Reflections
20 years of BreastScreen Victoria
## Contents

- Mission, vision, values ................................................. 1
- About BreastScreen Victoria ........................................ 2
- Screening and assessment locations ............................ 3
- Chair’s report ........................................................... 4
- Chief Executive Officer’s report ................................... 5
- 2010–2011 at a glance ................................................. 6
- Financial highlights .................................................... 7
- Highlights ................................................................. 8
  - BreastScreen Coordination Unit ................................. 8-11
  - Screening and Assessment Services .......................... 12-15, 22-25
  - Mobile Screening Service ......................................... 26
- Profiles ..................................................................... 16-21
- Women’s experience .................................................. 27
- Increasing participation .............................................. 28
- Consumer engagement .............................................. 29
- Governance .............................................................. 30-33
- Research and evaluation ............................................ 34
- Organisational structure ............................................ 35
- Organisational information ........................................ 36
Mission, Vision, Values

OUR MISSION
BreastScreen Victoria will extend the lives of Victorian women by detecting breast cancer early and enabling improved treatments.

OUR VISION
We will screen a growing number of women each year.
We will be an essential component of cancer care in Australia.
We will support research and embrace new findings and technologies to improve our services.
We will be highly regarded by the women we serve.

OUR VALUES
Client focus – Women’s health is our primary focus
Quality – We pursue excellence
Partnerships – We work with our partners to achieve our mission
Flexibility – We are innovative and creative
Efficiency – We make best use of resources
Transparency – We are forthright and accountable
About BreastScreen Victoria

THE NATIONAL PROGRAM
Breast cancer is the most common cancer affecting women in Victoria, with more than three thousand women being diagnosed each year.

In 1987, a small breast cancer screening service began out of the Essendon Hospital. This was one of ten services across Australia which served as pilot sites for the national evaluation of mammography screening. At the Australian Health Ministers’ Conference in 1990, health ministers from all states and territories joined the federal minister in endorsing the establishment of a national screening program for the early detection of breast cancer. The program – now known as BreastScreen Australia – aims to reduce deaths from breast cancer through early detection of the disease. BreastScreen Australia invites women aged 50-69 to have a free screening mammogram every two years.

The BreastScreen Australia Evaluation Report June 2009 concluded that the Program has been successful in reducing mortality from breast cancer at the current participation rate of 56% in the target age group (women aged 50-69 years) by approximately 21-28%.

BREASTSCREEN VICTORIA
BreastScreen Victoria is an accredited part of BreastScreen Australia, and is jointly funded by the Victorian and Commonwealth Governments. BreastScreen Victoria’s Board of Management met for the first time in October 1991, and established a Coordination Unit in Carlton in 1992. Screening began in February 1993. The Program is made up of two components: the BreastScreen Victoria Coordination Unit and regional Screening and Assessment Services.

The BreastScreen Victoria Coordination Unit is an independently incorporated association which administers funding for the Screening and Assessments Services, manages the centralised information and appointment service, coordinates the Mobile Screening Service, manages client information, coordinates state-wide communications and recruitment, monitors service provision and coordinates special projects.

The Program is delivered through eight regional Screening and Assessment Services across the state. Screening and Assessment Services provide all clinical services from the initial screening mammogram to the point of diagnosis. Collectively the eight Services manage 31 permanent screening clinics and the Mobile Screening Service that visits 26 locations on a two-yearly cycle. BreastScreen Victoria has strong relationships with both the public and private health service providers who manage the daily operation of the Screening and Assessment Services. General Practitioners play a critical role in encouraging women to participate in the program. To this end, BreastScreen Victoria works closely with General Practitioners and, in the event of a breast cancer diagnosis, women are referred back to their General Practitioner for care and management.

CARING ABOUT WOMEN
The many people who support and contribute to the BreastScreen Victoria Program share a commitment to the ongoing provision of quality screening and assessment services that the women of Victoria have come to expect. BreastScreen Victoria’s clinical staff are highly skilled and experienced in the detection and assessment of breast cancer. Our model of care aims to ensure that all women have equal access and experience a respectful and affirming service. Whilst current evidence suggests that the benefit of routine screening mammography is greatest in the 50–69 years age group, women in their 40s and over 70 are also eligible for free screening mammograms with BreastScreen Victoria.
Screening assessment locations

The BreastScreen Victoria program is delivered to the women of Victoria through eight regional Screening and Assessment Services located throughout the state. Collectively these eight Services manage 31 permanent screening clinics and the Mobile Screening Service which visits 26 locations on a two-yearly cycle.

The maps on this page show the spread of the BreastScreen Victoria screening locations throughout greater metropolitan Melbourne and regional Victoria.

• SCREENING CLINIC
• SCREENING AND ASSESSMENT SERVICES
• SCREENING & ASSESSMENT CLINIC
• MOBILE SCREENING SERVICE

BreastScreen Coordination Unit (Carlton)
Chair’s Report

I am pleased to report that BreastScreen Victoria performed a total of 207,655 breast screens, 96.6% of the agreed Department of Health performance target for 2010. This has been the result of hard work by the staff in screening and assessment services across Victoria working in partnership with the BreastScreen Victoria Coordination Unit under the leadership of our CEO, Vicki Pridmore.

This is the highest number of screens in the history of the Program – yet the participation rate for the state was 53.8% against a historic level of 58% and a national target of 70%. This is largely due to the ageing of the baby boomer generation which will plateau in 2020.

Over the past year, the Board has also been considering how we can further improve access and convenience for women in the target age group for breast screening, so that we can achieve higher participation rates.

In order to identify ways to improve our service, the Board undertook a suite of comprehensive reviews of the Program including the operating and business model, participation, consumer engagement and research. The findings of these reviews were used to develop a new service model for BreastScreen Victoria.

The major goals of the new service model are to:

· Improve women’s access to, and experience of, the Program.
· Improve the capacity, flexibility and sustainability of the Program.
· Optimise the benefits gained from the introduction of digital technology.
· Achieve the maximum four year accreditation of all services by 2015.
· Meet government expectations of year on year growth in screening targets within the current funding envelope.

As BreastScreen Victoria celebrates 20 years of achievement this year, our plans for success in the next 20 years are well in hand.

The state-wide rollout of digital technology, funded by the State and Commonwealth Governments, continued in 2010-2011. Highlights from this program included the opening of four new digital screening clinics in Footscray, Sunshine, Moorabbin and the David Jones Rose Clinic in the CBD. The digital mammography project is expected to be completed by 2013.

Once again we have finished the year in a sound financial state thanks to the work of our Treasurer Anne Cronin and Director, Corporate Services Doris Camilleri and her team.

Dorothy Reading resigned from her position on the Board of Management in December 2010. Dorothy was nominated as a representative of the Cancer Council Victoria on the founding BreastScreen Victoria Board in 1991, and elected Deputy Chair in 1993. She was a member of the State Accreditation Committee from 1994, and Chair of the Committee from 2003 until 2010. Dorothy’s experience and knowledge have been invaluable to BreastScreen Victoria and we are grateful for her many years of hard work and support.

The Board was pleased to welcome Ms Meron Pitcher as the Cancer Council Victoria’s new nominee on the Board, replacing Dorothy Reading. Meron is head of the Breast Unit at Western Hospital and is immediate past chair of the VCOG Breast Cancer Committee.

I would like to acknowledge the support of my colleagues on the Board, and our partners in service delivery at the Screening and Assessment Services and the Department of Health, particularly Jim Hyde and Louise Galloway.

Thank you also to the members of all our Committees and the staff of BreastScreen Victoria for their commitment to caring for women and ensuring our Program is sustainable and accessible and makes a difference to the community each and every day.

Professor Katherine McGrath
Chair, BreastScreen Victoria
Chief Executive Officer’s Report

Twenty years ago the first BreastScreen Board met, chaired by Dr Nigel Gray, the then Director of the Anti-Cancer Council of Victoria. Its aim was simple – to provide women in the State the opportunity to participate in a free breast cancer screening program and reduce the impact of cancer on the lives of women.

Fast forward 20 years and over three million women have been screened by the Program operating out of 32 fixed sites and two mobile services. The benefits of women finding cancer early, combined with improved treatment, are directly influencing an increase in the number of women surviving and continuing to contribute to the community. It is a very rewarding purpose.

In a generation, how we diagnose, treat and survive cancer has changed markedly due to the dedication of many who are motivated by the significant challenge of preventing the loss of women before their time.

In a generation, how we deliver a service like ours, reach more women and be more effective, has had to change markedly as well.

Being flexible and responsive to the changing needs of the women we invite for screening, capitalising on the benefits emerging from new technology to improve services for women.

BreastScreen Victoria has always risen to the challenge while placing a woman’s experience of our service at the forefront. We have done this by: adopting a strategic plan that will deliver sustainable growth in terms of capacity and service delivery; reshaping the service to meet the needs of women in the 21st century by reflecting on the lessons learned from the past; and researching the evidence and investigating the remaining barriers to screening that prevent women from participating in the program.

This change, while sustainable, has been rapid and at times difficult. I would like to take this opportunity to acknowledge some key individuals who have embraced the need for change and contributed greatly to the organisation that BreastScreen Victoria is today.

You’ll read their stories in greater detail inside but it is worth mentioning Dorothy Reading, our longest serving Board member, State Radiologist Dr Jill Evans, Surgeon Mr David Stoney, Program Manager Erin Cosgriff, Radiographer Jayne Mullen, Nurse Counsellors Lee Bray and Frankie Linke, Information Manager Esther Cukier, and consumer representatives Fran Harrison and Jenny Holmes.

Looking ahead to the next 20 years, we have to constantly ask ourselves, what are the opportunities to get to 70% participation across the state? No matter what part of the Program you are contributing to and working in, that constant drive to increase participation by eligible women is paramount to ensure the lives of Victorian women and their families are improved.

And that is of benefit to us all.

Ms Vicki Pridmore
Chief Executive Officer
2010–2011 at a glance

944,554 letters sent to clients
(up 15% from previous year). These letters include advisory letters about new clinics, invitations to screening, appointment confirmations and results.

339,283 calls to the Information and Appointment Service (up 9% from previous year)

207,655 Breast screens performed
This number includes 1,761 screens of Victorian women by BreastScreen New South Wales. Of these 207,655 screens, 16.5% were women attending for their first screen and 83.5% were attending their second or subsequent screen.

Percentage of all women screened by BreastScreen Victoria in the 50–69 years target age group

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North Western</td>
<td>81.7%</td>
<td>84.1%</td>
<td>85.3%</td>
<td>87.6%</td>
</tr>
<tr>
<td>Monash</td>
<td>81.7%</td>
<td>83.8%</td>
<td>86.1%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Geelong</td>
<td>81.3%</td>
<td>84.7%</td>
<td>87.0%</td>
<td>85.6%</td>
</tr>
<tr>
<td>St Vincent’s</td>
<td>83.2%</td>
<td>84.2%</td>
<td>87.0%</td>
<td>87.1%</td>
</tr>
<tr>
<td>Maroondah</td>
<td>84.3%</td>
<td>83.7%</td>
<td>88.0%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Grampians</td>
<td>79.9%</td>
<td>83.3%</td>
<td>85.1%</td>
<td>85.2%</td>
</tr>
<tr>
<td>Gippsland</td>
<td>85.4%</td>
<td>86.3%</td>
<td>86.7%</td>
<td>87.7%</td>
</tr>
<tr>
<td>Bendigo</td>
<td>78.2%</td>
<td>83.9%</td>
<td>84.8%</td>
<td>82.8%</td>
</tr>
<tr>
<td>TOTAL ANNUAL AVERAGE</td>
<td>82.3%</td>
<td>84.2%</td>
<td>86.4%</td>
<td>86.5%</td>
</tr>
</tbody>
</table>

Breast screens performed

<table>
<thead>
<tr>
<th>Service</th>
<th>2009-2010</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Western</td>
<td>28</td>
<td>43</td>
</tr>
<tr>
<td>Monash</td>
<td>30</td>
<td>53</td>
</tr>
<tr>
<td>Geelong</td>
<td>27</td>
<td>37</td>
</tr>
<tr>
<td>St Vincent’s</td>
<td>66</td>
<td>82</td>
</tr>
<tr>
<td>Maroondah</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Grampians</td>
<td>39</td>
<td>24</td>
</tr>
<tr>
<td>Gippsland</td>
<td>92</td>
<td>80</td>
</tr>
<tr>
<td>Bendigo</td>
<td>79</td>
<td>98</td>
</tr>
<tr>
<td>TOTAL</td>
<td>383</td>
<td>448</td>
</tr>
</tbody>
</table>

Aboriginal and/or Torres Strait Islander women screened

<table>
<thead>
<tr>
<th>Service</th>
<th>2009-2010</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Western</td>
<td>6,585</td>
<td>12,413</td>
</tr>
<tr>
<td>Monash</td>
<td>6,637</td>
<td>9,019</td>
</tr>
<tr>
<td>Geelong</td>
<td>514</td>
<td>775</td>
</tr>
<tr>
<td>St Vincent’s</td>
<td>5,859</td>
<td>8,698</td>
</tr>
<tr>
<td>Maroondah</td>
<td>2,606</td>
<td>4,070</td>
</tr>
<tr>
<td>Grampians</td>
<td>65</td>
<td>93</td>
</tr>
<tr>
<td>Gippsland</td>
<td>193</td>
<td>383</td>
</tr>
<tr>
<td>Bendigo</td>
<td>135</td>
<td>300</td>
</tr>
<tr>
<td>TOTAL</td>
<td>22,598</td>
<td>35,751</td>
</tr>
</tbody>
</table>

Breast cancers performed by BreastScreen Victoria since February 1993: 3,135,414

Breast cancers diagnosed by BreastScreen Victoria from February 1993 to 30 June 2010: 25,410

1. Screening numbers may vary significantly from one year to the next in services with a large number of mobile screening sites.
2. Women who self-identify as Aboriginal and/or Torres Strait Islander (ATSI).
3. Women who self-identify as speaking a language other than English at home are classified as Culturally and Linguistically Diverse (CALD).
4. Cancers including invasive and ductal carcinoma in situ (DCIS)
In 2010-2011 BreastScreen Victoria managed Screening and Assessment Services and Coordination Unit activities within budget. An evaluation of the financial year ending 30 June 2011 shows expenditure of 99% of the total budget. Including other sources of income, revenue for the rollout of the Digital Mammography project and other grants received, the surplus is $296,915. As in prior years this surplus will be allocated to 2011-2012 expenditure to further enhance screening services in line with strategic plans and as directed by the Board of Management. Total expenditure for 2010-2011 was $35,916m.

Screening and Assessment Services (SAS) are funded based on targeted screens, assessments and biopsies. In addition funds are applied directly through the BreastScreen Coordination Unit which develops and reviews program policy, monitors service provision, provides IT network support, coordinates special projects and administers the funding for the network of accredited screening and assessment centres located in both the public and private sectors. In 2010-2011 82% of funds were directly applied to the services.

Strategic projects are approved by the Board of Management in line with the BreastScreen Strategic Plan. Funding comes from different sources. The State and Commonwealth Governments fund the majority of projects whereas other projects may be funded by specialised groups. Several strategic projects were funded from accumulated surpluses. In 2010-2011 expenditure on strategic projects included the rollout of digital mammography across the state, implementation of the service model, radiographer training, ATSI and CALD projects or communities, upgrade of service signage across the state and policy development.
DIGITAL MAMMOGRAPHY PROJECT

In 2009 the State Government announced $10 million in funding to roll out digital technology across BreastScreen Victoria and the Commonwealth Government provided up to $32 million to upgrade breast screening equipment.

The state-wide rollout of digital technology across BreastScreen Victoria commenced in January 2010 and is scheduled to conclude in November 2013. The project’s objective is to convert remaining analogue services to digital over four years. The introduction of digital technology offers the opportunity for more streamlined workflows, efficiency gains and an improved client experience.

A Digital Mammography Project (DMP) Team was established to manage the implementation of digital mammography imaging technology state-wide. There are three types of sub-projects:

Connectivity – Enabling a private screening provider to send soft copy images to BreastScreen. Connectivity was successfully implemented at: Warrnambool Clinic, Warragul Clinic, Greensborough Clinic, Shepparton Clinic, Yarra Ranges Clinic and Rosebud Clinic.

Read Only – Converting a service so that it can receive and read digital images from a screening clinic that is converting to digital. This conversion involves installing digital equipment such as high resolution monitors, Gecko computers, PACS workstations, digital printers and digitisers (used to convert the analogue prior images to a digital format), together with any building works and cabling required. The service will continue to screen using an analogue modality, but will also be receiving digital images from its digital clinics. Read only was successfully implemented at North Western, St Vincent’s and Monash services.

Full Digital – Converting a screening clinic from an analogue environment to a digital environment or a service converting from a read only environment to a digital environment. In both instances a digital modality is installed, as well as all the supporting IT equipment and infrastructure necessary to support a digital environment, similar to the requirements for read only. Full Digital was successfully implemented at: David Jones Rose Clinic, Footscray Clinic, Sunshine Clinic and Moorabbin Clinic.

(L-R) The Hon Brendan O’Connor MP, BreastScreen Victoria CEO Vicki Pridmore, Western Health CEO Kathryn Cook, Hon Daniel Andrews MP (former Victorian Minister for Health), and Melbourne Health CEO Linda Sorrell, at the launch of the new fully digital screening clinic at Sunshine Hospital.

Highlights – BreastScreen Coordination Unit
INFORMATION AND COMMUNICATION TECHNOLOGY

BreastScreen Victoria’s investment in Information and Communication Technology (ICT) continued to play a critical role in the Program by providing dependable systems and services. This year was set against a backdrop of two significant programs of work: the move to digital mammography and subsequent benefit realisation, and the emerging state and federal e-Health strategies. The move to digital mammography in particular significantly increased the ICT footprint as user numbers and supported devices grew.

The development and test teams continued to upgrade the Client Information Management System (Gecko) during the year with over 100 enhancements to usability and additional functionality. There were two major enhancements during 2010-2011. The first was the implementation of SMS reminders for client screening appointments, released in March 2011. There was a significant reduction in the rates of women failing to attend their screening appointments when an SMS reminder message was sent. The second major release was a pilot for the lifepool research project.

The ICT operations team continued to maintain the server and communications network, with planning also commenced for the preparation of the Pelham St Data Centre for Digital project requirements. A major version upgrade was implemented to the business reporting system.

INFORMATION SERVICES

Work continued this year on the production and release of the Annual Statistical Report series. The 2005 report was released electronically during the year and the 2006 and 2007 reports are well underway. It is planned that the 2007 report will be a printed edition providing comparative information from the Program’s last 10 years of operation.

Routine reporting continued with the Information Services (IS) team providing data for the Report on Government Services and the BreastScreen Australia report compiled by the Australian Institute of Health and Welfare.

The IS team played a key role drafting two forms to be used to consent women who are recalled for assessment. This process has involved several rounds of stakeholder consultation and review.

IS has overseen the collaboration between BreastScreen Victoria and the lifepool research project. Over the year several lifepool recruitment strategies were piloted using two metropolitan screening clinics to determine the most effective method of recruiting women to the study. Our collaboration with lifepool has meant that our mailroom has continued to be a hub of activity. A dedicated printer has been installed to address lifepool document packs and, on behalf of lifepool, we plan to send these packs to women across Victoria.

The Electoral Roll invitation process was further refined to reduce the number of women waiting for a screening invitation. At June 2011 there were no women awaiting an Electoral Roll invitation. Processing and data matching with the Victorian Cancer Registry continues to be enhanced.

The IS team has been involved with two IT related projects – the introduction of the SMS text message reminders for screening appointments, and the electronic provision of screening results to women’s GPs. Implementation of the electronic results to GPs will provide screening results in a more timely and cost efficient manner.

REGISTRY AND CALL CENTRE

A new telephone system was successfully installed in December 2010. The new system provides women making an appointment with an improved level of service. Callers can select from a menu to book or cancel an appointment. Calls are prioritised and delivered to the next available operator. During periods of high demand, callers are offered the option of a call back from BreastScreen without losing their position in the queue. The new system also allows the Call Centre to change announcements to inform clients of wait times and provides real-time information.
under forty and are concerned about for the BreastScreen program. If you are your doctor for advice.

What else should I do?

For more information about your family history of breast cancer visit the Centre's website.

National Breast and Ovarian Cancer See your doctor to discuss any further concerns regarding your family history the National Breast and Ovarian Cancer of breast cancer. Your doctor can use Centre's on-line familial risk assessment tool to assess your risk. Women assessed referred to a family cancer clinic.

BreastScreen Victoria and your doctor. If there are any new cases of breast cancer diagnosed in your family it Whether or not you have regular screening mammograms, it is important breasts and what is normal for them. If, at your doctor without delay.

cancer in your breasts such as a lump, pain or discharge from the nipple, please visit in your breasts such as a lump, pain or discharge from the nipple, please visit

cancer in your family it Whether or not you have regular screening mammograms, it is important breasts and what is normal for them. If, at your doctor without delay.

cancer in your family it Whether or not you have regular screening mammograms, it is important breasts and what is normal for them. If, at

Highlights – BreastScreen Coordination Unit

(Continued)

CEO Vicki Pridmore gave a speech and presented the trophy to the winners of the David Jones Rose Clinic Toorak Handicap at Caulfield Guineas Day in 2010. This event was televised live by Channel 9.

A Call Coaching program was introduced to provide Call Centre operators with the opportunity to listen to and evaluate their own calls and, with the assistance of their Team Leader, identify any opportunities for improvement.

A comprehensive training program has been developed for new Call Centre staff. Training was also provided to radiographers, reception and data staff to allow them to book appointment for clients that present directly at screening clinics.

In October 2010 a ‘Source of Referral’ question was added to the list of questions women are asked when they call to make a screening appointment. All clients are now asked what prompted them to call to make an appointment. This information will be used to inform and evaluate recruitment initiatives.

COMMUNICATIONS

Increasing participation in the Program by strengthening BreastScreen Victoria’s profile with women, GPs, cancer agencies, health service providers, the media and Government was the primary communications focus during the year. Highlights for 2010/2011 included:

• Proactive media opportunities were sought to promote the BreastScreen message. CEO Vicki Pridmore was a guest on a number of radio programs, and appeared in a live cross to the new Rose Clinic on the Channel 9 Today Show. The launches of new digital screening clinics at Moorabbin, Sunshine, Footscray and the Rose Clinic attracted widespread media coverage. CEO Vicki Pridmore also gave a speech and presented the trophy to the winners of the David Jones Rose Clinic Toorak Handicap at Caulfield Guineas Day in 2010. This event was televised live by Channel 9.

• A signage upgrade was completed for all BreastScreen Victoria screening and assessment clinics to improve access and visibility and increase brand recognition.

• In conjunction with the CALD Project Worker, the client registration and consent form (BS1) was translated into 12 languages.

• Pink bookmarks with our key messages were translated into Greek and Italian. Further translations are planned for 2011-2012.

• The Women with a family history of breast cancer brochure was revised in consultation with BreastScreen surgeons.
A new printed recommendation pad was developed for GPs. The new resource complements the electronic GP resource introduced last year, allowing GPs to choose the format that suits them best.

QUALITY
Quality is always at the forefront of BreastScreen activities, and this year the Program coalesced this into a clear mission. ‘Four in Four’ encapsulates our aim to have all BreastScreen Victoria Services hold the highest level of accreditation rating (four years) within four years.

To achieve this we revised our Clinical Governance framework starting with the establishment of a new Board sub-committee – the Quality Committee, which will drive a consistent and strategic approach to quality improvement for the Program. Services have established Quality Committees with a membership drawn from the Service, its auspice and the Coordination Unit. These Committees will meet 9 times per year and drive quality activities and accreditation compliance at the local level.

A position of State Radiologist has been created which will provide crucial clinical expertise on quality issues at the state level and chair the State Accreditation Committee and the Radiology Quality Committee, as well as being a member of the Quality Committee.

SPECIAL PROJECTS
BreastScreen Victoria and the Cancer Council Victoria combined to undertake the Ballarat Cancer Screening Pilot Project. The project aimed at increasing participation in breast and cervical cancer screening in the Ballarat area, especially amongst women who had never screened, or who had not screened for a long time. Participating women were offered a screening mammogram, a Pap test and information about bowel cancer screening as part of the same appointment during specially designated clinics at Grampians BreastScreen. Aboriginal and Torres Strait Islander women were invited to participate in separate indigenous breast and cervical cancer screening clinics.

The project was received enthusiastically by local women, and was successful in meeting its aim of attracting underscreened women. Most women who attended had not had not taken part in either pap or breast screening for at least four years. Of the women who attended, 37% had never had a screening mammogram. The joint screening model will continue to be piloted at other rural sites in 2011-2012.

STAFF
There were several changes to the staffing profile this year. The senior management team farewelled John Siddham, Director of Information Technology in March 2011 after 16 years of service, and Emma Kelly, Communications Manager in May 2011 after 4 years. BreastScreen Victoria thanks both John and Emma for their significant contributions to the Program. Peter Buzza was appointed as Director, Information & Communication Technology in May 2011.

Congratulations to Jenny Brosi for reaching a milestone of 10 years service during the year. We thank her for her commitment and contribution.
HIGHLIGHTS

During 2010 women attending the Bendigo service were invited to select a button to mark their visit from a collection of donated buttons. A local student designed an artwork using the buttons (see page 28 for more details).

Senior Nurse Counsellor/Information Officer Kathryn Sheridan presented a poster at the National Rural Health Alliance Conference 2011 on a new model of education for low screening groups, including Italian and Aboriginal and Torres Strait Islander (ATSI) women and refugee women relocated to regional Victoria.

ATSI Health and Wellbeing Days were held in Bendigo, Kerang, Swan Hill and Robinvale. Twenty seven ATSI women were screened on the Mobile Screening Service (MSS) when it visited Robinvale.

Kathryn Sheridan and Program Manager Carol Gibbins visited the Mildura region regularly to promote BreastScreen through community health nurses and practice nurses.

Evening and weekend screening sessions, targeting women in the workforce, were introduced in 2010-11. This successful initiative was suggested by the Consumer Advisory Committee (CAC). The sessions were promoted through local businesses, hospitals, government offices, banks and education facilities.

A TV advertisement was developed and aired across the Loddon Mallee region.

Jenny Holmes retired after 5 years as Chair of the CAC, and 11 years as a CAC member. Jenny holds a particular interest in the promotion of the health of CALD and ATSI women. She continues to be a member of our CAC. We also congratulated Mrs Myra Potter for serving as Vice Chair of our CAC from 2006 to 2011. In Jan 2011 Mrs Raelene Schmidt was elected as the new CAC Chair and Mrs Heather McNeill as our Vice Chair.

STAFF

Dr Rob Jarvis retired as Chief Radiologist and Clinical Director after 10 years service. Dr Jarvis first joined Bendigo in 1995. He will continue as a reader and part of the multidisciplinary assessment team. Dr Jill Wilkie was appointed as Clinical Director in March 2011. Dr Wilkie worked in the UK for the past 8 years, including 3 years as a Quality Assurance Radiologist with the NHS breast screening program.

Dr John Eng commenced as a reader in 2011. Bendigo also welcomed Data Manager Leanne Blundell, Nurse Counsellors Belinda Morroll and Chris McAloon, Receptionist Sarah Perry and Data staff member Karen Taylor.
HIGHLIGHTS

The Geelong and South West BreastScreen service is now co-located with the Geelong Breast Clinic, and also run by the same staff, led by Service Manager and Clinic Co-ordinator, Brenda Golding.

Successfully providing a state of the art, ‘one stop breast care shop’ for the Geelong and South West community has been both exciting and rewarding.

Geelong has undergone a pilot project allowing trained staff to access the Gecko appointment system and book women ‘live’ at the site or by phone. This has also allowed us to phone women who have not responded to their second rescreen invitation letter, and have therefore not returned to screening within 27 months. The response from women has been enormously positive with most women making appointments on the spot and thanking us for contacting them. We acknowledge and appreciate the support and assistance from Registry and the administration team for making this project a success.

The service hosted a Mini Field of Women on 26 May 2011. Staff from BCNA joined us from Melbourne to show their support in a simple but moving tribute to the women of our community. Many thanks to Mike Fischer from Bakers Delight who donated enough pink buns to last us a month!

In March 2011, women from the Northern suburbs of Geelong were provided with a free bus service to a combined breast screen and Pap screen clinic. There was much media interest in this project and we received excellent coverage from print, radio and local television. We are hoping to provide this service again in the future with the provision of interpreters for women from local CALD communities.

Our Community Advisory group has had several new members, with one member initiating a major project with ‘Leaders for Geelong’. These leaders are a group of professionals who design and carry out a new project to benefit the community to carry into the future. They are currently progressing a project to make ‘Geelong the BreastScreen capital of Australia’. We wait excitedly for their final ideas.

Information Officer Marg Lannen and Program Manager Brenda Golding preparing for a ‘Mini Field of Women’ on the lawns of Geelong Breast Clinic (photo courtesy of the Geelong Advertiser).

STAFF

There have been many staff changes this year. We said farewell to Maureen Alldis, Ann Virgo, Rachel Helwig, Jan Henry, Sue Ebbott and Winnie Posthumous. Their contribution to BreastScreen has been outstanding. We also welcomed a bright new group of women who are committed to providing a state of the art service to their community.
BREASTSCREEN VICTORIA SCREENING AND ASSESSMENT SERVICE, GIPPSLAND

Established:
1993
Number of screening mammograms performed in 2010-2011:
10,711
Proudly brought to women by:
Latrobe Regional Hospital
Radiology providers:
Regional Imaging Limited (a member of the I-Med network), Central Gippsland Health Service, Bairnsdale Regional Health Service, Wonthaggi Specialist Imaging.
Accreditation status:
Two years with high priority recommendations valid until Feb 2013.
Coverage:
The Screening and Assessment Service, Gippsland has screening centres at Bairnsdale, Sale, Traralgon, Warragul and Wonthaggi. The Service hosts the Mobile Screening Service every two years at Foster, Leongatha, Mallacoota, Omeo, Orbost and Yarram.
Clinical Director:
David Chan
Program Manager:
Ms Cheryl Cooksey

HIGHLIGHTS

Digital CR equipment was installed at the Warragul screening clinic in July 2010, and at the Wonthaggi screening site in July 2011.

‘Top and Tail’ clinics (offering breast and cervical screening) continued to be held at Traralgon with great success. These combined clinics aim to encourage lapsed attenders and women who have never had a breast screen before to attend. The clinics are booked several months in advance.

Information Officer Kerryn Christian provided information sessions at several Aboriginal and Torres Strait Islander (ATSI) events with the Sisters Day Out group. Between 50 and 100 ATSI women attended each of these events, with speakers covering health, family and legal issues.

Latrobe Valley Bus Lines sponsored bright pink BreastScreen signage on two of their fleet of buses for 12 months. The buses travel several times a day between Moe, Morwell, Churchill, Yallourn North, Traralgon and Glengarry.

Gippsland resident John Buhagiar installed highway signage promoting the Gippsland service outside his properties on the Princes Highway near and in Traralgon.

The Service has had great feedback about the signage from local women, who like the constant reminder it gives them; with some women even reporting that their partners have questioned them about screening.

Kerryn Christian also presented on breast awareness at Well Women’s Retreats in Paynesville.

STAFF

Mr Iain Miller retired after 13 years as Clinical Director. We thank Iain for his long and outstanding service and wish him well in his retirement. Mr David Chan was appointed as the new Clinical Director of Gippsland BreastScreen in March 2011. David has worked as a consultant general surgeon in Gippsland since 1988. He has current appointments at Latrobe Regional Hospital, Traralgon and Maryvale Private Hospital, Morwell, and is an Honorary Lecturer at the Gippsland Medical School, Monash University. David has been involved as a breast surgeon with Gippsland BreastScreen from its inception in 1993.

New Clinical Director, Mr David Chan was appointed in March 2011.

Latrobe Valley Bus Lines sponsored BreastScreen signage on the back of two buses. (L-R) Business Manager Anna Tyben and Managing Director Rhonda Renwick with Gippsland BreastScreen Information Officer Kerryn Christian.
BREASTSCREEN VICTORIA SCREENING AND ASSESSMENT SERVICE, GRAMPIANS

Established: 1994
Number of screening mammograms performed in 2010-2011: 8,210
Proudly brought to women by: Ballarat Health Services
Radiology providers: Base Imaging Group (BIG)
Coverage: The Screening and Assessment Service, Grampians, has screening centres at Ballarat and Horsham. The Service hosts the Mobile Screening Service every two years at Birchip and Hamilton.
Accreditation Status: Provisional accreditation (new service) valid until Nov 2011.
Clinical Director: Dr Richard Ussher, MB ChB, FRANZCR
Program Manager: Ms Kim Kyatt, B.App.Sc. (Med Rad), Dip. Breast Imaging

HIGHLIGHTS

July 2010 saw the arrival of Base Imaging Group (BIG) as the new Radiology provider for Ballarat Health Services and hence Grampians BreastScreen. It was very exciting, as the group brought with them a new enthusiasm for the local BreastScreen service, coupled with previous experience in BreastScreen Victoria and New South Wales.

Kim Kyatt was appointed as Program Manager in May 2011, after the resignation of Jennie Slattery in February. Kim is a qualified radiographer, mammographer, and breast sonographer, and previously managed a local private radiology practice.

The Grampians communication team, in conjunction with the local ‘Friends at BreastScreen’ group, completed another set of three artworks as part of the ‘Lost Earring’ community arts project. These were officially unveiled at the Ballarat clinic in early September.

Unfortunately this year our dear and long serving consumer representative, Fran Harrison passed away. Fran has had such an impact on the Service during her seven years as a consumer representative, including representing the Service on the State Consumer Advisory Committee. She will be sadly missed.

We welcomed Ann Campbell as a new consumer representative in June this year. Ann has conducted two radio interviews, a newspaper interview and a segment on Prime News. Ann is a very dedicated and exciting addition to our local team.

New Grampians consumer representative Ann Campbell

Grampians BreastScreen staff participated in the NBCF ‘Mothers Day Classic’. (L-R) Data Clerk Greer Murphy, Program Manager Kim Kyatt, Information Officer Eunice Reynolds, Data Assistant Melanie McFaul, Nurse Counsellor Gay Stevenson and Administration and Recruitment Officer Ana Lendrec.
Profiles

DOOROTHY READING
Deputy Chair, Board of Management

Twenty years on from when it began, BreastScreen remains the only health service I know that has an unwavering commitment to, and enthusiasm for, quality improvement which guides the approach to consistently high standards of care received by women.

When BreastScreen Victoria opened its doors to women 20 years ago, it was a ground-breaking program in many ways. The most radical aspect of the new program was the introduction of a rigorous comprehensive system of quality control. All aspects of the service had to meet national standards to be accredited. These standards covered the number and size of cancers detected, the methods used to achieve a diagnosis as well as many aspects of the Program intended to ensure that women’s experience was positive. Staff working in the Program from all disciplines, from receptionists and counsellors, to radiographers and surgeons, were required to meet in multi-disciplinary teams to review the outcomes of their work.

Such was the commitment to the new Program, that these very demanding processes were met by all staff and services. All services achieved accreditation following assessment by visiting teams of interstate reviewers.

But the impact of this approach has been much wider than the screening program. The treatment of breast cancer has been profoundly changed because we can now demonstrate that such an approach produces better outcomes for women. Without the constant attention to quality and examination of Program behaviour, we would not be able to know what happens when women receive best practice treatment. In 1999, the Department of Human Services recognised BreastScreen’s quality by setting up the BreastCare Initiative to improve the outcomes for women treated outside BreastScreen. It is this outcome that I am most proud of.

For almost twenty years BreastScreen Victoria has provided screening and assessment services that are accessible to women across the state, sensitive to the needs of women and linking together private and public practice. Our success has been made possible through a partnership of volunteers, consumers, staff, clinicians and Government. Their commitment will ensure that BreastScreen Victoria continues to meet the needs of a growing population and contribute to reducing the impact of breast cancer on our community.

FREDA NICOLIS
Volunteer, North Western

Freda Nicolis recently retired after 30 years as a much loved and loyal volunteer with the Royal Melbourne Hospital. Freda began her volunteer role working in the kiosk at Essendon Hospital. She was invited to join the North Western Assessment Clinic in 2001 and for over 10 years she has been a member of the North Western BreastScreen family. Freda brought her own style of caring, not only for the women who attend our clinics, but also the staff.

(L-R) BreastScreen Victoria’s longest serving Board member Dorothy Reading is farewelled by Chief Executive Officer Vicki Pridmore on her retirement in December 2010 after 20 years membership, 18 of those as Deputy Chair.

Freda Nicolis
DR JILL EVANS  
State Radiologist and Clinical Director, Monash  
I joined BreastScreen on the day the doors opened at the Monash Service, in January 1993. Since that time, I have been the designated radiologist for Monash BreastScreen until becoming the Clinical Director in August this year. I have also worked as a radiologist in the St Vincent’s, Maroondah and Gippsland services. The early days were both challenging and exciting. Building a new service from the ground up meant starting small. For the first few years we operated out of portable huts behind the Moorabbin Hospital in East Bentleigh. The first women we screened were the lovely volunteers from the Hospital Auxiliary. During the early years, under the guidance of our Clinical Director Mr Stewart Hart, we gradually built up a wonderful and dedicated staff. We also saw screening services expand throughout the eastern suburbs and Mornington Peninsula.

I have enjoyed building strong bonds with colleagues in both the private and public sectors. One of the earliest challenges was gaining acceptance and later, enthusiasm, for the service from the GPs and other clinicians in the area. This is critical to the success of the Program. Our Service has grown and now screens over 44,000 women annually from seven sites. In the next few years our target population will increase, and building the capacity for this is our greatest challenge.

There have been major technological developments, particularly with the implementation of the digital mammography project. This will improve the service provided to women with better image quality, a decreased radiation dose and enhanced flexibility in image management. In assessment there have been many improvements in particular with the extensive use of ultrasound. The universal use of needle biopsy has also been a major improvement with the introduction of core biopsy and now vacuum assisted biopsy improving diagnosis and avoiding many diagnostic surgical procedures.

In the future, we look forward to the full implementation of the digital mammography project and its attendant technologies such as tomosynthesis.

I am enjoying the new challenge as Statewide Radiologist, as it will allow me to contribute on a wider scale, in particular in the area of quality assurance and accreditation.

ESTHER CUKIER  
Information Manager, Coordination Unit  
I joined BreastScreen in April 1993. A pilot breast screening program had begun in South Australia in 1988, and Victoria inherited their data system (VicScreen). The first clients were screened on 1 February 1993 at Essendon Hospital (the location of the pilot program). Each service expanded gradually, with new screening clinics opening every month or two. By 1995 there were 63 clinics throughout Victoria.

I was employed to do data quality control and essentially my job description has not changed. I love finding inconsistencies and omissions, exploring why they have happened and how they can be solved.

Soon after 2000, work began to upgrade VicScreen. While planning for the new data system, I noticed that there were clients who had already attended eight or nine times. The system only had a single-digit field for a client’s round number (number of times a client attends). The system designers had clearly thought it inconceivable that a client would be screened more than nine times. The IT Manager, John Siddham, worked rapidly to increase the field to accommodate two digits.

Over 630,000 women’s records were moved into the new Gecko system, just before 1 January 2005. The telephonist making the first appointment using Gecko was watched by a crowd of IT and Registry staff, all holding their breath. It went smoothly.

I have stayed with BreastScreen because I believe in the Program and its aims. It is a preventative program which looks after a significant proportion of Victoria’s population, screening for breast cancer which is one of the greatest causes of morbidity in women.
JENNY HOLMES
Consumer representative, Bendigo

In 1999 I responded to an advertisement for participants in a BreastScreen community arts project to create a seven foot tall figure named Bertha. I was then invited to join a new consumer group at Bendigo BreastScreen. We travelled to rural areas with Bertha, and visited factories to talk to women shift workers. I also helped organise health days for local communities.

The consumer group expanded to include two representatives from most of the women’s groups in and around Bendigo. My involvement has included working on a project to reduce pain on compression. This initiative was presented to an international conference in the UK. More recently our group successfully campaigned to improve disability signage on the Mobile Screening Service vans. I was chair of the Bendigo consumer group from 2007 to 2010, and also attended meetings of the state Consumer Advisory Committee.

As a recently retired hairdresser I became involved with the Bendigo Wig Library. Women undergoing cancer treatment can access this free service run by volunteers. I have been able to help many women choose and fit a wig. I have also been involved in teaching craft such as knitting at some of the CALD and ATSI Women’s Health days and I have really enjoyed interacting with the women.

I enjoy being a consumer at the Bendigo Service. It has been inspirational to see the service expand and to assist in small ways in its development. I need to acknowledge my husband, Terry for his support, particularly with my lack of computer skills. I hope to be involved with the Bendigo BreastScreen Consumer Committee as long as I can.

ERIN COSGRIFF
Program Manager, St Vincent’s

The births of my three sons, now adults, ignited a passion for women’s health. I joined the newly established Gippsland BreastScreen service in 1994 as an Information Officer. I was appointed as Program Manager of Gippsland BreastScreen from 1998 to 2003, then as Program Manager of St Vincent’s BreastScreen in Fitzroy in 2002. There was an overlapping transition period when I held both roles concurrently; some tap dancing was involved!

In the early days there were many challenges: establishing the reputation of the Program, conveying the concept of screening, garnering staff, creating an effective team, getting the message out to many large and small remote and urban communities and discovering fantastic networks of women who promoted the Program.

The 50-69 year old cohort of women has changed over my 16 years in the Program. Then, the majority of this group of women worked in the home, now the balance has tipped. This age group were once considered middle aged, but now 50 is the new 40—my perspective on this may be partly influenced by now being well into the target age group. It is sometimes now more difficult to have the message of making time for your health acted upon—we are all so busy working, caring for family, pursuing our passions and responsibilities. In parallel with these changes, the core foundations persist and flourish: I believe I am contributing to an effective public health program that respects the needs of women.

I am proud to be part of the St Vincent’s BreastScreen team and regard this privilege as an ongoing labour of love which brings challenge and satisfaction in balanced measure.
LEE BRAY

I started working as a Nurse Counsellor at Gippsland BreastScreen in March 2006. Prior to this I worked as a theatre nurse where I had some exposure to breast cancer surgery. I am confident that the early detection of breast cancer reduces the amount of surgery and other treatment a woman may need.

My role is to support women through the assessment pathway – to try and make it a less confronting and fearful experience, and provide a safe and confidential environment to express their feelings. Most women are in shock when they receive a breast cancer diagnosis so, as well as emotional support, I try to make the next steps easier for them when they leave the assessment clinic. This includes providing support literature, making an appointment with their GP, referring them to a BreastCare nurse and ordering the BCNA ‘My Journey Kit’.

I give newly diagnosed women support information in a beautifully decorated calico bag, which also contains a ‘comfort cushion’. These bags are made by a local group of women. We receive a lot of positive feedback from diagnosed women who say they find the bag a non-confronting way of receiving information.

I believe it is important to allow women the opportunity to talk after their assessment. Those given an all clear result after a series of unpleasant tests often require as much support as women who receive a positive diagnosis.

I enjoy working in a multi-disciplinary team with radiologists, surgeons, radiographers, pathologists and data staff. I am proud of the way we constantly review our procedures to try to improve the service and care we provide to women.

PAULINE HASTINGS

I am 53 years old, married with one daughter, Julia (now 20). I worked in the legal profession until, at 50, I decided to pursue a career teaching singing.

My GP referred me to BreastScreen from about the age of 40 for regular mammograms. As I had been attending BreastScreen on many prior occasions (always getting the all-clear), the assessment and diagnosis came as an enormous shock to me.

At the assessment clinic, I met Nurse Counsellor Lee Bray and immediately felt comfortable that she was there to support me. Throughout the proceedings of the day, which included a meeting with a surgeon and a very stressful procedure (needle core biopsy), Lee was always present, always calm and reassuring. She was like an anchor on a day when everything else seemed to be spinning wildly out of control.

Lee provided me with information as well as breast cancer brochures. This gave me time to come to terms with the fact that the diagnosis might be cancer. When I went back to BreastScreen for the diagnosis of DCIS, I was already familiar with what treatments would be offered to me. Notwithstanding this, the diagnosis was difficult to accept and Lee, once again, was in tune with my emotions.

The DCIS was in a small area of the left breast. This was removed in a lumpectomy about two weeks later. Once the wound healed I was fairly ‘normal’ again, although after a brush with cancer life is never what it used to be. I have made a conscious effort to slow my life down and to take time to do and enjoy the things I have neglected over the years.
JAYNE MULLEN  
Radiographer, Monash  

I joined Monash as Chief Radiographer in 1993. I had worked in the UK breast screening program prior to coming to Australia in 1990, and then worked with the pilot Victorian program. From 1993 onwards Liz Stewart (the Chief Radiographer at the North Western service) and I were jointly responsible for state radiographer training.

In the early days of the Program the challenges were improving image quality (no training had been offered before BreastScreen started), and improving the profile of BreastScreen for women, who perhaps perceived that as it was a free service it may not be as good as a private mammogram.

When I first started the mammography room at Monash was approximately the size of two change cubicles put together. When we did add-on stereotactic biopsies we had to leave the room and stand in the cubicle which was next door to the mammography room. The dark room was the old kind with a maze-like entrance with a curtain to stop the light. My office was a basket that I moved from desk to desk.

I am proud of the level of training now been offered to BreastScreen radiographers and the recognition that mammography receives within the field of radiography, from all levels. The program is now seen as a deliverer of high quality imaging, excellent service delivery and impeccable care for women. For me there is immense satisfaction from working with people from all areas with the goals of providing better outcomes for women and making the Service accessible and acceptable.

I believe the challenges in the future will be maintaining our workforce and quality, and also ensuring the workplace continues to be a place where staff will feel valued and motivated and be proud to be part of.

DR DAVID STONEY  
Designated Surgeon and Clinical Director, Maroondah  

In 1993, I was involved with the establishment of Maroondah BreastScreen and appointed Designated Surgeon. I became Clinical Director in 2007.

The early days were an exciting time as the first mammograms came through the system. Initially tumours were easily seen as this was the first time women in eastern Melbourne had been screened. There was great enthusiasm in the Service amongst the staff, radiologists and surgeons.

The initial biopsies for screen detected lesions were performed at Maroondah Hospital using a newly developed prone table, the first to be used in Melbourne. There has been very significant expertise in this technique developed over the years, which has prevented a large number of open biopsies.

As time progressed, and subsequent rounds of screening occurred, the cancers detected became much smaller and tumours with calcification more readily diagnosed. This allowed better conserving surgery with a better cosmetic outcome. Recently, the advent of sentinel node biopsy has gone a long way to decreasing lymphoedema amongst breast cancer sufferers.

I have enjoyed setting up a service and being involved in the management, both administratively and medically, over the years. I believe BreastScreen Victoria has made a significant contribution to the improved long term outcome for women with breast cancer.
FRANKIE LINKE
Nurse Counsellor, Geelong and South West

In 1993 I joined the first regional BreastScreen service in Geelong as a Nurse Counsellor. Under the direction of Dr Linda West (our Clinical Director to this day) a team of gifted, caring and passionate people were gathered. I regard these fledgling days as some of the most satisfying of my career as the team developed the Service, and learned and grew together.

In the early days the role of Nurse Counsellor was not very well defined. I found solace in staying connected with Nurse Counsellors in other services. Those early days were also a huge learning curve, and I undertook further education in both breast cancer care and professional counselling.

A breast cancer diagnosis is a life-changing event and an unwelcome, mostly unexpected shock. It is challenging to support women in finding their own courage to accept the outcome. The services and information that BreastScreen provides helps to alleviate women’s anxiety at this time.

The most dramatic change in my experience has been the development of sentinel node biopsy. This has meant a dramatic reduction in the number of women developing lymphodeoma. The other major change has been the dawn of the digital era of screening; its immediacy, clarity and accuracy.

I am very content in my role. I have the greatest mentor in Dr Linda West, there is always something new to learn, with the progress of research and technology, and of course from the women themselves.

FRAN HARRISON
Consumer representative, Grampians

I am married with three children and two grandchildren, both girls, who are the joy of my life. I have lived in Ballarat for the last 30 years. I started screening in my 40s believing it to be the right thing to do. I was diagnosed with breast cancer on my third visit. When I was recalled to assessment I remember I was very confident that all would be well. Once I received my diagnosis I was determined that cancer would be a word not a sentence. In 2004 I accepted an offer to become a consumer representative for Central Highlands & Wimmera (now Grampians). I believe women should be given information and treated with dignity – as a person - not as an object. They should not be kept waiting or rushed. And women should be able to have a say in the services they receive.

As the Grampians consumer representative, I took part in many local events to raise awareness of breast cancer and screening. I represented the Service at state Consumer Advisory Committee meetings in Melbourne. The achievements I am most proud of are obtaining gowns for women using the mobile service, and being involved in the development of the new BreastScreen Victoria branding.

One of the highlights in my life was in 2008 when my son, Matthew took me to America for my 60th birthday to surprise my pen-friend of 40 years in Iowa.
BREASTSCREEN VICTORIA SCREENING AND ASSESSMENT SERVICE, MAROONDAH

Established:
1994
Number of screening mammograms performed in 2010-2011:
31,306
Proudly brought to women by:
Eastern Health
Radiology provider:
MIA
Coverage:
The Screening and Assessment Service, Maroondah, has screening centres at Ringwood, Mont Albert, Boronia and Yarra Ranges. The Service hosts the Mobile Screening Service every two years at Alexandra, Corryong, Mansfield, Myrtleford, Tallangatta, Wangaratta and Yarrawonga.

Accreditation status:
2 years accreditation with high priority recommendations valid until May 2012.

Clinical Director:
Mr David Stoney MBBS, FRACS
Program Manager:
Ms Michelle Muldowney B App Science, Grad. Dip. HA

HIGHLIGHTS
In October 2010, the Yarra Ranges site relocated to Main Street, Lilydale and converted to digital screening. The new location has excellent public visibility and good access to public transport. Maroondah BreastScreen is the first Victorian service to be fully digital.

The Consumer Advisory Group provided advice on improving access for women with a disability and reviewed education and information material for women. Consumers also participated in local, community-based health promotion activities. Our community newsletter provided information to women on the barriers to screening.

Maroondah hosted the Mobile Screening Service (MSS) at Myrtleford, Corryong, Tallangatta, Yarrawonga and Wangaratta. MSS visits involve considerable co-ordination and the input of many clinical and non-clinical staff to manage the large increase in workload.

A health promotion student worked with our Information Officers to promote our Chinese language clinics to Chinese GPs, agencies and women.

Our Information Officers Nicolette Torcello and Sherrilyn Ballard promoted the Program through a wide range of activities including:
- Delivering an education session for carers on cervical screening and breast health (with PapScreen Victoria and disability agencies).
- Attending a health day for women with a disability in Wonga Park.
- Guest speaker at a ‘Girls Night In’ event at the Eastside Christian Church in Bayswater. The evening was a huge success with over 100 women attending.
- Ongoing delivery of Maroondah’s GP strategy, including liaison through GP networks and visits to practices in areas of low participation. Maroondah surgeon Michael Law wrote an article on sentinel lymph node biopsy for our GP newsletter that was sent to over 800 GPs.

A comprehensive in-service program was offered to staff, including a presentation by Dr Jennifer Stone on mammography density and its link to breast cancer.

STAFF
Mr Sunil Jassal and Mr Michael Law were appointed as surgeons and Dr Meenakshi Padmanabhan was appointed as Senior Assessing Radiologist.

10 years
Susan Greenwood

Maroondah staff, consumers, family and friends joined together in a 18 hour Relay for Life event in November 2010 at the Croydon Athletics Track. Front (L-R) Glenys Makary, Silvia McRoberts, Sherrilyn Ballard, Sally Chan and Joyce Sharp.
BREASTSCREEN VICTORIA SCREENING AND ASSESSMENT SERVICE, MONASH

Established:
1993

Number of screening mammograms performed in 2010-2011:
44,351

Proudly brought to women by:
Southern Health

Radiology providers:
MIA Victoria, GIG Radiology, MDI Radiology

Coverage:
The Screening and Assessment Service, Monash has screening centres at Berwick, Dandenong, East Bentleigh, Frankston, Mentone, Mount Waverley and Rosebud.

Accreditation status:
4 years accreditation valid until Feb 2013

Clinical Director:
Jill Evans, MBBS, FRANZCR

Program Manager:

HIGHLIGHTS.

Dr Jill Evans was appointed as Clinical Director of the Monash BreastScreen service. Dr Evans has been the Chief Radiologist since the Service opened in 1993.

The Screening and Assessment clinic was converted to read only digital and a public launch was held in November 2010. A new digital screening site at Fletcher Street Moorabbin was opened in August 2010. Digital conversion on the Rosebud clinic was completed in May 2011. These changes see our Service transitioning to becoming fully digital in 2011-2012.

Support from BreastScreen Victoria has resulted in the appointment of three new radiologists, increasing our pool of available readers and clinic radiologists. Training opportunities for registrars, Breast Fellows and radiographers continued to be offered.

Our Information Officer Jenny Williams continued to promote the Program through a range of activities including:

- A Women’s Health Information Morning was held at Dandenong Library attracting a culturally diverse group of women and using the services of 4 interpreters. The event was successful in raising awareness about breast cancer and screening to a wide spectrum of local CALD women’s groups. A speaker from Cancer Council Victoria (CCV) was also included in the program to promote cervical and bowel cancer screening.

- Two experienced community workers from the Greater Dandenong Community Health Service were employed to promote breast screening to women in the Dandenong/Berwick areas.

- A Well Women’s Workshop for ATSI women was held at Casey Hospital in partnership with NBOCC and the Aboriginal Hospital Liaison Officer for Southern Health. During the workshop, 18 ATSI women had mammograms.

- An education session promoting cancer screening to a large group of women with disabilities working for Ozenam Enterprises on the Mornington Peninsula was conducted jointly with a Pap screen educator from CCV.

The Southern Health Breast Services Consumer Reference Group met every two months. The group has an ongoing commitment to the review of written feedback from clients and the Service’s response to complaints. A new initiative this year was the preparation of a report capturing positive client feedback which will be used for staff training and service promotion purposes.

Radiographers Serina Tan and Abigail Goyne.
BREASTSCREEN VICTORIA SCREENING AND ASSESSMENT SERVICE, NORTH WESTERN

This Service carries the historical beginnings of the Program, with the Essendon screening centre opened in 1987 as one of 10 pilot sites for the national evaluation of mammography screening.

Number of screening mammograms performed in 2010-2011: 39,036

Proudly brought to women by:
Melbourne Health

Radiology providers:
MDI Radiology, Lake Imaging, Victorian Medical Imaging

Coverage:
The Screening and Assessment Service, North Western has screening centres at Broadmeadows, Essendon, Footscray, Melton, Parkville, Sunshine and Werribee. The Service hosts the Mobile Screening Service every two years at Broadford, Seymour, Kyneton and Gisborne.

Accreditation status:
2 years accreditation with high priority recommendations valid until Aug 2011.

Clinical Director:
Dr Allison Rose MBBS, M.Med (Radiology), FRANZCR

Program Manager:
Ms Victoria Cuevas MBA, BA, BSW, Grad.Dip.Legal Studies, Grad.Dip.IT

HIGHLIGHTS
A full accreditation site visit was held in June 2011, with results due November 2011.

New digital screening clinics were opened in Sunshine and Footscray under the umbrella of Western and Melbourne Health. Four of the Service’s seven screening clinics are now digital, and the Screening and Assessment Centre is read only digital. Full conversion is expected by the end of 2011.

The Service now has a full staff complement of radiographers and radiologists.

Our Community Information Officers Robin Curwen-Walker and Jillian Lee promoted the Program through a range of activities including:

- Presentations to local women’s groups, including Broadmeadows Neighbourhood Houses, Rotary Women’s Health Forum and CALD communities.
- Development of a Workplace Health Promotion campaign with Moreland and Melton Councils.
- Participated in Menopause Workshops at Royal Women’s Hospital.
- Promotions in CALD newspapers (El Telegraph, Zaman and Il Globo) and Il Globo radio interview.
- Attended the Anatolian (Turkish) Culture and Arts Festival.
- Participated in NAIDOC Week celebrations at the Melton Shire Council.
- Provided information kits to GPs in Sunshine, Melton and Broadmeadows catchments.

STAFF

20 years
Mr John Collins
Dr Allison Rose
Susy Alessandri
Francis Mason
Hui Tay
Jenny O’Connor
Jennifer Owen

15 Years
Dr Arlene Mou
Victoria Cuevas
Cecilia Palma
Bryan Mason

10 Years
Li Lay
Anne Minniti
Karen Brown

Digital Celebration. It was fantastic to see the team pulling together again and managing the change to digital with enthusiasm and humour. (L-R) Nurse Counsellor Pam Watson, Radiographer Brenda McDonald and Information Officer Lauren Proudfoot cook a celebratory BBQ lunch for staff in Parkville.
HIGHLIGHTS

The Rose Clinic opened in August 2010, and screened over 5,000 women in its first year. The Clinic, located in the David Jones Bourke Street Women’s Store, is a collaborative venture between BreastScreen Victoria and David Jones, supported by the clinical and administrative expertise of St Vincent’s BreastScreen. The Rose Clinic provides access, in a non-clinical setting, for the many women who reside, work, shop or visit the CBD.

Goulburn Valley and Greensborough screening sites each undertook the transition to digital mammography. The planning for digital transition continues with Heidelberg, Elsternwick and St Vincent’s BreastScreen site conversions planned for late 2011.

The continuing challenge of 2010-2011 was the provision of a high volume screening and assessment service while working in dual modalities: analogue and digital image acquisition. This required extensive staff training and also substantial changes in processes and workflow models. Staff rose to the challenge and continued to provide an excellent service while adapting to continuing change.

Our Information Officer Carol Whitehead promoted the Program through a wide range of activities including:

• partnership with the Cancer Council Victoria to deliver breast health and BreastScreen information sessions to women and their carers on overcoming the barriers to screening.

• Presentation to a Victorian ATSI Summit facilitated by the National Ovarian and Breast Cancer Centre in Preston – 60 ATSI women and health workers attended.

• Facilitation of an ATSI Well Women’s workshop at St Vincent’s Hospital targeting health professionals.

• Presentation for the Islamic Society of Victoria in Preston and the City of Whittlesea annual Pink Ribbon luncheon for over 200 people.

A number of consumer representatives have departed this year. We would like to thank them for their valued contribution. Recruitment for new consumer members to complement the remaining group of dedicated consumers continues. Jackie O’Donnell is the Service representative on the state Consumer Advisory Committee.

Data Manager Pamela Wilkins departed the Service for warmer climes after 14 years of service. Pamela was a highly committed BreastScreen staff member. Denise Colquhoun, Senior Data Clerk departed after 7 years of service.

Two Breast Fellows have trained with us this year, Dr Mark Hyzy and Dr Michelle Thong. Both are continuing their association with the Service in a sessional capacity.

Deputy Director Dr Helen Frazer reviews images with Surgeon Mr David Butterfield.

Deputy Director Dr Helen Frazer reviews images with Surgeon Mr David Butterfield.
BreastScreen Victoria’s Mobile Screening Service (MSS) brings screening services to rural and regional Victoria. MSS Radiographers provide the same first-class screening service on the mobile screening vans as that offered at the Program’s ‘bricks and mortar’ screening clinics.

The MSS currently comprises two vans, one of which uses digital technology and the other is scheduled for digital conversion in August 2011. Digital technology on both the MSS vans will allow greater flexibility with scheduling and faster transmission of screens sent to the Screening and Assessment Services around Victoria.

The MSS is managed by Coordination Unit Operations. Debbie MacLeod replaced Gina McNamara as Mobile Service Coordinator in 2011.

The Screening and Assessment Services played an important role in MSS site visits throughout the year. Program Managers, Data Managers and Information Officers worked closely with the Coordination Unit and relevant local councils to enable the MSS to make a successful visit to each screening location. BreastScreen Victoria’s Information Officers raised awareness about the MSS through promotional activities in local communities.

The MSS Chief Radiographer provides technical support to the mobile radiographers, and a link with the Screening and Assessment Centres. Carol Gibbins replaced Joy Pittaway as Chief Radiographer in 2011. Carol also holds the position of Program Manager for the Screening and Assessment Service, Bendigo.

The MSS radiographers have an unusual work environment as they travel with the vans for 11 months of the year, covering all corners of the state as they visit each site on a two-year cycle. This year we farewelled MSS Radiographers Gayle Rasmussen and Tricia Bedford, and welcomed Jackie Williams.

During 2010-2011 the MSS visited the following:

- BIRCHIP
- BROADFORD
- CORRYONG
- GISBORNE
- KYNETON
- MOORABBIN
- MURRAY VALLEY
- MYRTLEFORD
- ROBINVALE
- SEYMOUR
- SWAN HILL
- TALLANGATTA
- WANGARATTA
- YARRAWONGA

Number of women screened:
2010-2011: 14,210
2009-2010: 14,715
2008-2009: 13,629
Women’s Experience

MARY CARBOON

I was a 52 year old single mother with a 12 year old daughter when I had a regular free screening mammogram on the BreastScreen van. I later received a letter informing me of an irregularity and that I should have a biopsy. My cancer was picked up without me having any suspicion that anything was wrong.

It was distressing at first. I was healthy (I worked as a fitness instructor) and never had any cause for concern.

The early diagnosis meant that treatment was not as severe as it could have been and I underwent a lumpectomy with supportive radiotherapy. At every stage I was very well supported by dedicated doctors and health services which helped me to maintain an optimistic positive attitude.

It is eleven years since the end of my cancer treatment. I have been cancer free since then. I am now 63 years old and I feel terrific.

The importance of regular check-ups for health and wellbeing is a life saver for many women. I’m sure it was for me.

BreastScreen Victoria uses the Mobile Screening Service to take mammography to women in places where access is difficult by virtue of geography or limited public transport.

Women who have an area on their screening mammogram that needs further investigation are recalled to an assessment clinic. Women who receive a breast cancer diagnosis are seen by a specialist and advised about a suitable management plan. This is expedited usually all in one visit (with another for results), an especially good thing for women who have to travel significant distance, as Mary Carboon did.

Mary’s breast cancer was detected when it was small and required less invasive breast conserving surgery. The early detection of breast cancer offers women the best chance of successful treatment and recovery.

Dr Allison Rose
Clinical Director, Screening and Assessment Service, North Western

Mary Carboon was diagnosed with breast cancer eleven years ago on the Mobile Screening clinic in Broadford.
Recruiting and retaining women is a challenge facing BreastScreen Victoria as we aim to meet the national target of 70% participation by 2015. A series of reviews were undertaken in 2010-2011 to provide the evidence needed to develop a new state-wide recruitment strategy. These reviews included:

**Participation Review** found that uptake from invitation letters to first time screeners is poor and women’s experiences from their first screen affect their decisions about future participation. GPs were identified as strong motivators for women’s attendance.

**Qualitative Research** (Essence Report) investigated the health beliefs and motivators for women who underscreen, including women who have never screened or have not returned to screening within two years. These women were found to be less interested in preventative health measures due to a belief in destiny, or self-management, or a rejection of external intervention. The research found that underscreeners could be segmented into four groups based on how open they were to screening, and their view of their control of their own health. Two of the groups – labelled ‘Poor Prioritisers’ and ‘Inherently Ambivalents’ were open to screening but need greater frequency of reminders and reasons why they should participate.

**Increasing participation**

Catherine Barrett from Gay and Lesbian Health Victoria (GLHV) and BreastScreen Victoria Communications Officer Maura Conneely promoted breast screening at Melbourne’s Midsumma Festival – an arts and cultural event that celebrates Victoria’s lesbian, gay and allied communities. A survey of approximately 100 lesbian, bisexual and transgender women’s attitudes to breast cancer was conducted by GLHV and BreastScreen Victoria during the year.

Several services developed community art projects during the year. Women attending screening at the Bendigo service selected a button to mark their visit. Local students designed displays using the buttons. The consumer group selected the winning design: a portable display of letters making up the word CARING – a reference to the tagline on BreastScreen Victoria’s logo ‘Caring about Women’.
Consumer engagement is the process by which the concerns, needs and values of service users are included in the planning and delivery of services. In 2010-11 a review of BreastScreen Victoria’s engagement with consumer found that effective engagement can improve service quality, responsiveness and access, and ultimately improve consumers’ experiences and outcomes.

To achieve effective engagement, consumers must have the access and support they need to actively engage. This requires strong Board and senior executive leadership, staff and consumer training, adequate resourcing and a long term commitment.

BreastScreen Victoria has committed to implementing the review recommendations including the development of an over-arching participation strategy which will include consumer engagement and participation.

A meeting of the State Consumer Advisory Committee in November 2010. The Committee membership includes representatives from each of the eight BreastScreen Victoria services and selected Victorian women’s health organisations.

St Vincent’s Information Officer Carol Whitehead and consumer representative Jackie O’Donnell at the launch of the Rose Clinic in August 2010. Jackie is also St Vincent’s representative on the State Consumer Advisory Committee.

Southern Health Breast Services Consumer Reference Group members attended the launch of the new Moorabbin Screening Clinic in August 2010. (L-R) Sue Viney (also Co-Chair of the State Consumer Advisory Committee), Information Officer Jenny Williams, and members Josephine Zriek, Heather Sloan and Jenny Hill.
Governance

BOARD OF MANAGEMENT
The BreastScreen Victoria Board of Management is appointed by the Minister for Health. The Board of Management liaises closely with the Department of Health and the Victorian Minister for Health regarding funding for the Program and desired outcomes. Members do not receive any payment or sitting fees except for executive staff members holding positions within BreastScreen Victoria, who receive payment in accordance with their agreed terms and conditions.

We acknowledge and thank the following members of the Board:
Ms Dorothy Reading, who resigned in December 2010.

1. Professor Katherine McGrath
MBBS, FRCPA, FAICD
Chair
Meetings attended: 6/6
Katherine is a widely respected health care executive with over 30 years experience in government, public, private, clinical and academic posts. Her roles have included Deputy Director General of NSW Health, Chief Executive Officer of Hunter Area Health Service, Professor of Pathology at the University of Newcastle and Group Manager of Strategy and Corporate Affairs at Medibank Private. Katherine trained as a haematologist and is a fellow of the Royal College of Pathology of Australasia.

2. Ms Anne Cronin
BSc, BBus (Acc), MAICD, FAIM, FCPA
Treasurer
Meetings attended: 6/6
Anne Cronin is a consultant in Health and Medical Research Management. She is currently Redevelopment Director for the Murdoch Childrens Research Institute. She was formerly the Chief Operating Officer at the Institute. Trained as a medical scientist, Anne moved into management at the time of the establishment of the Murdoch Institute 20 years ago. She is a Fellow of the Society of CPAs and the Australian Institute of Management, and is a member of a number of boards in the not-for-profit sector including University College at the University of Melbourne where she is Chair, and the Australasian Research Management Society.

3. Associate Professor John Collins
MBBS, FRACS, FACS
Meetings attended: 5/6
John Collins is Associate Professor at the University of Melbourne Department of Surgery. He is a breast surgeon and former head of the joint Royal Melbourne and Royal Women’s Hospital Breast Unit. John has been involved in breast screening as a surgical specialist since the Breast Unit’s establishment in 1987. He is the past Chair of the Breast Committee of the Victorian Cooperative Oncology Group (VCOG) and past President of the International Breast Cancer Study Group (IBCSG). He has a strong research interest in breast infection, breast cancer and medical education.

4. Professor Dallas English
PhD, MSc
Meetings attended: 4/6
Professor English is Director of the Centre for Molecular, Environmental, Genetic and Analytic Epidemiology in the School of Population Health, University of Melbourne and Senior Principal Research Fellow at the Cancer Epidemiology Centre at the Cancer Council Victoria. He has substantial experience as a cancer epidemiologist, having worked in this field since 1982. He has also served on many state and national policy committees and is active within the National Health and Medical Research Council. Professor English is a nominated representative of the Cancer Council Victoria.
5. Ms Mary Hawkins  
MBA, BSc, BAppSc, Grad Dip. (Computing), Grad Dip (Ed)  
Meetings attended: 5/6  
Mary Hawkins has 20 years experience in managing technology across local government and the corporate sector and is currently the Principal of Green IT Solutions, an IT consulting services company. She is the President of the International Women’s Development Agency, on the Board of Australian Women Donors Network, SISHA and Star of the Sea College and is on an advisory panel for the Centre for Organisational and Social Informatics at Monash University.

6. Ms Jane Poletti  
MM (Strategic Foresight), LLB, BSc  
Meetings attended: 5/6  
Jane Poletti operates a General Counsel and Commercial consulting practice for emerging businesses to which she brings 14 years experience with prominent Melbourne law firms and three years of management experience with a venture capital funded technology company. Jane is a commercial director and co-owner of a business that specialises in ad-supported free SMS services for communities. She is a member of the Australian Institute of Company Directors and has completed the foundation Victorian Health Boards Governance Program.

7. Ms Sue Viney  
M Soc Sc (Int. Development), Grad Conv. Accounting, BA (Hons), CAHRI, MAICD  
Representative of the Consumer Advisory Committee  
Meetings attended: 5/6  
Sue Viney operates a practice specialising in policy and service improvement in the public and not-for-profit sectors. She has extensive experience in the human services sector and at the executive level in the Victorian Public Service. She is a Member of the Southern Health Breast Services Consumer Reference Group and the Southern Health Community Advisory Committee. She joined the Consumer Advisory Committee in 2008 and was elected Co-Chair in February 2009. She is a Certified Professional Member of the Australian Human Resources Institute, a Member of Australian Institute of Company Directors and a member of the Institute of Public Administration Australia.

8. Dr Pamela Williams  
Ed.D, MA, BA, TSTC (Domestic Arts), Dip Domestic Arts  
Representative of the Consumer Advisory Committee  
Meetings attended: 4/6  
Pamela Williams taught family and consumer behaviour, health promotion and health data to trainee Home Economics teachers. After taking early retirement following her diagnosis and treatment of breast cancer, she became involved in practicing consumer advocacy. She was a member of the Southern Health Breast Services Consumer Reference Group from 2001 to 2006. She was a member of Southern Health Consumer Advisory Committee for six years and was the first elected Chair – a position she held for three years. She is currently a member of the Health Issues Centre Board of Governance and Co-Chair of the Breast Cancer Action Group (BCAG). Pam has represented BCAG on the BreastScreen Victoria Consumer Advisory Committee (CAC) since 2007. She was appointed as Co-Chair of the BreastScreen CAC in February 2009.
9. Dr Bob Fabiny  
MBBS, FRANZCR  
Meetings attended: 6/6  
Bob Fabiny is a diagnostic radiologist at Austin Health. Bob is keenly interested in radiology teaching and training and is the past Victorian Branch Education Officer of the Royal Australian and New Zealand College of Radiologists (RANZCR). He is a RANZCR examiner in thoracic and cardiovascular radiology and in musculoskeletal radiology. Bob has represented RANZCR on the Victorian Bone Tumour Registry, the RMIT Medical Radiations Course Advisory Committee and the AIR-RANZCR Liaison Committee. He was a founding member and is past president of the Australasian Musculoskeletal Imaging Group (AMSIG).

10. Associate Professor Michael Jefford  
MBBS, MPH, MHlthServMt, Ph.D, GAICD, FRACP  
Meetings attended: 4/6  
Associate Professor Michael Jefford is Deputy Head, Department of Medical Oncology, at Peter MacCallum Cancer Centre; is clinical consultant with the Cancer Information and Support Service (a unit of Cancer Council Victoria) and is a Principal Fellow with the University of Melbourne. Michael is Director of the newly established Australian Cancer Survivorship Centre. His research focuses on interventions to improve psychosocial wellbeing and reduce patient unmet needs. He has previously been a member of BreastScreen Victoria’s State Accreditation Committee.

11. Ms Meron Pitcher  
MBBS, FRACS  
Meetings attended: 1/6 (From June 2011)  
Meron Pitcher graduated from the University of Melbourne, then trained in general surgery through the Heidelberg Repatriation Hospital. She did post fellowship training in the UK in Canterbury, then London at the Royal Marsden Hospital, where she developed her interest in breast cancer. She commenced at Western Hospital in 1993 as Senior Lecturer in the Department of Surgery, and set up breast services at Western Hospital at that time. She is head of the Breast Unit at Western Hospital and is immediate past chair of the VCOG Breast Cancer Committee. Ms Pitcher is a nominated representative of Cancer Council Victoria.

12. Ms Vicki Pridmore  
Grad Dip (Org Psych), BA (Comms & Org Psych), Dip Teaching (Sec)  
Ex Officio  
Meetings attended: 6/6  
Vicki Pridmore joined BreastScreen Victoria as the Chief Executive Officer in April 2008. Prior to this she was CEO of the Cheltenham and Regional Cemeteries Trust. She has extensive experience in the human services sector, most recently serving as Director Portfolio Services, Department of Human Services. In this role she managed corporate services – including legal, media, complaints, parliamentary correspondence and briefings – and was responsible for key governance operations. Her career path spans secondary teaching, organisational and counselling psychology, project review and a decade in senior and executive management roles within the public sector.
BOARD OF MANAGEMENT SUB-COMMITTEES

A number of sub-committees exist to advise the Board of Management on specific areas relevant to the Program. An Executive Committee deals with urgent matters in between Board of Management meetings.

Partnership Committee
Jim Hyde DoH Chair
Louise Galloway DoH
Lynton Norris DoH
Vicki Pridmore ex officio
Prof Katherine McGrath
Genevieve Webb

Finance and Audit Committee
Anne Cronin Chair
Mary Hawkins
Sue Madden
Prof Katherine McGrath
Vicki Pridmore ex officio
Doris Camilleri ex officio

Governance Committee
Prof Katherine McGrath
Anne Cronin
Jane Poletti
Vicki Pridmore ex officio

Quality Committee (formed May 2011)
Sue Viney Chair
Prof Dallas English
Dr Bob Fabiny
Ms Meron Pitcher
Assoc Prof Michael Jefford
Vicki Pridmore ex officio

Participation Committee (formed June 2011)
Sue Viney Chair
Dr Pam Williams
Assoc Prof John
Dr Bob Fabiny
Jane Poletti
Vicki Pridmore ex officio

Consumer Advisory Committee
Sue Viney Co-Chair
Dr Pam Williams Co-Chair
Anne Campbell (from June 2011)
Deborah Fields (from April 2011)
Pam Garton (from April 2011)
Fran Harrison (to June 2011)
Jenny Holmes (to January 2011)
Tricia Malowney
Janice Nation (from June 2011)
Margaret Nicholls (from August 2010)
Elisabeth Newman
Jackie O’Donnell
Meg Parsons (to June 2011)
Julie Ranieri (from April 2011)
Maria Reynolds
Raelene Schmidt (from January 2011)
Barbara Taylor (to August 2011)

Research Committee
The committee did not meet between July 2010 and June 2011.

Program Managers of BreastScreen Victoria’s Screening and Assessment Services and the Coordinator of the Mobile Screening Service (MSS).
Back (L-R), Debbie McLeod (MSS), Cheryl Cooksey (Gippsland), Carol Gibbins (Bendigo), Brenda Golding (Geelong). Front (L-R) Michelle Muldowney (Maroondah), Erin Cosgriff (St Vincent’s), Victoria Cuevas (Nth Western), Lisa Scott (Monash).
In early 2010, the Board commissioned a project to review the role of research within BreastScreen Victoria including the most appropriate governance and administrative structure to support this function. The report concluded in August 2010 and this led to the reformation of the Research Committee. The Committee will oversee a high quality research program that will inform the BreastScreen Victoria breast screening process to ensure best practice and proven efficacy of approaches and benefit the screening population in Victoria.

LIFEPool Project

BreastScreen Victoria’s major research collaboration in 2010-2011 was the National Breast Cancer Foundation (NBCF) BreastScreen Victoria Cohort Demonstration project, now known as LIFepool.

The LIFepool project brings together researchers from four Victorian organisations: BreastScreen Victoria, Peter MacCallum Cancer Centre, The University of Melbourne School of Population Health and The Royal Melbourne Hospital. Funding of $5 million has been provided by NBCF over five years.

Each LIFepool participant is asked to give permission for use of all the information about her, and any samples she might donate, in future research about breast cancer and other women’s health issues. An invitation to participate in LIFepool will be sent by BreastScreen Victoria as part of its routine contact with clients.

A major part of the first year of development was spent consulting women to ensure that being invited to be part of LIFepool would not prevent women from attending for screening mammograms, and that the information was clear and acceptable to women. BreastScreen Victoria Consumer Advisory Committee members and Information Officers coordinated the coming together of 71 women for a series of eight workshops. LIFepool listened to their concerns about the clarity and length of the Information and Consent Form and made many changes. This consumer input will ensure that the LIFepool project is an enduring partnership between women and the research community.

Converting a Screening and Assessment Service to a digital environment requires integration of the new digital modality with the supporting IT equipment and infrastructure. Radiographer Nadine Alderuccio demonstrates the use of a new digital-ready prone stereotactic table for core biopsy.
Organisational Information

SERVICE QUALITY
All BreastScreen Victoria services are required to undergo regular reviews to ensure they continue to meet BreastScreen Australia’s National Accreditation Standards (NAS). The NAS, developed by an expert BreastScreen Australia committee, describe the minimum standards and requirements for Services. They are based on national and international research evidence and experience in breast cancer screening.

The NAS help to ensure that the goals of reduced morbidity and mortality are achieved, services are provided in a way that is acceptable to women, and the national program remains cost-effective. Accreditation standards have been developed for each of the following service objectives: participation and access; screening and assessment; acceptable and appropriate services and effective management.

Assessment is conducted through site visits, internal quality programs and by continual reporting to the accrediting body – the National Quality Management Committee. Accreditation is only achieved if a Service demonstrates an acceptable quality of service delivery. Although the NAS set minimum standards, these are seen as a starting point and it is expected that most Services will perform considerably above the requirements. Four in Four is the BreastScreen mission to ensure that by 2015 (ie in four years) all BreastScreen Services hold four years accreditation status.

COMPLAINTS
BreastScreen Victoria’s Complaints Policy is consistent with the Health Services (Conciliation and Review) Act 1987 and was developed in accordance with AS 10002-2006: Customer Satisfaction – Guidelines for complaints handling in organisations. Complaints and their management are seen as an important part of BreastScreen Victoria’s quality assurance program. Each complaint is managed in an effective, independent manner. All complaints are categorised according to severity and are centrally recorded in order to analyse trends and identify, and rectify, any recurring issues across the Program’s sites. A complaints summary report is presented to the Board of Management quarterly.

A total of 125 complaints were received for the year 2010-2011 – a rate of 0.06% complaints per woman screened.

As a result of complaints received the following service improvements have been made:
- The number of staff rostered in Appointment and Information Service has been increased and a new message created for out of hours clinics.
- New messaging for incoming calls to the Appointment and Information Service giving advice on call waiting times and the option to be called back.
- Improved signage installed at Rose and Heidelberg screening clinics.
- Staff training in communication skills.
- Revision of the What Happens Next? brochure.

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. In 2010-2011 the rollout of digital mammography at six sites lead to a further reduction in the volume of physical and natural resources that will be needed in the future.

Every woman that attends BreastScreen Victoria for screening is asked to sign a consent form that authorises the use of her data for the purpose of monitoring the Program’s performance. This information is only reported numerically and does not allow the identification of details from an individual woman.

Information that identifies a woman, such as her screening mammogram results, can only be made available to a third party (including her local doctor) with her prior written consent for this information to be released. Further information about BreastScreen Victoria’s privacy statement can be found at www.breastscreen.org.au

FREEDOM OF INFORMATION (FOI)
The Freedom of Information Act 1982 gives consumers the right to access information held by government organisations. All BreastScreen Victoria sites comply with the FOI Act. For further details contact the Director Operations, BreastScreen Victoria: PH: (03) 9660 6896

PRIVACY
BreastScreen Victoria is committed to protecting client privacy and confidentiality at all times and to ensuring that health and personal information collected, stored, disclosed and destroyed by the Program complies with relevant Victorian state legislation including the Cancer Act 1958, the Health Services Act 1988, the Health Records Act 2001, the Public Records Act 1973 and the Freedom of Information Act 1982.

Every woman that attends BreastScreen Victoria for screening is asked to sign a consent form that authorises the use of her data for the purpose of monitoring the Program’s performance. This information is only reported numerically and does not allow the identification of details from an individual woman.

Information that identifies a woman, such as her screening mammogram results, can only be made available to a third party (including her local doctor) with her prior written consent for this information to be released. Further information about BreastScreen Victoria’s privacy statement can be found at www.breastscreen.org.au

WHISTLEBLOWER LEGISLATION
Since January 2002, BreastScreen Victoria has been subject to and complies with the Whistleblowers Protection Act 2001 (WPA). BreastScreen Victoria’s Whistleblowers policy and current procedures are set out at www.breastscreen.org.au and can be obtained by phoning (03) 9660 6888. BreastScreen Victoria reports annually on whistleblower statistics in accordance with Section 104 of the Act. No disclosures were received during the 20010–2011 financial year.