Annual Report 2017–18

BreastScreen Victoria

25 years of screening women
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## 2017–18 AT A GLANCE

Five hundred BreastScreen Victoria staff provided services to women at 42 screening clinics and in 23 towns and two Aboriginal Cooperatives visited by the Mobile Screening Service. Further tests were provided at eight Screening, Reading and Assessment Services.

### REACHING WOMEN

<table>
<thead>
<tr>
<th><strong>4,022,052</strong> website page views</th>
<th>(↑ 29.9%) There were 343,804 website users. We reached 409,189 people in 2017–18 through Facebook.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>47</strong> education sessions delivered</td>
<td>Health promotion staff delivered breast cancer screening education to communities and health professionals including GPs.</td>
</tr>
<tr>
<td><strong>1,604,097</strong> letters, emails and SMS sent to women</td>
<td>(↑ 10.3%) Points of communication with women included invitations to screen for the first time, reminders to rescreen, booking confirmations and results. We also sent 259,463 result letters to GPs. Of these letters, 82.2% (213,171) were sent electronically.</td>
</tr>
<tr>
<td><strong>245,168</strong> calls to the Contact Centre</td>
<td>(↑ 0.2%) Calls increased from 244,608 the previous year.</td>
</tr>
</tbody>
</table>

### BOOKING APPOINTMENT

| **336,791** bookings made | (↑ 4%) Total bookings (including both telephone and online bookings) increased 4% from the previous year, with online bookings increasing by 17%. This year, 44.4% of bookings were made online (149,427) and 55.6% (187,364) were made via telephone or in person. |

### SCREENING

| **260,722** breast screens performed | (↑ 2.7%) We achieved 99.8% of our target of 261,215 screens. This number includes 2539 Victorian women screened by BreastScreen NSW. 33,554 (12.8%) attended for their first screen and 227,168 (87.1%) attended for a subsequent screen. |

### ASSESSMENT

| **11,818** women were recalled to assessment | (↑ 2.3%) Of the 11,818 women recalled for further tests (assessment), 28.9% were attending for the first time and 71.1% were attending for their subsequent screens. |

### CANCER DETECTION

| **1767** breast cancers diagnosed in 2016–17 | (↑ 3.5%) 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 doctor. Of the 1767 cancers diagnosed, 1405 (79.5%) were invasive cancers and 362 (20.5%) were DCIS. |

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1. Excludes Victorian women screened in NSW.
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 again reach and deliver high quality services to a record number of women in 2017/18.
2017–18 has been another exciting and productive year in demonstrating our commitment to improving the future health of Victorian women through the early detection of breast cancer. This year we have set higher screening targets, investigated advanced screening methodologies and tailored screening, improved our communication with women, and improved service delivery in all areas of the screening pathway.

I am proud of the work of our staff and services in maintaining an effective program, as well as in looking beyond our usual activities to see what we can do better.

This year we’ve explored new ways of promoting the importance of regular screening. A focus on new digital communication channels has helped us to reach more potential clients. Most significantly, we redeveloped the BreastScreen Victoria website, based on feedback from women.

We continue to trial new ways of reaching and involving underscreened women. We are working with trans and gender diverse (TGD) communities to explore the barriers and enablers to inclusive service provision. We also report this year on the Ophelia project, which is increasing participation and improving the screening experience for Aboriginal, Arabic and Italian women.

Our Mobile Screening Services (‘Nina’ and ‘Marjorie’) continue to play a pivotal role in promoting breast health and screening and providing a culturally safe environment for women from diverse backgrounds.

We are pleased with early results from our two-year Client Centric Care project, which is carefully assessing clients’ satisfaction with our services. Full results will be available later in 2018.

Service quality has been high on everyone’s agenda this year. We are delighted that our eight Screening, Reading and Assessment Services are now fully accredited with BreastScreen Australia National Accreditation Standards, and the Victorian State Quality Committee has been established to assist us to maintain accreditation. In June 2018, the BreastScreen Victoria Coordination Unit was accredited separately from the services for the first time; the result will be announced in late 2018.

This year, we implemented our first steps towards tailored screening, with the introduction of our Family History Policy. Our eight services are to be congratulated for their careful and efficient implementation of the policy.

The tomosynthesis in screening trial has commenced; it sees BreastScreen Victoria partner with Eastern Health and the University of Sydney to trial new digital 3-D mammography technology.

We also finalised the new 2018–22 Strategic Plan to ensure we are ready to face new challenges, maintain our sustainable business model and focus on emerging technologies, while also providing the best possible service for the women of Victoria.

I join with the Board and all staff and services in celebrating our 25th anniversary. We were the first Australian public health screening program to focus on women and their wellbeing, and I’m proud to lead an organisation that cares for women and provides a quality service that enables women to prioritise their health.

Vicki Pridmore
Chief Executive Officer
OVERVIEW

FROM OUR CHAIR

In this, our 25th year of service to the Victorian community, we are delighted to reflect that over the last quarter-century, breast screening participation rates have more than trebled.

Thanks to the skill and dedication of management, staff and volunteers, and the support of the Australian and Victorian governments, BreastScreen Victoria has improved breast cancer outcomes for women and won high levels of client satisfaction. We congratulate and celebrate our highly expert workforce, who foster and maintain a profound understanding of all aspects of breast screening.

This report focuses on 2017–18, but also reflects on the past 25 years. Between 1992 and 2018, we performed almost five million screens. Our screening numbers have increased significantly—from 76,794 in the first two years of the program, to more than 260,000 in 2017–18.

Our screening service is an important part of an increasingly sophisticated approach to breast cancer. Over the years, we have detected many thousands of breast cancers early, when they are less likely to have spread and when treatment is most likely to be successful.

BreastScreen Victoria works hard to provide a service that is culturally and socially sensitive. Participation statistics reveal that women are screening in ever-increasing numbers, including women from underscreened groups.

Over the years, our service approach has changed, as we have learned how mammography screening may most effectively be deployed. We remain at the forefront of screening and assessment approach and technology innovation.

Our 2018–22 Strategic Plan demonstrates our commitment to being future ready—over the last year, we have implemented strategic evaluation and planning to ensure our organisation is flexible enough to adapt to changing technology and workforce needs.

It is Vicki Pridmore’s 10th year as CEO, and we warmly congratulate her for her enthusiastic and energetic commitment to BreastScreen Victoria and its mission and values. One of our aims is to nurture a forward-looking and vibrant workforce and culture, and we thank Vicki for her dedication to developing BreastScreen Victoria’s internal culture and her communication of its professionalism to the broader Victorian and Australian communities.

BreastScreen Victoria’s success has been made possible through a partnership of consumers, clinicians, service delivery partners, support staff, volunteers and government. The Board of Management is proud of the outcomes BreastScreen Victoria has achieved this financial year and we look ahead to a promising and exciting 2018–19.

As I have been on Board for nine years, I will be retiring in November of this year. It has been a privilege and pleasure to work with the dedicated management, staff and Board members, past and present, at BreastScreen and I wish the organisation every success in the future.

Professor Katherine McGrath
Chair, BreastScreen Victoria

BreastScreen Victoria is governed by an independent Board whose members are appointed by the Minister for Health. New members are invited to join the Board based on their skills and experience.

Development of the four-year 2018–22 BreastScreen Victoria Strategic Plan commenced at the Board’s Strategic Planning Day in late 2017. The plan was further developed to detail revised key result areas (KRAs) and goals ahead of Board endorsement in April 2018.

Outcomes from the Strategic Planning Day are incorporated in the measures drafted by the Executive Team. 2018–19 will be the first year of reporting for the new strategic plan and next year’s annual report will be structured against the KRAs.
‘We are committed to hearing directly from women about their personal experience and what matters to them, to allow the client’s voice to guide everything we do.’
REDUCING BARRIERS AND PROMOTING REGULAR SCREENING

TRIALLING LETTERS AND CALLS TO WOMEN IN THEIR OWN LANGUAGE

This year we asked some of our underscreened women whether they would be more likely to re-attend screening if invited personally in their own language—and they responded with a resounding ‘Yes’.

Women are usually invited to re-attend screening via a reminder letter in English sent two years after their last screen. But the Optimising Breast Screening in Melbourne’s North West Project (the ‘Ophelia project’), completed last year, suggested that a letter in English may not always be effective. Women whose main language at home is Italian or Arabic—who have been identified by BreastScreen Victoria as underscreened—called for a more culturally inclusive approach.

BreastScreen Victoria trialled reminder phone calls in the women’s own language to women who had ‘lapsed’ (not attended for a screen in the previous 27 months and not responded to the usual reminder letter). The trial found that women who received a phone call in their language were 10 times more likely to book for a breast screen and much more likely to attend the screening appointment.

Annie Cooper, Health Promotion Officer – Underscreened Women, says she believes it’s the personal touch that counts.

‘It’s about getting information in the language they’re most comfortable with. The phone call makes the invitation to rescreen more accessible because you’re talking to the woman then and there. It’s the personal touch—calling the woman in their own language to say, ‘Just checking in!’:’

The trial was so successful that BreastScreen Victoria has decided to develop the approach further.

‘The trial provides a great evidence base that the approach will increase screening,’ Annie says.

‘Now that we’ve determined it’s a successful approach, we’ll be building it into our business-as-usual, focusing on underscreened language groups.’

The project will next roll out in the south-east Melbourne region, where Greek, Italian and Chinese-speaking women, who have been identified by BreastScreen Victoria as underscreened, will receive outbound reminder phone calls.

A FUNDING BOOST ENABLING THOUSANDS MORE FREE SCREENS

We were delighted to receive a significant funding boost this year, which will allow us to do 10,000 more free breast screens each year.

In February, the Victorian Government announced it would allocate an extra $1.35 million a year to BreastScreen Victoria.

Minister for Health, Jill Hennessy, expressed the government’s hope that the funding increase would help to save more lives: ‘Demand for lifesaving breast screens is growing rapidly. An extra 10,000 appointments will ensure BreastScreen Victoria can screen record numbers of women, no matter where they live.’

Minister for Health, Hon Jill Hennessy MP (second from right) visited Gippsland BreastScreen in February 2018. (L-R) Mark Richards (ALP candidate for Morwell); Gippsland BreastScreen staff Julie Foat (Program Manager), Lee Bray (Nurse Counsellor Coordinator) and Stephanie Tamblyn (Chief Radiographer); Lee Bell (General Manager Governance Latrobe Regional Hospital).
THE ‘OPHELIA PROJECT’: GENERATING SOLUTIONS TO SCREENING BARRIERS

The ‘Reminder letters and outbound calls to women in their own language’ and ‘Pharmacy campaign’ are two projects that resulted from the Optimising Breast Screening in Melbourne’s North West Project (the ‘Ophelia project’).

The Ophelia project examined challenges associated with women’s breast screening experiences and generated and tested solutions to barriers to screening. It was completed in December 2017. It has directed BreastScreen Victoria to new strategies for reaching out to underscreened women.

CALLING ON PHARMACISTS TO HELP PROMOTE BREAST SCREENING

Following a highly successful trial conducted in 2017, pharmacists around Victoria are taking up the challenge to promote breast screening.

The Optimising Breast Screening in Melbourne’s North West Project (the ‘Ophelia project’), completed last year, recommended that BreastScreen Victoria trial a UK model of running breast screening awareness campaigns through pharmacies.

Mel Davis, our Health Promotion Manager, explains that in the initial trial, BreastScreen Victoria supported pharmacies to display breast screening material and trained pharmacy staff to generate conversations with eligible women about screening.

‘We provided resources for the pharmacy, including posters, conversation prompts and badges that said “Ask me about free breast screening”,’ Mel says.

Pharmacists and pharmacy staff ask if women want information, or women approach them for information. Pharmacy staff then provide brief information and recommend the woman make a booking with BreastScreen Victoria.

Judging by the number of women booking for screening who are nominating their pharmacist as their prompt for screening, the trial was extremely successful.

‘We’re tracking when women make appointments and seeing that some women are booking a screen on the recommendation of their trusted pharmacist,’ Mel says.

She points out that pharmacies are good locations for health promotion.

‘Some women don’t go to their GP very often, but will go to their pharmacist first with a problem to check if they need to see their GP!’

‘Pharmacists see health promotion as part of their role. There is definitely a place for pharmacists as health professionals to be talking to women about screening.’

The project leverages the Pharmacy Guild’s Quality Care Pharmacy Program, which requires pharmacies to undertake a community health promotion activity for accreditation. BreastScreen Victoria provides training, resources, support and assistance with reporting, which is an incentive for pharmacies to participate.

‘It’s really generating interest! Pharmacies are seeing other pharmacies doing it, and we were helped by an article in the Australian Journal of Pharmacy,’ Mel says.

Now, BreastScreen Victoria is targeting pharmacies in areas where women are underscreened. Over time, the campaign will roll out across Victoria.

‘It’s become a key part of what we’re doing. We’ve trialled it; now it will be ongoing with as many pharmacies as possible,’ Mel says.

THE ‘OPHELIA PROJECT’: GENERATING SOLUTIONS TO SCREENING BARRIERS
CULTIVATING A NEW PARTNERSHIP

In 2017–18 we initiated a partnership with the Victorian Farmers Federation (VFF) which resulted in a beautiful space at the Melbourne International Flower and Garden Show that inspired hundreds of women to book a breast screen.

Mel Davis, BreastScreen Victoria’s Health Promotion Manager, explains how it began.

‘I went to the flower and garden show the previous year and when I looked at the people attending, I thought, “This is our key demographic.” One hundred thousand people attend over five days and 80% are women over the age of 50 years.’

BreastScreen Victoria initiated talks with Flowers Victoria, a subsidiary of VFF. ‘There’s a real synergy between our two organisations—we are both focused on rural and remote areas. It was a real opportunity to align the two organisations,’ Mel says.

The VFF sponsored an area 10 x 4 m for BreastScreen Victoria to design a welcoming space for women to talk to health promotion staff about breast screening and book their appointment. Gift bags were given to women who booked a screen and Hologic provided a demo mammography machine for women to explore. No other health services have stalls at the show, so our presence was unique.

Mel explains why the event was such a success.

‘It really did make a difference! Women were able to see the machine and we could talk to them about the sorts of things that might put them off screening. The point was to engage with women who had never screened or who had screened once but hadn’t returned for re-screening.

‘Two hundred and ninety-nine women subsequently booked for screening: 148 first-time screeners and 101 non-returners.

‘The VFF were thrilled that it was such a success and are keen for the partnership to continue.’

ENCOURAGING ABORIGINAL WOMEN TO ATTEND SCREENING

Aboriginal and Torres Strait Islander women tend to have fewer screens than the overall Australian population, although thanks to efforts from BreastScreen, the gap closes each year.

Barriers to screening include fear and embarrassment, having had a previous bad experience, and lack of cultural appropriateness and knowledge. BreastScreen Victoria runs projects every year to try to overcome the barriers and encourage Aboriginal women to attend screening, including having our two Mobile Screening Services visit Aboriginal co-ops in rural and remote areas—in 2017 we visited Rumbalara in Gippsland and Ramahyuck in Morwell, enabling 44 women to be screened.

We also attend various health and open days, including several Djirra Sisters Day Out events, which are big pampering days for women. Our information and booking stall is popular and attracts interest from many women.

Another approach is to facilitate group bookings for Aboriginal women. A group booking means women can support and encourage each other, and screen as part of a social day away from home. We also provide tours of the service for women, so they visit, see what the service is all about, and decide whether they want to book an appointment.

We are working hard to implement further strategies to attract more Aboriginal women to screen, including developing culturally relevant resources, presenting breast health information sessions, capacity building, and educating health professionals to encourage women to talk about screening.

Health Promotion Officers Kate Liesching and Lisa Hochberg at the Melbourne International Flower and Garden Show in March 2018.

BreastScreen Victoria Health Promotion Officer Anne O’Callaghan (centre) and MSS radiographer Gill Sydes (left) with staff from the Rumbalara Aboriginal Cooperative: Stacey McDermott, Donna Rumbiolo and Julie-Anne Bamblett.
SHARING THEIR WISDOM AND EXPERIENCES: OUR NEW AMBASSADORS

BreastScreen Victoria welcomed some extraordinary women into our service this year: a group of volunteer ambassadors who are taking our message about screening into the community.

For many women, other women’s experiences are the prompt they need to make an appointment. So we have been delighted to recruit a group of knowledgeable and caring women as ambassadors.

Our ambassadors have been working in diverse ways to encourage more women to attend regular breast screens. They have been interviewed by magazines, recorded podcasts, provided profiles for our website and attended events, effectively spreading our message about the importance of regular breast screens.

We are grateful for our ambassadors’ time, compassionate actions and enthusiasm, and thank them warmly for their wonderful efforts.

PROVIDING INCLUSIVE SERVICES TO LGBTI PEOPLE

Older lesbian and bisexual women are significantly less likely to have regular breast screens. We also know that trans and gender diverse (TGD) people have a unique set of factors that may affect their risk of breast cancer; however, there is limited research evidence on their breast cancer risk and suitable screening.

This year, as part of our work towards achieving the Rainbow Tick, we partnered with TGD community members to document their needs and develop strategies for providing more TGD-inclusive services. The consultations included an online survey, and a community forum and open house at BreastScreen Victoria’s Rose Clinic. It was a great evening, with staff from St Vincent’s BreastScreen providing a warm welcome to the Rose Clinic, along with information about what to expect at a breast screen.

Results from a TGD community survey were shared at the event and CEO Vicki Pridmore led a discussion on barriers and enablers to breast/chest health and screening for TGD people. Community leaders, BreastScreen staff and experts were interviewed to create a podcast for those unable to attend the event.

The forum and survey findings have been used in the LGBTI inclusive services online training module we are developing for frontline staff, and a new TGD eligibility policy. Information about breast cancer risk and screening options have also been produced.

We extend a special thank you to TGD community members who have contributed to this timely and important work.

Ro Allen, Victorian Commissioner for Gender and Sexuality (right), and Brenda Appleton, Chair of Transgender Victoria (second right) with attendees at the TGD forum held at the Rose Clinic in October 2017.

Ambassador Annie Fisher attended a forum for volunteer ambassadors in March 2018.
Our Family History Policy is BreastScreen Victoria’s first step towards tailored screening, where we assess women based on their relative risk of breast cancer and recommend the most effective screening regime.

Women screening since September 2017 have received advice regarding their risk rating as a normal part of their visit to BreastScreen. Information about a client’s close family members who have had breast and/or ovarian cancer, as well as the client’s own history of these cancers, are used to calculate a risk rating.

The Family History Policy is designed to reassure the majority of women that they are at average risk, identify the small percentage of clients who could benefit from more frequent screening, and advise those who may benefit from specialty care outside the program, through services such as the Familial Cancer Centre. Communication of health risk information is challenging, so BreastScreen Victoria is committed to ensuring we support women in making informed decisions about their health.

Feedback from clients and clinicians has prompted an early review of our communication to women. We have sought expert advice on how we can better inform women of their risk, and what it means for them. A review panel—consisting of clients, researchers, health literacy experts and clinicians, as well as the BreastScreen Victoria Clinical Reference Group—has been involved in refining our written advice. Consumer focus testing will be the final step before we release our improved materials.

The Family History Policy is an important base for how we will continue to evolve the services we provide, and is supported by a number of significant research projects to further refine the model and explore how we can include other risk factors, such as mammographic density, in order to provide the most effective service for every client.
We are proud of our reputation for delivering a client-focused service. Our 2017 client satisfaction survey, which received feedback from 11,423 women (a 43% increase on the previous year), showed that 98% of women were highly or somewhat satisfied with their screening experience; 98% intended to return in the next two years; and 99% were extremely, moderately or somewhat likely to recommend BreastScreen Victoria to others.

While we continue to improve our performance against rigorous national standards, we know that it is the woman’s experience of screening or assessment that will determine whether she returns when she is due for her next breast screen. We are committed to ‘digging deeper’ to hear directly from women about their personal experience and what matters to them, to allow the client’s voice to guide everything we do.

Our commitment is reflected in our new 2018–22 Strategic Plan and our revised State Quality Framework, which names ‘Client Centric Care’ as its foundation principle and identifies ‘Partnering with Women’ as the key means of achieving this.

The Client Centric Care Project was established to engage clients and staff as we pursue our goal to put clients at the heart of our work. We first asked clients and staff to describe the sort of experience women want. Women told us they wanted a service that is safe, effective, responsive, integrated, accessible and timely; these became our ‘best care’ goals.

Having established the Client Centric Care Steering Committee in 2017, we are recruiting client representatives to join this and other committees. Ann Campbell, a volunteer at Grampians BreastScreen and a BreastScreen Victoria client, has supported hundreds of women through the assessment experience and has joined the Steering Committee. Ann will be joined by Jan Porter from Bendigo, who brings experience working with culturally diverse groups and a passion for ensuring that all women can access health services. Sue Viney, a longstanding contributor to BreastScreen’s work, has joined the Victorian State Quality Committee, bringing strong experience as a consumer representative.

We thank these women for agreeing to challenge us as we strive to make the client’s voice our guide for everything we do. We are continuing to recruit client representatives to other committees. Meanwhile we continue to consult women directly on specific changes, for example, we ask women to comment on information materials and letters. Recently we invited clients to provide direct feedback on letters about women’s family history and the risk of breast cancer.

‘I’m so pleased that my experience of working directly with BreastScreen clients will be used to shape this important organisation-wide change program.’

Ann Campbell, a client, volunteer and member of the Client Centric Care Project Steering Committee

We thank these women for agreeing to challenge us as we strive to make the client’s voice our guide for everything we do. We are continuing to recruit client representatives to other committees. Meanwhile we continue to consult women directly on specific changes, for example, we ask women to comment on information materials and letters. Recently we invited clients to provide direct feedback on letters about women’s family history and the risk of breast cancer.
Other Client Centric Care Project Steering Committee members include Victoria Cuevas from North Western BreastScreen, and the State Radiologist, Dr Jill Evans, while Gayle Smith, Executive Director Quality, Planning and Innovation at Eastern Health, brings the perspective of successfully implementing patient-centred care in a large health service.

BreastScreen Victoria has a rich base of feedback from clients. Our annual client satisfaction surveys are analysed for statewide and local themes, and each service provider gets detailed feedback that they use to improve their services. By combining this with other client feedback, compliments and complaints, we are building a consolidated view and a cohesive action plan to respond to our clients’ needs and preferences. To ensure this feedback reaches those who can make a difference, we’ve asked each quality committee to include client feedback in every meeting and we are enhancing our complaints reporting system so that each quality group gets specific relevant information.

“We look at each incident and complaint and respond appropriately, but we also look at the underlying systems and make adjustments so that staff can provide the level of care that patients want.” — Gayle Smith, Executive Director Quality, Planning and Innovation at Eastern Health

While this project work develops, BreastScreen Victoria continues to refine its processes to give clients choice and place them at the centre of our decision-making. A ‘results online’ feature allows clients the choice of receiving results in the mail or via an email link. Our document templates ensure client benefits are considered when making key financial decisions. Our Contact Centre team, in response to a specific complaint, has refined its call script to understand a woman’s specific requirements so she is better prepared for her mammogram. We include a client representative in the quality inspection for a new screening site.

Our next step is to discover more about the client and staff experience at each point in the client pathway, to build a quantifiable, qualitative and narrative evidence base. By identifying the client’s ‘moments of truth’ and engaging women in the improvement process, we can shape our practice accordingly and provide the best possible care for every woman, every time.

2018 SCREENING CONSUMER SATISFACTION SURVEY

In 2018 the sixth Screening Consumer Satisfaction Survey was conducted. Feedback was obtained from 11,423 women across Victoria who took part in an online survey about their experience at a BreastScreen Victoria screening clinic between 18 February and 18 May 2018.

### Booking appointment

<table>
<thead>
<tr>
<th>Highly/Somewhat satisfied</th>
<th>2018 (%)</th>
<th>Change since 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction with booking</td>
<td>97</td>
<td>-1</td>
</tr>
<tr>
<td>Ease of booking</td>
<td>97</td>
<td>-1</td>
</tr>
<tr>
<td>Professionalism of staff on the phone*</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Ability to get desired appointment day/time</td>
<td>95</td>
<td>-1</td>
</tr>
<tr>
<td>Ease of registering online†</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Ease of completing Consent Form</td>
<td>96</td>
<td>-1</td>
</tr>
<tr>
<td>Availability of information on the website to help with booking</td>
<td>86</td>
<td>-6</td>
</tr>
</tbody>
</table>

*Base: those who booked an appointment over the phone or at the clinic  † Base: those who booked an appointment online

### Before appointment

<table>
<thead>
<tr>
<th>Highly/Somewhat satisfied</th>
<th>2018 (%)</th>
<th>Change since 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good understanding of the procedure</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Ease of finding clinic</td>
<td>97</td>
<td>1</td>
</tr>
<tr>
<td>Ease of getting to clinic</td>
<td>97</td>
<td>1</td>
</tr>
<tr>
<td>Convenient location</td>
<td>98</td>
<td>1</td>
</tr>
<tr>
<td>Clinic atmosphere</td>
<td>95</td>
<td>0</td>
</tr>
<tr>
<td>Friendly reception staff</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Wait time</td>
<td>99</td>
<td>0</td>
</tr>
<tr>
<td>Information available</td>
<td>92</td>
<td>0</td>
</tr>
<tr>
<td>Car parking available</td>
<td>71</td>
<td>-15</td>
</tr>
<tr>
<td>Availability of public transport</td>
<td>15</td>
<td>-23</td>
</tr>
</tbody>
</table>

### BreastScreen procedure

<table>
<thead>
<tr>
<th>Highly/Somewhat satisfied</th>
<th>2018 (%)</th>
<th>Change since 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall satisfaction</td>
<td>99</td>
<td>0</td>
</tr>
<tr>
<td>Explanation of process by radiographer</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Professionalism of radiographer</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Feeling at ease</td>
<td>95</td>
<td>0</td>
</tr>
<tr>
<td>Acceptable level of discomfort</td>
<td>91</td>
<td>-2</td>
</tr>
<tr>
<td>Process made as comfortable as possible</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Awareness of ability to stop the process at any time</td>
<td>79</td>
<td>-1</td>
</tr>
<tr>
<td>Total time taken</td>
<td>99</td>
<td>0</td>
</tr>
</tbody>
</table>
A MORE USER-FRIENDLY WEBSITE

In June 2018 we officially launched our revitalised BreastScreen Victoria website, after listening to feedback from women across Victoria. The new site is simpler, more informative, easier to navigate and has information in 22 different languages.

An important aim when we redeveloped the website was to simplify the site, and make it easier to use. This involved redesigning webpages, introducing a more logical structure, removing inessential information and making sure the content is appropriately worded.

The site was carefully tested with consumer groups during its development and any usability issues corrected.

The new online booking site, My BreastScreen, offers a simplified booking process. My BreastScreen is a personal account where users can access their personal information, make appointments and access their results. If you’ve made an online booking in the past, it will be very familiar to you—the process is the same, just streamlined.

The new site includes an interactive service location so that women can find their nearest clinic. Women can also make contact with us directly through the site, to ask questions or leave comments.

The site is also better able to handle increases in users at times of high volume, for example, when we run a recruitment campaign encouraging eligible women to book for a breast screen. It’s easily accessible on all devices: phones, PCs, Macs and tablets.

BreastScreen Victoria is at www.breastscreen.org.au

THE BEST POSSIBLE ELECTRONIC RECORDS MANAGEMENT SYSTEM

If you’ve booked a screen online, opened an email inviting you to have a breast screen or an SMS reminder about your appointment, chatted to your GP about your result, or received a recall letter, you’ve interacted with our electronic records management (ERM) system (known as ‘Gecko’). Underlying all of our work, all of the time, is a system that electronically captures critical information for clients, radiographers, radiologists and our booking staff—everything needed to ensure a smooth and reliable process allowing hundreds of thousands of women in Victoria annually to have regular breast screens.

BreastScreen Victoria’s information system is multifaceted and complex; we rigorously monitor data security, quality, integrity, and efficient organisation and management.

Our ERM Project is an ambitious six-year project designed to ensure we have the best possible ERM system. From a labour-intensive system that 25 years ago relied on paper, film and space-hungry physical file storage, the project is enabling smooth electronic capability in the capturing, reading, assessment and storage of breast screening information.

The ERM Project is helping our staff to work efficiently and carefully as they assist women through the entire screening experience. Since 2013, the project has improved efficiencies in the online workflow: from invitations to screen, through to reading of screening results. The ERM Project has delivered some amazing improvements to the system, including:

• reduced screening times
• greatly reduced reliance on paper records
• improved online bookings
• new email and SMS reminder systems
• capacity to retain a full information trail related to each client
• distributed reading capability for clinicians so they can review screens outside their ‘home’ service
• reduced duplication in data entry and other processes
• improved data quality and completeness.

The system is allowing us to progress rapidly forward with initiatives like availability of online results for clients and the Family History Policy (see page 11).

The ERM Project is now progressing through its fourth and final stage, which is seeing efficiencies introduced in the area of assessment preparation, clinic, results and follow-up. Paper-based assessment forms are being replaced by online, readily accessible records and workflows, and clients and GPs will be able to access assessment results electronically.

The ERM Project is expected to be completed in 2019.
## WOMEN SCREENED BY OUR SERVICES, 2017–18

<table>
<thead>
<tr>
<th>Service</th>
<th>All women</th>
<th>50–69yrs</th>
<th>70–74yrs</th>
<th>Aboriginal women</th>
<th>Culturally and linguistically diverse women</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Western</td>
<td>46,166</td>
<td>35,955</td>
<td>4,916</td>
<td>130</td>
<td>16,488</td>
</tr>
<tr>
<td>Monash</td>
<td>54,113</td>
<td>41,226</td>
<td>7,327</td>
<td>107</td>
<td>13,256</td>
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<tr>
<td>Geelong</td>
<td>19,929</td>
<td>14,983</td>
<td>2,819</td>
<td>95</td>
<td>995</td>
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<tr>
<td>St Vincent’s</td>
<td>56,566</td>
<td>43,424</td>
<td>7,229</td>
<td>183</td>
<td>11,893</td>
</tr>
<tr>
<td>Maroondah</td>
<td>35,648</td>
<td>27,263</td>
<td>4,735</td>
<td>69</td>
<td>6,511</td>
</tr>
<tr>
<td>Grampians</td>
<td>13,028</td>
<td>9,622</td>
<td>1,946</td>
<td>79</td>
<td>227</td>
</tr>
<tr>
<td>Gippsland</td>
<td>16,192</td>
<td>12,252</td>
<td>2,397</td>
<td>125</td>
<td>490</td>
</tr>
<tr>
<td>Bendigo</td>
<td>16,541</td>
<td>12,281</td>
<td>2,405</td>
<td>172</td>
<td>446</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>258,183</strong></td>
<td><strong>197,006</strong></td>
<td><strong>33,774</strong></td>
<td><strong>960</strong></td>
<td><strong>50,306</strong></td>
</tr>
</tbody>
</table>

1. Excludes Victorian women screened in NSW
2. Women who self-identify as Aboriginal and/or Torres Strait Islander
3. Women who self-identify as speaking a language other than English at home
In 2018—BreastScreen Victoria’s 25th year—we also celebrate the 25th anniversary of our Radiology Quality Group (known as ‘Radiology Q’), a pioneering group that has been ensuring the quality and success of the BreastScreen Victoria program since it began.

Twenty-five years ago, most women needed to have surgery to confirm a breast cancer diagnosis. Today, with current technology and clinical practice, most women can expect to receive a definitive diagnosis without the need for surgery. Radiology Q has been integral to advising on and implementing the changes at the eight BreastScreen Victoria services that have led to this profound improvement in client care.

Radiology Q has been meeting regularly since 1993. Its membership comprises the clinical directors and designated radiologists (often the same person) in each BreastScreen Victoria service.

The Chair of the group from its inception until 2011 was A/Prof Jenny Cawson. She was followed as Chair by Dr Jill Evans, who, along with Dr Allison Rose (Clinical Director of North Western BreastScreen) and Dr Linda West (Clinical Director of Geelong and South West BreastScreen), have been with the group for its entire 25 years.

Dr Jill Evans, State Radiologist and Monash BreastScreen Clinical Director, describes Radiology Q as a collaborative investigative group that has spearheaded best practice in breast screening radiology over a quarter of a century.

‘We give advice to BreastScreen Victoria on issues such as changes in technology, research advances, changing practices and processes in image taking, and reading and assessment of abnormalities,’ says Jill.

‘The group also advises on policy development: for example, for women with a past history of breast cancer, women who’ve had a previous high-risk result from a biopsy, or those who have a family history of breast cancer.

‘We also provide advice and professional support to clinical colleagues.’

Jill describes Radiology Q as ‘a collegiate group’—meaning that it encourages the sharing and evaluation of clinical knowledge, expertise and perspectives.

BreastScreen Victoria was set up from the start with national clinical standards that provided a transparent evidence base on which to evaluate the program and target improvement strategies. This meant individual radiologists received regular and detailed data on their performance. Radiology Q was integral in creating and supporting a culture that encouraged clinicians to engage with ongoing analysis and use of this data.

This evidence-based approach has driven a rigorous approach to quality, which is one of the few things that hasn’t changed over the past 25 years.

‘We’ve always had a comprehensive quality system—our approach has always been robust. Quality parameters around detection, recall and so on have been embedded in our systems,’ Jill says.

Some of the major contributions to breast imaging that Radiology Q has integrated into the BreastScreen Victoria program over 25 years include:

- Introduction of concept of patient-centred, multidisciplinary care and the multidisciplinary clinical team.
- Introduction of core biopsy, rapidly replacing the use of fine needle biopsy in assessment clinics.
- Publication of the outcomes of a research project interval cancer study that was undertaken by Radiology Q: ‘Radiological review of interval cancers in an Australian mammographic screening programme’ by J Cawson, AF Amos, AM Kavanagh and the Radiology Quality Assurance Group of BreastScreen Victoria in Breast Cancer.
However, the technology has changed significantly as the BreastScreen program has moved from analogue to digital technology. In assessment, ultrasound is now used extensively. Clinical practice has shifted from using fine needle biopsy to using core biopsy and vacuum-assisted biopsy, which have improved diagnostic accuracy and reduced unnecessary surgical interventions. Some BreastScreen Victoria services are now using tomosynthesis in assessment.

Jill recalls how reading occurred in 1993: ‘A radiologist would sit at a multi-viewer—a contraption a couple of metres wide with two backlit belts. Data clerks would load the films onto these belts and the radiologists would advance the belt to the next client’s set of images, maybe stopping to examine a detail with a magnifying glass, before entering their results on a paper form’.

Radiology Q is ‘a collegiate group’ that encourages the sharing and evaluation of clinical knowledge, expertise and perspectives. – Dr Jill Evans

Introduction of vacuum-assisted biopsy, which has led to decreased interventions and improved pre-operative diagnoses.

This also led to a marked decrease in Victoria of the use of fine needle biopsy in assessment.

Phasing-in of digital mammography and digital workflow.

Commencement of trials of tomosynthesis in assessment.

2002

2006–18

2016
BreastScreen Victoria has a robust culture of continuous quality improvement to ensure that clients receive the best possible outcomes and to promote an evidence-based client centric quality culture. This year we refreshed BreastScreen Victoria’s Quality Framework, emphasising client centric care as the foundation principle for our work.

All eight BreastScreen Victoria services hold four-year accreditation status. This is an excellent objective indicator of the high quality of the screening program in Victoria. We congratulate our Geelong and South West BreastScreen service, which was granted full accreditation in November 2017. This was an upgrade to Geelong’s accreditation status, achieved through an intensive commitment to improving all aspects of quality.

Following the implementation of the revised BreastScreen Australia national accreditation system and standards over 2015–17, the BreastScreen Victoria Coordination Unit is subject to accreditation for the first time. The unit was granted provisional accreditation in 2016, and in June 2018 hosted its first accreditation survey visit. Jules Wilkinson, Manager Quality and Accreditation, coordinated the event and staff presented a series of briefings on our governance and operations to the accreditation team. They also developed a policy to clarify performance expectations and held a workshop supported by a test set of images to moderate the quality assurance grading of images across all screening sites.

In early 2017, we said farewell to Monique Warrillow, who was the State Radiographer for two years. Monique brought considerable experience in screening and assessment with a passion for the professional development in radiography. Working with the Radiography Q group, she facilitated many of the improvements that are helping us to provide the best possible service for women. We are pleased that she is not lost to us as she is continuing her work at St Vincent’s BreastScreen.

BreastScreen Victoria is represented on three key national groups. Our CEO Vicki Pridmore and State Radiologist, Dr Jill Evans, and Dr Jane Fox from Monash BreastScreen are members of the National Quality Management Committee. Dr Evans is also a member of the BreastScreen Australia Clinical Advisory Committee and is on the BreastScreen Technical Reference Group, along with Director Quality, Genevieve Webb. The most rewarding aspect of our work is the collaborative relationship we enjoy with the teams in our Reading and Assessment Services, our screening service providers and all of the teams within the BreastScreen Victoria Coordination Unit. We look forward to working together as we join with our clients to provide the best possible service for women.

‘Every mammographer wants to make a difference to their clients’ lives. Their skills, program understanding and professionalism are crucial in ensuring that each woman is confident in returning for her next screen. I’ve worked in BreastScreen Victoria for over 13 years, and from my experience I know how important it is to provide ongoing support and training for our mammography staff. Mentoring new staff and providing everyone with adequate time and support to develop their skills will ensure they enjoy their role and hopefully sustain a long career in breast imaging.’ – Monique Warrillow, State Radiographer

Pillars of BreastScreen Victoria’s Quality Governance Framework
RESEARCH

BreastScreen Victoria’s Research Committee works to ensure that our services for women are supported by the latest available research evidence. The committee is supporting projects with the University of Melbourne, the Victorian Comprehensive Cancer Centre, the Peter MacCallum Cancer Centre, the University of Sydney, Deakin University, the Department of Health and Human Services and the National Breast Cancer Foundation.

TAILORED SCREENING

Tailored screening is a potential approach to screening where women with different levels of risk for breast cancer—based on factors such as age, genetic factors, family history and breast density—are given different screening intervals and pathways. BreastScreen Victoria has taken a leading role in progressing this vision for the future; as a result, BreastScreen Australia is funding a project via Cancer Council Australia to optimise early detection of breast cancer, led by Dr Carolyn Nickson. BreastScreen Victoria’s CEO Vicki Pridmore and Prof Bruce Mann, a BreastScreen Victoria surgeon and leading researcher, are co-chairs on the Expert Management Group for this work. BreastScreen Victoria is also excited to be working with the University of Melbourne and Peter MacCallum Cancer Centre on a project to select and trial online risk-assessment tools, develop appropriate communication tools and test their effectiveness in helping women to choose an optimum screening pathway. The work is funded by the Victorian Comprehensive Cancer Centre and the Victorian Government.

INVESTIGATING TOMOSYNTHESIS

BreastScreen Victoria continues to support investigation of tomosynthesis in the screen detection and diagnostic assessment of breast cancer.

TomoSynthesis is an advanced type of mammography that produces multiple images through the breast rather than the single image as with current 2-D mammography. It potentially enables smaller breast changes to be detected, and reduces the camouflage effect from superimposed tissues.

As tomosynthesis is a new technology, BreastScreen Victoria is investigating to see if it helps to detect more breast cancers and reduce recall rates. Studies are being conducted at Maroondah BreastScreen, Eastern Health, assessing tomosynthesis in the screening and the assessment setting. Until this critical evidence is available for tomosynthesis, 2-D mammograms will remain the standard screening technology in BreastScreen services around Australia. This year, sub-analysis of results from a study conducted by researchers from Maroondah BreastScreen, Eastern Health and the University of Melbourne, using tomosynthesis as the first imaging step in assessment, found that two-view tomosynthesis enables radiologists to more easily detect invasive lobular carcinoma (ILC), compared to single-view tomosynthesis. A number of research studies have shown favourable results when comparing tomosynthesis to digital mammography in the assessment setting. This study adds to the evidence that tomosynthesis assists radiologists to identify hard-to-see ILC—a cancer that has a relatively low density compared to normal breast tissue.

The results from this sub-analysis were reported at the BreastScreen Australia 2018 conference, and the main study (evaluating the return on investment using tomosynthesis in the assessment setting) was completed in 2018. It showed that at Maroondah BreastScreen, Eastern Health, there was a reduction in the number of tests required to reach a diagnosis and in the number of unnecessary biopsies for women without breast cancer. Preliminary results from the research project using tomosynthesis in the screening setting (a collaboration between BreastScreen Victoria, Eastern Health and the University of Sydney) were also reported at the BreastScreen Australia 2018 conference and this study will be completed in 2019.
OUR SERVICES

‘We strive for excellence. We embrace quality improvement, and we strive to continuously improve both the client experience and service efficiency.’
SCREENING, READING AND ASSESSMENT LOCATIONS

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

- **SCREENING CLINIC**
- **READING AND ASSESSMENT SERVICE**
- **MOBILE SCREENING SERVICE**
- **ABORIGINAL COOPERATIVE**
- BreastScreen Coordination Unit (Carlton)
The BreastScreen Victoria Coordination Unit manages the centralised information and appointment service, coordinates the Mobile Screening Service (MSS), administers funding for the Screening, Reading and Assessment Services, manages client information, coordinates statewide communications and recruitment, monitors service provision and coordinates special projects.

In November 2018, the Senior Management Team farewelled Karlene Willcocks, Director Operations. BreastScreen Victoria thanks Karlene for her contribution to the program.

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FAREWELL TO JOHN HEGGIE

This year we farewelled John Heggie, Consultant Medical Physicist with BreastScreen Victoria since 1993. We are grateful to have benefited from John’s knowledge, approachability and passion for his field of expertise over the past 25 years.

John was awarded an AM in 2013 for service to medical physics in Australia and globally, particularly in the areas of mammography, radiation dosimetry, optimisation of image acquisition, radiation safety, and also to education. He was awarded an Honorary Fellowship with the Royal Australian and New Zealand College of Radiologists in 2017.

Liz Stewart, Deputy Chief Radiographer at Monash BreastScreen, remembers John assisting significantly with the introduction of the relocatable screening service. John advised on the set-up, on quality and dose, and with safety.

He also helped to develop the physics module content of the national training package for radiographers in 1993–4. ‘His sessions were over a couple of hours and to those of us who had been used to falling asleep in physics lectures, he made them interesting and engaging and there was frequently laughter and evaluations stating they wished their university lecturer had been as interesting!, Liz recalls.

Fiona Brown, IT Project Manager at BreastScreen Victoria, remembers John’s expert assistance when working on the Digital Mammography Project.

‘John was invaluable during the lead-up to the tender process for the digital modalities and did a great deal of work in his role as part of the selection panel. He was obviously passionate about his work and always had the best interests of our clients at the forefront and ensuring that we held our standards high.

‘Over the years he has continued to provide his services, advice and support. It has never ceased to amaze me that no matter what my question (sometimes silly!), he would always have an answer!’

Fiona says that John always provided information, however technical, ‘in a wonderfully clear way in language I could easily understand.

‘On top of all that John is a lovely human, very down to earth, totally approachable and always has a smile.’

HONOURING OUR STAFF

The unit’s Employee Service Award for 2017 was awarded to Alex Home from the Contact Centre. Alex’s sense of positivity towards the team, her friendly and caring support of her teammates, and her focus on ensuring our client comes first made her deserved recipient of this year’s award.

We congratulate all employees who were recipients of the award throughout the year: Neval Ferman (EA to the CEO), Gina Asdagi (Contact Centre) and Mel Davis (Communications and Client Recruitment).

Service milestones

10 years: Vicki Pridmore, Fiona Low, Salehah Arif, Jacinta Somerville
Bendigo BreastScreen is a service that strives for excellence. We embrace quality improvement, and we strive to continuously improve both the client experience and service efficiency.

In 2017–18 we reached 97.6% of our screening targets across the region. The MSS was active in our region from January 2018, and continues to August 2018. The additional throughput puts extra demands on staff, and they are to be congratulated on successfully meeting all national accreditation standard timeliness targets during this period.

Bendigo BreastScreen works closely with Bendigo District Aboriginal Cooperative to provide six weekly group bookings, managing to screen 23 women in 2017–18. The MSS attended the Elmore Field Days for a three-day period in October, screening 54 women.

We continue to receive wonderful feedback from women, including comments such as: ‘Thank you for making what could be a very frightening experience, a very pleasant one’; ‘I was treated like I was the most important person in the world. You are an inspiration for other health facilities’; and ‘The most valued and respected I have ever felt in a professional environment’.

Three new casual staff members were welcomed in 2017–18—one nurse counsellor and two receptionists/data clerks—to assist with leave and backfill.

Established: 1995

**Breast screens performed in 2017–18:** 16,541

**Proudly brought to women by:** Bendigo Health Care Group

**Radiology provider:** Bendigo Radiology, Goulburn Valley Imaging, Regional Imaging Sunraysia

**Coverage:** Screening centres are located at Bendigo, Echuca and Mildura. The service hosts the Mobile Screening Service (MSS) every two years at Kerang, Swan Hill, Robinvale and Murray Valley Aboriginal Co-op, and in 2017 also visited Elmore Field Days.

**Accreditation status:** Four-year accreditation until March 2019

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

**Program Manager:** Eliza Alford BRad&MedImaging(Hons), MHlthSc, Kathryn Carman BAppSc(MedicalRad), CertIVT&A

Our Services

**23**

BreastScreen Victoria

Annual Report 2017-18
Established: 1995
Breast screens performed in 2017–18: 19,924
Proudly brought to women by: Lake Imaging
Radiology provider: Lake Imaging (Geelong and Warrnambool) and Portland District Health
Coverage: Screening centres are located in Geelong, Warrnambool and Portland.
Accreditation status: Four-year accreditation until November 2021
Clinical Director: Dr Linda West MBBS(Hons), FRACR, Member Breast Interest Group, RANZCR
Program Manager: Nicola Turner BSc(Hons) in Diagnostic Radiography, PGCert Mammography

READING AND ASSESSMENT SERVICE
GEELONG AND SOUTH WEST

HIGHLIGHTS

The service has a dedicated leadership team supported by a cohesive and committed team of doctors, radiographers, nurses, data managers and administrators. Participation across the Geelong South West region is above the state average. The team demonstrates a continuing commitment to providing high-quality breast imaging and diagnostic services to the Geelong and South-West region.

The service is delivered with quality, care and compassion. There is a strong focus on service delivery and continuous quality improvement. We achieved four-year BreastScreen accreditation in November 2017. This was a huge achievement by the Geelong Breast Clinic and its dedicated team of professionals. Continuing to meet the demand of the Geelong region’s growing population has required a flexible approach to scheduling screening and assessment appointments and the service is pleased to have met this challenge, exceeding its screening targets for the past five years.

We were lucky to send a large team to the BreastScreen Australia Conference in Adelaide in 2018. The team included our clinical director, program manager, data manager, designated radiographer and a senior mammographer. This was a fantastic learning opportunity and also a great team-building exercise.

We welcomed new Program Manager, Nicola Turner, in February 2018, along with a new administration staff member, Kylie Reeves.

We continue to host a Breast Fellow every year.
We also welcomed a number of trainee radiographers, and new BreastScreen Mobile Screening Service radiographers. The designated radiographer provided ongoing training and support, as well as timely and well-documented feedback on positioning and image quality.

Service milestones
We recently celebrated 25 years of collaborative teamwork between our Clinical Director, Dr Linda West, our Designated Surgeon, Mr Greg Mitchell, and our Nurse Counsellor, Frankie Linke. This dedicated team was pivotal in the implementation of the BreastScreen program in Australia. Geelong BreastScreen was the first BreastScreen service in a regional area and the second BreastScreen service in Australia. We wish to thank them all for their ongoing commitment to BreastScreen.
HIGHLIGHTS

In November 2017 Gippsland BreastScreen hosted the MSS as part of the Victorian Government’s response to the Hazelwood Mine fire. The aim was to increase access to screening services for local communities affected by the mine fire, including local Aboriginal communities. The MSS was hosted at Ramahyuck in Morwell and at Moe over a three-week period.

Among the many who were screened, Nik Le Sage made an appointment to encourage others from the Latrobe Aboriginal communities to overcome their embarrassment and cultural reluctance to have their breasts screened. Nik was recalled to assessment when a benign lesion was discovered, for which she underwent treatment. Following this experience, Nik felt compelled to share her personal story via social, TV and newspaper media in order to encourage others to get their breasts screened. This local promotion had a positive impact resulting in greater uptake of screens performed, particularly among local Aboriginal communities.

For the first time ever, Gippsland passed the target of 16,000 screens performed in an annual period, during the 2017–18 year. This reflects that demand for breast screening services continues to be high across the Gippsland region, particularly at the Warragul, Wonthaggi and Traralgon sites. This fantastic achievement is made possible with great support from our wonderful local screening service mammographers, our local screening service providers, and the successful partnership between our auspice organisation, Latrobe Regional Hospital, and our local private imaging provider, Regional Imaging Gippsland.

Established: 1993
Breast screens performed in 2017–18: 16,192
Proudly brought to women by: Latrobe Regional Hospital
Radiology provider: Regional Imaging Limited (RIL) (a member of the I-Med network), Central Gippsland Health, Bairnsdale Regional Health Service and Bass Coast Radiology
Coverage: Screening centres are located at Bairnsdale, Sale, Traralgon, Warragul and Wonthaggi. The service hosts the Mobile Screening Service (MSS) every two years at Foster, Leongatha, Mallacoota, Omeo, Orbost and Yarram.
Accreditation status: Four-year accreditation until May 2021
Clinical Director: David Chan MBBS, FRACS
Program Manager: Julie Foat MBA, BSc(HlthSc), GAICD, GradDipMgt, Cert IVT&A

STAFF

Our multidisciplinary team is to be congratulated and thanked for another year of providing excellent service to the women of the Gippsland. Three long-time, highly dedicated staff were acknowledged this year for their ongoing commitment to BreastScreen: Stephanie Tamblyn (Chief Radiographer), Wendy Nieuwerth (Senior Radiographer) and Lee Bray (Nurse Counsellor Coordinator).

Service milestones
20 years: Stephanie Tamblyn, Wendy Nieuwerth
10 years: Lee Bray
HIGHLIGHTS

Many women continue to use the Grampians BreastScreen service, resulting in the highest number of screens since our inception. The flow-on from this has been an increase in workload across the service, with regular busy assessment clinics. The team has responded extremely well, working together to maintain an excellent service while finding efficiency improvements where possible.

We were fortunate to acquire a second ultrasound machine for our assessment clinic earlier this year, enabling much better workflow at the clinic. The addition of a Breast Fellow, Dr Reem Almodares, to the team has also provided significant improvements in workflow on assessment clinic days.

SERVICE MILESTONE

20 years: Debra Millar

We were sad to see one of our longstanding volunteers, Nola Phelan, leave us for a ‘sea change’ to the coast. Nola, with our other volunteer, Ann Campbell, was integral to the development of our volunteers working on our assessment clinic days, providing care to our clients and their families. They provide an invaluable service, which is acknowledged by the great feedback we receive. Fortunately, we have been able to secure a new member to our volunteer team, Heather Murray—who seems like she has been a part of our team forever!
HIGHLIGHTS

This year Maroondah BreastScreen relocated to a new $10 million facility, the Eastern Health Breast and Cancer Centre. The site was officially opened by the Minister for Health and Ambulance Service Jill Hennessy MP on 21 May 2018. This purpose-built facility provides a modern space for our staff to deliver a high level of service to our clients. The new space includes a screening hub, assessment facilities, reading rooms and administration offices.

Maroondah BreastScreen completed the Return on Assessment Study, investigating the health economic implications of introducing tomosynthesis into assessment clinics. The final report was submitted to the Victorian Department of Health and Human Services for its consideration in May 2018. Dr Darren Lockie, Clinical Director, presented clinical outcomes from this study at the BreastScreen Australia Conference 2018 in Adelaide.

The National Breast Cancer Foundation awarded a grant to Maroondah BreastScreen, in collaboration with BreastScreen Victoria and Professor Nehmat Houssami from the University of Sydney, to run a trial of the feasibility and outcomes of tomosynthesis (3D-mammography) screening. Recruitment commenced in August 2017 and we expect to reach the target of 5000 clients by the end of 2018. Dr Lockie and Michelle Clemson, Program Manager, presented preliminary results for this study at the BreastScreen Australia Conference 2018.

Maroondah BreastScreen received an equipment grant from the Department of Health and Human Services for the purchase of the latest Philips EPIQ 5G ultrasound machine, one of the first installed in Australia. This state-of-the-art machine allows the service to provide the best standard of care to our clients. Our collaboration with the CSIRO and the universities of Melbourne and Sydney continues, with our radiologists assessing images obtained from a synchrotron using different algorithms.

Service milestones

25 years: Sue Vermont, Vicki Weinert
20 years: Shanna (Jeanne) Carruthers, Bredenia Raquel and Elizabeth Lovell
HIGHLIGHTS

Monash BreastScreen was granted accreditation with commendation—the first time that a Victorian service has achieved this level of accreditation. In doing so, the service met 100% (8 out of 8) level one measures and 96% (26 out of 27) of the measures for which the service was responsible. This reflects sustained, excellent performance by the Monash BreastScreen team. Well done to the team!

The Radiography Training Centre, a partnership between BreastScreen Victoria, Monash BreastScreen and Holmesglen, received an award for Excellence in Women’s Health for its mammography online academic training course for radiographers in July 2017. This course has attracted participants Australia-wide.

The Nurse Counsellor Team were finalists for the Monash Health Nursing Awards as a team that demonstrates excellence, innovation and collaboration to provide ‘exceptional care, outstanding outcomes’.

Presentations at BreastScreen Australia Conference Adelaide 2018 included:

- Jayne Mullen, ‘Mammography online training—one year on and where to next’
- Elizabeth Stewart, ‘Revisiting image quality assessment, a revised version PGAI’.

Service milestones

25 years: Mary Lynch
20 years: Stephen Booth
15 years: Mirella Catalano and Manish Jain
10 years: Rohinie Basnayaka, Sarah Kemp, Anne Lynch and Judy Tan
HIGHLIGHTS

The team effort and commitment has been outstanding for the last 12 months. We are proud to have achieved our highest number of women screened to date in 2017–18 and to have maintained a strong performance against national accreditation standard timeliness standards. Thank you to all radiologists for their great flexibility and willingness to cover extra shifts as required.

We were pleased to welcome new radiologists Xavier Yu, Sanjeeva Ramasundara and Liz Dallimore (Breast Fellow). We also welcomed Sinita Walpole, Nurse/Counsellor, and Kara Morton, Personal Assistant.

Susy Alessandri, Data Manager, joined the Electronic Record Management Phase 4 Working Group, which is planning the transition of assessment work to an electronic environment.

Further to the Ophelia project (see page 8), we undertook a successful pharmacy project in Moonee Ponds. We also organised group bookings for Aboriginal and Torres Strait Islander women at Footscray.

Thank you once again to our longstanding and wonderful volunteers, Lynn Grant and Shirley Cullum, who continue to provide calm and caring support to women attending the assessment clinic. The service was fortunate to recruit a new volunteer late this year. Valentina Sepulveda recently joined the service and is actively assisting women with directions from the hospital reception to BreastScreen. She also supports women in the waiting rooms.

Professional development for staff this year included fire safety, customer service excellence, Melbourne health values, safety first and ‘We Care’.

The service is working with BreastScreen Victoria and Melbourne Health to improve physical amenities for women and staff.
HIGHLIGHTS

St Vincent’s BreastScreen together with BreastScreen Victoria are the first breast screening services in Australia to provide LGBTI and trans and gender diverse (TGD)-focused breast screening sessions. St Vincent’s BreastScreen and BreastScreen Victoria are the leaders in working towards obtaining Rainbow Tick accredited services: the first breast screening programs in Australia to embark on this process.

BreastScreen Victoria partnered with St Vincent’s Radiology Assessment Service, the Victorian Aboriginal Health Service and the Victorian Aboriginal Community Controlled Health Organisation in conducting the Aboriginal Shawl Trial. Aboriginal women in Victoria have reported experiencing feelings of embarrassment and shame about being naked in front of a stranger. Aboriginal women suggested providing a shawl to cover them during screening. BreastScreen Victoria is conducting a project to test whether the use of customised shawls during breast screening improves the experience for Aboriginal women. A key principle underpinning the project is that it is an Aboriginal-led initiative, driven by the needs of Aboriginal women, and steered by Aboriginal health organisations. The shawl prototype was designed by Aboriginal women, in collaboration with St Vincent’s radiographer Monique Warrillow, using artwork kindly supplied by respected artist, Auntie Lyn Briggs.

We were also fortunate that the St Vincent’s philanthropic fund provided St Vincent’s BreastScreen with $90,000 to purchase a digital breast tomosynthesis unit to improve outcomes for women screened for breast cancer.

Judy Kovacs has retired from her role after 10 years as Senior Data Clerk. Judy was skilled in providing a professional, efficient and caring environment within the data team. Sue and Judy will be missed; however, they continue to remain in contact with us as friends of the service.

Sue Macaulay has accepted the prestigious position as State Radiographer for BreastScreen Victoria. Sue has been the Chief Radiographer at St Vincent’s BreastScreen since its inception in 1993 and employed at St Vincent’s Hospital since 1983. Sue has been an incredible mentor imparting knowledge and wisdom in a caring and professional manner. As a result of Sue’s skills, St Vincent’s BreastScreen is able to provide a highly professional and caring environment for both staff and women.

Service milestones

10 years: Annie Shaw, Julie Roberts
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 the ‘bricks and mortar’ screening clinics.

The MSS is managed by the BreastScreen Coordination Unit (BCU). The BCU team works with Health Promotion officers to promote the MSS in local towns and communities before it arrives at each new screening site. The MSS radiographers receive support from the Reading and Assessment Services, particularly each catchment’s Chief Radiographer, along with BreastScreen Victoria’s State Radiographer.

During the year we trialled some new mobile screening locations with the aim of increasing screening and engagement with under-screened groups. Two approaches were taken:

- Project sites focus on engaging Aboriginal, culturally and linguistically diverse communities or low screening populations. In 2017–18, Moe and the Ramayak Aboriginal Cooperative were visited.
- Engagement sites focus on specific events where breast screening could be promoted, as well as offering actual screening. In 2017–18, the MSS attended the Elmore Field Days and Celebration Day at Federation Square.

‘Nina’ is named in honour of Associate Professor Nina Sacharias, the former director and visiting radiologist at the Alfred Hospital Radiology Department. She is an adjunct clinical professor at Monash University.

‘Marjorie’ is named in honour of the late Dr Marjorie Dalgarno, a pioneering radiologist who performed the first mammogram in Australia in the early 1950s and demonstrated its benefits as a screening tool.
GOVERNANCE

‘BreastScreen Victoria continually reviews its governance and management structures to ensure they support good client outcomes, quality services and risk management.’
EXECUTIVE TEAM

1. Vicki Pridmore  
GradDip(Org Psych), BA(Comms. Org Psych), Dip Teach(Sec), GAICD  
Chief Executive Officer  
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. The CEO presides over BreastScreen Victoria’s day-to-day operations.

2. Luke Neill  
BCom(Finance), LLB, GradDipLegPrac  
Director Corporate Services  
Corporate Services supports the business units by providing corporate governance, risk, policy, strategy, finance, human resource and business support services. In addition, the team works with and supports stakeholders in delivering quality services across the state and manages deliverables under the service and supplier contracts.

3. Matthew Scanlon  
BA(Comms), AdvDipBus(Public Relations), GAICD  
Director Communications and Client Recruitment  
Communications and Client Recruitment is responsible for raising awareness of the BreastScreen Victoria program, and increasing participation in the program by women in the target age range. To do this the team develops evidence-based recruitment strategies that focus on reaching all eligible women, particularly underscreened populations.

4. Doris Whitmore  
MBA, FCPA, BBus(Acc), GAICD  
Director Operations  
Operations encompasses Service Delivery, Contact Centre, Information Services and the Mobile Screening Service. In partnership with our service providers, the team focuses on providing efficient, effective and accessible services to women.

5. Georgina Marr  
BHIM, GradDip(Epi Biostat)  
Director Information and Technology Services (ITS)  
ITS works collaboratively to deliver integrated and secure technology to enable delivery of the BreastScreen Victoria program. ITS is driving a major project to transition BreastScreen Victoria to a fully digital environment for all aspects of screening, reading and assessment, including the creation of a fully electronic client record.

6. Genevieve Webb  
BA(Hons)(Psych), BAppSc(Comp), FAICD  
Director Quality  
Quality is committed to improving all aspects of BreastScreen Victoria’s service and supports service providers to achieve and maintain accreditation under the National Accreditation Standards.

EXECUTIVE SUPPORT TEAM

Neval Ferman  (EA to Vicki Pridmore)  
Otimia Moriarty  (EA to Doris Whitmore)  
Rowena Tate  (EA to Matthew Scanlon, Georgina Marr and Luke Neill)  
Sarah Carpenter  (EA to Genevieve Webb)
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 BreastScreen Victoria and desired outcomes.

BreastScreen Victoria acknowledges and thanks Board Members Mary Hawkins, Jane Poletti and Margaret Peril for their contributions to the organisation. Mary, Jane and Margaret retired in November 2017.

1. Prof Katherine McGrath
MBBS, FRCPA, FAICD
Chair
Meetings attended: 7/7
Katherine is a widely respected healthcare 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. She currently also holds positions as a board member of Little Company of Mary Healthcare and as Chair of the Coronial Council of Victoria.

2. Wayne Tattersall
BCom, CPA, MAICD
Treasurer
Meetings attended: 7/7
Wayne is a qualified CPA who has held numerous CFO and senior finance roles over an extended period of time. These roles have ranged from small to large businesses including a high-profile sporting organisation in Australia and international major events organiser. Wayne has significant expertise not only in finance but also IT and management of information systems. Being a strategic thinker, Wayne is well experienced in the development and implementation of strategic business plans.

3. Elleni Bereded-Samuel
MED, GradDipl(Couns), GradCert (Mgt), BA
Meetings attended: 7/7
Elleni is African Australian from an Ethiopian background who has focused her life’s work on strengthening education, training and employment for culturally and linguistically diverse communities in Australia. She worked for 17 years in the higher education sector and is employed as Diversity Capability Development Manager with Australian Unity Independent and Assisted Living. Elleni was on the board of the Royal Women’s Hospital for six years, a VMC Commissioner for six years, on the SBS Board for five years and is currently on the board of Western Health. In 2008 Elleni was appointed to the Australian Social Inclusion Board. Elleni was named by Westpac AFR as one of Australia’s ‘100 Women of Influence’ in 2014.

4. Kerry Bradley
MBA, BBus(HAdmin), GradCert(Applied Risk Mgt), DipRiskMgt&BusContinuity, RN, FAICD, FGIA, FACN, FAAHHC, MRMIA
Meetings attended: 7/7
Kerry has over 20 years’ senior management/executive experience with strong clinical and quality backgrounds, working across the health sector in regulation, acute care (both public and private), rehabilitation and aged care. She is highly skilled in leading and managing organisational change at both a strategic and at an operational level. Kerry is currently a member of VicHealth’s Finance Audit and Risk Committee and a member of the Victorian Clinical Council. She has served as a board director for Baptcare and Mercy Hospitals Inc and has held Ministerial board appointments to the Victorian Quality Council and the Victorian Cytology Service.

5. Dr Vanda Fortunato
PhD, MA, BA
Meetings attended: 4/7
(Join Date: December 2017)
Vanda Fortunato has spent the last 20 years in executive and strategic leadership roles in Australia and overseas, with significant experience in public health, primary care, not-for-profits, medical training, academia, pharmaceuticals, health insurance and consulting. Vanda has been a CEO of two not-for-profits, and has held senior executive roles with Medibank, a clinical research organisation and Accenture. She has also worked for the World Bank and the Asian Development Bank.

6. Liz Kelly
BBus, GradDipl(OrgPsych), Cert IV Workplace Training & Assessment, Accredited mediator, MAICD
Meetings attended: 6/7
Liz is a Co-Director and Principal Consultant of a management consultancy firm that specialises in human resource, project and financial management in the following areas: dispute assessment, investigation and resolution; stakeholder engagement and cross-sector change management; training, coaching and team development; corporate communication and community education; and policy analysis and lobbying. In a career spanning 30 years, she headed a department with 200 staff and a $250 million operating budget, occupied board positions on non-government organisation, statutory authorities and community associations. Liz has been the Deputy Chair of the Victorian Disability Advisory Council and a member of the Victorian Disability Services Board and the Disability Reference Group of VHREOC.
Meetings attended: 5/7

Jorden is the Company Secretary and General Counsel at HESTA Super Fund and serves on the board of Monash Health as a non-executive director. Prior to joining HESTA, Jorden practised as a commercial lawyer with several leading firms, advising corporations across a range of complex matters. She is experienced in the development and implementation of corporate governance frameworks and is passionate about achieving high standards of governance in organisations. Jorden was named a finalist in the Women in Financial Services Rising Star Award 2017, was a finalist in the Women in Finance Young Leader Award 2017 and was a recipient of the Australian Financial Review’s Young Executive of the Year Award in 2015.

Meetings attended: 7/7

Wayne is a radiologist with subspecialty interest in breast imaging including mammography, digital breast tomosynthesis, breast ultrasound and magnetic resonance imaging. He was the Director of Breast Imaging at Freemasons 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.

Meetings attended: 3/7

(Joined December 2017)

Sue is an experienced finance professional with expertise in driving change and process improvement. She is currently the Finance Director of a medical device company and recently the Commercial Manager at South East Water and CFO of its subsidiary, iota Pty Ltd. Previously Sue was CFO and Company Secretary of a listed biotechnology company and prior to that, the Finance Manager of a large not-for-profit organisation. Sue also has several years’ financial experience within a multinational resources firm.

Meetings attended: 7/7

Vicki has led BreastScreen Victoria as Chief Executive Officer for a decade, introducing substantial change during this time. Prior to BreastScreen, she was CEO of the Cheltenham and Regional Cemeteries Trust. Vicki has extensive experience in the health human services sector, including executive roles in the Department of Health and Human Services (DHHS). Her final role in DHHS was as the Director Portfolio Services, coordinating media communications, Ministerial support, legal FOI and internal audit. Her career spans teaching, psychology, organisational review and more than a decade in executive management roles within the public service and not-for-profit sectors.

Meetings attended: 4/7

(Joined December 2017)

Elisabet is an experienced executive with a passion for service and technology businesses in need of change, enabling them to successfully navigate through the ‘growing pains’ that result from expansions and market disruptions. A highly professional leader with a genuine understanding of technology, Elisabet loves creating great customer experiences and strong business outcomes at the same time. She is an innovator with a patent to her name and is also a published author. Elisabet has broad experience across a range of strategic and operational roles, including senior roles with NAB and Telstra. Elisabet is currently also serving on the board of YMCA Victoria.
A number of sub-committees advise the Board of Management on specific areas relevant to the BreastScreen Program. An Executive Committee deals with urgent matters in between Board of Management meetings.

**Partnership Committee**
Dr Bruce Bolam (DHHS Chair), Rachael Andersen (DHHS), Louise Galloway (DHHS) until Dec 17, Darryl Kosch (DHHS) from Jan 17, Prof Katherine McGrath (BreastScreen Victoria Chair), Mary Hawkins (until Nov 17), Wayne Tattersall, Vicki Pridmore ex officio (Mar 18), Matthew Scanlon ex officio, Karlene Willcocks ex officio (until Nov 17), Doris Whitmore (from Nov 17)

**Quality Improvement Committee**
Kerry Bradley Chair, Prof Katherine McGrath, Dr Wayne Lemish, Vanda Fortunato (from Feb 18), Vicki Pridmore ex officio, Karlene Willcocks ex officio (until Nov 17), Jules Wilkinson ex officio, Genevieve Webb ex officio, Monique Warrilow (State Radiographer), Dr Jill Evans (State Radiologist), Sheena Watt, Doris Whitmore ex officio, Luke Neill (from Aug 17)

**Finance and Audit Committee**
Wayne Tattersall Chair, Sue Madden, Prof Katherine McGrath, Margaret Peril (until Nov 17), Tim Staker, Liz Kelly, Vicki Pridmore ex officio, Doris Whitmore ex officio (until Nov 17), Luke Neill (from Nov 17)

**Governance, Performance and Remuneration Committee**
Jane Poletti Chair (until Nov 17), Jorden Lam (Chair from 2018), Prof Katherine McGrath, Mary Hawkins (until Nov 17), Kerry Bradley, Vanda Fortunato (from Nov 17)

**Participation Committee**
Liz Kelly Chair, Philippa Hetzel (until Nov 17), Margaret Peril (until Nov 17), Elleni Bereded-Samuel, Elisabet Wreme (from Feb 18), Sheena Watt, Rebecca Bartel (co-opted from Nov 17), Vicki Pridmore ex officio.

**Research Committee**
Prof Katherine McGrath Chair (until Nov 17), Dr Wayne Lemish Chair (from Nov 17), Dr Jill Evans, Assoc Prof John Collins, Dr Darren Lockie, Dr Helen Frazer, Elleni Bereded-Samuel, Prof Dallas English, Prof Bruce Mann, Dr Ian Campbell, Dr Carolyn Nickson, Lisa Devereux, Vicki Pridmore ex officio, Jules Wilkinson ex officio, Genevieve Webb ex officio, Doris Whitmore ex officio (from Nov 17)

**Information and Technology Committee**
Tim Staker Chair, Jane Poletti (until Nov 17), Mary Hawkins (retired Nov 17, co-opted from Dec 17), Jorden Lam, Wayne Tattersall, Elisabet Wreme (from May 18), Georgina Marr ex officio, Vicki Pridmore ex officio (from Aug 17)
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.

Protected disclosure
BreastScreen Victoria is committed to a culture of honest, just and responsible behaviour and strong corporate governance. In order to protect these ethics and values, BreastScreen Victoria supports the making of disclosures that reveal improper conduct of its Board members, Directors or employees. The Protected Disclosure Act 2012 (Vic.) governs disclosure by an individual of ‘improper conduct’ or ‘detrimental action’ at BreastScreen Victoria. For information on how to access BreastScreen Victoria’s Protected Disclosure Policy contact us via https://www.breastscreen.org.au/contact-us.

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.

The Electronic Records Management Project, which commenced in 2014, is designed to move BreastScreen Victoria into a fully electronic environment. Women can now opt to receive their screening reminder and appointment confirmation by email or SMS and access their results online. When women arrive for their breast screen, their registration and consent form is digitised, reducing the need to create and retrieve physical files. Screening and reading processes are fully electronic. By the time the project is completed in 2018, assessment workflows will also be online.

BreastScreen Victoria continues the practice of producing all new publications on 100% recycled paper and producing electronic versions of resources for download from our website. BreastScreen Victoria has also embarked on a review of all print material.

Requesting access to clinical records
BreastScreen Victoria supports a woman’s right to access her clinical record through the contracted service providers in accordance with Victorian legislation. Records can be accessed under the provisions of the Health Records Act 2001 (Vic). BreastScreen Victoria and contracted service providers are committed to timely response and release of the records to women.

For more information on how to request access to clinical records, or to raise a concern about accessing a record, please contact BreastScreen Victoria on (03) 9660 6888.

Privacy
BreastScreen Victoria is committed to protecting the privacy and confidentiality of women participating in the program at all times. Only authorised people can access information collected by BreastScreen Victoria. All staff are legally required to ensure that information is collected, accessed, used and disclosed according to the purpose described in the:

• BreastScreen Victoria information sheet provided to women with their registration and consent form and at clinics
• privacy fact sheet available at clinics and on our website.

Physical records are stored securely at the Reading and Assessment Service connected to the screening service attended by each client. BreastScreen Victoria Privacy Policy electronic information is securely stored on a central database and is only accessible to authorised staff.

Further information about BreastScreen Victoria’s Privacy Statement can be found at www.breastscreen.org.au.
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

<table>
<thead>
<tr>
<th>Client focus:</th>
<th>Quality:</th>
<th>Partnerships:</th>
<th>Flexibility:</th>
<th>Efficiency:</th>
<th>Transparency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s health is our primary focus.</td>
<td>We pursue excellence.</td>
<td>We work with our partners to achieve our mission.</td>
<td>We are innovative and creative.</td>
<td>We make best use of resources.</td>
<td>We are forthright and accountable.</td>
</tr>
</tbody>
</table>

BreastScreen Victoria aims to reduce the impact of a breast cancer diagnosis, ensuring you have the best health outcome through early detection. We aim to provide free mammograms to 70% of women aged 50–74 every two years, as they are the group most at risk of developing the disease. However, all women 40+ are eligible to attend.

BreastScreen Victoria is a fully accredited part of BreastScreen Australia, and is jointly funded by the Victorian and Commonwealth Governments.

BreastScreen Victoria is made up of three components: the Coordination Unit, Screening service providers, and Reading and Assessment Services.

BreastScreen Coordination unit

The unit is responsible for administering the funding for the Screening, Reading and Assessment Services. It is also the central hub for all information, appointment services, communications, recruitment, Mobile Screening Service (MSS) coordination, and monitoring service levels to implement quality improvements.

Screening Service Providers

With 42 permanent screening clinics across Victoria, and 29 sites that are visited every two years by the MSS, we strive for equality of access for all Victorian women.

Our MSS also visits two Aboriginal cooperatives: Rumbalara and Murray Valley.

Reading and Assessment Services

BreastScreen Victoria engages with eight Reading and Assessment Services across Victoria. The services read images from multiple sites, including the MSS, and provide all clinical services required to the point of diagnosis.
This report presents summary information for women who attended for screening at BreastScreen Victoria during the 2017 calendar year.

### Screening

- **Women screened**: 255,369

### Screening outcome

- **First round**
  - Screening mammograms: 35,362 (13.8%)
  - Routine rescreen recommended: 31,586 (90.3%)
  - Recalled for assessment: 3,776 (10.7%)

- **Subsequent rounds**
  - Screening mammograms: 220,007 (86.2%)
  - Routine rescreen recommended: 211,679 (96.2%)
  - Recalled for assessment: 8,328 (3.8%)

### Assessment outcome

- **No cancer detected**: 3,374 (89.4%)
- **Breast cancer detected**: 1,433 (17.2%)
  - Invasive breast cancer: 1,163 (81.4%)
  - DCIS: 266 (18.6%)
- **Routine rescreen recommended**: 211,679 (96.2%)
- **Recalled for assessment**: 8,328 (3.8%)

### Cancer detection

- **Invasive breast cancer**: 270 (75.8%)
- **DCIS**: 86 (24.2%)

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1. Excludes women who did not attend assessment.
2. Percentages do not add to 100% due to the exclusion of women who did not complete assessment and women with incomplete assessment/histology data.
3. At the time this report was finalised, 0.7% of women assessed in 2017 were yet to complete their assessment experience.
4. Excludes breast cancers diagnosed at early review more than six months after the screening mammogram and cancers diagnosed at early rescreen for women who presented with a breast lump and/or clear or blood stained nipple discharge in the same breast in which the breast cancer was diagnosed.

Data for women screened in 2017 is as it stood on 17 July 2018. Future requests for data and publications may not exactly correspond to the figures in this report as they will reflect subsequent additions to the dataset.
SCREENING AND ASSESSMENT SUMMARY, 2013–17

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tr>
<td><strong>SCREENING</strong></td>
<td></td>
<td></td>
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<tr>
<td>First round women</td>
<td>45,608</td>
<td>38,652</td>
<td>35,102</td>
<td>31,566</td>
<td>35,362</td>
</tr>
<tr>
<td>19.6%</td>
<td>16.9%</td>
<td>14.6%</td>
<td>12.8%</td>
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<tr>
<td>Subsequent round women</td>
<td>186,781</td>
<td>190,179</td>
<td>205,868</td>
<td>215,138</td>
<td>220,007</td>
</tr>
<tr>
<td>80.4%</td>
<td>83.1%</td>
<td>85.4%</td>
<td>87.2%</td>
<td>86.2%</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>232,389</td>
<td>228,831</td>
<td>240,970</td>
<td>246,704</td>
<td>255,369</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tr>
</tbody>
</table>

| **SCREENING OUTCOME**  |         |         |         |         |         |
| First round women      |         |         |         |         |         |
| Routine rescreen       | 40,149  | 33,743  | 30,909  | 28,108  | 31,586  |
| 88.0%                  | 87.3%   | 88.1%   | 89.0%   | 89.3%   |
| Recalled for assessment| 5,459   | 4,909   | 4,193   | 3,458   | 3,776   |
| 12.0%                  | 12.7%   | 11.9%   | 11.0%   | 10.7%   |
| Subsequent round women |         |         |         |         |         |
| Routine rescreen       | 179,090 | 181,919 | 197,408 | 206,962 | 211,679 |
| 95.9%                  | 95.7%   | 95.9%   | 96.2%   | 96.2%   |
| Recalled for assessment| 7,691   | 8,260   | 8,460   | 8,176   | 8,328   |
| 4.1%                   | 4.3%    | 4.1%    | 3.8%    | 3.8%    |

| **ASSESSMENT OUTCOME** |         |         |         |         |         |
| First round women      |         |         |         |         |         |
| No cancer detected     | 5,059   | 4,490   | 3,846   | 3,152   | 3,374   |
| 93.5%                  | 92.3%   | 92.3%   | 91.5%   | 89.4%   |
| Breast cancer detected | 345     | 345     | 293     | 280     | 357     |
| 6.4%                   | 7.1%    | 7.0%    | 8.1%    | 9.5%    |
| Subsequent round women |         |         |         |         |         |
| No cancer detected     | 6,361   | 6,834   | 6,913   | 6,637   | 6,832   |
| 83.1%                  | 83.0%   | 81.8%   | 81.3%   | 82.0%   |
| Breast cancer detected | 1,286   | 1,366   | 1,498   | 1,494   | 1,433   |
| 16.8%                  | 16.6%   | 17.7%   | 18.3%   | 17.2%   |

| **CANCER DETECTION**   |         |         |         |         |         |
| First round women      |         |         |         |         |         |
| Invasive breast cancer  | 254     | 257     | 217     | 222     | 270     |
| 74.1%                  | 74.5%   | 74.1%   | 79.3%   | 75.8%   |
| DCIS                   | 89      | 88      | 76      | 58      | 86      |
| 25.9%                  | 25.5%   | 25.9%   | 20.7%   | 24.2%   |
| Subsequent round women |         |         |         |         |         |
| Invasive breast cancer  | 1,020   | 1,075   | 1,194   | 1,187   | 1,163   |
| 79.6%                  | 79.0%   | 80.0%   | 79.6%   | 81.4%   |
| DCIS                   | 261     | 286     | 298     | 304     | 266     |
| 20.4%                  | 21.0%   | 20.0%   | 20.4%   | 18.6%   |

1 Excludes women who did not attend assessment.
2 Percentages do not add to 100% due to the exclusion of women who did not complete assessment and women with incomplete assessment/histology data.
3 At the time this report was finalised, 0.7% of women assessed in 2017 were yet to complete their assessment experience.
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