

## BREASTSCREEN AUSTRALIA ACCREDITATION PROGRAM

ACCREDITATION DATA CONTEXTUAL REPORTING FRAMEWORK

## Instructions

- The accreditation data contextual reporting framework accompanies your annual data report (ADR).
- Please provide any relevant information against each factor, describing the impacts on the service and the NAS cluster affected.
- The completed form provides information that will assist the NQMC to interpret the data presented in your ADR.
- Complete the report below and submit it with your ADR. A guide is provided at table 2 with a series of questions which act as prompts only. You do not need to answer these questions in the report they are a guide only as to what you might include.
- Reports should be around 2-4 x A4 pages but should contain as much detail as Services/SCUs feel they need to report.
- Services/SCUs should also record subsequent closure and resumption dates spreadsheet (Table 3) in the event of closures due to outbreaks.

Table 1: COVID19 accreditation data contextual reporting framework

Factor	Key points for consideration	Impacts on Service	NAS cluster affected
1. COVID19 policy restrictions			
2. Service capacity			
3. Client response			
4. Workforce and staffing			
5. Facility re-purposing			
6. Mobile units			
7. COVID19 exposure			
8. COVID19 outbreaks			
9. Other			

## Instructions

- The accreditation data contextual reporting framework (CRF) accompanies your annual data report (ADR).
- Please provide any relevant information against each factor, describing the impacts on the service and the NAS cluster affected.
- It provides information that will assist the NQMC to interpret the data presented in your ADR.
- The guide below provides a series of questions under 'key points for consideration' that act as prompts for you to consider what you might include in your CRF report. You **DO NOT** need to provide information against all these points it is not a checklist, the questions are provided as prompts only.
- Complete the blank report (Table 1) and submit it with your ADR.
- Reports should be around 2-4 x A4 pages but should contain as much detail as Services/SCUs feel they need to report.
- Services should also record subsequent closure and resumption dates (as per the original NQMC communique of 18 March 2020) on their original spreadsheet in the event of further closures due to outbreaks.

Table 2: COVID19 accreditation data contextual reporting framework – guide for completion

Factor	Key points for consideration (this is not a checklist, these are prompts only)	Impacts on Service	NAS cluster affected
1. COVID19 policy restrictions	National, jurisdictional and local health policies change over time as health services in different locations move through different stages of recovery from COVID19 restrictions and potentially deal with clusters or community transmission.		
	1.1 What restrictions were in place at key points in time that may impact your data and how long was each restriction in place?		
	These policies may include those relating to:		
	<ul><li>a) Social distancing</li><li>b) Infection control</li><li>c) PPE</li><li>d) Group gatherings</li></ul>		

Factor	Key points for consideration (this is not a checklist, these are prompts only)	Impacts on Service	NAS cluster affected
	e) Work from home arrangements f) Travel restrictions		
	g) Any other restrictions affecting service delivery		
2. Service capacity	2.1 How did COVID19 restrictions affect your appointment scheduling operations? (e.g. no online appointments)		
	2.2 The length of appointments changes as restrictions are eased. How and for what period did the length of appointment times change for:		
	<ul><li>a) Screening?</li><li>b) Assessment?</li></ul>		
	2.3 At what percentage of screening capacity are you currently screening?		
	2.4 What percentage of assessment capacity does this represent (given the number of appointments available at the time?		
	2.5 If you have screening targets, to what extent did you meet those targets? (include graphs if they help to illustrate your response).		
3. Client response	3.1 What impact did you observe that client attitudes to COVID19 had on your resumption of service to full capacity?		
	3.2 Did you capture any data regarding reasons for non-attendance or rescheduling if clients cancelled or did not attend appointments before or since resumption of service?		
	3.3 Did you capture any other client data regarding COVID19 impacts that may assist with understanding the impact of clients' decisions on your operations?		

Factor	Key points for consideration (this is not a checklist, these are prompts only)	Impacts on Service	NAS cluster affected
4. Workforce and staffing	4.1 Were any staff redeployed?		
	<ul><li>a) For how long?</li><li>b) Which roles did they hold?</li><li>c) How did this impact operations?</li></ul>		
	4.2 Did social distancing requirements affect your service's ability to have all staff normally present onsite?		
	<ul><li>a) For how long?</li><li>b) How did this impact operations?</li><li>c) Which staff roles were affected?</li></ul>		
	4.3 Did work-from-home policies affect your service having all staff normally present onsite?		
	<ul><li>a) For how long?</li><li>b) How did this impact operations?</li><li>c) Which staff roles were affected?</li></ul>		
	4.4 Did your service experience workforce availability issues due to COVID19 policy restrictions? e.g., where a service relies on staff from other regions or jurisdictions, staff may be prevented from travelling due to border closures.		
	4.5 Were there any other issues that impacted workforce capacity at your service?		
5. Facility repurposing	5.1 Were any clinics/locations re-purposed?		
	<ul><li>a) For how long?</li><li>b) How did this impact operations?</li></ul>		

Factor	Key points for consideration (this is not a checklist, these are prompts only)	Impacts on Service	NAS cluster affected
6. Mobile units	<ul><li>6.1 What strategies did you put in place to deal with the impact of social distancing measures on mobile unit operations?</li><li>6.2 How did social distancing policy measures affect mobile unit operations in relation to:</li></ul>		
	<ul><li>a) Number of appointments scheduled?</li><li>b) Length of appointments?</li><li>c) Number of clients screened?</li></ul>		
7. COVID19 exposure	7.1 Has the SCU, Service or individual clinics experienced direct exposure to COVID19 via:		
	<ul><li>a) A client?</li><li>b) A staff member?</li><li>c) Any other service provider?</li><li>d) Any other?</li></ul>		
	7.2 How was the SCU, Service or clinic been affected by:		
	<ul> <li>a) General deep cleansing requirements?</li> <li>b) Specific equipment cleaning impacts?</li> <li>c) Staff isolation requirements?</li> <li>d) Any COVID19 testing requirements?</li> <li>e) Any other requirements relating to COVID19 direct exposure?</li> </ul>		
8. COVID19 Outbreaks	<ul><li>8.1 Have any clinics been affected by community outbreaks?</li><li>8.2 For how long was the clinic/Service affected?</li></ul>		
9. Other			