

## **CLIENT-CENTRIC CARE**

**ANNUAL REPORT 2013-2014** 



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BreastScreen Victoria gratefully acknowledges the support of: Australian Government Department of Health and the Department of Health, Victoria











## **OUR MISSION**

BreastScreen Victoria will extend the lives of Victorian women by detecting breast cancer early and enabling improved treatments.

## **OUR VISION**

We will screen a growing number of women each year.

We will be an essential component of cancer care in Australia.

We will support research and embrace new findings and technologies to improve our services.

We will be highly regarded by the women we serve.

## **OUR VALUES**

**Client focus** – Women's health is our primary focus

Quality - We pursue excellence

Partnerships - We work with our partners to achieve our mission

Flexibility - We are innovative and creative - We make best use of resources **Efficiency** 

**Transparency** – We are forthright and accountable



## **ABOUT BREASTSCREEN VICTORIA**

BreastScreen Victoria is part of a national breast cancer screening program inviting women aged 50-74 to have free breast screens every two years. BreastScreen Victoria aims to reduce deaths from breast cancer through early detection of the disease.

About 3,700 women are diagnosed with breast cancer each year, making it the most common cancer affecting women in Victoria. BreastScreen Victoria is an accredited part of BreastScreen Australia, and is jointly funded by the Victorian and Commonwealth Governments. The Program aims to reduce deaths from breast cancer through early detection of the disease.

From July 1 2013, the Australian Government expanded BreastScreen Australia's target age range by five years, from women 50–69 years of age to women 50–74 years of age.



## **WHO WE ARE**

The Program is made up of three service components:

- Nineteen Screening Service Providers which oversee 39 permanent screening clinics.
- Eight regional Screening, Reading and Assessment Services.
   These services read images from multiple sites in their catchment area, including the 31 sites visited every two years by the Mobile Screening Service.
- The BreastScreen Victoria Coordination Unit an independently incorporated association which administers funding for the Screening, Reading and Assessment Services, manages the centralised information and appointment service, coordinates the Mobile Screening Service, manages client information, coordinates statewide communications and recruitment, monitors service provision and coordinates special projects.

# BREASTSCREEN VICTORIA SAVES LIVES

The BreastScreen Australia Evaluation Report June 2009 concluded that, at the current participation rate of 56%, the Program has been successful in reducing mortality from breast cancer for women aged 50–69 years by approximately 21–28%.

## **BREASTSCREEN VICTORIA TIMELINE**

#### 1987

A small breast cancer screening service begins at Essendon Hospital, one of 10 pilot sites for the national evaluation of mammography screening.

#### 1990

The Australian Health Ministers' Conference endorses the establishment of a national screening program for the early detection of breast cancer.

## 1991

First meeting of the Board of Management.

## 1992

Coordination Unit established. North Western BreastScreen joins the Program.

#### 1993

Screening begins in February. Monash, Maroondah, Geelong and St Vincent's Services open.

#### 1994

Grampians, Gippsland and Mobile Screening Services open.

#### 1995

Bendigo Service opens.

#### 1997

All services fully accredited.

#### 1998

Awarded inaugural Victorian Public Health Award for Excellence in Service Delivery.

#### 2001

Radiographer Training Centre opens.

#### 2004

Second Mobile Screening Service added.

#### 2005

\$3.9 million funding for pilot Digital Mammography Project (DMP). New client information management system 'Gecko'.

#### 2009

State and Commonwealth Government provide \$42m in funding for a 3-year DMP.

#### 2010

The Rose Clinic at David Jones opens.

#### 2011

Appointments available online.

Service Model Renewal (SMR) project begins.

#### 2012

\$1.5 million media campaign commences.

New BreastScreen Victoria website launched.

#### 2013

Completion of DMP and SMR projects.

Electronic Records Management project begins.

Target age range extended to 50-74.





The maps show the location of BreastScreen Victoria services throughout metropolitan Melbourne and regional Victoria.

- **★** SCREENING CLINIC
- SCREENING, READING AND ASSESSMENT SERVICE
- MOBILE SCREENING SERVICE
- BreastScreen Coordination Unit (Carlton)

## **CLIENT-CENTRIC CARE**

When the BreastScreen program began 21 years ago it was intended to be a first – a health service that focussed on providing the best outcome for individual women within the context of a population screening program. Services were designed to encourage women's participation in decision making, minimise possible adverse effects of screening, and provide equity of access for all.

This year BreastScreen Victoria screened more than 230,000 women – an all-time record. Delivering an efficient, quality service, while continuing to keep women at the centre of our program presents a challenge, particularly as the number of women we screen continues to increase. To meet this challenge, the Board, the executive team, and each and every member of our clinic staff, work together to promote the service and create a good experience for the women who walk through our doors.

Our 2014-2017 strategic plan now includes a focus on client-centric care – developing and maintaining a collaborative, respectful and authentic partnership with the women who use our Program. A Touchpoint Review project was undertaken to map the points at which key messages and information should be provided to women along their screening and assessment journey. The review will provide a framework for the redevelopment of information we provide to women including publications, letters and online content.

To understand more about women's experiences of screening, BreastScreen Victoria completed its second annual consumer satisfaction survey of over 3,000 women, including women from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander women. The results demonstrated that our services maintained exceptional levels of service to women across Victoria. Screening service providers received results at clinic level so they could review their performance for individual clinics.

Ensuring growth in participation remains a key goal for BreastScreen Victoria, particularly growth in the number and proportion of women from underscreening groups such as culturally and linguistically diverse and Aboriginal women. This year we achieved 100% of our performance target for the first time in 21 years, screening a total of 230,157 women, the highest number of women ever screened in the Program, and an increase of 4% from previous year. This achievement was the result of significant collaboration and partnership between appointment supply from Screening Service Providers and the regional Screening, Reading and Assessment services, together with an integrated marketing strategy to generate demand. In 2013-14, the marketing strategy included a comprehensive public relations and stakeholder engagement component, the continuation of the mass media campaign, and specifically targeted and multi-layered strategies for underscreening groups including culturally and linguistically diverse and Aboriginal women.

In the 2013-2014 budget, the Federal Government announced the expansion of the BreastScreen Australia program to include women aged 70-74 in the target age group. BreastScreen Victoria has agreed to complete an additional 12,270 screens in the 70-74 age group by 2016-2017.

Another key focus this year has been business sustainability – ensuring we meet our performance target set by Government, have robust governance processes and efficient workflows. To ensure we maximise the benefits gained from the introduction of digital technology, we commenced work on an Electronic Records Management (ERM) project in March 2013. The project aims to move BreastScreen Victoria into a fully digital environment. The first stage of the project was completed this year, allowing radiographers and readers to enter data online and eliminating the need for paper forms. This has increased the efficiency of data entry and improved data quality and management processes. These achievements have been the result of a successful collaboration between the ERM team and service staff who participated in the design and testing stages.



An online newsroom was launched in January 2014. The newsroom forms part of our website and allows women to view and share content using their social media networks. There have been over 20,000 visits to the newsroom since its launch. Visits to BreastScreen Victoria's website also increased, with 1,000 women each week now booking their screening appointments online.

BreastScreen maintains a constant cycle of survey, reflection and review. This year we undertook a review and restructure of our Quality Unit to ensure quality governance systems and infrastructure are in place to achieve and maintain accreditation, and to support a culture of continuous improvement and innovation.

We would also like to acknowledge the members of the BreastScreen Victoria Board who give generously of their time and expertise, and our partners in service delivery, the Screening and Cancer Prevention section of the Victorian Department of Health for their support throughout the year.

Last but certainly not least, we thank all the women who support BreastScreen Victoria; those who participate in the Program, our ambassadors who promote the importance of screening in the media and at events, consumers who provide valuable feedback about the service we deliver, and volunteers who support women in our assessment clinics.

## **THANK YOU**

The success achieved this year was a result of the combined efforts of everyone at BreastScreen Victoria, including the Executive, the ERM project team, the Recruitment and Communications team who generated the demand, the Operations team who managed bookings and information services, and the ICT and Corporate Services teams who provided the support to keep the organisation running smoothly and efficiently.

We thank our Reading, Screening and Assessment Services, not only for their commitment to meeting service targets, but for engaging with our clients at the 'frontline' of BreastScreen Victoria. Implementation of the ERM project has required service providers to adapt to significant workflow changes and participate in staff training. We particularly thank our service providers for their continued commitment to meeting service targets and providing high quality services to our clients during this period of change. We also thank David Jones for their ongoing support for the David Jones Rose Clinic, and Holmesglen, for their support for our Moorabbin and Waverley clinics and their contribution to the modernisation of the Radiographer Training Centre.

BreastScreen Victoria works in partnership with peak cancer groups, Breast Cancer Network Australia, Cancer Council Victoria and National Breast Cancer Foundation to promote breast cancer screening in the community. We thank all our partners for their support this year.

We acknowledge the support of over 50 Victorian Members of Parliament who wrote to women in their electorate about breast cancer screening or participated in promotional events.

## **LOOKING AHEAD**

We must now turn our attention to the new challenges of 2014–15. We are focused on the horizon to ensure we keep up to date with the constantly changing landscape – whether this be changes in technology, processes, government policy or, of course, the preferences of the women we screen.

Professor Katherine McGrath Chair, BreastScreen Victoria

Vicki Pridmore Chief Executive Officer



Vicki Pridmore Chief Executive Officer

## 2013-2014 AT A GLANCE

## REACHING WOMEN



*177*,600

## **Letters sent**

These letters include 202,659 invitations to screen, and 574,941 advisory letters including appointment confirmations and results. This number is 13% higher than the previous year.



This result is down 2% from the previous year, largely due to the increasing popularity of online bookings. 99% of all calls received were answered (up from 98% in 2012-2013).

216,676 Website visits

This result is up 20% from 180,943 the previous year.





265,158

**Bookings made** 

Result is up 1% from 262,848 the previous year. 10% of bookings (26,147) were made online, up from 8% last year.

## **SCREENING**

230,157

Result is up 4% from the previous year (221,375 screens). This number includes 2,254 Victorian women screened by BreastScreen New South Wales. 19% attended for their **Breast screens performed** first screen and 81 % attended for their subsequent screen.

3,787,006

**Breast screens performed** since February 1993

## Percentage of women screened in the 50–69 years age group

30 07 years ag	c group	
Service	2012-2013	2013-2014
North Western	82.5%	76.8%
Monash	81.0%	85.5%
Geelong	81.2%	79.2%
St Vincent's	81.6%	83.6%
Maroondah	80.9%	71.9%
Grampians	78.3%	96.3%
Gippsland	84.4%	98.6%
Bendigo	79.1%	90.9%
TOTAL	81.3%	81.5%

## Aboriginal and/or Torres Strait Islander women screened<sup>1</sup>

Service	2012-2013	2013-2014
North Western	78	93
Monash	65	54
Geelong	62	65
St Vincent's	105	139
Maroondah	44	40
Grampians	44	63
Gippsland	70	93
Bendigo	118	115
TOTAL	586	662

## **Culturally and Linguistically Diverse** women screened<sup>2</sup>

Service	2012-2013	2013-2014
North Western	13,977	15,368
Monash	10,751	11,566
Geelong	951	1,038
St Vincent's	9,960	10,919
Maroondah	5,407	5,728
Grampians	202	241
Gippsland	454	494
Bendigo	482	444
TOTAL	42,184	45,798

- 1. Women who self-identify as Aboriginal and/or Torres Strait Islander.
- 2. Women who self-identify as speaking a language other than English at home.

## **CANCER DETECTION**

Women diagnosed with breast cancer by BreastScreen Victoria are referred to their doctor or a breast clinic for treatment. BreastScreen Victoria collects information about a woman's diagnosis and treatment from her treating clinician. The most recent cancer detection data available is for women screened in 2012-2013.

**Breast cancers diagnosed** 

by BreastScreen Victoria in 2012–2013. 80.4% (1,154) were invasive breast cancers and 19.6% (281) were DCIS.

9,456

by BreastScreen Victoria from February 1993 to 30 June **Breast cancers diagnosed** 2013. Cancers include invasive and ductal carcinoma in situ.

## **FINANCIAL HIGHLIGHTS**

BreastScreen Victoria has continued its commitment to improved central coordination and investment in initiatives that improve productivity and longterm sustainability. This has enabled BreastScreen Victoria to deliver services to a record number of women in 2013-2014.

	2013/2014	2012/2013	2011/2012	2010/2011
Breast screens	230,153	221,375	206,178	207,655
	\$	\$	\$	\$
Client services				
Registration and bookings	1,798,726	1,617,867	1,579,117	1,347,751
Screening, reading and assessment services	27,863,921	27,941,168	27,956,947	27,608,868
■ Support for service delivery				
Operational support	2,393,063	2,268,147	2,096,398	2,007,182
WAN	622,241 <sup>1</sup>	577,165	315,407	263,063
Depreciation-medical, digital	1,120,443 <sup>1</sup>	904,415	431,977	368,979
■ Management, governance, central ICT	3,566,839	3,555,542	3,388,442	3,248,128
Promotion and recruitment	1,559,706 <sup>2</sup>	2,577,491	916,154	531,577

- 1. Increases reflective of digital environment.
- 2. Includes mass media campaign (\$0.5m)



- Support for services
- Management, governance and central ICT
- Promotion and recruitment

## **SPREADING THE WORD (KRA 1)**

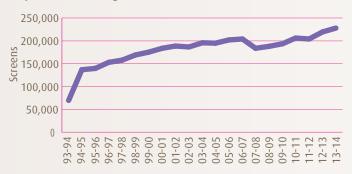
## **ACHIEVING TARGET**

BreastScreen Victoria achieved its performance target for the first time in 21 years, screening 230,157 women in 2013–2014, the highest number of women ever screened in the Program.

This achievement was the result of an integrated marketing strategy, including a comprehensive public relations and stakeholder engagement component and continuation of the mass media campaign targeting women aged between 50 and 69 years.

An independent evaluation of the campaign found that it had increased participation and awareness of the importance of screening, particularly among women who had never screened or were lapsed screeners.

#### 21 years of screening



Figures do not include Victorian women screened by NSW

## WORKPLACE ENGAGEMENT

During 2013–2014 BreastScreen Victoria partnered with statewide organisations, particularly those that represent our target group such as health, hospitality and education sectors. Key messages were included on payslips, intranets, staff newsletters and programs targeting staff aged over 50. BreastScreen Victoria ran breast health information sessions and information stands at head offices and local branches.

BreastScreen Victoria CEO Vicki Pridmore shared some personal reflections from throughout her career at the first Australian Institute of Management Victoria's Outstanding Women Series Breakfast for 2014 at the RACV City Club Melbourne.



## **DURING 2013-2014...**

50

Victorian suburbs and towns 'pink blitzed' with BreastScreen information

80

community breast health awareness sessions held

27

MPs participated in local promotional activities

12

events with Aboriginal communities/organisations

50

women became BreastScreen Victoria Ambassadors 30

bilingual educators trained in breast health

Ω

grants to support newly arrived and immigrant women to access screening.



## **REACHING WOMEN ONLINE**

BreastScreen Victoria launched an online newsroom in January 2014. The dynamic and interactive space is linked to the existing website and enables users to view media releases, images, video content, a calendar of events, listen to audio and directly share content through individual social media

networks. The site also provides links to news articles and displays BreastScreen

Victoria's presentations. There have been 21,642 visits to the newsroom since the launch.

BreastScreen Victoria's website received two awards at the Academy of Interactive & Visual Arts Communicator Awards which honour excellence in marketing and communications. The website was also a finalist at the annual Australian Interactive Media Industry Association Awards.

216,676

visits to
BreastScreen
Victoria's website
in 2013-2014,
up 20% from
last year.



## AMBASSADOR PROGRAM

BreastScreen Victoria has an Ambassador program for women who wish to share their personal story about screening or breast cancer and represent the organisation in the media or at events. These women play an important role in the promotion of the Program, as a human face and firsthand experience are powerful ways to inspire action and encourage women to screen regularly.

In 2013–2014, 50 women became BreastScreen Victoria ambassadors. Breast cancer survivor Sally Crisp spoke about her personal story to promote the extension of the BreastScreen target age range to include women aged 70 to 74.

The 75 year old woman booked her regular breast screen in September 2013 before jetting off on a trip to Africa. 'I had no symptoms at all, and didn't give the breast screen or results any further thought,' said Mrs Crisp.



BreastScreen Victoria ambassador Sally Crisp.

## LOCAL COMMUNITY ENGAGEMENT

The BreastScreen Victoria Coordination Unit closely monitors screening capacity across the state to identify clinics that require further media and promotional activity to fill appointments. In 2013–2014, 50 Victorian suburbs and towns were 'pink blitzed' with posters, bookmarks and brochures distributed to local libraries, GP and health services, shops and local community hubs. More than 80 community breast health awareness sessions were held. Women were able to book an appointment directly with health promotion staff at these events.

'I've still a hell of a lot of living to do. I didn't want to say 'that's curtains, that's it', so it's so important to have a mammogram.' Sally Crisp





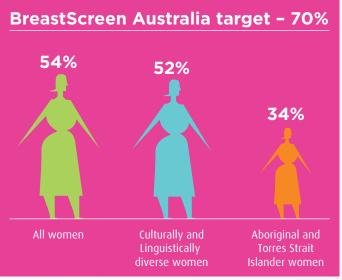
## SUPPORT FOR CULTURALLY AND LINGUISTICALLY DIVERSE HEALTH WORKERS

BreastScreen Victoria continued its successful partnership with Cancer Council Victoria, offering eight small grants to organisations that support refugee and asylum seekers. The funding enabled these organisations to promote cancer screening to their clients through a variety of initiatives including CALD media, familiarisation visits, group bookings to clinics and women's health information sessions. These workers receive comprehensive training in all three cancer screening programs so they can then use their knowledge and skills in their day-to-day work with refugees and asylum seekers.

BreastScreen Victoria and Cancer Council Victoria also continued the Bilingual Education Program. During 2013–14, 22 bilingual breast health sessions were run in the following languages: Cantonese, Mandarin, Arabic, Greek, Italian and Vietnamese.

Partnering with the Multicultural Women's Health Association also enabled a further 20 bilingual educators to be trained to deliver breast health sessions in a culturally and linguistically appropriate manner to relevant multicultural groups.

# Participation rate for women aged 50-69 years



The participation rate is the proportion of the eligible female population screened between 1 July 2011 and 20 June 2013.

# WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Participation rates for Aboriginal and Torres Strait Islander women have historically fallen below the state average. In October 2013, BreastScreen Victoria appointed an Aboriginal Health Promotion Officer to work in partnership with Aboriginal Community Controlled Health Organisations and Cancer Council Victoria to promote screening to indigenous women. In 2013–2014, activities included:

- Providing resources to six 'Sisters Day Out' events across Victoria.
- Presentation to staff and nursing students at Deakin University's Koorie Institute.
- Attending Aboriginal Health and Community days at Melton and Sunbury.
- Group bookings for women from the Windamarra Aboriginal Service and Bendigo District Aboriginal Cooperative.
- Distributing Aboriginal and Torres Strait Islander flags to screening clinics to celebrate NAIDOC week.
- BreastScreen Victoria's Mobile Screening Service visited Rumbalara Aboriginal Health Service at Mooroopna. During the four day stay, Aboriginal women were encouraged to visit the van, speak with the staff, and have a breast screen without a pre-booked appointment. The visit was successful, with 46 women choosing to screen at the van, 34 (74%) of whom were first screeners. Most women screened (98%) indicated they were more likely to return for further screening at Rumbalara.

# IMPROVING ACCESS FOR WOMEN WITH DISABILITIES

BreastScreen Victoria has continued to build on the good work achieved last year to improve access to breast screening for women with intellectual disabilities. BreastScreen Victoria partnered with Cancer Council Victoria and the Centre for Developmental Disability Health Victoria at Monash University to develop an online cancer screening education tool for disability workers and carers. The interactive tool will enable users to find out the latest on cancer screening and how best to support their clients and family members to have appropriate cancer screening tests. It is anticipated the online tool will go 'live' by the end of 2014.

## **RAINBOW TICK**

Recent Australian research has found that, while older lesbians and bisexual women have the same risk of developing breast cancer as heterosexual women, they are significantly less likely to have regular breast screens. BreastScreen Victoria has been working with Gay and Lesbian Health Victoria (GLHV) to better understand the needs of lesbian, bisexual, intersex and transgender (LBTI) women at screening and assessment. BreastScreen Victoria is committed to achieving GLHV's Rainbow Tick accreditation program for its services. The Rainbow Tick documents a clear pathway that organisations can follow to be accredited to demonstrate LBTI-inclusive practice and service delivery. In 2013–2014, BreastScreen Victoria established an expert advisory group including representatives of the Australian Lesbian Medical Association, Transgender Victoria, researchers, The Women's and Beyond Blue to quide implementation of the Rainbow Tick.



BreastScreen Victoria Aboriginal Health Promotion Officer, Anne O'Callaghan (centre) and Closing the Gap Project Manager Tania Hood (right) at the Bendigo & District Aboriginal Cooperative's Women's Health day in February 2014.

## IMPROVING OUR QUALITY (KRA 1)

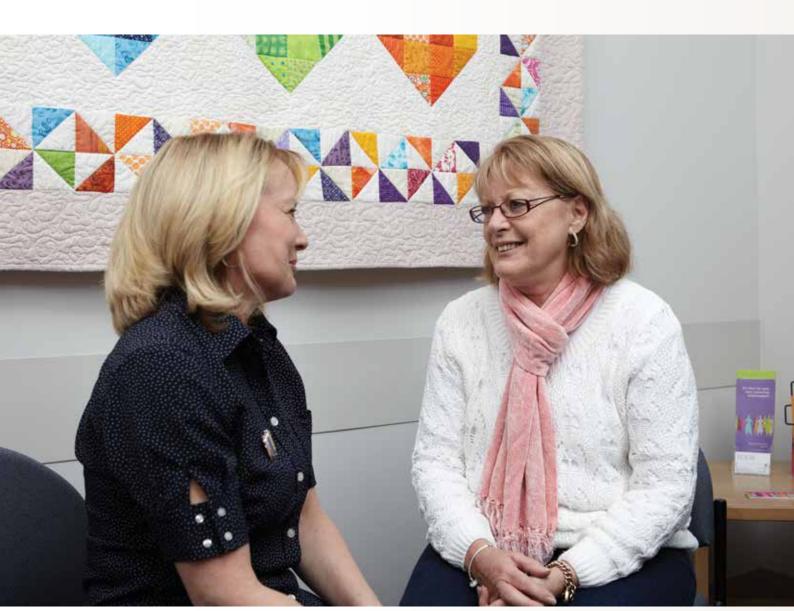
## SERVICE QUALITY

The Quality Sub-committee of the Board of Management oversees the statewide clinical governance framework which aims to ensure high quality services and the best outcomes for women attending BreastScreen Victoria. All BreastScreen Victoria services are required to undergo regular reviews to ensure they continue to meet BreastScreen Australia's National Accreditation Standards (NAS). The NAS, developed by an expert BreastScreen Australia committee, describe the minimum standards and requirements for Services. They are based on national and international research evidence and experience in breast cancer screening. The NAS help to ensure that the goals of reduced morbidity and mortality are achieved, services are provided in a way that is acceptable to women, and the Program remains cost effective.

Accreditation standards have been developed for each of the following service objectives: participation and access; screening and assessment; acceptable and appropriate services and effective

management. Assessment is conducted through site visits, internal quality programs and by continual reporting to the accrediting body – the National Quality Management Committee. Accreditation is only achieved if a Service demonstrates an acceptable quality of service delivery. Although the NAS set minimum standards, these are seen as a starting point and it is expected that most Services will perform considerably above the requirements. 'Four in Four' is the BreastScreen mission, announced in 2011, to ensure that by 2015 (i.e. in four years) all BreastScreen Services hold four years accreditation status. In 2013–2014, BreastScreen Victoria was part of an extensive review of the NAS and governance processes including piloting the new system which will come into effect in 2015.

At a Service level quality is managed by a Service Quality Committee, which comprises members of the Service, the health service provider executive, and BreastScreen Victoria.



Monash Nurse Counsellor Marieta Oxenbury with BreastScreen Victoria Ambassador Cheryl Russell.



(L-R) Tomosynthesis trial participants Anne Hodgson and Maryea Wilson, BreastScreen Victoria CEO Vicki Pridmore and Maroondah BreastScreen Designated Radiologist Dr Darren Lockie.

# TRIAL SUPPORTS USE OF TOMOSYNTHESIS AT ASSESSMENT

The first Australian clinical trial of tomosynthesis (3D breast imaging technology) in the assessment of breast cancer has produced highly promising results.

The trial, undertaken over a 14-month period from January 2013 at BreastScreen Victoria's Maroondah service, involved 560 women. All the women had been recalled for further tests after routine screening mammograms using conventional 2D x-rays had detected breast abnormalities.

## The trial found:

- Tomosynthesis provides a more detailed, 3D image of the breast, reducing the risk of missing cancers.
- Tomosynthesis could reduce the need for further assessment tests; biopsies by 27% and ultrasound by 11%.
- Four in five participants (81%) found the assessment experience, including the compression, with tomosynthesis much better, better or the same as for their 2D screening mammogram.
- Four new cancers not detected in the original screening mammograms were identified.
- Used in place of regular 2D mammograms, the radiation dose is comparable, and often less than existing X-ray practice and within the guidelines.

# IMPROVED BOOKING EXPERIENCE FOR WOMEN

The BreastScreen Victoria Call Centre is responsible for BreastScreen Victoria's statewide appointment service and Call Centre. Up to 20 staff respond to calls from 50 incoming lines open from 8.30am until 5.00pm, Monday to Friday.

The Call Centre received 295,787 calls last year from women requesting information about the Program, or wishing to arrange an appointment. BreastScreen Victoria has been working to improve the booking experience for women through a range of initiatives:

- · routine evaluation of call time and quality by senior staff
- · a stable and well-trained workforce
- · online appointment bookings
- SMS reminders to women who have booked an appointment.

In 2013-2014, highlights were:

10 seconds was the average wait time for women to be connected to a staff member (down 80% from 2010–2011).

**99%** of calls answered (up from 87% in 2010–11).

**97%** of calls answered within two minutes (up from 70% in 2010–2011)

**10%** of all appointments were booked online, up 1% from the previous year.

**2.7%** of women failed to attend their screening appointment (down from 3.4% in 2010–11).



Call Centre staff: Gina Asdagi, Leah Stevens and Erin Fitzpatrick.

## IMPROVING BUSINESS SUSTAINABILITY (KRA 2)

# ELECTRONIC RECORDS MANAGEMENT PROJECT

The Electronic Records Management (ERM) project aims to move BreastScreen Victoria into a fully digital environment, with streamlined processes that improve the efficiency and quality of data management.

Project objectives are:

- · capture data online
- remove the need to create, manage and retrieve paper client files
- · streamline management processes

The ERM project commenced in March 2013, and is expected to run until mid-2015. The project comprises four upgrades to BreastScreen Victoria's client information system, Gecko, deployed across all screening sites.

The project has just completed the deployment of Stage 1 where the Screening and Reading changes were introduced. The deployment approach focused on two key areas; stakeholder engagement; to ensure a suitable design was realised; and thorough testing, to ensure a production ready software was delivered. The RAS's were very generous in providing staff to participate in both areas. Subject Matter Expert groups were

established to consult with design, and several cycles of User Acceptance Testing were conducted. This collaboration ensured an outcome that exceeded expectations was realised. The project is now focused on the delivery of Stage 2, which will deliver some significant improvements to our registration processes.

# Contribution of Radiology Quality group

BreastScreen Victoria's Radiology Quality group, which includes Designated Radiologists from each Screening, Reading and Assessment Service, met up to fortnightly this year with the ERM team to provide feedback on the project. This collaborative approach meant the redesign of reader screens and associated workflows realised a more efficient, informed and streamlined user experience for our readers.

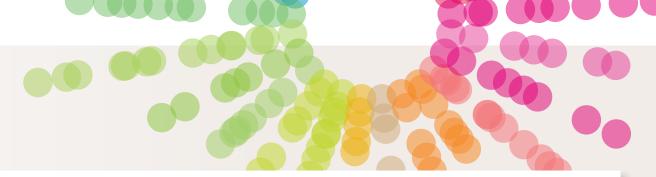
The Chair of the Radiology Quality group was a member of the multidisciplinary ERM steering group which met regularly to provide expert advice on the project. A new video conferencing program allowed members to participate without leaving their services.

Dr Jill Evans State Radiologist

## What will change?

1A Screening	1B Reading	2 Registration	3 Assessment	4 Distributed Reading
<ul> <li>Screening will no longer require a BS1R form to be signed</li> <li>Online data entry improvements</li> <li>Inclusion of the 70-74 policy change</li> </ul>	<ul> <li>Improve the process of allocating readings</li> <li>Paper BS2 forms superseded by online data entry</li> <li>Improve Reader workflows</li> </ul>	<ul> <li>Registration processes will be improved to facilitate capturing BS1 data online and via the call centre</li> <li>Apply policy changes around client eligibility</li> </ul>	<ul> <li>Assessment paper forms (BS3 and Progress Notes) superseded by online capture of data</li> <li>Automatic generation of assessment letters to clients and GPs</li> </ul>	A pilot will be conducted for Distributed Reading to enable reading to be performed at an alternate Reading & Assessment Service (RAS)

ERM Project Stage	Forms Removed	BSV Business Units Impacted			Key St	aff Gro	ups Af	fected			
		Screening Service Provider	Mobile Screening Service	Reading and Assessment Service	BCU	Radiographer	Radiologist	Data	Receptionist	Nurse Counsellor	Surgeon
1A: Screening	BS1R	<b>V</b>	<b>V</b>	<b>~</b>		<b>V</b>					
1B: Reading	BS2			<b>~</b>			<b>V</b>	<b>V</b>			
2: Registration	BS1	<b>V</b>	<b>V</b>	<b>V</b>	<b>V</b>	<b>V</b>	<b>V</b>	<b>✓</b>	<b>✓</b>	<b>V</b>	
3: Assessment	BS3, Progress Notes			<b>V</b>		<b>✓</b>	<b>V</b>	<b>✓</b>		<b>V</b>	<b>✓</b>
4: Distributed Reading			<b>V</b>	<b>V</b>			<b>V</b>	<b>V</b>			



## Reading pilot at North Western BreastScreen

'North Western BreastScreen was the site of the pilot of the Reading stage of the ERM Project in May 2014. One of most important and successful aspects of the pilot was the



North Western BreastScreen Clinical Director Alison Rose (front, second from left), Program Manager, Victoria Cuevas (front row, third from left) and staff.

collaboration between the ERM team and service staff. The first stage of the pilot involved process mapping requiring data staff and radiologists to meet with the ERM team to document the reading workflow. Documents were sent back and forwards for several weeks until everyone involved agreed they were accurate.

After the ERM team developed the new process, we set a 'line in the sand' and switched over all our functionality to the new system. Over the next month, staff provided feedback to the ERM team on the changes and staff put forward suggestions on how the process could be further improved.

The data and radiology staff showed a great willingness to adopt the new data and reading processes. The pilot has resulted in much easier and more efficient work processes, though no less work! The reader now enters their own results in the system, instead of noting results on paper. This helps with the reader's concentration, and allows the data staff to work on their new steps in the new reading process.'

Victoria Cuevas North Western BreastScreen Program Manager

## Achievements in 2013-2014

ERM Project Stage	Deployment	Scope	Achievements
Stage 1A Screening	May 2014	<ul> <li>Move towards a fully digital environment by removing the dependency on paper BS1R forms</li> <li>Improved efficiency of screening data entry</li> <li>Improve data quality, security, compliance through online QA processes</li> <li>Include the 70–74 policy change</li> </ul>	<ul> <li>Useability efficiencies with Radiographer work-list and BS1R data entry</li> <li>Removed the need to print and sign BS1R forms Audit trail functionality introduced to track changes made in Gecko</li> <li>Ability for multiple radiographers to log in directly to Gecko workstations</li> <li>Radiographer notes, notations, and comments visible on Radiologist Reader screens</li> <li>Radiographers able to reserve clients when they are ready to perform the mammogram</li> </ul>
Stage 1B Reading	Staged deployment by RAS Commenced with North West (Pilot) May 2014 (all sites to be live with new Reading screens by end of October 2014)	<ul> <li>Move towards a fully digital environment by removing the dependency on paper BS2 forms</li> <li>Efficiency improvements to Reading data entry screen in Gecko</li> <li>To improve data quality, security, compliance through online QA processes</li> </ul>	<ul> <li>BS2 forms superseded by online data entry</li> <li>Improved process of allocating readings</li> <li>Enhanced Reader screen displaying important clinical information consolidated into a single view</li> <li>Enhanced lesion matching processes</li> <li>Functionality for Re-readers to link Primary Reader lesions</li> <li>Reading preparation, call-backs and techs all managed online</li> </ul>

## WORKFORCE DEVELOPMENT (KRA3)

# DEVELOPING OUR RADIOGRAPHER WORKFORCE

## New online training model

Funded by an annual grant from BreastScreen Victoria, the Radiographer Training Centre (RTC) currently provides the Certificate of Clinical Proficiency in Mammography (CCPM) program to radiographers. The CCPM includes an academic component of five days of face-to-face training, and a clinical component. The National Accreditation Standards (NAS) require commencement of the CCPM within 12 months of starting work with BreastScreen Victoria, and trainees have up to five years to complete the training. A review of the RTC recommended revising and modernising the RTC's training program and moving to an e-learning model for the academic training.

BreastScreen Victoria employed Holmesglen Institute of TAFE to transfer the course material to an e-learning format. Implementation of the new online training module is expected to be completed in 2015. The new e-learning model will provide access for radiographers across the state without the need for them to be released by their Screening Service Provider. Students will be able to work at their own pace with guidance provided by RTC staff. The number of modules the RTC are able to deliver each year will increase from one to four.

A BreastScreen Victoria RTC Advisory Committee has been established to provide advice on the ongoing development of the CCPM. The Group includes representation from the BreastScreen Victoria Coordination Unit, the Radiography and Radiology Quality Groups, Holmesglen, the Australian Institute of Radiographers and Screening Service Providers.



Monash BreastScreen radiographer Serena Tan (left) with woman.

## **Graduate Diploma of Mammography**

A Graduate Diploma of Mammography has been developed to help meet the shortfall in radiographer capacity in the Program. The one-year postgraduate course offers a new pathway for radiographers and for people with a health or science background and an interest in radiography. The course content and competencies mirror those in CCPM. The course is offered by distance education by Charles Sturt University and includes clinical placements where the student must be initially supervised and trained by a BreastScreen Designated Radiographer.

The course has been accepted by BreastScreen Australia, but has not yet been accredited by the Australian Institute of Radiographers. The first intake began in February 2014. BreastScreen Victoria is interviewing for a student who will complete the course in 2015, and have their clinical placement in the Program in 2016.





BreastScreen Victoria radiographers (L-R) Back row: Stephanie Tamblyn, Nicole Puttyfoot, Amanda Richardson, Kylie Kent, Elizabeth Stewart. Front row: Sue Macaulay, Sue Ross, Jayne Mullen, Lucy Hannayrobertson.

## BREASTSCREEN VICTORIA STRATEGIC PLAN 2014-2017

BreastScreen Victoria's Strategic Plan 2014–2017 identifies six key result areas (KRAs) necessary to achieve our mission. The plan was developed by the Board of Management in consultation with senior staff, stakeholders and consumers. This summary identifies achievements in 2013–2014 (the first year of the four year plan).

#### **Key Result Area** Achievements in 2013-2014 · Completed review and restructure of Quality Unit 1. Establish BCU structure KRA 1 with an emphasis in senior Planning completed for implementation of revised accreditation system **QUALITY AND** management on quality **PARTICIPATION** Completed development of policy and procedure framework 2. Be operationally ready for the • High priority clinical policies reviewed and implementation in progress new NAS · Quality Improvement Plan library in progress 3. Review of existing BSV Quality • Piloted digital image library/professional development set for radiologists Framework 4. Continued improvement of Completed radiologist training and induction protocol consumer experience · Launch of online newsroom linked to the BreastScreen Victoria website 5. Establish accreditation Process developed to support Program expansion to include women aged framework for BCU corporate 70-74 6. Specifically targeted and · Strong uptake of screening in women aged 70-74 multi-layered strategies for • Service Providers expanded capacity to support the increase in screening CALD and ATSI women Foundation work in progress for annual audit of accreditation process Sponsorship of Melbourne Queer Film Festival • With Cancer Council Victoria (CCV), provided training for **30 bilingual** educators and 8 grants to support newly arrived and immigrant women to access screening Provided 22 bilingual community presentations · Partnered with Western Health to deliver Women's Health Day for CALD women in North West region Appointed Aboriginal health promotion officer • Innovative approach to Mobile Screening Service visit to Rumbalara Aboriginal Cooperative and associated promotion • 12 events and presentations with Aboriginal communities and organisations. · Established LBTI advisory group to guide implementation of the Rainbow Tick accreditation program · With CCV and Monash University, developed online cancer screening education tool for disability workers and carers. Increase in recurrent funding secured for 70–74 year old women 1. Foster partnerships with KRA 2 service providers • PWC review of the implementation of the Service Model Renewal project BUSINESS 2. Good governance completed **SUSTAINABILITY** 3. Integrated technologies Board charter and evaluation processes developed 4. Scaled funding to activity level · DR planning in progress 5. Secure funding for capital Infrastructure funding model in progress replacement · Policy review commenced 6. Testing independence of · Board evaluation cycle developed and implemented activity based prices Completion of Stage 1 of the Electronic Records Management project 7. Establish infrastructure funding

model

Key Result A	Area	Achievements in 2013–2014
KRA 3 WORKFORCE DEVELOPMENT	<ol> <li>Build a workforce that has capability to deliver on strategy</li> <li>Refine unit profiles to better deliver on strategy</li> <li>Explore outsourcing as a function of delivering support</li> <li>Establish workforce continuity plans for clinical and technical staff</li> <li>Modernise training and induction throughout the organisation</li> </ol>	<ul> <li>Planning in progress to review performance review framework</li> <li>Completed review of Mobile Service delivery model tax compliance requirements</li> <li>Development of online training underway, in line with the Radiographer Training Centre review recommendations</li> <li>2014 Climate Survey complete. Currently developing action items</li> </ul>
KRA 4 RELATIONSHIPS	<ol> <li>Develop stakeholder strategy</li> <li>Maximise strategic partnerships</li> <li>Strengthen clinical network relationships</li> <li>Strengthen relationships with key stakeholders</li> </ol>	<ul> <li>Planning in progress for development of stakeholder strategy</li> <li>Event at Parliament house for third annual release of electorate report cards for MPs</li> <li>27 MPs participated in local promotional activities</li> <li>37 media releases distributed throughout Victoria</li> <li>86 media articles published</li> <li>50 Ambassadors recruited to represent program in media/events</li> <li>Attended Breast Cancer Network Australia's Field of Women event, and a joint project to distribute the My Journey Kit to diagnosed women</li> <li>Worked with Cancer Council Victoria on a video for GPs</li> <li>Attended National Breast Cancer Foundation's Mother's Day Classic event in Melbourne, Geelong and Ballarat, and supported Lifepool project</li> <li>450 health professionals subscribed to quarterly e-newsletter</li> <li>Active participation in underscreened program</li> <li>Joint presentations to CALD groups with cervical and bowel screening services</li> <li>Monthly meetings held between services and quarterly team meetings to identify further opportunities.</li> </ul>
KRA 5 FUTURE READY	<ol> <li>Integrated risk/strategy framework incorporating horizon scanning</li> <li>Development of internal foresight capacity</li> <li>Develop capacity to identify lead indicators that substantively impact the business model such as:         <ul> <li>increased acceptance of overdiagnosis viewpoint</li> <li>change in government policy</li> <li>recession</li> <li>new technology</li> </ul> </li> <li>Define future role</li> <li>Build future thinking capacity and capability</li> </ol>	<ul> <li>Integrated risk/strategy framework and reporting system under development</li> <li>Agenda for strategic planning day</li> <li>Guidelines for researchers wishing to access BreastScreen Victoria data completed</li> <li>Collaboration with NSW on research into the impact of digital deployment on cancer detection rates</li> <li>Work with NSW and Queensland on Statewide Distributed Reading models</li> <li>Intra-jurisdictional work on policy</li> </ul>

CLIENT-CENTRIC

- positive client experience
- 2. Services that are demonstrably designed around clients
- screening pathway
- Second annual consumer satisfaction survey of over 3,000 women, including CALD and Aboriginal groups

## RELATIONSHIPS (KRA 4)

In 2013-2014, BreastScreen Victoria developed and maintained relationships with peak cancer groups, health professionals and Members of Parliament to increase screening participation and deliver services.

## **PEAK CANCER GROUPS**

BreastScreen Victoria partnered with peak cancer organisations on activities to increase awareness of breast cancer and screening. In 2013–2014 we:

- attended Breast Cancer Network Australia's Field of Women event, and undertook a joint project to distribute the My Journey Kit to diagnosed women
- worked with Cancer Council Victoria on a video for GPs, bilingual educator training, grants for humanitarian settlement workers and the development of an online education tool for disability workers and carers
- attended National Breast Cancer Foundation's Mother's Day Classic events in Melbourne, Geelong and Ballarat and supported the Lifepool project.

## **WORKING WITH THE MEDIA**

In addition to the mass media campaign, BreastScreen Victoria creates regular opportunities for positive promotion in local and statewide media including television, print, radio and online mediums. The Program forged a strong partnership with Channel 9 Newsreader Jo Hall as an ambassador of the Program. In 2013–2014, BreastScreen Victoria distributed 37 media releases, and 86 media articles were published.

# SUPPORTING HEALTH PROFESSIONALS

Health professionals, including GPs and practice nurses, play an important role in encouraging women to screen regularly.

In 2013–2014, BreastScreen Victoria and Cancer Council Victoria partnered with ThinkGP to create an educational video outlining the national breast and bowel screening program. As part of the recording, two screening experts discuss program eligibility, the benefits of screening and the involvement of the GP.

A Stakeholder e-newsletter is emailed quarterly to about 450 primary care organisations and local councils each quarter. The most popular topics include: participation data, Humanitarian Settlement Worker grants, BreastScreen Victoria's online newsroom and the speaker request booking form.



In May 2014, BreastScreen Victoria staff and ambassadors stood on the Melbourne Cricket Ground alongside 15,000 others for Breast Cancer Network Australia's Field of Women event.



Women attending a breast health awareness session and morning tea hosted by Federal Member for Calwell Maria Vamvakinou in Broadmeadows.



Radiographer Lesley Herlihy (centre) and Ambassador Yvonne Pagan pose for a photo to promote screening at the Footscray clinic.



BreastScreen promotion at Netafim, a workplace in Laverton. Health Promotion Manager Nikki McGrath (centre) with group organiser Swan Ng (second from left).



## PARTNERS IN SERVICE DELIVERY

The BreastScreen Victoria program is delivered in partnership with 19 screening service providers who oversee 39 permanent screening clinics, and eight Reading and Assessment Services. Clinics are located across the state, in a wide range of locations including shopping centres, health services, educational institutions and private clinics.

## Partnership with Holmesglen

Holmesglen is one of the largest providers of vocational and higher education in Victoria. A partnership between BreastScreen Victoria and Holmesglen resulted in two new screening clinics and a state-of-the-art Radiographer Training Centre (RTC) being established between 2011 and 2012. The new clinics are located in the Moorabbin and Waverley campuses of Holmesglen, and are supported by the clinical expertise of Monash BreastScreen. The successful collaboration has provided on going education opportunities, shared expertise and resources.

The RTC in Moorabbin provides the Certificate of Clinical Proficiency in Mammography program. Joint plans are underway to revise to implement a blended learning process for training delivery. The innovation will include a series of online modules supported by intensive hands on training and experience to provide additional flexibility and improved access for radiographers throughout Victoria.

'I think it's important to connect education and health service delivery. There are real synergies between BreastScreen Victoria and Holmesglen and we can leverage our partnership for mutual benefit.'

Holmesglen Faculty of Health Science and Community Studies Dean Leonie English



Radiographer Training Centre Chief Radiographer Jayne Mullen (left) and Holmesglen Faculty of Health Science & Community Studies Dean Leonie English.



Victorian Health Minister David Davis (left) with BreastScreen Victoria CEO Vicki Pridmore, State MPs and Board members at Parliament House for the release of the electorate report cards in November 2013.

## SUPPORT FROM MPS

For the third consecutive year BreastScreen Victoria released individual report cards to MPs, providing information about participation rates within their electorate. As a result of the initiative, 50 MPs showed their support for BreastScreen Victoria by writing to women in their electorate about breast cancer screening, sending out media releases, or participating in a local promotional event.

## CLIENT-CENTRIC CARE (KRA 6)

Client-centric care puts the client, their experiences, diversity, well-being, and preferences at the centre of the screening process. BreastScreen Victoria is committed to providing clients with a pathway that is easy to navigate, and care that is provided in the best possible environment.

## **TOUCHPOINT REVIEW**

A Touchpoint review project was undertaken to identify and map the points at which key messages and information should be provided to women along their screening and assessment journey.

The project included identifying the different information needs of sub-demographics of women and information on emerging topics including the recent age extension, overdiagnosis and informed consent.

The review will provide a framework for the redevelopment of publications, letters and online content, and ensure BreastScreen Victoria follows best practice for determining when, and how, a woman should receive information.

## **CONSUMER FORUM**

In November 2013, consumers and ambassadors from across the state attended a forum in Melbourne. Attendees heard a report on consumer engagement activities during the past year, including the development of an online consumer survey to find out what women think about their screening experience. An education session on breast cancer and inherited risk was delivered by a Genetic Counsellor and an update on the LifePool project was given by Project Manager Lisa Devereux.



Gillian Simons (left), Jill Ingram and Vivienne Harkness at the Consumer Information Forum.



## **MEASURING CONSUMER SATISFACTION**

BreastScreen Victoria completed its second annual consumer satisfaction survey in 2014. The results demonstrated that BreastScreen Victoria services maintained exceptional levels of service to women across Victoria.

The survey involved over 3,000 phone and online interviews between 19 May and 22 June 2014. Phone interviews were also conducted in-language for women from non-English speaking backgrounds, and by an Aboriginal woman for Aboriginal and Torres Strait Islander women.

More than 9 in 10 women (91%) were highly satisfied with their breast screening experience, consolidating strong results achieved in 2013 (where 90% were highly satisfied). Overall, intention to return and willingness to recommend BreastScreen remains high

(98% intend to return and 91% extremely likely to recommend).

Women continue to be highly satisfied (91%) with the procedure itself, the same level achieved last year. CALD women tend to show slightly lower levels of satisfaction with the procedure compared to women from English speaking backgrounds.

Consumers continue to feel well informed going into the procedure, with main gap still around awareness of the ability to stop the process at any time – of which a quarter of consumers are still unaware.

A poster summarising the consumer satisfaction survey results for 2014 is displayed at all BreastScreen Victoria screening clinics.

## **Consumer Satisfaction Survey 2014**

## Key measures

## Overall satisfaction

98% Highly/Somewhat satisfied

Intention to return

98% Yes (Next 2 years)

Willingness to recommend

98% Extremely/Moderately/Somewhat likely

## **Booking appointment**

	Cl	hange since 2013
Overall satisfaction with appointment booking	98%	+1
Ease of booking the appointment	98%	+1
Professionalism of staff*	98%	0
Ability to get desired appointment day/time	95%	+1
Ease of registering account online <sup>^</sup>	97%	0
Ease of completing Information & Consent form	98%	0

\*Phone/clinic only ^Online only Satisfaction scales (% Highly/Somewhat satisfied) Agreement scales (% Strongly/Somewhat agree)

## Before appointment

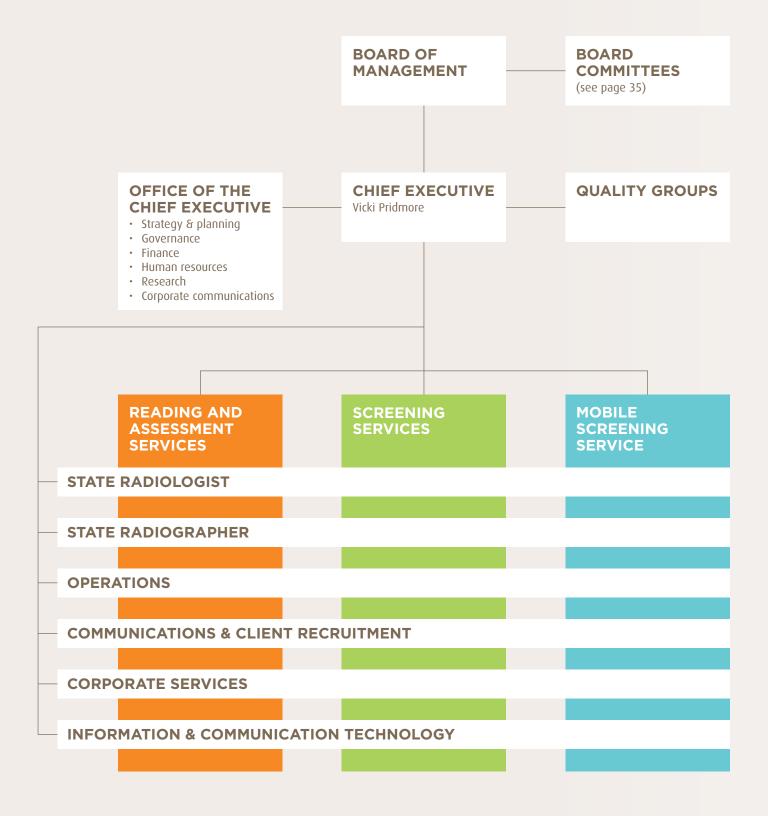
	C	Change since 2013
Understanding of process prior to appointment	96%	-1
Ease of finding clinic	97%	+1
Convenience of clinic location	97%	+1
Clinic atmosphere	95%	+1
Friendliness of reception staff	97%	+1
Wait time at centre before appointment	98%	+1
Availability of information at reception	89%	+1

## **Breast Screen procedure**

	(	Change since 2013
Overall satisfaction with breast screen appointment	98%	0
Explanation of the process by radiographer	96%	0
Professionalism of radiographer	97%	0
Feeling at ease during the process	94%	-1
Acceptable level of discomfort experienced	92%	-1
All steps taken to make process as comfortable as possible	96%	0
Awareness of ability to stop the process at any time	75%	-1
Total time process took	99%	+1

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# ORGANISATIONAL STRUCTURE



## **BREASTSCREEN COORDINATION UNIT**

The BreastScreen Victoria Coordination Unit administers funding for the Screening, Reading and Assessment Services, manages the centralised information and appointment service, coordinates the Mobile Screening Service, manages client information, coordinates statewide communications and recruitment, monitors service provision and coordinates special projects.

The senior management team farewelled Cathy McDonald, Director Operations in September 2013. BreastScreen Victoria thanks Cathy for her significant contribution to the Program.

Greg Maudsely was appointed as Senior Project Manager of the Electronic Records Management project in April 2013. Carolyn Bell was appointed as Director Operations in January 2014.

We farewelled the following long-serving staff members in 2013–2014: Christine Sager Telephonist after 22 years, Barry Chare Finance Officer after 20 years, and Lisette Bicknell and Jenny Brosi, joint Managers of Information Services, after more than 10 years' service.

Congratulations to the following staff for reaching the following milestones of service in 2013–2014:

20 years: Lucia (Lucy) Marchesani
 15 years: Manouri Goonetilleke
 10 years: Carly Gruzewski
 Leo Palumbo



Electronic Records Management project Senior Project Manager Greg Maudsley (second from left) and staff (L-R): Flynn Schulstad, Catherine Sutton, Elias Mathew and Carly Gruzewski. Absent: Cathy Dewhurst.



Coordination Unit staff farewelled Christine Sager after 20 years service. (L-R) Manouri Goonetilleke, Christine Sager, Esther Cukier, Cathy Cannon.



Coordination Unit farewelled Lisette Bicknell (left) and Jenny Brosi, joint Managers of Information Services, after over 10 years' service.



Mobile Screening Service staff Carolyn McNamara and Debbie McLeod.

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## **OUR MOBILE SCREENING SERVICE**

# Nina and Marjorie

BreastScreen Victoria's two Mobile Screening Service (MSS) vans, Nina and Marjorie, bring screening services to rural and regional Victoria.

MSS radiographers provide the same first-class screening service on the two MSS vans as that offered at our 'bricks and mortar' screening clinics.

The MSS is managed by the BreastScreen Coordination Unit. The MSS Coordinator Debbie Macleod, works with the Health Promotion Officer Carolyn McNamara and Media and Communications Officer Sharny McLean to promote the MSS before it arrives in each town.

The MSS radiographers travel with the vans for 11 months of the year, covering all corners of the state as they visit each site on a two-yearly cycle. This year we welcomed Paula Sakalas and farewelled Pauline Chalmers. The MSS Chief Radiographer provides technical support to the radiographers, and a link with the Screening, Reading and Assessment Services. State Radiographer Abigail Harress-Blaas replaced Nicole Puttyfoot as MSS Chief Radiographer. The MSS added three new sites to its schedule: Pakenham, Rumbalara, and Maryborough.



The MSS travels to 31 sites on a two-yearly cycle. The 16 sites visited in 2013–2014, including the number of women screened at each of these sites are shown in pink.





## **MSS IN KERANG**

Kerang woman Sharon Champion (centre) was diagnosed with breast cancer in 2013. The mother of two, seen here at the MSS with radiographers Teresa Warren (left) and Pauline Chalmers, shared her story with *The Northern Times* newspaper to encourage local women to prioritise their health and make an appointment.

'Early detection is so important, anything like this is a health issue for the whole community,' Ms Champion said.

'You have to look after yourself, you can't look after others if you're not well.'

## FIRST VISIT TO MARYBOROUGH

MSS Nina visited Maryborough for the first time in October 2013. Maryborough breast cancer survivor Ruth Cain attended the media launch to celebrate the van's arrival to town. The 62 year old is a firm advocate of the importance of regular mammograms, as she was diagnosed with breast cancer in 2005.

'I was so busy that I had to cancel my scheduled appointment for a mammogram. It was my colleague who reminded me to rebook, and I'm so glad I did,' said Mrs Cain.

The MSS eclipsed the screening target of 281, screening a total of 456 women during its stay in Maryborough.



# SCREENING, READING AND ASSESSMENT SERVICES

## BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, BENDIGO

## BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, GEELONG AND SOUTH WEST



Established: 1995

Number of breast screens performed in 2013–2014: 14,910 Proudly brought to women by: Bendigo Health Care Group Radiology provider: Bendigo Radiology, Goulburn Valley Imaging, Sunraysia Medical Imaging

Coverage: Screening centres located at Bendigo, Echuca and Mildura. The Service hosts the Mobile Screening Service every two years at Kerang, Swan Hill, Robinvale and Murray Valley. Accreditation status: 2 year accreditation until February 2015. Clinical Director: Dr Jill Wilkie BSc (Hons), MBBS, MRCP, FRCR Program Manager: Kathryn Kruger BAppSc (Medical Rad), Member AIR.

## **Highlights**

Bendigo BreastScreen underwent a Health Service Provider transition, including a service restructure, in January 2014 with Bendigo Health Care Group (BH) succeeding St John of God Health Care Bendigo. All BreastScreen staff wishing to transition to Bendigo Health were awarded positions.

The Mobile Screening Service visited the region from February to July 2014. Health promotions included pre-van visits, newspaper articles and radio advertisements. Women's Health Loddon Mallee also assisted with joint screening (Breast/Pap) promotions. The 2012 Annual Data Report achieved excellent results, and was celebrated by the team. The Consumer Advisory Committee (CAC) continued to meet quarterly. The CAC initiated Pink Blitzing throughout the Bendigo area, attended a Mothers' Day walk in Strathdale, attended BreastScreen Victoria Orientation, and a CAC representative become part of BH's Consumer Advisory Committee.

## Staff

In July 2013, Kath Kruger (previous Designated Radiographer) began in the Program Manager role. Kylie Kent was appointed as Designated Radiographer. The Data Manager role was filled by several different people: Karen Taylor, Leanne Blundell and Darryl O'Bryan.

Bernadette Lamb returned from maternity leave in March 2014. Nicole Scott filled a new Data Coordinator role in April 2014. These senior data positions have now become more settled as the service prepares for a Data Audit and an Accreditation site visit in late 2014. Nurse Counsellors Chrissy Giles and Elise Kornmann commenced in August 2013. Staff attended learning and development opportunities at BH. The Program Manager is working closely with the BH Quality Unit to achieve integration into the BH organisation.





Established: 1993

Number of breast screens performed in 2013–2014: 17,307

Proudly brought to women by: Lake Imaging

Radiology providers: Lake Imaging, Western District Radiology, Portland District Health (Bendigo Radiology)

Coverage: Screening centres are located at Geelong, Portland and Warrnambool

Accreditation status: 2 year accreditation until November 2015 Clinical Director: Dr Linda West MBBS (Hons), FRACR Member

Breast Interest Group RANZCR Program Manager: Lyn Edwards, Bachelor of Social Work, Dip of Management

## **Highlights**

Staff at Geelong and South West worked very hard over the year to reach screening targets for 2013–2014; plus some additional capacity.

A multi-disciplinary leadership group has been formed at Geelong Breast Clinic and a staff charter is being developed with a focus on multi-disciplinary team work.

Significant redevelopment in the administration area of the clinic has taken place over the past 6 months, with a focus on improved processes to enhance customer service.

Electronic Records Management project changes to date have been successfully implemented.

Consumer feedback surveys implemented on a regular basis consistently provide positive feedback about the service received.

A new position of Appointments Coordinator has commenced. This role is designed to ensure coordination of diagnostic bookings and resultant effective workflow across the Geelong Breast Clinic. A benefit of diagnostic bookings happening away from reception is an enhanced capacity for reception staff to focus on excellent customer service to BreastScreen clients.

#### Staff

In April 2014, Lyn Edwards was appointed to the Program Manager role at Geelong BreastScreen.

## BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE GIPPSLAND

## BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, GRAMPIANS



Established: 1993

Number of breast screens performed in 2013–2014: 14,047
Proudly brought to women by: Latrobe Regional Hospital
Radiology provider: Regional Imaging Limited (a member of
the I-Med network), Central Gippsland Health Service, Bairnsdale
Regional Health Service and Wonthaggi Specialist Imaging.
Coverage: Screening centres are located at Bairnsdale, Sale,
Traralgon, Warragul and Wonthaggi. The Service hosts the
Mobile Screening Service every two years at Foster, Leongatha,
Mallacoota, Omeo, Orbost and Yarram.

Accreditation status: 2 year accreditation until February 2015.

Clinical Director: Mr David Chan MBBS, FRACS

Program Manager: Miss Kelli Mitchener RNDiv1, BSc (Nursing), GradDipCritical Care Nursing, CertIVTraining and Assessment.

## **Highlights**

Gippsland BreastScreen hosted the Mobile Screening Service (MSS) for five months in late 2013, significantly increasing the service's throughput. The MSS commenced in South Gippsland, visiting Leongatha, Foster and Yarram. It then moved to far east Gippsland visiting Orbost, Mallacoota, and ended in December at Omeo.

A Vacuum Assisted Core Biopsy Unit was purchased, providing an additional service to our assessment clinic for improving the biopsy process and experience for women.

Improvement of reading capacity, enhanced planning for assessment clinics, and planned Radiologist workforce recruitment are some of the strategies for the Service to achieve and sustain timeliness standards in 2014–15.

Preparation for the move to Electronic Record Management stage one was undertaken, with implementation scheduled for July 2014.

#### Staff

10 years: Angela McRae



Established: 1994

Number of breast screens performed in 2013–2014: 12,151
Proudly brought to women by: Ballarat Health Services
Radiology providers: Base Imaging Group (BIG)
Coverage: Screening centres are located at Ballarat and
Horsham. The Service hosts the Mobile Screening Service every
two years at Birchip, Hamilton, Warracknabeal and Maryborough.
Accreditation Status: Four year accreditation until November

Clinical Director: Dr Richard Ussher, MB ChB, FRANZCR Program Manager: Ms Kim Kyatt, BAppSc(Med Rad), DipBreast Imaging

## **Highlights**

2013–2014 was a highly productive year for Grampians BreastScreen. A new Mobile Screening Service commenced in the country town of Maryborough, 80km from Ballarat. The response was incredible with the duration of the visit extended to cope with the high demand. The target of 281 was exceeded with a total of 456 women screened. Targets were also exceeded in Ballarat and Horsham, with the overall target for the Service exceeded by 359 women.

A combination of long-serving, highly experienced staff, and some extremely keen and dedicated new staff enabled us to manage the increased screening and assessment workload. Our consumer representatives, Nola and Ann, continued to be highly valued members of our assessment clinic team providing much needed support for our ladies and their families.

The implementation of the first stages of the Electronic Records Management project saw many changes and subsequent improvements in work flow and efficiency. Our staff embraced the changes in line with our continual quality and efficiency improvement policy. We look forward to the next phase of the project!

In March 2014 we were proud to be part of the organisation of a "Beyond Breast Cancer – Survivorship" workshop in Ballarat for women diagnosed with breast cancer and their families and friends. The day focussed on health and wellbeing and how to move forward after a diagnosis of breast cancer. Feedback showed the day was highly successful, providing women with information in a positive and comfortable environment.

## **SCREENING, READING AND** ASSESSMENT SERVICES (Continued)

## **BREASTSCREEN VICTORIA** SCREENING, READING AND ASSESSMENT SERVICE. **MAROONDAH**

## eastern**health**

Established: 1994

Number of breast screens performed in 2013-2014: 32,290

Proudly brought to women by: Eastern Health Radiology provider: Eastern Health and MIA

Coverage: Screening centres at located at East Ringwood, Mont Albert, Boronia and Yarra Ranges. The Service hosts the Mobile Screening Service every two years at Alexandra, Beechworth, Corryong, Mansfield, Mt Beauty, Myrtleford, Tallangatta, Wangaratta and Yarrawonga.

Accreditation status: 4 year accreditation until May 2016.

Clinical Director: Mr David Stoney MBBS, FRACS Program Manager: Ms Michelle Clemson BAppSc

## **Highlights**

Maroondah BreastScreen celebrated 20 years of service to the community in 2014. Several staff members have been involved with the service since 1994, which is an outstanding achievement.

Maroondah BreastScreen was involved in the Maroondah Trial from January 2013 to March 2014. The Maroondah Trial evaluated whether routine Digital Breast Tomosynthesis (DBT) imaging (3D imaging) during BreastScreen assessment would reduce the number of biopsies and ultrasound tests required to reach a definite outcome. This study was not a trial of DBT imaging in place of 2D imaging. This was a cautious, economical study that aimed to evaluate the potential contribution of DBT to BreastScreen assessment services, and to pilot the routine inclusion of DBT imaging in BreastScreen assessment workflow, without withdrawing the current Standard Protocol, and without requiring significant staff time to perform additional readings.

We estimate from the results of our study that imaging in assessment using DBT rather than 2D mammography could reduce the need for biopsies by 27% and ultrasounds by 11%, with a reduced average radiation dose (average 1.5 units lower), while producing similar cancer detection rates. We found that DBT was highly acceptable to BreastScreen clients.

Dr Darren Lockie, Designated Radiologist, Maroondah BreastScreen presented the results of the Maroondah Trial at RANZCR's 2014 Combined Scientific Meeting and was awarded the Toshiba Prize for the Most Outstanding Contribution to the scientific papers.

#### Staff

15 Years: Elizabeth Lovell 10 years: Kerrie Caddy

## **BREASTSCREEN VICTORIA** SCREENING, READING AND ASSESSMENT SERVICE. **MONASH**

## Monash**Health**

Established: 1993

Number of breast screens performed in 2013–2014: 49,635

Proudly brought to women by: Monash Health

Radiology provider: Monash BreastScreen, MIA, MDI, GIG

Coverage: Screening centres are located at Moorabbin, Waverley,

Berwick, Dandenong, Frankston and Rosebud

Accreditation status: Four year accreditation to February 2017.

Clinical Director: Jill Evans, MBBS, FRANZCR

Program Manager: Janelle Finn (appointed October 2013)

12 month secondment

## **Highlights**

Monash BreastScreen successfully reached its screening target in 2013-2014. We would like to acknowledge the contribution and hard work of our staff in this achievement.

All screening sites remain fully booked with clients. We had the Mobile Screening Service visit our service at Cranbourne and a new site at Pakenham between October 2013 and January 2014.

Our local Member of Parliament, Elizabeth Miller has provided great support to the Moorabbin screening site by running local seminars with support from the Coordination Unit.

The Radiographer Training Centre (RTC) is working on a project transitioning from face-to-face academic training to eLearning, to facilitate flexible learning for all radiographers.

The RTC CCPM course was reaccredited for another 3 years until 2017.

#### Staff

Radiographers Jayne Mullen, Elizabeth Stewart and Serina Tan have commenced their Double Diploma in Training and Assessment.

Kimvan Le resigned after 12 years with BreastScreen in November 2013. Fran Hulls took up Kimvan's position in December 2013.

## BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, NORTH WESTERN



#### MELBOURNE HEALTH

**Established:** 1991. This Service carries the historical beginnings of the Program, with the Essendon screening centre opened in 1987 as one of 10 pilot sites for the national evaluation of mammography screening.

Number of breast screens performed in 2013–2014: 40,163 Proudly brought to women by: Melbourne Health Radiology providers: Capital Radiology, Lake Imaging, Victorian Medical Imaging

Coverage: The Screening and Assessment Service, North Western has screening centres at Broadmeadows, Essendon, Footscray, Melton, Parkville, Sunshine and Werribee. The Service hosts the Mobile Screening Service every two years at Broadford, Gisborne, Kyneton, Seymour and Sunbury.

Accreditation status: 4 year accreditation until August 2015. Clinical Director: Dr Allison Rose MBBS, MMed (Radiology), FRANZCR

Program Manager: Ms Victoria Cuevas MBA, BA, BSW, GradDipLegalStudies, GradDipIT

## **Highlights**

The Service's annual data report on performance against the National Accreditation Standards was very positive. North Western BreastScreen has an excellent, stable workforce.

All screening services are now digital.

As a result of a successful pilot project, radiology reporting is now paperless at North Western BreastScreen. Special recognition of the collaborative relationship between the Electronic Records Management team and Service staff.

The Mobile Screening Service screened in the catchment for three months.

Women attending clinics continued to be well looked after by our two volunteers in the assessment clinic, offering tea, coffee and a chat. A very valued contribution at a time of high stress for patients.

#### Staff

NWB is now part of the Division of Critical Care and Investigative Services at Melbourne Health.

Professional development activities included: working with interpreters, dealing with challenging situations, stress management, partnering with consumers, fire training and hand hygiene.

## BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE, ST. VINCENT'S



Established: 1993

Number of breast screens performed in 2013–2014: 47,400 Proudly brought to women by: St. Vincent's Hospital Melbourne Radiology provider: St. Vincent's BreastScreen, Symbion, MIA, Goulburn Valley Imaging, Radar Medical Imaging, Austin Health Radiology, Healthcare Imaging

Coverage: Screening centres are located at Rose Clinic David Jones Melbourne, Camberwell, Elsternwick, Epping, Fitzroy, Greensborough, Heidelberg and Shepparton.

Accreditation status: 2 year accreditation with close monitoring until November 2016.

Clinical Director: Dr Helen Frazer, MBBS, FRACR

**Operations Manager:** Tory Williams

## **Highlights**

In March 2014, St Vincent's Screening, Reading and Assessment Service received a revised two year accreditation status with high priority NAS 3.7.2. Due to close monitoring and improved workforce resource management St Vincent's has responded to deliver consistent high performance and meet NAS 3.7.2 for all of 2014.

The Rose Clinic at David Jones continues to deliver improved participation and displays positive potential for continued growth into the 2014–2015 financial year. This continued success can be attributed to an increase in focus from the Call Centre to encourage women to attend the CBD location.

Growth within in all metropolitan screening centres continues to highlight the success of St Vincent's and sustain the position as the largest screening, reading and assessment service within the state. Goulburn Valley continues to expand and deliver the service to regional women within the catchment.

## **Staff**

**15 years:** Teresa Buttigieg **20 years:** Tracey Purcell

## **BOARD OF MANAGEMENT**









The BreastScreen Victoria Board of Management is appointed by the Minister for Health. The Board liaises closely with the Department of Health and the Victorian Minister for Health regarding funding for the Program and desired outcomes.

We acknowledge and thank the following members of the Board:

Professor Dallas English, who resigned in February 2014.

Associate Professor Michael Jefford, who resigned in April 2014.

# 1. Professor Katherine McGrath

MBBS, FRCPA, FAICD

Chair

Meetings attended: 7/7

Katherine is a widely respected health care executive with over 30 years' experience in government, public, private, clinical and academic posts. Her roles have included Deputy Director General of NSW Health, Chief Executive Officer of Hunter Area Health Service, Professor of Pathology at the University of Newcastle and Group Manager of Strategy and Corporate Affairs at Medibank Private. Katherine trained as a haematologist and is a fellow of the Royal College of Pathology of Australasia and of the Australian Institute of Company Directors and a Board Member of Little Company of Mary Healthcare.

## 2. Ms Anne Cronin

BSc, BBus (Acc), MAICD, FAIM, FCPA

Treasurer

Meetings attended: 7/7

Anne Cronin is a consultant in Health and Medical Research Management. She was formerly the Chief Operating Officer at the Murdoch Childrens Research Institute. Trained as a medical scientist, Anne moved into management at the time of the establishment of the Murdoch Institute 25 years ago. She is a Fellow of the Society of CPAs and the Australian Institute of Management, and is a member of a number of boards in the not-for-profit sector including University College at the University of Melbourne where she is Chair, and the Australasian Research Management Society.

# 3. Associate Professor John Collins

MBBS, FRACS, FACS

Meetings attended: 5/7

John Collins is Associate Professor at the University of Melbourne Department of Surgery. He is a breast surgeon and former head of the joint Royal Melbourne and Royal Women's Hospital Breast Unit. John has been involved in breast screening as a surgical specialist since the Breast Unit's establishment in 1987. He is the past Chair of the Breast Committee of the Victorian Cooperative Oncology Group (VCOG) and past President of the International Breast Cancer Study Group (IBCSG). He has a strong research interest in breast infection, breast cancer and medical education.

## 4. Ms Christine Fitzherbert

M Bus (HRM), Company Director's Diploma in Finance, Grad Dip (Industrial Relations), BA (Politics), FAIM, FAICD

Meetings attended: 6/7

Christine Fitzherbert is Executive Director of Human Resources and Organisational Development at Melbourne Health. She has extensive experience working in the areas of human resources, workplace reform, industrial relations, and management in both the public and private sectors, including positions at Southern Health, RMIT University, William Mercer Pty Ltd now Mercer Human Resources Consulting, the Australian Chamber of Manufactures and the Association of Independent Schools of Victoria. Christine has also worked with the World Bank in Washington DC and held academic positions including Senior Lecturer in Politics at Monash University.











## 5. Ms Mary Hawkins

MBA, BSc, BAppSc, Grad Dip. (Computing), Grad Dip (Ed)

Meetings attended: 5/7

Mary Hawkins has 30 years' experience in managing technology across local government and the corporate sector and is currently the Principal of Green IT Solutions, an IT consulting services company. She is a Director on the Board of the International Women's Development Agency Foundation and on the advisory panels for the Centre for Organisational and Social Informatics at Monash University and the Presentation Order of Victoria's property and finance committee. She has previously held positions with Star of the Sea College, the Victorian Women in Technology and Sustainability Victoria's investment fund advisory panel.

## 6. Ms Kerrie Milburn

AssocDipProfWrtg, BA, GradDipLang, BA(Hons)(German Studies), FPRIA

Meetings attended: 4/7

Kerrie Milburn is a lecturer in Public Relations at Swinburne University. She has taught also at RMIT and Deakin Universities, and Swinburne Online. She is a former Director of a corporate affairs consultancy, specialising in issues management, whose clients included major resource and power companies, manufacturers, government departments, hospitals, universities, professional firms, and health and environmental not-for-profit organisations. Prior to entering private consultancy, Kerrie held a number of senior positions in corporate affairs, government relations/ lobbying and environmental affairs with multi-national packaging and paper group, Amcor, and was a director on the board of consumer products company, Kimberly-Clark. She is a Fellow of the Public Relations Institute of Australia.

## 7. Ms Jane Poletti

MM (Strategic Foresight), LLB, BSc, GAICD Meetings attended: 7/7

Jane Poletti operates as a consulting general counsel providing strategic legal and business services in the private and not-for-profit sectors. She is a commercial lawyer with extensive in-house management experience. Jane has worked extensively with, and in early stage business ventures and high-growth companies. She has recently founded Privacyi Consulting, providing practical business process solutions for organisations to implement privacy law compliance. With a combined 25 years' experience-as a lawyer in prominent Melbourne law firms, general counsel, in-house corporate management and now a consultant, Jane provides a strategic, pragmatic and commercial approach to problem solving alongside her legal skills. Jane currently chairs the BreastScreen Victoria Governance Committee.

## 8. Ms Sue Viney

M Soc Sci, Grad Dip. (Accounting), BA (Hons), GAICD

Meetings attended: 6/7

Sue Viney has over twenty five years' experience in policy and service improvement in the public and notfor profit sectors and over ten years' experience as a consumer advisor in the health sector. She chairs the Monash Health Community Advisory Committee and brings expertise in consumer engagement to the Board. Sue chairs the BreastScreen Victoria Quality Committee and is a member of the Australian Health Practitioner Regulation Agency's Community Reference Group.

## 9. Ms Vicki Pridmore

Grad Dip (Org Psych), BA (Comms & Org Psych), Dip Teaching (Sec), GAICD

Ex Officio

Meetings attended: 5/7

Vicki Pridmore joined BreastScreen Victoria as the Chief Executive Officer in April 2008. Prior to this she was CEO of the Cheltenham and Regional Cemeteries Trust. Prior to this Vicki had extensive experience in the human services sector, culminating in the role of Director Portfolio Services, Department of Human Services. Her career spans secondary teaching, organisational and counselling psychology, senior project review and more than a decade in executive management roles within the public service and not-for-profit sectors.

## **OUR EXECUTIVE TEAM**











## 1. Vicki Pridmore

**Chief Executive Officer** 

Grad Dip (Org Psych), BA (Comms & Org Psych), Dip Teaching (Sec), GAICD

The CEO provides leadership and direction in order to drive strategic change within the organisation, and works with the Board of Management and its committees on to realise strategic outcomes. As a manager, the CEO presides over BreastScreen Victoria's day-to-day operations.

'We continue to deliver an efficient quality service to more and more Victorian women each year. In this year we screened more than 230,000 women – an all-time record.

To do this, the Board, the executive team, and each and every member of our clinic teams work together to promote the service and create a good experience for the women who walk through our doors.

BreastScreen continues to be a high performing health service with a passion for improvement which shows in a constant cycle of survey reflection and review.'

## 2. Doris Whitmore

**Director Corporate Services** 

BBus(Acc), MBA, CPA, GAICD

The Corporate Services area supports the business units by providing corporate governance, risk, policy, strategy, finance, human resource and business support services.

In addition the team manages deliverables under the service and supplier contracts, and works with and supports stakeholders in delivering quality services across the state.

'The Corporate Services team takes care of the two most important assets of the organisation—our staff and our financial resources. The program grows and becomes more sophisticated through a focus on developing a skilled workforce which operates within a strong governance framework.'

## 3. Natasha Levy

Director Communications and client recruitment

BEc/BA, GradDip Marketing

Communications & Client Recruitment is responsible for raising awareness, educating the community and promoting breast screening in order to achieve the targeted number of women screening each year.

This includes activity such as campaigns, publications and marketing materials, community education and engagement, media relations, web and digital promotion, and direct communication such as invitation letters.

'We are very proud to have worked with the Victorian community to encourage screening – and to have seen this result in the largest number of women ever screened in BSV's history in 2013–14 – 230,157 women walked through our doors!'

## 4. Carolyn Bell

**Director Operations** 

BNurs, GradDipBusMgt, MMgt, FACHSM

Operations encompasses the areas of: Service Delivery, the Call Centre, Information Services, Planning and Quality and the Mobile Screening Service.

The Operations team work closely with our screening and reading and assessment service providers to ensure the efficient and effective delivery of the BreastScreen program.

'Achieving a balance between participation demand from women and screening capacity is a key challenge. A successful collaboration between the BreastScreen Coordination Unit and service providers has allowed the Program to continue to expand and provide an increasing number of breast screens to the women of Victoria.'

## 5. Jeremy Du Vé

Director Information and Communication Technology

MBA, BA(Hons), GradDipIT

ICT provides highly available, reliable and responsive ICT services for the daily operations of BSV.

BreastScreen is now fully digital, so all aspects of BSV screening, reading and assessment depend on ICT services.

In addition the team directs investment in ICT to maintain and improve services that support of clinical practice.

'ICT provides the infrastructure upon which BreastScreen Victoria provides digital mammography services to the community.'

# COMMITTEES AND ORGANISATIONAL INFORMATION

# BOARD OF MANAGEMENT SUB-COMMITTEES

A number of sub-committees exist to advise the Board of Management on specific areas relevant to the Program. An Executive Committee deals with urgent matters in between Board of Management meetings.

## **Partnership Committee**

Colin Syndal *DH Chair,* Rachael Andersen *DH,* Louise Galloway *DH,* Prof Katherine McGrath *Chair,* Mary Hawkins, Anne Cronin, Vicki Pridmore *ex officio* 

#### **Finance and Audit Committee**

Anne Cronin *Chair,* Mary Hawkins, Sue Madden, Prof Katherine McGrath, Vicki Pridmore *ex officio*, Doris Whitmore *ex officio* 

## **Governance Committee**

Jane Poletti *Chair,* Prof Katherine McGrath, Anne Cronin, Mary Hawkins, Vicki Pridmore *ex officio* 

## **Quality Committee**

Sue Viney *Chair,* Prof Dallas English *(to February 2014),* Christine Fitzherbert, Assoc Prof Michael Jefford *(to April 2014),* Vicki Pridmore *ex officio,* Carolyn Bell *ex officio,* Jules Wilkinson *ex officio* 

## **Participation Committee**

Kerrie Milburn *Chair,* Sue Viney, Assoc Prof John Collins, Jane Poletti, Philippa Hetzel, Vicki Pridmore *ex officio*, Carolyn Bell *ex officio*, Natasha Levy *ex officio* 

#### **Research Committee**

Assoc Prof Michael Jefford *Chair (to April 2014),* Dr Jill Evans, Assoc Prof John Collins, Vicki Pridmore *ex officio,* Jules Wilkinson *ex officio* 

## **State Accreditation Committee**

Sue Viney *Chair*, Dr Jill Evans, Prof Dallas English, Jayne Mullen, Ms Cathie Poliness, Abigail Harress-Blaas *(from February 2014)*, Kathryn Kruger *(from February 2014)*, Michelle Clemson *(from February 2014)*, Dr Alison Rose, Vicki Pridmore *ex officio*, Jules Wilkinson *ex officio* 

# ORGANISATIONAL INFORMATION

## **Complaints**

Consumer complaints provide valuable information that can be used to improve the safety and quality of our services. BreastScreen Victoria seeks to ensure that all complaints are managed in an effective, independent manner, and will at all times seek an outcome to a complaint that is satisfactory to all parties. The complaints management policy was developed in accordance with AS 10002-2006: Customer satisfaction – Guidelines for complaints handling in organisations. All complaints are reviewed according to category and severity. A summary report of complaints and recommendations for quality improvement is presented to the Quality Committee.

## **Sustainability**

BreastScreen Victoria's approach to environmental and corporate sustainability encompasses strategies and practices that are designed to meet the needs of our clients and stakeholders today, and to protect, support and enhance the human and natural resources that will be needed in the future. In 2013–2014 the finalisation of the rollout of digital mammography equipment continued to contribute to the reduction in the volume of physical film and photographic chemical waste generated by the Program. BreastScreen Victoria continued the practice of producing all new information resources on 100% recycled paper and producing electronic versions of all resources for download from our website.

## Freedom of Information (FOI)

The Freedom of Information Act 1982 gives consumers the right to access information held by government organisations. All BreastScreen Victoria sites comply with the FOI Act. For further details contact Director Corporate Services on 9660 6888.

## **Privacy**

BreastScreen Victoria is committed to protecting client privacy and confidentiality at all times and to ensuring that information collected, stored, disclosed and destroyed by the Program complies with relevant Victorian state legislation including the *Cancer Act* 1958, the Health Services Act 1988, the Health Records Act 2001, the Public Records Act 1973, the Freedom of Information Act 1982 and any other federal or state privacy laws. Every woman who attends BreastScreen Victoria is asked to sign a consent form that authorises the use of her data for the purpose of monitoring the Program's performance. This information is only reported numerically and does not allow the identification of details from an individual woman. Information that identifies a woman, such as her screening mammogram results, can only be made available to a third party (including her local doctor) with her prior written consent. Further information about BreastScreen Victoria's privacy statement can be found at www.breastscreen.org.au







Caring about Women

## BREASTSCREEN VICTORIA ANNUAL REPORT 2013-2014

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The BreastScreen Victoria Inc. *Treasurer's Report* and Financial Report for the Year ended 30 June 2014 have been produced as a separate document.

Copies are available online at www.breastscreen.org.au or by contacting BreastScreen Victoria PH 03 9660 6888.

