

Performance Indicators and Standards for hospital breast services in Victoria

A report on the Breast Services Performance Indicators and
Standards project

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and Standards project**

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Foreword

The development of performance indicators for hospital breast services in Victoria was published in 2004 (<http://www.health.vic.gov.au/breastcare/projects/perform.htm>). Following the development of this original set of indicators, the Victorian Department of Human Services commissioned BreastScreen Victoria to trial the implementation of these measures in a comprehensive quality program including a set of standards for breast services and peer review processes. The Breast Services Performance Indicator and Standards Project commenced in January 2004.

The purpose of the report is to discuss the implementation and key findings of the Breast Services Performance Indicator and Standards Project. It provides a comprehensive understanding of the principles, systems, processes and evaluation tools that underpinned the approach taken in this pioneering project.

The Breast Services Performance Indicator and Standards Project has been critical in understanding the way tumour streams can improve the quality of service delivery. The recommendations made in this report will inform the development of a broader quality framework for cancer services in Victoria, which will be applicable across all tumour streams.

This report represents the culmination of work to which many people have contributed their time and expertise. There was extensive consultation with and participation of health service managers and clinical staff in data collection, training, site reviews and workshops. Consumer involvement was a key component of the project.

The insights gained in the Breast Services Performance Indicator and Standards Project will provide an important platform for developing and implementing mechanisms for improving cancer care for the benefit of all Victorians with cancer. I would like to congratulate all those involved in the project, including the project management team at BreastScreen Victoria for their commitment to the project.



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Executive Director
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The project team also acknowledge the many consumers who contributed to the project. We would like to pay special tribute to those women contributing to the project who have since died:

- Fairlie Howard
- Susanne Knop
- Dorothy McManus
- Anne Pennington.

Their legacy lives on through the improved breast services and care for women diagnosed with breast cancer in the years to come.

The project team also thanks the staff of BreastScreen Victoria for their assistance throughout the life of the project. Particular thanks to Fiona Algar who provided ongoing administrative support.

The project team

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1. Executive summary

The Breast Services Performance Indicator and Standards Project commenced in January 2004 and was completed in December 2005. The aims of the project evolved as the:

- development of standards
- development of mechanisms for collection and reporting of data on the performance indicators and standards
- evaluation of the use of the above in hospital breast services and their impact on the quality of care.

Some guiding principles, based on a literature review of existing health care standards, were used to draft a set of standards in consultation with a working party of breast service providers. After revisions by the working party, the standards were circulated for comment by the field. A standards guide was subsequently produced, containing eight standards, the elements of performance for each and possible sources of evidence to demonstrate current practice in relation to that standard.

Sixteen hospitals from 15 health services agreed to participate in an implementation trial, during which they would:

- collect and report quantitative and qualitative performance indicator data quarterly for 12 months
- complete a self-assessment report about the eight standards
- receive a site visit and be assessed by a team of peers on the first standard (continuous quality improvement) and one other standard.

Thirty-one breast care providers and consumer reviewers received training and conducted the site reviews in teams of four.

The sites provided data on more than 1,000 newly diagnosed breast cancer patients and information on the value and burden of performance indicator monitoring, which the project team used to evaluate these measures. Peer reviewer site reports were used to evaluate the standards, and their separate comments, together with those of individual stakeholders, were used in an evaluation of the peer review process.

The performance indicators, standards and peer review were a clear stimulus for change, with the sites reporting on almost 120 occasions they had made, or intended to make, changes to the service they were providing. The sites expressed enthusiasm for the peer review process, with the value of the two-way learning experience it offered.

Continuation of the strong consumer involvement, which had characterised the performance indicator development project, proved to be equally valuable in the standards development and the site visit processes.

A workshop in November 2005 assisted in finalising the performance indicators and standards. The eight standards were revised to seven (the follow-up standard being integrated in others), and the various elements and examples of evidence were also revised. The performance indicators were reduced from 13 to either eight or ten depending on the circumstances of the breast service.

Resources are clearly required internally for data collection and reporting, and externally for:

- data analysis and feedback
- organisation of the peer review process
- production of the necessary support manuals or guides
- regular review of the standards and performance indicators.

The project team recommends the adoption of this three-segment quality improvement program using the revised standards and performance indicators and a strengthened peer review process. It also recommends the provision of adequately resourced support structures, both internally and externally, and mechanisms to ensure continued consumer involvement in the program.

2. Introduction

This publication reports on the development, implementation and key findings of the Breast Services Performance Indicator and Standards Project and articulates the recommendations for a future quality improvement model for Victorian public hospital breast services.

2.1 Background

In 2001 in response to a public tender, the Victorian Department of Human Services commissioned BreastScreen Victoria to develop a concise set of performance indicators for public hospital breast services, an associated data dictionary and a reporting framework. The indicators were developed through an extensive field consultation process with a range of multidisciplinary working parties. The process drew on the National Health and Medical Research Council's clinical practice guidelines for management of early and advanced breast cancer, and psychosocial care, established dimensions of quality in health services, and the consensus of national and international evidence and practice.

Following a three-month field testing process, a final set of 13 performance indicators was recommended to the Department of Human Services in December 2003. These measures included ten rate-based indicators and three critical event indicators. The performance indicator development process and outcomes are described in detail in *The development of performance indicators for hospital breast services in Victoria – October 2004*.

Following the successful completion of this performance indicator project in December 2003, the Department of Human Services commissioned BreastScreen Victoria to undertake the Breast Services Performance Indicator and Standards Project, planning for which included an implementation trial of the standards and indicators over a 12-month period.

2.2 The project team

Led by Alison Amos, the project team comprised:

- Genevieve Chappell
- Brian Collopy AM
- Sheila Hirst (from March 2005)
- Rachael Portelli (until March 2005)
- Genevieve Nolan (until July 2004)
- Marilyn Ryan (from March 2005)
- Onella Stagoll OAM
- Margaret White.

3. The Performance Indicator and Standards Project

3.1 Overview

The project aimed to test a comprehensive quality improvement model based on the following key tools:

- breast services performance indicators
- breast services standards
- peer review process.

These tools were implemented and evaluated in the project in three core phases:

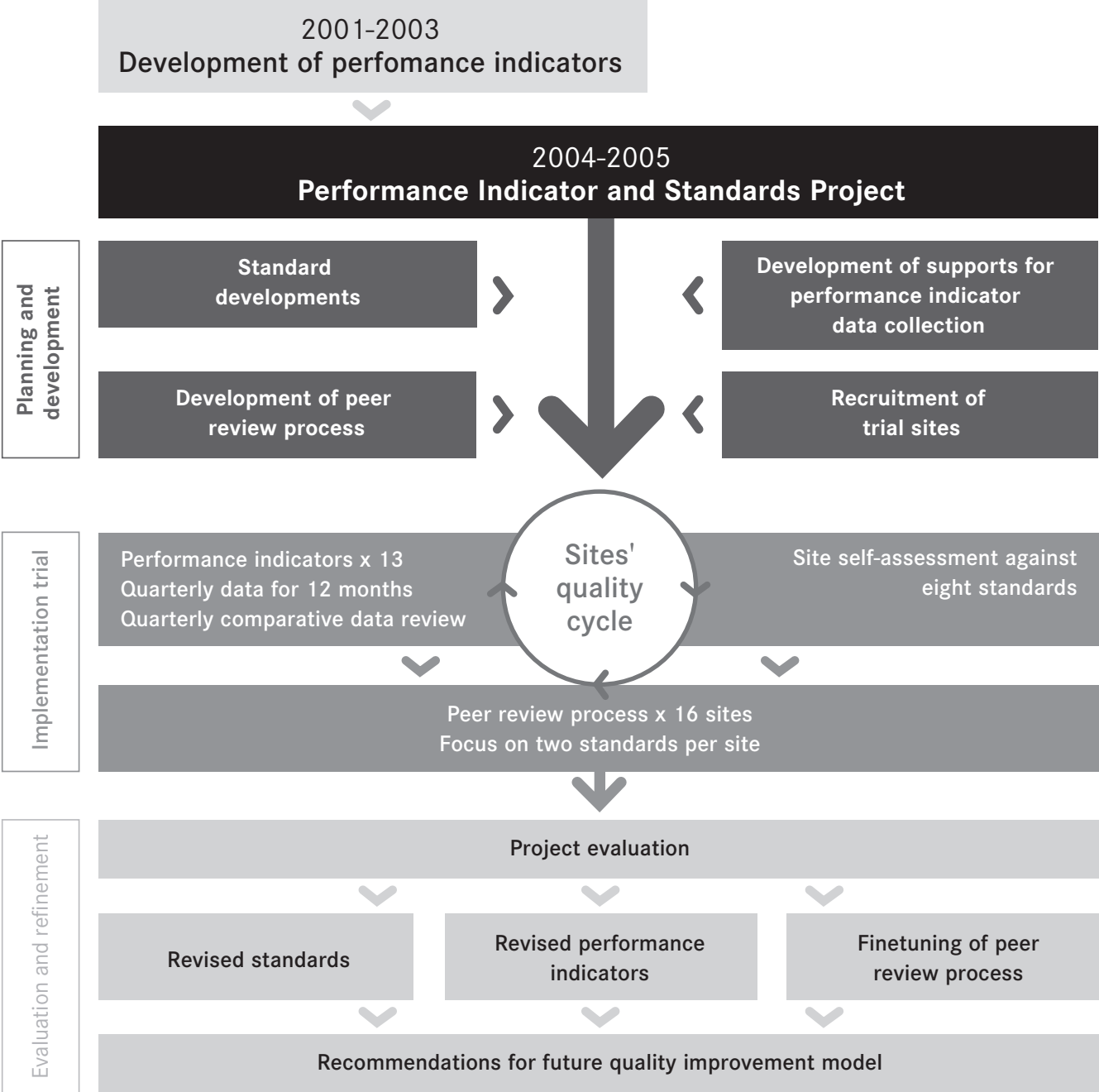
- planning and development
- implementation trial
- evaluation and refinement.

The specific project objectives were to:

- develop a concise and meaningful set of standards for breast services as a key component of a quality improvement approach to breast service delivery in hospitals
- implement the performance indicators and standards through mechanisms that maximise their reporting and use as a quality improvement tool
- evaluate the modelled quality improvement process
- evaluate trends in performance and perceived improvements in service provision
- evaluate the performance measures (indicators and standards) and formulate recommendations to guide future implementation and revision of the measures.

Figure 1 provides a visual summary of the project's activities.

Figure 1. The Breast Service Performance Indicator and Standards Project



3.2 The guiding principles

The following principles underpinned the development, implementation and evaluation of the project.

Stakeholder involvement

To inform and guide the project, the project team built on the successful stakeholder engagement in the development of the performance indicators. The stakeholders were representative of a broad range of clinical and non-clinical expertise within hospital and community sectors, and there was strong consumer input at all project phases (Attachment 1).

Evidence base

The project used a range of reference tools to inform all project phases, including defined domains of quality, key indicator and standard attributes, and expertise in peer review processes.

Project scope

The project team took a broad focus that did not limit the development and implementation of all measures according to local service delivery patterns, but focused on issues from the perspective of the consumer and the entire continuum of care and spectrum of breast disease. This broad view was also maintained through the project's analysis and reporting phase.

Quality improvement

The focus for the project was to encourage and enhance a system for service level quality improvement. An educative, collegiate approach rather than a punitive one was made explicit. In line with this, the project team maintained a supportive role to all participating services and stakeholders.

Organisational and action learning

The project's iterative nature facilitated learning at all levels within services, the project's working parties and the project team itself.

Maintaining a balance of value and burden

Throughout the project, the project team gave key consideration to maintaining a focus on, and balance between, the burden of data collection, reporting and participation in review processes, and the value of the indicators, standards and the peer review process as tools for improving the quality of service delivery.

Communication

Communication about the project, its approach and findings was considered an important mechanism to stimulate broader debate and attract input from local, national and international stakeholders throughout the project's life. This included disseminating information through stakeholder mailouts and presentation or discussion at a range of local and national working parties and committees.

3.3 Project tasks and timeframe

The three core elements—performance indicators, standards and peer review process—came together as tools to support and drive service level quality improvement at the participating sites.

The project evolved through three overlapping stages whereby preparation or development of one element was undertaken concurrently with the implementation of another. A range of factors influenced the timelines for the project, including:

- the timeframe for the commencement of the implementation trial component of the project being influenced by the timing of payment of a grant from the Department of Human Services to all sites to support their participation in the project, and the time it took to recruit sites
- extension to deadlines for the submission of data at the end of each quarter, with many sites experiencing significant delays in accessing coded data to identify cases to review in order to generate the performance indicator data
- more time taken than originally anticipated to recruit and train peer reviewers
- the level of work and the timeframe required for each site to schedule a suitable date for their peer review visit and to undertake the necessary preparation.

Given these factors and the overall complexity of the tasks and working with multiple sites and stakeholders, the project timeline was extended from 20 months to 24 months. The three overlapping stages (planning and development, implementation at sites, evaluation and refinement of tools) and the timelines for core activities are listed in Table 1.

Table 1. Key project activities and timelines

Stage	Activities	Timeline	
		Start	Complete
Planning and development	Establishing and maintaining project advisory structures	Jan 2004	Dec 2005
	Recruiting participating sites	Mar 2004	Jun 2004
	Developing systems for performance indicator data collection	Apr 2004	Jul 2004
	Developing the peer review process, including recruitment and training	Oct 2004	May 2005
Implementation trial	Quarterly performance indicator data collection and analysis for 12 months	1 Jul 2004	30 Jun 2005
	Introducing standards and implementing self-assessment	Oct 2004	Jul 2005
	Organising and implementing two pilot peer review visits	Feb 2005	Apr 2005
	Organising and completing all remaining peer review visits	Apr 2005	Oct 2005
Evaluation and refinement of quality tools and the quality model	Quarterly collection of performance indicator evaluation data for 12 months	Oct 2004	Sep 2005
	Performance indicator reporting of quarterly comparative data	Oct 2004	Oct 2005
	Evaluating peer review processes (sites and reviewers)	Mar 2005	Nov 2005
	Conducting stakeholder interviews	Oct 2005	Dec 2005
	Refining performance indicators, standards and quality improvement model (including consultation workshop)	Oct 2005	Dec 2005
	Final reporting, including summation forum	Nov 2005	Dec 2005

3.4 Stakeholder involvement

In line with the project's principles, throughout the project, the project participants extensively used clinical and non-clinical expertise within the hospital and community sectors and consumer input. This stakeholder involvement occurred through formal project structures and through informal means. The core stakeholder groups are described here and their membership is listed in Attachment 1.

A Project Advisory Committee was convened to oversee the project; monitor progress; provide support, advice and guidance to the project team; and identify issues requiring further investigation.

A Standards Development Working Party was convened to oversee the standards development process.

To ensure a strong consumer focus was maintained throughout the project and to gain consumer advice on a range of project issues as they arose, the project established the Consumer Reference Group.

A Data User Group brought together key personnel involved in data collection and performance indicator reporting at each site and the project team. This group provided advice and support and a forum for clarifying data definition issues and discussing data collection systems and strategies.

A panel of 31 peer reviewers was recruited and trained to support the peer review process and provide informal advice.

Sixteen sites from 15 health services participated in the implementation trial (see Table 2).

Table 2. Participating sites

Health services or hospitals that participated in the implementation trial	
• Austin Health	• Peninsula Health - Frankston Hospital
• Barwon Health	• Royal Melbourne Hospital
• Bendigo Health Care Group	• Royal Women's Hospital
• Eastern Health - Maroondah Hospital - Box Hill Hospital	• Southern Health - Monash Medical Centre (Moorabbin)
• Goulburn Valley Health	• St Vincent's Health
• La Trobe Regional Hospital	• The Alfred Hospital
• Northern Hospital	• Western Health
• Peter MacCallum Cancer Centre	

Each site nominated one or two people to act as the site liaison officer, the key point of contact for the project team throughout this project.

The project established regular communication mechanisms with a wider stakeholder group of local and interstate stakeholders to provide this group with regular updates of the project.

4. The quality improvement tools

While inter-related, the quality improvement tools and the required support resources were developed separately.

4.1 The performance indicators

As described in Section 2.1, the set of recommended performance indicators from the earlier trial included ten rate-based indicators and three critical event indicators (Table 3).

Table 3. The performance indicators for the implementation trial

Number	Title	Indicator
Rate-based indicators		
1	Timeliness of first appointment	Percentage of new breast clinic patients seen within 14 calendar days of request for appointment date
2	Breast care nurse contact between diagnosis and definitive surgery	Percentage of patients having contact with a breast care nurse between being informed of a diagnoses of breast cancer and having definitive surgery
3	Medical consultation(s) between diagnosis and treatment	Percentage of new patients who have one or more medical consultation(s) between being informed of a definitive diagnosis of breast cancer and commencement of definitive treatment
4	Clear margins from definitive surgery for breast cancer	Percentage of patients undergoing definitive surgery for breast cancer, whose operative specimens have clear histological margins
5	Complete histopathology reporting for invasive breast cancer	Percentage of patients with complete histopathology reports following definitive surgery for invasive breast cancer
6	Percentage of new patients who have one or more medical consultation(s) between	Percentage of invasive breast cancer patients with evidence of a multidisciplinary team management discussion having taken place (as defined by an agreed local protocol)
7	Communication of management information to general practitioner	Percentage of patients whose general practitioners are sent management information within 14 calendar days of discharge following definitive surgery for breast cancer
8.1	Referral for radiation oncology	Percentage of patients having definitive surgery for invasive breast cancer with defined indications for radiotherapy, who are referred to a radiation oncologist
8.2	Referral for medical oncology	Percentage of invasive breast cancer patients with intermediate or high risk of recurrence, who are referred to a medical oncologist
9	Bisphosphonate treatment for bone metastases	Percentage of breast cancer patients diagnosed with bone metastases receiving bisphosphonate treatment
Critical events		
10.1	Febrile neutropaenia following chemotherapy	The number of invasive breast cancer patients diagnosed with febrile neutropaenia, following administration of chemotherapy, requiring admission to hospital for an overnight stay
10.2	Unplanned return to the operating room	The number of patients requiring an unplanned return to the operating room during an admission for breast cancer surgery, for a problem related to that surgery
10.3	Unplanned readmission to hospital	The number of patients who have an unplanned readmission to hospital within 28 days of discharge following breast cancer surgery, with a complication related to that surgery

A comprehensive data dictionary provided clear definitions for the indicators, possible sources of data, and tips to facilitate data collection. See the web site: www.health.vic.gov.au/breastcare/projects/perform.htm for further details.

4.2 Standards development

The standards for the implementation trial were developed in a sequential process with the following steps: reviewing the literature, consultation, development, and refinement of the standards.

An extensive literature review was undertaken to identify an agreed definition for a standard, which is:

A statement that defines the performance expectations and/or structures or processes that must be in place in order for an organisation to provide safe, high quality care, treatment and services (Joint Commission on Accreditation of Healthcare Organizations 2004, p. 125).

The literature review informed the development of a set of key attributes and principles that guided the standards development process (Table 4). Existing cancer or breast cancer standards in Australia and overseas were also reviewed.

Table 4. Key attributes and principles for developing standards

Key attribute	Principle
Level	A standard should be set at an optimal level.
Relevance	A standard should reflect contemporary best practice.
Applicability	A standard should be consistent with the aims of the organisation and relevant legal requirements.
Professional development	A standard should support competencies in practice.
Level of challenge	A standard seeks improvement.
Assessability	A standard should be able to be assessed.
Significance	A standard should cover an issue that is important to consumers/the community.
Achievability	A standard should be achievable.
Sustainability	A standard should be sustainable over time.

The set of standards' coverage of the following quality domains was also considered:

- appropriateness
- access
- safety
- acceptability
- effectiveness
- efficiency
- continuity of care.

The responsiveness of the standards developed (that is, their value as a prompt for improvement) is covered by achievability, bearing in mind that the standard is set at an optimal level.

As a starting point, to identify the key focus for the standards, the Standards Development Working Party considered a range of issues that were identified in the earlier performance indicator development process. The working party identified eight areas and drew a rationale from the evidence for each. The draft standards and the elements of performance within each standard were clearly defined and reflected key aspects of care across the disease continuum.

Consultation on the draft standards was undertaken with the field, including with the Project Advisory Committee, the Consumer Reference Group and the participating site stakeholders. The key findings of this consultation indicated the draft standards were comprehensive and reflective of best practice. The participating sites' major concern related to the burden of meeting the standards within a short timeframe and the requirement to develop significant documentation of policies and protocols as part of the implementation trial.

Standards refinement

In light of the consultation findings, the eight draft standards were refined. The areas of focus and the descriptor for each of the standards are listed in Table 5, and the complete set of standards, elements and examples of evidence implemented and evaluated in the implementation trial are available at <http://www.health.vic.gov.au/breastcare/projects/perform.htm>

Table 5. The breast services standards used in the implementation trial

Standard	Title	Descriptor
1	Continuous quality improvement	Data concerning service performance is routinely collected and reviewed to inform service improvement initiatives.
2	Consumer involvement/feedback	Consumers are involved in the development and evaluation of breast services.
3	Access to services	All patients have access to services appropriate to their needs and in accordance with guidelines for best practice.
4	Communication and information	Patients are provided with appropriate and relevant information regarding their condition, its possible physical and emotional impact and its management at all stages of the continuum of care.
5	Psychosocial/supportive care	All patients with breast cancer have their psychosocial needs assessed and attended to as needed.
6	Multidisciplinary care	All breast cancer patients have access to multidisciplinary care.
7	Continuity of care	Hospitals should ensure that processes are in place to ensure effective linkages between different service providers and service sectors, to enhance continuity of care.
8	Follow-up care	All patients with DCIS, early and locally advanced breast cancer are provided with follow-up care.

DCIS = ductal carcinoma in situ

4.3 The peer review process

'Peer review' was defined for this project as the process by which a multidisciplinary review team carries out a review to validate quantitative and qualitative data submitted through a written self-assessment completed by the service against each standard.

The aims of the peer review component of the project were to:

- provide an objective assessment of a site's observance of the standards
- identify issues in the system and delivery of breast care services in accordance with the standards
- in collaboration with the service, recommend ways of improving performance as part of an ongoing quality improvement system.

While the peer review process was finetuned as the project evolved, the key aspects of the peer review process identified in the development of the model were:

- a multidisciplinary review team consisting of four team members: three members as 'true peers' (a medical specialist, breast care nurse, and data or health manager recruited from participating trial sites) and one consumer member, drawn from the project's consumer reference group
- the development and administration of a training program to potential reviewers
- a one-day visit to each site coordinated and supported by the project team. The peer review visit would draw on the site's performance indicator data, self-assessment against the standards, interviews with site team members and documentation reviews
- a report provided to each site at the completion of the peer review visit, with a series of recommendations relating to identified areas for improvement. These recommendations from the peer review would inform the development of future quality action plans at the site.

5. The implementation trial

5.1 Overview

At the time of recruiting the sites, the project team envisaged the active component of the implementation trial would be undertaken over a 12-month period from 1 July 2004 to 30 June 2005. Following initial negotiation with sites about their participation, some work took place to prepare sites for the performance indicator data collection prior to 1 July 2004. In addition, the sites' self-assessment and the peer review process, which were each conceptualised to be undertaken over three month periods, took much longer (six to seven months each).

The core steps involved in the implementation trial for participating sites are outlined in Table 6.

Table 6. The implementation trial – key steps in the process

1. Performance indicator monitoring
<ul style="list-style-type: none"> Selected breast services to collect and report performance indicator data (qualitative and quantitative) quarterly for 12 months Project team to analyse and provide comparative data back to sites on a quarterly basis
2. Standards reporting
<ul style="list-style-type: none"> Sites to complete a self-assessment covering all standards Sites to be surveyed on two standards (continuous quality improvement and one nominated by the project team)
3. Peer review process
<ul style="list-style-type: none"> Reviewers to undergo training Pilot peer review visit at two sites Reviewers to receive relevant self-assessment and performance indicator data One-day site visit Reviewer/project team report on visit to be provided back to site
4. Quality improvement
<ul style="list-style-type: none"> Planning and implementation of site quality improvement activities in response to the performance indicator data, self-assessment or peer review processes

5.2 Recruiting the participating sites

Seventeen health services were approached to participate in the implementation trial; of these, 16 hospitals from 15 health services agreed to participate. Of these 16 hospitals, 11 had participated in the initial piloting of the performance indicators. Twelve services were based in metropolitan Melbourne and four services were based in regional centres.

The project team visited each site to explain the project in more detail and its emphasis on encouraging quality improvement at a service level. These information sessions included a discussion about all the project elements and were supplemented by a detailed information booklet for sites.

Each site was provided with a small funding grant from the Department of Human Services as a contribution towards the costs of their participation in the project. Sites were also actively encouraged to identify a site liaison officer and to bring together a team that would support the implementation of the project, including personnel from the breast service and the quality unit or health information services.

5.2.1 The participating site profiles

Sites were selected based on the need for a degree of diversity in hospital size, service models, metropolitan and regional mix and participation in the previous performance indicator development project. Each trial site provided descriptive statistics relating to hospital size, the range of available services and medical personnel. These are summarised in Box 1.

Box 1. Summary of characteristics of participating trial sites

- Sites ranged in size from 92 to 768 acute beds (median of 295 beds).
- Fourteen sites had a medical oncology service on site, and ten had onsite radiotherapy.
- Ten sites indicated they offered other associated services:
 - Five sites had a lymphoedema service.
 - Five sites had a family cancer clinic.
 - Two sites had psycho-oncology services.
 - Two sites had specific breast reconstruction services.
 - One site had access to menopause and reproductive services on site.
- All sites had designated breast care nurse positions, although there was significant variation in the level of breast care nurse resources, ranging from 0.2 to 2.6 equivalent full time positions. This variation in part reflected the volume of breast cancer patients seen by the service.
- There were clear differences in the services' models of care. Some of the models include:
 - sequential models of multidisciplinary care supported by a prospective or retrospective multidisciplinary management discussion
 - multidisciplinary clinics with a prospective multidisciplinary management discussion
 - inpatient care and limited ambulatory care only provided within the public sector
 - different ranges of therapeutic options offered on site (for example, surgery only; surgery and medical oncology; surgery, medical and radiation oncology)
 - different ranges of supportive care services provided on site.

5.3 Performance indicator collection and reporting

Each site was asked to collect and report the performance indicator data on a quarterly basis over the 12-month period, 1 July 2004 to 30 June 2005. The submission of data was originally scheduled for one month after the end of each quarter. In practice, a number of sites required an additional six to eight weeks to access indicator denominator data at the completion of coding at the quarter's end.

Sites allocated the data collection role to a range of different personnel, including experienced health information staff, general or specific breast service data managers, breast care nurses and other breast service staff members.

In addition to the data dictionary, the project team implemented the following support mechanisms for the data collection:

- the Data User Group, which brought together key personnel involved in data collection and reporting at each site and the project team. This group provided advice and support and a forum for clarifying data definition issues and discussing data collection systems and strategies. (The membership is described in Attachment 1)
- an email question and answer system, which enabled sites to submit queries about the performance indicators. The project team provided a response to all participating sites and on the project web page. While this system was used extensively in the earlier performance indicator development project, attracting more than 120 queries, only 43 queries were submitted during the implementation trial
- an electronic results booklet developed in Microsoft Access to facilitate data reporting
- quarterly analysis of data submitted by all sites. This included the numeric results (numerator, denominator and total) for each indicator for each quarter and year to date. Basic statistics were used, including the mean, median, range and 95 per cent confidence intervals. A combined rating for each indicator was calculated reflecting an overview of the sites' ratings of each measure's usefulness and value
- a quarterly comparative report, which was forwarded to each site. The data for each indicator were presented by site code, along with a summary of the actual or intended service changes nominated by the service in response to the indicator. Each site was able to identify its own performance compared with other sites
- a reduction in the time required to generate each quarterly report as the analysis systems and reporting format became routine
- a project web page (<http://www.breastscreen.org.au/pisp.htm>), which provided a mechanism for accessing the project resources, including the:
 - data dictionary
 - general information booklet
 - standards guide
 - results booklet and guide
 - question and answer sheets.

5.4 Standards self-assessment process

The sites' self-assessment reports were used to inform the peer review process (see Section 5.5).

The following guiding principles for the sites' self-assessment against the standards were developed and reinforced during the trial:

- The focus was on assessing the value and usefulness of the standards as a quality improvement tool, not on compliance with the standards.
- Development of extensive, new documentation was not required.
- The standards were only one component of a dynamic process that also involved the monitoring of performance indicator data, modelling of self-assessment and peer review processes.
- Exhaustive medical record review was not required.
- The self-assessment required a narrative response by sites, with supplementary data provided where available.

In addition, to reduce the burden on the sites, while all sites were asked to undertake self-assessment on all eight standards, each site was asked to focus (for the site visit) on only two standards:

- continuous quality improvement
- one other nominated for the site by the project team.

A standards guide was developed to support sites in the self-assessment process. It incorporated:

- a summary of the standards development process
- the principles, process and tips for self-assessment
- information about the peer review model developed for the implementation trial
- the standards, incorporating their rationale, elements of performance, and examples or possible sources of evidence
- information about the support mechanisms available to sites.

5.5 The peer review process

The key features of the peer review visits are outlined in Box 2.

Box 2. The peer review site visits – key features

- A one-day site visit was negotiated with each site.
- Each peer review team consisted of a medical specialist, breast care nurse, data or health manager, and a consumer. One member was selected as the team leader.
- A project team member supported the peer review team.
- Prior to the visit, the peer review team had access to the site's performance indicator and self-assessment reports.
- All peer reviewers signed confidentiality agreements.
- All reports containing data that identified patients were returned to the project team on completion of the site visit.
- To ensure all standards were adequately trialled, the peer review focused on the two allocated standards nominated by the project team.
- Key elements of the site visit included:
 - site tour
 - short presentation by the site team on the service context, achievements and challenges
 - review of documentation
 - interviews
 - summation by review team.
- A peer review report based on the peer review findings was written by the supporting project team member in consultation with the review team and forwarded to the chief executive officer and other key personnel at the site. Each report included:
 - general information summarising the service context, the peer review team's commendations, challenges and opportunities
 - for the two nominated standards, an assessment against each element identifying current practice, service strengths, areas for improvement and recommendations
 - a rating against each element based on the assessed level of implementation and whether there was evidence of change or improvement. This rating was provided for the service's benefit only.

The following support mechanisms were put in place to facilitate the peer review process:

- a one-day training program, developed and implemented by Dr Lee Gruner, an experienced facilitator and reviewer for the Australian Council on Healthcare Standards. The training involved an overview of the project, the principles of and skills needed for the review process, and skills development through role play. Three one-day training programs were held for a total 31 participants
- a half-day workshop to help sites prepare for the site visit
- complementary guides to provide additional help to sites and reviewers. These can be found at <http://www.health.vic.gov.au/breastcare/projects/perform.htm>
- ongoing organisational support provided by the project team to the sites and the reviewers
- an honorarium offered to peer reviewers in recognition of loss of income, although not at the level of cost recovery. The project met other peer reviewer expenses, such as travel and meals costs.

Further information about preparing for a peer review visit can be found at [www:/www.health.vic.gov.au/breastcare/projects/perform.htm](http://www.health.vic.gov.au/breastcare/projects/perform.htm)

5.6 Capturing the experience of trial sites

Several means of data generation were used to inform the project evaluation, including:

- the implementation trial and the data it reported or generated
- surveys completed by peer reviewers and the site subsequent to each site visit
- individual interviews with stakeholders at a range of trial sites, which reflected on the trial some months after their peer review visit.

5.6.1 Data generated through the implementation trial

Table 7 describes the core quantitative and qualitative data generated through the implementation trial.

Table 7. Data generated through trial activities to inform evaluation activities

Performance indicators	Standards – self-assessment	Standards – peer review
Performance indicator results over four quarters, incorporating:	Self-assessments completed by sites and across standards	Peer review reports, incorporating:
<ul style="list-style-type: none"> • data on the sites' local contexts • adoption of performance indicators (completeness of submission, number of sites and number of performance indicators completed) • performance indicator comparative reports – summary of performance levels, changes prompted and performance indicator ratings • reported logistics and burden of collection • data value – validity, reliability, reproducibility • reported rating/value of each performance indicator • value as quality improvement tool (number of events, size of denominators, coverage of breast cancer cases across Victoria) • intended or actual actions • general comments 	<ul style="list-style-type: none"> • Completeness of submission • Range of evidence presented for each standard • Peer review reports – correlation between site self-assessment and findings of peer review process in relation to evidence 	<ul style="list-style-type: none"> • activities • strengths and commendations • areas for improvement • recommendations
Electronic question and answer system – issues raised about indicator definitions		Surveys from participating sites post-review
Peer review reports		Surveys from peer reviewers

5.6.2 Surveys of participating sites subsequent to the peer review process

Sites were asked to comment on the preparation for the peer review visit and their perceptions of the peer review process and the peer review report, and to indicate in what ways they had used the report (for example, presented it to the site's quality committee or board of directors or used it to support a business case for additional resources).

A total of 27 stakeholders from 15 of the 16 sites completed the site evaluation questionnaire following the site visit (range of one to five respondents per site). Table 8 summarises the number of responses from different disciplines. Of all the responses, six were from clinical heads of unit or executive leaders.

Table 8. Summary of site team respondents

Discipline	Number of respondents
Medical specialist	8
Breast care nurse	7
Data manager	5
Service manager or executive	4
Project officer	1
Team response	2
Total	27

5.6.3 Surveys of peer review team members subsequent to the peer review process

Peer reviewers were asked for their feedback on the organisation of the site visit, the usefulness of the site documents, their confidence as peer reviewers and their perceptions and learnings from the site visit.

A total of 46 peer reviewer evaluation forms (76 per cent response rate) were submitted, with an average of three evaluations per site visit (range of two to four).

5.6.4 Stakeholder interviews post-implementation trial

Following the completion of the implementation trial at participating sites, a series of telephone interviews was undertaken with key site stakeholders representing the diversity of the sites. This included

lead clinicians, breast care nurses, data managers and health service managers.

A total of 16 interviews with individuals from 12 trial sites were undertaken.

The purposes of these stakeholder interviews were to:

- gain further understanding of the perceived benefits, barriers and burden of the trial
- identify any additional changes that had arisen through participation in the trial
- identify what the site or the project team could have done differently to support the trial
- elicit views on the project model, its future use within breast services and transferability to other cancer services.

6. Project results

This section presents the findings of the project, drawing on the experience of the implementation trial at a project team and site level, the quantitative and qualitative data generated throughout the trial, and the specific evaluation data derived from surveys and interviews.

6.1 Overview

The implementation trial was an invaluable step in informing the effectiveness of the quality improvement tools as prompts for service improvement and their refinement. At a very practical level, through the challenges and achievements of services, the peer reviewers and the project team, this project has enabled exploration of the factors that contribute to successful implementation of a quality process at a state and service level.

The key achievements of the implementation trial were:

- The trial was successfully completed at all participating sites.
- All three components of the trial (performance indicators, standards and peer review) were effective in prompting reflection on service delivery and encouraging change, and were valued by the sites.
- All sites were cooperative and interested.
- Improvements in services were evident both during and following the completion of the trial.
- The peer exchange that occurred across sites was highly valued.
- Stakeholders indicated there was a stronger sense of ‘community’ across breast service providers as a result of the trial.

It forces reflection on one’s practice. You get caught up in the day to day work of coping with a large influx of patients...to have a peer review, look at the figures, reflect on the increasing workload and how we are coping, KPIs with respect to our peers and reflecting on what we have achieved...lots of positives – it has focused our attention for the upcoming 12 months.

Head of Breast Unit

Key factors influencing the degree to which sites engaged with and participated in the trial and planned and enacted change on the basis of data review or recommendations made include:

- clinical and executive interest, support and leadership at state and service levels
- trial sites that viewed the trial as an opportunity to learn and identify areas for improvement, resulting in an open and honest approach to highlighting the service’s various strengths and weaknesses
- seeing the inherent value in the project as an opportunity to enhance practice rather than seeing the project as an external project with a series of burdensome requirements with no clear value for the site
- a strong team approach within the service
- a commitment to reviewing the data and encouraging change in response to that review
- collaboration between breast services and quality unit staff.

6.2 Site engagement

Overall, the sites' engagement with the project increased as the project progressed. In addition, the sites' understanding of the project's potential to encourage internal quality improvement, and its benefit for them, grew strongly over time.

The project timeframes and overlapping tasks brought significant challenges to the process. At the time of the initial site negotiations, the standards and the peer review processes were still in development and there was little specific detail for sites about what the standards would be and how extensive they would be (which they could have used to prepare the human resources that would be required). Greater clarity about the performance indicator data collection and the need to commence data collection, as the first step in the participation of a site in the trial, resulted in the dominance of the data collection and reporting components early in the implementation trial.

While the standards and peer review process were always core parts of the trial, their later introduction hindered site engagement and at some sites the allocation of personnel to coordinate the self-assessment and peer review process. At several sites, the grant provided to sites to support their participation in the trial was fully allocated to facilitating the performance indicator data collection and reporting. The funds were considered inadequate as compensation for the human resources involved in the standards and peer review components. At several sites this resulted in difficulties in engagement with the self-assessment and peer review processes.

These factors, in addition to personnel changes at some sites, resulted in several instances where the project was viewed as an exercise in assessing the performance indicator data collection for an external project rather than as a project having three equal components and a range of activities that could ultimately drive internal service improvements.

I thought that it was just about the performance indicators – maybe I missed a meeting early on, but the standards and the peer review process just seemed to develop. I didn't really realise that it was part of the process – maybe the Manager did.

Data manager

I thought the project was about testing the feasibility and viability of the indicators, not trialing their actual use within a service.

Head of unit

This initial limited engagement was not unexpected given the evolving nature of the project (with the detail about the standards and peer review components of the project still being developed at the time of negotiating the sites' participation in the project), the inherent complexity and incremental nature of organisational change, and the often limited direct experience of the sites in a standards self-assessment and peer review process.

Site engagement with all aspects of the project increased as the sites received their quarterly comparative performance indicator reports and as the peer review process came to the fore.

6.3 Performance indicators

During the trial period, sites submitted performance indicator data relating to more than 1,000 breast cancer cases. This equates to one-third of all cases diagnosed in Victoria each year.

The trial allowed the enumeration of three critical events, with 70 cases of febrile neutropenia requiring hospital admission, 16 unplanned returns to the operating room and 52 unplanned readmissions within 28 days of breast cancer surgery reported during the 12-month period. All of these critical events have significant implications for cost and patient concerns. Overall, the incidence was low, indicating safe and appropriate service delivery.

The sites attributed the variation in performance identified across sites to a range of practice, process and measurement issues. In almost 120 reported instances, this subsequently prompted reflection, planning and change in the services provided.

Most sites clearly felt the burden of data collection and this remains a significant barrier to progressing quality improvement initiatives where the data capture task is significant given the limitations of existing hospital information systems. This represents a barrier to the review and discussion of data to identify areas for improvement and to the trial and implementation of changes and subsequent demonstration of their effectiveness (that is, completing the quality cycle).

Not all of the performance indicators were considered to be of value, and others, while important, were not capturing the intended clinical care components.

6.3.1 Participation

All participating trial sites were provided with the project data dictionary and were encouraged to collect the entire set of performance indicators for the trial period. All indicators were reported on by 12 or more of the 16 sites in the first two quarters of the trial. For one indicator relating to bisphosphonate treatment for bony metastases, the number of sites reporting on the indicator dropped to 11 in the third quarter and to six in the final quarter. This reflected a number of issues:

- a deficiency of hospital information systems in that outpatient care is not coded and therefore these patients are not identifiable as a population
- data collection being an enormous burden for sites because it relied on a series of manual systems. The need to source the denominator for this indicator from manual reviews of outpatient appointment listings, radiology and pathology systems and other ad hoc methods, such as the recall of clinicians, was onerous
- data reliability issues resulting from the lack of systematic population data. Several sites indicated a lack of certainty that they had captured all patients.

At the service level, nine of the 16 services reported on all the indicators in at least one quarter, three sites reported on 12 indicators, five on 11 indicators, and one on ten indicators. The reasons for excluding specific indicators from reporting at the site level related to:

- service models. Services that do not provide the full therapeutic range or that have a combination of public and private sector care to achieve the full therapeutic range raised key issues in engagement and collection of performance indicators where data capture involves cooperation and data provision from private consulting rooms. Services that have breast patients within a general surgical service also excluded some indicators
- varying levels of agreement with measures or their definitions and a site's perception of the value of each measure
- the burden of collection outweighing the value of, or inhibiting the generation of, reliable and reproducible data.

The use of the performance indicator data and comparative reports differed across sites. There was an increase in engagement over the course of the trial that may have been influenced by the provision of the comparative data reports, with an increasing number of reported changes and intended actions included each quarter.

In some instances, a systematic process of review and discussion within the context of a small project group or the multidisciplinary meeting occurred. In other cases, there was limited review and identification of areas for improvement. The key factors influencing the extent of this process were:

- engagement by key clinicians with the process, particularly where there had been personal involvement in the performance indicator development process
- the level of awareness of, and support among other team members for, the individuals who undertook the data collection task.

6.3.2 Burden of participation

As mentioned, without exception, the burden of data collection was a significant factor for trial sites. This includes the issues previously stated relating to the lack of comprehensive electronic systems for data capture and reporting. Other issues include:

- patient volume, with larger services having a significant load for indicators where data needed to be extracted from patient records
- the expertise and experience of the nominated person at each site who was charged with collecting and reporting on the data. At many sites, a breast care nurse or other support staff member from the breast service took on this role. This led to problems with the data collection and reporting process because these staff members lacked knowledge about data definitions, available hospital data systems, International Classification of Diseases coding and mechanisms for accessing reports or linking in with information technology to program reports. This resulted in inefficiencies and an increase in burden on clinical staff to undertake and support the data collection process

- the electronic results booklet developed to streamline data reporting and analysis unfortunately adding additional burden to the process. It required access to a current version of Microsoft Access, which was not readily available at some sites. It also highlighted a skill issue, with several sites experiencing difficulty in the downloading and data entry components in the early quarters. Problems with the transfer of the completed results booklets through email systems also occurred in some instances.

Key factors facilitating the performance indicator data collection and reporting as reported by sites include:

- the grant provided by the Department of Human Services for participation in the trial
- having a health information manager or data manager coordinate the data collection and link in with information technology units and other systems to streamline data capture and reporting
- engagement in the project by hospital quality units with clear familiarity with reporting on performance measures
- project team definitional and moral support
- the opportunities to share experiences and tips for data collection in the Data User Group
- the comprehensive data dictionary with clear definitions and tips for data collection
- a practical approach with an emphasis on the use of indicators as flags to prompt further enquiry and service level quality improvement rather than as exact measures of performance to be used as pass or fail measures.

A number of sites expressing their intention to develop mechanisms or to seek resources to allow the ongoing collection and review of performance indicator data now that the formal trial is complete is evidence of the project's value.

6.3.3 Prompting improvement

Over the 12-month period, 15 sites identified 117 actual or intended actions for service or practice change. This included a total of 28 actual changes and 89 intended changes. For individual sites, the number of actual changes ranged from zero to six, with the number of intended actions ranging from one to 20 per site. Table 9 presents the number of actual or intended changes, by indicator.

Table 9. Total number of actual and intended changes reported by sites across all four quarters

Indicator	Number of sites reporting changes	Number of actual changes	Number of intended changes
1. Timeliness of first appointment	10	5	13
2. Breast care nurse contact	12	2	16
3. 31 medical consultations before definitive treatment	6	1	6
4. Clear surgical margins	5	1	6
5. Complete pathology reporting	7	4	5
6. Multidisciplinary management discussion	8	3	7
7. General practitioner communication of management information	10	5	12
8. Referral to radiation/medical oncology	9	3	15
9. Bisphosphonate treatment for bony metastases	5	4	1
10. Critical event indicators	4	0	8
Total		28	89

If assessed by the number of changes prompted, the most responsive indicators are:

- timeliness of first appointment
- breast care nurse contact
- referrals to radiation and medical oncology
- general practitioner communication of management information.

The critical events resulted in a lower number of reported changes and intended actions than the rate-based measures, as would be expected when looking at rare events.

The changes that were reported are categorised in Table 10 according to the type of change, with some specific examples.

Table 10. Summary of reported changes

Type of change	Reported frequency	Examples
More detailed quality activity	71	<ul style="list-style-type: none"> • Determining waiting time by clinical category to ensure patients with urgent concerns are seen more promptly • Periodic review of patient histories to review documentation of multidisciplinary team recommendations • Ongoing audit to ensure relevant referrals occur • Investigation of management to determine appropriateness of treatment received and of admission in a patient admitted with febrile neutropenia
Change in policy or procedure	31	<ul style="list-style-type: none"> • Introduction of synoptic reporting by pathology department • Streamlining the referral process from general practitioners, ensuring patients have imaging when they attend the clinic • Introduction of a new system for documenting multidisciplinary meeting attendance and recommendations for inclusion in the medical record
Staff education	8	<ul style="list-style-type: none"> • Reinforcement of the need for documentation of referrals to medical and radiation oncology
Raise awareness about issue/ communication with team or individual service providers	7	<ul style="list-style-type: none"> • Continuation of staff education to ensure awareness of importance of the timeliness of the first appointment • Communication with secretaries in private rooms to increase referrals to the breast care nurse prior to surgery
New staff appointments	2	<ul style="list-style-type: none"> • Appointment of breast care nurse (part time) • Ongoing funding for a data manager position secured

6.3.4 Informing refinement

Clear learnings from the performance indicator component of the implementation trial are:

- the need for a program of measures that are balanced in relation to burden and value
- the need to explore efficient and accessible systems for data submission which facilitate data reporting and feedback of comparative data, such as the development of user-friendly web-based systems
- the need to reduce the size of the current performance indicator program and to incorporate other mechanisms for data collection and audit (for example, routine reports from the health information management/quality units to the breast service on critical events for review and case audit) to reduce burden

- recognition of the limitations of performance measurement with an emphasis on performance indicators as flags, rather than exact standalone measures
- the need for a continuous quality improvement approach to use in practice, rather than the setting of thresholds
- the need to link the standards and performance indicators so the entire program is viewed with the performance indicators as a tool to flag opportunities for improvement in a range of specific areas. The standards indicate the optimal levels to aim for to achieve best practice in breast service delivery across all dimensions of care.

In a dynamic process, some flexibility will enable services that have logistical or other difficulties in complying with a measure to better address that measure (or the principle involved) over time. Some measures can be expected to become redundant over time and should be reviewed periodically, with new measures developed as changes or advances in the understanding of best practice occur.

6.4 Self-assessment against the standards

6.4.1 Participation

Once the standards were developed, completing the self-assessment was a significant challenge for many service sites. Some sites had to be very actively encouraged to undertake the task. Barriers included:

- the lack of familiarity with self-assessment processes
- reluctance to participate in the subsequent peer review process
- limited local resources.

With encouragement, all sites completed the self-assessment. Two participating sites within the same health service undertook a joint self-assessment. In addition, one site elected to complete the self-assessment only against its two nominated standards because of human resource constraints.

Within some sites, the self-assessment was completed either by an individual within the breast service team or from the quality unit, with little consultation with other providers. As a result, the self-assessment did not always adequately reflect current service delivery practices. At some sites, key stakeholders appeared unfamiliar with the site's self-assessment documentation when it was addressed at the peer review visit.

At other sites, the self-assessment benefited from being undertaken as a team approach with contributions from both breast unit and quality unit staff.

The quality and range of information that sites provided in their self-assessments varied. Some of the ways the self-assessment documentation differed include:

- providing detailed information about the screening program linked with the service, but less information about services at the diagnostic or management points in the pathway
- providing generic information about the health service as a whole and its quality program, with little breast service-specific information
- focusing on breast service-specific information, with little information about how this linked to broader hospital service quality or clinical governance activities
- lacking clarity and specificity in some documentation.

6.4.2 Balancing the value with the burden of the self-assessment

The format was very challenging but in a way it was a real wake up call for us. The self-assessment was bloody awful and scary – understanding the language was difficult. But its usefulness was in reflecting on what we are really doing. Generally we spend no time thinking about what we are doing and doing the self-assessment enabled us to think and reflect.

Surgeon – head of unit

While the language and concepts around standards and self-assessment were difficult for providers, some sites found the self-assessment process to be a positive, learning experience. The peer reviewers also found the self-assessment to be a very important document, providing them with an understanding of the service.

I thought the site did their self-assessment well and it gave me a very good overview of the service.

Peer reviewer

There was a perception, however, that sites found the self-assessment on its own to be more of a ‘chore’. The tension and ambivalence around completing the self-assessment was reflected by one stakeholder:

It was too much writing – you need to tighten that up a bit. We tended to justify what we had done – but is that really the way to go? Ideally the self assessment should be ... a critique of actual deficiencies and how you might go about addressing them. But with the sense of ‘being assessed’ – it resulted in us trying to emphasise strengths and hide weaknesses.

Surgeon

Not unexpectedly, the quality of the self-assessment impacted on the peer review team’s initial understanding of the service.

As the review proceeded, it was clear that there had been some sort of communication breakdown between the person preparing the self-assessment and the unit. The self-assessment report didn’t provide much indication as to the achievements and challenges of the Breast Unit – there was too much generic data and not a clear indication as to how this was relevant to the Breast Unit.

Peer reviewer

6.4.3 Prompting improvement

The self-assessment process as a whole provided some stimulus for reflection and change within individual services. In particular, the focus of some of the standards on issues not well addressed at a service level, such as consumer involvement or the needs of women with advanced breast cancer, began to gain prominence. However, in the absence of the peer review, the self-assessment alone made limited impact in directly encouraging service improvement.

I think the process was valuable, but really only because the peer review visits focused our attention on the standards. The self-assessment alone did not have this effect.

Data manager

6.4.4 Informing refinements

The experiences gained through this project provide a clear understanding of those factors that will optimise the future use of the self-assessment against standards, including the need for:

- the standards guide to be revised to include clearer guidance on completing a self-assessment and provide more specific examples based on practice
- the language of standards and self-assessment to be ‘demystified’
- ensuring good clinical and executive leadership and a team approach to the self-assessment
- the self-assessment to be developed as a team venture between breast services and quality unit staff
- ensuring the self-assessment focuses on breast service initiatives and that evidence from relevant general hospital initiatives demonstrates their relationship and relevance to the breast unit (for example, complaints from breast service consumers to the health service’s patient advocate)
- ongoing encouragement of an environment of continuous quality improvement based on an educative and collegial approach rather than a punitive approach.

The refinements required for the standards themselves resulted from both the evidence from the self-assessment and the peer review process. These are discussed in Section 7.

6.5 The peer review process

This is as good as most ACHS or BreastScreen accreditation visits I have seen. It’s important that the reviewers know their stuff and have an open view on the subject to allow for others to showcase their work.

Health manager reviewer

6.5.1 Participation

The project established a panel of 31 peer reviewers covering four disciplines. Medical specialists, breast care nurses and data or health managers were recruited from the participating sites; consumers were recruited from the project’s consumer reference group.

There were logistical challenges in gaining a full peer review team for the 16 site visits over the six-month period. To overcome these challenges, two new breast care nurse reviewers were recruited and attended a ‘mini training program’ facilitated by the project team. In addition, two medical specialists, who were experienced reviewers for BreastScreen Australia, also participated in one site visit each. This brought the entire pool of reviewers to 35, although four later withdrew because of health or personal reasons.

Personalised approaches (either by letter or direct contact between the project team and potential peer reviewers) were the most successful strategies for recruiting reviewers. Almost all the recruited peer reviewers were ‘novice’ reviewers.

Pilot peer review visits were negotiated with two sites. These visits provided those involved with a clearer understanding of the peer review process and facilitated the planning of the remaining site visits.

A total of 15 peer review visits were undertaken across the 16 participating services, with one visit being undertaken across two hospital sites within the same health service.

The reviewers undertook one to five visits each. Table 11 summarises the number of site visits undertaken by each peer reviewer type.

Table 11. Number of peer reviews undertaken by each peer reviewer type

Reviewer type	Number of peer reviews undertaken					
	0	1	2	3	4	5
Clinician (n=14)	1	11	2	-	-	-
Breast care nurse (n=10)	3	2	3	1	1	-
Consumer (n=5)	-	1	1	1	1	1
Data/health manager (n=6)	-	2	1	1	2	-
Total	4	16	7	3	4	1

The success of the peer review process was clearly dependent on the commitment and skills of each peer review team. The achievement of 15 sites visits (the equivalent of 60 peer reviewer days) over a relatively short time was challenging.

The organisational challenges of getting the ‘right team on the right day for the right site’ became more difficult as the visits progressed. By contrast, as the peer reviewers gained experience through the early site visits, the review process itself became easier. However, the first site visit for each peer reviewer remained a challenge and confidence only grew after that first visit.

Apart from being an observer, doing a visit is really the only way of knowing what it will be like.

First time reviewer

I found that for the first time I began to feel really comfortable in my role. I think this is more that I am getting a feel for the peer review role, rather than a reflection of the breast unit – but their obvious relaxed approach would have helped.

Fourth time reviewer

6.5.2 Supporting the peer review process

The role of the project team has been pivotal to the success of the peer review process and the resources have been excellent and essential in helping us understand, prepare and execute.

Coordinator of site visit

The sites and the peer review teams considered the range of project team support mechanisms essential and valuable.

Site perceptions

In addition to the support provided by the project team, at the site level services valued the support they received from other staff within their service. Strong clinical and executive leadership rather than just 'tokenistic' support, along with support from within the team and the quality unit, appeared to be crucial in facilitating the peer review process at the site. This support and good relationships between clinical and executive staff were indicative of the overall organisational structure and culture.

In addition, sites benefited from having staff members as peer reviewers to inform their own site visit. Finally, some sites indicated the link with quality unit staff, perhaps for the first time, was clearly beneficial.

Despite the project team's suggestion of enlisting the quality manager, this was not taken up initially. But once we got her on board, she was invaluable. Her knowledge of quality activities helped but being not solely aligned with the breast service also helped. Therefore I would advocate this role quite strongly from the start.

Breast care nurse

The peer reviewer perceptions

The project team's role in organising the logistics and supporting the peer review team on the day was regarded as vital for the review team. The project team member's presence at the review and in writing the report also facilitated consistency across site reviews and reduced the burden on reviewers.

For salaried staff, their participation as a reviewer was seen as a professional development opportunity and the participating sites were encouraged to support the project and staff in this way. The contribution made by the peer reviewers and their supporting service was much appreciated.

The payment of an honorarium in lieu of loss of income for non-salaried staff was made available and a number of the eligible reviewers claimed this honorarium. The honorarium also presented some challenges, and in the future the requirement for it (and the amount) need to be clarified early on, when reviewers are initially engaged.

6.5.3 The experiences of the peer review visit

The site team highly valued the clinical members of the peer review team. The reviewers' roles within other participating breast service teams (and being reviewed themselves) gave them additional credibility as 'real peers'. This also facilitated the peer reviewers' understanding of a site's organisational context.

Having the peer review team specialising or being involved in breast cancer care made me think about how I am and hope that the reviewers were similar. This was the case with our assessment team. Sometimes I think that the people who perform assessments (for example, accreditation) don't have much idea of what happens at a grass roots level...but this was much more reassuring, knowing that they work in a similar environment under similar conditions.

Breast care nurse

The consumer reviewer was seen as a valuable team member and played an important role in:

- interviewing the site consumers (and others) in a supportive manner
- providing feedback to the sites in a very powerful and insightful way
- alerting the site to their consumers' interest in providing constructive feedback and supporting the site's future work.

In addition, the consumer reviewers valued the understanding they gained of how a health service works. While consumer reviewers were clearly a valuable part of the team, they experienced some difficulties during the peer review processes that raise important issues:

- the potential psychosocial impact of the experience of the review process on the consumer and her personal experience of the treatment system, particularly when the review visit may involve the service or individual clinicians that cared for the woman
- the acceptance of the consumer as an equal member of the peer review team and site sensitivities about the consumer member accessing medical records and observing a multidisciplinary team meeting despite being bound to the same confidentiality provisions as the other team members.

With support and experience, these issues are readily resolvable.

A small number of services perceived that the peer review team did not understand its context as well as the site may have wished and this may have impacted negatively on the review team's assessment. In particular, some sites indicated their preference for:

- the review team having a stronger rural perspective for regional sites
- a medical peer reviewer with surgical expertise rather than one from medical or radiation oncology
- the need for more clinical expertise within the team.

One stakeholder from a more academic unit perceived the need for some units to be assessed more 'rigorously' with a higher performance expectation based on the service context.

...but the review team most probably needed to be more probing and perhaps expect a different level of performance dependent on the type of service. We were assessed very well on our research which is true historically – but as an academic unit we have not done so well recently.

Surgeon

The site teams regarded the summation and the subsequent peer review report positively. The site teams highly valued the presence of executive team members and their chief executive officer at the summation, and in at least two instances this resulted in some immediate changes.

6.5.4 Assessing the burden of the peer review process

Site perceptions

As indicated, organising the peer review visits over a relatively short period of time was logistically challenging for the project team, the site team and the reviewers. In addition, the scope of the peer review was not fully realised by sites because it was a new experience for many.

The major drawbacks of the peer review process for sites were the time and resources required to coordinate the site visit. Respondents indicated the time involved was significant and relied on the goodwill of staff. This poses challenges for the sustainability of a peer review approach without the provision of resources to facilitate the clerical and quality components required of participating sites.

Optimal preparation for the peer review was achieved through a team effort. Clearly there was some frustration in services when the task fell to one or two people, with other team members having little engagement. The need to enlist stronger and earlier clinical, executive and quality unit staff support and involvement was highlighted.

At times the tasks were not allocated to the right people. Having clinical practitioners undertaking clerical tasks was not the best use of specialist time.

Even within a supportive team environment, the load of coordinating the visit along with a real desire to 'do well' was very challenging and stressful for individuals. With the experience and positive outcome of a 'first site visit', subsequent peer review visits were likely to be less stressful and also less of a burden in terms of preparation.

Finally, regarding burden, two site respondents thought the site visit of one day was too long. All other respondents either indicated:

- that this time was about right
- that additional time was needed (two days), or
- that the visit be spread over two half days on consecutive days.

The trialling of different and flexible models of peer review may be an important next step.

Peer reviewer perceptions

As with any process of independent service review, a number of challenges were evident for the peer reviewers, including the need to:

- work well as a team of four with people they had just met
- keep to time in the interviews and allow adequate time to review the evidence
- keep a focus on the nominated standards
- understand the local context by bringing together a wide range of information from various sources in a short period of time
- optimise the contribution of all interviewees to ensure all views are adequately heard
- manage any tensions within a service to ensure a fair assessment is undertaken
- manage one's own boundaries to ensure no undue influence from an individual's service experience, role or previous relationships with site personnel
- provide feedback in a constructive and sensitive manner to ensure feedback accurately reflects the service and presents a positive view using challenges as opportunities rather than aspects the service fails to meet.

At the end of the day, I felt like we might have done some good, when I was worried that we might do harm.

Peer reviewer

6.5.5 The value of the peer review process

The process really – the personal confidence building, team building, cohesion of the team. Introspection through the review process is always helpful and has provided the impetus for change – learning what other areas in your own service provide and the peer review strengthened unity of team and other allied units (for example, plastics).

Breast care nurse

Overwhelmingly sites found the peer review process to be a very valuable experience. Key benefits the sites articulated include:

- the value of peer exchange
- validating their service strengths
- identifying opportunities for enhancement
- providing the authority and trigger for change
- facilitating team building within breast service teams and with quality staff
- increasing understanding of other units and roles within the service
- providing the breast service with a higher profile within the overall health service; this was achieved through presentations to quality and board committees, internal newsletter articles, nomination and receipt of health service awards
- providing evidence that will be used in forthcoming Australian Council on Healthcare Standards reviews.

Dissent about the value of the peer review process came from two unit heads and from one other stakeholder within a service in which the peer review process had been particularly challenging and constrained by internal politics. These comments reflected a perception that minimal service improvements were required within their service, or significant cynicism about the organisation's ability or commitment to provide adequate resources to implement changes in areas identified for improvement.

Peer reviewers' perceptions

The value and benefits of the peer review process for peer reviewers include:

- a sense of achievement
- increased skills and confidence
- learning from other sites or colleagues
- identifying specific initiatives that could be adopted within own service
- an appreciation of the challenges faced by other services
- gaining assistance in the preparation of their own service for the peer review visit.

Finally, the project and the peer review process in particular have been valued for the way they have drawn service providers together across Victorian breast cancer services.

It is a bit intangible but I feel that the breast cancer community has probably been brought together a bit closer. We usually operate as independent nodes doing our own thing. This seems to have pulled us together and positioned us well for the ICS [Integrated Cancer Services] development.

Surgeon

There is a sense of community within breast services – the peer review process enhances the sense of community. Most of us are struggling with the same issues – there is some flow and it gave us much more of an insight and maybe broke down some of the prejudices between organisations.

Surgeon

6.5.6 The peer review process as a mechanism for change

Services indicated a number of clear outcomes of the peer review process and the report, including:

- using the report to set goals and actions plans for the future
- lobbying for resources to support new initiatives
- piloting initiatives to address identified service gaps, such as:
- identifying women with advanced disease across the service
- developing a consumer feedback survey
- working with the Breast Cancer Action Group to address issues of local radiotherapy costs

- developing a successful business case for an increase in breast care nurse and data management resources
- establishing formal team planning processes to drive further service improvements
- maintaining and updating the established evidence folders as a team process.

6.5.7 Informing refinements

In developing peer review processes in the future, consideration needs to be given to the following elements:

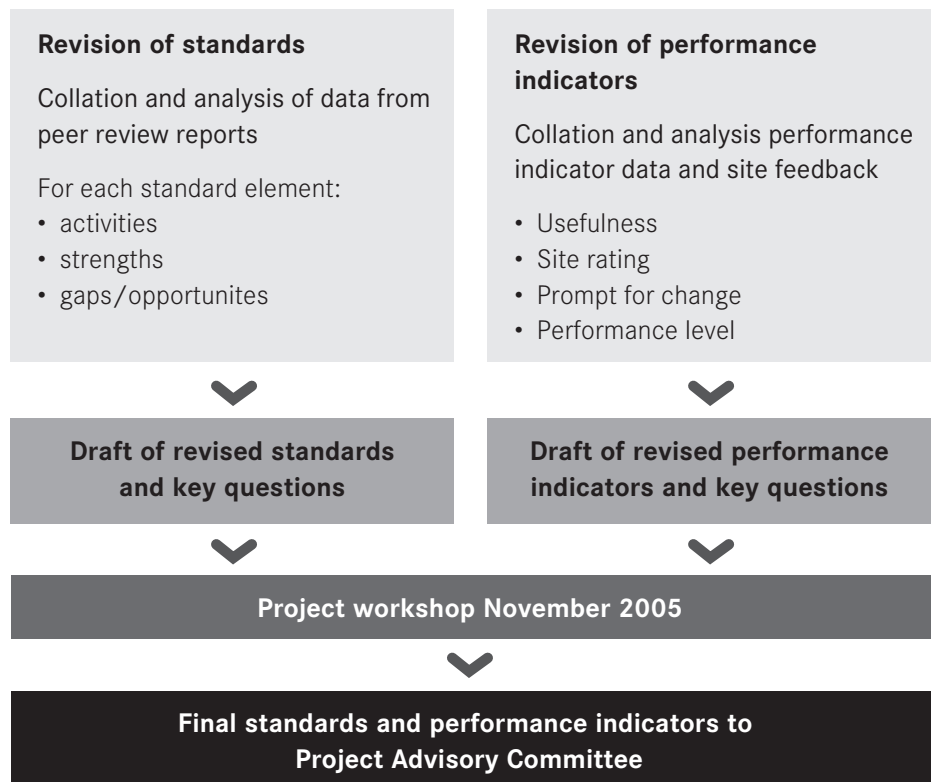
- Ensure adequate resources are available at the program (external) and site levels to coordinate and support the peer review process. This should include consideration of agreed funding support or honoraria for peer reviewers.
- The focus on two standards at a site visit provides a more manageable process for sites and peer reviewers, particularly in the start-up phases of a program.
- The performance indicator data and self-assessment reports provide a clear structure for the peer review process.
- Consider opportunities for modelling different and flexible formats for the peer review process.
- Provide improved background information about the site for peer reviewers. A brief report prior to the site visit would provide reviewers with an overview of the site, the population and catchment areas, the service model, service linkages and referral pathways, key achievements and challenges.
- Provide more practical training for peer reviewers based on the experiences of this trial and using real reports and schedules (now there are examples to draw on), in addition to specific training where needed in the interpretation of performance indicator reports, quality language and statistics.

7. Refining the quality tools and the model

7.1 Overview of the refinement process

In the final stages of the project, a range of data were reviewed to inform refinement of the standards and performance indicators and the final quality improvement model that would be recommended. Figure 2 summarises this process. The inputs were data derived from the standards peer review reports and a range of data generated in the performance indicator trial, as reported by sites.

Figure 2. Summary of standards and performance indicator refinement process



A project workshop was held in November 2005, at which the evidence and recommendations for the revised draft performance indicators and standards and the future quality improvement model were put to invited stakeholders. Twenty-seven stakeholders participated in this workshop. Following this feedback, the revised standards and performance indicators were finalised, along with the recommended service model and recommendations for future implementation. These were ratified by the Project Advisory Committee and presented at the final project summation forum on 8 December 2005 attended by representatives from trial sites, project committees and wider stakeholder groups.

7.2 Refining the performance indicators

The project team considered a range of data in order to rank the performance indicators that had been trialled so they could be discussed and their value for inclusion in a future breast services quality program agreed on.

The following dimensions were considered for the rate-based performance indicators:

Site perceptions of the indicator

- Site feedback on performance indicator usefulness: number of sites reporting that:
 - the indicator provides useful information about the service
 - they would distribute the results of the indicator to others within the organisation
 - they would consider the indicator for regular monitoring
- Site rating: a rating out of five for each indicator for each quarter

The indicator as a prompt for service improvement

- Summary data for each indicator on the number of:
 - reported changes
 - intended actions reported
 - sites reporting changes or intended actions

Indicator performance levels: is the indicator achievable in its current form?

- Mean performance of greater than or less than 70 per cent. Indicators with performance below 70 per cent were flagged as measures that are either not achievable, not reflective of best practice or poorly defined in their current form.

Scores were calculated for each indicator on each of the above dimensions. The indicators were then ranked and a combined score generated (golf style) by totalling the rankings for each measure. Table 12 presents the indicators in ranked order, their combined score and the key issues identified in this process.

Table 12. Summary of performance indicator rankings, performance and issues

Performance indicator	Combined score	Ranking	Mean performance in trial (%)	Key issues
Breast care nurse contact	6	1	78	
Timeliness of first appointment	7	2	77	
Complete pathology reporting	12	3	89	
Management information to general practitioner within 14 days	13	4	46	Defined 'management information' items that must be included in order to fulfil this indicator. Impacts on timeliness and some items not agreed as essential by field
Clear margins	15	5	89	Value considered limited when prospective multidisciplinary process in place, because margins are routinely reviewed and discussed in that process
Multidisciplinary case discussion	15	5	74	
Referrals to radiation oncology	20	7	76	
Referrals to medical oncology	24	8	80	
≥ 1 medical consultation between diagnosis and treatment	25	9	64	The face validity of this indicator is limited. Many good practices are not captured with this measure, which is not reflective of quality care at this time.
Bisphosphonates for bony metastases	30	10	64	The core issue with this indicator is the ability to capture patients with advanced cancer of any primary on established hospital information systems. With the data coding system based on separations and much of the care for people with advanced disease in the outpatient setting, this results in an enormous burden of data capture to manually identify patients and introduces significant data accuracy issues because the completeness of data is questionable in many cases.

The project team determined that the four top ranking indicators should be retained and that the two lowest ranking indicators were unsuitable for further collection. They considered that further discussion was required in the project workshop on definitional issues and the inclusion of the other measures.

The critical events (10.1 to 10.3) were assessed separately because they are different in nature from the rate-based performance indicators. The following dimensions were assessed:

Site perceptions of the critical event

- Site feedback on usefulness of the measure: number of sites reporting that:
 - the critical event provides useful information about the service
 - they would distribute the results to others within the organisation
 - they would consider the critical event for regular monitoring
- Site rating: a rating out of five for each critical event for each quarter

All three critical events are able to be generated through automated hospital systems and 10.2 and 10.3 are related to generic Australian Council on Healthcare Standards indicators; however, from the peer review component of the trial, we know that these routinely generated data are not reported at a unit or tumour stream level. Without the inclusion of these critical events, elements of the complications of surgery and medical oncology will not be captured in any systematic way.

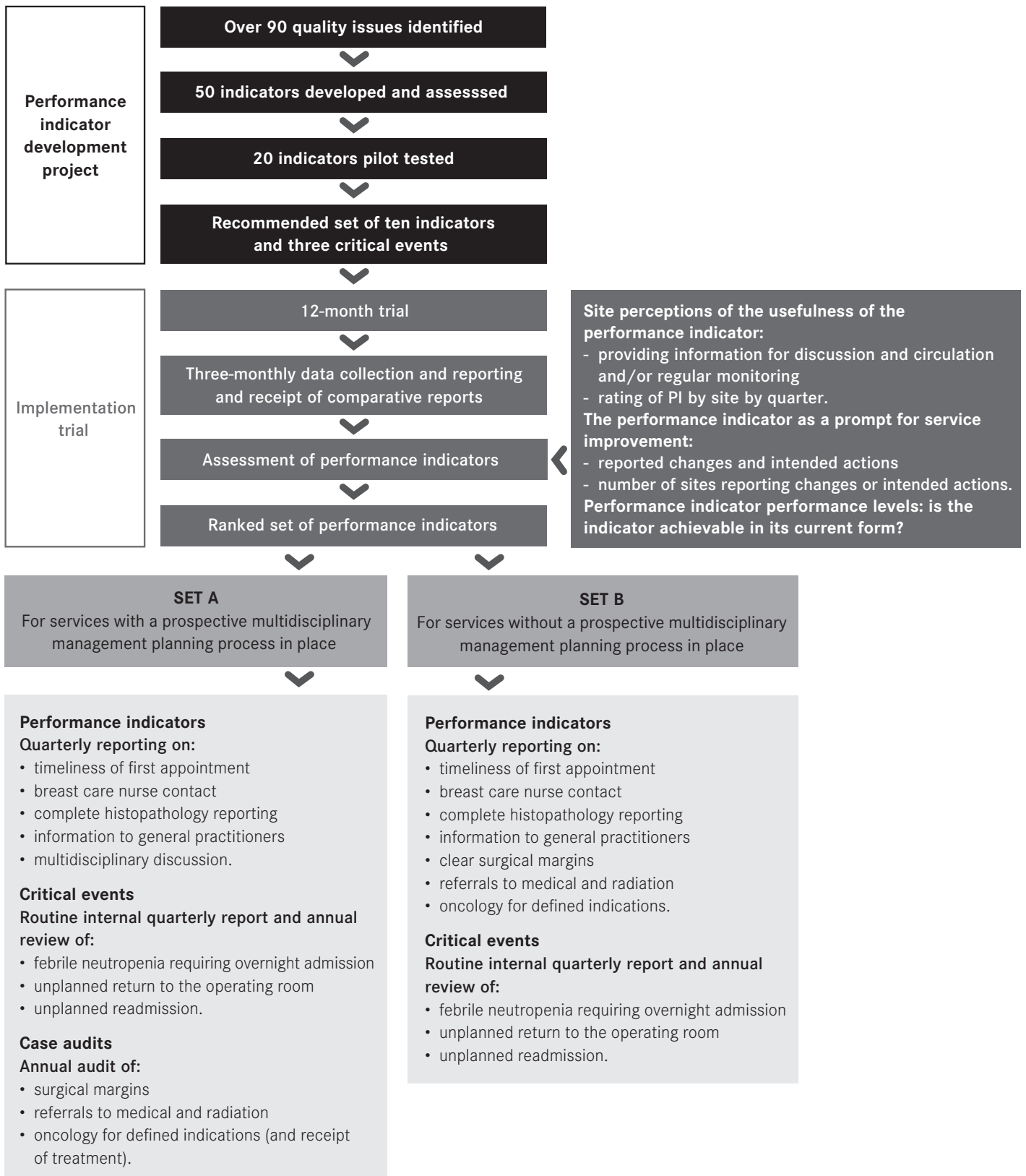
At the project workshop, participants had specific discussion about the selection of the rate-based measures described above on the basis of their ranking to refine definitions and address core concerns. This informed whether the project team included or excluded measures or revised them for the final recommended set of performance indicators arising from this project. Participants also discussed the three critical events in relation to participants' perception of their value and the ideal frequency of monitoring.

As may be expected, stakeholders expressed different views on the relative value of any one measure. Some issues, present since the early phase of performance indicator development, prevail. Some indicator definitions were refined on the basis of discussions in the workshop and some were considered redundant where a well functioning multidisciplinary team was in place. This influenced the allocation of other trialled performance indicators on the basis of whether a prospective multidisciplinary planning process is in place. There remain some key aspects of care that do not have measures at this point (for example, timely receipt of medical and radiation treatment). This has been addressed through a recommendation for periodic audit and formal review of the performance indicators. Such issues may be subsequently identified as appropriate measures for future use.

Figure 3 summarises the performance indicator refinement process and outcomes from the earlier performance indicator development process and the current trial.

The revised data dictionary for the recommended performance indicators can be found at <http://www.health.vic.gov.au/breastcare/projects/perform.htm>

Figure 3. Performance indicator refinement process and outcomes



A brief explanation of each of the measures is included here.

Set A – Performance indicators for breast services with prospective multidisciplinary management planning in place

Timeliness of first appointment: Percentage of new breast patients seen within 14 calendar days of request for appointment date

Breast care nurse contact: Percentage of patients having contact with a breast care nurse between being informed of a diagnosis of breast cancer and having definitive surgery

Complete histopathology reporting: Percentage of patients with complete histopathology reports following definitive surgery for invasive breast cancer

General practitioner information: Percentage of patients whose general practitioners are sent management information within 14 calendar days of discharge following definitive surgery for breast cancer

Multidisciplinary discussion: Percentage of invasive breast cancer patients with evidence of a multidisciplinary team management discussion having taken place

In addition, an annual audit of surgical margins and referrals for and receipt of medical and radiation oncology treatment is necessary. Table 13 shows the suggested number of cases for audit based on case load.

Table 13. Recommended number of cases for annual audit

Invasive breast cancer case load	Number of cases for annual audit
<20	All cases
20 - 100	20 cases
>100 cases	20 - 50 cases

Set B – Performance indicators for breast services without prospective multidisciplinary management planning in place

Timeliness of first appointment: Percentage of new breast patients seen within 14 calendar days of request for appointment date

Breast care nurse contact: Percentage of patients having contact with a breast care nurse between being informed of a diagnosis of breast cancer and having definitive surgery

Complete histopathology reporting: Percentage of patients with complete histopathology reports following definitive surgery for invasive breast cancer

General practitioner information: Percentage of patients whose general practitioners are sent management information within 14 calendar days of discharge following definitive surgery for breast cancer

Clear margins: Percentage of patients undergoing definitive surgery for breast cancer, whose operative specimens have clear histological margins

Referrals to radiation oncology: Percentage of patients having definitive surgery for invasive breast cancer with defined indications for radiotherapy, who are referred to a radiation oncologist

Referrals to medical oncology: Percentage of invasive breast cancer patients, with intermediate or high risk of recurrence, who are referred to a medical oncologist

Critical events

- **Febrile neutropenia** requiring an overnight admission
- **Unplanned returns** to the operating room
- **Unplanned readmissions** within 28 days for post-operative complications

Recommended reporting intervals

- **Performance indicators** – quarterly reporting
- **Critical events** – quarterly internal reporting (from facility’s quality unit) and annual review and documentation
- **Surgical margins and referrals and receipt of medical and radiation oncology** – annual reporting

In addition, indicator definitions were refined to improve their applicability and relevance (for example, the revision of the management information components required for inclusion in the general practitioner communication indicator and the allowance for multiple communications to achieve complete information).

7.3 Standards review

The documented evidence from the site peer review reports was used as the primary source of information to inform the standards’ review, with the self-assessment documentation providing supplementary information.

The analysis of the peer review reports collated by standard and element identified the following findings:

- **Levels of practice:** There was a range of practice across all standards with evidence of different ways of achieving the standard. One or more areas for improvement were identified within every site and within every standard. A range of examples of good practice and areas for improvement were also identified.
- **Relevance of standards:** All standards had relevance for a best practice service and there was no evidence that any standard was not of significance. The service strengths, along with the identified areas for improvement across sites, reflect a balance between achievability and a level of challenge.
- **Impetus for change:** Some standards, reinforced by the recommendations of the peer review process, provided a clear driver for change. Examples include the focus of Standard 2 on consumer feedback/involvement, and the emphasis on advanced breast cancer in Standard 1 (continuous quality improvement) and in elements of other standards.

- Changes needed within and between standards: The documentation revealed:
 - clear overlap between some elements within standards (for example, different elements to address assessment and response to a specific area of concern (see Standard 5 – psychosocial/supportive care)
 - overlap between standards (for example, elements of Standard 8 (follow-up care) were addressed in four other standards
 - Standard 6 (multidisciplinary care) had only one element to assess all multidisciplinary practice across the continuum of care. To gain greater specificity in the standard assessment, this element needed to be split to reflect multidisciplinary care at the different points in the pathway
 - misunderstanding about the intent of some standard elements (for example, sites interpreted element 1.5 (all cases of advanced breast cancer under the care of the hospital are identified with the service) in different ways).

As a result of the data analysis, and following further consultation with key stakeholders, a revised set of seven standards was developed (Table 14). In addition, the practice examples within each standard element were revised to reflect practice demonstrated by participating sites during the trial. The revised standards can be found at <http://www.health.vic.gov.au/breastcare/projects/perform.htm>

Table 14. Revised breast services standards in summary

Number	Title	Standard
1	Continuous quality improvement	Data concerning service performance are routinely collected and reviewed to inform service improvement initiatives.
2	Consumer involvement/feedback	Consumers are involved in the development and evaluation of breast services.
3	Access to services	All patients have access to services appropriate to their needs.
4	Communication and information	Patients are provided with appropriate and relevant information regarding their condition, its possible physical and emotional impact and its management at all stages of the continuum of care.
5	Psychosocial/supportive care	All patients with breast cancer have their psychosocial needs assessed and attended to as needed.
6	Multidisciplinary care	All breast cancer patients have access to multidisciplinary care that aligns with established best practice guidelines.
7	Continuity of care	Hospitals should determine that processes are in place to ensure effective linkages between different service providers and service sectors to enhance continuity of care.

7.4 Providing feedback to service sites on current practice

Sites were clearly interested in gaining an understanding of current practice in breast services. In addition to collating the evidence from the peer review reports to inform the refinement of the standards, the project team was keen to encourage further information exchange between sites.

The project team adapted the collated data for the standards refinement and presented it as a summary report on the peer review findings, including 'good practice' examples by identified sites. Site contacts were provided to facilitate further communication. The project team gave this report to the participating sites as part of the project's summation forum (see Attachment 2).

8. Conclusions

With the completion of the Performance Indicator and Standards Project, commissioned by the Victorian Department of Human Services and conducted by a project team established by BreastScreen Victoria, the following conclusions are drawn.

1. A trial of a quality improvement program with three components—performance indicators, standards and a peer review process—was successfully completed at 16 public hospital sites across 15 health services. The following were noted:

- 1.1 There was a tendency at some sites to focus on the data collection and not to extend the process to review the data as part of the quality cycle.
- 1.2 Some services were initially reluctant to participate in the trial because of the assumptions that could be made when interpreting their site data for the specified performance indicators. It is recognised that without an interpretation of the context of the results, clear conclusions on the services performance would not be recommended.
- 1.3 The project team provided sites with considerable support. This is essential (for example, for the timely feedback of comparative data to participating sites).
- 1.4 The performance indicators, standards and peer review provided a clear structure for the quality improvement process.

2. The cooperation and interest from the 16 sites was very positive.

It was concluded that:

- 2.1 The trial was conducted in an atmosphere of trust and cooperation.
- 2.2 Involvement of providers in performance indicator and standards development was important.
- 2.3 The fact it was a 'trial' as opposed to 'the real thing' initially caused some sites to be reluctant to participate.
- 2.4 There was some initial anxiety from some sites about what this trial would mean for them in the future (that is, would the learnings/results influence their projected funding/service provision?).

3. Numerous changes to practice in the organisation and delivery of care were either induced, or their introduction planned, at the various sites.

These were attributed to a number of factors:

- 3.1 reviewing comparative performance indicator data
- 3.2 the self-assessment against the standards
- 3.3 the peer review process
- 3.4 enhanced interaction and information exchange between breast service providers and with quality unit staff.

4. Data collection for quarterly reporting of performance indicators can be a burden.

It was noted that:

- 4.1 The electronic reporting booklet was not very successful and a web-based process should be considered in future. Manual review of medical records for data collection is suitable for low volume providers, but better linkages are required with hospital information technology systems, health information managers and quality units, to realise efficiencies in data collection and reporting
- 4.2 The timely allocation of the data collection and reporting was a problem. There is a need to allocate the task early on in any future project and to ensure the nominated person is skilled in working with hospital data.
- 4.3 Training and support were needed at some sites. Not all personnel understood the processes under trial.
- 4.4 It was almost universally difficult to identify patients with advanced cancer.
- 4.5 There were difficulties in obtaining patient information when patients were treated within both private and public sectors.

5. Performance indicators differed in their value and utility, which influenced uptake.

For example, it was clear that:

- 5.1 Not all the performance indicators trialled were considered to be of value.
- 5.2 Several performance indicators were not acceptable (or were misunderstood) at some sites.
- 5.3 There is a limit to the number of performance indicators that can be monitored at any one time.

6. There were issues of overlap and understanding of the standards and the self-assessment process.

It was evident that:

- 6.1 Some overlap existed within and between the standards.
- 6.2 Linkages between some of the performance indicators and standards were not readily made (due to the prior existence of the performance indicators).
- 6.3 There was limited understanding of how to conduct a self-assessment and of the concepts and language of standards.

7. Consumer input was valued throughout the project.

In particular, it:

- 7.1 provided a wider scope for the performance indicators and the standards
- 7.2 enhanced the peer review process.

8. The peer process provided many positives.

In particular, it:

- 8.1 enabled an assessment of a site's strengths and weaknesses
- 8.2 provided two-way learning
- 8.3 aided internal engagement with the trial
- 8.4 revealed the importance of reviewer training
- 8.5 established the value of the project team's support in the conduct of each site visit.

9. A number of factors influenced the uptake in this trial.

Among these were:

- 9.1 clinical and executive leadership
- 9.2 the project being seen as an opportunity and not a threat, thus encouraging honesty
- 9.3 a commitment to address the data and to make changes to service delivery
- 9.4 the existence of a team approach within the service so that participation in the trial was not reliant on one person's efforts
- 9.5 links with the facility's quality unit and an understanding of the quality framework and processes.

10. The trial findings inform the development of a future program.

The following components would be considered to be important when developing quality measures in a breast services program:

- 10.1 recognising that performance indicators and standards often relate. More specifically, recognising the importance of these measures being developed concurrently to avoid duplication and to ensure clarity on how they relate
- 10.2 specifying and ensuring core aspects of a sites' resources prior to their involvement (for example, the personnel to be involved, the link with the main hospital quality program, data collection support and executive sponsorship)
- 10.3 providing guidelines for completing self-assessment reports
- 10.4 providing training and support for data collection
- 10.5 developing a web-based process for streamlining communication, submitting data, accessing comparative reports, arranging meetings and sharing examples of good practice
- 10.6 providing resources, support and skill development in the completion of the quality cycle to enable the successful identification and implementation of changes in practice
- 10.7 giving consideration to the importance of performance indicators, standards and peer review in supporting the delivery of high quality and effective service provision.

9. Recommendations

The Performance Indicator and Standards Project project team makes the following recommendations:

1. It is recommended that a program to assess the quality of care provided by a breast service could consist of three elements:

- practice standards
- performance indicators
- peer review.

2. The following standards are recommended for use in a program to enhance the quality of care of breast services:

1. continuous quality improvement
2. consumer involvement/feedback
3. access to services
4. communication and information
5. psychosocial/supportive care
6. multidisciplinary care
7. continuity of care.

3. Performance indicators should be limited in number.

3.1 The following are recommended for use as **Set A Performance Indicators** for services with a prospective multidisciplinary management process in place:

- timeliness of the first appointment
- breast care nurse contact for the patient
- complete histopathology reporting
- timely provision of management information to general practitioners
- multidisciplinary discussion
- an annual audit of surgical margins and referrals for the receipt of medical and radiation oncology treatment.

3.2 The following are recommended for use as **Set B Performance Indicators** for services without a prospective multidisciplinary management planning process in place:

- timeliness of the first appointment
- breast care nurse contact for the patient
- complete histopathology reporting
- timely provision of management information to general practitioners
- clear histological margins following definitive surgery
- referrals to radiation oncology
- referrals to medical oncology.

3.3 The following **critical events** are recommended for monitoring through quarterly internal reporting and annual case review:

- febrile neutropenia
- unplanned return to operating room
- unplanned readmission to hospital.

4. A peer review process needs to include a series of structured components.

4.1 For reviewers:

- Selection criteria and process
- A practical training program
- Matching reviewers to sites
- Site visits
- A reporting process

4.2 For sites:

- Criteria for participation
- Self-assessment report
- Site visit
- Receipt of a report and provision of feedback

5. Consumer input is recommended for future program implementation.

Consumer involvement would be included in:

- future revisions of the standards and performance indicators
- continuation as members of review teams.

6. Sites clearly require internal and external support.

Internal support is required for:

- data collection, analysis and feedback
- review of performance, identification of gaps and service improvement.

External support (ideally through an independent agency) is required for:

- regularly revising standards and performance indicators
- organising peer review activities
- supporting the participation of sites through the process
- providing the required education for site personnel and reviewers
- producing manuals and guides, and maintaining web-based information and reporting systems
- facilitating information sharing across participating sites.

References

Department of Human Services 2004, *The development of performance indicators for hospital breast services in Victoria*, DHS, viewed 9th February 2005, <http://www.health.vic.gov.au/breastcare/projects/perform.htm>

Joint Commission on Accreditation of Healthcare Organizations 2004, *Hospital Accreditation Standards*, JCAHO, Illinois.

Attachment 1 Stakeholder involvement

A wide range of stakeholders was involved in the Breast Services Performance Indicator and Standards Project, working on committees and working parties, as members of site teams, as peer reviewers and as part of a wider stakeholder group.

Project committees and working parties

The membership of each committee and working party and a brief description of their role in the project follow.

Project Advisory Committee

Role: To provide advice and support to the project team and to monitor progress throughout the project. The advisory committee met at key points throughout the project.

Membership:

Mr Stewart Hart	Chair; Surgeon and Director, Monash BreastScreen and Monash Breast Clinic
Dr Syd Allen	Director, Southern Metropolitan Integrated Cancer Services (from December 2004)
Dr Cathy Balding	Manager, Victorian Quality Council, Department of Human Services
Ms Marilyn Beaumont	Executive Director, Women's Health Victoria
Ms Elise Davies	Manager, Cancer and Palliative Care Unit, Department of Human Services
Dr Roslyn Drummond	Deputy Director, Radiation Oncology, Peter MacCallum Cancer Centre
Ms Sue Lockwood	Consumer representative
Ms Rosetta Manaszewicz	Consumer representative (from November 2004)
Dr Paul Mitchell	Director, Cancer Services, Austin Health
Ms Anne Pennington	Rural consumer representative (until October 2004)
Ms Annabel Pollard	Patient Support Program Coordinator, Peter MacCallum Cancer Centre
Ms Josephine Raw	Director, Clinical Information Services, Royal Women's Hospital
Ms Leonie Scott	Manager, Cancer Quality and Performance Management, Cancer and Palliative Care Unit, Department of Human Services
Associate Professor Raymond Snyder	Oncologist, St Vincent's Health
Ms Rennis Witham	Chair, Board of Directors, Western Health (until July 2004)

Standards Development Working Party

Role: To provide advice and support to the project team for the initial standards development. A member of the project team chaired this working party.

Membership:

Ms Melissa Billing	Breast Care Nurse, Bendigo Health Care Group
Dr David Blakey	Radiation Oncologist, Peter MacCallum Cancer Centre
Ms Nicola Bruce	Consumer representative
Dr Jacquie Chirgwin	Medical Oncologist, Eastern Health
Ms Elise Davies	Manager, Cancer and Palliative Care Unit, Department of Human Services
Ms Jane Jones	Program Manager, Special Projects and Service Development, Cancer Services, Barwon Health
Ms Rosetta Manaszewicz	Consumer representative
Ms Meron Pitcher	Surgeon, Western Health
Ms Annabel Pollard	Patient Support Program Coordinator, Peter MacCallum Cancer Centre
Ms Alison Rule	Quality Manager, Eastern Health
Ms Leonie Scott	Manager, Cancer Quality and Performance Management, Cancer and Palliative Care Unit, Department of Human Services
Dr Beatrice Susil	Pathologist, Southern Health

Consumer Reference Group

Role: To provide a mechanism for consultation with women, to act as a sounding board for consumer representatives involved in other project committees and working parties, and to contribute to the development and refinement of the standards. A member of the project team chaired this reference group.

Membership:

Marion Adler-Bishop	Wendy Averill
Nicola Bruce	Christine Delany
Sue Dobell	Fairlie Howard*
Susanne Knop*	Sue Lockwood
Dorothy McManus*	Mary Macheras-Magias
Anne Pennington*	Suzanne Phillips
Judy Rynhart	Judy Sammut
Evelyn Shipard	

* *Deceased*

Data User Group

Role: To support staff at the participating sites involved in the collection of performance indicator data. A member of the project team chaired this group, which met regularly during the early implementation phase.

Ms Caroline Baker	Surgeon, Austin Health
Ms Sharon Bannan	Breast Care Nurse, Bendigo Health Care Group
Ms Ann Bomers	Data Manager, Gippsland BreastScreen, La Trobe Regional Hospital
Ms Susan Cannon	Data Manager, Breast Unit, Royal Melbourne Hospital
Ms Robyn Cordner	Breast Care Nurse, Royal Women's Hospital
Ms Pamela Crouch	Project Coordinator, Cancer Services, St Vincent's Health
Ms Sue Houghton	Data Manager, William Buckland Radiotherapy Centre, The Alfred
Ms Deborah McDonnell	Breast Care Coordinator, Peninsula Health
Ms Susan McGregor	Data Manager, Western Health
Ms Melanie McRae	Trial Coordinator, Cancer Services, Barwon Health
Ms Carla Pasque	Quality Unit, Southern Health
Ms Kerry Patford	Breast Care Nurse, Goulburn Valley Health
Ms Ann Marie Power	Data Manager, Breast Unit, Peter MacCallum Cancer Centre
Ms Patricia Savino	Health Information Manager, Northern Health
Ms Leanne Storer	Breast Care Nurse Coordinator, Barwon Health
Ms Nicolette Torcello	Project Officer, Maroondah BreastScreen, Eastern Health

Peer reviewers

Medical specialists

Dr David Blakey	Radiation Oncologist, Peter MacCallum Cancer Centre
Mr David Butterfield	Surgeon, Northern Health
Mr Lindsay Castles	Surgeon, Austin Health
Dr Boon Chua	Radiation Oncologist, Peter MacCallum Cancer Centre
Dr Roslyn Drummond	Radiation Oncologist, Peter MacCallum Cancer Centre
Mr Stewart Hart	Surgeon, Southern Health
Associate Professor Michael Henderson	Surgeon, Peter MacCallum Cancer Centre and St Vincent's Health

Mr Anthony Hyett	Surgeon, Austin Health and Western Health
Associate Professor Bruce Mann	Surgeon, Royal Melbourne Hospital
Dr Alexander Nirenberg	Pathologist, formerly at Northern Health
Dr Jane O'Brien	Surgeon, Peter MacCallum Cancer Centre
Ms Meron Pitcher	Surgeon, Western Health
Mr David Speakman	Surgeon, Peter MacCallum Cancer Centre and Southern Health

Breast care nurses

Ms Kerryn Day	Western Health
Ms Bronwyn Flanagan	Royal Melbourne Hospital
Ms Christine Gray	Maroondah Hospital
Ms Franke Linke	Barwon BreastScreen
Ms Jenny MacIndoe	Peter MacCallum Cancer Centre
Ms Deborah McDonnell	Peninsula Health
Ms Helen Mott	The Alfred

Health service or data managers

Ms Susan Cannon	Data Manager, Breast Services, Royal Melbourne Hospital
Ms Pam Crouch	Project Coordinator, Cancer Services, St Vincent's Health
Ms Phillippa Hartney	Manager, Bendigo BreastScreen
Ms Sue Houghton	Data Manager, William Buckland Radiotherapy Centre, The Alfred
Ms Jane Miller	Strategic Planner, Southern Metropolitan Integrated Cancer Services
Ms Ann Marie Power	Data Manager, Peter MacCallum Cancer Centre

Consumers

Ms Heather Beanland
Ms Nicola Bruce
Ms Christine Delany
Ms Sue Lockwood
Ms Mary Macheras-Magias

Participating sites for the implementation trial

The participating hospitals and key personnel involved in the implementation trial are listed here. The list for each service is not exhaustive and it is clearly recognised that a range of other personnel supported the implementation trial at the site level.

Austin Health

Site liaison: Ms Caroline Baker, Surgeon
 Key personnel: Mr Lindsay Castles, Head of Breast Unit
 Ms Sandra Mills, Breast Care Nurse
 Ms Margaret Way, Manager, Clinical Governance Unit

Barwon Health – The Geelong Hospital

Site liaison: Ms Jane Jones, Program Manager, Special Projects and Service Development, Cancer Services, Barwon Health
 Associate Professor Richard Bell, Director, Andrew Love Cancer Centre
 Key personnel: Ms Anna Dowd, Research Nurse
 Ms Melanie McRae, Trials Coordinator
 Ms Anne Woollett, Clinical Trials Data Manager

Bendigo Health Care Group

Site liaison: Ms Barbara Harrison, Nursing Director, Surgical Services
 Key personnel: Mr Graeme Campbell, Surgeon
 Ms Melissa Billing, Regional Cancer Care Coordinator, Loddon Mallee Regional Integrated Cancer Services
 Ms Sharon Bannan, Breast Care Nurse Consultant

Eastern Health (Box Hill and Maroondah Hospitals)

Site liaison: Ms Michelle Muldowney, Manager, Maroondah BreastScreen
 Key personnel: Dr Jacquie Chirgwin, Oncologist
 Mr Rick Master, Head of Unit, Box Hill Hospital
 Mr David Stoney, Head of Unit, Maroondah Hospital
 Ms Christine Gray, Breast Care Nurse, Maroondah Hospital
 Ms Nicolette Torcello, Project Officer

Goulburn Valley Health

Site liaison: Ms Kaye Gould, Associate Director of Nursing
 Key personnel: Mr Mark Eastman, Surgeon
 Ms Kerry Patford, Breast Care Nurse

Latrobe Regional Hospital

Site liaison: Ms Nicole Steers, formerly Strategic Planner,
Gippsland Regional Integrated Cancer Services

Key personnel: Mr David Birks, Surgeon
Ms Ann Bomers, Health Information Manager

Northern Health

Site liaison: Ms Christine Lamotte, Director of Nursing

Key personnel: Associate Professor Hamish Ewing, Director of
Surgical Services
Mr David Butterfield
Ms Cheryl Murray
Ms Patricia Savino

Southern Health – Monash Medical Centre

Site liaison: Mr Stewart Hart, Head of Breast Unit

Key personnel: Ms Gemma Sacco, Nurse Unit Manager
Ms Carla Pasque, formerly with the Quality Unit

Peninsula Health – The Frankston Hospital

Site liaison: Associate Professor Colin Russell,
Director of Surgical Services

Key personnel: Professor Jonathon Serpell, Head of Unit
Ms Deborah McDonell, Breast Care Nurse

Peter MacCallum Cancer Centre

Site liaison: Associate Professor Michael Henderson,
Head of Breast Unit

Key personnel: Ms Ann-Marie Power, Data Manager
Ms Jenny MacIndoe, Breast Care Nurse

The Alfred

Site liaison: Ms Robin Smith, Clinical Trials Coordinator,
William Buckland Radiotherapy Centre

Key personnel: Mr Bill Johnson, Head, Breast Unit
Ms Sue Houghton, Data Manager
Ms Helen Mott, Cancer Support Nurse
Ms Dorothy Mahony, Oncology Unit

The Royal Melbourne Hospital

Site liaison: Ms Angela Scarlett, Divisional Director,
Nursing, Surgery and Intensive Care Unit

Key personnel: Associate Professor John Collins, Head, Breast Unit
Ms Susan Cannon, Data Manager
Ms Bronwyn Flanagan, Breast Care Nurse
Ms Ruth Harper, Service and Safety Improvement
Associate Professor Bruce Mann, Surgeon

The Royal Women's Hospital

Site liaison: Ms Marg D'Arcy, Manager, Centre Against Sexual Assault, Cancer, Advocacy, Diversity and Social Support

Key personnel: Mr John Collins, Surgeon
Ms Robyn Cordner, Breast Care Nurse

St Vincent's Health – St Vincent's Hospital

Site liaison: Associate Professor Ray Snyder, Co-Director, Cancer Services

Key personnel: Ms Pam Crouch, Project Coordinator, Cancer Services
Ms Sophie Turley, Breast Care Nurse

Western Hospital

Site liaison: Dr Arlene Wake, Executive Medical Director

Data user group: Ms Meron Pitcher, Surgeon, Head of Unit
Ms Kerry Day, Breast Care Nurse
Ms Susan McGregor, Data Manager

Wider stakeholder group

Communication with a wider group of stakeholders, including peak bodies and professional organisations, continued throughout the project. These stakeholders are:

Australian Cancer Network

Australian Cancer Registries

Australian Cancer Society

The Cancer Council of Victoria

Australian Council on Health Care Standards

Australian Institute of Health and Welfare

Australian Institute of Radiography

Australian medical colleges:

- Royal Australian and New Zealand College of Radiologists
- Royal Australian College of General Practitioners
- Royal Australasian College of Medical Administrators
- Royal Australasian College of Physicians
- Royal Australasian College of Surgeons
- Royal College of Pathologists of Australasia

Breast Cancer Action Group

Breast Cancer Network Australia

BreastScreen Australia National Advisory Committee members

BreastScreen Australia state and territory programs:

- National Cancer Control Initiative
- National Health and Medical Research Council National Breast Cancer Centre
- Palliative Care Victoria
- Sisters of Charity Health Service
- Tasmanian Department of Health and Human Services
- The Ministerial Taskforce for Cancer, Victoria
- The Victorian Metropolitan and Regional Integrated Cancer Services
- The Cancer Council Australia
- Victorian Clinical Oncology Group Breast Study Committee
- Women's Hospitals Australasia

Attachment 2

Providing the evidence: a summary of the peer review findings and ‘good practice’ examples

Developing a quality program for Victorian breast services

Performance Indicator and Standards Project implementation trial

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Introduction

The peer review process was one of three components of the Breast Service Performance Indicator and Standards Project implementation trial. Through this process, the dedication of breast service providers across the 16 participating sites and their commitment to providing quality care to women with breast cancer was clearly recognised. As a result of supporting each peer review team, the project team members have been privileged to visit all the participating sites and observe this excellent work in action.

Throughout the implementation trial, participating service providers have asked whether the self-assessment against the standards and the peer review process would lead to a formal benchmarking of breast service performance. This was not part of the project’s brief nor are there enough data on all standards to undertake such a process at this point.

A focus on service level quality improvement and collaboration between and within participating services underpinned the project. The project team was also committed to sharing practices and experiences across services wherever possible. The peer review process in itself allowed exchange between peer reviewers and each individual site. This report, collated from all the peer review reports, allows you to look at the ways in which the services responded to the different standards in order to provide a quality breast service for their community.

For each standard and its elements we have summarised **practice activities** and **areas for improvement** identified during the peer review process. Clear service strengths were also identified in every service, along with innovative approaches to addressing key issues. These have been presented as **‘good practice’ examples**.

Some examples are quite specific, while others reflect a broader approach informing service delivery. To facilitate further peer exchange, sites gave permission for their good practice examples and contact details to be identified and these were forwarded to sites and other stakeholders at the project summation forum.

These 'good practice' examples do **not** reflect all the excellent work breast services are undertaking.

A revision of the standards has taken place since the completion of the peer review process. This included reorganising, finetuning and strengthening the elements of some standards and reducing overlap.

We hope this information will be useful to you in showcasing current practice in breast services and in identifying service initiatives that you may wish to develop within your own service.

In this report, a summary of all the good practice examples is given first, followed by more detail of the evidence of the good practice examples for each standard. Within each standard element some evidence of other activities and areas of improvement are also summarised.

Summary of good practice activities

No:	Standard	'Good practice' – summary of examples
1	Continuous quality improvement	<ul style="list-style-type: none"> • Electronic linkage to standard information systems to extract data for performance monitoring • Breast service/oncology databases to facilitate data collection and practice review/improvement • Trial of new technologies to enhance data collection • Unit processes in place to review and act on performance indicator data and critical events • Regular breast service strategic planning processes • Participation in clinical trials or comprehensive research programs
2	Consumer involvement/feedback	<ul style="list-style-type: none"> • Active breast service consumer reference group
3	Access to services	<ul style="list-style-type: none"> • Range of mechanisms in place to facilitate access (for example, operating room booking spots left clear for urgent cases; concurrent plastics and breast service operating lists) • Regional oncology service supported by visiting metropolitan service providers and local resources • All major treatment and support services provided at one site within a multi-campus service
4	Communication – information	<ul style="list-style-type: none"> • Cancer information resource centre facilitating consumer access to print and electronic information • Availability of benign breast conditions information sheets in multiple languages • Breast service web page providing a range of information
5	Psychosocial/supportive care	<ul style="list-style-type: none"> • Comprehensive service-wide model of psychosocial care • Different breast care nurse models to meet local needs: across public and private sectors; breast care nurse team with diverse skills; cancer support/breast care nurses across pathway • Breast care nurse pathway of care • Regular meeting with social worker, breast care nurse and pastoral care facilitating referral
6	Multidisciplinary care	<ul style="list-style-type: none"> • Comprehensive approach to optimising multidisciplinary care with a highly developed multidisciplinary management meeting supported by a range of other processes and communication mechanisms • High quality multidisciplinary meeting with use of clinical decision support software • Multidisciplinary management and review meeting for women with advanced breast cancer • Follow-up protocols and consumer information sheet
7	Continuity of care	<ul style="list-style-type: none"> • Local general practitioner liaison model facilitating strong communication with general practitioners • Electronic general practitioner communication template and encrypted email discharge planning processes • Breast care nurse/cancer support nurse role facilitating coordination of care • Multidisciplinary clinic attended by all disciplines facilitating patient review at local service, although only surgery provided on site. Fast-fax facilitating timely communication to associated external services

Standard 1: Continuous quality improvement

Standard: Data concerning service performance are routinely collected and reviewed to inform service improvements.

A. Good practice examples

Good practice examples
<ul style="list-style-type: none"> • A data system linked to the existing hospital information system was developed. This reduces duplicate data collection, extracts routinely collected information and will facilitate regular reporting against breast service performance indicators.
<ul style="list-style-type: none"> • New data systems to facilitate data collection to support practice were developed.
<ul style="list-style-type: none"> • New technologies to streamline data entry processes (for example, digital pen) were trialled.
<ul style="list-style-type: none"> • Clear processes are in place within the breast service to review data or critical incidents (for example, delay in diagnostic mammography; policy review to ensure all new patients are seen by a consultant) and to develop strategies for improvement.
<ul style="list-style-type: none"> • Six-monthly strategic planning sessions for the breast unit involving both executive and clinical staff. Consumer involvement in this process is being addressed.
<ul style="list-style-type: none"> • There is active participation in a range of clinical trials.*
<ul style="list-style-type: none"> • There is extensive participation in a range of research activities, including those relating to basic science and molecular biology, clinical trials, nursing and psychosocial care, and other health services research.*

**Note: There was evidence of high level research activities and participation in clinical trials at many services.*

B. Additional evidence of practice across the standard

No:	Element of performance	Additional practice activities	Areas for improvement
1.1	Qualitative and quantitative data are collected to inform service delivery and performance.	<ul style="list-style-type: none"> Range of service-wide data collected (including patient satisfaction and complaints) to facilitate reporting to the Department of Human Services (not necessarily breast service-specific) Breast service performance indicator data collected Range of clinical data collected to support ongoing monitoring, royal australian college of surgeons audit, clinical trials and radiotherapy and medical oncology audit 	<ul style="list-style-type: none"> Explore strengthening: <ul style="list-style-type: none"> collection of morbidity data formal patient feedback data collection across public or private services or both resources for data collection.
1.2	Patient treatment and outcomes to are monitored to ascertain: (a) treatment alignment with clinical practice guidelines (b) effectiveness of treatment (c) treatment morbidity (d) recurrence of disease.	<ul style="list-style-type: none"> Early complications identified through internal surgical audit or royal australian college of surgeons audit General and oncology service morbidity and mortality reviews Some radiotherapy data reviewed to assess outcomes A unidisciplinary approach taken to audit Treatment effectiveness monitored for those on clinical trials 	<ul style="list-style-type: none"> Need to strengthen monitoring capacity at many sites. Consider royal australian college of surgeons audit data being collected and reviewed at a service unit level. Strengthen monitoring and review across disciplines.
1.3	Qualitative and quantitative data are reviewed to assess service performance and inform service improvements. The outcomes of these activities are communicated to internal stakeholders and external bodies as appropriate.	<ul style="list-style-type: none"> Hospital-wide or breast service committees or groups facilitate data review to inform service improvements Audit of multidisciplinary recommendations against treatment received Formal and informal consumer feedback used to review specific activiti peer reviewed journals, quality of care reports, general practitioner communication and so on 	<ul style="list-style-type: none"> Strengthen review and active use of current data to enhance services as needed. Strengthen internal and external communication pathways, including feedback to consumers.
1.4	The population of advanced breast cancer patients under the care of the hospital is identifiable to enable audit and quality improvements.	<ul style="list-style-type: none"> Only inpatient care routinely identified through hospital information systems Some recording of recurrence/advanced breast cancer patients through breast service/breast care nurse database or through multidisciplinary meeting records 	<ul style="list-style-type: none"> Improve mechanisms to facilitate recording of the population of women with advanced disease.
1.5	The service is actively engaged in clinical or health services research appropriate to the population and the service context.	<ul style="list-style-type: none"> Participation in a range of clinical trials, basic science and health services research. This varied across services depending on the service context. Service participation in research and evaluation development program to strengthen local service capacity 	<ul style="list-style-type: none"> Strengthen psychosocial and other health service research. Explore ways to strengthen participation in clinical trials.

Standard 2: Consumer involvement and feedback

Standard: Consumers are involved in the development and evaluation of breast services.

A. Good practice example

Good practice examples

A breast care consumer reference group has been well established with women from a wide range of backgrounds and with strong community connections. The consumer reference group has clear terms of reference, role descriptions, ongoing training and support and linkages to the Southern Health Consumer Advisory Committee.

B. Additional evidence of practice across the standard

No:	Element of performance	Additional practice activities	Areas for improvement
2.1	Mechanisms are in place to actively engage consumers in the planning, delivery and evaluation of breast services.	<ul style="list-style-type: none"> Consumers involved in breast care services working party 	<ul style="list-style-type: none"> Improve formal mechanisms for consumer involvement in service planning and so on.
2.2	Mechanisms are in place to seek and review feedback from consumers about the quality of care and service delivery.	<ul style="list-style-type: none"> Generic service-wide patient satisfaction surveys, complaints mechanisms and collation of compliments Specific breast service activities including consumer focus groups, active relationships with local support groups to gain input, feedback from consumers on specific activities and involvement in research studies Feedback reviewed by multidisciplinary team or consumer reference group Breast care nurses using informal feedback to drive service improvements 	<ul style="list-style-type: none"> Strengthen formal mechanisms for gaining consumer feedback rather than relying only on ad hoc and project-specific approaches.
2.3	Actions are implemented in areas identified for improvement and formal mechanisms are in place to inform consumers of the consumer feedback process.	<ul style="list-style-type: none"> Service enhancements resulting from consumer feedback; for example, increasing breast care nurse resources, improving facilities at the oncology service, improving the appointment system for a multidisciplinary clinic As part of general service activities, consumers being told about their rights and responsibilities and how they can provide feedback 	<ul style="list-style-type: none"> Assess the impact of implemented strategies to ensure they achieve the required outcome. Develop mechanisms to inform breast service consumers about the outcomes of consumer feedback.

Standard 3: Access to services

Standard: Consumers are involved in the development and evaluation of breast services.

A. Good practice examples

Good practice examples

- A range of mechanisms to facilitate timely access to services has been developed, including triaging of new patients, reserving spaces in future operating lists to accommodate urgent cases, holding a multidisciplinary clinic within a service that provides only surgical services on site, offering a choice of radiotherapy provider.
- Patients being given access to a high quality oncology service supported by a visiting metropolitan oncology service, a local physician with an oncology interest and a day oncology service staffed by very experienced oncology nurses. Regular multidisciplinary meetings and a dedicated breast care nurse also support this service.
- All major treatment disciplines for breast cancer are available on one site within a multi-campus service. This includes surgery (including concurrent breast and plastics operating lists), radiotherapy, medical oncology and support programs, such as a lymphoedema service.

B. Additional evidence of practice across the standard

No:	Element of performance	Additional practice activities	Areas for improvement
3.1	Hospital facilitates access to treatment, care and services appropriate to patients' diverse needs in four phases: <ul style="list-style-type: none"> • diagnosis and treatment of ductal carcinoma in situ, early and locally advanced breast cancer • follow-up of ductal carcinoma in situ, early and locally advanced breast cancer • diagnosis and treatment of advanced breast cancer • end-of-life care. 	<ul style="list-style-type: none"> • Giving women access to the full therapeutic range • Having a number of detailed protocols/managed care plans available to support practice • Joint clinics between oncology and palliative care and/or psychology services being held • Various links with a wide range of services, including social work, lymphoedema, psychosocial support services, palliative care, fertility advice and community support services 	<ul style="list-style-type: none"> • Strengthen documentation of agreed processes and protocols. • Improve access to multidisciplinary care for those women seeing clinicians practising outside of breast service. • Improve access to psychosocial care providers. • Continue to lobby for local day oncology service.
3.2	Processes are in place to ensure the patient, the organisation and community are aware of current and available services.	<ul style="list-style-type: none"> • Consumers provided with range of information about current internal and external services available to them • Service directories established to facilitate referral • General practitioner information and education sessions provided • Community promotion of breast services by some units 	<ul style="list-style-type: none"> • Improve access to breast care nurse resources at critical points in the pathway (for example, at diagnosis or at time of adjuvant plans) especially when patient is initially treated by another service or private provider.
3.3	Access to services is provided in a timely manner.	<ul style="list-style-type: none"> • Timely access facilitated through: <ul style="list-style-type: none"> - triaging of new patients to breast clinic - breast care nurse consultations linking in with pre-admission and Hospital in the Home services to reduce unnecessary visits - breast care nurse providing skill development to generalist nursing staff to ensure access to supportive care when breast care nurse unavailable. 	<ul style="list-style-type: none"> • Improve access to breast care nurses resources at critical points in the pathway (for example, at diagnosis or at time of adjuvant plans) especially when patient is initially treated by another service or private provider.
3.4	The service caters for all patients with special needs, including: <ul style="list-style-type: none"> • patients from rural/remote areas • patients from culturally and linguistically diverse groups • patients from Koori communities • patients with mobility and language difficulties and other disabilities • patients requiring financial assistance. 	<ul style="list-style-type: none"> • Women from other geographic areas being linked with local services as appropriate within both metropolitan and rural regions • Service aware of the needs of local Koori women and women from culturally and linguistically diverse backgrounds and have developed strategies to support these women • Ready access to interpreters 	

Standard 4: Communication and information

Standard: Patients are provided with appropriate and relevant information regarding their condition, its possible physical and emotional impact and its management at all stages of the continuum of care.

A. Good practice examples

Good practice examples
<ul style="list-style-type: none"> A cancer information resource centre with consumer access to the Internet and an extensive resource collection is available. Resources are also available and clearly visible at other points in the patient pathway. There is regular in-servicing of hospital staff about the availability and use of resources provided by the cancer support nurse team.
<ul style="list-style-type: none"> Benign breast conditions information sheets covering a range of diagnostic and management information are available in eight languages and proactively used within the service. (Note: these resources were developed as part of the Western Breast Service Enhancement Program and are also available at Royal Melbourne Hospital and Royal Women's Hospital. The resources can be accessed at www.rwh.org.au.)
<ul style="list-style-type: none"> A breast services web page provides information on a range of conditions, service providers and support services within the region.

B. Additional evidence of practice across the standard

No:	Element of performance	Additional practice activities	Areas for improvement
4.1	Information on diagnosis, prognosis, treatment options and support services offered by the hospital and external organisations is available in a variety of forms and appropriate to the following four phases of disease and treatment: <ul style="list-style-type: none"> diagnosis and treatment of ductal carcinoma in situ, early and locally advanced breast cancer follow-up of early and locally advanced breast cancer diagnosis and treatment of advanced breast cancer end-of-life care. 	<ul style="list-style-type: none"> Wide range of information available in different formats and languages and accessible across the pathway The Cancer Council of Victoria services database or other resource directories used to facilitate women's access to a range of additional information about clinical issues and community support services Databases used to record information provided to women Specific local resources provided to inform women about local services and support Orientation package for registrars includes information on key patient resources and how and when to use them 	<ul style="list-style-type: none"> While the breast care nurse is a core provider of information resources for consumers, services should ensure all service providers also take responsibility to provide the range of information resources as required.
4.2	All breast cancer patients have their individual information needs assessed (and re-assessed at appropriate intervals) and their identified needs addressed.	<ul style="list-style-type: none"> Patient information needs individually assessed and reassessed on formal or informal basis Range of resources provided based on interest and need Documentation of resources provided to women by some services 	<ul style="list-style-type: none"> Strengthen documentation of: <ul style="list-style-type: none"> protocols for determining which resources to offer to women based on their point in the pathway, needs and preference the information resources actually given to women.
4.3	Each breast cancer patient is provided with verbal and written information about their specific diagnosis and treatment plan in a format that promotes understanding and facilitates information transfer to other service providers.	<ul style="list-style-type: none"> Breast care nurses present in specific consultations with clinicians where possible, especially for women having particular needs Women encouraged to access and use the patient-held record within the 'My Journey' kit (Breast Cancer Network Australia) Women given specific information packages at different points in their treatment pathway Women given copies of pathology reports, treatment plan and so on 	<ul style="list-style-type: none"> Ensure that patients seen in private rooms and who do not attend pre-admission clinics, are offered an opportunity to contact a breast care nurse pre-surgery to gain additional information and support. Strengthen the use of patient held records.
4.4	The efficacy of communication strategies is periodically assessed and acted on.	<ul style="list-style-type: none"> Evidence of service providers having attended communication skills training Documented evidence that some internal communication skills training is provided to students and junior staff 	<ul style="list-style-type: none"> Consider developing formal internal approaches to providing communication skills training and 'refreshers' to staff.

Standard 5: Psychosocial/supportive care

Standard: All patients with breast cancer have their psychosocial needs assessed as needed.

A. Good practice examples

Good practice example
Site
<ul style="list-style-type: none">• There is a model of a supportive care practice in a large volume provider which includes access to breast care nurse and a 'link' nurse model across different points in pathway, use of a structured psychosocial assessment process, integration of psychosocial issues into the multidisciplinary management meeting, access to psychology/psychiatry services 24 hours a day on call, regular nursing/allied health meeting to discuss psychosocial care.
<ul style="list-style-type: none">• There are different breast care nurse models to meet local needs:<ul style="list-style-type: none">- breast care nurse consultancy across the public and private sectors- breast care nurse team in large volume service bringing a diverse range of skills and experiences to meet different needs of women across the treatment pathway. There is clear documentation of role and protocols to guide practice with the team actively supported by a social worker- cancer support nurse model across pathway to support all cancer patients.
<ul style="list-style-type: none">• A breast care nurse care pathways guide practice was developed.
<ul style="list-style-type: none">• Regular meetings between social worker, breast care nurse and pastoral care facilitates access to supportive care for patients with identified needs during the surgical episode of care.
<ul style="list-style-type: none">• The current standard of facilities and the warmth and safety of the physical environment create an optimal atmosphere in which to support women through their acute treatment.
<ul style="list-style-type: none">• The Steps Towards Enhancing Personal Growth (STEPS) program is an 'end of active treatment' six-week support program that addresses women's key issues at the end of treatment and encourages women to link in with ongoing community supports as needed.

B. Additional evidence of practice across the standard

No:	Element of performance	Additional practice activities	Areas for improvement
5.1	<p>The following appropriately qualified and experienced staff are available:</p> <ul style="list-style-type: none"> • breast care nurse • psychologist • social worker • psychiatrist. 	<ul style="list-style-type: none"> • Appointment of appropriately qualified and experienced staff • Breast care nurse or psychology team available 24 hours a day by telephone • Opportunities for professional development and clinical supervision in place • Development of breast care nurse competency profile • Joint oncology and psychology clinics facilitating access to specialist counselling services 	<ul style="list-style-type: none"> • Improve the level of breast care nurse resources at some sites. • Improve resourcing of and access to social work, psychology and psychiatry services.
5.2	<p>All breast cancer patients have their psychosocial needs assessed and re-assessed and these needs are responded to in an appropriate and timely manner. This should be undertaken at appropriate intervals with particular attention to the following four phases of disease and treatment:</p> <ul style="list-style-type: none"> • diagnosis and treatment of ductal carcinoma in situ, early and locally advanced breast cancer • follow-up of ductal carcinoma in situ, early and locally advanced breast cancer • diagnosis and treatment of advanced breast cancer • end-of-life care (where under the care of the hospital). 	<ul style="list-style-type: none"> • Evidence of psychosocial assessment being formally undertaken using a standardised tool at some sites or a more informal assessment approach at other services • Day oncology staff undertaking psychosocial assessments • Clear documentation of breast care nurse assessment and care • Regular meetings between breast care nurse and allied health facilitating discussion of psychosocial needs, information sharing and referrals • Referral to a range of onsite services to respond to needs as required. Women provided with range of information about supportive care options (for example, local community support groups, BreaCan, The Cancer Council Victoria) • Breast care nurse skills and good relationships facilitating referral to internal and external services • Good liaison with onsite and community-based palliative care service 	<ul style="list-style-type: none"> • Strengthen breast care nurse resources and skills to maximise capacity to undertake formal assessment at key points in the continuum of care, including at times of transition for women at the end of treatment, at recurrence or with advanced disease.
5.3	<p>Processes are in place to support patients with ductal carcinoma in situ, early or locally advanced breast cancer and their families after completion of active treatment.</p>	<ul style="list-style-type: none"> • Women provided with information about community services • Information provided about breast care nurses as contact point for additional support and referral • Specific 'end-of-treatment' education programs offered to women 	<ul style="list-style-type: none"> • Strengthen formal processes to facilitate women's transition back into the community.

Standard 6: Multidisciplinary care

Standard: All breast cancer patients have access to multidisciplinary care that aligns with established best practice guidelines.

A. Good practice examples

Good practice examples

- There is a highly developed multidisciplinary team with a weekly prospective multidisciplinary management meeting attended by all core disciplines. To optimise communication and collegiality, significant attention is paid to the meeting structure, processes and documentation. The multidisciplinary meeting is supplemented by a multidisciplinary clinic and links with a wide range of other providers, including family cancer clinic, plastic surgery, psychology and psychiatry services and general practitioners.
- There is a fortnightly meeting for all core disciplines with a well documented agenda, excellent radiology and pathology review, and management decisions facilitated through the use of clinical decision support software run on a personal digital assistant ("palm pilot") system.
- There is a fortnightly multidisciplinary meeting to support the care of women with advanced breast cancer. The meeting includes those disciplines most relevant to the clinical and psychosocial management of these women (for example, medical and radiation oncologists, breast care nurse/oncology nurse, social workers, and inpatient and community-based palliative care services). Good documentation and follow-up of management decisions are features of this meeting.
- There are clear protocols for guiding practice for follow-up care after treatment completion, and an accompanying consumer information sheet.

B. Additional evidence of practice across the standard

No:	Element of performance	Additional practice activities	Areas for improvement
6.1	A multidisciplinary approach informs the diagnostic process for all patients.	<ul style="list-style-type: none"> Prospective or retrospective multidisciplinary review of diagnostic information either as a standalone review process or incorporated into management planning meetings 	<ul style="list-style-type: none"> Improve documentation of multidisciplinary recommendations in medical record. Consider ways to optimise communication across private and public services. Consider ways in which the multidisciplinary approach can be facilitated when all ambulatory care is undertaken within private practice. Develop protocols to guide local multidisciplinary practice in the absence of a prospective case discussion.
6.2	A multidisciplinary approach informs the management for all patients with a definitive diagnosis of invasive breast cancer or ductal carcinoma in situ.	<ul style="list-style-type: none"> Multidisciplinary meetings and other multidisciplinary communication supporting sequential models of care as well as a multidisciplinary clinic model of care Core team's prospective or retrospective multidisciplinary review of all information pertaining to management decisions Multidisciplinary meetings being held across public and private sectors Multidisciplinary clinics further strengthening multidisciplinary approach and minimising unnecessary appointments for women Access to multidisciplinary lymphoedema service Consumers understanding and valuing multidisciplinary discussion Multidisciplinary meeting providing excellent opportunity for staff education Demonstrated links between core team members and other services (for example, plastic surgeons, fertility and menopause specialists, and family cancer clinic) 	
6.3	A multidisciplinary approach informs the management of patients with advanced breast cancer.	<ul style="list-style-type: none"> All known patients with recurrence or advanced disease discussed at regular multidisciplinary meeting Joint oncology and palliative care clinic sessions Demonstrated links with onsite and community-based palliative care teams 	<ul style="list-style-type: none"> Consider ways in which multidisciplinary management for women with advanced disease can be optimised with other relevant team members (for example, palliative care providers).
6.4	<p>Follow-up care is available for all ductal carcinoma in situ, early and locally advanced breast cancer patients and aims to:</p> <ul style="list-style-type: none"> provide physical and psychosocial rehabilitation monitor treatment effectiveness and short and long term toxicity detect recurrences or new cancers. 	<ul style="list-style-type: none"> Standard follow-up procedures facilitating diagnosis of recurrent or new disease Patients on clinical trials being followed up in accordance with relevant trial protocols Twenty-four hour access to oncology nurse for patients following chemotherapy treatments Access to lymphoedema education programs or clinical services 	<ul style="list-style-type: none"> Strengthen resources to provide psychological and social support, onsite physiotherapy and lymphoedema assessment, education and management.

Standard 7: Continuity of care

Standard: Hospitals should determine that processes are in place to ensure effective linkages between different service providers and service sectors to enhance continuity of care.

A. Good practice examples

Good practice examples
<ul style="list-style-type: none"> • There is a general practitioner liaison model with strong relationships between the service and the local general practitioner division. The general practitioner liaison officer invites general practitioners to attend the weekly multidisciplinary meeting or ensures management plan is communicated to general practitioners in a timely manner. An ongoing general practitioner education program within oncology and palliative care creates strong relationships between a regional cancer service and general practitioners.
<ul style="list-style-type: none"> • Electronic general practitioner communication template was developed to make it easier to provide good quality and consistent information following discharge. The model is to be used with a gynaecological oncology service.
<ul style="list-style-type: none"> • The breast care nurse role facilitates continuity through coordination of care.
<ul style="list-style-type: none"> • A service-wide encrypted email system for discharge summaries facilitates timely general practitioner communication.
<ul style="list-style-type: none"> • Multidisciplinary clinic held within the service, although medical and radiation oncology are undertaken at another service. All outpatient appointments are within the initial treating service, and fast-fax systems are used to transfer information to day oncology and radiotherapy services at other health services.

B. Additional evidence of practice across the standard

No:	Element of performance	Additional practice activities	Areas for improvement
7.1	Mechanisms are in place for the exchange of patient information between providers in all phases of management and follow-up care.	<ul style="list-style-type: none"> • Range of formal and informal mechanisms in place to facilitate information exchange between providers, including: <ul style="list-style-type: none"> - regular multidisciplinary team meetings within services - formal and informal links between breast care nurse, social worker, and other systems with off-site services - use of pathways system in current patient record to facilitate referral to range of inpatient and community providers - comprehensive intranet site to facilitate access to key information and contact details across a range of areas - telephone contact with general practitioner at time of diagnosis - hospital intranet facilitating internal referrals and service provider communication 	<ul style="list-style-type: none"> • Strengthen communication between the range of allied health personnel and other members of the multidisciplinary team. • Ensure more timely communication and referral to palliative care.
7.2	Active coordination of a patient's care should occur to ensure continuity of care.	<ul style="list-style-type: none"> • Breast care nurse acting as 'lynchpin' within service and key contact for women • Efforts made to ensure continuity of service provider wherever possible • Availability of breast care nurse across sites within health service or across public and private sectors • Joint oncology and palliative care or psychology clinics • Concurrent breast and plastics operating lists facilitating the coordination required for immediate reconstruction • Links with breast care nurses and community nurses in other services, particularly in regional Victoria • Oncology nurses being available after hours to provide advice to patients and service providers when problems arise after chemotherapy 	<ul style="list-style-type: none"> • Strengthen breast care nurse resources to enhance the capacity to coordinate care across the pathway. • Ensure the service takes a strategic approach to addressing service gaps, rather than relying on breast care nurses to fill them by 'default'.

