

External Risk Management Activity Report

Premium Support Scheme (PSS) 2009/10

Risk Management Requirements



Name
MDA National Member Number
Specialty
What type of activity did you participate in?
When did the activity take place?
What patient risk(s)/outcome did the activity relate to?
What contributory factors did you identify?

What changes have you implemented to mitigate the risk(s)?

**Have you been able to measure the impact of these improvements on the identified risk(s)?
If yes, what were your results?**

Relevant documents (please attach to email)

Insert Electronic Signature here ►
(or print out, sign and return to us)

Date

Once completed, please do **one** of the following:

Post: Risk Management
MDA National
PO Box 1557
SUBIACO WA 6904

Fax: 1300 011 240

Email: riskmanagement@mdanational.com.au

Please forward any additional pages if required.

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