MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government

National Bowel Screening Programme

Interim Quality Standards

National Co-ordination Centre

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Contents

Standard 1: Provision of the National Bowel Screening Programme

Providing bowel screening to the eligible population

Standard 1.1: An effective bowel screening pathway is available for the eligible population of DHBs participating in the NBSP.

Policy

The NCC contributes to a high-quality bowel screening service to the eligible population in each DHB area.

Quality indicator

The NCC service delivery has the management structures, business processes and operational components in place to provide a high-quality bowel screening service.

Essential criteria

The NCC must ensure:

1.1.a. there are clearly defined arrangements for governing NCC services for the NBSP that includes clinical, clinical population health and information technology expertise and Māori and Pacific representation

1.1.b. there are documented standard operating procedures for all protocols and procedures, monitoring processes (which are document controlled) and regular reports (content and frequency as agreed with the Ministry of Health (the Ministry)), to ensure delivery of a high-quality service

1.1.c. where monitoring indicates that performance thresholds are not being met, a recovery plan is implemented in consultation with the Ministry

1.1.d. they comply with all relevant Ministry business processes; operational procedures; and quality standards, guidelines and policies

1.1.e. there is a quality plan and designated NCC quality-focused group that meets at least quarterly, and which may be more frequent as required during the NBSP roll-out phase

1.1.f. a data quality plan is in place

1.1.g. all required data is entered into the BSP+IT system

1.1.h. there are appropriate mechanisms and documented processes in place for managing and reporting risks

1.1.i. there are business continuity and disaster recovery plans

1.1.j. there is an internal audit schedule in place and issues identified are actioned in timeframes relative to the associated level of risk

1.1.k. there are trained and competent staff to ensure delivery of a high quality service

1.1.l. they are responsive to cultural diversity and committed to ongoing development of cultural competency

1.1m. there are linkages and regular meetings established with the Ministry, service providers and stakeholders

1.1.n. FIT test kits are stored, transported and handled according to the manufacturer's recommendations

1.1.o. there are mechanisms to monitor faecal immunochemical test (FIT) for haemoglobin test kit stock levels, including:

- re-ordering FIT test kit components and associated materials to ensure enough stock exists for the expected volume of participants across the DHBs
- monitoring and recording batch numbers and their expiry dates, to ensure compliance with Standards 2.1.d. and 2.2.b.

1.1.p. they comply with the relevant legislative requirements and standards, including:

- Building Act 1991
- Building Regulations 1992
- Cancer Registry Act 1993
- Code of Practice for Information Security Management (AS/NZS ISO/IEC17799:2006)
- Health Act 1956 and any subsequent amendments to the Act
- Health and Disability Commissioner Act 1994, and any subsequent amendments to the Act
- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996
- Health and Disability Sector Standards Health Information Privacy Code 1994 (NZS 8134:2001)
- Health and Disability Services (Core) Standards (NZS 8134:2008)
- Health Network Code of Practice (SNZ HB 8169:2002)
- Health Practitioners Competence Assurance Act 2003
- Health Records Standard (NZS 8153:2002)
- Health (Retention of Health Information) Regulations 1996
- Health and Safety at Work 2015
- Human Rights Act 1993
- HISO Health Information Security Framework 10029:2015
- New Zealand Public Health and Disability Act 2000
- Official Information Act 1982
- Public Records Act 2005
- Privacy Act 1993
- any amendments and revisions to the above.

Evaluation process

Information is collected through the BSP+ IT system for monitoring and evaluation purposes.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Regular stock management meetings are held with FIT kit provider.

Meeting minutes and outcomes of actions are documented.

Annual review of named documents and processes, and written confirmation that these documents and processes are in place and current:

- governance groups are meeting as scheduled
- standard operating procedures cover all material aspects of operation
- the quality plan is in place and current
- the work of the quality group is meeting as scheduled
- data quality plan is in place and current
- business continuity and disaster recovery plans are in place and current
- regular stakeholder meetings are in place
- all staff are appropriately trained
- agreed cultural practices are being applied and priority population focus areas are being actioned.

Evaluation targets

The NCC meets all criteria.

Participant pathway management

Standard 1.2: Participants are managed along their screening pathway, and receive a definitive outcome at the timely completion of each screening episode.

Policy

The NCC has the overall duty for managing the pathway status of every NBSP participant.

Quality indicator

Participants are managed along the pathway/within their screening episode. There are mechanisms to minimise the risk of harm, identify exceptions and facilitate progress throughout the screening pathway to ensure each participant has a completed screening episode with the correct definitive outcome.

Essential criteria

The NCC must ensure:

1.2.a. there are standard operating procedures to manage the participant pathway, and these are adhered to

1.2.b. each participant has a definitive, correct enrolment and pathway status and outcome on completion of their screening episode

1.2.c there are tracking and monitoring processes with appropriate reporting in place throughout the pathway and exception reporting is used to ensure participants complete each episode with a definitive outcome in a timely manner (as defined in the standards)

1.2.d. there are clear and accurately documented work-task lists and failsafe procedures in place, appropriate to the participant's progress and status within their screening episode

1.2.e. all exceptions that require manual intervention by the NCC are resolved through working with the FIT testing laboratory and/or DHB histopathology and clinical services to find missing data and resolve queries. The result is recorded on BSP+

1.2.f. all exceptions that require manual intervention by providers other than the NCC are monitored and tracked, and the NCC works with those providers to assist them to resolve those exceptions appropriately

1.2.g. monitoring reports are used to inform quality improvement initiatives

1.2.h. participant information and demographics are accurately maintained and updated when required, to ensure they move efficiently and effectively through the screening pathway

1.2.i. data quality assurance and data validation processes are in place

1.2.j. participant privacy and confidentiality is maintained

1.2.k. all confidential and medical-in-confidence data and health information (hard copy and electronic) relating to participants, when no longer required to be held, is disposed of in a manner that ensures its confidentiality.

Evaluation process

Information is collected through the BSP+ IT system for monitoring and evaluation purposes.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

100% of participants have a definitive status and a definitive outcome on the timely completion of each screening episode.

All criteria are met.

Standard 2: Invitation and recall to rescreening

Invitation

Standard 2.1: All identified potentially eligible participants within each DHB area of the NBSP are invited to participate in the bowel screening programme.

Policy

Eligible participants are men and women eligible for New Zealand health services aged 60–74 years.

During the NBSP roll-out phase, eligible participants are invited according to the Ministry-managed invitation strategy (via the automated bulk invitation process).

Exclusion criteria include but are not limited to people who:

- have had a colonoscopy within the last five years
- have undergone total removal of the large bowel
- have had, or are currently under treatment for, bowel cancer
- are in a bowel polyp or bowel cancer surveillance programme
- are currently being treated for ulcerative colitis or Crohns disease
- have bowel cancer symptoms
- are currently seeing a medical practitioner for bowel problems
- have requested to be withdrawn from the NBSP.

Quality indicator

All identified potentially eligible participants within each DHB area are invited to participate in the NBSP.

Essential criteria

The NCC must ensure:

2.1.a. they monitor that pre-invited participants are mailed the NBSP pro forma pre-invitation letter for new participants and the appropriate written information (refer to Standard 5.2.d.)

2.1.b. they monitor that invited participants are mailed the NBSP pro forma invitation letter for new participants, FIT test kit components and the appropriate written information (refer to Standard 5.2.d.)

2.1.c. participants invited on an ad hoc basis (eg, those who self-enrol) are mailed the appropriate material as above (refer to Standard 4.1.c.)

2.1.d. FIT test kits sent to participants have at least six months viability from the date sent

2.1.e. failsafe procedures are in place to ensure all known potentially eligible participants are invited to participate in NBSP.

Evaluation process

Information is collected through the BSP+IT system for monitoring and evaluation purposes.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

100% of participants identified as potentially eligible at the commencement of the NBSP in each DHB area are sent an invitation for screening within 24 months.

100% of FIT test kits issued with NBSP invitations have at least six months viability from the date they are sent to the participant.

All criteria are met.

Re-invitation

Standard 2.2: All eligible participants are invited to be re-screened at 24-month intervals.

Policy

The NBSP re-screening timeframe for eligible participants is 24 months.

Quality indicator

All identified eligible participants in each DHB area will be invited to participate in the NBSP every 24 months.

Essential criteria

The NCC must ensure:

2.2.a. re-invited participants are mailed the NBSP pro forma invitation letter for participants who have already been invited, FIT test kit components and the appropriate written information (refer to Standard 5.2.d.)

2.2.b. FIT test kits sent to participants have at least six months viability from the date sent

2.2.c. each eligible participant who received a negative FIT test result is recalled 24 months following the date their negative FIT result was recorded in BSP+

2.2.d. each eligible participant who did not respond to an invitation is recalled 24 months after their previous invitation date

2.2.e. each eligible participant who did not complete a FIT test correctly for an episode is recalled 24 months after their previous invitation date (refer to Standard 4.1.h)

2.2.f. participants who will no longer be in the eligible age range at their next re-invitation date are sent the appropriate pro-forma invitation letter with their FIT kit to advise them of this

2.2.g. there are failsafe protocols to ensure that all eligible participants with a negative screening test result are returned to 24 month routine re-screening

2.2.h. there are failsafe protocols to ensure that all eligible participants who did not respond to their invitation or who did not complete their FIT test correctly, are recalled for screening 24 months after their previous screening invitation date.

Evaluation process

Information is collected through the BSP+ IT system for monitoring and evaluation purposes.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

100% of eligible participants receiving a negative FIT test result are recalled after 24 months following the date their negative FIT result was recorded in the BSP+ IT system.

100% of eligible participants who did not respond to their invitation or who did not complete their FIT test correctly, are recalled for screening 24 months after their previous screening invitation date.

100% of FIT test kits issued with NBSP re-invitations have at least six months viability from the date sent to the participant.

All criteria are met.

Standard 3: The screening process

Notification of FIT results

Standard 3.1: All participants who have returned a FIT test kit are notified of their test results in a timely manner.

Policy

Every participant is advised of the outcome of their screening test in a timely manner and appropriately referred within the screening pathway.

Information is provided that gives a clear explanation of the meaning of the test results and recommendations for the screening pathway.

Screening test results will be reported as 'screen positive' or 'screen negative'. Spoilt tests indicate a failure to obtain a result and are not of themselves results.

Spoilt tests are FIT kits returned that could not be adequately tested or technical fails.

Quality indicator

All participants who submit a FIT kit for testing are notified of their FIT test result within the designated timeframes.

All participants returning a positive screening test are notified of the test result by their GP or their DHB endoscopy unit within the designated timeframes.

Essential criteria

The NCC must ensure:

3.1.a. all FIT test results are captured by the BSP+ IT system and they monitor that BSP+ and the GPs (where known and there is participant consent for GP contact) receive the notification of all FIT test results on the day the final result is reported by the Laboratory

3.1.b. where the GP is not recorded on BSP+ and the participant provides GP contact details on the consent form (and consents to GP contact) they update BSP+ so that the FIT laboratory is able to send the FIT test result to the GP (refer to Standard 4.1.l)

3.1.c. participants receiving a negative FIT test result are sent the NBSP pro-forma normal bowel screening test result letter within 10 working days from the negative result being received by BSP+

3.1.d. all participants returning spoilt test kits are followed up according to documented standard operating procedures within the designated timeframes (refer to Standard 4.1.h)

3.1.e. they monitor that all participants with a positive FIT test result are notified of their positive result in 15 working days; and

i. they monitor that the GPs (where known) contact participants within 10 working days to convey the positive test result, and refer the participant appropriately

ii. there are failsafe protocols to ensure all participants with a positive FIT result are notified by their GP or their DHB's endoscopy unit by working day 15

iii. they monitor that all participants referred for colonoscopy are contacted by their DHB endoscopy unit for pre-assessment by working day 15

iv. they monitor that the DHBs send the appropriate discharge letter (copied to GPs when known) to participants that could not be contacted, advising them of their result and asking them to contact their GP or DHB endoscopy unit

v. a written confirmation of a positive test is sent to the participant after working day 16 if the GP and DHB have failed to contact the participant

vi. the outcome of positive result follow-up and referral is documented in the BSP+ IT system for all participants

vii. participants returned to routine screening after their colonoscopy, are re-invited five years after their diagnostic result is entered into BSP+

viii. exceptions are escalated to the Ministry (eg, instances of a FIT test kit being completed by someone other than the intended FIT kit recipient).

Evaluation process

Information is collected through the BSP+ IT system for monitoring and evaluation purposes.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

100% of NBSP participants with a negative FIT test result are sent their result letter within 10 working days.

100% of participants with a positive FIT result are notified within 15 working days and have their outcomes recorded on BSP+.

All criteria are met.

Standard 4: Participation in bowel screening

Participation

Standard 4.1: The number of individuals responding to an invitation to participate in bowel screening is maximised with at least equal participation for priority groups.

Policy

The NCC contributes to a high level of equitable participation for all population groups, to maximise the benefits of screening.

Priority groups for the NBSP are Māori, Pacific peoples and those living in deprived areas (New Zealand Deprivation Index decile 9 and decile 10).

The participation target for NBSP is that ≥ 60% of all eligible participants invited within each DHB area return a completed FIT test every 24 months and the total DHB participation rate and the rates for individual ethnic groups (Māori, Pacific and 'European & Other') and by deprivation index are at least equal.

Quality indicator

The percentage of eligible participants invited who return a completed FIT kit that could be tested is maximised.

Essential criteria

The NCC must ensure:

4.1.a. there is a quality improvement process for maximising participation with an equity focus which is informed by participant experiences and other emerging evidence

4.1.b. equity impacts are considered for any changes to NCC processes

4.1.c. eligible participants are able to self-enrol, and priority participants sent an invitation immediately where appropriate

4.1.d. the required Ministry brochures and information for completing their test is sent to participants with each FIT test kit

4.1.e. participants are mailed the NBSP pro forma reminder letter if a FIT test is not received four weeks after it was sent

4.1.f. active follow-up commences for priority participants who have not returned a FIT test at the time the reminder letter is sent

4.1.g. there is a documented active follow-up policy and process for priority participants that includes recording of outcomes and notification of non-responders to their domiciled DHB

4.1.h. there is a documented policy and process for management of spoilt tests that includes sending of the appropriate pro forma letters, timeframes and active follow-up of all participants returning three consecutive spoilt tests

4.1.i. there is a documented policy and process in place to withdraw participants at their request that includes sending the appropriate pro forma letter

4.1.j. there is a documented policy and process in place to suspend participants at their request and to reinitiate the pathway at the expiry of the hold period

4.1.k. there is a policy and process to update addresses wherever possible for participants whose mail is returned

4.1.l. changes of GP details noted on the registration/consent form with the returned FIT test are updated on BSP+ within two working days.

Evaluation process

Information on uptake is collected through the BSP+ IT system for monitoring and evaluation purposes.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

≥ 95% of priority participants who do not return a FIT test or return a spoilt FIT test are actively followed up.

≥ 25% of priority participants that are actively followed up return a FIT test that could be tested.

All criteria are met.

Standard 5: Participant focus

Informed choice

Standard 5.1: Each participant is able to make informed choices about their participation in the NBSP based on full, fair and balanced information.

Policy

Informed consent is a key element of people-centred and well-person-focused screening programmes. All participants must be provided with information that a reasonable person would want to know about the benefits and harms of screening and be able to access more information if wanted so they can make an informed choice about bowel screening.

Quality indicator

Each individual is appropriately informed through the provision of effective information in written and verbal forms as required, enabling them to make an informed choice and provide their informed consent where it is required.

The NCC complies with the Code of Health and Disability Services Consumers' Rights,[1] in particular:

- the right to be fully informed (Right 6)
- the right to make an informed choice and give informed Consent (Right 7).

Essential criteria

The NCC must provide participants with:

5.1.a. Ministry-approved written information that clearly explains the screening process, the potential benefits and risks of screening and the significance of positive and negative results; appropriate information explaining that a colonoscopy or other diagnostic test will be offered if their screening test result is positive; and information that referral for surveillance may result from a colonoscopy

5.1.b. the appropriate Ministry bowel screening information pamphlet with all pro forma pre-invitation and invitation letters to participants

5.1.c. the NBSP pro-forma normal bowel screening test result letter and the appropriate Ministry pamphlet to all participants receiving a negative result

5.1.d. the opportunity to discuss questions by provision of a free telephone helpline (refer to Standard 5.4).

[1] Health and Disability Commissioner. *Code of Health and Disability Services Consumers' Rights.* Auckland: Health and Disability Commissioner. www.hdc.org.nz/the-act--code/the-code-of-rights

Evaluation process

The appropriate Ministry approved information is provided to participants.

Participant experience throughout the bowel screening pathway is measured.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

100% of participants have their rights met under the *Code of Health and Disability Services Consumer's Rights*.

All criteria are met.

Communications

Standard 5.2: All participants receive appropriate verbal and written communications.

Policy

Communication is a key element of providing a people-centred and well-person-focused screening programmes. There must be effective communications with all participants and stakeholders involved in the NBSP.

Quality indicator

Written and verbal communications are clear, consistent and appropriate. Participants are provided information and resources that are evidence based and consistent.

The NCC complies with the Code of Health and Disability Services Consumers' Rights, in particular the:

- right to effective communication (Right 5).

Essential criteria

The NCC must ensure:

5.2.a. communications are consistent evidence-based, and appropriate and participants feel they have been adequately informed

5.2.b. NBSP pro forma letters, pamphlets and information sent to participants are the Ministry approved, NBSP information collateral and used as agreed with the Ministry

5.2.c. the correct Ministry pro forma letter is sent to participants appropriate to their stage in the screening pathway for manually triggered communications

5.2.d. there is a reconciliation process for letters sent by the mail house

5.2.e. there is standardisation of common verbal responses via scripts

5.2.f. verbal scripts and written information developed by the NCC are:

i. consistent with national policies and NBSP key messages

ii. approved by the Ministry prior to use

iii. reviewed at least annually and in response to outcomes from complaints/issues

5.2.g. new resources developed are tested with consumers, including those from priority populations

5.2.h. written enquiries are responded to within 10 working days

5.2.i. responses to written enquiries of a clinical nature are handled by a registered health professional/clinical advisor (within their scope of practice) or forwarded to the NBSP clinical lead.

Evaluation process

Participant experience throughout the pathway is measured.

Annual review of verbal scripts and NCC created written materials as being current and incorporating relevant feedback.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

100% of letters generated by the system are mailed out correctly as measured by mail house reconciliations.

All criteria are met.

Responsiveness to Māori

Standard 5.3: The NCC is responsive to the needs of Māori participants and their whānau.

Policy

All staff recognise and understand the principles and articles of the Treaty of Waitangi, and these are reflected every day in their work.

Quality indicator

The Treaty principles of partnership, participation and protection are applied to the NCC services delivered.

Essential criteria

The NCC must ensure:

5.3.a. they recognise and respect the unique identity of Māori as tangata whenua in the planning and provision of services

5.3.b. they consult with Māori in order to meet the needs of Māori participants during service provision

5.3.c. they have access to cultural expertise for advice and guidance and seek feedback and relevant cultural advice to ensure both the practice and maintenance of cultural appropriateness

5.3.d. they are committed to being responsive to Māori interests and ensuring these are protected, and to pursuing equity in health outcomes

5.3.e. staff understand how the principles of the Treaty of Waitangi apply to bowel screening

5.3.f. staff attend an orientation programme for cultural competency and have annual cultural refresher training.

Evaluation process

Information on uptake is collected through the BSP+ IT system for monitoring and evaluation purposes.

Māori participant experience throughout the screening pathway is measured.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

All criteria met.

Providing a free telephone helpline

Standard 5.4: There is a free telephone helpline for all participants.

Policy

A number of participants require verbal clarification or extra information regarding aspects of the screening process. A free telephone helpline is available to enable further enquiries or information related to the bowel screening pathway and updating participant information.

Quality indicator

Helpline services manage all telephone calls in a timely, consistent and appropriate manner, in accordance with agreed telephone protocols. Helpline operators communicate in a sensitive, respectful and culturally appropriate manner.

Essential criteria

The NCC must ensure:

5.4.a. the free telephone helpline is staffed continuously between 8.00 am and 6.00 pm, Monday to Friday, excluding national public holidays

5.4.b. outside working hours, a recorded message advises callers of the hours the helpline is staffed, and directs callers to after-hours assistance (eg, Healthline or the NSU[2] website)

5.4.c. there are documented standard operating procedures for how communication is managed that includes how the participant is identified and how their privacy is protected

5.4.d. they confirm with participants calling that their address, phone number(s), GP and contact details are still current and update them if required

5.4.e. participants are offered interpreter services if required

5.4.f. the time taken to answer helpline calls, the volume of calls and their nature, date and time of day are monitored to ascertain if the information line is staffed appropriately

5.4.g. calls are recorded as appropriate to:

- i. allow investigation of any complaints/incidents
- ii. monitor a statistically relevant sample of calls for the quality of information provided and customer service
- iii. provide feedback to staff members for learning and quality improvement

5.4.h. all staff receive relevant training and are signed off as competent before undertaking unsupervised work including:

- i. cultural training and demonstration of cultural competency
- ii. specific training to answer questions relating to family history
- iii. annual update training to maintain competency

5.4.i. call centre staff are provided with training in te reo Māori, with a focus on ongoing improvement in pronunciation of names and places

5.4.j. call centre staff are provided with training for the ongoing improvement of the pronunciation of Pacific people's names

5.4.k. non-clinical staff are not permitted to provide clinical information

5.4.l. gender, cultural representation and language diversity of staff is considered appropriately particularly in regard to routine telephone enquiries and active follow-up (refer to Standard 4.1.g.).

Evaluation process

Internal call centre monitoring reports.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

[2] https://www.nsu.govt.nz/national-bowel-screening-programme

Evaluation targets

≥ 3% of calls are reviewed for quality and customer service.

< 5% abandoned calls after 5 second wait time.

≥ 80% of calls are answered within 20 seconds during core business hours.

All criteria are met.

Standard 6: Information technology and systems

NCC information systems

Standard 6.1: The NCC utilises IT systems and processes that are fit for purpose, reliable, well supported and developed to continue to support their business processes.

Policy

Information systems and processes ensure that information collection and data management is appropriate in terms of timeliness, accuracy, completeness and in an appropriate format to support the clinical and business needs of the NCC, with particular emphasis on the needs of participant care, management and privacy, quality assurance and security.

An appropriate level of governance is exercised in line with HISO 10064:2017 Health Information Governance Guidelines 2017.

Quality indicator

IT systems and processes meet quality, security, privacy and governance requirements. All data required to monitor and evaluate NCC processes is captured.

Essential criteria

The NCC must ensure:

6.1.a. they regularly review equipment and infrastructures, have sufficient equipment, and documented business continuity and disaster recovery plans to ensure services are maintained

6.1.b. there is a mechanism in place to routinely capture data in the required format and submit it to the BSP+ IT system

6.1.c. there are maintenance contracts and service-level agreements to ensure equipment and systems are maintained, backed up and developed to meet any changing requirements of the NBSP

6.1.d. they review their systems regularly to ensure they align with the Ministry IT strategies and standards (eg, security, back-up and disaster recovery)

6.1.e. they comply with the Privacy Act 1993 and have written protocols to ensure the confidentiality, privacy and protection of each participant's personal information and data

6.1.f. there is a documented procedure for release of participant information

6.1.g. systems comply with the requirements of HISO 10029:2015 Health Information Security Framework and there are regular reviews and audits as required in line with the documented risk plan

6.1.h. staff are trained in line with documented standard operating procedures and can demonstrate competency. There is regular training to ensure staff expertise is maintained

6.1.i. access to BSP+ is restricted to authorised users

6.1.j. computers and paper information are located in a secure environment.

Evaluation process

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

All criteria are met.

Data quality and integrity

Standard 6.2: Providers ensure that high-quality data is collected, stored and reported.

Policy

Quality data is essential for monitoring and evaluating the NBSP. Data collected must be accurate and reliable, to enable data-driven decisions for quality outcomes.

Quality indicator

All data collected is high-quality, accurate, timely, complete and consistent.

Essential criteria

The NCC must ensure that:

6.2.a. there are data management protocols to ensure quality of data, these are adhered to and documented

6.2.b. data entry standard operating procedures include QC requirements and clearly describe staff responsibilities for accurate, timely and complete data entry

6.2.c. staff entering data onto BSP+ are identified and audit trail of data entry is available

6.2.d. non-clinical staff are not permitted to interpret individual participants' clinical data

6.2.e. data is de-identified for monitoring purposes unless there is a clear pre-defined need for an identifier, such as in exception (failsafe) reporting

6.2.f. data entry staff have adequate time to allow them to use the system correctly, and the environment is conducive to detailed data entry, with minimal interruptions

6.2.g. identifiable clinical data must not be assimilated into a clinical record without the involvement of a clinician who takes legal responsibility for that inclusion

6.2.h. regular checks are implemented for errors that may arise during data entry, and an error log is maintained that is regularly audited to identify repeated issues and trends

6.2.i. inconsistencies are investigated and rectified using a CQI approach

6.2.j. there is a regular (at least monthly) internal audit process that provides quality assurance of both manually entered and electronic data:

i. data entry of all manually transcribed clinical records and/or interpretation of data is independently checked for accuracy and completeness

ii. a statistically relevant sample of manually transcribed non-clinical records are audited (at least monthly) to ensure accuracy and completeness of data entry

6.2.k. ethnicity data collection, recording and output protocols comply with the Ethnicity Data Protocols for the Health and Disability Sector[3] within the functionality of BSP+.

Evaluation process

Information is collected through the BSP+ IT system for monitoring and evaluation purposes.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

All audited data, errors and investigations are recorded, and outcomes from issues are used for staff education purposes.

Evaluation targets

100% of required data is collected and is of high quality.

All criteria are met.

Training DHB users of BSP+

Standard 6.3: The NCC provides IT system training for identified super-users prior to NBSP roll-out, and support after NBSP roll-out.

Policy

Super -users of BSP+, including laboratories and DHBs, are trained to ensure data entered onto the IT system meets data quality requirements.

Quality indicator

Super-users, including laboratories and DHBs, must be provided with sufficient regular training to maintain their expertise and competency in the use of IT systems.

[3] Ministry of Health. September 2017. *HISO 10001:2017 Ethnicity Data Protocols.* Wellington: Ministry of Health. http://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols

Essential criteria

The NCC must ensure:

6.3.a. there are sufficient resources to provide regular training on key systems to ensure users' expertise is maintained

6.3.b. NCC trained super-users are able to demonstrate competency and ongoing competency is monitored and maintained and recorded

6.3.c. there is ongoing BSP+ support for staff and responses are provided in a timely manner

6.3.d. user access to the BSP+ IT system is managed and all user access forms and confidentiality agreements are completed and appropriately stored

6.3.e. they provide operational subject-matter expertise (non-clinical) to support BSP+ users and management

6.3.f. they respond to queries and provide technical support for BSP+ users.

Evaluation process

Training and competency records.

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation targets

All staff are fully trained and competent.

Evaluation targets

All criteria met.

Standard 7: Incidents and complaints

Managing and reporting of incidents and complaints

Standard 7.1: The NCC has mechanisms in place for managing, reporting and learning from incidents complaints.

Policy

Documented incident and complaints management and reporting processes are in place that reduce potential risk to participants and support quality improvement and a participant focused screening programme.

Quality indicator

Incidents and complaints are managed according to documented protocols and reported in line with the Ministry requirements.

The NCC meets the requirements of the Code of Health and Disability Services Consumers' Rights, in particular the:

- right to complain (Right 10).

Essential criteria

The NCC ensures:

7.1.a. that complaint management complies with the Health and Disability Commissioner Act requirements

7.1.b. they adhere to the NSU incident management protocols

7.1.c. they report SAC1 and SAC2 incidents and serious complaints to the Ministry within the timeframes as detailed in the NSU incident management protocol, other incidents and complaints are reported to the Ministry using agreed processes

7.1.d. they accurately capture all escalated issues in an issues log, noting details including who received the complaint and when and how it was followed up

7.1.e. they accurately capture all incidents in an issues log, noting details of follow-up, actions taken and resolution

7.1.f. they give feedback as lessons learnt to all staff involved in service delivery for education purposes

7.1.g. that action plans are documented to address any identified deficiencies and the action plans are agreed with the NBSP programme director, clinical director and quality lead.

Evaluation process

The internal audit and external assessment process ensures that the criteria are complied with, and identified issues are addressed through a CQI process.

Evaluation target

All criteria are met.