

BreastScreen Victoria State Performance on a Page

Radiography Performance Management

Ms Monique Warrillow, BSV State Radiographer



Caring about Women

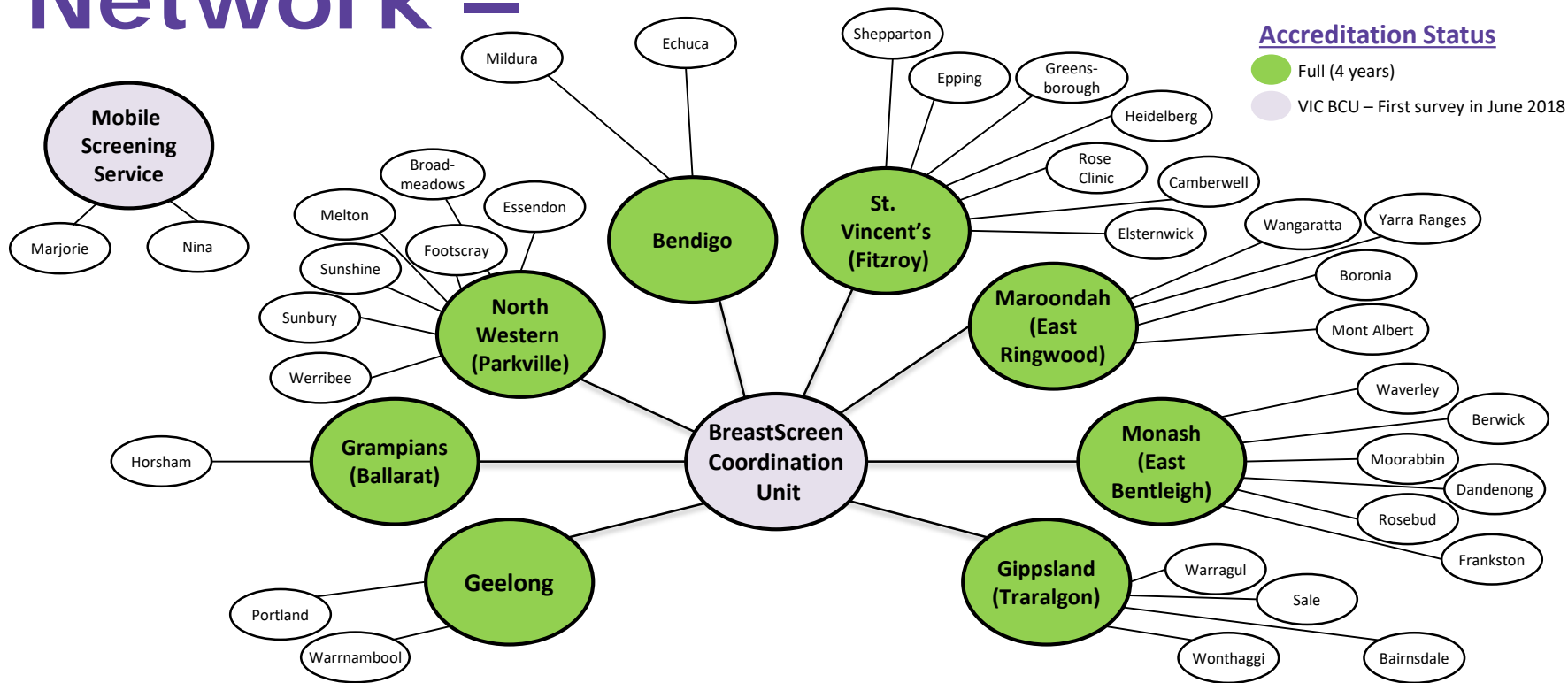
BreastScreen
Victoria

BSV Background

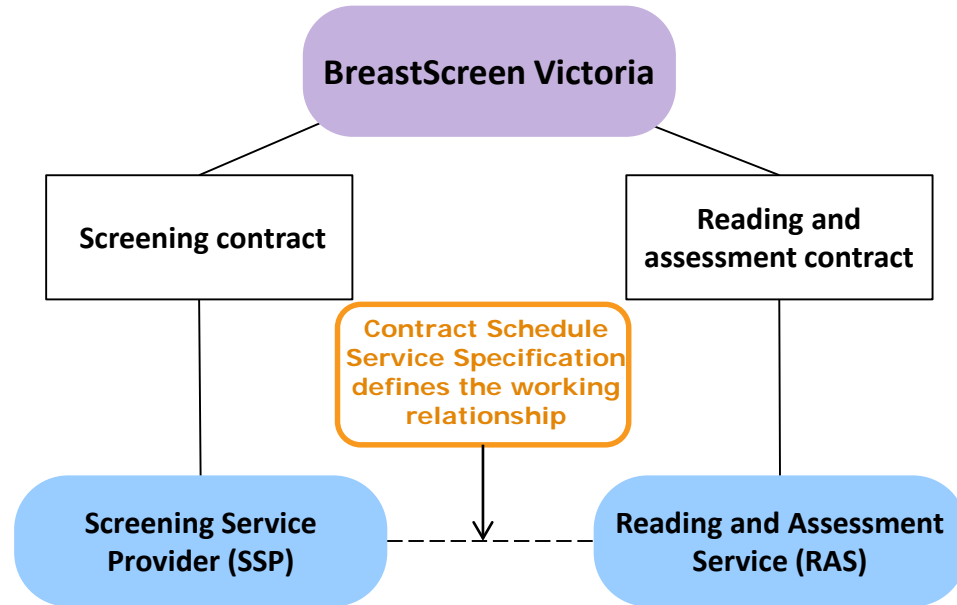
- Over 260,000 women screened each year
- 40 plus screening sites
- 2 mobile vans
- 8 Reading and Assessment Services responsible for image quality assurance
- Approximately 250 radiographers



BreastScreen Victoria's Service Network –



Service Context



Monitoring radiographer performance and image quality

- **Reading and Assessment Services:**
 - NAS reports
 - Individual radiographer performance data
 - Annual IQR's
 - Quality Improvement Plans where required
- **Radiography Quality Group**
- **Annual Client Satisfaction Survey**
- **Radiographer Training Centre (RTC)**



The challenge

- **Lower standard $\leq 2\%$ Repeat Rate**
- **New monitoring standard – 4 views**
- **State Coordination Unit:**
 - Visibility at RAS aggregate level
 - No IQR visibility at state level
 - Our role is to support the RASs and manage contracts
- **A way to identify sites for further analysis, to prompt performance discussions with contract managers**
- **Needed assurance of consistent performance for women across the state**

What we did

We developed a single “Performance on a Page” spreadsheet.

- All 40+ services on one page
- Repeat rates broken down into components
- Included women screened within 4 views
- Tracked by quarter



'Performance on a Page'

BSV Quality | Radiography Performance **CONFIDENTIAL - NOT FOR DISTRIBUTION**

As at 31-DECEMBER-2017

RAS	Site #	Scr site	REPEAT RATE (RDG reject rate + RDL tech recall) (NAS <=2%)					RDG reject rate				RDL tech recall rate				Women with up to 4 views >=80%				Current IQR Passed	Client Sat'n *** 2017	Projects/Action Plans		
			2016-2017		2017-2018			2016-2017		2017-2018		2016-2017		2017-2018		2016-2017		2017-2018						
			Q3	Q4	Q1	Q2	R12M	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2					
A			<div style="border: 1px solid black; padding: 10px; text-align: center;"> REPEAT RATE (RDG reject rate + RDL tech recall) (NAS <=2%) </div>												13/13^	N/A								
B			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Women with up to 4 views >=80% </div>												13/13^	87%	QIP- 1 staff training							
C			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Current IQR Passed </div>												13/13^	83%	QIP							
D			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Client Sat'n *** 2017 </div>												11/13	90%	QIP- 1 Staff training							
E			<div style="border: 1px solid black; padding: 10px; text-align: center;"> Projects/Action Plans </div>												9/9^	93%	Additional staff in training							
F			10 NAME	1.4%	1.8%	1.6%	2.4%	1.9%	1.1%	1.5%	1.3%	1.9%	0.4%	0.4%	0.4%	0.6%	89.9%	87.7%	86.4%	83.1%	7/14	88%	QIP- Staff changes	
			11 NAME	2.2%	2.0%	1.8%	1.5%	1.5%	1.8%	1.8%	1.5%	0.8%	0.8%	0.8%	0.4%	88.9%	88.0%	88.0%	88.0%	3/6	87%			
			12 NAME	1.2%	1.3%	1.1%	1.2%	1.2%	1.3%	1.1%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	88.9%	88.0%	88.0%	88.0%	4/6	91%		
			13 NAME	1.7%	1.5%	1.3%	1.8%	1.7%	1.5%	1.3%	1.8%	1.7%	1.5%	1.3%	1.8%	1.7%	88.9%	87.7%	86.4%	83.1%	10/12	88%		
			14 NAME	4.0%	2.7%	2.5%	2.3%	4.0%	2.7%	2.5%	2.3%	4.0%	2.7%	2.5%	2.3%	4.0%	88.9%	87.7%	86.4%	83.1%	13/13^	83%		
			15 NAME	1.3%	3.0%	1.6%	1.0%	1.3%	3.0%	1.6%	1.0%	1.3%	3.0%	1.6%	1.0%	1.3%	88.9%	87.7%	86.4%	83.1%	3/3	95%		
			16 NAME	2.2%	1.9%	1.6%	1.8%	2.2%	1.9%	1.6%	1.8%	2.2%	1.9%	1.6%	1.8%	2.2%	88.9%	87.7%	86.4%	83.1%	2/2	96%	QIP	
			17 NAME	1.7%	1.4%	1.5%	1.8%	1.7%	1.4%	1.5%	1.8%	1.7%	1.4%	1.5%	1.8%	1.7%	88.9%	87.7%	86.4%	83.1%	11/13	90%	QIP- 1 Staff training	
			18 NAME	1.7%	3.2%	1.1%	1.4%	1.7%	3.2%	1.1%	1.4%	1.7%	3.2%	1.1%	1.4%	1.7%	88.9%	87.7%	86.4%	83.1%	1/2	85%	Staffing issues, locums in use	
			19 NAME	2.8%	1.7%	2.0%	0.8%	2.8%	1.7%	2.0%	0.8%	2.8%	1.7%	2.0%	0.8%	2.8%	88.9%	87.7%	86.4%	83.1%	9/9^	93%	Additional staff in training	
			20 NAME	1.8%	1.7%	1.4%	1.5%	1.8%	1.7%	1.4%	1.5%	1.8%	1.7%	1.4%	1.5%	1.8%	88.9%	87.7%	86.4%	83.1%	9/9^	80%		
			21 NAME	2.1%	2.7%	2.2%	1.2%	2.1%	2.7%	2.2%	1.2%	2.1%	2.7%	2.2%	1.2%	2.1%	88.9%	87.7%	86.4%	83.1%	9/9^	96%		
			22 NAME	3.0%	2.7%	2.1%	2.3%	3.0%	2.7%	2.1%	2.3%	3.0%	2.7%	2.1%	2.3%	3.0%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			23 NAME	0.6%	0.8%	0.7%	1.1%	0.6%	0.8%	0.7%	1.1%	0.6%	0.8%	0.7%	1.1%	0.6%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			24 NAME	0.9%	0.8%	0.6%	0.5%	0.9%	0.8%	0.6%	0.5%	0.9%	0.8%	0.6%	0.5%	0.9%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			25 NAME	1.7%	2.0%	1.4%	1.0%	1.7%	2.0%	1.4%	1.0%	1.7%	2.0%	1.4%	1.0%	1.7%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			26 NAME	2.5%	2.5%	1.5%	1.3%	2.5%	2.5%	1.5%	1.3%	2.5%	2.5%	1.5%	1.3%	2.5%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			27 NAME	0.6%	1.4%	0.9%	0.7%	0.6%	1.4%	0.9%	0.7%	0.6%	1.4%	0.9%	0.7%	0.6%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			28 NAME	1.1%	0.9%	0.8%	1.7%	1.1%	0.9%	0.8%	1.7%	1.1%	0.9%	0.8%	1.7%	1.1%	0.9%	88.9%	87.7%	86.4%	83.1%	3/3	92%	
			29 NAME	1.8%	1.2%	1.2%	1.3%	1.8%	1.2%	1.2%	1.3%	1.8%	1.2%	1.2%	1.3%	1.8%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			30 NAME	1.5%	1.3%	1.6%	0.9%	1.5%	1.3%	1.6%	0.9%	1.5%	1.3%	1.6%	0.9%	1.5%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			31 NAME	1.3%	0.8%	1.1%	1.8%	1.3%	0.8%	1.1%	1.8%	1.3%	0.8%	1.1%	1.8%	1.3%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			32 NAME	1.9%	1.5%	1.7%	2.6%	1.9%	1.5%	1.7%	2.6%	1.9%	1.5%	1.7%	2.6%	1.9%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			33 NAME	1.3%	2.0%	1.5%	1.4%	1.3%	2.0%	1.5%	1.4%	1.3%	2.0%	1.5%	1.4%	1.3%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			34 NAME	1.6%	1.6%	1.4%	1.4%	1.6%	1.6%	1.4%	1.4%	1.6%	1.6%	1.4%	1.4%	1.6%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			35 NAME	0.8%	0.7%	0.5%	0.3%	0.8%	0.7%	0.5%	0.3%	0.8%	0.7%	0.5%	0.3%	0.8%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			36 NAME	1.6%	1.7%	1.9%	1.9%	1.6%	1.7%	1.9%	1.9%	1.6%	1.7%	1.9%	1.9%	1.6%	88.9%	87.7%	86.4%	83.1%	3/3	92%		
			37 NAME	1.2%	0.8%	1.3%	1.2%	1.2%	0.7%	0.6%	1.0%	1.0%	0.5%	0.5%	0.5%	0.2%	71.0%	71.5%	75.9%	76.6%	7/7	92%	QIP	
			38 NAME	1.9%	2.2%	1.8%	1.9%	2.0%	1.0%	1.2%	1.0%	1.4%	0.9%	1.1%	0.8%	0.5%	79.9%	79.4%	79.1%	76.9%	4/5	87%	New equipment installed	
			39 NAME	2.6%	1.9%	2.0%	2.3%	2.3%	1.6%	1.4%	1.5%	1.9%	1.0%	0.5%	0.6%	0.4%	73.5%	75.7%	77.6%	73.3%	6/6	94%		
			40 NAME	1.5%	1.6%	1.4%	1.7%	1.6%	1.1%	1.1%	1.2%	1.4%	0.4%	0.6%	0.2%	0.3%	84.6%	82.8%	84.4%	81.4%	11/14	89%	New equipment installed	
			41 NAME	3.3%	5.6%	4.9%	4.7%	4.6%	2.3%	4.9%	4.3%	3.7%	1.0%	0.7%	0.6%	1.1%	73.7%	63.3%	66.7%	66.9%	1/2	84%	Staff training	
			42 NAME	1.3%	2.6%	2.8%	1.7%	2.2%	1.2%	2.6%	2.7%	1.7%	0.2%	0.0%	0.1%	0.0%	87.8%	74.6%	77.3%	83.0%	2/4	95%	2 staff training	
			43 NAME	2.1%	1.7%	1.8%	1.8%	1.9%	2.1%	1.7%	1.8%	1.8%	0.0%	0.0%	0.0%	0.0%	86.6%	83.8%	87.3%	85.1%	15/16	95%	New staff	

Why include Image Quality Review?

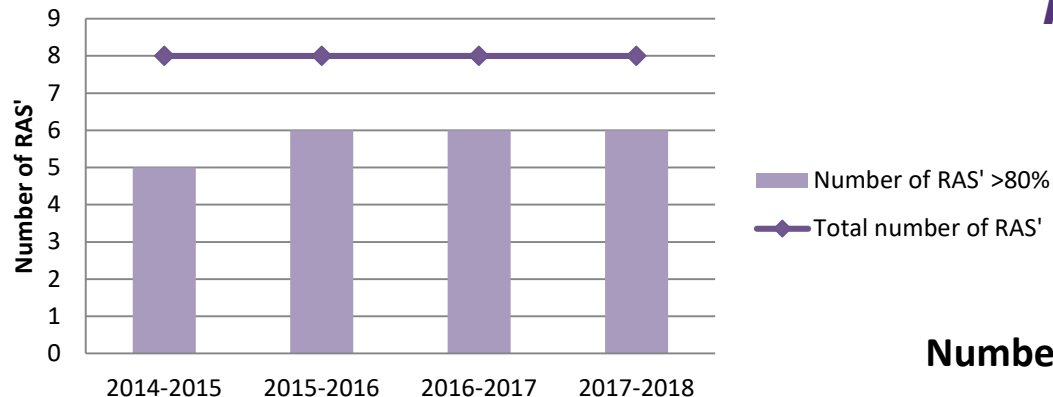
- Responsibility of each RAS, no visibility for BSV
- Performance issues with particular sites
- Not enough data to feedback during contract meetings
- An enhanced tool for Designated Radiographers and enabled ready comparison
- It highlighted a need for...
 - A more standardised approach to IQR
 - Strengthened policy and procedure when Radiographers are not meeting IQR requirements.

Outcomes

- **Three year development**
- **Improvements identified**
 - 4 views
 - Repeat rate
 - Outlier sites have improved
 - Anticipate & manage performance issues
- **State wide workshop for designated radiographers moderating IQR**

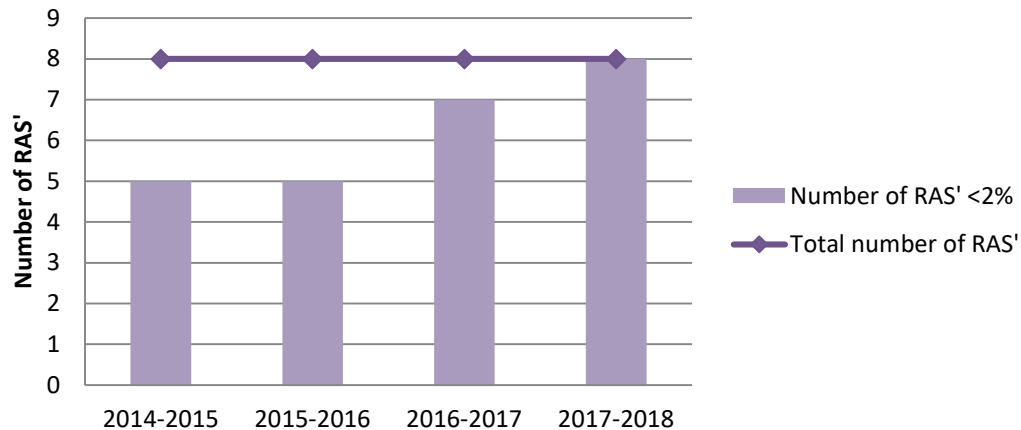


Number of RAS catchments with >80% of women screened within 4 views (NAS 2.5.1)



Improvements by Reading and Assessment Service (RAS)

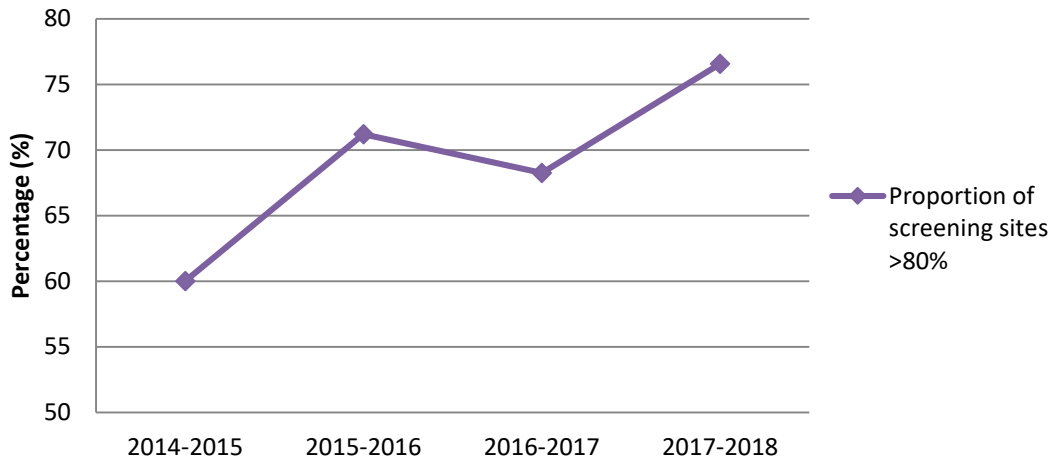
Number of RAS catchments with <2% repeat rate (NAS 2.5.2)



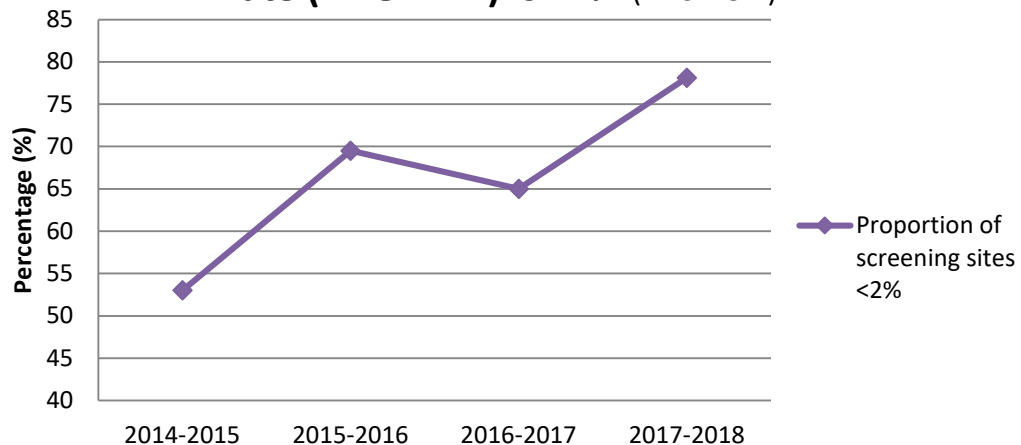
Note: Reference period is rolling 12 months 1st April to 31st March.

Improvements by Screening Site*

Proportion of screening sites where >80% of women are screened within 4 views (NAS 2.5.1)



Proportion of screening sites where repeat rate (RDG+RDL) is <2% (NAS 2.5.2)



*Note: Reference period is rolling 12 months 1st April to 31st March
Includes MSS

Key Messages

- Digestible, on one page tracking of performance
- Enables ready comparison
- A reference tool for Designated Radiographers, Program/ Service Managers and Quality Committees

Next Steps

- Working with the Information Services (IS) team toward a more automated approach
- Developing new reports to providing Individual Radiographers greater detail on their image quality and performance