|  |  |  |
| --- | --- | --- |
| BreastScreen Australia. A joint Australian, State and Territory Government Program | OFFICE USE ONLY |  |
|  | Date of receipt by SCU |  |
|  | Date of receipt by NQMC |  |
|  | **Response by Service/SCU** |
| 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) |       |  |  |  |
|  |  |

**PART A – SERVICE RESPONSE TO DATA REPORT**

**RESPONSE**

| Risk level | NAS Measure | Current Service/SCU performance | Compliance: | Updated data if available | Quality Improvement Response to Performance Issue | Expected Outcome and Timeframe |
| --- | --- | --- | --- | --- | --- | --- |
| *e.g. 2* | *e.g. Measure 4.2.1 a) ≥90% of women requiring assessment attend an assessment visit within 28 calendar days of their screening visit*. | *e.g. 89%* | *e.g. Met with exception* | *e.g. Jan-Mar: 100%* | *e.g. QI Plan Standard 4: Timeliness* | *Full compliance by next ADR.* |
| Choose an item. |  |  | Choose an item. |  |  |  |
| Choose an item. |  |  | Choose an item. |  |  |  |
| Choose an item. |  |  | Choose an item. |  |  |  |
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| Choose an item. |  |  | Choose an item. |  |  |  |
| Choose an item. |  |  | Choose an item. |  |  |  |

**PART B – SERVICE RESPONSE TO SURVEY REPORT/INTERIM SURVEY REPORT**

**1. RESPONSE TO NAS MEASURES**

| Risk level | NAS Measure | Current Service/SCU performance | Compliance: | Updated data if available | Quality Improvement Response to Performance Issue | Expected Outcome and Timeframe |
| --- | --- | --- | --- | --- | --- | --- |
| *e.g. 2* | *e.g. Measure 4.2.1 a) ≥90% of women requiring assessment attend an assessment visit within 28 calendar days of their screening visit*. | *e.g. 89%* | *e.g. Met with exception* | *e.g. Jan-Mar: 100%* | *e.g. QI Plan Standard 4: Timeliness* | *Full compliance by next ADR.* |
| Choose an item. |  |  | Choose an item. |  |  |  |
| Choose an item. |  |  | Choose an item. |  |  |  |
| Choose an item. |  |  | Choose an item. |  |  |  |
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| Choose an item. |  |  | Choose an item. |  |  |  |
| Choose an item. |  |  | Choose an item. |  |  |  |

**2. RESPONSE TO OTHER SURVEY TEAM COMMENTS**

| Survey Team Comment | Quality Improvement Response to Performance Issue | Expected Outcome and Timeframe |
| --- | --- | --- |
| *e.g. Signage at the hospital based assessment clinics was inadequate, with no written instructions enabling the surveyors to find the relevant locations.*  | *e.g. New BreastScreen signage has been purchased and will be installed at the site.*  | *The new signage will be installed by the end of next month (August 2017).*  |
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