities Identification Program including the establishment of a Priorities Register.	Programs alongside development of Online Data Repository.		NQMC Secretariat	and assisting with the national quality improvement.
			Obtain budget for technical development and implementation, including testing.	31 October 2018	Commonwealth Department of Health (funding)	