



BreastScreen  
Victoria

Caring about Women



**DIGITAL CONNECTIONS**  
ANNUAL REPORT 2014-2015

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BreastScreen Victoria gratefully acknowledges the support of:  
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# MISSION, VISION, VALUES

## OUR MISSION

We will assist women to make informed decisions about their approach to the early detection of breast cancer and target our breast mammography services to Victorian women aged 50-74.

## OUR VISION

BreastScreen Victoria will be both a world class cancer screening provider that saves lives and a trusted source of information on breast cancer.

## 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
- Efficiency** – We make best use of resources
- 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.

From July 1 2014, 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.

## BREASTSCREEN VICTORIA SAVES LIVES

The BreastScreen Australia Evaluation Report June 2009 concluded that, at the national 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 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.

## WHO WE ARE

BreastScreen Victoria is made up of three service components:

- 39 permanent screening clinics and two mobile clinics
- Eight regional Reading and Assessment Services. These services read images from multiple sites in their catchment area, including the 30 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 quality improvement and special projects.

Screening, reading and assessment services provide all clinical services from the initial breast screen to any further procedures required to the point of diagnosis. BreastScreen Victoria is proud to have developed strong relationships with both the public and private health service providers who manage the daily operation of the screening, reading and assessment services.

# SCREENING, READING AND ASSESSMENT LOCATIONS



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

# DIGITAL CONNECTIONS

The events of the past year confirm that BreastScreen Victoria is well on the way to becoming digitally connected: with the women who are our clients, between the staff across our statewide organisation, with our extensive network of key stakeholders, and with the research community who inform our work.

Yet as we know, digital connection is a journey, not a destination. Digital technology advances enhance clinical practice, new digital communication tools and channels help to recruit clients, and IT developments drive service quality improvements. They are a constant, and require us to keep listening, learning and investing to ensure our Service remains world class.

First and foremost, it means we are making it quicker, easier and more straight-forward for women to interact with BreastScreen Victoria at all stages of their engagement with us. It means Call Centre staff and radiographers can do their jobs better and more efficiently. And it means we can establish stronger relationships with researchers using our own data to inform our future service and breast cancer research generally.

We are delighted to report on a range of initiatives in 2014-15 that have ensured BreastScreen Victoria is keeping pace with best practice population cancer screening through its digital engagement and service delivery. These initiatives have also contributed to BreastScreen Victoria's achievement of its performance targets.

This year we screened 241,122 women, a record for the Program and, at 99.64%, within a hair's breadth of our 2014-15 target. This is the second year in a row we have performed at optimal level in terms of the number of eligible women accessing our service and the first time ever that all our clinics have achieved over 90% of their performance targets.

2014-15 was the first year in which women 70-74 years were officially part of the Program, following a Federal Government announcement in the 2013-14 Budget to expand the Program. We agreed to and completed 12,270 additional free breast screens in this age group during 2014-15 and are on track to increase that figure in 2015-16.

In 2014-15 our mass media recruitment campaign continued with the rollout of three separate advertising tranches targeting women 50-74 years. The campaign resulted in an additional 15,923 women making breast screen bookings via the Call Centre and, increasingly, online via our website. The campaign videos are available on YouTube and our website.

Our performance data and 2015 Consumer Satisfaction Survey show that women are embracing a range of digital options to communicate with us. Twenty-three percent of all women are making online bookings, up from 10% 12 months ago.

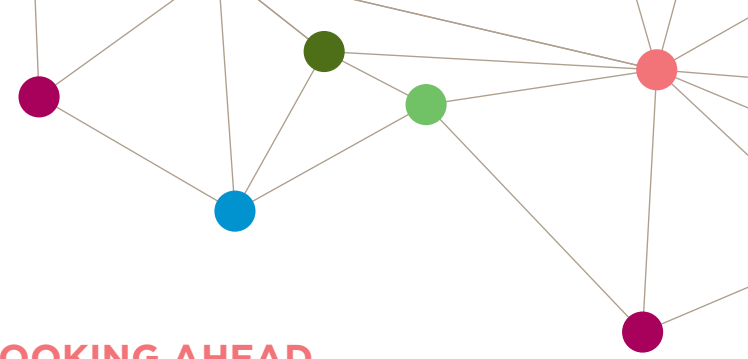
We are also better meeting our clients' need for quick, easy booking experiences with the recent changes to Electronic Records Management (ERM) and upgrades to our Gecko information system. The registration data of women who book via the Call Centre is now pre-populated and sent out with their confirmation letters for checking so they don't have to complete a blank form each time they attend, and forms are scanned and saved on the system. These and other changes are flowing through to improvements in Call Centre performance.

In October 2014 BreastScreen Victoria hosted and chaired the organising committee for the BreastScreen Australia biennial conference in Melbourne. It was pleasing to hear many of the 380-plus national and international delegates say the conference was valuable because of its forward focus. BreastScreen Victoria staff delivered eight presentations and five posters, including Dr Darren Lockie's paper on the use of tomosynthesis 3D digital mammography in assessment services, and Dr Jill Evan's research comparing digital with film technology.

Digital technology can better connect us with clients with special needs. This year BreastScreen Victoria partnered with Cancer Council Victoria and the Centre for Developmental Disability Health at Monash University to develop an online, interactive cancer screening tool for disability workers and carers which provides latest information on cancer screening to support their clients to have appropriate screening tests.



Professor Katherine McGrath  
Chair, BreastScreen Victoria



Our digital engagement with GPs was also advanced during the year with the design and rollout of a successful webinar in partnership with Cancer Council Victoria, Victorian Cytology Service and PapScreen Victoria. The webinar focused on quality improvement, best practice and screening policies in the three cancer screening programs (breast, bowel and cervical) and was watched by over 40 GPs.

## THANK YOU

BreastScreen Victoria's success is due in large part to the professional work and skills of our committed people and their teamwork. We thank the Executive, our Call Centre staff, the Recruitment and Communications team, Operations team, Electronic Records Management (ERM) project team, ICT and Corporate Services teams for working together to recruit our clients, deliver our services and manage our business effectively. We also thank the members of the BreastScreen Victoria Board who have given generously of their time and expertise to deliver good governance.

We thank the Reading, Screening and Assessment Services for their engagement with clients at the 'frontline' of BreastScreen Victoria and for meeting their service targets. As the ERM project entered its second year, we thank the ERM team and all Services for their hard work in implementing these significant workflow changes across the State. Our service providers including Holmesglen TAFE and David Jones, which hosts the Rose Clinic, have also made a vital contribution to our work.

Our peak cancer group partners – Breast Cancer Network Australia, Cancer Council Victoria and National Breast Cancer Foundation – have continued to work with us and support the promotion of breast screening in the community. Thank you. We also acknowledge our service delivery partners at Screening & Cancer Prevention; Prevention, Population, Primary & Community Health in the Department of Health and Human Services for their support throughout the year.

Finally, we thank all the women who participate in the Program, our ambassadors who spread the message about the importance of regular breast screens, consumers who provide valuable feedback on the service we deliver, and the volunteers who support women in our assessment clinics.

## LOOKING AHEAD

Our focus is now firmly on the challenges facing us in 2015-16. One such ongoing challenge is reaching under-screening groups, including women from Victoria's Aboriginal and Torres Strait Islander, Italian and Arabic communities. We are involved in a major research partnership with Deakin University and the Department of Health and Human Services in the North West region focusing on under-screening groups. Our data and capacity to digitally share data will help us better understand and address the issues for women in joining this life-saving Program.



**Professor Katherine McGrath**  
Chair, BreastScreen Victoria



**Vicki Pridmore**  
Chief Executive Officer



Vicki Pridmore  
Chief Executive Officer

# 2014-2015 AT A GLANCE

## REACHING WOMEN



**841,631**  
Letters and emails sent

These letters and emails include 239,185 invitations to screen, and 602,446 advisory letters including appointment confirmations and results. This number is 8.2% higher than the previous year.

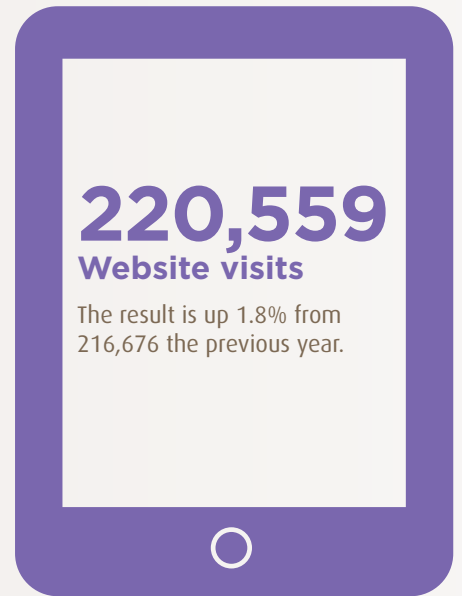
**260,213**  
Calls to the Call Centre

This result is down 13.7% from the previous year, largely due to the increased popularity of online bookings. 98.8% of all calls were answered (down from 99% in 2013-14).



**220,559**  
Website visits

The result is up 1.8% from 216,676 the previous year.



**279,395**  
Bookings made

Result is up 5.4% from 265,158 the previous year. 23% of bookings (64,417) were made online, up from 10% last year.

## SCREENING

**241,122**

Breast screens performed

Result is up from the previous year (230,157 screens). This number includes 2,375 Victorian women screened by BreastScreen New South Wales. 15% attended for their first screen and 85% attended for their subsequent screen.

**4,028,128**

Breast screens performed since February 1993

Percentage of women screened in the 50-69 years age group		
Service	2013-2014	2014-2015
North Western	76.8%	78.5%
Monash	85.5%	77.4%
Geelong	79.2%	77.6%
St Vincent's	83.6%	78.6%
Maroondah	71.9%	76.6%
Grampians	96.3%	75.7%
Gippsland	98.6%	78.4%
Bendigo	90.9%	77.7%
<b>TOTAL</b>	<b>81.5%</b>	<b>77.8%</b>

Aboriginal and/or Torres Strait Islander women screened <sup>1</sup>		
Service	2013-2014	2014-2015
North Western	93	100
Monash	54	88
Geelong	65	66
St Vincent's	139	120
Maroondah	40	79
Grampians	63	49
Gippsland	93	84
Bendigo	115	125
<b>TOTAL</b>	<b>662</b>	<b>711</b>

Culturally and Linguistically Diverse women screened <sup>2</sup>		
Service	2013-2014	2014-2015
North Western	15,368	15,978
Monash	11,566	12,064
Geelong	1,038	1,020
St Vincent's	10,919	11,783
Maroondah	5,728	6,519
Grampians	241	217
Gippsland	494	450
Bendigo	444	436
<b>TOTAL</b>	<b>45,798</b>	<b>48,467</b>

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 2013–2014.

# 1,636

**Breast cancers diagnosed**

by BreastScreen Victoria in 2013 – 2014. 77.5% (1,268) were invasive breast cancers and 22.5% (368) were DCIS.

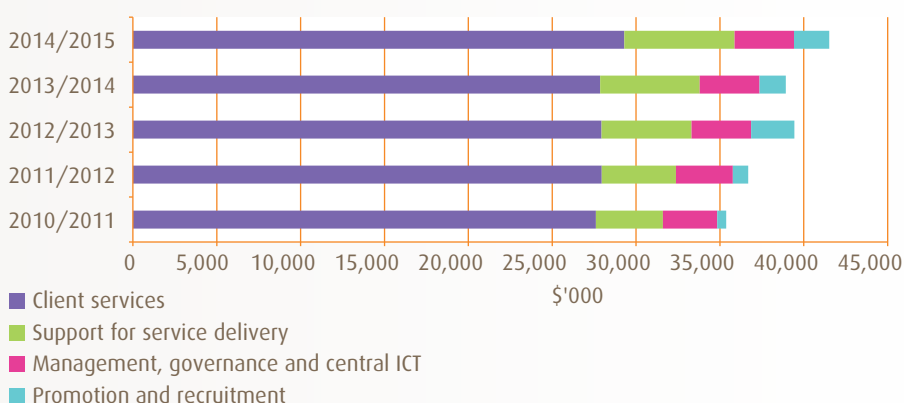
# 31,092

**Breast cancers diagnosed**

by BreastScreen Victoria from February 1993 to 30 June 2014. Cancers include invasive and ductal carcinoma in situ.

## FINANCIAL HIGHLIGHTS

	2014/2015	2013/2014	2012/2013	2011/2012	2010/2011
Breast screens	241,122	230,157	221,375	206,178	207,655
	\$	\$	\$	\$	\$
<b>Client services</b>					
Screening, reading and assessment services <sup>1</sup>	29,303,440	27,863,921	27,941,168	27,956,947	27,608,868
<b>Support for service delivery</b>					
Operational support <sup>2</sup>	2,805,435	2,393,063	2,268,147	2,096,398	2,007,182
Registration and bookings	1,959,820	1,798,726	1,617,867	1,579,117	1,347,751
WAN <sup>2</sup>	722,638	622,241	577,165	315,407	263,063
Depreciation—medical, digital <sup>2</sup>	1,079,283	1,120,443	904,415	431,977	368,979
<b>Management, governance, central ICT</b>	3,549,683	3,566,839	3,555,542	3,388,442	3,248,128
<b>Promotion and recruitment<sup>3</sup></b>	2,099,299	1,559,706	2,577,491	916,154	531,577



1. In 2013 BSV centralised contract, appointment and recruitment activities.
2. Increases reflective of digital environment.
3. Includes mass media campaign (\$655k in 2014/15).

BreastScreen Victoria has continued its commitment to improved central coordination and investment in initiatives that support the improvement of quality and innovation. This has enabled BreastScreen Victoria to reach and deliver high quality services to a record number of women again in 2014/15.

# SPREADING THE WORD (KRA 1)

## ACHIEVING TARGET

BreastScreen Victoria screened a total of 241,122 women in 2014–2015, the highest number of women ever screened in the Program. This result represented 99.64% of our performance target of 242,000 screens. For the first time in BreastScreen Victoria history, all clinics achieved over 90% of their performance target.

This achievement was the result of a concerted effort across all aspects of BreastScreen Victoria operations, particularly with the expansion of the target age range to include women aged 70-74 during 2014-2015.

241,122

## 70-74 CAMPAIGN LAUNCH

The expansion of the screening program to include women aged 70 to 74 was officially announced by former Victorian Premier Denis Napthine in August 2014. A media launch at the Grampians Reading and Assessment Service in Ballarat followed the signing of a new funding agreement between the Federal and Victorian Governments. It is expected that around 12,000 additional women per year will receive a free breast screen.

BreastScreen Victoria also hosted a lunch at Queens Hall, Parliament House to celebrate the program expansion. Former Victorian Health Minister David Davis addressed a crowd of more than 175 women alongside BreastScreen Victoria CEO Vicki Pridmore and special guest speaker and breast cancer survivor Sally Crisp. The majority of attendees were women aged 69 to 74 who have screened with the Program.





Minister for Health Jill Hennessy (centre) with the Clinical Director, North Western BreastScreen Dr Allison Rose and BreastScreen Victoria CEO Vicki Pridmore.

## MASS MEDIA CAMPAIGN LAUNCH

BreastScreen Victoria's mass media campaign continued with three advertising tranches in October 2014, February 2015 and May 2015. Minister for Health The Hon Jill Hennessy launched the campaign at the Essendon BreastScreen clinic in February 2015.

Campaign advertising ran across television, radio and online in programming which targeted women aged 50-74. In addition, advertising was placed in local newspapers in areas with struggling demand, including North West and Maroondah.

Overall, the campaign increased screening in the primary target group including women aged 70-74 (who are now part of this group) and lapsed screeners.

While women responded to the campaign with calls to the Call Centre, marked increases in web bookings during the campaign indicate that online technology is increasingly being used by the target group.

Throughout 2014-15, 15,923 bookings were created above the normal baseline through the mass media campaign. An evaluation of the 2014-2015 campaign is underway and will be completed in late 2015.

## DURING 2014-2015...

**20**

Victorian suburbs and towns 'pink blitzed' with BreastScreen information

**50**

community breast health awareness sessions held, including 18 health expos and festivals

**40**

peak community organisations trained in cancer screening (cervical, breast and bowel)

**10**

grants provided to support newly arrived and immigrant women from over 35 different language groups to access screening

**35**

bilingual educators trained in breast health

**21**

events with Aboriginal communities/organisations

**12**

women became BreastScreen Victoria Ambassadors

**38**

events with CALD groups



## BEHAVIOURAL INSIGHTS TO ENCOURAGE SCREENING

Behavioural insights draw on research into behavioural economics and psychology to better understand processes behind decision-making. Following a comprehensive literature review of evidence in the field of behavioural economics and breast screening, BreastScreen Victoria is trialling the use of behavioural insights to:

- **Encourage first-time screeners** – improving the response rate of women invited for the first time through the electoral roll. A series of three randomised control trials will test women's responses to different screening invitation letters.
- **Improve rescreen rates** through a randomised control trial to test response rates to differing styles of letters, emails and text message invitations, through consideration and analysis of each aspect of the screening journey and its impact on likelihood to rescreen.

BreastScreen Victoria is using the literature review to determine how else to use this information throughout the organisation to increase participation. Initial results from early trials have shown promising results.

## WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

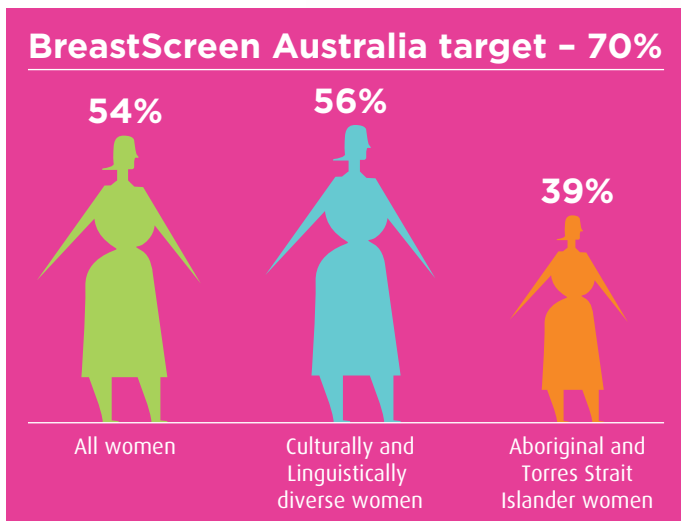
BreastScreen Victoria's Aboriginal Health Promotion Officer worked in partnership with Aboriginal Community Controlled Health Organisations and Cancer Council Victoria to promote screening to indigenous women.

Participation rates for Aboriginal and Torres Strait Islander women increased significantly from 29% in 2010-2012 to 39% in 2012-2014.

### In 2014-2015, activities included:

- Delivering a cultural awareness workshop for BreastScreen Victoria staff. The workshop provided information on the challenges, history and cultural practices of Aboriginal and Torres Strait Islander women that may influence their breast screening experience. A video of the workshop is available on DVD and the BreastScreen Victoria website.
- Two Aboriginal women, Deb Mellett and Darlene Christensen, became BreastScreen Victoria Ambassadors, promoting screening to other indigenous women. Deb Mellett featured in a short video on the BreastScreen Victoria website.
- Providing resources and taking bookings at eight Sisters Day Out events across Victoria.
- Presenting to nursing students at Deakin University's Koorie Institute.
- Partnering with Cancer Council Victoria to provide training on cancer screening to Aboriginal health workers.
- Attending Aboriginal Health and Community days at Melton and Werribee.

### Participation rate for women aged 50-69 years



The participation rate is the proportion of the eligible population screened between 1 July 2012 and 30 June 2014.



Aboriginal BreastScreen ambassador Deb Mellett.

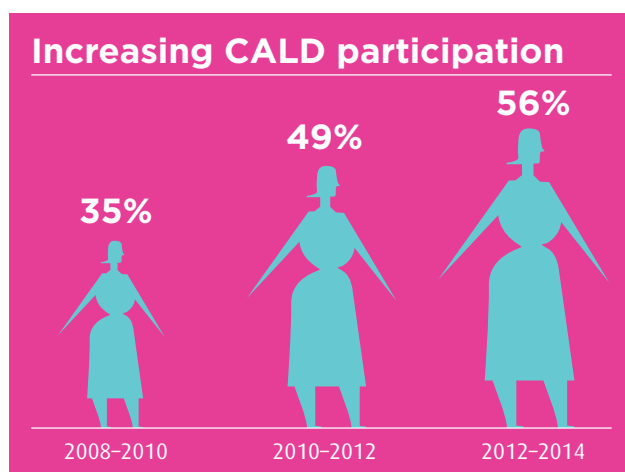


BSV CEO Vicki Pridmore (left), Sunbury Community Health Partnership and Engagement Officer Gail Radford and Aboriginal Family Violence and Legal Service Victoria Community Engagement Workers Nikalia Braybrook and Meriki Onus (organisers of Sister's Day Out) at the cultural awareness DVD launch at the BreastScreen Coordination Unit in March 2015.

- Presenting and taking bookings at eight indigenous events across Victoria: Soul Sista's Day, Hastings; Women's Health Day, Ballarat and District Aboriginal Cooperative; Ramahyuck District Aboriginal Cooperative, Drouin; Djeriwarrah Health Service, Melton; Bunurong Yarning Group, Doveton; Coomealla Health Aboriginal Corporation; Sunraysia Mallee District Aboriginal Service; and Wathaurong Aboriginal Cooperative, Geelong.
- Coordinating 10 group bookings for women from Dhauward Wurrung Elderly and Community Health Service in Portland, Lakes Entrance Aboriginal Health Association, South Gippsland Aboriginal Cooperative, Bairnsdale Aboriginal Health Service, Goolum Goolum Aboriginal Cooperative in Horsham, Budja Budja Aboriginal Cooperative in Halls Gap, Bendigo District Aboriginal Cooperative, Sale Aboriginal Health Service, Swan Hill Mallee District Aboriginal Service and Njernda Aboriginal Cooperative in Echuca.
- Providing resources to Aboriginal health workers and health professionals at Victorian Aboriginal Health Service and Mallee District Health Service.
- Distributing promotional mouse pads to screening clinics to celebrate NAIDOC Week. The pads encourage staff to ask women if they identify as Aboriginal or Torres Strait Islander.

## INCREASING PARTICIPATION BY CULTURALLY AND LINGUISTICALLY DIVERSE WOMEN

The participation rate for women from culturally and linguistically diverse (CALD) backgrounds has increased significantly from 35% in 2008-2010 to 56% in 2012-2014. This has been the result of a comprehensive strategy which included partnering with relevant agencies, networks and community members to support CALD health workers.



Participation measures the proportion of the eligible female population attending BreastScreen within a 24-month period. For example, the figure for 2012-2014 is the proportion of the eligible population screened between 1 July 2012 and 30 June 2014.

BreastScreen Victoria continued its successful partnership with Cancer Council Victoria, offering 10 small grants to organisations that support refugee and asylum seekers. Over 40 organisations attended an initial cancer screening workshop to be eligible to apply for the grants. The funding will enable successful organisations to promote cancer screening to their clients through a variety of initiatives including CALD media, familiarisation visits and group bookings to BreastScreen clinics, and women's health information sessions. Women from 35 different language groups benefited from the project.

Some 35 bilingual breast health sessions were conducted across the State. These sessions deliver culturally appropriate information to women and also provide them with an opportunity to book an appointment.

Networking with local councils and CALD agencies provided an effective channel for promoting key messages, particularly during Cultural Diversity Week and International Women's Day. About 13 cultural events held featured BreastScreen information stands, breast health sessions and distribution of information.

## IMPROVING ACCESS FOR WOMEN WITH 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 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. The tool was piloted in the disability sector and released in September 2015.

Implementation of the Electronic Records Management project has provided most women with a disability with the option of booking their appointment online as well as through the Call Centre.

BreastScreen Victoria has worked with several Community Health Services to promote screening to female residents in Supported Residential Services. Many of these residents have long-term disabilities, particularly affecting cognitive function. Promotion activities included breast health information sessions for residents and facilitation of group bookings.

## RAINBOW TICK

Recent Australian research has found that older lesbians and bisexual women are significantly less likely to have regular breast screens than other women. BreastScreen Victoria is committed to achieving Gay and Lesbian Health Victoria's Rainbow Tick accreditation for its services. The Rainbow Tick documents a clear accreditation pathway that organisations can follow to demonstrate LGBTIQ inclusive practice and service delivery. The LGBTIQ Advisory Group, formed in 2014, has identified as a high priority the development of an online cultural sensitivity training module for frontline BreastScreen Victoria staff. Content for the training module is being developed in consultation with the LGBTIQ community.

For the fourth consecutive year, BreastScreen Victoria sponsored a session at the Melbourne Queer Film Festival, which was attended by approximately 350 women.



Melbourne Queer Film Festival (MQFF) Director Lisa Daniel (left), BreastScreen Victoria Director Operations Karlene Willcocks, MQFF Board Member David Morgan, and Sponsorship and Marketing Manager Fiona Kelly.

# IMPROVING OUR QUALITY (KRA 1)

## QUALITY GOVERNANCE REVIEW

BreastScreen Victoria, with all its service providers, constantly strives to provide an outstanding service for women. Our systems and the national standards are designed to give women confidence that cancer will be diagnosed in a timely fashion and that well women will not be unnecessarily inconvenienced in the process. We want women to have a good experience at the breast screening stage so they will return for their next breast screen two years later. For those women recalled for further assessment, the service must be respectful and effective.

In 2014 the Board reinforced its commitment to Quality at BreastScreen Victoria and commissioned a review of quality governance and reporting, conducted by Professor Ruth Salom.

Taking up the recommendations of the review, the Board extended the scope of the Quality Improvement Committee to focus on quality across BreastScreen Victoria beyond the specific requirements of accreditation.

**The review also led to the establishment of the Quality Unit comprising:**

- Director Quality, Genevieve Webb
- State Radiologist, Dr Jill Evans
- State Radiographer, Abigail Harress-Blass (until July 2015)
- Manager Quality, Planning and Research, Jules Wilkinson
- Quality Support, Julia Ayoub.

The quality governance structure was further strengthened with the establishment of an Operational Quality Committee. Professional groups, such as radiologists and radiographers, meet regularly to drive continuous practice improvement, while the Service Quality Committees in each of the eight Services have shown a strong commitment to meet growing demand while also meeting stringent quality standards.

Enhancements to the Quality Reporting Framework included the development of a Quality Scorecard which reports on key outcomes for women: cancer detection; safety and minimal harm; timeliness; and the woman's experience, including comfort, convenience and confidence.

By keeping this information visible at all levels of the quality governance structure, and across the eight BreastScreen Services, we can spot trends and issues earlier, and we have an evidence base to decide where more effort is needed. By sharing data and noticing variations between Services, we can identify best practice and see what might be achievable across the State.

One of the most important performance standards is the time it takes for a woman to get from her screening appointment to the assessment stage, should she require it. Meeting this standard is a challenge because of the large volumes of images to be read and the many demands on our radiologist workforce. 2014-15 saw a marked improvement in assessment timeliness across the State, with many Services showing sustained compliance with the national standard.

At the national level, BreastScreen Australia has revised the National Accreditation Standards, and BreastScreen Victoria is working towards smooth implementation of these new standards. Our Information Services team has been busy developing the new monitoring reports. In future, the BreastScreen Coordination Unit will also undergo accreditation for the standards within its domain. Victoria is strongly represented in national meetings and workshops to plan this complex implementation.

## Key elements of BreastScreen Victoria's Quality Management System



### Quality Governance

- Quality Improvement Committee
- Quality Groups
- Operational Quality Committee
- Service Quality Committees

### Quality Monitoring and Reporting

- Quality Reporting Framework
- Quality Scorecard
- Focus Reports and analysis of performance

### Accreditation

- State Accreditation Committee
- Support Services to prepare for Accreditation
- Implementation of revised National Accreditation Standards

### Quality and Practice Improvement

- Professional practice leadership
- Issues and problem analysis
- Quality improvement projects
- Emerging research and technologies

BreastScreen Victoria recognises the importance of staying up to date with emerging research and new technologies. The Research Committee consists of Board members and external experts in breast cancer research, who have recently considered such topics as tomosynthesis, mammographic density, overdiagnosis and the screening needs of younger women. This helps to ensure our work is informed by the latest available research.

BreastScreen Victoria thanks the many individuals who bring their expertise and commitment to our quality and research committees, particularly those from the various Services and from outside BreastScreen Victoria.



The Quality Unit: Genevieve Webb, Director Quality; Julia Ayoub, Quality Support; Jules Wilkinson, Manager Quality, Planning and Research; Dr Jill Evans (State Radiologist)

## REVIEWING OUR CLINICAL POLICIES

We continue to bring our clinical policies into line with modern research and practice. This year it has meant introducing changes to our Gecko client information system to ensure that new policies are reflected in the information provided to women and to staff.

Over the last two years, four major clinical policies have been reviewed with the expert advice of an interdisciplinary Clinical Reference Group:

- Women with ADH, ALH and LCIS
- Women with a past history of breast cancer
- Women with breast symptoms
- Women with a family history

The changes, endorsed by the BreastScreen Victoria Board on 30 April 2013, align with BreastScreen Australia (BSA) policies, the recommendations of the BSA evaluation and current clinical best practice and have been updated based on the new target age group.

### Three policies were implemented in July 2015:

- 1 Women with ADH, ALH and LCIS – which now includes a recommendation for annual screening for women with ALH.
- 2 Women with a past history of breast cancer are now eligible to return to the Program once they have reached five years since their diagnosis, and with the support of their treating team.
- 3 Women with breast symptoms – will continue to be advised that their care is better undertaken outside BreastScreen. Processes around this policy have been enhanced to further reduce the number of women with symptoms who enter the Program.

A formal evaluation of the impact of these changes is underway.

The policy relating to screening of women with a family history of breast cancer has also been revised and will be implemented by March 2016, following further consultation with experts on how best to identify and refer women with a high risk due to their family history.

# 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-2017 (pending funding for stage 4). The project comprises upgrades to BreastScreen Victoria's client information system, Gecko, deployed across all screening sites.

The project completed the deployment of Stage 2 in July 2015, which incorporates changes to our registration processes including implementation of revisions to clinical policies around Program eligibility.

### Key benefits

The key benefits delivered in Stage 2 were:

- Revised Call Centre script, capturing symptomatic and personal history information with an ability to book disability appointments
- New in-house managed web booking system, expanded to capture all client registration (BS1) information
- Improved BS1 data entry efficiency for receptionists with a new pre-populated BS1 form containing client data collected during booking
- Improved BS1 data entry QA efficiency for data staff with introduction of 'Smart QA'. BS1 forms are now only sent to QA as required, not as a randomised 10% of all forms
- No need to create paper client files for any new clients (excluding clients recalled to assessment)
- Implementation of the following clinical policy changes: women with symptoms; women with a personal history of breast cancer; women with an elevated risk of breast cancer
- Ability to email clients their confirmation letter and pre-populated BS1 (registration) form.

## Key Stage 2 achievements



### Call Centre bookings



Average call time: 3m 10s  
Up from 2m 40s  
Still well below anticipated 4m+ expected with expanded script



### Increase in online bookings



Since stage 2 in July 2015, 30% of women make online bookings  
Up from 10% 12 months ago  
The average call time increase in the Call Centre has been offset by the online bookings



### Confirmation letters via email



40% of women opt to receive confirmation letter & BS1 form via email  
This represents a significant saving in postage cost



### Appointment invitations via email/SMS



57% women reminded to book their next screening appointment via an email or SMS invitation  
18% women are responding and making a booking  
A physical letter is not sent, realising a further cost saving



### Client centric correspondence



Content of result letters tailored to individual needs.



## Stakeholder Consultation

The success of the ERM project is largely due to the many hours of consultation generously provided by subject matter experts from both the BreastScreen Coordination Unit and the Services. Numerous stakeholder working groups consulted on the design for the new BS1 form, Call Centre script, online bookings system and the way we contact our clients. These forums helped realise a final design that has been well received by BreastScreen Victoria.

The Services also generously provided staff to participate in several cycles of User Acceptance Testing, which ensured the software was ready for release. Finally, program managers, data managers, schedule co-ordinators and nominated SSP super users (receptionist and radiographer) were instrumental in ensuring their sites' readiness for the statewide deployment. This included tracking completion of eLearning training packages for over 600 staff.

## What will change?

1A Screening (Complete)	1B Reading (Complete)	2 Registration & Policy (Complete)	3 Online Assessment	4 Distributed Reading & Assessment Form Scanning
<ul style="list-style-type: none"> <li>Screening no longer requires a BS1R form to be signed</li> <li>Online data entry improvements</li> <li>Inclusion of the 70-74 policy change</li> </ul>	<ul style="list-style-type: none"> <li>Improved process of allocating readings</li> <li>Paper BS2 forms superseded by online data entry</li> <li>Improved Reader workflows</li> </ul>	<ul style="list-style-type: none"> <li>Registration processes improved to facilitate capturing BS1 data online and via the Call Centre</li> <li>Policy changes applied around client eligibility</li> </ul>	<ul style="list-style-type: none"> <li>Assessment paper forms superseded by online capture of data</li> <li>Automatic generation of assessment letters to clients and GPs</li> </ul>	<ul style="list-style-type: none"> <li>A pilot will be conducted for Distributed Reading to enable reading to be performed at an alternate Reading &amp; Assessment Service (RAS)</li> <li>All assessment forms will be scanned into Gecko</li> </ul>

## ERM Stage 2 at Bendigo BreastScreen

Bendigo had a successful and smooth transition with Stage 2, largely due to excellent communication by the ERM team, continuous collaboration with Data Managers and Program Managers, and the successful testing environment.

A major impact was in reception, with registration forms being pre-populated for each woman and forms being scanned and saved on the system. The Radiographer changes have been welcomed, with paper forms no longer used in the mammography rooms, and a new Screening Worklist driving daily appointment tracking.

Data staff have also noted changes to their quality assurance process, with the ability to perform SmartQA. The system now automatically detects if manual changes have been made to the registration form, forcing this to the Data QA screen, resulting in a reduction to the amount of QA being performed.

Bendigo has welcomed the end of file pulling for each screening clinic, a process that was time-consuming and tedious. All data staff have found that this significant change to their daily tasks allows more time to concentrate on essential data duties.

A major impact for the Assessment Clinic team is the end of symptomatic recalls. Women who report symptoms are now referred back to their GP for follow up. We anticipate this will improve our timeliness, as we can offer more radiological call-backs to each clinic.

The ERM team is to be commended on its hard work and dedication in making Stage 2 a success.

Kathryn Kruger  
Program Manager, Bendigo BreastScreen

# WORKFORCE DEVELOPMENT (KRA3)

## BREASTSCREEN AUSTRALIA CONFERENCE 2014

More than 380 national and international delegates attended the BreastScreen Australia Conference 2014, held in Melbourne from 16-19 October and coordinated by BreastScreen Victoria.

Conference themes included: new and emerging imaging technologies, the impact of genetics research, increasing participation, the health economics of population screening, high risk women, and overdiagnosis.

Support from industry and government was critical to the conference's success, with exhibitions from 13 companies and the involvement of every State and Territory government.

The conference included over 30 presentations and 23 posters, with the following presented by BreastScreen Victoria staff.



Monash staff at BreastScreen Australia Conference 2014

### Oral presentations

#### Digital versus film: the impact of digital mammography on cancer detection rates in BreastScreen Victoria

Dr Jill Evans, State Radiologist, BreastScreen Victoria and Clinical Director, Monash BreastScreen

#### Driving participation through an integrated recruitment strategy

Natasha Levy, Director Communications and Recruitment, BreastScreen Victoria

#### Evaluation of Digital Breast Tomosynthesis (DBT) in a BreastScreen assessment service

Dr Darren Lockie, Director and Designated Radiologist, Maroondah BreastScreen

#### "2D or not 2D" Tomosynthesis and Breastscreen, a new paradigm?

Dr Darren Lockie, Director and Designated Radiologist, Maroondah BreastScreen

#### Reducing barriers for Aboriginal and Torres Strait Islander communities using culturally safe environments for screening

Carolyn McNamara, Health Promotion Officer, BreastScreen Victoria

#### Increasing access to mammography education for radiographers through e-learning innovation

Jayne Mullen, Designated Radiographer, Course Coordinator BSV RTC, Monash BreastScreen

#### Utilising a sonographer in a Victorian assessment clinic

Jenny Parkes, Sonographer, Maroondah BreastScreen

#### Five-Year analysis of magnetic resonance imaging as a screening tool in women at hereditary risk of breast cancer

Dr Allison Rose, Clinical Director, North Western BreastScreen

#### BreastScreen Victoria timeliness review

Genevieve Webb, Director Quality, BreastScreen Victoria

### Posters

#### Evaluation of Digital Breast Tomosynthesis (DBT) in a BreastScreen assessment service

Darren Lockie<sup>1</sup>, Carolyn Nickson<sup>2</sup>, Zoe Aitken<sup>2</sup>, Michelle Clemson<sup>1</sup>. <sup>1</sup>Maroondah BreastScreen, <sup>2</sup>The University of Melbourne, Parkville, Victoria, Australia

#### Screen-detected invasive lobular carcinomas & tomosynthesis

Zhi Yie Tan, Darren Lockie, Maroondah BreastScreen

#### Conspicuity of benign and malignant lesions on tomosynthesis

Zhi Yie Tan, Darren Lockie, Maroondah BreastScreen

#### Case studies using Digital Breast Tomosynthesis in the BreastScreen assessment setting

Liz Sundram<sup>1</sup>, Janis Uhe<sup>1</sup>, Carolyn Molk<sup>1</sup>, Ramola Schwartz<sup>1</sup>, Carolyn Nickson<sup>2</sup>, Zoe Aitken<sup>2</sup>, Michelle Clemson<sup>1</sup>, Darren Lockie<sup>1</sup>. <sup>1</sup>Maroondah BreastScreen, <sup>2</sup>The University of Melbourne, Parkville, Australia

#### Does BreastScreen Victoria need 'friends'?

Natasha Levy, BreastScreen Victoria





## WOMEN WHO MADE A DIFFERENCE



### Vale Dr Glenda Banks

Glenda Banks headed a consultancy managing communications policy, predominantly in health, community education and family law.

Glenda's first experience of BreastScreen Victoria was as a consumer. She later recalled being impressed with the care and consideration she received and writing to the Board expressing her appreciation and support. She was later invited to join BreastScreen Victoria's Consumer Advisory Committee, of which she was a member from 2003 to 2008, and chair from 2006 to 2008. She was also the Consumer Advisory Committee's representative on the Board from 2006 to 2008.

Glenda passed away in August 2014. She will be remembered as a passionate consumer advocate who took a keen interest in all aspects of the services and care BreastScreen provides to women.

*'I have loved being able to contribute to the work of an organisation with genuine commitment to continually improving the quality of the service it offers, with the integrity and competence to achieve that.'*

Glenda Banks, 2005



### Vale Christine Sager

Christine Sager was a long-standing member of the Call Centre team, beginning with BreastScreen Victoria in 1991. She saw many changes as the organisation grew and evolved over the next 22 years. Christine retired in August 2013 to spend more time with her family and her much adored grandchildren. She was farewelled in traditional BreastScreen style with a delicious afternoon tea.

Sadly, Christine passed away in 2014. She will be missed by her many friends here at BreastScreen Victoria who remember her as a lovely lady and a real character.

# 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 2014-2015 (the second year of the four-year plan).

Key Result Area	Achievements in 2014-2015	
<b>KRA 1</b> <b>QUALITY AND PARTICIPATION</b>	1. Review and restructure Quality Unit within senior management structure	<ul style="list-style-type: none"> <li>Quality Governance and Reporting review complete and presented to Board of Management</li> <li>Director Quality appointed</li> <li>Future structure of Quality Unit being developed</li> </ul>
	2. Establish implementation plan for revised NAS including finalisation of state service delivery policy and procedure	<ul style="list-style-type: none"> <li>Quality Unit project to transition to new NAS, with additional resourcing for 2015-16</li> <li>Planning, gap analysis and development under way for implementation in 2016</li> </ul>
	3. Establish professional development opportunities for radiologists	<ul style="list-style-type: none"> <li>Quality Plan Library: pilot tool being developed</li> <li>Digital Image Library developed and awaiting technology enabler</li> <li>Training and Induction Protocol: complete and incorporated into new NAS rollout</li> </ul>
	4. Incorporate evaluation of online activities into recruitment plan	<ul style="list-style-type: none"> <li>Newsroom launched in January 2014</li> <li>Continuous evaluation and progression ongoing</li> </ul>
	5. Confirm the 70:74 Expansion Agreement with the Department of Health and deliver within the agreement	<ul style="list-style-type: none"> <li>Terms of 2015/16 almost completed</li> <li>BSV accepts DHHS proposal to retain current recall policy for 40-69, 75+ age cohort and 100% recall for 70-74 yo activity less than 26,000 target. Upper target – 260,000 screen</li> <li>2015/16 total target 244,000. ATSI &amp; CALD targets to be agreed</li> </ul>
	6. Undertake corporate accreditation	<ul style="list-style-type: none"> <li>Frameworks under development</li> </ul>
	7. Annual audit of accreditation status	<ul style="list-style-type: none"> <li>Accreditation Landscape provided to Board and relevant Committees</li> <li>Accreditation readiness assessment to be enhanced as part of new quality program of work</li> </ul>
	8. Sponsorship of Queer Film Festival	<ul style="list-style-type: none"> <li>2016 event date TBC – mid to late March</li> </ul>
	9. Targeted strategies for underscreened ATSI, CALD & low SES women including ATSI (10%), CALD (10%) and low SES women	<ul style="list-style-type: none"> <li>Working within Department of Health-led Underscreened Program:               <ul style="list-style-type: none"> <li>* <b>ATSI:</b> ACHO partnerships, women's health days, MSS visits to Aboriginal Coops, cultural awareness training</li> <li>* <b>CALD:</b> media relations, community presentations, bilingual education program, humanitarian settlement grants, translated resources</li> <li>* <b>Low SES:</b> incentivisation, media campaign. Recently approved new project funded by DHHS – Ophelia – new DHHS funded health literacy led program to improve participation of women in North West</li> </ul> </li> </ul>
	10. Targeted strategies for other special groups	<ul style="list-style-type: none"> <li>Rainbow Tick accreditation program (GLBTI) including development of a training module</li> <li>Women with disabilities – ongoing liaison with Women with Disabilities Victoria</li> </ul>

Key Result Area	Achievements in 2014-2015	
<b>KRA 2</b> BUSINESS SUSTAINABILITY	1. Establish funding model with DHHS based on increased throughput	<ul style="list-style-type: none"> <li>• DH committed to increase recurrent funding by \$376k</li> <li>• Ongoing discussions with DHHS re funding growth in throughput increments of 10,000 screens</li> </ul>
	2. Conduct evaluation of SMR implementation	<ul style="list-style-type: none"> <li>• Completed</li> </ul>
	3. Review Board governance framework	<ul style="list-style-type: none"> <li>• Completion of BSV Board Charter, relevant policies, reference to code of conduct and ratification of Terms of Reference</li> </ul>
	4. Review service contracts	<ul style="list-style-type: none"> <li>• Major review completed prior to mid year review meetings</li> </ul>
	5. Policy review – Service delivery and Corporate	<ul style="list-style-type: none"> <li>• Gap analysis complete</li> <li>• Policy register complete</li> </ul>
	6. Enhance use of technology	<ul style="list-style-type: none"> <li>• Considered and outlined in ICT Strategic plan</li> </ul>
	7. Conduct Board performance evaluation	<ul style="list-style-type: none"> <li>• 2013 evaluation complete</li> </ul>
<b>KRA 3</b> WORKFORCE DEVELOPMENT	1. Review performance review framework	<ul style="list-style-type: none"> <li>• Scoping underway</li> </ul>
	2. Review MSS delivery model	<ul style="list-style-type: none"> <li>• Profile in line with legislative requirements</li> <li>• IEP policy developed</li> </ul>
	3. Complete modernisation of RTC training platform	<ul style="list-style-type: none"> <li>• Online format complete</li> <li>• Content development underway</li> </ul>
	4. Review and restructure Quality Unit within senior management structure	<ul style="list-style-type: none"> <li>• Quality Governance and Reporting review complete and presented to Board of management</li> <li>• Director Quality appointed</li> <li>• Future structure of Quality Unit being developed</li> </ul>
	5. Ongoing monitoring via Climate Survey	<ul style="list-style-type: none"> <li>• 2014 Climate Survey complete with 68% participation</li> <li>• Action list for engagement includes: understanding innovation and learning and development</li> <li>• Continue delivery of current strategies on internal communications</li> </ul>
<b>KRA 4</b> RELATIONSHIPS	1. Establish stakeholder strategy	<ul style="list-style-type: none"> <li>• In progress</li> </ul>
	2. Continue engagement with MPs	<ul style="list-style-type: none"> <li>• MP Report Card held on 6 August 2015 in agreement with Minister's office</li> </ul>
	3. Enhance relationships with media	<ul style="list-style-type: none"> <li>• Ongoing, regular contact with media to brief on relevant BreastScreen stories, events and newsroom content</li> </ul>
	4. Enhance relationships with key stakeholders	<ul style="list-style-type: none"> <li>• Research Committee established to advise BSV research commitment</li> </ul>
<b>KRA 5</b> FUTURE READY	1. Create integrated strategy/risk framework and reporting system	<ul style="list-style-type: none"> <li>• Reporting model complete and provided for Board consideration</li> </ul>
	2. Define Mission statement	<ul style="list-style-type: none"> <li>• Completed</li> </ul>
	3. Emphasise translational research	<ul style="list-style-type: none"> <li>• LifePool: mammographic density as a clinically-useful predictor of breast cancer risk</li> <li>• Evaluation of digital breast tomo (DBT) in BreastScreen assessment</li> <li>• Breast density &amp; long-term risk of breast cancer incidence &amp; mortality</li> <li>• Maximising benefits &amp; minimising harms in BreastScreen program</li> <li>• Personalised breast cancer risk prediction in women with BRCA gene</li> <li>• Understanding why women do not return to 2nd round screening</li> </ul>
<b>KRA 6</b> CLIENT-CENTRIC CARE	1. Create current and desired client user experience maps	<ul style="list-style-type: none"> <li>• Commenced initial investigations on client centric systems framework</li> </ul>
	2. Embed focus on client centric care in consumer survey	<ul style="list-style-type: none"> <li>• As above</li> </ul>
	3. Embed focus on client centric care in staff climate survey	<ul style="list-style-type: none"> <li>• As above</li> </ul>

# RELATIONSHIPS (KRA 4)

BreastScreen Victoria developed and maintained a wide range of relationships in 2014-2015, with stakeholders including health professionals and peak cancer groups, to increase screening participation and deliver services.

## PEAK CANCER GROUPS

BreastScreen Victoria continued to partner with peak cancer organisations on activities to increase awareness of breast cancer and screening. In 2014-15 we:

- Attended Mother's Day Classic events in Melbourne, Geelong and a number of regional centres
- Supported the Lifepool project
- Worked with Cancer Council Victoria to deliver bilingual educator training, provide grants for humanitarian settlement workers, develop a webinar for GPs and an online education tool for disability workers and carers
- Partnered with Department of Health and Human Services and Cancer Council Victoria on the Under-screened Recruitment Project.

This project aims to increase cancer screening in identified under-screened groups including ATSI, Chinese, Arabic and low SES communities across breast, bowel and cervical programs. A number of these projects are now being implemented (in Kyabram, Chinese community in Whitehorse, Aboriginal community in Bendigo). Joint messaging resources are also being developed

- Worked with Breast Cancer Network Australia to distribute the My Journey Kit to diagnosed women
- Partnered with Department Health and Human Services and Deakin University, as well as a range of other stakeholders on the Ophelia project, which aims to increase equity in breast screening participation and improve the breast screening experience for women in the north west of Melbourne. The project has a particular focus on Aboriginal, Italian and Arabic women.



BreastScreen Victoria ambassadors, staff and their families at the Mother's Day Classic event in Melbourne.

## SUPPORTING HEALTH PROFESSIONALS

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

In 2014-15, BreastScreen Victoria partnered with Cancer Council Victoria, Victorian Cytology Service and PapScreen Victoria to design a webinar for GPs on the three cancer screening programs (breast, bowel and cervical) focusing on quality improvement, best practice and Victorian screening policies. Over 40 GPs have watched the complete webinar.

A new practice nurse video was developed, featuring a local practice nurse discussing opportunities for practices to promote breast screening including the use of free BreastScreen resources and practice software to identify women overdue for a breast screen. The video is available on the BreastScreen Victoria website and was distributed to relevant health professionals through Primary Care and Allied Health channels.

While online education continues to grow, face-to-face professional development remains an important strategy for supporting health professionals. During 2014-15, education sessions aimed at practice nurses and overseas trained and rural GPs were run in partnership with Family Planning Victoria, University of Melbourne, Jean Hailes for Women's Health and Melbourne Sexual Health Centre.

A stakeholder e-newsletter continues to be an important channel for providing information and news to health professionals. It is emailed quarterly to about 500 primary care organisations and local councils.

**4** GP/practice nurse education sessions

**500** primary care organisations/  
councils received the stakeholder  
e-newsletter

**40** plus GPs watched the webinar

**23** events attended with GPs and  
other health professionals

Keilor Downs  
Medi-Clinic  
Practice Nurse  
and Practice  
Manager Grace  
Barbuto (right)  
featured in  
a new video  
for health  
professionals  
working in  
Primary Care.



# CLIENT-CENTRIC CARE (KRA 6)

## CANCER SURVIVORS SHARE THEIR STORIES

In 2014-2015, eight short videos were filmed for the BreastScreen Victoria website. Each video features the personal story of a BreastScreen Victoria ambassador and breast cancer survivor as one of the most powerful ways to encourage other women to have a regular breast screen.

BreastScreen Victoria's ambassadors (L-R) Daisy Horgan, Vivienne Harkness, Sally Crisp, Michele Clifton and Val Gaskell at the launch of the Breast cancer survivor series videos at the BreastScreen Coordination Unit in March 2015.



## TOUCHPOINT REVIEW

In 2014, the Touchpoint review project identified and mapped the points at which key messages and information should be provided to women along the screening and assessment pathway.

The review provided a framework for the redevelopment of publications, letters and online content. In 2014-2015, implementation included:

- Development of new multimedia content for women and health professionals on the BreastScreen Victoria website.
- Customising the information we send to women with their invitation and confirmation letters. Brochures have been redesigned in fact sheet format so they can be printed with the woman's letter and registration and consent form. From July 2015, women booking appointments online are offered information relevant to their individual circumstances.



## MEASURING CONSUMER SATISFACTION

The Consumer Satisfaction Survey conducted in 2015 marks the third annual screening survey and continues to demonstrate the exceptional level of service delivered by BreastScreen Victoria to women across the State. Key findings included:

- Overall, the intention to return and willingness to recommend remained high and marginally increased this year, with 99% of women intending to return for a breast screen in 2 years and 92% extremely likely to recommend a breast screen to female family members and or/friends.
- Women continue to be highly satisfied with the most important aspect of the BreastScreen Victoria service: the procedure itself, with 90% highly satisfied.

- CALD women tend to show slightly lower levels of satisfaction with the procedure itself across roughly half the aspects tested compared to women from English speaking backgrounds. This is consistent with last year.
- The vast majority of women agree they have a good understanding of the procedure, that all steps were taken to ensure it was as comfortable for them as possible and they felt at ease during the procedure.
- The vast majority of women screening for the first time (97%) plan to return for a breast screen in the next 2 years, which is on par with prior years.

Overall, the 2015 research continues to show that BreastScreen Victoria provides a consistent and high standard of service to Victorian women.

### Consumer Satisfaction Survey 2015

These results came from online and phone survey of over 3,800 women who had a breast screen between May and June, 2015. Surveys are conducted annually.

#### Key measures

##### Overall satisfaction

98% Highly/Somewhat satisfied

##### Intention to return

99% Yes (Next 2 years)

##### Willingness to recommend

99% Extremely/Moderately/Somewhat likely

#### Booking appointment

		Change since 2014
Overall satisfaction with appointment booking	98%	0
Ease of booking the appointment	98%	0
Professionalism of staff*	99%	+1
Ability to get desired appointment day/time	95%	0
Ease of registering account online^	97%	0
Ease of completing Information & Consent form	97%	-1

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

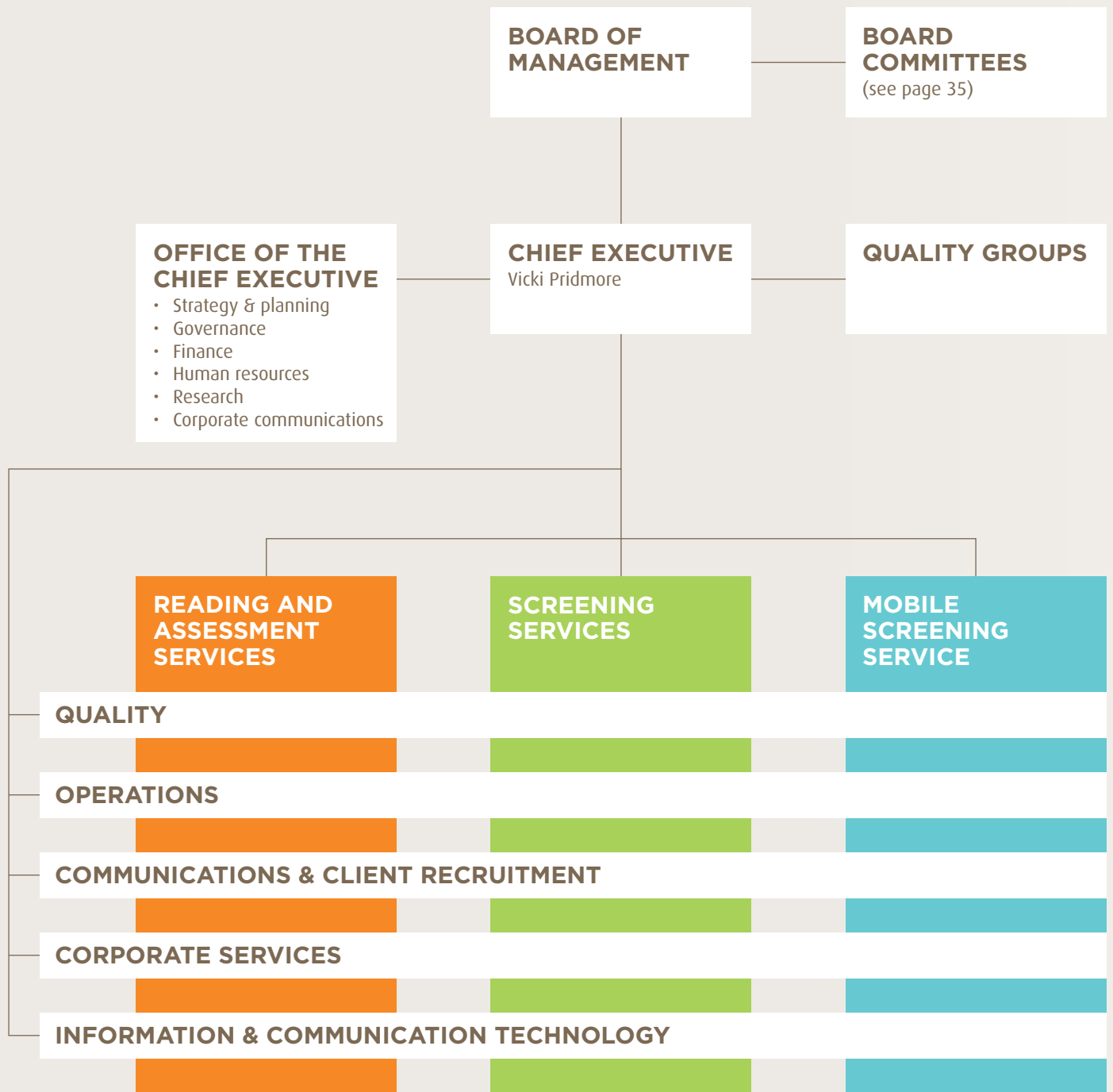
#### Before appointment

		Change since 2014
Understanding of process prior to appointment	97%	+1
Ease of finding clinic	96%	-1
Convenience of clinic location	97%	0
Clinic atmosphere	94%	-1
Friendliness of reception staff	96%	-1
Wait time at centre pre-appointment	98%	0
Availability of information at reception	87%	-2

#### Breast Screen procedure

		Change since 2014
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	95%	+1
Acceptable level of discomfort experienced	92%	0
All steps taken to make process as comfortable as possible	96%	0
Awareness of ability to stop the process at any time	77%	+2
Total time process took	99%	0

# 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 Carolyn Bell, Director Operations, in January 2015. BreastScreen Victoria thanks Carolyn for her contribution to the Program.

Genevieve Webb was appointed as Director Quality in November 2014. Karlene Willcocks was appointed as Director Operations in March 2015.

Congratulations to the following staff for reaching milestones of service in 2014–2015:

20 years: Darren Firth  
15 years: Zoran Kimov  
15 years: Maria Giampa  
10 years: Cathy Dewhurst



In May 2015, BreastScreen Victoria concluded its 8th mass media advertising campaign tranche. Call Centre staff are pictured here enjoying a few quiet moments for morning tea with BreastScreen Victoria CEO Vicki Pridmore before the campaign began.



The ERM team. Back row: Elias Mathew, Greg Maudsley, Flynn Schulstad. Front row: Carly Gruzewski, Cathy Dewhurst, Cath Sutton (with baby Cooper), and Fiona Brown.

# 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.

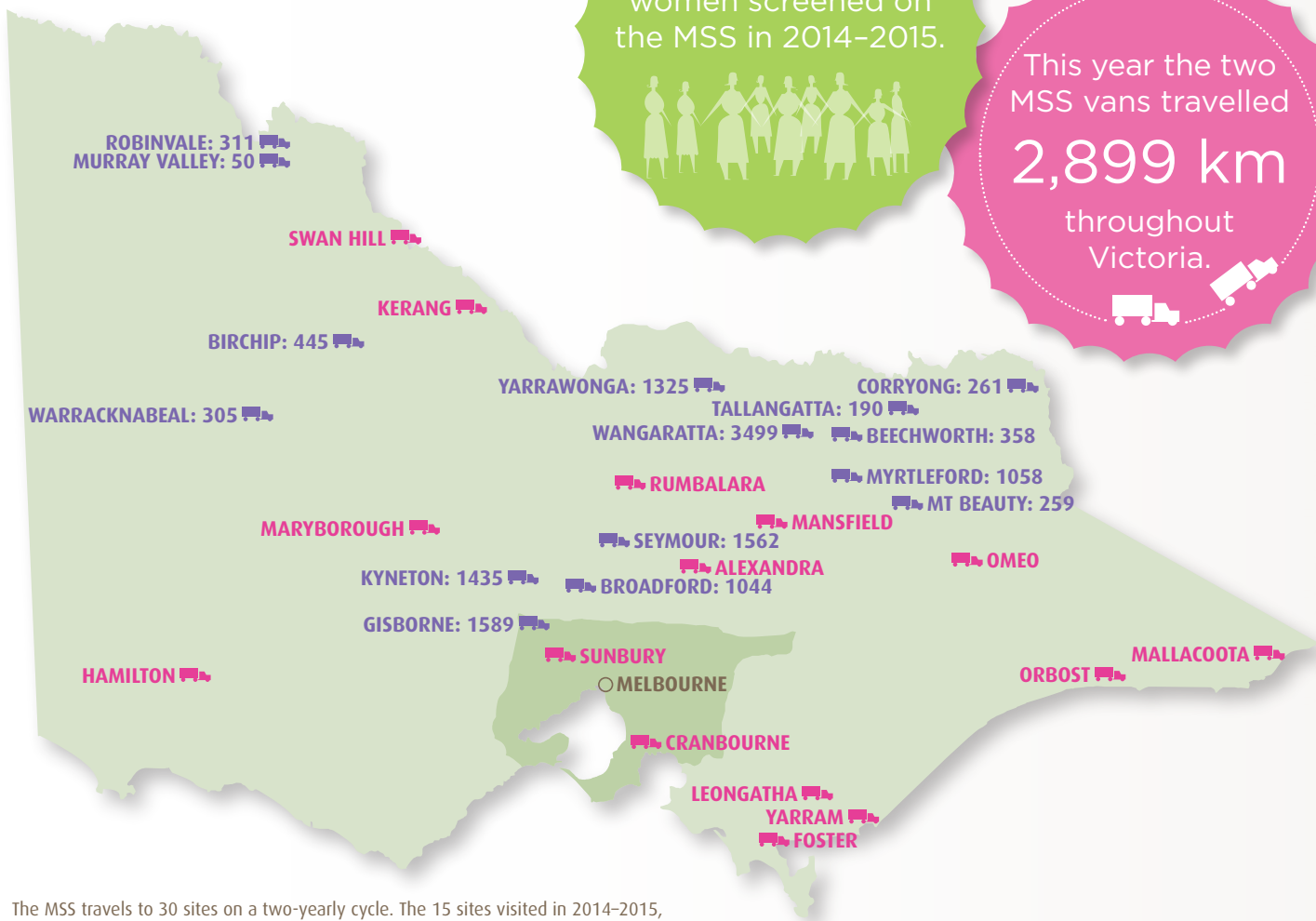
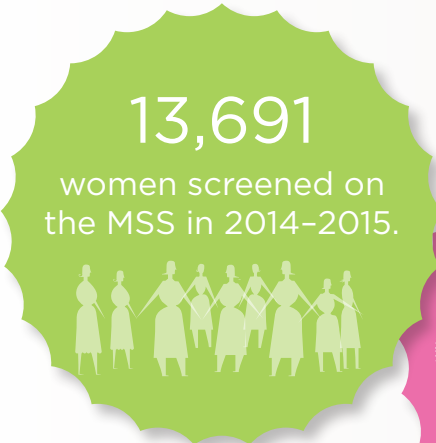
MSS radiographers provide the same first-class screening service on the two MSS vans as that offered at our 'bricks and mortar' screening clinics.

The MSS is managed by the BreastScreen Coordination Unit. The MSS Coordinator Debbie MacLeod works with the Health Promotion Officer Carolyn McNamara to promote the MSS in local towns and communities before it arrives in each new screening site.

The MSS celebrated 20 years of screening in Birchip, Seymour, Kyneton and Gisborne this year.

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 farewelled radiographer Paula Sakalas.

State Radiographer Abigail Harress-Blaas was also the MSS Chief Radiographer, providing technical support to the radiographers and a link with the Reading and Assessment Services.



The MSS travels to 30 sites on a two-yearly cycle. The 15 sites visited in 2014-2015, including the number of women screened at each of these sites, are shown in purple.



Radiographers Pauline Chalmers (left) and Teresa Warren on the Mobile Screening Service at Broadford.



Community Health team from Rural Northwest Health, Warracknabeal.

"Rural Northwest Health thanks the team from BreastScreen Victoria for their expertise and commitment and for bringing Nina to the region. To have a high quality service provided close to home has allowed local women to undertake their screening easily. We received a couple of results that needed follow up. If Nina and the team hadn't arrived these women might be facing a very different cancer treatment plan. Well done and we look forward to a visit in 2 years' time."

Catherine Morley  
*Chief Executive Officer, Rural Northwest Health*

Whitfield, Whorouly, Eldorado, Yarrawonga, Wahgunyah, Beechworth, Y...  
 Bluff, Sandy Creek, Huon, Charleroi, Mitta Mitta, Eskdale, Dartmouth,  
 ona, Thologolong, Glen Creek, Myrtleford, Ovens, Eurobin/Rostrevor, F...  
 dge, Wallan, Wandong, Bylands, Kilmore, Tabilk, Avenel, Nagambie, Lon...  
 ceffield, Woodend, Kyneton, Malmsbury, Trentham, Clarkefield, Riddell...  
 cedon, Birchip, Speed, Tempy, Patchewollock, Wycheproof, Nullawil, C...  
 petoun, Woomelang, Lascelles, Rainbow, Donald, Glenrowan, Wangar...  
 rawonga, Wahgunyah, Beechworth, Yackandandah, Chiltern, Ruthergl...  
 leroi, Mitta Mitta, Eskdale, Dartmouth, Tawonga, Tawonga South, Mt B...  
 leford, Ovens, Eurobin/Rostrevor, Porepunkah, Bright, Wandiligong, R...  
 Kilmore, Tabilk, Avenel, Nagambie, Longwood, Tallarook, Euroa, Seym...  
 msbury, Trentham, Clarkefield, Riddells Creek, Bolinda, Monegeeta, R...  
 Patchewollock, Wycheproof, Nullawil, Culgoa, Berriwollock, Sea Lake...  
 nbow, Donald, Glenrowan, Wangaratta, Milawa, Oxley, Springhurst, Ba...  
 th, Yackandandah, Chiltern, Rutherglen, Corryong, Cudgewa, Tintaldr...  
 artmouth, Tawonga, Tawonga South, Mt Beauty, Kiewa, Kergunyah, Co...  
 Rostrevor, Porepunkah, Bright, Wandiligong, Robinvale, Euston, Bound...  
 agambie, Longwood, Tallarook, Euroa, Seymour, Yea, Molesworth, Milp...

"Today I visited your BreastScreen van in Swan Hill, Victoria. The staff were very friendly and efficient. They were on time with my appointment, it gave no pain and only took a few minutes. I am very appreciative that you are able to visit our area. Thank you very much."

Judy Sutton  
*Swan Hill*

# SCREENING, READING AND ASSESSMENT SERVICES

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



**Established:** 1995

**Number of breast screens performed in 2014–2015:** 12,564

**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:** Four year accreditation until March 2019

**Clinical Director:** Dr Jill Wilkie BSc (Hons), MBBS, MRCP, FRCR

**Program Manager:** Kathryn Kruger, BAppSc (Medical Rad), Certificate IV Training & Assessment

### Highlights

Bendigo BreastScreen underwent a full accreditation site visit in November 2014. Four year accreditation was awarded, an excellent result for the Service and all involved. In March 2015, Bendigo celebrated 20 years of service with a morning tea at which guest and consumer Joy Stewart, who has attended the Service since it began in 1995, was acknowledged.

The Bendigo Consumer Advisory Committee (CAC) disbanded in December 2014 after 15 years of service. The CAC was thanked for its dedication and commitment to Bendigo BreastScreen over many years.

The continuation of the Electronic Records Management roll-out had a major impact on the Service in 2014-2015 and Bendigo appreciates its benefits.

### Staff

Coralie Mahar retired after 10 years of service. Kay Henthorn was employed as part-time data clerk after casual work for 2 years.

The Program Manager and Bendigo radiographers attended the BreastScreen Australia Conference in Melbourne in October 2014.

**20 years:** Dr Damien Cleeve (Radiologist) & Dr Robert Jarvis (Radiologist)

**10 years:** Dr Sarah Skinner (Radiologist), Roslyn Fyffe & Coralie Mahar

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



**Established:** 1993

**Number of breast screens performed in 2014–2015:** 18,259

**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, Warrnambool and Portland

**Accreditation status:** Two year accreditation until November 2015

**Clinical Director:** Dr Linda West, MBBS (Hons), FRACR Member Breast Interest Group RANZCR

**Program Manager:** Lyn Edwards, BSW, Dip Management

### Highlights

Geelong and South West BreastScreen successfully met the screening targets for 2014-2015, due to the efforts of staff at all three screening sites. The Service continues to perform well in relation to cancer detection and client participation and there continues to be strong demand for the Service in the region.

The multi-disciplinary leadership group has led service delivery at the Geelong site and facilitated a close working relationship with the Portland and Warrnambool sites. Development in administration has continued over the past year, with a focus on improved processes to enhance client services and staff working environment.

A key and ongoing focus in 2014-2015 has been improvement against the National Accreditation Standards (NAS) timeliness standards. A structured approach to monitoring and evaluating reading and assessment timeliness has resulted in the implementation of a range of strategies designed to provide sustained performance improvement in this area.

### Staff

Geelong and South West BreastScreen have welcomed to the team several new radiographers and administration staff over the past year.

## BREASTSCREEN VICTORIA SCREENING, READING AND ASSESSMENT SERVICE GIPPSLAND



**Established:** 1993

**Number of breast screens performed in 2014–2015:** 12,124

**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:** Two year accreditation until February 2017

**Clinical Director:** Mr David Chan MBBS, FRACS

**Program Manager:** Mrs Julie Foat, MBA, BSc(Applied Science, Health), GradDip – Frontline Management, CertIV Training and Assessment

### Highlights

Gippsland BreastScreen experienced improved reading capacity, enhanced planning for assessment clinics, and an increase in its Radiologist workforce during 2014-15. From 2015 these Service achievements have contributed to sustaining our timeliness standards.

Preparation for the move to Electronic Record Management stage two was undertaken, with implementation scheduled for July 2015.

Building works have been approved to go ahead in 2015-2016, which will see the addition of a second ultrasound machine clinic room and third reading workstation. This will provide additional service capacity to our assessment clinics and also assist with resourcing reading. This investment will greatly enhance the Service and the experience of women who attend it.

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



**Established:** 1994

**Number of breast screens performed in 2014-2015:** 10,751

**Proudly brought to women by:** Ballarat Health Services

**Radiology providers:** Keystone Radiology (Formerly Base Imaging Group)

**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 2015

**Clinical Director:** Dr Richard Ussher, MB ChB, FRANZCR

**Program Manager:** Ms Kim Kyatt, BAppSc(Med Rad), DipBreast Imaging

### Highlights

2014–2015 proved to be another highly productive year for the Grampians BreastScreen Service. The Service had successful mobile van visits to Birchip and Warracknabeal, where it is always very well received by local communities. The team has been focussed on meeting National Accreditation Standard 3.7.2 on timely progression to assessment, especially during mobile van visits, where there is a substantially increased workload. With constant monitoring and evaluation, the Service is proud to have met and maintained this standard for the 2014/2015 period and continue to do so into 2015-16.

Grampians BreastScreen has an amazing team dedicated to quality, client focussed service delivery. Its extensive quality program includes valuable consultation with our consumer representatives. 2014-2015 saw Designated Radiographer, Sue Ross, work with the mammography team to achieve a significant reduction in our technical repeat rate to <2%. Designated Radiologist, Rick Ussher, also worked closely with the radiology team to decrease the recall to assessment rate through mentoring and a structured consensus third read program.

The Service continues to receive wonderful, positive feedback from clients, and staff should be congratulated for their dedication to providing the best possible service to the women in the region.

# SCREENING, READING AND ASSESSMENT SERVICES (Continued)

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



**Established:** 1994

**Number of breast screens performed in 2014-2015:** 38,798

**Proudly brought to women by:** Eastern Health

**Radiology provider:** Eastern Health and MIA

**Coverage:** Screening centres are 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:** Four year accreditation until May 2016

**Clinical Director:** Mr David Stoney MBBS, FRACS (until February 2015), Dr Darren Lockie FRANZCR, MBBS (from February 2015)

**Program Manager:** Ms Michelle Clemson BAppSc

### Highlights

Maroondah BreastScreen had a very busy year hosting the mobile van, Marjorie, for the entire 12 months. Nearly 7,000 clients were screened during this period in North East Victoria. As part of celebrations for Maroondah BreastScreen's 20 years of service to the community, the Service commissioned an aboriginal artwork. "Binnarunngi" (Women) by Auntie Irene O'Loughlin shows the connection of women from all walks of life, brought together to overcome the fear of uncertainty that enters our minds when confronted with the thought of cancer.

Several members of our team presented abstracts relating to the Maroondah Study at the BreastScreen Australia Conference in Melbourne in October 2014. The Maroondah Study evaluated whether routine Digital Breast Tomosynthesis (DBT) imaging during assessment would reduce the number of biopsies and ultrasound tests required to reach a definite outcome. We estimate from the results of our study that using DBT assessment, rather than 2D mammography, could reduce the need for biopsies by 27% and ultrasounds by 11%, with a reduced average radiation dose while producing similar cancer detection rates.

### Awards:

Dr Darren Lockie, Best Research Presentation, Eastern Health's Research Forum, December 2014

Ms Michelle Clemson, Maroondah Hospital Achievement Award, Closing the Health Gap, March 2015.

### Staff

10 years: Gay Koffyberg

15 years: Glenys Makary, Heather Valeri, Rayma Michell

20 years: Janis Uhe, Sue Timperley, Diane Montgomery

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



**Established:** 1993

**Number of breast screens performed in 2014-2015:** 49,707

**Proudly brought to women by:** Monash Health

**Radiology provider:** Monash BreastScreen, MIA, MDI, GIG, Capital

**Coverage:** Screening centres are located at Moorabbin, Waverley, Berwick, Dandenong, Frankston and Rosebud

**Accreditation status:** Four year accreditation to February 2017

**Clinical Director:** Dr Jill Evans, MBBS, FRANZCR

**Program Manager:** Janelle Finn

### Highlights

All screening clinics continued to have high demand for appointments. As part of a 'life swap' challenge on GOLD FM's breakfast radio in November 2014, presenter Lehmo experienced a breast screen with Chief Radiographer Liz Stewart at Moorabbin.

The Radiographer Training Centre (RTC) is continuing to work on a project transitioning from face-to-face academic training to e-learning to facilitate flexible learning for all BreastScreen radiographers.

### Staff

Dr Jill Evans presented at the BreastScreen Australia Conference. Dr John Waugh presented a poster at Symposium Mammographicum. Jayne Mullen was a panel member at RANZAR, AIR, ACPSEM Combined Scientific Meeting 2014, discussing breast imaging cases from a radiography perspective, and presented at the BreastScreen Singapore Seminar and the BreastScreen Australia Conference. Elizabeth Stewart also presented at the Singapore seminar.

Australia Day Honours 2014: Dr Stewart Hart AM (Former Director of Monash Breast Services and Monash BreastScreen): Member of the Order of Australia for significant service to medicine as a clinician, particularly in the area of breast cancer research and to community health organisations. Dr Belinda Brown OAM: Medal of the Order of Australia for service to medicine in the field of breast cancer treatment.

10 years: Anita Lee

15 years: Frances Hulls

20 years: Cheryl Bass, Louise Mattman, Christine Northorpe, Brenda Thompson

25 years: Dr Jill Evans

35 years: Dr Stewart Hart



## 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 2014-2015:** 45,111

**Proudly brought to women by:** Melbourne Health

**Radiology providers:** Capital Radiology, Lake Imaging, MIA took over VMI in September 2014

**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:** Four 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 had its data audit in April 2015 in preparation for a full accreditation visit in early June. Both visits went well and the accreditation report was very positive and commended staff for robust and consistent performance against the National Accreditation Standards.

In 2014, the Service was the pilot program for the transition of radiology reporting to an electronic system. The pilot was conducted in late May and the Service tested and accepted all changes which were then rolled out to the rest of the State later in 2014. The Service was also the pilot Service for the hanging protocols. Once again, the Electronic Records Management team and Service staff worked well together.

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

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

### Staff

North Western 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, manual handling and hand hygiene.

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



**Established:** 1993

**Number of breast screens performed in 2014-2015:** 51,433

**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:** Two year accreditation with close monitoring until November 2016

**Clinical Director:** Dr Helen Frazer, *MBBS, FRACR*

**Operations Manager:** Ms Tory Williams

### Highlights

Due to the diverse demography of the St Vincent's catchment population, there has been a focus on targeting the harder-to-reach communities by engaging local councils and community groups. Information sessions have been provided for Polish, Russian, Turkish, Greek and Chinese speaking groups, and grants have been supplied to Humanitarian Settlement Services to promote screening. Local councils and MPs have been valuable supporters of the program and have helped to spread the reach of information.

Dr Helen Frazer convened the Breast Imaging Conference at the Gold Coast in July 2015, presenting her research findings on screening increased numbers of women aged 40-44 years on breast cancer detection and resourcing. Sue Macaulay, Chief Radiographer also presented to discuss the impact of the increased screening target age group on St Vincent's BreastScreen. Dr Frazer also presented at the BreastScreen Australia Conference in 2014 on the implications of screening increased numbers of women aged 40-44 years on breast cancer detection and resourcing: an ecological study using the BreastScreen Victoria database from 2009-2013.

St Vincent's is the first Reading and Assessment Service in Victoria to accept a student for the Graduate Diploma of Mammography through the Charles Sturt University who will complete her studies early next year.

# 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 Human Services and the Victorian Minister for Health regarding funding for the Program and desired outcomes.

## 1. Professor Katherine McGrath

MBBS, FRCPA, FAICD

*Chair*

*Meetings attended: 7/8*

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: 6/8*

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: 7/8*

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 benign breast disease, 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: 7/8*

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: 7/8*

Mary Hawkins has over 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 currently on the advisory panel 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 Directorships on the Board of the International Women's Development Agency, the Australian Women Donors network, the IWDA Foundation, Star of the Sea College, the Victorian Women in Technology and Sustainability Victoria's investment fund advisory panel.

## 6. Dr Wayne Lemish

BSc(Hons), MBBS, FRANZCR

*Meetings attended: 5/8*

Wayne Lemish is a radiologist with subspecialty interest in Breast imaging including mammography, digital breast tomosynthesis (DBT), breast ultrasound and MRI. He was the director of Breast Imaging at Freemans Day Centre in East Melbourne for 13 years, and is currently Director of Breast Imaging at East Melbourne Radiology. Wayne has more than 20 years' experience in breast screening for the early detection of breast cancer. He is a fellow of the Royal Australian and New Zealand College of Radiologists (RANZCR). He was an examiner for RANZCR and represented the College at Standards Australia for a number of years.



### 7. Ms Kerrie Milburn

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

*Meetings attended: 8/8*

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.



### 8. Ms Margaret Peril

M App Fin, MSC, Grad Dip Accounting, BSc Hons, FAICD

*Meetings attended: 5/8*

Margaret is a financial consultant providing corporate finance, treasury and financial risk management solutions to the private sector. She has over 25 years of experience gained from senior roles such as Group Treasurer of listed companies. Margaret also has extensive experience as a Director, Treasurer and member of various board committees in the not-for-profit sector. Her current interests include studying law, developing policies for the establishment of smoke free residential premises and radio broadcasting in French and Mauritian Creole.



### 9. Ms Jane Poletti

MM (Strategic Foresight), LLB, BSc, GAICD

*Meetings attended: 8/8*

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 early stage business ventures and high-growth companies, as a consultant and in-house. Central to Jane's practice area is board and organisational governance, which includes intellectual property management and practical business process solutions for implementation of privacy law compliance. With 25 years of 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.



### 10. Mr Tim Staker

BEng (Biomedical), MBA

*Meetings attended: 6/8*

Tim Staker has over 30 years' experience working with health devices and information technology having held senior management roles within government and the private sector. For the past 12 years he has held the role of National General Manager for Cabrini Technology Group, a not-for-profit business which has 400 staff operating from offices throughout Australia and New Zealand which is wholly owned by Cabrini Health. Tim has also consulted on many of the recent new hospital projects as technical advisor to State Health Departments in Australia and the Ministry of Health in New Zealand. For 12 consecutive years he served on the Queen Elizabeth Centre Board of Management in various roles including Vice President and Chair of the Quality and Risk Committee.



### 11. Ms Sue Viney

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

*Meetings attended: 8/8*

Sue Viney has over twenty five years' experience in policy and service improvement in the public and not-for-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.



### 12. Ms Vicki Pridmore

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

*Ex Officio*

*Meetings attended: 7/8*

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 to realise strategic outcomes. As a manager, the CEO presides over BreastScreen Victoria's day-to-day operations.

*'Recently, I received an email complimenting BreastScreen Victoria on our thoughtful attention to detail which ended with the view that, in their experience, our service delivery was "faultless perfection". While I would love to lay claim to uniform, faultless perfection, I suspect that there is still the opportunity to improve. Nonetheless, I am so very heartened that one woman's experience at screening was faultless, as we can all learn from understanding the unique aspects of that particular experience.'*

## 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.

*'Providing quality support, guidance and growth opportunity are what the Corporate Services team is most proud of. We enjoy bringing new and innovative ideas to the delivery of services in the pursuit of the ultimate goal of providing high quality services to the women of Victoria.'*

## 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.

*'The 2014-15 year was an exciting one for the Recruitment and Communications team as we expanded the target age group so that women aged 70-74 now receive invitation and reminder letters. We also started to communicate with our clients in new ways that meet their preferences – we now send invitation and reminders by letter, email and text message. In 2014-15, we again broke all previous records, screening more women than ever before in the Program's history with 241,122 women walking through our doors.'*

## 4. Karlene Willcocks

### Director Operations

EMBA, PG Cert HSci, PG Cert HSci (Resus), BHSc, DipNurs

The Operations team encompasses the areas of: Service Delivery, Contact Centre, Information Services, and the Mobile Screening Service and works in partnership with our Screening Service Providers and Reading and Assessment Services to ensure the efficient and effective delivery of the BreastScreen program.

*'Ensuring the greatest access to BreastScreen program for the women of Victoria is achieved through a strong collaborative partnership with our service providers. The focus on achieving a balance between participation; demand and capacity has supported the Program to continue to grow and provide a quality service to more women in Victoria.'*

## 5. Jeremy Du Vé

### Director Information and Communication Technology

MBA, BA(Hons), GradDipIT, GAICD

ICT provides highly available, reliable and responsive ICT services for the daily operations of BSV. BreastScreen is 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. Significant achievements over the year have been the quality, financial and productivity benefits realised from the ERM project and the steady improvement in the reliability of ICT services.

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

## 6. Genevieve Webb

### Director Quality

BA(Hons) (Psychology), BAppSci. (Computing), FAICD

The Quality Unit is committed to improving all aspects of BreastScreen's service and supports service providers to achieve and maintain accreditation under the national standards.

*'It is heartening to see how service providers have engaged with an increased focus on quality by continuously refreshing their processes and structures to ensure that women get the best possible service at BreastScreen. This year every service improved its performance on key quality measures, particularly timeliness. Reducing the time from screening to assessment helps to minimise unnecessary anxiety for women and ensures early treatment for those who need it.'*

# 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, Margaret Peril (*from May 2015*), Tim Staker (*from May 2015*), 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*, Christine Fitzherbert, Prof. Katherine McGrath (*from November 2014*), Tim Staker (*from March 2015*), Dr Wayne Lemish (*from June 2015*), Vicki Pridmore *ex officio*, Carolyn Bell *ex officio* (*to December 2014*), Jules Wilkinson *ex officio*, Genevieve Webb *ex officio* (*from January 2015*)

### Participation Committee

Kerrie Milburn *Chair*, Sue Viney, Assoc Prof John Collins, Jane Poletti, Philippa Hetzel, Margaret Peril (*from June 2015*), Vicki Pridmore *ex officio*, Carolyn Bell *ex officio* (*to December 2014*), Natasha Levy *ex officio*, Karlene Willcocks *ex officio* (*from March 2015*)

### Research Committee

Katherine McGrath *Chair* (*from October 2014*), Dr Jill Evans, Assoc Prof John Collins, \*Dr Darren Lockie, \*Dr Helen Frazer, \*Dr Wayne Lemish, \*Prof Dallas English, \*Prof Bruce Mann, \*Dr Ian Campbell, \*Dr Carolyn Nickson (\* *from February 2015*), Vicki Pridmore *ex officio*, Jules Wilkinson *ex officio*, Genevieve Webb *ex officio* (*from February 2015*)

### State Accreditation Committee

Sue Viney *Chair*, Dr Jill Evans, Prof Dallas English (*to May 2014*), Jayne Mullen, Ms Cathie Poliness (*to May 2014*), Abigail Harress-Blaas, Kathryn Kruger, Michelle Clemson, Dr Alison Rose (*to July 2014*), Prof Bruce Mann, Dr Helen Frazer (*from July 2014*), Vicki Pridmore *ex officio*, Jules Wilkinson *ex officio*, Genevieve Webb *ex officio* (*from October 2014*)

## 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. With the finalisation of stages 1 and 2 of the Electronic Records Management project BreastScreen Victoria is further able to gain efficiencies as the process of registration, screening and reading have become largely paperless. BreastScreen Victoria continues the practice of producing all new information resources on 100% recycled paper and producing electronic versions of all resources for download from our website. BreastScreen Victoria will be embarking on a review of all print material in the new year.

### 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.

Women's consent is obtained before identified information or data (such as her screening results) is transferred for clinical or monitoring purposes.

Further information about BreastScreen Victoria's privacy statement can be found at [www.breastscreen.org.au](http://www.breastscreen.org.au)





BreastScreen  
Victoria

Caring about Women

## **BREASTSCREEN VICTORIA ANNUAL REPORT 2014-2015**

Produced by:  
BreastScreen Victoria Coordination Unit  
Level 1, 31 Pelham Street  
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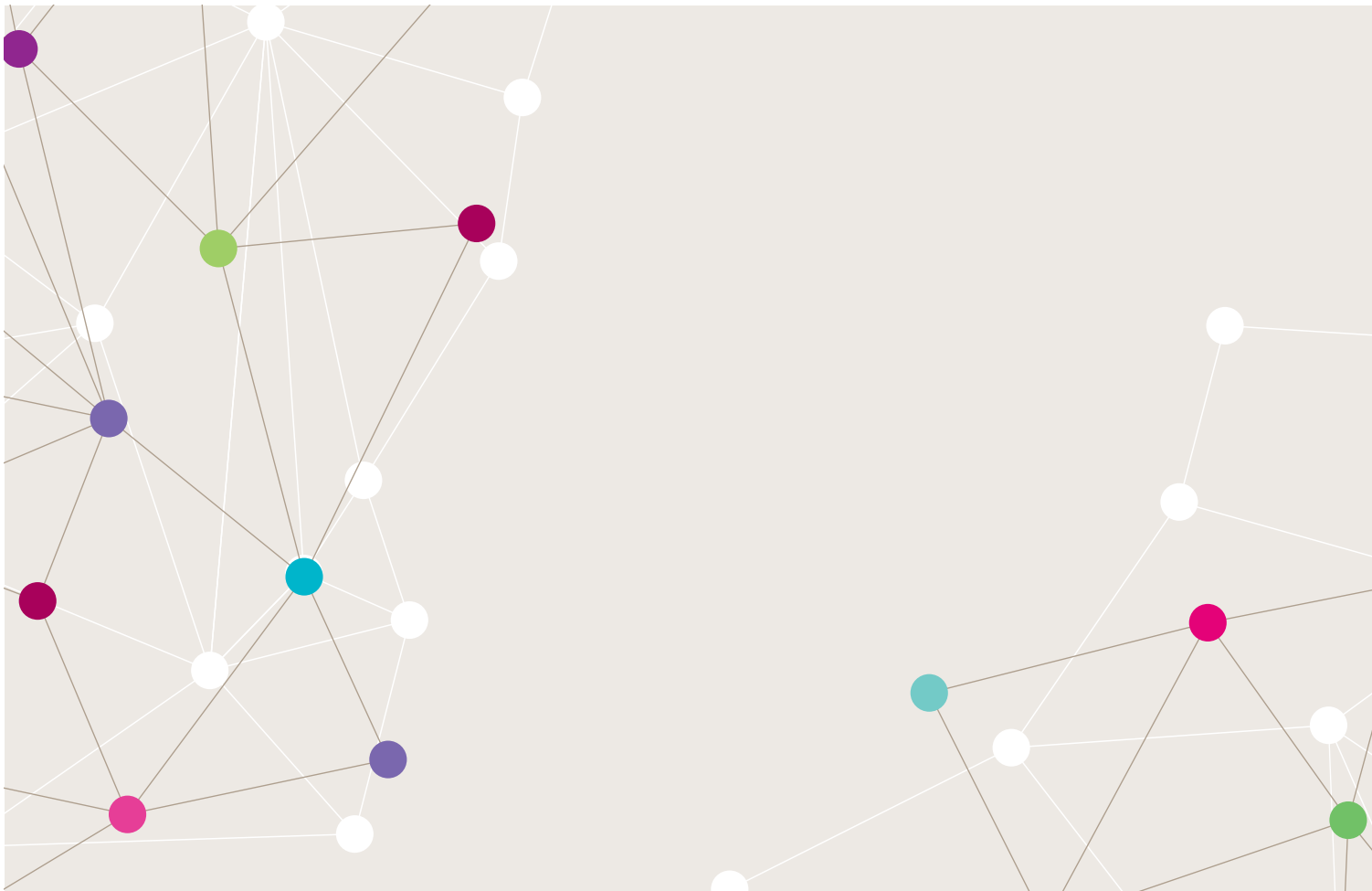
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