Who does the accreditation survey?

The accreditation survey is conducted by a BreastScreen Australia accreditation survey team composed of surveyors and a data assessor and is led by the National Surveyor (NS).

The NS is the chair of all survey teams and is responsible for developing the selection criteria for surveyors and data assessors.

All surveyors and data assessors have completed the BreastScreen Australia surveyors’ training program.

Composition of the survey team

The NS identifies the members of each survey team. For SCUs this will include at least three people: NS, data assessor and a service director or program manager.

An optional fourth person may be included with expertise in a specific breast screening discipline on an as needs basis.

What is DGMA?

The Data Governance and Management Assessment (DGMA) is an independent assessment of the SCU’s policies, protocols and processes that are in place to ensure effective governance and management of BreastScreen data. These must meet the requirements outlined in the BreastScreen Australia National Accreditation Standards (NAS) and DGMA Framework.

A qualified and independent data assessor will undertake the DGMA to assess the components of data governance and management that are the responsibility of the SCU, including:

- compliance with the National Protocols for Standard 5 – Data Management and Information Systems;
- the operation, management and governance of the Picture Archiving and Communications System (PACS); and
- the operation, management and governance of the BreastScreen Information System (BIS).

The DGMA will be undertaken every four years during the full team survey.

See question 12 below for more details.
How can the SCU prepare for the accreditation survey / DGMA?

- Ensure there is a current BreastScreen NSW National Accountability Framework (NAF) to clearly identify the NAS Measures and Protocols for which the SCU is responsible (sole or joint)
- Develop a State Quality Strategy / Plan
- Ensure a mechanism/audit schedule is in place to verify SCU and SAS compliance with policy, protocols and procedures
- Convene and support the State Quality Committee
- Establish an adverse events and incidents management process
- Undertake self-assessment against the NAS Measures / Protocols as part of the application for accreditation
- Ensure that all completed accreditation application forms and supporting documentation is submitted to the NS in the required timeframe
- Work with the NS to plan a detailed survey / DGMA schedule
- Make agreed travel and accommodation arrangements for surveyors
- Ensure that key SCU staff know about the survey dates and are available to meet with the surveyors as required
- Organise logistics and provide support for the surveyors – dedicated meeting room for the team; private room(s) surveyors can use to interview staff; access to facilities, computers / printers; catering / refreshments, etc.

What documents must be submitted for the survey?

The following documentation needs to be provided to the surveyors at least three weeks prior to the survey date:

- BreastScreen Australia Application for Accreditation Form
- BreastScreen NSW Program Profile – documentation that clearly provides an overview of the relationship between key stakeholders: CINSW / SCU with the SASs / LHDs and NSW Health, including details on the SCU’s organisational structure, program leadership and governance model
- Annual Data Report (for self assessment against NAS Measures) with responses to unmet measures
- NSW National Accountability Framework (NAF)
- SCU Quality Improvement (QI) Plan
- State Operating Standards incorporating the appropriate NAS and Protocols
- Supporting documentation and records showing evidence of the SCU’s governance role and performance outcomes (e.g. Business Plan)
- Copy of previous survey / DGMA report (if applicable)
- Relevant NQMC correspondence during the current accreditation period
- Copy of interim or internal survey reports (if applicable)
- Other relevant NAS state performance and trend data
- DGMA specific documentation – see question 12 below
- Marketing and Recruitment Plan
Frequently Asked Questions

5 How long will a survey / DGMA take?

There are five types of formal accreditation surveys; full, interim, unscheduled, internal, and pre-commencement.

The full survey is the main type covered here. Other types have more specific aims and are less common. Details of these can be found in the BreastScreen Accreditation Handbook (Section 5).

Full surveys take place every four years and for an SCU the survey will usually be completed in one day. However, some extra time may be needed on an additional day for the data assessor to complete the DGMA.

6 What happens during the accreditation survey?

The survey / DGMA is conducted according to an agreed visit schedule. This usually includes the following:

- Surveyors commence their visit with a private meeting to finalise plans and activities.
- Surveyors are given a brief walk through / tour and introduction to staff.
- The Divisional Director and other senior SCU staff meet with the survey team to present an overview of the SCU / BreastScreen NSW, providing its context, organisation, staffing, and governance structure. The SCU can also discuss self-assessment against the NAS Measures and quality improvement plans and respond to issues raised in the previous survey report.
- Significant time during the visit is set aside for the surveyors to hold discussions with relevant SCU staff (see question 8 below).
- The surveyors should have access to relevant SCU documentation and records, including performance and trend data, especially if NAS measures are not met; State Operating Standards; quality assurance documentation; appropriate meeting minutes; adverse incidents and complaints records; professional development and training records.
- Information gained from the documentation review and staff interviews will enable completion of the final report so that the NQMC is fully informed of all aspects relevant to accreditation of the SCU.
- Reasonable time is scheduled for the surveyors to meet for confidential discussions and to work on the survey report towards the end of their visit.
- At the end of the visit, the survey team will meet with senior SCU staff for a debriefing session.
- The surveyors will not discuss the accreditation outcome or make recommendations as to the SCU’s likely accreditation status. They will provide an overall impression of the SCU’s performance gained from the survey, discuss the process and highlight any key issues. Surveyors may comment on findings relevant to their area(s) of expertise. This debrief should ensure that the SCU has a realistic understanding of the findings and therefore will not be surprised by the content in the final written report.
- DGMA - see question 12 below.
BreastScreen Australia recognises that surveyors are committed to performing their duties to a high standard. Surveyors should acknowledge their responsibilities to BreastScreen Australia and that their conduct will reflect on BreastScreen Australia. Surveyors will demonstrate this by:

- behaving appropriately, professionally and providing constructive advice
- being courteous and diplomatic
- being impartial, fair, objective and accountable

The surveyors may offer respectful and constructive feedback to SCU staff to help identify and address specific issues. This informal, on-site education should assist the SCU to anticipate and mitigate future problems and drive continuous quality improvement.

The main activities include:

- Assessing the SCU's compliance with the NAS and DGMA requirements
- Verifying that the information in the SCU application is correct
- Examining the quality management systems and SCU Quality Improvement Plan
- Identifying changes required to ensure improved outcomes
- Attending survey team discussions and meetings
- Making recommendations in the accreditation survey report on the SCU's performance history
- Providing educative and learning opportunities to facilitate ongoing quality improvement

Who will the surveyors speak to at the SCU?

The surveyors will mainly meet with the Executive and senior SCU staff, including:

- Divisional Director
- BreastScreen NSW Program Manager
- State Radiologist
- State Radiographer
- Manager, Business Innovation and Quality
- Breast Screen Portfolio Coordinators
- Manager, Business Intelligence and Information Systems
- Manager, Social Marketing & Campaigns
- Portfolio Manager, Relationships
- Breast Screen Operations Manager
- Systems Improvement & Quality Specialist

The surveyors may also meet with other SCU staff working on specific BreastScreen projects and tasks as required.

For the DGMA, the data assessor will mainly work with:

- Manager, Business Intelligence and Information Systems
- Team Leader, Data, Monitoring & Reporting
- Business Analyst, Data, Monitoring & Reporting
- Team Leader, Health Information System Support
- PACS Administrator
- BIS Systems Administrator

In evaluating the governance model, surveyors may also elect to meet with the following:

- SQC chair and one or two other SQC members
- Some service directors in person or via tele/video conference
- Chief Executive, Cancer Institute NSW
If I am interviewed by the survey team, what questions will they ask?

The scope and type of questions surveyors ask is varied. Questions may range from simple introductions and pleasantries, to general enquiries about the organisation, functions of the SCU, through to more focused questions about your work.

More specific probing questions tend to focus on the following:

- Understanding your role
- How you perform aspects of your job
- Your knowledge of the State Operating Standards and National Accreditation Standards (NAS) relevant to your role
- Specific processes, practices and issues
- Supporting documentation, records, evidence or data
- Quality issues and QI plans

Do I need to know all the NAS?

The NAS contains a hierarchy of detail consisting of 7 high level Standards, 12 Criteria, 42 NAS Measures and 61 Protocols. It is not usual to expect staff to have detailed and intimate knowledge of the entire document.

However, it is reasonable to expect staff to have a good working knowledge of any NAS and protocols applicable to their roles and area of expertise. For example, recruitment and marketing staff would be expected to know the NAS, Protocols and Operating Standards that support and measure recruitment activities, participation and rescreens, but would not be asked about pathology measures.

Similarly, the BIS/PACS and data team should know about structure and operating processes of the state information system, how NAS Measures are derived and Protocols relating to data governance and management, but not radiographic image quality and equipment QA checks.

Remember, many NAS requirements are covered in the State Operating Standards, so a good knowledge of those most applicable to your role will help reinforce your understanding of the NAS.
11 How should I respond if I am interviewed?

- Be professional and courteous.
- Maintain a strong client focus.
- Prepare by having one or two key ideas about an improvement you think could be made in your area of work.
- For accreditation to be of most value, you should perform your job as you normally would. Accreditation surveyors should assess ‘business as usual’.
- Create a good impression, but avoid putting on a ‘special show’.

Do

- Make up answers if you don’t know! If in doubt, tell the surveyor how you would find out (For example, check P&Ps, ask your manager).
- Try to cover up obvious gaps or deficiencies noted by surveyors. Simply acknowledge these and try to identify ways to help correct the problem.
- Blame others for problems or shift the responsibility.
- Use the survey as an opportunity to complain about organisational issues. It’s important to remember you are representing the Cancer Institute.
- Express strong views on official SCU or program positions regarding policies that might be contrary to your personal views.

Don’t

12 What is required for the DGMA?

In multi-service jurisdictions such as NSW with a central BIS / PACS system, the SCU has overall responsibility for ensuring the consistency and quality of information recorded in the BIS within the jurisdiction. Therefore only the SCU will be required to undergo a DGMA.

The DGMA is undertaken to ensure national consistency regarding:
- the collection and reporting of data governance and management and accreditation information across jurisdictions and BreastScreen Services;
- business processes to ensure data is of a high quality, valid and collected in accordance with the specifications of the BreastScreen Data Dictionary; and
- the interoperability between jurisdictional PACS and BIS within and external to the jurisdiction.

The intent of the DGMA is to assess whether the outcomes of the data governance and management arrangements in BreastScreen NSW as a whole are robust.
The DGMA involves assessing the SCU against defined requirements outlined in the Accreditation Handbook (DGMA Requirements) and NAS Commentary. There are three sources for the DGMA requirements:

- National Program Policy Features for Data Management and Information Systems
- Four Key Data Discipline Areas (Security; Quality; Integrity; and Organisation & Systems Management)
- Protocols for NAS Standard 5 for Data Management and Information Systems

The DGMA results in four risk ratings (one for each discipline area). Risk ratings are determined by the data assessor based on an assessment of the likelihood that the SCU is not meeting the relevant assessment point, and the severity of the consequences (using a risk rating tool in the DGMA report form).

**DGMA Assessment Process**

1. Service/SCU self-assesses against DGMA Requirements
2. Data Assessor reviews the self-assessment and determines areas for investigation using a risk based approach
3. Data Assessor undertakes investigation
4. Data Assessor prepares report
5. Service/SCU responds to Data Assessor Report
Frequently Asked Questions

While the SCU has overall responsibility for ensuring compliance with Standard 5 protocols in multi-service jurisdictions, in undertaking an SCU DGMA it is important for the data assessor to understand the operational level allocation of responsibility for the implementation / maintenance of the Standard 5 Protocols between the Service and SCU.

Each multi-service jurisdiction will complete and submit to the data assessor prior to a DGMA a ‘Standard 5 Protocol Responsibility Framework’ (PRF5) showing the allocation of operational level responsibilities across Services/SCU. Protocols are defined as being the responsibility of the Service only, SCU only or joint. This informs the data assessor when assessing the evidence provided by the SCU of the quality and consistency of data that is entered at each service within the jurisdiction.

To prepare for the DGMA, the SCU completes the self-assessment form for each specific requirement (see Attachment A of the DGMA Framework).

In self-assessing each requirement, the type of relevant evidence available to support the evaluation should be listed. This evidence helps the data assessor to consider the robustness of the self-assessment and determine priority areas for further investigation.

All documents listed as evidence in the self-assessment form must be provided to the data assessor as electronic documents.

Examples of the types of documentation and evidence cited to support PRF5 and DGMA self assessment include a data governance framework; data procedures and protocols manual; data and information management policies; BIS / PAC user guides; business rules; exception reports; issues and error registers; NAS specifications and algorithms; QA and audit plans; staff position descriptions and training records, etc.

The NS, as chair of the survey team, coordinates the accreditation report writing relating to the findings from the survey in consultation with the other surveyors. Each member of the team should sight the final survey report and have time to consider it before they endorse the document. The NS will provide a final report to the SCU within two weeks of the visit.

The SCU will then document responses and follow up to the issues and recommendations contained in the survey report.

The SCU must submit a complete application for accreditation, including all relevant supporting documents and the final survey report and SCU responses to the NQMC secretariat at least 2 weeks prior to the agreed meeting date. This is usually 2-3 months after the survey date.

At the meeting, the NQMC will consider the SCU application and decide on the final outcome and level of accreditation awarded.

A number of forms have been developed in order to complete the feedback loop and integrate continuous quality improvement into the survey process. These allow surveyors, Services, SCUs and the NQMC to provide constructive de-identified feedback on the:

- performance of the survey team and individual members
- administration and coordination of the survey process
- quality of the survey report