

# 1. EXECUTIVE SUMMARY

## Key findings

The BreastScreen Australia Accreditation System:

- has evolved and strengthened since its inception and has widespread support among stakeholders, providing assurance to government agencies on the high quality of breast cancer screening services provided by the BreastScreen Australia Program to women within the target population
- provides a critical role in supporting a national programmatic approach through the NAS and the NQMC that is not evident elsewhere in the program
- is underpinned by the NAS that provides valuable direction to services on providing a high quality service; however, issues relating to currency, format, volume and lack of clarity regarding processes for review of the NAS weaken the accreditation system in general and the decision making process in particular
- creates a burden that threatens the viability of the program in two ways: firstly, the burden on services to comply with accreditation processes detracts from the core business of breast cancer screening and other quality improvement activities and, secondly, the sustainability of multidisciplinary involvement in accreditation activities, particularly in the current environment of escalating workforce shortages.

This final report presents the findings of a project undertaken by KPMG to review the BreastScreen Australia accreditation system. The project aimed to:

- identify national and international best practices for accrediting healthcare services and determine core criteria for a robust accreditation system
- benchmark the current system for accrediting BreastScreen Australia services against national and international best practices and the determined criteria
- identify the strengths and weaknesses of the current accreditation program
- identify suitable options, consistent with current Australian accreditation reforms, for ensuring the safety and ongoing quality improvement of the screening and assessment services provided by the Program
- assess whether the current accreditation system meets its aims, through independent review, to strengthen and sustain the quality of service provision, proving it worthy of public confidence.

There are a number of challenges in identifying best practice in accreditation of health services in general and in cancer screening and breast cancer screening in particular. Challenges include:

- there is little empirical evidence regarding the impact of accreditation
- accreditation is just one of a number of quality improvement strategies making it difficult to separate out the relative impact on safety and quality of care of each component
- accreditation programs have a number of purposes, the primary ones being accountability for the quality of care and quality improvement. The relative emphasis will determine the most appropriate accreditation model.

The BreastScreen Australia accreditation system has a number of strengths including:

- strong stakeholder engagement and support
- credibility as a means of providing assurance of the quality of service provision
- a process that challenges clinicians within the multidisciplinary team to review and critique performance
- the perceived value to services of the site visit process
- the close alignment of the NAS to program objectives
- the inclusion of measures and targets to drive services to achieve these objectives

The NQMC provides leadership for the BreastScreen Australia Program and accreditation system, and together with the NAS, provides a critical unifying factor at a national level. In addition BreastScreen Australia documentation and the NAS clearly outline the accreditation process and accreditation requirements.

The accreditation program also has a number of weaknesses. These include:

- the lack of a process to accommodate ongoing revision of the NAS
- the use of existing Australian data to set realistic targets that take into account the statistical challenges of measuring these targets
- the burden of the accreditation process, including the totality of the focus of effort on the accreditation system which limits the capacity of the BreastScreen Australia to support other mechanisms for improving safety and quality
- limited willingness and lack of technical capability to share assessment data
- the potential for conflict of interest in the assessment and accreditation decision due to a lack of separation between governance of accreditation, operational management of the program, assessment and standards setting (this is an acknowledged challenge where expertise resides within a smallish pool of individuals most of whom are involved in service provision in some form).

Three options are presented for consideration although there are a number of secondary options that may be adopted in isolation or in various combinations:

Option1 – Maintain the current model and structure of the accreditation system however the risks in relation to sustainability and lost opportunity to improve the safety and quality of services should be recognised.

Option 2 – Maintain the existing model and structure but with modifications to the NAS, the quality improvement program and accreditation assessment processes. These modifications include a national database with sharing of performance data with services and the public, development of other strategies to support safety and quality improvement such as sentinel incident reporting and analysis, forums to share learning, collaborate on research and provide professional development opportunities for all BreastScreen Australia personnel.

Benefits of modifying the existing model are:

- current strengths of the accreditation system will be retained with less risk to stakeholder engagement and ownership
- modifications will be able to be more quickly and easily implemented than if functions are to be re-established within a different organisation
- improving the consistency and objectivity of the decision making process will increase services confidence in the accreditation system
- disruption to the accreditation system and program staff activities will be minimised.

The major risk of adopting this approach is a continued concern among some stakeholder groups regarding the independence and objectivity of accreditation decision making.

Option 3 – Separate the assessment, service delivery and policy development arms of the accreditation program. This may be achieved through outsourcing or separation of management of the accreditation process while maintaining multidisciplinary service team input into assessment of services against the NAS.

The benefit of this approach is an increase in the objectivity of the assessment and accreditation decision-making, thereby increasing accountability to the public. There are two major risks in outsourcing management of the accreditation process; firstly this may lead to decreased ownership of the accreditation process by BreastScreen Australia personnel. Secondly, it will expose the real costs of running the accreditation program, which in its current form, is significantly greater than that recognised due to the “voluntary” nature of much of the accreditation activity. If this option is adopted mechanisms should be in place to ensure that there are links and robust communication processes between the accreditation and policy making/standard setting entities so that the policy development in accreditation is informed by what is found in the site visits.

## 2. BACKGROUND

The Department of Health and Ageing (DoHA) engaged KPMG to undertake a review of the BreastScreen Australia accreditation system as part of its comprehensive evaluation of the BreastScreen Australia Program.

### 2.1 EVALUATION OF BREASTSCREEN AUSTRALIA

In June 1990, in response to growing evidence showing the potential of well organised mammographic screening to substantially reduce deaths from breast cancer, the Health Ministers in all States and Territories of Australia joined the Commonwealth in agreeing to jointly fund a national mammography screening program (BreastScreen Australia, 2008). The National Program for the Early Detection of Breast Cancer, now known as BreastScreen Australia, was subsequently established in 1991.

In October 2005, the Australian Health Ministers' Advisory Council (AHMAC) agreed to a comprehensive evaluation of BreastScreen Australia to be overseen by a committee of Australian and international experts. It was deemed to be an appropriate time for an evaluation with the BreastScreen Australia program being fully operational for more than 10 years. Several cohorts of women had by then participated in screening at two-yearly intervals, allowing the program's health outcomes to be measured effectively. The aim of the BreastScreen Australia evaluation is to measure the impact of the program as well as determine future directions (BreastScreen Australia, 2007).

In June 2006, AHMAC endorsed the objectives and terms of reference for the evaluation, as well as the structure of the evaluation advisory committee. Subsequently, the BreastScreen Australia Evaluation Advisory Committee (EAC) was formed, consisting of Australian and international experts, along with consumer and jurisdictional representatives.

A review of the BreastScreen Australia accreditation system is one component of this overall evaluation and is consistent with the evaluation's objective to identify opportunities for improvement to the program.

### 2.2 CONTEXT OF THIS REPORT

This final report provides the detailed findings of the review of the BreastScreen Australia Accreditation system and provides information, insights and recommendations to inform the final BreastScreen Australia evaluation report. This first draft final report was submitted to DoHA and the EAC project sponsors for review on 3 November 2008<sup>1</sup>. A second draft final report incorporating feedback from the Project Management Team will be provided to the EAC for their December meeting and a final draft provided to the EAC out-of-session for comment before being endorsed and finalised. The final report will be completed by 19 January 2009.

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<sup>1</sup> The role of the EAC project sponsors is to provide input on specific issues such as the evaluation approach, key informants, emerging trends in accreditation for consideration, sources of technical information and specific strategies to maximise stakeholder engagement

The report was prepared based on the findings of:

- a review of BreastScreen Australia documentation related to the accreditation system
- a review of international literature on quality assurance and accreditation for breast cancer screening programs
- a review of national and international literature on best practice models for accreditation in health care
- a review and analysis of strategic directions in healthcare accreditation within Australia
- consultation interviews with representatives from government, professions, BreastScreen Australia State Program Managers, SACs and NQMC members
- four focus groups with BreastScreen Australia service staff and clinicians
- international informants from the UK, Canada, Sweden, New Zealand and the European Union.
- development of the core criteria for a best practice accreditation system based on findings from the desktop and literature reviews and key informant interviews
- an assessment of current practice against core best practice criteria in relation to accreditation and quality improvement within BreastScreen Australia.

For a complete list of consultation interviews, focus group attendees and international informants see Appendix A.

The findings of this review should be considered within the context of the outcomes of other parts of the comprehensive evaluation of BreastScreen Australia and particularly the findings of the Governance and Management Project, and the Participation and Performance Trends Project.

## 2.3 PROJECT OBJECTIVES

The aim of this project is to undertake a review of the BreastScreen Australia accreditation system. The project will address the question: Is the current quality assurance mechanisms ensuring a high standard of quality within BreastScreen Australia? The objectives of the project are to:

- identify national and international best practices for accrediting healthcare services and determine core criteria for a robust accreditation system
- benchmark the current system for accrediting BreastScreen Australia services against national and international best practices and the determined criteria
- identify the strengths and weaknesses of the current accreditation system
- identify suitable options, consistent with current Australian accreditation reforms, for ensuring the safety and ongoing quality improvement of the screening and assessment services provided by the Program
- assess whether the current accreditation system meets its aims, through independent review, to strengthen and sustain the quality of service provision, proving it worthy of public confidence.

## 2.4 PROJECT METHODOLOGY

The project methodology included five stages.

As agreed upon with DoHA and EAC project sponsors in the Project Plan, KPMG adopted a five stage methodology as follows:

1. project initiation
2. research
3. development of core criteria
4. assessment of current practice
5. development of recommendations and final report.

A detailed description of the methodology is provided within relevant sections of the document.

## 2.5 STRUCTURE OF THIS REPORT

This report is structured to provide an overview of elements of accreditation and quality assurance practices in breast cancer screening services and within the wider health sector. It also assesses the BreastScreen Australia accreditation system against best practice criteria and discusses options for change. The report sections are outlined below:

- **Section 2** – A background to the report and an overview of the project approach
- **Section 3** – An overview of the current BreastScreen Australia accreditation system, including information on developments over the previous ten years that have fostered the current environment
- **Section 4** – An overview of the literature review including methodology and limitations; current international cancer screening accreditation systems; other health care accreditation systems; and current initiatives and new directions in accreditation methods
- **Section 5** – Synthesis of the findings of the literature review and identification of characteristics of a better practice model for accreditation
- **Section 6** – Assessment of current practice in BreastScreen Australia accreditation against better practice core criteria
- **Section 7** – A summary of key findings and options for change in BreastScreen Australia accreditation

**Appendices** – Details of consultations undertaken as part of the assessment of the current state. Summary of the major findings of the review of literature on other breast cancer screening accreditation systems, other health care accreditation systems and strategic directions and initiatives.