

Symptomatic Breast Service

**Quality Assurance
for Safer Better
HealthCare**

2013

v1.0

A Practical Guide

Supporting services to deliver
quality healthcare



Tús Áite do
Shábháilteacht **1** Othar
Patient Safety **1** First

Introduction

The centralisation of Symptomatic Breast Disease services from 35 acute hospitals into 8 designated cancer centres (and a satellite unit at Letterkenny General Hospital) was completed in December 2009. Improving quality of Symptomatic Breast Disease Services in Ireland is a key priority for the National Cancer Control Programme (NCCP), in conjunction with the designated cancer centres. These designated centres, with multidisciplinary teams, have provided a significant advancement towards the integrated delivery of cancer services.

In May 2007, the Health Information and Quality Authority (HIQA) adopted the National Quality Assurance Standards for Symptomatic Breast Disease Services, developed by an expert group, chaired by Professor Niall O'Higgins. The standards define what is expected of the providers of symptomatic breast disease services and provide the basis for service planning, development and continuous improvement. The Standards also give patients and the public a clearer understanding of what they should expect from services. They describe the essential elements that are fundamental to providing safe care for individual patients on a day-to-day basis and others that are important for the sustainable and consistent delivery of quality care to patients over time. Since the publication of these standards, Symptomatic Breast Disease (SBD) services have evolved and developed. Elements that previously were not universal are now routine and embedded in the culture of service delivery. Multidisciplinary team working, triple assessment, image-guided biopsy, assessment of the axilla, collecting and using data to monitor performance and ensuring that sufficient numbers of patients are treated by clinicians in order that they maintain their expertise are inbuilt into all SBD services nationally.

In June 2012, the HIQA published The National Standards for Safer Better Healthcare. These are structured around eight themes for quality and safety. As Figure 1 illustrates, the eight themes are intended to work together. Collectively, they describe how a service provides high quality, safe and reliable care, centred on the service user (see Figure 1). The four themes on the upper half of the figure relate to dimensions of quality and safety and the four on the lower half of the figure relate to key areas of capacity and capability. The National Standards provide a basis for those planning, funding or providing healthcare services to work towards achieving and maintaining high quality, safe and reliable care. Service users can use the National Standards for Safer Better Healthcare to understand what high quality and safe healthcare should be, what they should expect from a well-run service and to voice these expectations.

Figure 1. Themes of Safer Better HealthCare (HIQA 2012)



Since the publication of the National Standards for Safer Better Healthcare, the Quality and Patient Safety Directorate of the HSE has developed a Quality Assessment and Improvement resource. This resource constitutes a series of workbooks which is intended to support acute hospital services gather together information and evidence to verify their assessments against the National Standards and lend a structure to the endeavors to improve the quality and safety of patient care.

Given the evolution of the SBD services since 2007 and the publication of generic health care standards in 2012, it is now timely to review how the SBD services can provide assurance and evidence to verify assessment against the national standards.

Performance Monitoring

The symptomatic breast disease services are led by a lead clinician in each designated cancer centre and are supported by a multidisciplinary team of cancer specialists. The group of lead clinicians now operates as a cohesive national clinical network for the purpose of clinical audit, sharing of best practice and problem solving. Through this national network, best practice models are identified and shared, to ensure standardisation and service improvement nationally.

Each cancer centre reports on a set of Key Performance Indicators (KPIs). These KPIs are designed to assist patients, staff and the NCCP in assuring themselves that all designated cancer centres are adhering to the required standards of practice. Prompt access to cancer services has been one of the key deliverables for this service. The KPIs are presented and discussed at the annual NCCP multidisciplinary breast forum for audit, quality and risk.

This document uses the Quality Assessment and Improvement Tool developed by the HSE Quality and Patient Safety Directorate to facilitate acute hospitals in their assessment against the National Standards for Safer Better Healthcare (HIQA 2012). Examples relating to Symptomatic Breast Disease are given to provide assurance and evidence to verify assessment against the national standards.

The majority of these KPIs and Standard Operating Procedures (SOPs) are applicable only to the designated cancer centres. However, other quality initiatives and core elements of cancer care are an integral part of the care of the cancer patient in other acute hospitals following initial surgery e.g. chemotherapy, nursing

education, primary and secondary prevention. Safer Better Healthcare is integral to all stages of the patient pathway in the diagnosis and treatment of breast cancer; including diagnostic imaging, pathology, surgery, medical oncology and radiation oncology.

Examples of good practice have been included in the areas of quality systems, sustainable good practice and innovation, which are key components of delivering good patient experience and excellent quality care. The NCCP has adopted a consistent quality improvement approach through:

- Key Performance Indicators
- GP referral guidelines, with electronic referral
- Standard Operating Procedures
- Governance model for the Symptomatic Breast Services
- Annual Audit Quality and Risk Forum
- National SBD Lead Clinicians Network
- Development of national evidence based clinical guidelines for diagnosis and treatment of breast cancer
- Development of national chemotherapy protocols
- Oncology and medication safety review of all hospitals involved in the provision of systemic chemotherapy
- Integrated governance structure for St Luke's Radiation Oncology Network, which incorporates all elements of quality and risk.

These examples and guiding prompts are specific to the Symptomatic Breast Services. Individual hospitals may have additional quality initiatives to include in their self assessment. The level of quality attained will depend on the level of implementation within individual hospitals. E.g. in relation to Key Performance Indicators for access to cancer services:

- Excellence (E): Service examines international and national innovative approaches to improving access.
- Sustained improvement (SI): Consistent achievement of the national access targets which are publicly reported.
- Continuous improvement (CI): Governing committees review reports on performance, including access targets and agree implementation plans.
- Emerging improvement (EI): Service assesses performance against national access targets.

Theme 1
Person Centered Care and Support

Person Centred Care and Support			
Standard	Essential Elements	What a Patient can expect when a Service is meeting these Standards	Examples specific to Symptomatic Breast Disease Service / Guiding prompts
Standard 1.1 The planning, design and delivery of services are informed by service users' identified needs and preferences	Service User Involvement	You will be enabled to express your views and have them taken into account when healthcare services are being planned, organised and delivered.	Cancer centre undertakes a regular assessment of their patients experiences, as per NCCP Standard Operating Procedures: NCCP SOP-07: Patient Experience and NCCP SOP-09: Facilities
Standard 1.2 Service users have equitable access to healthcare services based on their assessed needs	Fair access to Healthcare Services	Information will be available to you on how to access a service and this access will be fair, as it will be based on your assessed needs.	Cancer centre consistently achieves national access targets which are reported publicly, i.e. KPI 1a: Referrals triaged as urgent by the cancer centre shall be offered an appointment within 10 working days. KPI 1b: Referrals triaged as non-urgent by the cancer centre shall be offered an appointment for a symptomatic breast clinic within 12 weeks. KPI 1c: A new patient deemed urgent following the consultant surgeon's assessment at the clinic (S4, S5) shall have imaging (mammography or ultrasound) done within a week of the first visit.

			<p>KPI 1d: Breast imaging requests (that is, mammography or ultrasound) for new patients shall be carried out within 12 weeks of the consultant surgeon's assessment in the specialist clinic.</p> <p>Triage of referrals is based on clinical information, as per Standard Operating Procedure NCCP SOP-03: Triage and Referral.</p> <p>SBD referral pathways have been developed and implemented. Regular evaluation of referral guidelines is undertaken with the NCCP.</p>
<p>Standard 1.3</p> <p>Service users experience healthcare which respects their diversity and protects their rights</p>	<p>Protecting Service User Rights</p>	<p>Your rights such as privacy will be respected and protected when you are receiving healthcare.</p>	<p>Assessment as per National Standards for Safer Better Healthcare, Quality Assessment and Improvement Workbook.</p>
<p>Standard 1.4</p> <p>Service users are enabled to participate in making informed decisions about their care</p>	<p>Shared Decision Making</p>	<p>You will be facilitated and encouraged to be involved in so far as possible in decisions relating to your own care.</p>	<p>Cancer centre provides clear and timely information to patients on their diagnosis and prognosis.</p> <p>Cancer centre undertakes regular assessment of the information sharing element of their patients' experiences as per Standard Operating Procedure NCCP SOP-07: Patient Experience.</p> <p>Patient information is available in different languages on website.</p> <p>Patient information on breast disease is available in many formats – website, printed materials, smart phone app'.</p>

			<p>SBD service provides patients with a patient booklet developed specifically for Symptomatic Breast Units.</p> <p>Patient information developed in association with NALA.</p>
<p>Standard 1.5</p> <p>Service users' informed consent to care and treatment is obtained in accordance with legislation and best available evidence</p>	<p>Informed Consent</p>	<p>You will only receive the examination, care, treatment and support for which you have given your permission.</p>	<p>Interactions with patients will be managed as per NCCP SOP - 06: Communication and Confidentiality.</p> <p>Cancer centre undertakes regular review of feedback from patients on their experience of giving informed consent, as per Standard Operating Procedure NCCP SOP-07: Patient Experience.</p> <p>Incidents pertaining to informed consent are analysed, reported and learning is shared in the service through the national lead clinician's network.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p>
<p>Standard 1.6</p> <p>Service users' dignity, privacy and autonomy are respected and promoted</p>	<p>Respecting Privacy and Dignity</p>	<p>The care you receive will respect your privacy, dignity and independence.</p>	<p>Interactions with patients will be managed as per NCCP SOP - 06: Communication and Confidentiality and NCCP SOP -09: Facilities.</p> <p>Cancer centre undertakes regular review of feedback from patients on their experience of privacy, dignity and confidentiality as per Standard Operating Procedure NCCP SOP-07: Patient Experience.</p>

<p>Standard 1.7</p> <p>Service providers promote a culture of kindness, consideration and respect</p>	<p>Embedding a Culture of Kindness, Consideration and Respect</p>	<p>You will be treated with kindness, consideration and respect when receiving healthcare.</p>	<p>Feedback is sought from patients on services, as per NCCP SOP -07: Patient Experience.</p> <p>Participation of staff in NCCP cancer nursing education programme (includes module on communication and dealing with bad news).</p>
<p>Standard 1.8</p> <p>Service users' complaints & concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process</p>	<p>Effective Management of Service User Feedback</p>	<p>Your concerns and complaints will be listened to and acted on in a timely manner.</p>	<p>Feedback is sought from patients on services, as per NCCP SOP -07: Patient Experience.</p> <p>Service users and staff are kept informed on the progress and outcome of their complaint.</p>
<p>Standard 1.9</p> <p>Service users are supported in maintaining and improving their own health and wellbeing</p>	<p>Enabling Better Health and Wellbeing</p>	<p>You will receive advice and information to help identify opportunities for you that will support you in leading a healthier lifestyle.</p>	<p>Cancer centres ensure that health promotion information is easily accessible for service users.</p> <p>Cancer centres participate in joint initiatives with other service providers / external agencies (e.g. NCCP / ICS).</p> <p>Participation in NCCP cancer nursing education programmes, which include primary and secondary prevention.</p> <p>Cancer Centre is a Smoke Free campus. Hospital provides Tobacco dependence programme.</p> <p>Daffodil Centres located in cancer centres provide information on cancer prevention and early detection.</p>

Theme 2
Effective Care and Support

EFFECTIVE CARE AND SUPPORT			
Standard	Essential Elements	What a patient can expect when a hospital is meeting these Standards	Examples specific to Symptomatic Breast Disease Service / Guiding prompts
<p>Standard 2.1</p> <p>Healthcare reflects national and international evidence of what is known to achieve best outcomes for service users</p>	<p>Implementing Best Available Evidence</p>	<p>There is an identified person who has overall responsibility and accountability for the quality and safety of the service that you are attending.</p>	<p>Patient management as per NCCP SOP - 05: Patient transfer through the pathway, including the designation of Most Responsible Physician.</p> <p>Nominated clinical lead for Symptomatic Breast Disease in each designated cancer centre - participation in National SBD Lead Clinicians Network.</p> <p>Knowledge, understanding and implementation of Tumour guidelines – national evidence based clinical guidelines for the diagnosis, staging and treatment of breast cancer.</p> <p>Participation in NCCP training programme on evidence based practice in development of clinical guidelines.</p> <p>Implementation of NCCP suite of Standard Operating Procedures for Symptomatic Breast Disease.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety</i></p>

			<p><i>Review 2013.</i></p> <p>Utilisation of NCCP SOPs and community oncology resource book, developed to support non-specialist nurses caring for cancer patients.</p> <p>KPI 3a: Patients with primary breast cancer shall be diagnosed without an operative procedure (open biopsy).</p>
<p>Standard 2.2</p> <p>Care is planned and delivered to meet the individual service user's initial and ongoing assessed healthcare needs, while taking account of the needs of other service users</p>	<p>(a) Comprehensive Documented Assessment of Care</p>	<p>Your plan of care will be based on your assessed and ongoing needs. Care received will be timely and regularly reviewed and you will be involved in all decisions about your care.</p>	<p>Participation in multidisciplinary teams as per NCCP SOP -04: Multidisciplinary teams.</p> <p>Management of adverse events as per NCCP SOP -11: Adverse events reporting and management with particular reference to delayed diagnosis of cancer.</p> <p>Achievement of national targets with respect to the following KPIs:</p> <p>KPI 3b: For patients urgently triaged by the cancer centre and subsequently diagnosed with a primary breast cancer, the interval between attendance at the first clinic and the discussion at the multidisciplinary meeting (MDM) where a B5 or C5 is first identified shall not exceed 10 working days.</p> <p>KPI 4a All patients who have breast investigations that generate a histopathology report shall be discussed at MDM.</p> <p>KPI 4b All patients with a diagnosis of primary breast cancer from</p>
	<p>(b) Recognising and Responding to Clinical Deterioration</p>		
	<p>(c) Palliative Care</p>		

			<p>the symptomatic service shall be discussed at MDM.</p> <p>Participation in NCCP cancer nursing education programmes, including:</p> <ul style="list-style-type: none"> ▪ systematic assessment of patients in the community, focussing on treatment related side effects and early recognition of oncological emergencies. ▪ module on communication and dealing with bad news.
<p>Standard 2.3</p> <p>Service users receive integrated care which is co-ordinated effectively within and between services</p>	<p>Co-ordinated Integrated Care</p>	<p>Everyone involved in your care will be working together to ensure you receive care that is safely and effectively co-ordinated within and between services.</p>	<p>Participation in multidisciplinary teams as per NCCP SOP -04: Multidisciplinary teams.</p> <p>Patient management as per NCCP SOP - 05: Patient transfer through the pathway including the designation of Most Responsible Physician.</p> <p>Achievement of national targets with respect to the following KPIs:</p> <p>KPI 3b: For patients urgently triaged by the cancer centre and subsequently diagnosed with a primary breast cancer, the interval between attendance at the first clinic and discussion at the MDM where a B5 or C5 is first identified shall not exceed 10 working days.</p> <p>KPI 5a Surgical intervention will be carried out within 20 working days of the date of the multidisciplinary meeting (MDM) when a B5 or C5 diagnosis was first identified, provided surgery is the first treatment.</p>

			<p>KPI 5b Following surgery, patients who require radiation therapy alone shall commence treatment within 12 weeks of the final surgical procedure.</p> <p>KPI 5c Following surgery, patients who require adjuvant chemotherapy and radiation therapy, shall commence radiation therapy within 4 weeks of completing chemotherapy.</p> <p>KPI 5d Following surgery, adjuvant chemotherapy shall commence within 8 weeks of the final surgical procedure where required.</p> <p>Implementation of NCCP GP referral guidelines for suspected cancers & electronic referral.</p> <p>Assessment of NCCP Standard Operating Procedures for Symptomatic Breast Disease.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p> <p>Participation in NCCP Community Oncology Nursing Education Programme to enhance community nurses competence, enabling them to deliver safe, shared nursing care, between hospital and community health services.</p> <p>Breast cancer follow-up protocol developed, with information for both patients and GPs.</p>
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<p>Standard 2.4</p> <p>An identified healthcare professional has overall responsibility and accountability for a service user's care during an episode of care</p>	<p>Lead Healthcare Professional</p>	<p>You will have an identified healthcare professional who will be in charge of your care at all times.</p>	<p>Patient management as per following SOPs:</p> <p>NCCP SOP -05: Patient transfer through the pathway, including the designation of Most Responsible Physician.</p> <p>Nominated clinical lead for Symptomatic Breast Disease in each designated cancer centre - Participation in National SBD Lead Clinicians Network.</p>
<p>Standard 2.5</p> <p>All information necessary to support the provision of effective care, including information provided by the service user is available at the point of clinical decision making</p>	<p>Information Enabling Clinical Decision Making</p>	<p>The healthcare professional caring for you will have timely access to all relevant information to support decisions that will be made with you about your care.</p>	<p>Patient management as per NCCP SOP 04: Multidisciplinary teams.</p> <p>Achievement of national targets with respect to the following KPIs:</p> <p>KPI 2a: Patients with primary operable breast cancer shall have pre-op mammography and ultrasound examination.</p> <p>KPI 2b: A patient over the age of 35 years with a clinically palpable focal abnormality (that is classified as S3, S4 or S5) shall have mammography and targeted ultrasound examination.</p> <p>KPI 2c: Core biopsies shall be image guided, where an imaging abnormality classified as R3, R4 or R5 is identified.</p> <p>KPI 3b: For patients urgently triaged by the cancer centre and subsequently diagnosed with a primary breast cancer, the interval between attendance at the first clinic and discussion at the MDM where a B5 or C5 is first identified shall</p>

			<p>not exceed 10 working days.</p> <p>KPI 9a: Pathology reports shall include a standard set of prognostic indicators that will be available to the multidisciplinary team in a timely fashion.</p> <p>KPI 9b: Axillary lymph node status, where sampled, shall be recorded.</p> <p>KPI 9c: Radial margin status shall be documented (superior, inferior, medial, lateral margins) for all patients who have wide local excision of a primary invasive breast cancer.</p> <p>KPI 9d: The histopathology report containing the prognostic data shall be available within 10 working days.</p> <p>Participation in National SBD Lead Clinicians network.</p> <p>Knowledge, understanding and implementation of Tumour guidelines – national evidence based clinical guidelines for the diagnosis, staging and treatment of breast cancer.</p> <p>Participation in NCCP training programme on evidence based practice in development of clinical guidelines. Implementation of NCCP suite of Standard Operating Procedures for Symptomatic Breast Disease.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety</i></p>
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			<p><i>Review 2013.</i></p> <p>Utilisation of NCCP SOPs and community oncology resource book developed to support nurses caring for cancer patients.</p>
<p>Standard 2.6</p> <p>Care is provided through a model of service designed to deliver high quality, safe and reliable healthcare</p>	<p>Service Delivery Model</p>	<p>You will be provided with clear information about the service and you will be informed of any changes to the services.</p>	<p>SBD services have an up-to-date clinical governance model document.</p> <p>SBD services participate in the cancer centre’s annual Service Plan.</p> <p>SBD services participate in the KPI reporting.</p> <p>Cancer centres demonstrate that they are achieving appropriate volume thresholds by adhering to national standards with respect to the following KPIs:</p> <p>KPI 2 additional: Consultant Radiologists shall report on at least 1,000 mammograms annually.</p> <p>KPI 7: Individual consultant surgeons shall assess and operate on a minimum of 50 new patients with breast cancer per year.</p> <p>Patient management as per Standard Operating Procedure NCCP SOP-07: Patient Experience.</p>
<p>Standard 2.7</p> <p>Healthcare is provided in a physical environment which supports the delivery of high quality, safe,</p>	<p>Supporting a Safe, Healthy Work Environment</p>	<p>You will receive care in healthcare facilities which are safe, effectively managed and protect your dignity and privacy.</p>	<p>Facilities management, as per NCCP SOP -09: Facilities.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013.</i></p>

<p>reliable care and protects the health and welfare of service users</p>			<p>SBD service delivered in purpose built/modified unit.</p>
<p>Standard 2.8 The effectiveness of health care is systematically monitored, evaluated and continuously improved</p>	<p>Monitoring and Improving Healthcare Quality</p>	<p>Your healthcare service will monitor, evaluate and continuously improve the quality of care provided and seek your feedback to support this improvement.</p>	<p>SBD service participates in annual report of KPIs and annual audit meeting to review national performance indicators.</p> <p>Patient management as per NCCP SOP - 07: Patient Experience.</p>

THEME 3
SAFE CARE and SUPPORT

Safe Care and Support			
Standard	Essential Elements	What a patient can expect when a service is meeting these Standards	Example specific to Breast Examples specific to Symptomatic Breast Disease Service / Guiding prompts
3.1 Service providers protect service users from the risk of harm associated with the design and delivery of healthcare	(a) Implementing National Standards, Policies, Procedures, Guidelines and Report Recommendations	You can expect to be safe while receiving healthcare, with your healthcare service continuously looking for ways to protect you from the risk of harm.	Suite of Key Performance Indicators. Suite of Standard Operating Procedures. Patient management as per NCCP SOP 11 : Adverse events reporting and management, with particular reference to delayed diagnosis of cancer. Knowledge, understanding and implementation of national evidence based guidelines for the diagnosis, staging and treatment of breast cancer. Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i> . Assessment as per National Standards for Safer Better Healthcare, Quality Assessment and Improvement Workbook.
	(b) Effective Risk Management System		
	(c) Effective Prevention and Control of Healthcare Associated Infections		
	(d) Medication Management		
	(e) Decontamination Management of Reusable Invasive Medical Devices (RIMD)		
	(f) Management and Use of Medical Devices and Equipment		

<p>3.2 Service providers monitor and learn from information relevant to the provision of safe services and actively promote learning both internally and externally</p>	<p>Responding to and Learning from Quality and Safety Information</p>	<p>Your service will look at different sources of information on the quality and safety of care it is providing to identify areas where improvements are required.</p>	<p>SBD service participates in annual report of KPIs and annual audit meeting.</p> <p>Participation in regular meeting of the SBD National Lead Clinicians Network.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p>
<p>3.3 Service providers effectively identify, manage, respond to and report on patient safety incidents</p>	<p>Effective Incident Management and Investigation</p>	<p>Staff will know what to do if something goes wrong while providing healthcare. They will look to find out what went wrong to try and prevent it happening again.</p>	<p>NCCP SOP -11: Adverse events reporting and management, with particular reference to delayed diagnosis of cancer.</p> <p>Participation in annual NCCP SBD Audit, Quality and Risk Forum.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p>
<p>3.4 Service providers ensure all reasonable measures are taken to protect service users from abuse</p>	<p>Protecting Service Users from Abuse</p>	<p>The service will take the necessary steps to protect you from different types of abuse while you are receiving healthcare.</p>	<p>Assessment as per National Standards for Safer Better Healthcare, Quality Assessment and Improvement Workbook.</p>
<p>3.5 Service providers fully and openly inform and support service users as soon as possible after an adverse event affecting them has occurred, or becomes known, and continue to provide information and support as needed</p>	<p>Open Disclosure</p>	<p>If something goes wrong while you are receiving healthcare, the service will be open and honest with you as soon as possible after the event and will support you through this event.</p>	<p>Adverse event management as per NCCP SOP 11: Adverse events reporting and management, with particular reference to delayed diagnosis of cancer.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review</i>.</p>
<p>3.6 Service providers actively support and</p>	<p>Supporting and Embedding a Culture of Quality and Safety</p>	<p>The service places a high value on quality and patient safety and all staff seek to</p>	<p>SBD service participates in NCCP Annual Audit Quality and Risk Forum.</p>

<p>promote the safety of service users as part of a wider culture of quality and safety</p>		<p>improve your experience when receiving healthcare.</p>	<p>Participation in NCCP national reviews and audits.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p>
<p>3.7 Service providers implement, evaluate and publicly report on a structured patient safety improvement programme</p>	<p>Patient Safety Improvement Programme</p>	<p>Services will have plans in place to reduce the likelihood of harm occurring to you and other patients while receiving healthcare.</p>	<p>SBD service submits data for NCCP annual report of breast service.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p>

Theme 4
Better Health and Wellbeing

Better Health and Wellbeing			
Standard	Essential Elements	What a patient can expect when a hospital is meeting this Standard	Examples specific to Symptomatic Breast Disease Service / Guiding prompts
Standard 4.1 The Health and Wellbeing of service users are promoted protected and improved	Supporting a Culture of Better Health and Wellbeing	Your healthcare service will work to optimise and promote better health and wellbeing for its service users and staff.	Participation in NCCP Community Oncology initiatives such as: <ul style="list-style-type: none"> Breast cancer follow-up (materials developed for GPs and patients). Tobacco control. Nurse training programmes, which includes primary prevention module. Patient leaflet developed on being cancer aware. GP study days & promotion of NCCP GP e-learning programme. Cancer centre is a Smoke Free campus. Daffodil Centre provides information on better health and wellbeing.

THEME 5
Leadership, Governance and Management

LEADERSHIP, GOVERNANCE AND MANAGEMENT			
Standard	Essential Elements	What you as a patient can expect when a service is meeting these Standards	Examples specific to Symptomatic Breast Disease Service / Guiding prompts
<p>Standard 5.1</p> <p>Service Providers have clear accountability arrangements to achieve the delivery of high quality, safe and reliable healthcare</p>	<p>Clear Accountability</p>	<p>There is an identified person who has overall responsibility and accountability for the quality and safety of the service that you are attending.</p>	<p>SBD service has an up-to-date clinical governance model document.</p> <p>Patient management as per NCCP SOP 05: Patient transfer through the pathway, including the designation of Most Responsible Physician.</p> <p>Achievement of national targets with respect to the following KPIs:</p> <p>KPI 4b: All patients with a diagnosis of primary breast cancer from the symptomatic service shall be discussed at MDM.</p> <p>Appointment of Clinical leads in each breast unit as part of the national SBD Clinical Leads Network.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i> - Recommendations related to leadership and clinical governance.</p>

<p>Standard 5.2</p> <p>Service providers have formalised governance arrangements for assuring the delivery of high quality, safe and reliability healthcare</p>	<p>Strong Governance</p>	<p>The people in charge make sure patients receive the best care by having in place arrangements which ensure that the primary focus of the service is on quality and safety outcomes.</p>	<p>National Clinical Leads Network - SBD services have an up-to-date role description for Clinical Lead.</p> <p>SBD services participate in annual report of KPIs and annual audit, quality and risk meeting.</p> <p>Participation in National Breast Tumour Guidelines group. Conflict of interests declared by all members of the national Breast Tumour Group.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p>
<p>Standard 5.3</p> <p>Service providers maintain a publicly available statement of purpose that accurately describes the services provided, including how and where they are provided</p>	<p>Statement of Purpose</p>	<p>The service only provides care, treatment and support that it knows it can deliver effectively and safely.</p>	<p>SBD service provides patients with a patient booklet developed for Symptomatic Breast Units, outlining the profile and location of the service, how to contact them and a description of the service patients will receive at the breast clinic.</p> <p>SBD service guides patients to patient information on website.</p> <p>NCCP SOP - 01 provides an overview of Symptomatic Breast Services.</p>
<p>Standard 5.4</p> <p>Service providers set clear objectives and develop a clear plan for delivering high quality, safe and reliable healthcare services</p>	<p>Effective Strategic Planning</p>	<p>The service has clear plans that set out how it will meet the needs of service users while delivering safe quality care.</p>	<p>SBD service participates in the following initiatives:</p> <ul style="list-style-type: none"> • Service plan. • Performance against key performance indicators is published. • Surgical Oncology Workforce planning (NCCP / MET). • NCCP Oncology Medication and Safety Review. • Participation in NCCP Annual SBD

			<p>Audit Quality and Risk Forum</p> <ul style="list-style-type: none"> • Participation in national SBD Lead Clinicians Network. <p>The National Cancer Strategy underpins planning.</p>
<p>Standard 5.5</p> <p>Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services</p>	<p>Effective Operational Planning</p>	<p>The service has clear plans to ensure that the day to day running of the service delivers best outcomes for service users.</p>	<ul style="list-style-type: none"> • SBD service participates in audit meetings. • The NCCP annual SBD Audit, Quality and Risk forum is a decision making forum. • NCCP planning meetings with cancer centres & networks. • Lead SBD clinician appointed in each cancer centre.
	<p>Effective Change Management</p>	<p>The service ensures that you continue to receive safe quality care during the course of any changes to the service.</p>	<p>Governance arrangements include facets to support planning and implementation of change.</p>
<p>Standard 5.6</p> <p>Leaders at all levels promote and strengthen a culture of quality and safety throughout the service</p>	<p>Promoting a Culture of Quality and Safety</p>	<p>The service supports a culture whereby everybody works together to improve the quality and safety of care that you receive.</p>	<p>Public reporting of KPIs.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review</i>.</p> <p>Participation in NCCP Community Oncology Programme - promoting a safe and seamless service for cancer patients between primary care and secondary care.</p> <p>Participation in Multidisciplinary team meetings as per NCCP SOP -04: Multidisciplinary teams.</p>
<p>Standard 5.7</p> <p>Members of the workforce at all levels</p>	<p>Supporting Staff in delivering Quality and Safety</p>	<p>All staff have a clear understanding of how they can support the delivery of</p>	<p>All disciplines of the multidisciplinary team involved in NCCP SBD annual audit quality and risk forum.</p>

are enabled to exercise their personal and professional responsibility for the quality and safety of services provided		safe quality care. They are also supported to raise concerns and access support and advice.	Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i> . Assessment as per National Standards for Safer Better Healthcare, Quality Assessment and Improvement Workbook.
Standard 5.8 Service providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services	Monitoring Arrangements for Quality and Safety	Service providers use different sources of information on the quality of care being provided so that they can identify opportunities for improvement.	<ul style="list-style-type: none"> • Suite of KPIs. • Participation in regular meetings of SBD national lead clinicians Network. • Participation in annual NCCP Audit Quality and Risk meeting. <p>NCCP SOP -11: Adverse events reporting and management, with particular reference to delayed diagnosis of cancer.</p> <p>Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i>.</p>
Standard 5.9 The quality and safety of services provided on behalf of healthcare service providers are monitored through formalised agreements	Service Agreements	The service regularly checks that any service provided on their behalf are safe and of high quality.	Hospital Service Level Agreements with Private Providers.
Standard 5.10 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation	Compliance with Legislation	The service is aware of all the relevant Irish and European legislation with which they must comply.	Assessment as per national standards e.g. NMBI registration for nurses caring for people with cancer, medical practitioners act, specialist register, health and safety, radiation protection, medical devices, tissue and cells directive.

<p>Standard 5.11</p> <p>Service providers act on standards and alerts, and take into account recommendations and guidance, as formally issued by relevant regulatory bodies as they apply to their service.</p>	<p>Implementation of Standards, Alerts, Guidance and Recommendations</p>	<p>Service providers act on standards, alerts, guidance and recommendations produced by relevant regulatory bodies as they apply to their service.</p>	<p>Participation in regular meetings of SBD national Lead Clinicians Network.</p> <p>Participation in annual NCCP Audit Quality and Risk Forum.</p> <p>Implementation of national evidence based guidelines for diagnosis, staging and treatment of breast cancer.</p> <p>Implementation of NCCP GP referral guidelines for suspected cancers and monitoring of referrals.</p>
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THEME 6 Workforce

Workforce			
Standard	Essential Elements	What a patient can expect when a hospital is meeting this Standard	Examples specific to Symptomatic Breast Disease Service / Guiding prompts
Standard 6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable health care	Maximising Staff Resources	The service you are attending plans and manages its staff to ensure there are staff with the necessary skills and competencies to deliver safe quality care to you.	SBD services participate in: <ul style="list-style-type: none"> Weekly MDT meetings. Service plan. Oncology Workforce Planning (NCCP/MET). Implementation of recommendations from the <i>NCCP Oncology Medication and Safety Review 2013</i> .
Standards 6.2 Service providers recruit people with the required competencies to provide high quality, safe and reliable healthcare	Effective Staff Recruitment	Your service ensures that it recruits people with the necessary qualifications, skills, abilities and experience to provide safe care.	<ul style="list-style-type: none"> Participation in Surgical Oncology Workforce Planning (NCCP/MET). Requirement for consultants to be on specialist register for their specialty. Medical Council requirements for CPD. Specialist breast care nurses in post. The strategy and educational framework for nurses caring for people with cancer in Ireland (NCCP 2012) identifies the core competencies in different roles in different settings.

			The NCCP Oncology Medication and Safety Review 2013 - recommendations on training requirements when recruiting staff involved in the delivery of systemic therapy.
Standard 6.3 Service providers ensure their workforce have the competencies required to deliver high quality, safe and reliable healthcare	Maintaining a Competent Staff	Staff caring for you will regularly receive the necessary training to keep their skills and knowledge up-to-date.	Achievement of national targets regarding KPIs 2 and 8 re adequate volume of activity to maintain expertise (surgeons and radiologists). Annual NCCP Audit Quality and Risk Forum with CPD accreditation. Participation in Multidisciplinary Team Meetings (MDT) to discuss clinical cases. Participation in NCCP Cancer Nursing education programme, with e-learning. The NCCP Oncology Medication and Safety Review 2013 -recommendations for ongoing training requirements for existing staff involved in the delivery of systemic therapy.
Standard 6.4 Service providers support their workforce in delivering high quality, safe and reliable healthcare	Support Systems for Staff	The service you are attending listens to the views and the feedback of staff and provides them support in making your care safer and better.	Annual NCCP Audit Quality and Risk Forum with CPD accreditation. Education and training for staff – NCCP cancer nursing education programmes.

THEME 7
Use of Resources

Use of Resources			
Standard	Essential Elements	What a patient can expect when a hospital is meeting these Standards	Example specific to Breast Examples specific to Symptomatic Breast Disease Service / Guiding prompts
<p>Standard 7.1</p> <p>Service providers plan and manage the use of resources to deliver high quality, safe and reliable healthcare efficiently and sustainably</p>	<p>Governance and Management of Resources</p>	<p>The healthcare service is making the best use of resources available to them and takes account of the views of service users and staff in using their resources.</p>	<p>Service planning – planning meetings with NCCP and hospital groups / networks.</p> <p>SBD National Lead Clinicians Network shares models of good practice to streamline quality services nationally.</p> <p>Assessment as per National Standards for Safer Better Healthcare Quality Assessment and Improvement Workbook.</p>
<p>Standard 7.2</p> <p>Service providers have arrangements in place to achieve best possible quality and safety outcomes for service users for the money and resources used</p>	<p>Best Outcomes and Value for Resources Used</p>	<p>The healthcare service continually seeks to get best value for resources used in delivering healthcare.</p>	<p>Implementation of national evidence-based guidelines for diagnosis, staging and treatment of Breast Cancer.</p> <p>Monitoring of KPIs.</p> <p>Community Oncology: protocols for follow up in the community.</p>

THEME 8
Use of Information

USE OF INFORMATION			
Standard	Essential Elements	What a patient can expect when a service is meeting these Standards	Examples specific to Symptomatic Breast Disease Service / Guiding prompts
<p>Standard 8.1</p> <p>Service Providers use information as a resource in planning, delivering, managing and improving the quality, safety and reliability of healthcare</p>	<p>Enabling Effective Decision Making</p>	<p>The service uses and learns from the information it collects to continuously check and improve the quality and safety of the care provided to you.</p>	<p>SBD services use available data such as:</p> <ul style="list-style-type: none"> • Suite of KPIs. • National guidelines for diagnosis, staging and treatment of breast cancer. • GP referral guidelines & electronic referral. <p>Annual SBD report published.</p> <p>Attendance at NCCP Annual Audit Quality and Risk (AQR) forum.</p> <p>Routine collection of parameters which will monitor service provision and ensure quality and safety:</p> <p>KPI 6: Patients with a diagnosis of primary operable invasive breast cancer shall have an ultrasound of the axillary nodes.</p> <p>KPI 8: For patients having breast conserving surgery, the number of therapeutic interventions shall be recorded</p>

			<p>KPI 9b: Axillary lymph node status, where sampled, shall be recorded.</p> <p>KPI 9c: Radial margin status shall be documented (superior, inferior, medial, lateral margins) for all patients who have wide local excision of a primary invasive breast cancer.</p>
<p>Standard 8.2</p> <p>Service providers have effective arrangements in place for information governance</p>	<p>Information Governance</p>	<p>Information will only be shared with your permission so that your rights to privacy and confidentiality are respected.</p>	<p>SBD service adheres to data management principles as per NCCP SOP 10: Data collection and information governance. and NCCP SOP 06: Communication and Confidentiality.</p> <p>Each hospital inputs anonymised data to National Cancer Registry.</p> <p>GP electronic referral system for suspected cancers is encrypted (Healthlink).</p>
<p>Standard 8.3</p> <p>Service providers have effective arrangements for management of healthcare records</p>	<p>Effective Management of Healthcare Records</p>	<p>Staff working in your healthcare service will record information about you accurately, keep your healthcare records safe and up to date and will comply with legislation and standards in managing personal health information.</p>	<p>Data management systems in each cancer centre are in regular use.</p> <p>Implementation of NCCP GP electronic referral for suspected cancers.</p>