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| BreastScreen Australia. A joint Australian, State and Territory Government Program | | | **OFFICE USE ONLY** | | | | |  | |
| Date of receipt by SCU | | | | |  | |
| Date of receipt by NQMC | | | | |  | |
| **DGMA Data Assessor Report** | | | | | | |
| **DETAILS OF SERVICE/SCU** | | | | | | | | | |
| **Name of SERVICE/SCU** |  | | | | | | | | |
|  |  | | | | | | | | |
| **Reporting period** | From | Click here to enter a date. | | To | Click here to enter a date. |  | | | |
|  |  | | | | | | | | |
| **Completed by** (name) |  | | | | |  |  | |  |
|  |  | | | | | | | | |

**Instructions**

When completing the assessment for each DGMA requirement, please refer to Attachment A of the DGMA Framework for a list of focus areas, and the type of evidence that should be taken into account for the requirements.

1. Record your assessment as for each **DGMA requirement** as either Met (M), Unmet (U), Met with Exception (ME), Unable to be Assessed (UA) or Not Applicable (NA). These terms are defined in the Handbook (Section 3.3.4).
2. For each assessment, please summarise any issues you identify in the Service/SCU’s performance against the DGMA requirement, along with recommendations for how those issues might be addressed
3. Complete the **Assessment Point Risk Rating**, using the tools in Appendix A. This involves recording the risk likelihood, the consequences of the risk, and overall risk rating for each Assessment Point.

**SELF ASSESSMENT**

| Assessment Point 1: Data security arrangements are acceptable | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **DGMA Requirement** | | | | **Assessment** | **Issues and recommendations** |
| 1.1 | Data is secure from unauthorised access, within systems and during transfers between systems. | | | | Choose an item. |  |
| 1.2 | Data identity is obscured. | | | | Choose an item. |  |
| 1.3 | Data security breaches are well managed. | | | | Choose an item. |  |
| **Assessment Point 1: Risk Rating** | | | | **List rationale to support the Risk Rating:** | | |
| **Risk likelihood** | | **Risk consequences** | **Risk rating** |  | | |
| Choose an item. | | Choose an item. | Choose an item. |

| Assessment Point 2: Data quality arrangements are acceptable | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **DGMA Requirement** | | | | **Assessment** | **Issues and recommendations** |
| 2.1 | Data is entered, recorded, managed, monitored and processed in conformance with the definitions and algorithms of the BSA data dictionary. | | | | Choose an item. |  |
| 2.2 | The data recorded in systems is accurate and complete. | | | | Choose an item. |  |
| 2.3 | Each client within a state or territory program has one unique identifier. | | | | Choose an item. |  |
| 2.4 | All client records are appropriately dated and identifiable to the relevant health professionals. | | | | Choose an item. |  |
| 2.5 | Data quality problems are identified. | | | | Choose an item. |  |
| **Assessment Point 2: Risk Rating** | | | | **List rationale to support the Risk Rating:** | | |
| **Risk likelihood** | | **Risk consequences** | **Risk rating** |  | | |
| Choose an item. | | Choose an item. | Choose an item. |

| Assessment Point 3: Data integrity arrangements are acceptable | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **DGMA Requirement** | | | | **Assessment** | **Issues and recommendations** |
| 3.1 | Data integrity is maintained in transfers between systems, including local systems, state-wide systems and external systems. | | | | Choose an item. |  |
| 3.2 | The file tracking system used has integrity and reliability. | | | | Choose an item. |  |
| **Assessment Point 3: Risk Rating** | | | | **List rationale to support the Risk Rating:** | | |
| **Risk likelihood** | | **Risk consequences** | **Risk rating** |  | | |
| Choose an item. | | Choose an item. | Choose an item. |

| Assessment Point 4: Data organisation and systems management arrangements are acceptable | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **DGMA Requirement** | | | | **Assessment** | **Issues and recommendations** |
| 4.1 | The ownership, accountability and responsibility for all key data sets are clearly identified and understood. | | | | Choose an item. |  |
| 4.2 | Data is used for strategic purposes, quality improvement and for clinical management and for review by the National Quality Management Committee. | | | | Choose an item. |  |
| 4.3 | Data is retained, stored and disposed of in accordance with relevant state or territory legislation. | | | | Choose an item. |  |
| 4.4 | Systems are reliable and well supported. | | | | Choose an item. |  |
| 4.5 | Systems are updated in ways that meet changing requirements and maintain system reliability. | | | | Choose an item. |  |
| 4.6 | Systems are updated to meet changes to the BSA NAS and BSA Data Dictionary. | | | | Choose an item. |  |
| 4.7 | Systems conform to relevant standards for how clinical information is recorded, organised and managed. | | | | Choose an item. |  |
| 4.8 | Systems and data can be restored in event of data corruptions and disasters. | | | | Choose an item. |  |
| **Assessment Point 4: Risk Rating** | | | | **List rationale to support the Risk Rating:** | | |
| **Risk likelihood** | | **Risk consequences** | **Risk rating** |  | | |
| Choose an item. | | Choose an item. | Choose an item. |

### Data Assessor Conclusions

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**Definitions for** **Likelihood**

| **Almost certain:** | Strong evidence to indicate the Assessment Point is not met due to:   * Satisfactory documentation not provided/available; and * Inconsistent practice/s in place; and * Inconsistent understanding and/or application of protocols across SCU/Service. |
| --- | --- |
| **Likely:** | Some evidence to indicate that the Assessment Point is not met due to:   * Limited documentation provided/available; and * Practice/s inconsistent with understanding and/or application of protocols across SCU/Service. |
| **Unlikely:** | No evidence to indicate that the Assessment Point is not met due to:   * Satisfactory documentation provided/available; and * Consistent practice/s in place; and * Consistent understanding and/or application of protocols across SCU/Service. |

**Risk-rating Tool**

When assigning risk ratings in a self-assessment, a Service/SCU is to use the following tool: Please note that the Risk-rating Tool is consistent with the risk rating approach used by the National Surveyor in the Survey Risk Management Framework approved by the NQMC.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Consequences:** *Estimated severity of outcomes resulting from the assessment point being unmet* | | |
|  |  | **Minor** | **Significant** | **Severe** |
| **Likelihood:**  *Estimated chance that the Service/SCU is not meeting the assessment point.* | **Almost certain** | Medium | Medium | High |
| **Likely** | Low | Medium | Medium |
| **Unlikely** | Low | Low | Medium |