



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

National Quality Review of Symptomatic Breast Disease Services in Ireland

**Report of the Focused Review at
Mid-Western Regional Hospital Limerick 2010**

To be read in conjunction with the
Report of the Quality Review Assessment at Mid-Western
Regional Hospital Limerick 2009

About the Health Information and Quality Authority

The Health Information and Quality Authority is the independent Authority which has been established to drive continuous improvement in Ireland's health and social care services. The Authority was established as part of the Government's overall Health Service Reform Programme.

The Authority's mandate extends across the quality and safety of the public, private (within our social care function) and voluntary sectors. Reporting directly to the Minister for Health and Children, the Health Information and Quality Authority has statutory responsibility for:

Setting Standards for Health and Social Services – Developing the quality and safety standards, based on evidence and best international practice, for health and social care services in Ireland (except mental health services).

Monitoring Healthcare Quality – Monitoring standards of quality and safety in our health services and investigating as necessary serious concerns about the health and welfare of service users

Health Technology Assessment – Ensuring the best outcome for the service user by evaluating the clinical and economic effectiveness of drugs, equipment, diagnostic techniques and health promotion activities.

Health Information – Advising on the collection and sharing of information across the services, evaluating information and publishing information about the delivery and performance of Ireland's health and social care services.

Social Services Inspectorate – Registration and inspection of residential homes for children, older people and people with disabilities. Inspecting children detention schools and foster care services. Monitoring day and pre-school facilities.*

* Not all parts of the relevant legislation, the Health Act 2007, have been commenced.

Table of contents

1. Introduction	4
2. Findings - Focused Review 2010	4
2.1 Governance arrangements	4
2.2 Data management arrangements	5
3. Quality Review 2009 recommendations	5
4. Conclusion	9
5. Next steps	9
6. References	10

1 Introduction

The Health Information and Quality Authority (the Authority) carried out National Quality Review assessments at each of the designated centres, including the Mid-Western Regional Hospital Limerick⁽¹⁾, over the period of October to December 2009. In February 2010, the Authority published individual reports of the findings of this National Quality Review of symptomatic breast disease services as they related to each of the eight designated centres and included local recommendations to be implemented by each centre.

In relation to the Mid-Western Regional Hospital Limerick (MWRH Limerick), the 2009 Quality Review concluded that while there remained opportunities for improvement, the symptomatic breast disease service was meeting most of the key quality and safety requirements as set out in the National Quality Assurance Standards⁽²⁾ (the Standards). However, there remained aspects of the service that were still being bedded down. The service's governance structure, necessary to assure that the service was being effectively provided, managed and was sustainable, was in an early stage of development as were some data management arrangements. The Authority concluded that these arrangements would require a period of adjustment before a judgment on their effectiveness could be made and this would need to be re-assessed by the Authority.

In June 2010, the Authority carried out a focused review on those aspects of the service that had been identified as requiring reassessment during the review of 2009. The Authority reviewed documentation and data submitted by the service and carried out interviews with the General Manager, Lead Clinician and Clinical Director.

This report is a report of the focused review at Mid-Western Regional Hospital Limerick and should be read in conjunction with the *Report of the Quality Review Assessment at Mid-Western Regional Hospital Limerick*⁽¹⁾, published in February 2010. This report provides an account of the Authority's findings in relation to the governance and data management arrangements in place at MWRH Limerick as of June 2010.

2. Findings - Focused Review 2010

2.1 Governance arrangements

At the time of the Quality Review in 2009, the symptomatic breast disease (SBD) service had a governance structure and organisational framework in place that was in an early stage of development. In June 2010, the Authority found that the service had revised its organisational structures to reflect the ongoing re-configuration of services in the region. The SBD service demonstrated clear linkages between the breast service's management meeting, the cancer services' management team, the National Cancer Control Programme (NCCP) and Hospital management, with regular meetings scheduled and minutes taken.

The service demonstrated a clear operational understanding of the revised structures, roles and responsibilities and their relationship with the symptomatic breast disease (SBD) service. The review of documentation, and interviews with staff, confirmed that the revised structures provided clear pathways for escalating issues, strengthened communication pathways and facilitated regional networking and decision making.

In addition, the Authority verified that the service had incorporated specific symptomatic breast disease clinical audit activities within the clinical governance structure. The Authority reviewed submitted documentation and confirmed that activities included clinical audit discussions at the monthly Breast Unit Quality and Audit Committee meetings and regular clinical audit sessions conducted by the Hospital's Clinical Audit Officer. In addition, the SBD service had recently appointed a Research Nurse.

The Authority concluded that the SBD service at MWRH Limerick had the necessary governance arrangements in place for the delivery of a high quality, safe symptomatic breast disease service.

2.2 Data management arrangements

At the time of the Review in 2009, the Authority concluded that the SBD service at Mid-Western Regional Hospital Limerick had most of the necessary data management arrangements in place. However, the Patient Analysis and Tracking System was not fully operational at that time, data validation processes were not in place and audit processes were underdeveloped and it was identified that this would require re-assessment by the Authority.

In June 2010, the Patient Analysis and Tracking System was not yet fully operational. The service had developed a formal data integrity and validation policy and a data management policy to support its use of data in the interim. A national data dictionary and validation policy was being drafted by the NCCP to support the Patient Analysis and Tracking System. The Authority found that the audit processes had been further developed as verified through the revised governance arrangements.

At the time of the focused review, the Authority concluded that the SBD service at Mid-Western Regional Hospital Limerick had interim data management arrangements in place. However, the Patient Analysis and Tracking System was not fully operational.

3. Quality Review 2009 recommendations⁽¹⁾

During the focused review, the Authority reviewed the implementation plan against the recommendations contained in the 2009 Quality Review report⁽¹⁾, developed by the Mid-Western Regional Hospital Limerick in order to gain a clear assessment of their implementation. Findings specific to each of these recommendations are reported in Figure 1 on the next page.

Figure 1: Recommendations of the report of the Quality Review Assessment at Mid-Western Regional Hospital Limerick (MWRH Limerick)⁽¹⁾ Focused Review Findings, June 2010

Recommendations of the report of the Quality Review Assessment ⁽¹⁾	Focused Review Findings, 2010
Governance	
<p>G1. The symptomatic breast disease service should finalise negotiations with the National Cancer Control Programme to complete its recruitment programme.</p>	<p>The SBD service at MWRH Limerick was in the advanced stages of recruiting the final outstanding histopathology consultant post, with short-listing conducted and interview date confirmed.</p>
<p>G2. The role of the Lead Clinician should be formalised with specific responsibility for the symptomatic breast disease service.</p>	<p>This has been addressed nationally by the National Cancer Control Programme (NCCP). A formal role specification for symptomatic breast disease Lead Clinicians had been agreed and a National Lead Clinicians Network established. At the time of the focused review, the Lead Clinician for the SBD service at MWRH Limerick had been formally appointed.</p>
<p>G3. The service should ensure that a robust service level agreement with the third-party provider of radiation oncology services is finalised and implemented. A service level agreement should incorporate the essential components including those of access, quality and the provision of necessary performance information to ensure the timely delivery of a safe quality patient service and compliance with the National Quality Assurance Standards.</p>	<p>The draft Heads of Agreement had been prepared with the third-party provider of radiation oncology services. The service confirmed that this recommendation was being addressed nationally by the HSE and continued to be a national priority for implementation.</p> <p>The SBD service at MWRH Limerick had the necessary operational controls in place with the third-party provider of radiation oncology services to ensure essential components, including those of access, quality and the provision of necessary performance information to ensure the timely delivery of a safe quality patient service and compliance with the Standards⁽²⁾.</p>
Multidisciplinary Approach	
<p>MDT1. The service should ensure the evaluation processes to monitor the multidisciplinary team meeting is formalised.</p>	<p>The SBD service at MWRH Limerick had developed and put in place a formal multidisciplinary team (MDT) meeting audit process under the direction of the Breast Unit Quality and Audit Committee. The first of these audits was due to take place in</p>

	<p>July 2010, therefore the evidence of its findings were not available to the Authority at the time of the follow-up visit.</p> <p>In addition, the Authority verified that the service had revised its MDT meeting guidelines to further support the MDT meeting process, including roles and responsibilities, procedure for the meeting and evaluation and audit activities.</p>
<p>MDT2. The service should put arrangements in place to ensure all clinical findings and multidisciplinary team decisions are clearly recorded.</p>	<p>The SBD service had revised its multidisciplinary meeting template to ensure all clinical findings and decisions are clearly recorded. Evidence reviewed confirmed the use of this template and all other MDT meeting procedures are audited by the Breast Unit Quality and Audit Committee.</p>
<p>Skills, Education and Training</p>	
<p>SET1. The service should review the administrative requirements of the symptomatic breast disease service to facilitate the provision of in-service education by the clinical nurse specialists.</p>	<p>The Authority verified that the SBD service at MWRH Limerick reviewed the administrative requirements of the service. Transferable administrative duties had been identified and transfer completed at the time of the focused review. The Authority was unable to identify at the time of the focused review whether these arrangements had facilitated the provision of in-service education by the clinical nurse specialists.</p>
<p>SET2. The service should ensure that a formal policy is developed to support and monitor continuous professional development.</p>	<p>The service had a formal policy to support and monitor continuous professional development. The Authority was provided with a record of completed Reviewer Statements confirming the service's agreement to the new policy. Continuous professional development (CPD) is also a standing agenda item at the Breast Unit Quality and Audit Committee meeting.</p>
<p>Data Management</p>	
<p>DM1. The service should ensure that all data fields required for the National Quality Assurance Standards and National Cancer Control Programme Key Performance Indicators are configured in the Patient Analysis and Tracking System.</p>	<p>At the time of the focused review, the Patient Analysis and Tracking System was in the advanced stages of implementation. However, a go-live date was not confirmed. The service acknowledged that the process had taken longer than expected. However,</p>

	there was ongoing engagement with both the NCCP and system provider to ensure implementation. The SBD service was intending to maintain its existing database until the robustness and reliability of the new system can be assured.
DM2. The service should ensure that data pertaining to key performance information in relation to radiation oncology is collected to ensure compliance with the National Quality Assurance Standards.	The SBD service had a defined recording and reporting relationship for data from the third-party provider of radiation oncology. Data is collected monthly by the provider and quarterly reports produced to monitor compliance with the Standards.
DM3. The service should ensure that a robust data validation process for accuracy, auditing and validation of data is finalised.	The service had developed a formal data integrity and validation policy and a data management policy to support its use of data in the interim. A national data dictionary and validation policy was being drafted by the NCCP to support the Patient Analysis and Tracking System.
Access	
A1. The service should put a targeted programme of action in place to ensure that all patients triaged as non-urgent are offered an appointment within 12 weeks, with this target being met in more than 95% of patients.	At the time of the focused review, the service's data confirmed the centre was greater than 95% compliant with the standard that all patients triaged as urgent were offered an appointment to be seen within 10 working days (Standards 2.8) ⁽²⁾ and all patients triaged as non-urgent were offered an appointment within 12 weeks (KPI 1b) ^{(1)±} .
A2. The service should put a targeted programme of action in place to ensure that an urgently referred patient has all imaging done in the first visit, with this target being met in more than 90% of patients.	At the time of the focused review the service had a targeted approach to ensuring compliance with the standard. However, as the Patient Administration and Tracking System was not fully implemented, the service could not accurately report this. Using its local data collection instrument, the service provided local audit results for the first quarter of 2010 which demonstrated that 81.3% of urgently referred patients classified as S4 or S5 had imaging performed at their first

± NCCP Key Performance Indicators are listed in Appendix 6 of the *Report of the Quality Review Assessment at Mid-Western Regional Hospital Limerick*⁽¹⁾

	visit (Standard 6.14) ⁽²⁾ . The remaining patients had their imaging done within one week of their outpatient appointment.
Clinical Effectiveness	
CE1. The service should put a targeted programme of action in place to ensure patients with a diagnosis of invasive breast cancer shall have an ultrasound assessment of their axilla, with this target being met in more than 95% of patients.	The service provided data from the previous quarter which confirmed that the service had met the target of 95% for Standard 6.21 ⁽²⁾ . This Standard is monitored on an ongoing basis at the Breast Unit Quality and Audit Committee.
CE2. The service should incorporate specific symptomatic breast disease clinical audit activities within the clinical governance structure to systematically and critically analyse the quality of care provided.	The Authority verified that the service had incorporated specific SBD clinical audit activities within the clinical governance structure. The Authority reviewed submitted documentation and confirmed that activities included clinical audit discussions at the monthly Breast Unit Quality and Audit Committee meetings and regular clinical audit sessions conducted by the Hospital's Clinical Audit Officer. In addition the SBD service had recently appointed a research nurse.

4. Conclusion

At the time of the focused review, the SBD service had the necessary governance arrangements and interim data management arrangements in place. However, the Patient Analysis and Tracking System was not fully operational.

The service had a framework to address the Authority's recommendations of the 2009 Quality Review⁽¹⁾.

Overall, based on the evidence of the focused review, the Authority concluded that while there remained opportunities for improvement, the symptomatic breast disease service at the Mid-Western Regional Hospital Limerick was meeting the key quality and safety requirements as set out in the Standards.

5. Next steps

The Authority, under section 8 of the Health Act 2007, continues to have the remit to monitor compliance with national standards. The Authority will liaise with the Director of the NCCP as delegated by the HSE, to be responsible for developing and monitoring an implementation plan for the recommendations of the National Quality Review of Symptomatic Breast Disease Services in Ireland.

6. References

(1) Health Information and Quality Authority. *National Quality Review of Symptomatic Breast Disease Services, Report of the Quality Review Assessment at Mid-Western Regional Hospital Limerick*. Dublin: Health Information and Quality Authority; 2010.

(2) Health Information and Quality Authority. *National Quality Assurance Standards for Symptomatic Breast Disease Services – Developing Quality Care for Breast Services in Ireland*. Dublin: Health Information and Quality Authority; 2007.