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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 | | | | |  | |
| **Protocol Responsibility Framework (PRF5)** | | | | | | |
| **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) |  | | | | |  |  | |  |
|  |  | | | | | | | | |

Under the BSA Accreditation System in jurisdictions that have a central PACS/Client Management System, only the State Coordination Unit (SCU) will undergo a Data Governance and Management Assessment (DGMA). In such jurisdictions, it is the role of the SCU to ensure the consistency and high quality of information recorded in the BreastScreen Service Client Management System within the jurisdiction. This should be undertaken through both systematic and random audits of Service level data by the SCU. During the DGMA, the SCU needs to provide the Data Assessor with evidence of the quality and consistency of data that is entered at each service within the jurisdiction.

While the SCU has overall responsibility for ensuring compliance with Standard 5 protocols in such multi-service jurisdictions, in undertaking a DGMA of the SCU it is important for the Data Assessor to understand the operational level allocation of responsibility for the implementation / maintenance of the Standard 5 Protocols between the Service and SCU. Accordingly, each multi-service jurisdiction SCU is required to submit to the Data Assessor prior to a DGMA a ‘Standard 5 Protocol Responsibility Framework’ (PRF5) indicating the allocation of operational level responsibility.

The Standard 5 Protocol Responsibility Framework must be provided to the Data Assessor along with the SCU’s DGMA self-assessment prior to the DGMA. It will inform the Data Assessor when they are assessing the evidence provided by the SCU of the quality and consistency of data that is entered at each service within the jurisdiction.

**Instructions**

1. For each Protocol listed in the table, indicate whether the Service, SCU, or both are operationally responsible for ensuring the Protocol is complied with by placing a tick in the appropriate column.
2. If you select ‘Joint responsibility’ for a particular protocol, please explain how responsibility is divided between the Service and SCU in the column ‘Description of Joint Responsibility’.
3. If there are aspects of data governance and management that are not covered by the Standard 5 Protocols, you may add these to the form under the heading ‘Other Aspects of Data Governance Not Covered by Above Protocols’.

**National Accreditation Standard 5 Protocol Responsibility Framework**

| **Protocol** | **Description** | | **Operational Responsibility** | | | | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | **State Coordination Unit** | | **Joint Responsibility** | | **Description of Joint Responsibility** | |
| STANDARD 5: DATA MANAGEMENT AND INFORMATION SYSTEMS | | | | | | | |  | |
| **5.1** | The Service and/or SCU conforms with requirements of the BreastScreen Australia Data Dictionary, with regard to:   1. collection of all required data items; and 2. the definitions and methods used by the Service and/or SCU in the calculation of performance measures. | |  |  | |  | |  | |
| **5.2** | The Service and/or SCU undertakes ongoing quality control procedures for data throughout the screening and assessment process, including:   1. review of the completeness and legibility of clinical records; 2. review of the consistency between paper and computer records where required; and 3. verification of the accuracy of the output of system generated reports. | |  |  | |  | |  | |
| **5.3** | All relevant staff are instructed in procedures to ensure the quality of the data at all levels of the screening and assessment pathway. | |  |  | |  | |  | |
| **5.4** | The Service and/or SCU ensures effective policies, procedures and protocols to achieve a high level of data security, accuracy, integrity and organisation and systems management. | |  |  | |  | |  | |
| **5.5** | The Service and/or SCU ensures the integrity and reliability of the file tracking system used. | |  |  | |  | |  | |
| **5.6** | Each client has one unique identifier within any State and Territory program. | |  |  | |  | |  | |
| **5.7** | All client records held by all units in the Service and/or SCU are dated and identifiable to the relevant health professional for that part of the screening and/or assessment pathway. | |  |  | |  | |  | |
| **5.8** | The Service and/or SCU complies with relevant state/territory legislation for the retention and storage of client records. | |  |  | |  | |  | |
| **5.9** | The Service and/or SCU has disaster recovery systems that address the risk of network failure and data loss from Picture Archiving Communication System (PACS) and Client Management Systems. | |  |  | |  | |  | |
| **5.10** | The Service and/or SCU has policies, procedures and guidelines for the development and maintenance of high quality Information, Communication and Technology systems. | |  |  | |  | |  | |
| OTHER ASPECTS OF DATA GOVERNANCE NOT COVERED BY ABOVE PROTOCOLS  *use this section of the form to provide information on other elements of data governance relating to the client management system (CMS) or the Picture Archiving and Communications System (PACS) that are not covered by the Protocols above* | | | | | | | | | |
|  | [insert description of aspect of data governance here] |  | | |  | |  | |  |
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