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BreastScreen Australia Accreditation Evaluation

Methodology

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Contents

List of Tables	3
List of Figures	3
Phase 1: new accreditation system implementation evaluation.....	4
Overview	4
Aim	4
Scope	4
Review questions	5
Measurement tools.....	5
Framework	5
Site visits and key stakeholders.....	7
Method of evaluation.....	8
Stage 1. Refine evaluation aims and develop specific objectives (2 months).....	8
Stage 2. Stakeholder engagement and data collection (10 months)	8
Stage 3. Data analysis and reporting (7 months).....	9
Ethics, confidentiality, commercial in confidence.....	10
The approach for managing timelines	10
National surveyor amendment to Phase 1 methodology.....	11
National Surveyor role overview.....	11
Aim	12
Objective	12
Key stakeholders	12
Evaluation framework.....	13
Measurement tools.....	15
Data analysis and reporting.....	15
Phase 2: consumer impact and clinical outcomes.....	16
Overview	16
Aim	16
Review questions	16
Measurement tools.....	16
Framework	17
Ethics, confidentiality, commercial in confidence.....	19
The approach for managing timelines	19

List of Tables

Table 1. Timeline of deliverables	10
Table 2. Proposed timeline of deliverables.....	19

List of Figures

Figure 1. Conceptual framework for understanding implementation outcomes (Proctor, 2011).	6
Figure 2. Conceptual framework for understanding implementation outcomes (Proctor, 2011).	13
Figure 3. Measurement tools contributing to the special report.	15
Figure 4. Conceptual framework for understanding implementation outcomes (Proctor, 2011).	18

Phase 1: new accreditation system implementation evaluation

Overview

The methodology for this review consists of a mixed methods data collection and analysis, and includes extensive stakeholder consultation, and comprehensive analysis of the National Accreditation Resources. The review is based on the SMART (Specific, Measurable, Achievable, Relevant, Time bound) principles of evaluation design. This is to ensure that the review is delivered in a timely manner and maintains focus on the overall scope of the review to achieve its aim.

Aim

The post-commencement review aims to inform the Department of Health of the effectiveness of implementation and performance, regarding the implementation process outcomes, of the new BreastScreen Australia accreditation system. The objectives of the evaluation are to determine:

- how appropriate, efficient and effective were the change management process and transition strategies used to move from the old to new accreditation system which commenced 1st January 2017;
- recommendations for improvements that could be made to the new accreditation system;
- the best way to manage future program-wide changes to the BreastScreen Australia accreditation program.

Scope

The in-scope aspects of the program to be considered as part of phase 1 of this review are:

- The inception, transition to, and current operation of the new accreditation system;
- The review process of the *2011-2014 Review of BreastScreen Australia* (for the purposes of understanding strengths and limitations of the process as part of continual quality improvement to inform reviews that may be undertaken in the future);
- The impact of the new accreditation system on the three types of BreastScreen Australia sites that can be accredited: BreastScreen Australia Services, multi-service jurisdictional State Coordination Units, and single-service jurisdictional State Coordination Units. It is recommended by the Department that the three types of sites are separately reviewed (noting that multi-service jurisdictional State Coordination Units have not been accredited previously); and
- The role/functioning of the BreastScreen Australia National Surveyor (see National Surveyor Amendment to Phase 1 Methodology section of this document for full methodology in relation to this point).

The out of scope aspects of the program not to be addressed in phase 1 of this review are:

- The former accreditation system;
- The broader BreastScreen Australia program design and operations;
- Patient related outcomes; and
- The content and recommendations of the *2011-2014 Review of BreastScreen Australia*, the 2009 BreastScreen Australia Evaluation Final Report, and AHMAC's formal response to the Evaluation Report (information will be considered for context and background purposes only).

Review questions

Phase 1 of the review seeks answers to the following four broad questions related to the new accreditation system:

1. How effective has the implementation of the new accreditation system been?
2. What evidence is there that the new accreditation system is achieving its intended outcomes of improved efficiency of processes?
3. Has the new accreditation system met the objectives of the 2011-2014 accreditation review?
4. What opportunities are there to improve or strengthen the new accreditation system to ensure that it achieves its intended objectives?

Measurement tools

A questionnaire will be developed containing questions that are relevant and appropriate to ask a broad range of stakeholders. It will include rating scales (i.e.: strongly agree to strongly disagree) and some open-ended questions and will be administered online via SurveyMonkey. The aim will be to distribute the questionnaire widely to BreastScreen Australia stakeholders.

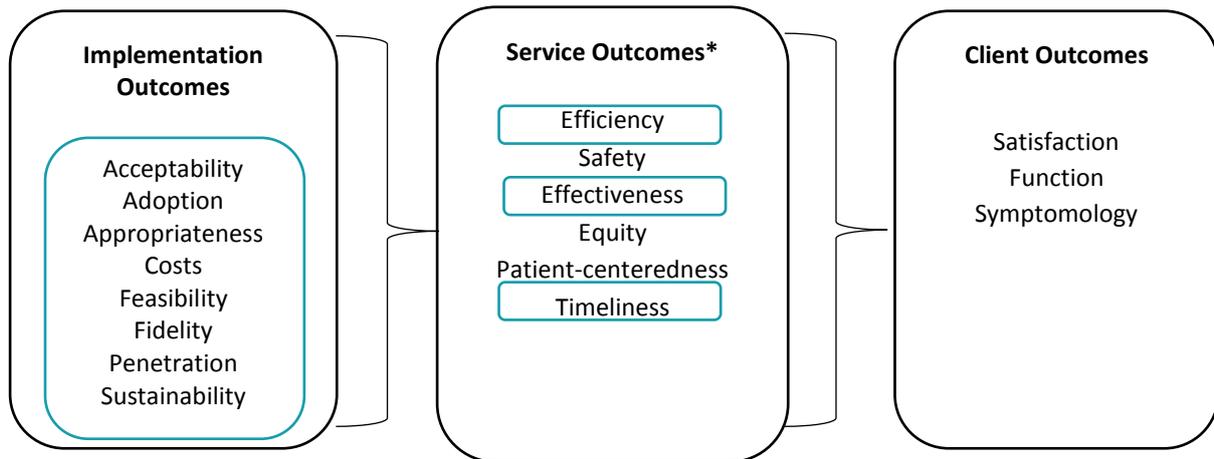
Interviews will be conducted with key stakeholders to enable more in-depth perspectives to be sought on issues that are relevant to specific roles and functions with the BreastScreen Australia governance system. It will be important to adequately represent the opinions of groups that have experienced significant changes to roles, responsibilities and functions as a result of the new system such as the National Quality Management Committee, State Coordination Units, and State Quality Committees.

Key documents related to the system review, consultation and development of recommendations, and implementation plans will be reviewed to inform the questionnaire and interview questions. Key accreditation documents will be reviewed to supplement stakeholder feedback on the acceptability and ease of use.

Framework

Given the focus on evaluating the implementation of a service, the *evaluation framework for implementation outcomes* developed by Proctor (2011)¹ has been identified as the most suitable conceptual framework to guide the overall evaluation design including collection of data related to the effectiveness of the accreditation implementation process (see Figure 1). The framework was specifically developed for evaluation of implementation activities within the context of health service evaluation.

¹ Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65-76.



*IOM Standards of Care

FIGURE 1. CONCEPTUAL FRAMEWORK FOR UNDERSTANDING IMPLEMENTATION OUTCOMES (PROCTOR, 2011).
Note: outcomes outlined in green are relevant to the current evaluation.

The key concepts from the framework are outlined below in context to phase 1 of this evaluation (evaluation of the accreditation system).

Acceptability – Stakeholder satisfaction with various aspects of the new system and the implementation process.

Adoption – Have all aspects of the new system been adopted? Which aspects have been most challenging to implement and why?

Appropriateness – To what extent are changes to the system considered useful and important? For example, how effective is the new governance structure? Are the roles and responsibilities of the various functions clearly delineated?

Cost (and resources) - How sufficient is the resourcing for the new system? Are resources being used effectively? Are there areas where increased resourcing would improve quality?

Feasibility (practical aspects) – What have been the improvements to and challenges associated with everyday processes? For example, what are the efficiencies and challenges with the accreditation process, data entry and interpretation? How user-friendly are the accreditation forms? How streamlined and efficient are the data flows and communication in the new system?

Fidelity (integrity and quality) – Is the new system operating as intended? For example, is there consistency of data entry and interpretation?

Penetration – To what extent are practices integrated within structures and services? For example, has there been an increased focus on quality improvement?

Sustainability – To what extent is the new system viewed as sustainable and future proof?

Efficiency and Effectiveness – will be addressed by examining how processes and practices have changed as a result of the new accreditation system.

Timeliness – How has the implementation progressed against initial milestones?

Site visits and key stakeholders

Stakeholder consultation will be a key aspect of the methodology. In consultation with the Department of Health, a minimum of one site visit will occur during an accreditation period at each of the three sites. In addition, many stakeholders will be engaged throughout the review process, including:

- the BreastScreen Australia Program Management Group;
- the National Quality Management Committee;
- BreastScreen Australia Services;
- BreastScreen Australia State Quality Committees;
- BreastScreen Australia State Coordination Units;
- personnel within state and territory BreastScreen Australia services responsible for undertaking accreditation applications;
- personnel responsible for providing input to the development of the new accreditation system;
- the National Surveyors, whose roles are described in the National Accreditation Handbook;
- the Australian Government Department of Health;
- the Standing Committee on Screening;
- the Australian Institute of Health and Welfare; and
- the agency contracted to provide secretariat services to the BreastScreen Australia Program Management Group and the BreastScreen Australia National Quality Management Committee

Method of evaluation

The evaluation plan is based on the UK National Institute for Health Research guide to conducting evaluations in healthcare. Qualitative and quantitative methodologies will be employed. The evaluation will be conducted in three stages (see below).

Stage 1. Refine evaluation aims and develop specific objectives (2 months)

In collaboration with the Department of Health, Stage 1 will focus on negotiating and finalising the evaluation and work plan. This will involve:

- Establishing project governance and management structure (in consultation with the Screening Policy unit within the department).
- Establishing key contact and communication preferences for monthly progress updates.
- Developing objectives for the evaluation.
- Seeking agreement on key frameworks to guide the evaluations.
- Seeking agreement on which data sources will be used and considered most credible for each of the evaluation objectives.
- Identification of all key stakeholders and finalising engagement strategy for each phase.
- Development of the questionnaire.
- Detailed draft evaluation plan for feedback (by end January).
- Final evaluation plan for sign off (by end March).

Stage 2. Stakeholder engagement and data collection (10 months)

After endorsement of the finalised evaluation plan, we will engage stakeholders via early communication (email) to inform them about the evaluation, what will be asked of them, when they will be contacted, and the time commitment required. The stakeholder engagement and data collection stage will include:

Questionnaire to key stakeholders

A questionnaire will be constructed to gather data for all evaluation objectives that can be reliably measured with Likert-type responses (e.g., agreement/disagreement; fair/excellent) or short open-ended responses. Questionnaires will be administered electronically via SurveyMonkey, with provision for a paper version of the questionnaire if requested.

Interviews with selected key stakeholders

Interviews will be used to collect data relevant to stakeholders' experiences of the accreditation system process, governance structure, data flows and communication or other aspects that are not amenable to collection via questionnaire or where in-depth responses are required or considered more credible. As part of this process:

- Key stakeholders to be interviewed will be identified.
- Semi-structured interview questions will be developed.
- Interviews will be conducted face-to-face (preferable), or via skype or phone.
- Two people will be present for all interviews, in line with best practice.
- Interviews will be recorded (with permission), transcribed, and summarised using content analysis.

Accreditation site visits

Observation of accreditation visits will be conducted at each of the three service types where applicable (BreastScreen Australia Service, multi-service jurisdictional State Coordination Unit, and single-service jurisdictional State Coordination Unit). Site locations will be negotiated with the client as part of stage 1.

The focus of these visits will be on understanding the clinical application and translation of the accreditation process. Where appropriate, stakeholder interviews will be coordinated with these visits.

Review of key documentation

Documents will be reviewed according to the objectives developed for this aspect of the evaluation. Key documents will include all National Accreditation Resources. In addition, the stakeholder questionnaire will include questions regarding the documentation to gather data on the quality of resources, to identify areas for improvement and any other specific aspects deemed important to the evaluation.

Stage 3. Data analysis and reporting (7 months)

Data collected will be analysed and synthesised to answer the evaluation questions. This process will include:

- Descriptive analysis of quantitative data (e.g., questionnaire responses)
- Content analysis of interviews with key stakeholders
- Narrative review and synthesis of key resources/documentation
- Costing of new model
- Where applicable, findings will be organised according to relevant frameworks (e.g., Proctor's (2011) conceptual framework for implementation outcomes and the program logic model for the new accreditation system).

An interim draft report will be provided for feedback by April 2019 and a final report of phase 1 will be provided no later than June 2019.

Ethics, confidentiality, commercial in confidence

As per NHMRC guidelines for ethical conduct of research and evaluation, ethical review is not required given that this is an evaluation of an existing service for quality improvement purposes. Confidentiality and privacy of information obtained will be managed via appropriate written agreements by the evaluation team and their expert advisory group.

The approach for managing timelines

In consultation with the Department of Health the key timelines have been finalised (see Table 1). The monitoring of these timelines will be coordinated by the CI for the project (Professor Eckert) in consultation with the co-investigators and UniSA's Business Development Unit.

At all stages of the project the research team will be supported by UniSA's Business Development Unit to ensure accurate and prompt contract, milestone and financial management.

TABLE 1. TIMELINE OF DELIVERABLES

Deliverable / task	Estimated due date
Draft methodology/ review plan	25/01/2018
Progress report 1	5pm 02/03/2018
Final methodology/ review plan and; Final questionnaire or interview questions for key stakeholders	30/03/2018
Conduct interviews	01/04/2018-01/12/2018
Progress report 2	5pm 22/06/2018
Progress report 3	5pm 26/10/2018
Interim findings summary report	21/12/2018
Key findings workshop with the Department	08/02/2019
Progress report 4	15/02/2019
Draft final report of phase 1	12/04/2019
Progress report 5	10/05/2019
Final report of phase 1	28/06/2019

National surveyor amendment to Phase 1 methodology

National Surveyor role overview

The National Surveyor role was established as part of the new BreastScreen Australian accreditation system with the aim of enhancing the national consistency, quality, coordination and transparency of BreastScreen Australia accreditation surveys. The National Surveyor reports directly to the National Quality Management Committee (NQMC) Chair. The key objectives of the National Surveyor role are to provide high quality and centralised coordination, oversight and management of the accreditation survey process for all BreastScreen Australia State Coordination Units (SCUs) and Services. As such, the National Surveyor is the central point of contact for all matters relating to the accreditation surveys and has the following four key functions:

Coordination Management System for Surveyors and Data Assessors

- Manage the recruitment, training, performance and relevant professional development of surveyors and data assessors.
- Maintain the national register of BreastScreen Australia surveyors and data assessors.
- Manage surveyors' and data assessors' confidentiality and declaration of interests requirements, and maintain a copy of the signed forms.
- Work with the NQMC secretariat and SCUs to maintain the accreditation schedule for all services.

Management System for the National Survey Plan

- Maintain the accreditation schedule for all Services and SCUs.
- Select survey teams to undertake accreditation surveys (and DGMA's as required) across BreastScreen Australia Services and SCUs from those included on the register, and in line with approved procedures.
- Ensure the pre-survey briefing/teleconference is completed with the survey team.
- As part of the multi-disciplinary team, verify the self-assessment, and evaluate the performance of BreastScreen Australia Services and SCUs against the National Accreditation Standards (NAS).
- Wherever practicable, chair all BreastScreen Australia accreditation surveys, ensuring consistency across survey teams nationally.
- Provide a central point of contact and information for all issues relating to accreditation surveys.

Performance appraisal/Review and Training

- Conduct and oversee training of BreastScreen Australia surveyors including BreastScreen Service managers, clinicians and consumers.
- Provide feedback to individual surveyors on their performance following accreditation surveys, in line with feedback provided by their peers, as recorded on the National Surveyor/Accreditation Survey Team Evaluation Tool to maintain and improve the quality of accreditation surveys and surveyors.

Reporting and Analysis

- Finalise the survey report, with input from the survey team, outlining the findings of the accreditation survey and provide the report within the required timeframe.
- Attend all NQMC meetings (held quarterly) and report to the NQMC about the outcomes of the accreditation survey for the Service and/or SCU being accredited.
- Attend all BreastScreen Australia Program Management Meetings (held three times per year) and provide updates about activities undertaken during the period.
- Assist the NQMC Secretariat in analysing information obtained through accreditation surveys to identify trends in performance and service delivery at a service, jurisdiction and national level.
- Provide reports to the NQMC regarding incident analysis and performance trends identified within the program.
- Provide support for the NQMC around accreditation decision-making (synopses, etc.).
- Support NQMC continuous quality improvement initiatives.
- Maintain adequate and appropriate records across the scope of the role.

Aim

The aim of this amendment to the BreastScreen Australia Accreditation Evaluation project phase 1 methodology is to investigate the specific function and role of the National Surveyor within the BreastScreen Australia program, to provide improved clarity and structure of the National Surveyor role longer term.

Objective

The key objective of this amendment is to consider the functioning of the current National Surveyor model and how effective this approach is in the new BreastScreen Australia accreditation process. This will include consideration of the following broad questions:

1. How is the National Surveyor role functioning in relation to the 2015 version (update 6 April 2018) of the Accreditation Handbook and the National Surveyor Work Plan (updated July 2017 to modify two of the four key functions of the role)?
2. How is the National Surveyor role functioning compared to national or international accreditation standards?
3. What is the most appropriate governance for the National Surveyor function/role?
4. What are the aims for the future of the National Surveyor function/role?

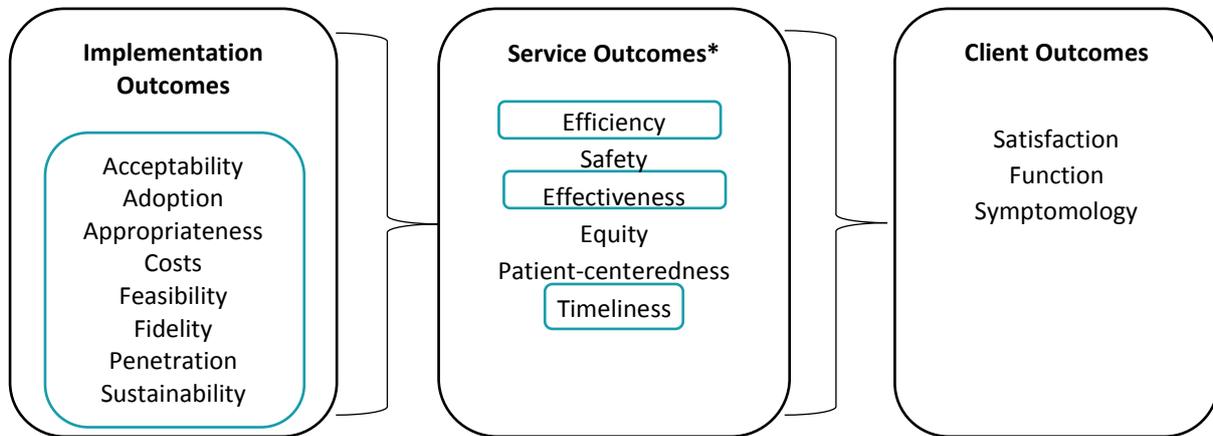
Key stakeholders

The following list of stakeholders will be consulted with to inform the findings and recommendations of this special report:

- the BreastScreen Australia Program Management Group (PMG);
- the National Quality Management Committee (NQMC);
- the National Surveyor
- Trained surveyors who have participated in site accreditations under the new NAS
- Sites accredited under the new NAS
- the Australian Government Department of Health;
- the agency contracted to provide secretariat services to the BreastScreen Australia Program Management Group and the BreastScreen Australia National Quality Management Committee

Evaluation Framework

The National Surveyor report will follow the original phase 1 methodology using the *evaluation framework for implementation outcomes* developed by Proctor (2011)² This framework has been identified as the most suitable conceptual framework to guide the overall evaluation design including collection of data related to the effectiveness of the accreditation implementation process (see Figure 1). The framework was specifically developed for evaluation of implementation activities within the context of health service evaluation.



*IOM Standards of Care

FIGURE 2. CONCEPTUAL FRAMEWORK FOR UNDERSTANDING IMPLEMENTATION OUTCOMES (PROCTOR, 2011).

Note: outcomes outlined in green are relevant to the current evaluation.

The key concepts from the framework are outlined below, with example questions in context to this evaluation (evaluation of the National Surveyor function of the BreastScreen Australia national accreditation system).

Acceptability – Stakeholder satisfaction with various aspects of the National Surveyor role.

Adoption – Have all recommendations for the development of the National Surveyor role been adopted? Are these recommendations still relevant today? Which aspects have been most challenging to implement and why?

Appropriateness – To what extent is the National Surveyor role considered useful and important? For example, how effective is the governance structure? Are the roles, responsibilities and expectations of the National Surveyor and survey team clearly delineated?

Cost (and resources) - How sufficient is the resourcing for the National Surveyor role? Are there areas where increased resourcing would improve quality?

Feasibility (practical aspects) – What have been the improvements to and challenges associated with everyday functioning of the National Surveyor role? For example, what are the efficiencies and challenges with the survey processes, selection of surveyors and interpretation in relation to the site accreditation visits?

Fidelity (integrity and quality) – Is the National Surveyor role operating as intended?

² Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65-76.

Penetration – To what extent are practices integrated within structures and services? For example, has there been an increased focus on quality improvement?

Sustainability – To what extent is the National Surveyor role viewed as sustainable and future proof?

Efficiency and **Effectiveness** – Will be addressed by examining how processes and practices have changed as a result of the National Surveyor role.

Timeliness – How timely is the national survey process? For example, is the period between survey commencement and notification of results timely, understandable and acceptable given the work involved?

Measurement tools

The National Surveyor special report will be informed by a mixed methods data collection and analysis, including the sections in the current BreastScreen Australia Accreditation Review, interviews with key stakeholders, a questionnaire and analysis of the National Accreditation System resources.



FIGURE 3. MEASUREMENT TOOLS CONTRIBUTING TO THE SPECIAL REPORT.

Interviews

Interviews will be used to collect data relevant to stakeholders' experiences of the accreditation process, and the governance structure and functioning of the National Surveyor role. Questions specific to this special report will be incorporated into the current interview schedule for phase 1 of the evaluation. Key stakeholders interviewed to date will be followed up with to ensure they have equal opportunity to have input into this special report.

Questionnaire

A questionnaire will be developed to gather data regarding the site accreditation interaction using Likert-type responses (e.g., agreement/disagreement; fair/excellent) or short open-ended responses. Questionnaires will be administered electronically via SurveyMonkey, with provision for a paper version of the questionnaire if requested. Questionnaires will be administered to the following stakeholder groups:

- Trained surveyors who have participated in site accreditations under the new NAS
- BreastScreen Australia staff at sites that have been accredited under the new NAS

Review of key documentation

Documents will be reviewed according to the objectives developed for this aspect of the evaluation. Key documents will include all National Accreditation Resources specific to the National Surveyor role, and other historical documents needed to answer specific questions relating to the previous accreditation system.

Data analysis and reporting

Data collected will be analysed and synthesised to answer the National Surveyor report question. This process will include:

- Descriptive analysis of quantitative data (e.g., questionnaire responses)
- Thematic analysis of interviews with key stakeholders
- Narrative review and synthesis of key resources/documentation

An interim draft report will be provided for feedback by 16th November 2018 and a final report for the National Surveyor role evaluation will be provided no later than 21st December 2018.

Phase 2: consumer impact and clinical outcomes

Overview

In the second phase of the BreastScreen Australia accreditation evaluation, the Rosemary Bryant AO Research Centre will work with the Department of Health and BreastScreen Australia to evaluate the clinical outcomes for BreastScreen Australia clients. This will involve data collection on clinical outcomes and consumer impact (where available) as relating to the period covering prior to, during, and after the complete change over from the old national accreditation system to the new.

Aim

The aim of the second phase of the accreditation evaluation is to inform the Department of Health of the impact of the new national accreditation system on clinical outcomes, timeliness and effectiveness of BreastScreen service delivery, and overall satisfaction with the program. The objectives of the second phase of the evaluation are to determine:

- how the transition to the new national accreditation system impacted consumers with respect to efficiency, safety, effectiveness, patient-centeredness, timeliness and overall satisfaction with the service
- how to avoid or minimise any potential negative clinical outcomes as a result of program-wide changes to the BreastScreen Australia accreditation system in the future.

Review questions

The second phase of the accreditation evaluation seeks to answer three broad questions related to the impact of the transition to the new national accreditation system on clinical outcomes:

1. How has the transition to the new accreditation system affected consumers with respect to the efficiency, safety, effectiveness, equity, patient-centeredness and timeliness of BreastScreen Australia services?
2. What impact, if any, has the implementation of the new national accreditation system had on clinical outcomes at BreastScreen Australia services?
3. What opportunities are there to strengthen the new national accreditation system to ensure that it continues to meet consumer needs and expectations?

Measurement tools

Two measurement tools will be drawn upon to inform the evaluation:

1. Systematic literature review (rapid review) and BreastScreen documentation review; and
2. Clinical outcomes data (extracted from available sources in negotiation with the Department of Health and BreastScreen Australia).

A rapid review of the literature (including grey literature) will be undertaken to ascertain which elements of population screening programs are widely accepted as being important in the provision of consumer-centred care. The rapid review will focus on identifying elements that contribute to the provision of appropriate, timely, safe, efficient, accessible and equitable screening services to consumers. This review will inform subsequent phases of the evaluation, including a review of key BreastScreen Australia documentation, including all National Accreditation Resources. The documentation review will focus on evaluating the quality of the resources and the extent to which they address the elements of consumer-centred care identified in the rapid review.

An online questionnaire will be developed for BreastScreen Australia stakeholders, primarily those employed within BreastScreen Australia services. This questionnaire will focus on the impact of the implementation of the new national accreditation system on clinical outcomes, including efficiency, safety, effectiveness, patient-centeredness and timeliness from the BreastScreen services' perspective. It will include Likert-type scales and some open-ended questions.

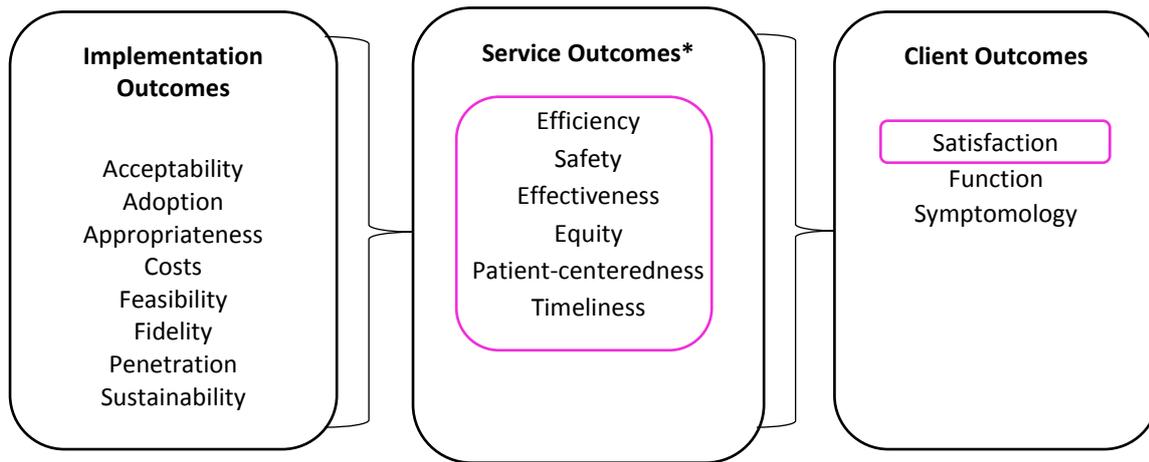
Interviews will be conducted with key BreastScreen Australia stakeholders who nominate to participate in an interview at the conclusion of the online questionnaire. The aim of the interviews is to enable more in-depth discussion about key issues related to the implementation of the new national accreditation system. Interviews will be conducted face-to-face, or over Skype or telephone, depending on stakeholder preference and location.

Informed by the rapid review, clinical outcome data will be analysed to determine whether the key elements of patient-centred care were impacted by the transition to the new national accreditation system. Existing data routinely collected by BreastScreen Australia services will be used to determine the impact of the transition to the new system on the efficiency, safety, equity and timeliness of services. For each BreastScreen Australia service, relevant clinical outcomes will be assessed in the lead up to, during and following the implementation of the new system to determine whether the introduction of the new national accreditation system had any measurable impact on these data items. The data items to be examined will be selected in consultation with the Department of Health and BreastScreen Australia.

Framework

As this is the extension of the accreditation evaluation, with the same focus on evaluating outcomes of the implementation of a service, the *evaluation framework for implementation outcomes* developed by Proctor (2011)³ will be used to guide the evaluation design including collection of data related to the effectiveness of the accreditation implementation process (see Figure 4). The framework was specifically developed for evaluation of implementation activities within the context of health service evaluation. The model positions implementation outcomes as preceding service and client outcomes, as these outcomes will be affected by the implementation outcomes.

³ Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65-76.



*IOM Standards of Care

FIGURE 4. CONCEPTUAL FRAMEWORK FOR UNDERSTANDING IMPLEMENTATION OUTCOMES (PROCTOR, 2011).

Note: outcomes outlined in pink are relevant to phase 2 of the evaluation (client impact and clinical outcomes).

The key concepts from the framework are outlined below in context to this phase of the evaluation

Efficiency – how processes and practices have changed as a result of the new accreditation system streamline the client experience

Safety – avoiding injury or harms to clients from the screening process (i.e.: physical and/or psychosocial events)

Effectiveness – the impact of the changes to the accreditation system on clinical outcomes (i.e.: earlier detection of breast cancer in women of the target age groups)

Equity – screening and care does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Patient-centeredness – providing a BreastScreening service that is respectful of and responsive to individual client preferences, needs, and values, and ensuring that client values guide all clinical decisions.

Timeliness – minimising unreasonable waiting times, in relation to BreastScreen services, delivery of results, and referral management.

Satisfaction – client satisfaction with the service, that can be linked to changes implemented in the new accreditation system

This framework will be used to devise targeted questions to answer the broader question the effect of the new accreditation system has on consumers and clinical outcomes at a system level.

Ethics, confidentiality, commercial in confidence

As per NHMRC guidelines for ethical conduct of research and evaluation, ethical review is not required given that this is an evaluation of an existing service for quality improvement purposes. Confidentiality and privacy of information obtained will be managed via appropriate written agreements by the evaluation team and their expert advisory group.

The approach for managing timelines

Key timelines will be finalised in consultation with the Department of Health. The proposed timeline of project deliverables is outlined in Table 2 below. The monitoring of these timelines will be coordinated by the CI for the project (Professor Eckert) in consultation with the co-investigators and UniSA's Business Development Unit.

The methodology and timing for phase 2 will be finalised in conjunction with the Department of Health and BreastScreen Australia in late 2018 including the literature search strategy, questionnaire and interview schedule development, and stakeholder identification and engagement strategies. It is anticipated phase 2 will begin mid-year 2019.

TABLE 2. PROPOSED TIMELINE OF DELIVERABLES

Deliverable / task	Estimated due date
Draft methodology/evaluation plan	25/01/2019
Final methodology/evaluation plan (endorsed by Technical Reference Group)	17/06/2019
Final questionnaire and interview questions for key stakeholders	17/06/2019
Interviews to be conducted throughout 2019 starting early July	01/07/2019
Progress report 6	06/09/2019
Interim findings summary report	20/12/2019
Progress report 7	17/01/2020
Key findings workshop with the Department	4/03/2020
Draft final Phase 2 report	10/04/2020
Progress report 8	15/05/2020
Final Phase 2 Report delivered	15/06/2020