

## Dental Business Masters

### Self Assessment Toolkit of Dental Healthcare Service Providers-Dental Practices

Self Assessment toolkit will help the Dental Practice to understand the areas where they need to improve upon and meet the Quality Standards. All the entries are to be properly filled up. Regarding scoring following criteria would be applicable.

Compliance to the requirement: 10

Partial compliance to the requirement: 5 (if any of the sample is found to be noncomplying out of total samples selected)

Non-compliance to the requirement: 0

Not Applicable: NA

Evaluation Criteria during final assessment:

- No individual standard should have more than one zero to qualify. However, no zero is accepted in the regulatory/ legal requirements.
- The average score for individual standard must not be less than 5.
- The average score for individual chapter must not be less than 7.
- The overall average score for all standards must exceed 7.

#### Special Note:

Self assessments should be done by the dental facility in a stringent manner.

<b>SELF ASSESSMENT TOOLKIT</b>				
<b>Accreditation Standards for Dental Clinics</b>				
Elements	Documentation (Yes/ No)	Implementation (Yes/ No)	Evidence (cross reference to documents/ manuals etc.)	Scores (0/ 5/ 10)
<b>Chapter 1: ACCESS, ASSESSMENT AND CONTINUITY OF CARE (AAC)</b>				
<b>AAC.1: The DHSP defines and displays the services that it can provide.</b>				
1.1	The services being provided are clearly defined and are in consonance with the needs of the community.			
1.2	The defined services are prominently displayed.			
1.3	The staff is oriented to these services.			
<b>AAC.2: The DHSP has a well defined registration and record-keeping process.</b>				
2.1	Standardized policies and procedures are used for registering patients.			
2.2	Standardized policies and procedures are used for record-keeping.			
2.3	Patients are accepted only if the DHSP can provide the required service.			
<b>AAC.3 There is an appropriate mechanism for referral of patients and requisition of outside specialist services for patients whose treatment needs are not in the scope of the DHSP.</b>				
3.1	Policies guide the referral of patients to another facility for patients whose treatment needs are not in the scope of the DHSP.			
3.2	Procedures identify staff responsible for referral to another DHSP.			
3.3	The DHSP gives a case summary of patient's condition and the treatment given while referring patient.			
3.4	Policies guide the requisition of outside specialist to DHSP.			
<b>AAC.4 The DHSP shall have a comprehensive First consultation / initial assessment.</b>				
4.1	The initial assessment should focus on the chief dental complaint for which patient is seeking and treatment should also include a comprehensive medical and dental assessment.			
4.2	The patients and/or family members are explained about the provisional diagnosis, proposed treatment and prognosis, possible complications, cost, any alternate treatment modalities and an informed consent is taken.			
4.3	The initial assessment results in a documented plan of care including preventive/maintenance aspects.			
4.4	DHSP should identify staff responsible for scheduling of such appointments and treatment undertaken during these appointments.			

<b>AAC.5 Pathological laboratory services are out-sourced as per the policy of DHSP.</b>					
5.1	A policy be developed regarding various pathological laboratory tests required during initial assessment, treatment planning, reassessment and preventive/maintenance phase of dental treatment.				
5.2	Laboratory results are available within a defined time frame.				
5.3	Laboratory tests are outsourced to a pathological laboratory based on their quality assurance system.				
<b>AAC.6 Imaging services are provided as per the requirements of the patients.</b>					
6.1	Imaging services comply with legal and other requirements.				
6.2	Policies and procedures guide identification, safe storage and disposal of radiographic materials and records.				
6.3	Imaging tests not available in the DHSP are outsourced to a diagnostic centre based on their quality assurance system.				
<b>AAC.7 There is an established radiation safety program for in house imaging services.</b>					
7.1	The radiation safety program is documented.				
7.2	Imaging personnel are provided with appropriate radiation safety devices.				
7.3	Radiation safety devices are periodically tested and documented.				
7.4	Imaging personnel are trained in radiation safety measures.				
7.5	Imaging signage are prominently displayed in appropriate locations.				
<b>Chapter 2: CARE OF PATIENTS (COP)</b>					
<b>COP.1: Care of patients is guided by the applicable laws, regulations and guidelines.</b>					
1.1	Care is guided by policies and procedures which reflect applicable laws and regulations and guidelines.				
1.2	The care and treatment orders are signed/named and dated by the dentist.				
1.3	Evidence based clinical practice guidelines are adopted to guide patient care whenever possible.				
1.4	Documented policies and procedures guide the management of dental pain.				
1.5	Policies and procedures guide the care of vulnerable patients (elderly, infants, children, pregnant, physically and/or mentally challenged).				
1.6	Documented policies and procedures guide the post-procedure management with				
	a. specific instructions for the patient and				
	b. taking care of specific needs of patients.				
1.7	Documented policies and procedures guide all research activities in compliance with national and international guidelines.				
<b>COP.2: Emergency services, if provided, are guided by policies, procedures, applicable laws and regulations.</b>					
2.1	Policies and procedure for emergency care are documented.				
2.2	Policies also address handling of medico-legal cases.				
2.3	Staff is familiar with the policies and trained on the procedures for care of emergency patients.				
2.4	Policies and procedures guide the care of patients requiring cardio-pulmonary resuscitation.				
<b>COP.3: Policies and procedures guiding the quality of the in-house/outsourced dental laboratory services.</b>					
3.1	Adequately qualified and trained personnel perform and supervise the work.				
3.2	Policies and Procedures guide the identification, handling, processing, safe transportation of the patient impressions, models, prosthesis etc as well as safe disposal of the waste materials.				
3.3	Good manufacturing practices are used by the dental laboratory in all its practices.				
3.4	Corrections and alterations are attended to through a structured and time based programme.				

	3.5	Policy be developed regarding providing safe working environment to lab staff.				
<b>COP.4: Policies and procedures guide the care of patients undergoing local anesthesia.</b>						
	4.1	The DHSP formulates a policy regarding administration of local anesthesia and is in consonance with the national/international guidelines.				
	4.2	Policy should identify staff authorized to administrate LA to patients in DHSP.				
	4.3	Protocol be made for special care of anxious patients including children during administration of LA.				
<b>COP.5: Policies and procedures guide the care of patients undergoing moderate sedation.</b>						
	5.1	Competent and trained persons perform sedation.				
	5.2	The person administering and monitoring sedation is different from the person performing the procedure.				
	5.3	The pre-sedation assessment to be carried out by a qualified personnel resulting in formulation of an sedation plan which is documented.				
	5.4	Intra-procedure monitoring includes at a minimum the heart rate, cardiac rhythm, respiratory rate, blood pressure, oxygen saturation and level of sedation.				
	5.5	Patients are monitored after sedation.				
	5.6	Criteria are used to determine appropriateness of discharge from the recovery area.				
	5.7	Equipment and manpower are available to rescue patients from a deeper level of sedation than that intended.				
<b>Chapter 3: Patient Rights and Education (PRE)</b>						
<b>PRE.1: The DHSP protects patient and family rights and informs them about their responsibilities during care.</b>						
	1.1	Patient and family rights and responsibilities are documented and displayed in a format and language that they can understand.				
	1.2	Staff is aware of their responsibility in protecting patients rights.				
	1.3	Violation of patient rights is reviewed and corrective/ preventive measures taken.				
<b>PRE.2: Patient rights support individual beliefs, values in concurrence with the patient and their family and involve the patient and family in decision making processes.</b>						
	2.1	Patient and family rights address any special preferences, spiritual and cultural needs.				
	2.2	Patient rights include respect for personal dignity and privacy during examination, procedures and treatment.				
	2.3	Patient rights include protection from physical, sexual abuse, neglect or harassment.				
	2.4	Patient rights include treating patient information as confidential.				
	2.5	Patient rights include refusal of treatment.				
	2.6	Patient rights include informed consent before anesthesia-local or general, blood and blood product transfusions and any invasive/high risk procedures/ treatment.				
	2.7	Patient rights include information and consent before any research protocol is initiated.				
	2.8	Patient rights include information on how to voice a complaint.				
	2.9	Patient has a right to have an access to his/her clinical records.				
<b>PRE.3: A documented process for obtaining patient and/or family's consent exists for informed decision making about their care.</b>						
	3.1	General consent for treatment is obtained when the patient enters the organization.				
	3.2	Patient and/or his family members are informed of the scope of such general consent.				
	3.3	The DHSP has listed those procedures and treatment where informed consent is required.				
	3.4	Informed consent includes information on risks, benefits, alternatives and as to who will perform the requisite procedure in a language that they can understand.				
	3.5	The policy describes who can give consent when patient is incapable of independent decision making.				
<b>PRE.4: Patient and families are educated about the treatment rendered.</b>						
	4.1	Patient and family are educated about safe and effective use of materials/prosthesis e.g. denture adhesives, dentures etc.				

	4.2	Patient and family are educated about possible allergic reactions to various dental materials.				
<b>PRE.5: Patient and families have a right to information on expected costs.</b>						
	5.1	There is uniform pricing policy in a given setting.				
	5.2	The tariff list is available to patients.				
	5.3	Patients are educated about the estimated costs of treatment before initiating treatment and also any revised costs, if necessary during treatment.				
	5.4	Patients are informed about the estimated costs when there is a change in the treatment.				
<b>Chapter 4: Management of Dental Materia, Medica &amp; Equipments</b>						
<b>4 A. Management of Dental Materials &amp; Medicaments (MDM).</b>						
<b>MDM.1: Policies and procedures guide the DHSP regarding procurement and usage of dental materials.</b>						
	1.1	Documented policy complies with the applicable laws and regulations and ensures selection of good quality dental materials.				
	1.2	The DHSP guides the formulation and implementation of these policies and procedures.				
<b>MDM.2: Policies and procedures guiding the storage and dispensing of dental materials.</b>						
	2.1	Documented policies and procedures exist for storage and dispensing of dental materials.				
	2.2	All materials are stored and dispensed as per the manufacturer's guidelines.				
	2.3	Sound inventory control practices guide storage and dispensing of the materials.				
	2.4	Materials are protected from loss or theft.				
	2.5	Sound-alike and look-alike materials are stored separately.				
	2.6	Emergency materials are available all the time.				
	2.7	Expiry dates are checked prior to dispensing.				
	2.8	A policy regarding log of dispensed materials and re-order be implemented.				
<b>MDM.3: Policies and procedures guide the use of implant prosthesis.</b>						
	3.1	Documented policies and procedures govern selection, procurement and usage of implant prosthesis on scientific basis.				
	3.2	The type and number of the implants and any significant event during surgery are recorded in the patient's medical record.				
	3.3	The batch and serial number of the implantable prosthesis are recorded in the patient's medical record and the master logbook.				
<b>4 B: Management of Dental Instruments and Equipment (MIE).</b>						
<b>MIE.1: Policies and procedures guide the DHSP regarding procurement and usage of dental instruments and equipments.</b>						
	1.1	There is a documented policy for optimum procurement and usage of dental instruments and equipment.				
	1.2	Policy should address training and continuing education of identified personnel in dental instruments and equipment.				
	1.3	A documented policy should be in place for maintenance of dental equipment and instruments.				
	1.4	Sound inventory control practices guide storage and distribution of the dental equipment and instruments				
	1.5	Dental equipment and instruments needed for emergency procedures should be available all the time.				
<b>4 C: Management of Medication (MOM)</b>						
<b>MOM.4: Policies and procedures guiding the usage and storage of medication.</b>						
	1.1	There is a documented policy and procedure for usage and storage of medication.				
	1.2	Sound-alike and look-alike medications are stored separately.				

	1.3	Emergency medications are available all the time.				
	1.4	Medications are administered by those who are permitted by law to do so.				
	1.5	Dosage, route and timing is verified and medication administration is documented.				
<b>MOM.2: Policies and procedures guide the prescription of medications.</b>						
	2.1	The DHSP determines who can write prescriptions.				
	2.2	Medication orders are clear, legible, dated, named and signed.				
<b>MOM.3: Patients and family members are educated about safe medication and food-drug interactions.</b>						
	3.1	Patient and family are educated about safe and effective use of medication.				
	3.2	Patient and family are educated about food-drug interactions.				
<b>Chapter 5: Infection Control (IC)</b>						
<b>IC.1: The DHSP has a comprehensive and coordinated Infection Control (IC) program.</b>						
	1.1	The dental facility infection control program is documented which aims at preventing and reducing risk of nosocomial and iatrogenic infections.				
	1.2	The DHSP has an infection control person/team, as applicable.				
<b>IC.2: The DHSP has an infection control manual.</b>						
	2.1	The manual identifies the various high-risk areas.				
	2.2	Policy should be made to apply various infection control procedures during patient work on dental chair stations.				
	2.3	The manual of infection control should identify different critical components of dental chair station to control infection spread.				
	2.4	Policy should identify use of disposables and/or various barrier techniques.				
	2.5	The manual should formulate the procedure for re-cycling the used instruments for next patient use.				
	2.6	The manual should identify equipment, consumable materials and staff to carry out such dis-infection/ sterilization procedures.				
	2.7	The manual focuses on adherence to standard precautions at all times.				
	2.8	Policy should cover an evaluation of equipment/ instruments/ dental materials before purchase for infection control efficacy.				
	2.9	Engineering controls to prevent infections are included.				
	2.10	The DHSP defines the periodicity of updating the infection control manual.				
		It also conducts regular "in-service" training sessions for all concerned categories of staff at least once in a year				
	2.11	Appropriate pre and post exposure prophylaxis is provided to all concerned staff members.				
<b>IC.3: The surveillance of infection control protocols.</b>						
	3.1	Surveillance activities are appropriately directed towards the identified high-risk areas.				
	3.2	Collection and verification of surveillance data is an ongoing process.				
	3.3	Scope of surveillance incorporates tracking and analyzing of infection rates and trends.				
	3.4	Surveillance activities include monitoring the effectiveness of house-keeping services.				
<b>IC.4: Statutory provisions with regards to Bio-medical waste (BMW) management and handling.</b>						
	4.1	The DHSP can manage and handle Bio-medical waste (BMW) on its own or outsource it.				
	4.2	Proper segregation and collection of bio-medical waste from all patient care areas of the DHSP facility is implemented and monitored.				
	4.3	Requisite fees, documents and reports are submitted to competent authorities on stipulated dates.				
	5.1	Appropriate personal protective measures are used by all categories of staff handling bio-medical waste.				
	5.2	Disposal of used sharp instruments be as per statutory requirements and good clinical practices.				

	5.3	Special attention is to be given to mercury hygiene and waste mercury disposal.				
<b>Chapter 6: Continual Quality Improvement (CQI)</b>						
<b>CQI.1: There is a structured quality assurance and continuous monitoring program in the organization.</b>						
	1.1	The quality assurance program is developed commensurate with the size and complexity of the organization; documented implemented and maintained by DHSP.				
	1.2	There is a designated personnel for coordinating and implementing the quality assurance program.				
	1.3	The designated program is communicated and coordinated amongst all the employees of the organization through proper training mechanism.				
	1.4	The quality assurance program is a continuous process and updated at least once in a year.				
	1.5	The designated program is communicated and coordinated amongst all the employees of the DHSP through proper training mechanism.				
<b>CQI.2: The DHSP identifies and documents the key indicators for clinical and managerial structures, processes and outcomes to be used as tools for continual improvement.</b>						
	2.1	The DHSP develops appropriate indicators to monitor clinical structures, processes and outcomes.				
	2.2	The DHSP develops appropriate indicators to monitor managerial structures, processes and outcomes.				
	2.3	Appropriate Corrective and preventive actions are taken and monitored.				
<b>Chapter 7: Responsibility of Management (ROM)</b>						
<b>ROM.1: The responsibilities of the management are defined.</b>						
	1.1	Those responsible for governance establish the DHSP's organogram.				
	1.2	The DHSP complies with the laid down and applicable legislations and regulations.				
	1.3	Those responsible for governance address the DHSP's social responsibility.				
<b>ROM.2: The DHSP is managed in an ethical manner.</b>						
	2.1	The DHSP functions in an ethical manner.				
	2.2	The DHSP defines its vision and mission statement.				
	2.3	The DHSP discloses its ownership.				
	2.4	The DHSP honestly portrays its affiliations and accreditations.				
<b>ROM.3: DHSP ensure that patient safety aspects and risk management issues are an integral part of patient care and facility management.</b>						
	3.1	The scope of the program is defined to include adverse events ranging from "no harm" to "sentinel events".				
	3.2	DHSP ensures implementation of systems for internal and external reporting of system and process failures.				
	3.3	DHSP provides resources for proactive risk assessment and risk reduction activities.				
<b>Chapter 8: Facility Management and Safety (FMS)</b>						
<b>FMS.1: The DHSP's environment and facilities operate to ensure safety of patients, their families, staff and visitors.</b>						
	1.1	Up-to-date drawings are maintained which detail the site layout, floor plans and fire escape routes.				
	1.2	There is internal and external sign posting in the DHSP in a language understood by patient, families and community.				
	1.3	The provision of space shall be in accordance with the available literature on good practices (Indian or International Standards).				
<b>FMS.2: The DHSP has a programme for equipment management, safe water, electricity, medical gases and Suction system as applicable.</b>						
	2.1	The DHSP plans for equipment in accordance with its services and strategic plan.				
	2.2	Potable water and electricity are available.				
	2.3	Alternate sources are provided for in case of failure.				
	2.4	The DHSP regularly tests the alternate sources.				

	2.5	Safety precautions are followed with respect to medical gases and where applicable piped medical gas, compressed air & suction installation/ equipment.				
<b>FMS.3: The DHSP has plans for emergencies (fire and non-fire) and hazardous materials within the facilities.</b>						
	3.1	The DHSP has plans and provisions for early detection, abatement and containment of fire and non-fire emergencies.				
	3.2	Staff is trained for their role in case of such emergencies.				
	3.3	The Clinic has addressed identification, spill management, storage and disposal of Hazardous materials and training of staff.				
	3.4	The DHSP defines and implements its policies to eliminate smoking.				
<b>Chapter 9: Human Resource Management (HRM)</b>						
<b>HRM.1: The DHSP has a documented system of human resource planning.</b>						
	1.1	The DHSP maintains an adequate number and designated staff to meet the respective care and service needs of the patient.				
	1.2	The required job specifications and job description are well defined for each category of staff.				
	1.3	The DHSP verifies the antecedents of the potential employee with regards to criminal/negligence background.				
<b>HRM.2: The staff joining the DHSP is inducted and oriented to the DHSP environment.</b>						
	2.1	Each staff member is appropriately oriented to the DHSP's mission and goals.				
	2.2	Each staff member is made aware of DHSP facility wide policies and procedures.				
	2.3	Each staff member is made aware of his/her rights and responsibilities.				
	2.4	All employees are educated with regard to patients rights and responsibilities.				
	2.5	All employees are oriented to the service standards of the DHSP.				
<b>HRM.3: There is an ongoing program for professional training and development of the staff.</b>						
	3.1	A training and development policy exists for the staff.				
	3.2	Training also occurs when job responsibilities change/ new equipment is introduced.				
	3.3	The DHSP has a defined procedure for reporting of these events.				
	3.4	A staff appraisal system is developed.				
	3.5	The DHSP has a well-documented disciplinary procedure.				
<b>HRM.4: There is a documented personal record for each staff member.</b>						
	4.1	Personal files are maintained in respect of all employees.				
	4.2	All records of in-service training and education are contained in the personal files.				
	4.3	Personal files contain results of all evaluations.				
<b>HRM.5: There is a process for collecting, verifying and evaluating the credentials (education, registration, training and experience) of the staff.</b>						
	5.1	The education, registration, training and experience of the identified staff is documented and updated periodically.				
	5.2	All such information pertaining to the Dental/ Medical professionals is appropriately verified when possible.				
<b>Chapter 10: INFORMATION MANAGEMENT SYSTEM (IMS)</b>						
<b>IMS.1: The DHSP has a complete and accurate dental record for every patient.</b>						
	1.1	Every dental record has a unique identifier.				
	1.2	Patients take home a document containing procedural summary, medications, instructions follow up appointment and emergency contact numbers.				
<b>IMS.2: Policies and procedures are in place for maintaining confidentiality, integrity and security of information.</b>						

2.1	Documented policies and procedures exist for maintaining confidentiality, security and integrity of information.				
2.2	Policies and procedures are in consonance with the applicable laws.				
2.3	The policies and procedures incorporate safeguarding of data/record against loss, destruction and tampering.				
2.4	A documented procedure for responding to patients/ physicians and other public agencies requests for access to information in the clinical record exists.				
<b>IMS.3: The DHSP regularly carries out review of clinical records.</b>					
3.1	The clinical records are reviewed periodically.				
3.2	The review focuses on the timeliness, legibility and completeness of the clinical records.				
3.3	Appropriate corrective and preventive measures undertaken are documented.				