

APPENDIX V

IHS CRITERIA FOR THE ASSESSMENT OF DENTAL PROGRAM MANAGEMENT

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Introduction

Management of clinical dental programs in the Indian Health Service presents the clinical manager with a variety of unique challenges. Organizational variability between Areas and Service Units, decentralized management, and Tribal contracting are but a few factors which contribute to the variability present within dental programs which serve American Indians/Alaska Natives. Nonetheless, certain core management elements should serve as a nucleus for the management of these programs.

In this section of the quality assessment chapter, certain questions are posed to dental managers. These questions generally require a yes/no answer or other short response. It should be noted that there is no mechanism provided to convert the results into a “score.” The value of this format lies in its ability to stimulate communication during the review process.

This evaluation measures productivity, cost-effectiveness, and appropriateness of dental services delivered in public health dental programs which exist in Tribal, Urban, and IHS programs. These data and calculations are useful as a baseline for determining the present status of the program and for planning and evaluating planned changes in the direction of the program. Much of this can only be measured by reviewing process indicators which are believed to contribute to effectiveness and efficiency of the program.

After completion of a management QA review, the evaluator will be able to develop a list of program strengths as well as a list of recommendations to improve program management.

Since this document is intended for review of core elements, it may be necessary to add review elements locally to deal with those items unique to individual programs.

Management Review Criteria

A. FACILITIES

1. Patients have privacy for treatment and confidential conversations in the operatory area. (In open bays signs may be posted informing patients of the opportunity for more privacy if requested.)
2. Facilities are clean, neat, and in good repair.
3. The disabled have access to the dental clinic and operatory area.

B. HIPAA

1. Staff has received HIPAA training
2. Facility has business agreements with appropriate entities (e.g. dental laboratory) **OR** unique patient identifiers are removed from any materials leaving the dental facility
3. Workplace practices ensure patient confidentiality for protected medical information

C. POLICIES AND PROCEDURES

1. Facility has policy and procedure manual for dental department
2. Policy and Procedure Manual is updated annually
3. At a minimum P&P manual covers:
 - a. Definition of services available
 - b. Protocols for referral of routine and emergency procedures
 - c. Standards and procedures for routine clinic operations including
 - i. Procedures requiring informed consent
 - ii. Equipment maintenance
 - iii. Handling tissue specimens
 - iv. Continuing education
 - v. Credentialing
 - vi. Privileging
 - vii. Standing orders
 - viii. Inventory
 - ix. Prescription
 - x. Infection Control including bloodborne pathogen exposure plan
 - xi. Mercury safety,
 - xii. radiological protection
 - xiii. N2O policies
 - xiv. Response to medical device recall and hazard notices
 - d. Patient eligibility including determination of eligibility for services and CHS
 - e. Appointments
 - a. exams and routine treatment
 - b. Dental urgent/emergency treatment
 - c. Broken or canceled appointments and late arrivals
 - d. Referrals
 - e. Deferred care
 - f. Clinic hours
 - g. Leave policies
 - h. Emergencies
 - Fire
 - Disasters
 - Medical emergencies
 - i. Laboratory procedures
 - j. Organizational chart
4. Is there an up-to-date copy of the *IHS Oral Health Program Guide* available in the clinic or ready access to the manual on the IHS website?
5. Is a written “Patient Bill of Rights and Responsibilities” posted?
6. Has a patient satisfaction questionnaire been completed within the last year?
7. Is there a formal mechanism for monitoring patient complaints and resolving complaints to improve care?
8. Is a written Service Unit/Tribal dental plan available which includes community and clinical oral health promotion/disease prevention objectives?

9. Has the Service Unit/Tribal dental plan been presented to the Tribal health board for approval and/or comment
10. Are dental staff meetings held regularly?
11. Are minutes of previous dental staff meetings available?
12. Has a budget listed by object classes been completed for the current fiscal year?
13. Does the budget include both direct and CHS activities?
14. Have equipment replacement lists been updated within the past year?

D. STAFF

1. There is a minimum of one FTE chair-side assistant per FTE dentist.
2. Staff maintains current State licensure, registration, or certification as required.
3. Dentist has a current unrestricted DEA number unless all prescriptions are filled at the facility's pharmacy.
4. Staff has completed continuing education requirements for the past calendar year consistent with licensure.
5. Staff practices within their Dental Practice Act and the Rules of the State Board of Dentistry, which govern the practice of dentists, dental hygienists, and dental assistants.
6. All personnel rules, regulations, and policies promulgated by the specific Tribe, IHS, and facility are followed.
7. Is a protocol in place for orientation of new dental staff and documentation of orientation to the dental program and hospital or clinic?
8. Does each employee have a current and accurate position description or billet description?
9. Do current standards of performance exist for each dental employee?
10. Have the training needs of each dental employee been identified for the current fiscal year?
11. Is the selection of training for employees based on needs identified for the Service Unit/Tribal/Urban program and the individual?
12. Is in-service dental training available to the dental staff?

E. ACCESS

1. Patients with dental emergencies are seen on the same day they call if at all possible.
2. A recall system is utilized when appropriate (high risk patients). Intervals are based on the dental need of the individual patient.
3. The facility accommodates patients who require dental clearance for medical treatments (transplants, joint replacements, etc.)
4. The Secretary's Regulations on IHS Eligibility (42 CFR, Section 36.12, 36.23-24, Section 813, IH CIA) are adhered to.
5. There is follow-up on all canceled or broken appointments.
6. The appointment policy is adhered to.
7. The broken appointment policy has been approved by the Tribal health board and communicated to patients/community
8. Patients are booked no more than three weeks in advance of appointments

9. The recall interval based on each patient's individual disease rates, rather than using arbitrary time intervals
10. A call list is available for patients who can respond on short notice to fill in broken or canceled appointments.
11. Appointment policies are available as handouts or posted for public view?

F. INFECTION CONTROL

1. Infection Control QA has been completed within the last year
2. Deficiencies have been corrected
3. Deficiencies and/or changes have been reviewed with the dental staff

G. MEDICAL EMERGENCY PREPAREDNESS

1. All staff has current CPR certification.
2. An oxygen tank with an appropriate valve, tubing, and mask is available. Dental staff is familiar with its location and use.
3. Blood pressure is taken on all patients over the age of 16 at least once per year.
4. An emergency kit is readily available.
 - a. All dental staff knows its location and how to use the contents.
 - b. The expiration dates of the drugs are current.
5. Emergency phone numbers are prominently posted.
6. The facility has an emergency management protocol.
7. The staff reviews the emergency management protocol at least annually.

H. RADIATION SAFETY

1. X-ray machines are inspected at the required intervals.
 - a. Deficiencies are corrected in a timely manner.
2. Lead aprons are used on all patients receiving radiographs.
 - a. The aprons are x-rayed annually to assure that no damage occurred to the lead lining during storage and/or use. This service can usually be obtained at a local hospital.
3. Film positioners are used.
 - a. Neither patient nor staff holds the film during exposure.
4. Staff is protected from scattered radiation during film exposure.
5. All dental assistants who take radiographs are currently certified in radiology?

I. MERCURY HYGIENE

1. Premeasured, disposable amalgam capsules are used.
2. The agitator of the amalgamator functions under a protective cover.
3. Amalgam scrap is stored in tightly closed containers and recycled properly.
4. Amalgam waste is handled according to the ADA's "Best Management Practices," a copy of which can be downloaded at http://www.ada.org/prof/resources/topics/topics_amalgamwaste.pdf

J. CHEMICAL HAZARDS

1. Staff complies with the OSHA Hazard Communication Standard. (Evaluate by using the Hazard Communication Compliance Checklist, a copy of which can be obtained from the OSHA website at <http://www.osha.gov/Publications/osh3111.pdf#search='hazard%20communications%20compliance%20checklist'>)
2. A written Hazard Communication Program (HCP) is on file and accessible to staff.
 - a. The HCP is reviewed at least annually and updated as necessary.
3. Material safety data sheets (MSDS) are on file for each hazardous chemical.
 - a. Any missing MSDS has been requested in writing, and a copy of the request is on file.
 - b. MSDSs no longer in use are archived and kept for thirty years.
4. The inventory of chemicals, materials, and supplies and the list of hazardous chemicals in the HCP accurately reflect all the hazardous chemicals and products that are present in the dental clinic.
5. Staff participates in hazard communication training at least annually.

K. PUBLIC HEALTH / DATA ANALYSIS

1. If emergency care exceeds 40% of total services provided, indicating large unmet dental needs, do Level IV plus V, equal less than 5% of total services?
2. Do Level II (primary care) services comprise at least 15% of total services provided, indicating the existence of a clinical prevention program?
3. Does the facility dental chief understand the relationship between the “levels of care” concept and the practice of public health dentistry?
4. Do services provided data reveal the absence of procedures that are not generally recommended in IHS practice, such as gold foil restorations or unilateral removable partial dentures (“Nesbitt” partials)?
5. Does the number of sedative fillings provided (Code 2940) comprise less than 5% of the total number of restorations provided?
6. Do stainless steel crowns comprise at least 80% of primary restorations involving three or more surfaces?

IHS REVIEW INSTRUMENT FOR THE ASSESSMENT OF DENTAL PROGRAM MANAGEMENT

Date _____

Clinic Site _____

Reviewer _____

CRITERIA	Yes	No	N/A	Comments
A. FACILITIES				
1. Privacy				
2. Clean, Neat, and in Good Repair				
3. Access for the Disabled				
B. HIPAA				
1. HIPAA training				
2. Bus. agreements or removal of pt ID				
3. Confidentiality ensured				
C. POLICIES AND PROCEDURES				
1. Facility has P&P Manual				
2. Manual Updated annually				
3. P&P manual covers:				
a. Scope of Services				
b. Referral procedures				
c. Clinic operations				
i. informed consent				
ii. Equipment maintenance				
iii. Handling tissue specimens				
iv. Continuing education				
v. Credentialing				
vi. Privileging				
vii. Standing orders				
viii. Inventory				
ix. Prescription				
x. Infection Control				
xi. Mercury safety				
xii. radiological protection				
xiii. N2O policies				
xiv. Medical device recalls				
d. Patient Eligibility				
e. Appointments				
• Exams/routine care				
• urgent/emergent care				
• Broken/canceled/late				
• Referrals				
• Deferred care				

Criteria	Yes	No	N/A	Comments
POLICIES AND PROCEDURES, continued				
f. Clinic Hours				
g. Leave Policies				
h. Emergencies				
• fire				
• Disasters				
• Medical emergencies				
i. Dental Laboratory Procedures				
j. Organizational Chart				
4. OHPG available				
5. Patient Bill of Rights/Responsibilities				
6. Patient Satisfaction Survey				
7. Patient complaints monitored				
8. Service Unit/Tribal Dental Plan				
9. Plan presented to Tribe				
10. Dental staff meetings				
11. Minutes available				
12. Budget by Object Class				
13. Budget includes direct and CHS				
14. Equipment list				
D. STAFF				
1. One Assistant per Dentist				
2. Current Licenses				
3. Unrestricted DEA Number				
4. Continuing Education				
5. State Board guidelines				
6. Policies, Rules, and Regulations				
7. Orientation protocol				
8. Accurate position descriptions/billets				
9. Standards of Performance				
10. Training needs assessed				
11. Training based on needs				
12. In-service training available				

Criteria	Yes	No	N/A	Comments
E. ACCESS TO CARE				
1. Emergencies				
2. Recall				
3. Accommodates special needs				
4. Eligibility Regulation Compliance				
5. Follow-up				
6. Appointment policy adhered to.				
7. Broken appointment policy approved				
8. Three week limit				
9. Recall interval individualized				
10. Call list is available				
11. Appointment policies available				
F. INFECTION CONTROL				
1. Infection control review				
2. Deficiencies corrected				
3. Staff update				
G. MEDICAL EMERGENCY PREPAREDNESS				
1. Current CPR				
2. Oxygen Tank				
3. Blood Pressure				
4. Emergency Kit and Drugs				
a. Staff knows location and use				
b. Expiration dates current				
5. Emergency Phone Numbers				
6. Emergency Plan Review				
H. RADIATION SAFETY				
1. Inspection Current				
a. Deficiencies corrected				
2. Lead Apron				
a. Apron x-rayed annually				
3. Film Positioners				
a. Films not held by hand				
4. Scatter Protection				
5. DAs certified in radiology				

Criteria	Yes	No	N/A	Comments
I. MERCURY HYGIENE				
1. Premeasured amalgam capsules				
2. Agitator Covered				
3. Storage of Scrap Amalgam				
4. Best Management Practices				
J. CHEMICAL HAZARDS				
1. Hazard Communications Standard Compliance				
2. Hazard Communication Standard				
a. Annual review				
3. MSDSs				
a. Missing MSDS requested				
b. Old MSDSs archived				
4. Supply Inventory/List of Chemicals				
5. Annual Training				
K. PUBLIC HEALTH / DATA ANALYSIS				
1. Ratio of level I care to level IV plus V care				
2. Level II at least 15% of total				
3. Chief understands the relationship between the “levels of care” and public health dentistry?				
4. Absence of IHS-non-recommended procedures				
5. Sedative fillings less than 5% of restorations provided?				
6. SSCrs at least 80% of primary restorations involving three or more surfaces?				

SUMMARY AND RECOMMENDATIONS

Date _____

Clinic Site _____

Reviewer _____

Category	Findings	Recommendations
Facilities		
HIPAA		
Policies and procedures		
Access to Care		
Infection Control		
Emergency Preparedness		
Radiation Safety		
Mercury Hygiene		
Chemical Hazards		
Public Health/Data Analysis		

MANAGEMENT FEEDBACK FORM
(Provide to Evaluatee at Close-Out Session)

Objective considered unsatisfactory: _____
Describe deficiencies related to this objective:

Objective considered unsatisfactory: _____
Describe deficiencies related to this objective:

Objective considered unsatisfactory: _____
Describe deficiencies related to this objective:

Objective considered unsatisfactory: _____
Describe deficiencies related to this objective:

Program strengths:
