

Lessons from the pandemic and where to next in 2025

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Acknowledgement of Country

‘Yanima!’
(Ngunnawal)

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Six key lessons from the pandemic

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Lesson #1

BreastScreen staff are amazing

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Leadership, courage, agility, resilience



- Across the program, staff responded with great leadership, courage, agility and resilience to the challenges of:
 - COVID
 - Uncertainty
 - Rapid change
 - Bushfires
 - Floods
 - Cyclones

Lesson #2

An unprecedented crisis

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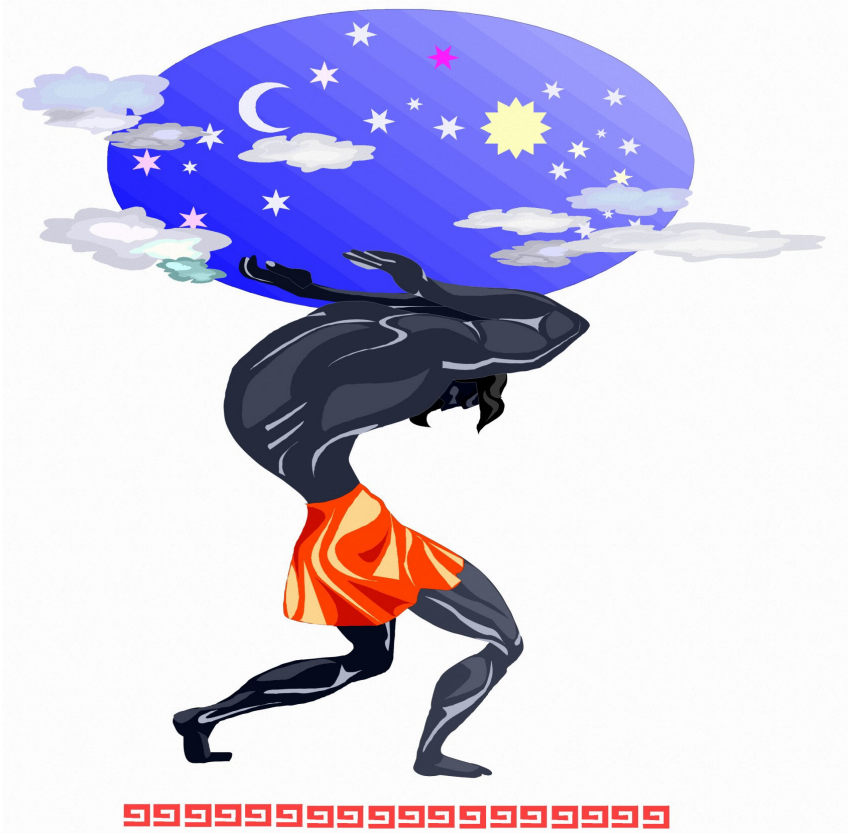
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Everyone played their part

- Program Managers led their Services/jurisdictions
- Service and Clinical Directors led their staff and provided role modelling
- Staff of services continued to deliver services
- NQMC acted quickly to rollover accreditation and provide certainty and relief
- The accreditation program flipped to virtual



Surveyors are dedicated, committed professionals



- Many Surveyors were apprehensive about virtual accreditation
- They did it because they knew it needed to be done
- They kept doing it and are continuing to do it throughout 2024 because they are committed and understand the program will fail without them
- They need to be supported in their role and deserve recognition and reward

Lesson #3

Virtual is possible

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It worked!

- A lot of flexibility, pivoting and agility involved!
- Data Managers and IT staff were particularly helpful and tried hard to solve problems
- Services/SCUs responded positively and worked hard to deliver and be ready
- Surveyors worked hard to make it work (incl overcoming their own apprehensions about IT and whether virtual would work)
- NS Support was provided – guides, forums, discussions, one-on-one support
- 28 virtual surveys successfully conducted



Lesson #4

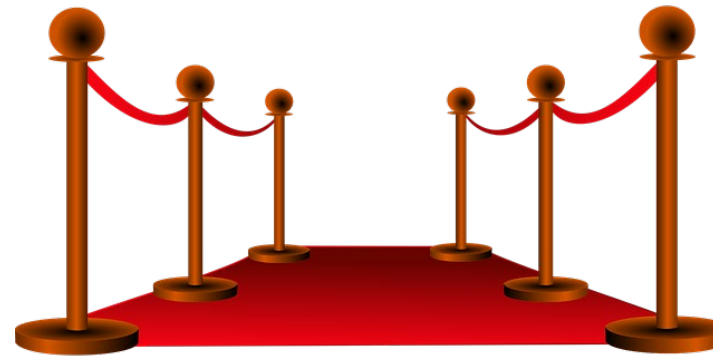
Virtual provided opportunities

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Opportunities

- Participation by those who would not normally travel.
- Clean up the records! Create a repository.
- Get online sorted! Get people trained. Get the equipment.
- Create some amazing marketing collateral.
- Have even more and better meetings – MDTs.



Lesson #5

BreastScreen as a program is not set up for remote reading

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Images images images



- Image/image quality reviews are the hardest part, but not impossible
 - gaining access – state systems
 - firewalls
 - cybersecurity
 - local policies
 - bandwidth
 - bulk image transfer – not envisaged
 - VPN or download to external drive & transport
 - Even within Services, reading from anywhere other than RAS/SAS was not always catered for

Lesson #6

**There is an appetite to
learn and share more**

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Appetite to learn and share



- Service and jurisdiction staff at all levels were interested to find out more about virtual accreditation
- 9 town-hall forums were held in 2021
- Silos were broken down (horizontal and vertical) – and participants liked it!
- Communities of practice activity will take this work forward

Bottom line? We should not lose sight of the fact that:

- Services/SCUs continued to be accredited
- Services were able to continue delivering accredited (i.e safe, high quality) BreastScreen services to the community throughout the pandemic after the national lockdown
- Cancers continued to be detected and at an early stage
- Treatments were commenced and interventions conducted for many clients
- LIVES CONTINUED TO BE SAVED AND THE IMPACTS OF BREAST CANCER REDUCED FOR CLIENTS, THEIR FAMILIES AND THE COMMUNITY

Inputs to the decision: surveys from 2025 onwards

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Inputs

- UniSA Independent Evaluation of VAS
- Surveyor of Surveyors
- Survey of Program Managers

UniSA Evaluation recommendations

- Return to F2F
- Consider virtual elements as part of a hybrid model
- Continue Community of Practice activities
- Invest in development of online documentation and workflows
- Invest in IT systems and support when using virtual methods

Survey of Surveyors

- n=19, 61.3% response rate, mix of roles
- **The majority (58%) indicated a preference for F2F surveys.**
- Seven (42%) indicated a preference for virtual or no preference.
- The majority (74%) said they would continue with surveys in either format.

Comments from Surveyors

- *“F2F allows for a more personal experience and gives a chance for discussion with staff who do the work. Virtual can feel impersonal and it is harder to express self and more potential for misinterpretation with physical cues.” [Data Assessor]*
- *“Getting a ‘true’ feel for organizational culture and teamwork rather than staged snippets. Better understanding of on the ground challenges the Service has to deal with”. [Service Director]*
- *“I prefer F2F surveys as I get more out of it personally. I enjoy meeting the people and having discussions with them. Often gain more information once you have gained people’s trust.” [Radiographer]*

Virtual has its advantages

- *“I’m more likely to be available if virtual, however I understand the benefit of being there in person.” [Radiologist].*
- *“I think there is value in both F2F and virtual. Having the virtual option available provides maximum flexibility to the survey team e.g. illness, late replacement, travel restrictions etc. I also think that there is value in the F2F option.” [Service Director]*

PMG consultation

- All Program Managers responded
- Asked the positive, negative impacts and unintended consequences of F2F and virtual.

Program Managers survey

F2F	VIRTUAL
<p>POSITIVE</p> <p>Better comms</p> <p>Greater understanding</p> <p>Advantages of travelling</p>	<p>POSITIVE</p> <p>Reduced cost</p> <p>Better documentation & scheduling</p> <p>Increased participation</p>
<p>NEGATIVE</p> <p>Greater cost</p> <p>More time</p>	<p>NEGATIVE</p> <p>IT and access</p> <p>Poorer communication</p> <p>Difficulties with documentation & scheduling</p>
<p>UNINTENDED CONSEQUENCES</p> <p>Better comms</p> <p>Difficulty with flexibility & planning</p> <p>Disruption to Services/SCUs</p>	<p>UNINTENDED CONSEQUENCES</p> <p>Poorer comms</p> <p>Process issues</p> <p>Surveyor issues</p>

Hybrid & managing risk

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A word on hybrid...

- Many people and reports/consultations mention hybrid
- AVOID the term because it means different things to different people (cf “remote”)
- Return to F2F, **retain the best elements of VAS which become BAU**
- **VAS becomes a risk management strategy to manage the risks associated with going back to F2F - enables Surveyors or key Service members to attend virtually if some of the risks of F2F are realised**
- Risk will need to be managed at every level – program, SCU, Service and individual
- Risks include: impacts of climate change, ongoing COVID19 pandemic & other airborne illnesses, personal/family emergencies, Surveyor or key Service member illness, travel disruptions – **most of these risks existed previously**

Who comes a-visiting?

- Just as pre-pandemic, **the entire Survey Team attends F2F**
- Image review and image quality review to be conducted onsite
- Meetings occur F2F with the ability for those who are distant or unable to attend physically to attend virtually (but not routinely)
- SCU representatives attend opening/closing session (where reasonable)

**We're back to F2F!
(with some virtual
elements)**

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What should be retained from VAS as part of F2F?

1. Service Guides/Interim Accreditation Handbook updated to provide guidance to Services/SCUs
 2. Pre-survey presentation by Service/SCU and Survey Team meeting to be held virtually prior to the survey proper
 3. Itinerary to be provided in advance with meeting links to enable virtual attendance if required
 4. Clinic visit documentation to be available virtually, including photos and videos.
 5. Access to the Service's online document repository to be available prior to, during and after the survey.
 6. Hardcopy Surveyor pack to be provided as per usual.
- **Initiatives 1- 5 resulted in a program-wide uplift in quality & consistency of surveys and service operations.**

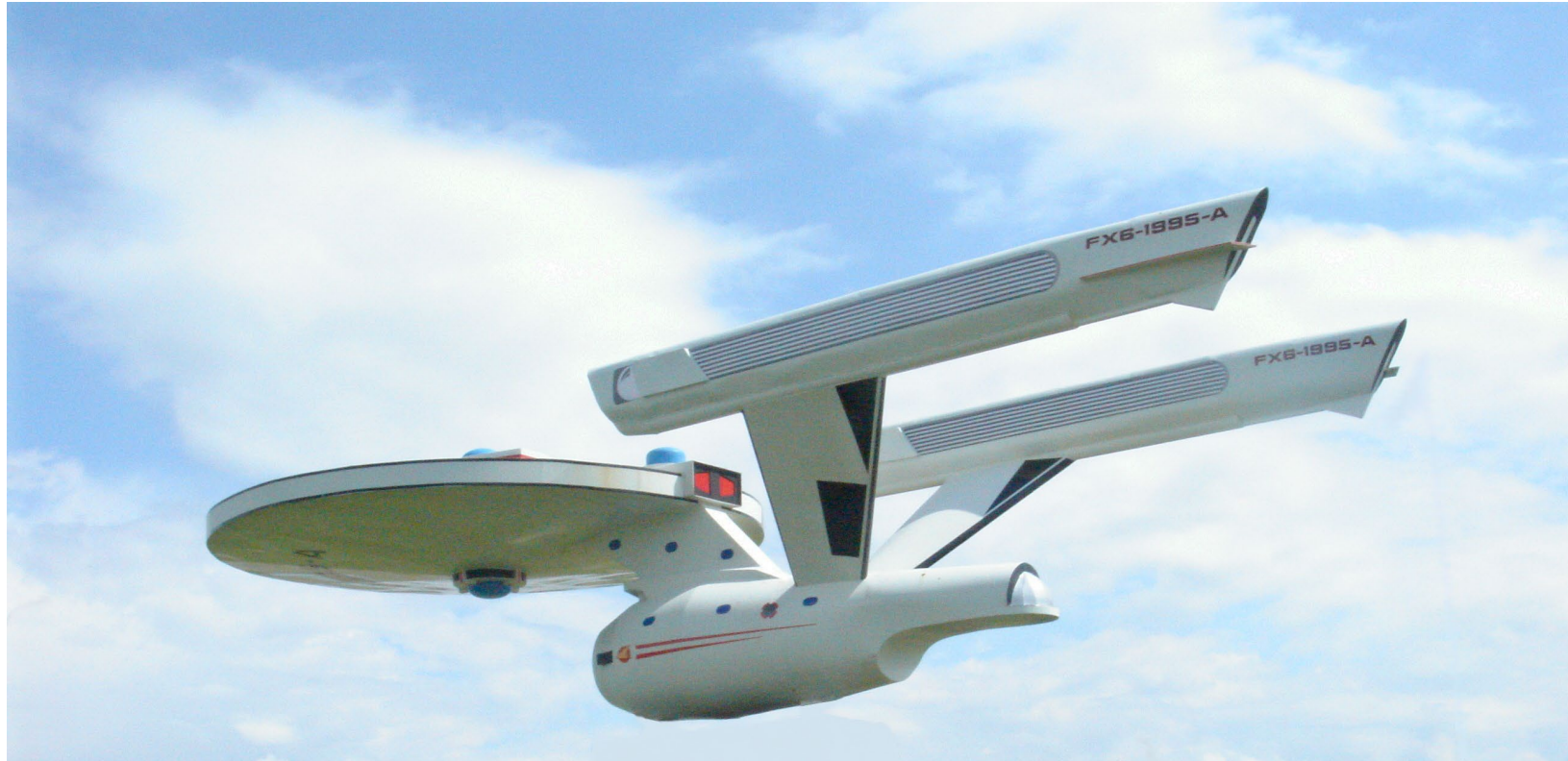
Every survey is unique

- Every survey is unique
- Every itinerary is different
- Every Service delivers service differently
- SCUs are not all the same and operate under different constraints
- Flexibility and cooperation are required
- THESE THINGS HAVE NOT CHANGED AND WILL CONTINUE TO BE A FEATURE OF THE CURRENT BREASTSCREEN PEER REVIEW ACCREDITATION PROGRAM

What's next?

- Working with Accreditation Managers and Program Managers over the coming months to provide more detailed guidance and work toward a smooth transition

“Forward to the next ~~star~~ challenge and onward till dawn”



Ngaityalya!
(Kurna - thank you)

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