

# QUALITY MANAGEMENT AUDIT PROCEDURE: BREAST SCREENING

( QUALITY MANAGEMENT – SG 150 )

## Summary of Changes

	NEW	Previous
BC Cancer		July 2008 Result Data Entry Error Investigation And Follow-up

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# QUALITY MANAGEMENT AUDIT PROCEDURE

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### 1. Introduction

#### 1.1. Focus

The focus of this procedure is to describe the process for informing the Breast Screening Program (the Program) of incidental discovery of possible result data entry, report and image error(s). Also included are details around investigation, findings of Quality Management Audits, resolutions and follow-up.

#### 1.2. Health Organization Site Applicability

All BC Cancer Breast Screening Program Centres

#### 1.3. Practice Level

- All Breast Screening Centre Staff
- Client Services Centre

### 2. Procedure

#### 2.1. Steps and Rationale

##### 2.1.1 Incidental Discovery of Possible Result Data Entry/Report/Image Error(s)

Workflow Step	#	Procedure	Role
Incident Reporting	1.	Report discovery of possible result data entry, report and image error(s) to the Centre Manager	Centre Clerk Centre Technologist Centre Screener
	1.2	Investigate and report confirmed result data entry, report and image error(s) to the Program as per <a href="#">SG 140 Management of Critical Incident Procedure</a> for investigation and follow up.	Centre Manager
Exam Management	2.	Inform the Chief Screener and the Centre Screener who reported the case of the confirmed result data entry, report and image error(s).	Centre Manager
	3.	Review previous images with the current set to complete or amend the screening mammography report.  Manage participant in accordance with the current screening finding or result.	Chief Screener Centre Screener
Client Contact	4.	Notify both the affected participant(s) and their respective Primary Care Provider(s) (PCPs) about the	Centre Manager

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		error based on the method of contact determined by the Breast Screening Medical Director.	
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### 2.1.2 Quality Management Audit

Upon BC Cancer Breast Screening Program being notified of possible error(s), the Medical Director and Provincial Practice Leader will determine if a Quality Management Audit is to be performed.

Workflow Step	#	Workflow Step Description	Role
Audit Generation	1.	Generate a list(s) of screening reports for the Centre Manager, based on guidance from the Medical Director ( <i>MagView Activity Audit Report</i> ).	Provincial Practice Leader
Performance of Quality Management Audit	2.1	Perform an audit to validate the result/report/image(s) from the list ( <i>MagView Activity Audit Report</i> ) provided by reviewing previous images with the current set.  <b>Note:</b> Resources available may include a PACS system audit, which can be acquired through the centre PACS admin team.	Centre Radiologist  Centre Manager
	2.2	Follow-up as appropriate: <ul style="list-style-type: none"> <li>• If an error is found on the 1-day audit, expand audit to one week of reporting</li> <li>• If an error is found on the 1-week audit, expand audit to one month of reporting</li> <li>• If an error is found on the 1-month audit, expand audit to three months of reporting</li> </ul> <p>Document all error findings from the audits as critical incidents in the Centre's Health Authority Patient Safety Learning System (PSLS). Community Imaging Clinics should refer to <a href="#">SG 140 Management of Critical Incident Procedure</a>.</p>	Centre Manager

### 2.1.2 Management of Result Data Entry/Report/Image Error(s)

Scenario	Action	Role
<b>I. Participant has had a subsequent screening exam.</b>	No action is required.	Centre Radiologist  Centre Manager
<b>II. Participant has an upcoming screening appointment.</b>	Notify centre of upcoming appointment.  Ensure previous imaging is available for comparison with the current set.	Centre Radiologist  Centre Manager

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<b>III. Participant does not have a screening appointment scheduled.</b>	Notify centre of upcoming appointment.  Ensure previous imaging is available for comparison with the current set.  Contact PCP about the incident and arrange for diagnostic imaging appointment.	Centre Radiologist  Centre Manager
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## 2.2. Patient/Client Education

The Centre Manager first informs the Participant's PCP of any incident and any impacts to patient care related to participant's health.

The Program may also contact the PCP of any impacts to participant's records and/or changes in their reports/results. Details are provided to the PCP and are advised to follow up with the patient accordingly.

See PHSA [Disclosure of Patient Safety Events](#)

## 3. Related Documents and References

### 3.1. Related Documents

[SG 140 Management of Critical Incident Procedure](#)

MagView Activity Audit Report

PHSA [Patient Safety Event Management and Review Policy](#)

PHSA [Critical and Non-Critical Patient Safety Event Review Procedure](#)

PHSA [Patient Safety Culture](#)

PHSA [Disclosure of Patient Safety Events](#)

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