

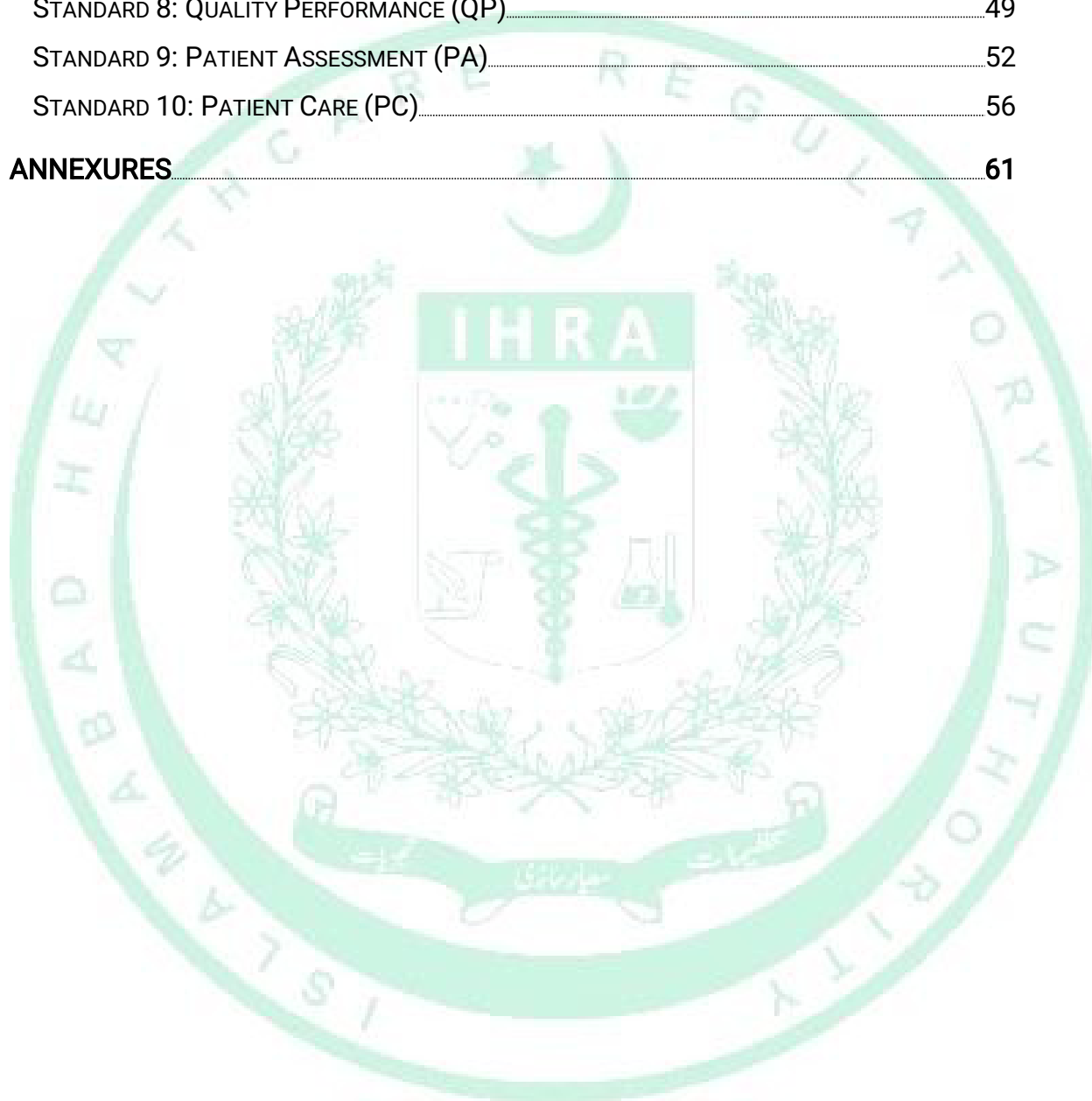


24th October, 2023

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FOREWORD

This is first draft document of Islamabad Health Regulatory Authority (IHRA) Dental standard Accreditation Standard for clinics and hospitals has been developed following recent guidelines of ISQua, for the purpose of developing a first draft manual of standards, these guidelines were applied first to the principles, then to the standards.

Desk review of different dental hospital accreditation Programme of different countries was done by the standard development team. During developing the document, the web sites of different Hospital Accreditation Programme was also reviewed. A Workshop will be held with all stakeholders for their input and suggestions for improvement in this draft which will be incorporated in the document before piloting the standard in sample dental clinics and hospitals of ICT region. Pilot testing of the standard will be done after approval from IHRA Board for its usability for the dental clinics and hospital and understandability. The standard will be finalized after incorporating necessary changes as per pilot testing findings for launching it for mandatory licensing and voluntary accreditation of Dental clinics and hospitals in ICT region and in the light of suggestions and feedback from IHRA licensed dental clinics and hospitals the improved version will be submitted for ISQua International accreditation approval.

Islamabad Health care Regulatory Authority (IHRA)

IHRA is mandated to ensure that dental health services in ICT meet the required standards to ensure Safe and High Quality in the delivery of health care.

IHRA is responsible for monitoring and regulation of all healthcare facilities including Dental healthcare establishments in Islamabad Capital Territory (ICT) and for ensuring that all meet the required standards for licensing and provide Safe and quality healthcare in all Medical and dental facilities. IHRA through its trained and dedicated team continuously monitor the quality of care to ensure evidence-based practices and internationally established accreditation standards for safeguarding patients' health and safety, quality of care, rights and patient centeredness in ICT.

INTRODUCTION

Oral diseases exert a substantial adverse impact on overall health, encompassing physical, psychological, social, and economic aspects, resulting in pain, reduced functionality, and a compromised quality of life. Furthermore, poor oral health is associated with increased bacterial systemic exposure and increased inflammatory factors, which may lead to various health complications, including uncontrolled diabetes, cardiovascular issues, and respiratory diseases.

The focus on improving care in ambulatory settings has gained momentum due to its numerous advantages, such as cost reduction, shorter hospital stays, and a strong emphasis on health education and preventive measures. This approach highlights the importance of empowering

individuals to take charge of their own health. Through the implementation of ambulatory care standards, areas for improvement can be identified, guiding efforts to enhance patient safety in a systematic and well-planned manner.

Within the realm of ambulatory care, dental services are encompassed. By adhering to dental standards, the quality and safety of dental services provided in relevant settings are significantly improved and promoted.

The dentistry industry is witnessing remarkable global growth but is also experiencing intense competition in its efforts to promote better dental health. Apart from delivering patient care, dental clinics are involved in various tasks such as addressing customer satisfaction, managing paperwork, scheduling appointments, handling staff matters, and ensuring retention of patients. In order to retain current patients and attract new ones, dental practices must aspire to achieve the most prestigious dental standards licensing/accreditation in ICT, which is the IHRA licensing/accreditation for dental clinics. Acquiring IHRA licensing/Accreditation will not only enhance the credibility of dental professionals but will also attract patients, leading to a significant increase in turnout of patients to the clinic.

Heath System currently operates in Pakistan in an environment of rapid social, political, economic and technical changes. Such changes are expected to continue for the foreseeable future as a result of restructured economic and social policies, globalization of markets and enhanced worldwide communication. As a result of recent health sector reforms, national health systems are coming under increasing scrutiny with a view to cost containment and quality improvement and to achieve this accreditation of healthcare establishments is a well-established and evidence based strategy.

Quality aspects in a Dental Clinic would include:

- Providing the appropriate clinical services based on the diagnosis,
- Providing preventive and restorative care appropriate to the patient's requirement.
- Becoming Patient-centric, involving them in care plan generation and decision making.
- Ensuring the use of right materials like bonding agents and composite materials.
- Maintaining emergency kits including oxygen cylinders, monitoring expiry dates
- Fire drills and medical emergency drills - needed for accreditation.
- Proper maintenance of fire extinguishers, ensuring their readiness
- Infection Control - Post Treatment Infection Tracking Policy: Example - all oral surgery, endodontic and periodontal surgery procedures to be followed up with a

phone call to the patient with-in 3 days. If problems are noted, the dentist will take appropriate measures to resolve the situation.

- Licenses and certifications.
- Nitrous oxide/oxygen based sedation monitoring - if applicable
- Preventive maintenance
- Sterilizer monitoring.
- Emergency management and First Aid.

Why IHRA standard for Dental Clinics and Hospitals?

- To create and sustain a culture of quality, accountability and patient safety
- To create high standards for dental care delivery through a qualitative approach to infrastructure and equipment.
- Mandate standard operating procedures for safe dental care practices.
- Direct the creation of safe and infection-free dental care environments
- Proper management of Dental materials, medications and equipment.
- To become Patient-Centric and Employee friendly.
- Proper Calibration & Maintenance of Equipment.
- Avoiding adverse events in the clinical setup.
- Transparency in billing.
- A Proper Feedback system in place.
- Following policies and protocols as per National/International Guidelines.
- Medical Tourism

IMPORTANCE OF ACCREDITATION

Accreditation is the most important approach for improving the quality of care of Healthcare service providers including dental. Accreditation is an incentive to improve capacity of Dental Healthcare Service Providers to provide quality care. Accreditation systems ensure that Dental Healthcare service provider, whether public or private, national or International, play their expected roles in national health system.

Hospital accreditation has been defined as “A self-assessment and external peer assessment process used by health care organizations to accurately assess their level of performance in relation to established standards and to implement ways to continuously improve” Critically, accreditation

is not just about standard-setting: there are analytical, counseling and self-improvement dimensions to the process. Accreditation is a formal process by which a recognized body usually an independent body assesses and recognizes that a health care organization meets applicable predetermined and published standards. A health care establishment is said to be “accredited” when the disposition and organization of its resources and activities make up a process which results in medical care of satisfactory quality. Accreditation implies confidence in a hospital by the population. In almost all cases this can be achieved without major investments in infrastructure.

Importance of Dental Healthcare establishment (DHCE) accreditation:

Accreditation promotes safe patient care and continuous quality improvement of health providers by regular assessment and review.

Accreditation is an improvement system because it can verify that actions are being taken, that system data and information are being used to inform the analysis of issues and solutions, and that safety and quality improvement is being achieved.

Dental Healthcare accreditation: is an assessment process that involves a rigorous, transparent, and comprehensive evaluation by an external independent accreditation body. Examination of its systems, processes, and performance by surveyors to ensure that all these meet IHRA Dental standard. Before the external survey visit, the healthcare facility is expected to conduct a comprehensive self-assessment to decide on the level of its preparedness and how far or how close it is from achieving full compliance with the standards. Standards provide a framework to support healthcare facilities to provide effective, timely and quality services. They are designed to deliver improved levels of care and treatment to the citizens and residents ICT. There is good evidence from scientific research that shows that engaging in a robust healthcare accreditation program improves the structure, process and outcome of care provided by healthcare facilities. Accreditation provides a framework for the organizational structure and management. Accreditation helps improve patient safety and minimize the risk of near misses, adverse outcomes, and medical errors: ensuring patient safety through risk management and risk reduction is at the heart of all accreditation standards. Accreditation ultimately increase the efficiency and less resource utilization. Achieving accreditation helps improve public confidence in an accredited facility hence encourage more patients to seek dental care in that facility hence increase its market share. Assessment against the IHRA Standards will determine whether health providers have systems in place to assure minimum standards of safety and quality, and will assist health providers who have achieved the minimum requirements to identify aspirational and developmental goals.

The basic objective of the strategy of accreditation is to ensure that areas of critical importance to the delivery of quality health services are evaluated by appropriate

methods and methods are developed to confirm their efficacy, validity and reliability. The focus of accreditation should be on continuous improvement in the organizational and clinical performance of health services, not just the achievement of a certificate or award or merely assuring compliance with minimum

acceptable standards. A balanced system of assessment would involve on-site hospital surveys, an ongoing capacity to respond quickly and effectively to complaints and adverse events; development and application of standardized performance measures; and, a mechanism for conducting retrospective reviews of the appropriateness of hospital care. Taken as a whole, the process will assess the extent to which health care organizations are delivering safe health care effectively. It would indicate areas of strength and weakness, including aspects requiring attention; involve an evaluation of the validity and reliability of an institution's internal review procedures, and provide reassurance that each institution has in place effective arrangements for assuring optimal standards in the organization and has procedures securely in place which will enable it to continue to do so.

The assessment process will involve visits to institutions and result in reports published by the accrediting organization. Key performance indicators which will be submitted by the accredited hospital on a periodic basis will be a mandatory requirement to renew accreditation. This will confirm that institutions' internal quality assurance procedures are working effectively. Focus on those issues necessary for the funding bodies to secure their responsibilities for public accountability and public information.

Three Objectives of Accreditation:

To conduct comprehensive assessments of health care organizations for the promotion and maintenance of quality against dental standard.

To engage and train conscientious surveyors and to develop training systems generally for accreditation surveyors.

To promote accreditation, including its values, purpose and results to health care organizations, medical profession, patients and the community.

To collaborate with relevant stakeholder and organizations.

To regularly monitor and evaluate all aspects of the accreditation system and accreditation decisions and provide feedback on the standards.

Create high standards for dental care delivery through a qualitative approach to infrastructure and equipment.

Mandate standard operating procedures for safe dental care

practices. Direct the creation of safe and infection-free dental

care environments. **Overview of Hospital Accreditation System**

There are three main systems to define standards, assess compliance and award formal recognition to successful institutions.

Accreditation: Public recognition by a national healthcare accreditation body of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards e.g. JCI, Canadian, Australian etc.

Certification: Formal recognition of compliance with set standards (e.g. ISO 9000 series for quality systems) validated by external evaluation by an authorized auditor.

Licensure: Process by which a government authority grants permission, usually following inspection against minimal statutory standards, to an individual practitioner or healthcare organization to operate or to engage in an occupation or profession. Each of these systems is being adapted to meet the changing demands for public accountability, clinical effectiveness and improvement of quality and safety, but the most rapid development is in accreditation.

Broadly speaking, there exist two types of hospital accreditation 1) Hospital and healthcare accreditation which takes place within national borders 2) International Health care organization Accreditation can be the single most important approach for improving the quality of healthcare structures. In an accreditation system, institutional resources are evaluated periodically to ensure quality of services. Standards may be minimal, defining the bottom level or base, or more detailed and demanding. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organizations. In all developed and developing countries, accreditation helps the hospital enhance patient care through continuous quality improvement process. It also strengthens community confidence by highlighting hospital's commitment to provide safe and quality care to the community. An accreditation decision about a specific healthcare organization is made following a periodic on-site evaluation by a team of peer reviewers, typically conducted every two to three years. Accreditation is often a voluntary process in which organizations choose to participate, rather than one required by law and regulation. Hospitals are an integral part of health systems; by harmonizing standards in hospitals in line with other institutions and levels of care, continuity of care is improved and the healthcare network strengthened. Hospital accreditation is gaining prominence due to globalization efforts and especially trading in health services. Hospital accreditation is a system of ongoing consensus, rationalization and hospital organization. National ownership is crucial, both to lay the foundation and to maintain, from the beginning, a high degree of integrity and accountability of the national accreditation system.

Establishing national accreditation systems will help to ensure that dental clinic and hospitals, whether public or private, national or international, play their expected roles in national health systems. In Pakistan, private healthcare industry, though responsible for more than 80 per cent of healthcare delivery, is not very organized. There is no

standardization of processes and quality of delivery. Private healthcare players want to evolve accreditation norms that will enable them to compete globally and get a major share of the medical tourism market. A fundamental tenet of all approaches to health services quality evaluation and management is that every system and process

in an organization produces information that when collected and analyzed, can lead to improvement in the system or process. Depending on the scope and philosophy of the individual accreditation programme, accreditation standards may take a “systems” approach that is organised around key patient and processes, such as patient assessment, infection control, quality assurance, and information management. There are specific features in any accreditation model which differ from other accreditation approaches and that are intended to help make the hospital accountable to the national health system. One of the areas of focus is to develop a model of stepwise approach to accreditation, starting with a basic clinic level, to be required for all hospitals, to a more sophisticated teaching and research level hospital.

Principles which characterise the successful introduction of accreditation systems include: a process of consensus-building between government, professionals and purchasers, and the application of concepts of quality and implementation processes which are appropriate to the local context and current performance of the health services. Perhaps, the biggest initial obstacle to introducing accreditation is the resources necessary to initiate the process. The organisation should publish a timetable for assessments. This timetable would assist institutions in planning their monitoring and assessment arrangements

Reasons for implementing Dental clinic and Hospital Accreditation

Currently, there are great discrepancies in quality among different services of the same hospital, independent of the number of beds. Institutionalizing improved quality of care through accreditation requires more than a technical approach; more than the application of tools and methods. Failure to change the behavior of people and organizational attitudes is the commonest cause of ineffective quality initiatives. Sustained improvements often require a change in attitude and acquisition of a sense of ownership with regard to the quality of services provided by an organization. Many supporting factors are required to integrate accreditation into the structure and function of an organization. Sustainable quality needs a supportive environment of leadership, clarity of purpose and organization. Accreditation process can be the single most important approach for improving the quality of health care structures to bring about changes in practice that will improve the quality of care for patients;

It also establishes Informing decision-making by providing data on the quality of health care that various stakeholders, policymakers, managers, clinicians and the public, can use to guide their decisions;

Accreditation also ensures accountability and regulation hence making health care organizations accountable to statutory or other agencies, such as professional bodies, government, patient groups and society at large, and regulating their behavior to protect the interests of patients and other stakeholders. It is also a method of ongoing

consensus, rationalization and hospital organization. The first instrument for the explicit and objective technical evaluation of quality will be the accreditation standard. IHRA is taking lead in Pakistan by getting its dental standard approved by

ISqua for setting globally recognized national standard for dental healthcare establishment accreditation, adopting WHO guidelines for accreditation, identifying and training the surveyors, conducting and monitoring the site surveys and making the decisions related to the awarding of licensing and accreditation and maintaining it.

With legal mandate by Govt. of Pakistan IHRA will ensure that dental accreditation systems are competent to:

Monitor and evaluate quality performance of dental healthcare establishments on various levels;

cover managerial and clinical aspects enhance organizations' learning environment and quality improvement culture

Implementing the IHRA dental standard accreditation System will

lead to: 1. Improvement of care delivered to patients

2. Strengthening community confidence in dental care delivery in dental clinics and hospitals

3. Reducing unnecessary costs of

dental care 4. Increasing efficiency

5. Protecting against lawsuits

6. Facilitating acceptance by and funds from third-party payers.

Process of Accreditation:

IHRA Surveyors use a variety of evaluation approaches during the on-site survey in order to determine the hospital's compliance or performance with applicable structure, process, and outcome standards. These methods might include any combination of the following:

1. Review written documents (e.g., organizational bylaws, strategic and operational plans and budgets, or clinical policies and procedures orientation and training plans and documents and quality assurance plans).
2. Interview hospital leaders, including the members of the governing body, regarding the hospital's processes and how they are designed to meet standards related to planning, budgeting, quality assurance activities, and human resource management.
3. Interview the hospital leaders, physicians, nurses, support staff, employees, patients and family in order to determine the hospital's performance and compliance with standards.

4. Review of personnel files

5. Interview a staff who reported a medical error that has caused harm to one of the patients receiving care in that hospital.
6. Observation of patient care and services provided.
7. Review of patients' medical records
8. Evaluation of the hospital's achievement of specific outcome measures (e.g., hospital- acquired infection rates, patient satisfaction) through a review and discussion of monitoring and improvement activities
9. Interview a patient about his or her level of satisfaction with the care provided by the hospital.
10. Tour the hospital's buildings and patient care areas in order to evaluate standards related to overall cleanliness, building safety, fire safety, waste management, equipment and supply management, infection control, and emergency preparedness. Other diagnostic and support services such as laboratory, radiology department, pharmacy, central sterile services department, dietary and rehabilitation are also assessed with respect to safety, effectiveness, quality control, and equipment management.

IHRA team will conduct 1 day survey to Dental clinics while 2 days survey unless required for dental hospitals. The goal is to ensure that the IHRA standards are integrated into the daily practices of the DHCE. Beside conferences, interviews, and review of documents, the major part of the survey visit will be allocated for the evaluation of implementation of standards and the performance of the different processes within the hospital.

The scope of the survey visit includes all standards-related functions in the hospital to be surveyed. This implies that any service/function/area that is not covered by the IHRA dental standards will not be assessed during the survey visit. Applicable standards from this manual are determined based on the scope of services and the decision of the onsite survey team on the specific applicability of individual standards

a. Assessment Principles

Sufficiently flexible to take account of the dynamic and diverse nature of health care institutions, the variety of sources of evidence, and the changing environment within which they operate.

The assessment process should recognize the positive aspects of the existing system, stimulate considerable debate on the strengths and weaknesses of practice, be a positive experience and identify areas where it can act to remedy particular problems or deficiencies.

The quality assurance process itself should be under assessment and to ensure its continuing appropriateness to the achievement of the purposes of quality assurance set out above.

Operate as cost-effectively as possible in order keep to a minimum the level of external demands on institutions.

The assessment experience should be developmental rather than judgmental and foster a sense of 'ownership' and 'partnership' among all those involved.

The assessment process should be integrative, relevant to all the stakeholders, and transparent.

Systems should be available for moderation of assessment.

b. Registration

Application by hospital and dispatch of:

Application

Self-assessment materials,

Questionnaire (basic data on staff and activity, comprehensive checklist of criteria for compliance with standards)

Detailed report on preparation for the survey for achieving compliance with the standards (optional) and the set of internal documents to be submitted-resource and activity data, internal audits, policies, procedures.

c. Pre-assessment Program

To provide effective support required by hospitals to be able to implement the quality program. Induction programme which introduces them to quality and the assessment procedures Development of opportunities for experience

Provision of manuals, self-assessment workbooks, information sheets on key assessment areas, survey visit information.

Self-assessment support

Training of in-hospital staff to form a steering group/quality action team

Provision of a professional service manager who provides support for survey preparation

Mock survey

Progress visits by a surveyor to support ongoing quality improvements.

d. Self-Assessment

Self-assessment is regarded within the discipline of accreditation as a critical first step and as a developmental instrument. It gives an organization the opportunity to undertake a structured, critical and comprehensive assessment of its performance, improve the efficiency of its operations, enhance staff morale and teamwork and demonstrate to the facility's peers and the public a conscious and active effort to maintain high professional standards of care. Internal organisation and management needs can also be identified during this process. Self-assessment will therefore provide the basis for continuing quality improvement - an integral part of the accreditation cycle. In addition, as the second cycle of assessment begins, institutions should use the initial self- assessment to describe how they have responded to their earlier quality assessment experience. Self-assessment of this sort is consistent with practice in industry and with total quality management. Self-assessment also has the potential to play an important part in the enhancement of quality by encouraging staff to identify opportunities for improvement and to reflect critically on their part in ensuring the quality of health care.

The self-assessment document should set out clearly the aims and objectives of the assessment and give an account of how these aims and objectives are met.

The self-assessment should give an opportunity to the institution to identify any problems which may exist in health care delivery in a particular area of care, and to describe how it is addressing these problems. There should be no invitation to institutions to assess the overall provision in the cognate area, or individual aspects of that provision, in terms of any rating scale as organisations usually tend to overrate themselves and it has no value in the overall rating process. The self- assessment should highlight recently introduced or proposed developments in the organisation of health care. The format of self-assessment should reflect institutional variations in each cognate area such as size, type and structure. In the second cycle of assessment visits, institutions should be invited to use the self-assessment to provide an account of how they have responded to their earlier Assessment experience. The length of time between the submission of the self-assessment document and the assessment visit should be as short as possible. Support services may be provided during the period of self assessment.

Documentation Required for Quality Assessment

Review of documentation should include organizational policies and procedures, minutes, care plans, clinical records. The requirements of documentation made should be clearly able to enlighten the assessors and not result in loads of paper work. Such documentation should not be requested where the burden on institutions is not clearly balanced by the enlightenment of assessors.

e. The Assessment Visit

The Assessment division will devise a standard programme for visits. A timetable based on this programme to be agreed between the assessors and the institution at the pre-visit meeting. Certain features of the programme will be determined by the nature of the cognate area and the institution's organisational arrangements.

The on-the site assessment will include review of documentation; interviews with directors, managers, committees and service teams; observation; assessment of client care through reading clinical notes; discussions with clients and families; and discussions with managers and health practitioners to verify any provisional findings. The surveyors hold a summation conference for management and staff at the end of the survey to outline their major findings and suggestions for future action.

All institutions should be subject to an institution-wide review once in each two-year cycle, involving:

Observations of care

Meetings with groups of staff, including, for example, probationary staff, more senior staff and administrative and secretarial staff;

Meetings with various support services – labs, x-ray, counselling etc; A meeting with a representative group of patients;

Meetings with the head of the institution and managers. And reading other documentation.

Taken as a whole, the process will assess the extent to which an institution is discharging its responsibilities for safe and effective health care effectively. It would indicate areas of strength and weakness, including aspects requiring attention; involve an evaluation of the validity and reliability of an institution's internal review procedures, and provide reassurance that each institution has in place effective arrangements for assuring academic standards in the institution.

f. Recommendations

The programme should be flexible enough to allow assessors to give adequate consideration to complexities.

Review cycles for individual subject/speciality areas could be different in order to maintain speed and simplicity of the process. During the assessment, areas of

duplication and overlap should be avoided.

Aspects of review could be classified as those that require continuing reassessment every few years and those not requiring reassessment at every visit in order to reduce the quantum of work and also to simplify the process.

At all times visits should be conducted in a spirit of co-operation and dialogue between assessors and institutional staff with clear communication and explanation of the assessment process. A distinction should be made, in the assessment of central services, between 'speciality specific' services and those services which are common to other areas.

While it is appropriate that the first group should be assessed within the assessment of each cognate area, the assessment of common services should be conducted without unnecessary duplication of effort or burden on institutions.

The introduction of a method for the systematic evaluation of the experiences of the major participants in the assessment process. Assessors and representatives of the institution are asked to complete a questionnaire which allows them to report on their experiences with the quality assessment process in each individual visit. Such feedback could be very helpful both in evaluating particular visits, and in monitoring the operation of the system as a whole.

g. Period of Accreditation:

Accreditation is for two years, subject to continued implementation of the agreed Quality Action Plan (optional), and the maintenance of standards. If a survey reveals that there is a major risk to client, staff or visitor safety or there are significant deficits in a number of key areas, no accreditation status will be awarded. If there is an area of risk or a limited number of significant improvements needed to achieve the standards, and these can be actioned in a short timeframe, accreditation may be deferred until the risk is eliminated or the improvements have been made.

For those few applicants with major problems, approval of any sort is withdrawn until the difficulties have been corrected, and re-application is required.

If a provider is not granted two year accreditation it may appeal this decision on the grounds that the survey report is inaccurate or incomplete and that those inaccuracies or omissions were not due to shortcomings on the part of the provider during the survey.

h. The Assessment Cycle

The second cycle of assessment visits should be arranged initially on the basis of a two year cycle, but the length of the cycle should be reviewed in the light of the survey report.

Where particular area is considered to be 'deficient' as a there would be a requirement for a further review visit in accordance with procedures to be laid down by the

organisation.

Consultation with institutions on the definition of the cognate areas in which second assessment will take place should be undertaken.

Two years is a long period between reviews; a good deal can happen in that time. Having shorter cycles would greatly add to costs. Progress visits could instead be arranged as in New Zealand, to oversee developments

Progress Visits are made 12 months after the survey by a Quality Health surveyor (larger services will require more than one surveyor) and are designed to support ongoing quality improvements, confirm standards are being maintained or exceeded, review the organisation's achievements and outcomes in relation to its quality action plan, and assist with interpreting the intent of the standards. It also provides an opportunity to advise the client on new or revised standards pertinent to their next survey, and discuss significant changes in service delivery. The organization receives a report containing the findings of the progress visit and suggestions for improvement.

i. Maintaining Accredited Status

A self-declaration form stating continuing compliance with the standards will be required. It is also incumbent upon the applicant to notify immediately of any substantial or important changes in staffing, service provision, organization, resources or performance as failure to do so may jeopardize the accreditation status. Guidance on what is considered "important" in this context should be available from the organization.

j. Options to ensure compliance:

A system of minimal reporting by participating hospitals could be arranged which could be half yearly/yearly. This would go into an MIS and a regional monitoring team could monitor progress. Interim reports by accrediting body every year on progress made in the quality initiative (optional) By using a limited core-group of indicators, with more frequent lessintensive visits (eg.six monthly or annually), the focus could be on achieving incremental and continuous quality improvements.

k. Quality Action Plan

After receiving the survey report, organizations are requested to draft a Quality Action Plan (QAP) that specifically addresses the surveyors' recommendations within a timeframe. This Quality Action Plan becomes an agreement between the organization and Quality Health. Accreditation may be withdrawn should action not be taken to address recommendations within the agreed timeframe.

Process of application for mandatory licensing registration/accreditation:

All Dental healthcare clinics/hospitals in ICT shall apply online for accreditation and or mandatory licensing/by registering on IHRA website <https://ihra.gov.pk/>

How to get Standard copy:

The standards can be purchased online and the hard copy of the standard will be sent to the address submitted online while ordering the same through IHRA website. To get a copy of IHRA dental standard, please follow the link below

<https://ihra.gov.pk/>

It is also available from IHRA office, Red Crescent Society Building, Sufi Tabassum Rd, H-8/2, Islamabad.

FEES

Accreditation Fees

The accreditation fee structure could be composed of four elements: the application fee, the annual fee, the cost of a comprehensive on-site survey every three years, and the on-site education session. These four elements are detailed below:

Application fee:

An initial one-time fee upon submission of the application form. This amount covers the administrative overhead costs related to the processing of the application and the shipping of standards documents and IHRA accreditation related material to the applicant. This fee also signals the seriousness of the intent of the organization applying for accreditation.

Annual Fee:

The annual fee paid by health service organizations is based on the operating budget that they submit to the organisation each year. This fee supports the cost of the activities involved in operating the accreditation program and is not directly related to the cost of conducting surveys. The activities associated with operating the program are: research and development, representation, and office overhead.

Survey Fee:

Participating organizations undergo a full accreditation survey every three years design an approach to the survey to ensure that the objectives of both parties are met. As well, the type of organization and the range of care and services provided determine the size and composition of the survey team and the time required to conduct the survey.

Education Session Fee:

It is recognized by health service organizations that an education session is an essential component of achieving the most benefit from participation in the program. Participation in an education session, developed by the organisation in consultation with each institution undergoing assessment should be strongly encouraged. These

sessions are provided on a cost recovery basis and include

a small administrative fee for the development of customized materials and agenda. Accreditation is a resource-intensive process and pilot programmes should focus on those, possibly a minority of, private clinics and hospitals that offer a range of inpatient and outpatient services, have a high turnover of patients and indicate an interest in participating. Because accreditation visits require external teams of trained surveyors, and focus on organisational indicators of practice, it is unlikely to be feasible or suitable for small facilities or single-handed practices. A two-stage process may be undertaken to phase in accreditation at both the outpatient and in-patient levels. Fees towards certification depends on the size of the healthcare organization. To view the complete fee structure please visit important links on IHRA website followed by fee structure under quick links.

	Group/Level1. Dental clinic having 1- 2 dental chairs	Group /Level 2. Dental clinic/practice having 2-5 dental chairs	Group /Level 3. Dental Hospitals/Teaching Hospital having more than 6 dental chairs
Dental Healthcare practice settings	Application Fee Training charges Assessment fee for a. Licensing b. Accreditation Renewal fee	Application Fee Training charges Assessment fee for a. Licensing b. Accreditation Renewal fee	Application Fee Training charges Assessment fee for a. Licensing b. Accreditation Renewal fee

Registration with IHRA for the purpose of accreditation is required for all eligible dental clinics and hospital and is the first step towards attaining accreditation.

Hospitals are required to register by completing the Healthcare Facility Registration Form IHRA website. Registration is a quick, yet an important step that provides the Healthcare licensing & Accreditation Department of IHRA with the basic information about the registering facility. A unique registration number will be provided to the registering facility upon successful registration. The code number will be used by DHCE for all future communication with IHRA.

Accreditation Pathway

IHRA is promoting healthcare quality and patient safety by supporting Dental healthcare facilities to comply with dental accreditation standard. Dental healthcare facility will undertake following activities to obtain IHRA accreditation.

After registration, Dental Standard and checklist will be provided to Dental HCE seeking IHRA licensing/accreditation.

Who will be licensed/accredited?

IHRA will grant License /accreditation to Dental clinics and hospitals to ensure safe and Quality care in a non-discriminatory manner regardless of their ownership, size and level of care provided. The Dental clinics and hospitals must have conduct self-assessment against IHRA dental healthcare standards after implementing for at least 3 months before submission of application and must ensure that it complies with IHRA Standards.

Stages of the accreditation Process

1. Baseline: initial compliance with standards and standards completed by the client. This will produce a gap analysis and allow action plans to be developed. Evidence and documentation to support compliance rating can be reviewed at this stage. Not mandatory but highly recommended.
2. Self-assessment: evidence and documentation are added to support the compliance ratings; this self-assessment stage can also include an internal survey.
3. IHRA External Survey Assessment of the standards will be on the basis of observation, documentation review and through interviews with staff. Surveyors will use the guidance to check compliance against a check list, base their questions for interviews and for observations.
4. The Survey Report:
5. The Accreditation Award Process

Survey Tool and Report Template and Automation

A comprehensive MIS for the storage and retrieval of descriptive and evaluative data and information flowing from participating institutions is useful and is a priority. The MIS could also pull together the fragmented and duplicated health related data collection activities currently practiced. MIS for

- Documentation and information systems
- Drug information system for doctors
- Newsletters, journal publications, conferences organize regular for quality
- Information skills training to staff
- Organizing seminars and conferences.

A set of minimum performance indicators of the achievement of the goals of the

organisation should be defined to ensure a standardization and uniform analysis of data collected by an MIS.

Influencing Public Policies

- Carrying out policy research and analysis on issues identified for influencing, which have a major bearing, positive or negative, on quality, rationality and accountability in health care.
- Networking, coalition building
- Capacity building
- Information dissemination

Because facilities may require multiple consultative visits as they prepare for the actual accreditation survey, a survey tool and report format will be developed for survey/consultation visits. During preparation visits to a health care facility, the surveyor/consultant team is expected to score the current status of each standard that is applicable to the facility. For each standard that is not fully met, i.e., scored as zero or one, the surveyor/consultant team must document the specific findings that led to this conclusion and provide recommendations on what the facility might do to correct the deficiency. The survey tool and report template is similar to the actual accreditation survey except that only findings must be documented and recommendations are not required

Public Disclosure

Careful attention would needed to be given to how information in individual providers is handled, so that accreditation is not perceived by them as a punitive tool or as a way for taxation authorities to assess tax liability. Accreditation is not a substitute for regulation ; using the former as a tool for identifying and taking action against poor or dangerous PPs risks jeopardising its aims (Salisbury, 1997). In South America and the Caribbean, accreditation combines public dissemination of whether or not a facility has complied with a minimum set of standards, for which it receives accreditation, and confidential communication to the organization of its performance against higher standards (WHO, 1993). Where relevant, and in the light of the procedures of individual professional and statutory bodies, accreditation reports could be placed in the public domain by an institution.

Glossary:

Business Plan A- detailed document describing the future plans of a business: The business plan should encompass financial information such as projections for profit and loss and cash-flow. Cambridge Dictionary

Clinical Governance - “a system through which medical centers are accountable for continually improving the quality of their services and safeguarding high standards of

care by creating an environment in which excellence in clinical care will flourish” Scally and Donaldson

Clinical Pathway- Plan devised for a patient/service user, written and agreed by a team of healthcare professionals and clinical service users, that may include one or more disciplines and

one or more providers (PAS1616:2016 Healthcare –Provision of clinical services – Specification, BSI)

Clinician- The dentist or another member of the dental team who works directly with patients.

Continuing professional development -An ongoing commitment to learning in various forms, which maintains and enhances professional standards of work.

Current best practice guidelines-Written guidelines for agreed ways to carry out treatments and care for patients. Often, these are put together by healthcare professionals based on the best available evidence. These guidelines are constantly added to and reviewed. Over time, the guidelines recommended as best practice will change to take account of new evidence.

DHCE- Dental Healthcare establishment

Dental hygienist -Dental professionals who are permitted to carry out the following kinds of work under the direction of a registered dentist who has examined the patient and indicated in writing the treatment to be provided: cleaning, scaling and polishing teeth; applying certain materials or medicaments; administering local anesthetic and giving dental hygiene advice. If trained to do so, a dental hygienist can place temporary fillings; re-cement crowns; take impressions; administer inferior blocks (under supervision) and take radiographs. Currently they work in Community or hospital dental services or in General Dental Practice.

Dental nurse -Person who assists the dentist at the chair-side during dental treatment, acts as a chaperone, often has administrative duties and infection control responsibilities. They cannot provide dental treatment.

Dental team -All those in a dental practice or community dental clinic, both administratively and clinically, that are involved in the care of patients on their dental visit. Members may include dentists, hygienists, therapists, dental nurses, dental technicians and reception staff.

Dental therapist-A dental professional who is able to carry out certain dental work, including teeth cleaning and simple fillings, under the direction of a registered dentist. A dental therapist also has a role in educating patients on how to effectively maintain their oral health.

Framework: The ideas, information, and principles that form the structure of an organization or plan (Cambridge Dictionary)

Gingivitis - is inflammation and bleeding of the

gums. HCE –Healthcare establishment

Leadership team Team -of senior directors who manage the medical center on a daily basis. Management team -Those responsible for day-to-day running of the centre

Mission: A broad statement that articulates the organisation's purpose and scope. (ISQua) Mixed dental practice

Operating Plan: A plan which clearly defines the actions that the organisation will take within a defined timeframe to deliver its stated objectives and enable the organisation to meet its longer- term strategic objectives. The operational plan provides detailed information about how the organisation will achieve its stated objectives and identifies what activities must be undertaken; who has responsibility for undertaking each of the stated activities; the timeframes in which the activities must be completed; and the resources (financial, human and other) required to achieve the identified activities. (ISQua) Rules/Standing orders: A term used for governing body procedures, which regulate the way in which the proceedings and business of the medical center will be conducted.

Oral health-Oral health concerns the health of all the parts of the mouth and oral cavity. This includes the soft areas such as the tongue and cheeks, the gums and the teeth.

Orthodontics-Part of dentistry concerned with facial growth and development, including development of the teeth and jaws.

Patient care record - An integrated, multi-disciplinary record of all care assessment and treatment, including dental component. Entries are made by all members of the dental care team. patient care record contains personal information, administration details and clinical information.

Periodontitis-Periodontitis is a destructive gum disease where plaque bacteria damage can cause loss of the tooth supporting tissues.

Protocol- A code of correct conduct.

Risk management - involves identifying, assessing, controlling, mitigating, monitoring, reviewing and auditing risk.

SOP - Standard operating procedures

Stakeholder-Anyone who is interested or involved in dental services e.g., dentists and other dental care professionals, patients, regulatory and professional bodies, community etc.

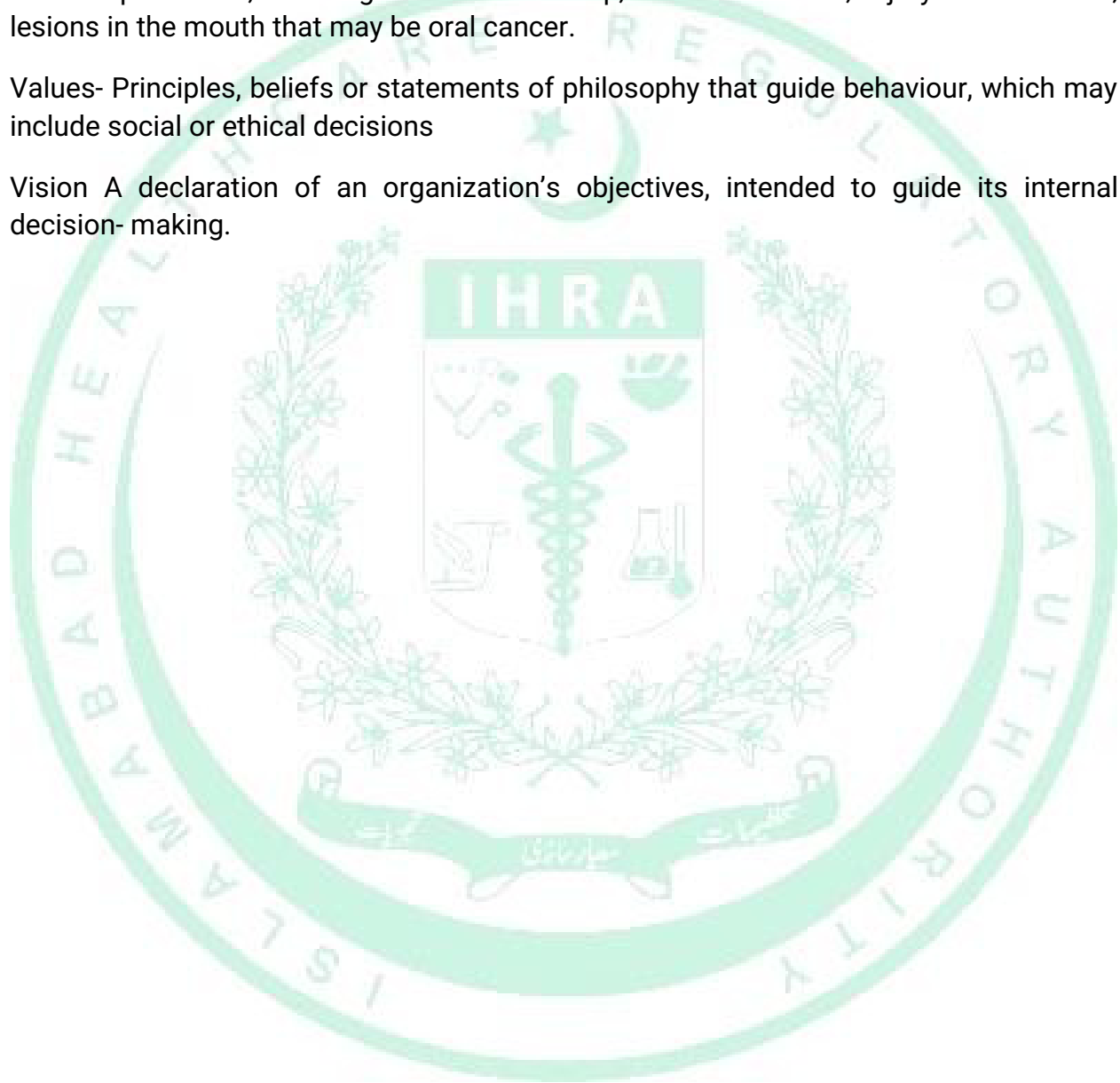
Strategy/ Strategic Plan: A strategic plan looks beyond the basics of a business plan to explain the "how". It explains the long-term goals of the organisation and how it expects to achieve those goals over the long term. A strategic plan explores future products and services that an organisation might offer and target markets/areas that it might expand into. The plan explains the strategy for long-term growth and expansion.

Treatment plan -A written record that may include a summary of patient's dental problems, list of treatment proposed, preventative advice, likely future dental care needs, recall intervals and an estimate of costs.

Urgency -In dentistry the word urgency refers to situations where a dental problem needs treatment as a priority. For example, severe dental pain not controlled by over the counter painkillers, bleeding that will not stop, severe infection, injury from trauma, lesions in the mouth that may be oral cancer.

Values- Principles, beliefs or statements of philosophy that guide behaviour, which may include social or ethical decisions

Vision A declaration of an organization's objectives, intended to guide its internal decision- making.



IHRA DENTAL STANDARDS

The following is a list of all functional areas from the *Islamabad Healthcare Regulatory Authority (IHRA)* Standards for Dental Clinics and hospitals, **CATEGORIZED AS GROUP/ LEVEL 1 DENTAL HCE.**

STANDARDS AND INDICATORS

The IHRA Standard for Dental Clinics comprises of 06 Principles, 10 Standards and 91 Indicators, out of which 73 indicators require 100% compliance (ascribed red), while 18 (ascribed yellow) are acceptable even with partial compliance at least to the extent of 80%.

Principle 3: Organizational role, planning and performance

Standard 1: Governance, Performance and Leadership (GPL)

GPL-1: The dental HCE is led by a practitioner who holds a valid registration, and the practice itself is duly registered with the relevant authority.

Indicator 1: The dental HCE is registered and/or licensed with the IHRA.

Assessment Process:

In order to comply with this indicator, the dental HCE must be registered and licensed with the IHRA. IHRA Registration/License Certificate must be displayed at a prominent place in the dental HCE.

Rating:

- If the dental HCE is Registered and/or Licensed with the IHRA and it is displayed at a prominent place in the dental HCE. Then, rate as **met.**
- If the dental HCE is not registered and/or Licensed with the IHRA. Then, rate as **not met.**

Indicator 2: The dental practitioner is registered with the PM&DC.

Assessment Process:

In order to comply with this indicator, the practitioner must have valid and active PM&DC registration certificate and is displayed.

Rating:

- If the practitioner has a valid and active PM&DC Certificate. Then rate as **met.**
- If the practitioner has not a valid and active PM&DC Certificate. Then rate as **not met.**

Indicator 3: The dental HCE is staffed by qualified professionals.

Assessment Process:

In order to comply with this indicator, the dental HCE must be staffed with qualification obtained from Allied Health Professionals Council/Punjab Medical Faculty/Khyber Pakhtunkhwa Medical Faculty or any other provincial federal board registered staff

approved in accordance with the credentialing and privileging process.

Rating:

- If the dental HCE has qualified staff with valid registration from their relevant registration body. Then, rate as **met.**
- If the dental HCE does not have qualified staff with valid registration from their relevant registration body. Then, rate as **not met.**

Indicator 4: The dental HCE situated in a residential area has a valid approval from Capital Development Authority (CDA) and the physical structure of the clinic complies with relevant regulatory requirements (CDA Building Control Authority).

Assessment Process:

In order to comply with this indicator, a residential house, being used as a dental HCE, must have a valid approval from CDA and the physical structure of the clinic complies with relevant regulatory requirements

Rating:

- If the dental HCE has valid and documented approval from CDA. Then rate as **met.**
- If the dental HCE has no valid and documented approval from CDA. Then rate as **not met.**

GPL-2: Accessibility and Identification of dental HCE.

Indicator 5: Patient shall be provided information about the dental HCE.

Assessment Process:

In order to comply with this indicator, which may be on the website, Facebook page or in the form of a leaflet, including the following?

- Location indicator guide. Location of the dental clinic and hospitals and how to get there. Contact number for any questions about the services or facilities. Details of any disabled access or facilities.
- Services provided including opening hours of the Dental HCE. Information about the range of charges for the services provided – in particular, initial consultation, treatments, investigations and prescriptions; Information about the method and time of payment, and any charges for failing to attend an appointment.
- How continuing care is provided out-of-hours or if treating dentist is not available

Rating:

- If the dental HCE has provided the required documented information about their services. Then, rate as **met.**
- If the dental HCE has not provided the required documented information about their services. Then, rate as **not met.**

Indicator 6: Patient is provided all the information of appointment in advance, to help patient when they attend their appointment.

Assessment Process:

In order to comply with this indicator, the patient appointment is agreed for a time that suits both patient and the dental unit in consideration of the urgency of patient's oral

care needs. Before

Appointment , patient receives information about: With which dentist the appointment is booked and how long it may last. What the patient needs to bring Contact details, in case of cancellation either by the patient or by the dental unit. If patient's first language is not Urdu, patient will receive, on request, advice and Information on how to get interpreting services in Punjabi, Pushto, Sindhi, Balochi, Saraiki, Hindko etc.

Rating:

- If the dental HCE has provided the required documented information about their appointment process. Then, rate as **met.**
- If the dental HCE has not provided the required documented information about their appointment process. Then, rate as **not met.**

Indicator 7: Dental HCE is identifiable with a signboard displayed at a prominent place.

Assessment Process:

In order to comply with this indicator, the dental HCE must display signboard having its name and timing.. The IHRA registration/ licence number must be displayed on sign board prominently.

Rating:

- If the dental HCE has displayed name board and timing of the dental HCE. Then, rate as **met.**
- If the dental HCE has not displayed name board and timing of the dental HCE. Then, rate as **not met.**

Indicator 8: Practitioners and staff of the dental HCE are provided with name badges issued by the dental HCE (with clearly written name/designation and specialty/discipline, where applicable) and are in use during the duty hours.

Assessment Process:

In order to comply with this indicator, every employee of the dental HCE, who is on duty and providing services, must have a name badge, having clearly written name/designation and specialty/discipline (where applicable), for their identification. The badge should be identifiable with the name of dental HCE, employee picture must be pasted on it, the issue & expiry date should be clearly written and authorization in terms of manager initials should be present.

Rating:

- If the practitioners and staff of the dental HCE are provided with name badges and are using those. Then, rate as **met.**
- If the identification badge(s) are not available and/or not in use. Then, rate as **not met.**

Indicator 9: Consultation hours of practitioner(s) are prominently displayed on the sign board of the dental HCE and are followed.

Assessment Process:

This indicator is merged with indicator no 7, hence no need of assessment any further.

Indicator 10: There is list of each member of the dental team and their competencies to undertake specific procedures. The dental professionals, hygienists, nurses and technician's competency in their specialty area and also in infection control, health and safety.

Assessment Process:

In order to comply with this indicator, dental HCE service should ensure that any member of dental team does not undertake procedures beyond their competency.

Rating:

- If there is list of members of dental team with their competencies and the limitation is being followed. Then, rate as **met**.
- If the competencies of the dental team are not defined and limitation of undertaking procedure is not followed. Then, rate as **not met**.

GPL-3: The clinic's manager and healthcare service provider(s) possess the appropriate qualifications for their respective roles.

Indicator 11: The dental HCE's premises are physically challenged person friendly, i.e., has a ramp, where required.

Assessment Process:

In order to comply with this indicator, the access to the dental HCE for patient(s)/attendant(s), particularly for disabled/elderly patients, is easy. In case the entry/exit is not on a ground level, it should have ramps/elevator facility for a wheelchair/stretchers etc. And the ramps should be non-slippery. The door(s) of the clinic are wide enough for easy passage of a wheelchair.

Rating:

- If the ease of access to the dental HCE is fulfilling all the requirements defined above. Then, rate as **met.**
- If the entry/exit of clinic is not on ground floor, and it has steps but there is no ramp for the wheelchair/stretchers, but alternative facility is available. Then, rate as **partially met.** Or the entry/exit of clinic is not on ground floor, and it has ramp/elevator, but the door(s) of the Dental HCE are not wide enough for easy passage of a wheelchair. Then, rate as **partially met.**
- If the entry/exit of the clinic are not on a level ground and there is no ramp or other facility available. Then, rate as **not met.**

Indicator 12: The design, layout and facilities of the dental service shall be conducive to safe and effective delivery of care and treatment.

Assessment Process:

In order to comply with indicator, Patients receive care and treatment in an environment that is suitable for patient needs, privacy and comfort. The buildings, facilities and grounds of the dental service are maintained and reviewed in line with health and safety regulations and CDA regulations and any other legislation. The dental premises are equipped with instruments and materials appropriate to the clinical treatments provided. All equipment used in support of your care and treatment is installed, checked and maintained in line with the manufacturer's instructions, current best practice guidelines. Dental materials and drugs are stored and used safely. If there is a failure in any major service, your dental service will provide either back-up systems to allow your care to continue safely or postpone treatment until it is safe to continue. The dental service carries out any necessary x-rays safely and in line with current best practice guidelines and legislation. The dental service has an ongoing risk management program to ensure safety.

Rating:

- If dental services are provided in safe and effective environment. Then, rate as **met.**
- If dental services aren't provided conducive in safe and effective environment. Then, rate as **not met.**

GPL-4: The Dental HCE's facilities are in compliance with the scope of work and services it offers.

Indicator 13: All staff of the dental HCE has up-to-date Basic Life Support (BLS) training.

Assessment Process:

In order to comply with this indicator, all the staff of dental HCE must be trained on Basic Life Support (BLS). Record of training must be available in the HR file of each employee.

Rating:

- If all the reviewed records contain documented information pertaining to the training(s) mentioned above. Then, rate as **met.**
- If the staff's records do not contain the information mentioned above. Then, rate as **not met.**

Indicator 14: There is adequate seating for the patients/attendants in the waiting area.

Assessment Process:

In order to comply with this indicator, the dental HCE should have a minimum arrangement of 03 to 04 seats per dental unit for patients/attendants in the waiting area.

Rating:

- If the dental HCE has minimum 04 seats in waiting area per dental unit. Then, rate as **met.**
- If the dental HCE has minimum 03 seats in waiting area per dental unit. Then, rate as **partially met.**
- If the dental HCE has less than 03 seats in waiting area per dental unit. Then, rate as **not met**

Indicator 15: There is an adequate arrangement to maintain privacy of the patients during treatment.

Assessment Process:

In order to comply with this indicator, the dental HCE must have adequate arrangements for patient's privacy during consultation/examination, as applicable, are available and privacy is respected.

Rating:

- If the dental HCE has arrangements for patients' privacy, as applicable. Then, rate as **met.**
- If the dental HCE has no adequate arrangements for patients' privacy. Then, rate as **not met.**

Indicator 16: There is proper arrangement available for hands washing/sanitization and is easily accessible to patients/attendants/staff.

Assessment Process:

In order to comply with this indicator, the dental HCE must have proper arrangement of hands washing/sanitization and should be easily accessible to patients/attendants/staff. The WHO hand wash/ sanitization protocol should be

displayed in pictorial form for dental team & patient guidance as per WHO charter.

Rating:

- If the dental HCE has proper arrangement of hands washing/sanitization available and accessible to patients/attendants/staff. WHO hand wash protocol displayed. Then, rate as **met.**
- If the dental HCE has no proper arrangement of hands washing/sanitization available and/or is not accessible to patients/attendants/staff. WHO hand wash protocol not displayed. Then, rate as **not met.**

Indicator 17: A management program has been established by the Dental HCE to oversee its dental and support services.

Assessment Process:

In order to comply with this indicator, an approved management program aligned with vision and mission statement to oversee its dental and support services is available.

Rating:

- If an approved management program with vision and mission is available. Then, rate as **met.**
- If there is no management program and vision and mission is available. Then, rate as **not met.**

Indicator 18: There are adequate numbers of PPEs available in the dental HCE and are in use by doctors and clinical staff.

Assessment Process:

In order to comply with this indicator, the dental HCE must have adequate number of PPEs (includes gloves, gowns, shoe covers, head covers, masks, face shields, and goggles) and are in use by doctors and clinical staff.

Rating:

- If the dental HCE has adequate number of required PPEs available i.e., gloves, gowns, shoe covers, head covers, masks, face shields, and goggles. Then, rate as **met.**
- If PPEs are not available. Then, rate as **not met.**

Standard 2: Facility, Equipment Management and Safety (FEMS)

FEMS-1: The dental HCE assigns an individual s to manage the organization's facility management program and ensures compliance with relevant laws, regulations. The dental HCE staff is aware of fire management and HCE has arrangements to combat fire and non- fire emergencies.

Indicator 19: There is hygienic washroom facility available (preferably disabled friendly) and is easily accessible for patients.

Assessment Process:

In order to comply with this indicator, the dental HCE must have a hygienic washroom facility available and it should easily be accessible for patients/attendants, preferably disabled friendly. The facility should be in the dental HCE or within a close proximity to the dental HCE so that the patients/attendants can easily reach and access it.

Rating:

- If record of regular cleaning of washroom is available in the dental HCE and it is disabled friendly. Then, rate as **met.**
- If record of the regular cleaning of washroom is available but the facility is being provided within a close proximity and is easily accessible to the patients/attendants. Then, rate as **partially met.**
- If there is no facility of washroom available. Then, rate as **not met.**

Indicator 20: There is a manager with responsibility for day-to-day management of the

Assessment Process:

In order to comply with this indicator, there is evidence that the concerned manager has training and experience in facility management. Formal training/ management related academic qualification/ relevant experience is desirable, however dental HCE can appoint a responsible employee/ person from existing HCE team as Manager with orientation of roles & responsibilities. The dental HCE should provide evidence of formal training & orientation of its appointed manager.

Rating:

- If there is evidence that the concerned manager has training and experience in facility management. Then, rate as **met.**
- If there is no evidence that the concerned manager has training and experience in facility management. Then, rate as **not met.**

Indicator 21: The medical center keeps and maintains up to date site drawings.

Assessment Process:

In order to comply with this indicator, the site drawings detail the site layout, floor plans, fire zones and escape routes, infrastructure services; for example, water, gas, electricity and drainage are available.

Rating:

- If the required site drawings are available. Then, rate as **met.**
- If the required site drawings are not available. Then, rate as **not met.**

Indicator 22: A planned preventative maintenance plan for premises, equipment and electrical appliances is available.

Assessment Process:

In order to comply with this indicator, there should be an annual plan and includes work to be done, cost and priority and in accordance with the operational plan. Equipment and appliance

Testing is undertaken by a qualified person before use, and at regular intervals thereafter. Equipment which is out of order shall be labelled until repaired or disposed of.

Rating:

- If there is annual planned preventative maintenance plan is available. Then, rate as **met.**
- If there is no annual planned preventative maintenance plan is available. Then, rate as **not met.**

Indicator 23: There are procedures for the maintenance and service of all ventilation, air conditioning and heating systems and passenger and goods lifts.

Assessment Process:

In order to comply with this indicator, manuals and instructions for all ventilation and heating systems are available. Records of all maintenance work including disinfection of ventilation systems are maintained and available. SOP for the safe use of the lifts includes fire precautions, to rescue people trapped in a lift failure, evidence of any such incident and the action taken is available. A valid safety certificate for each lift is available.

Rating:

- If manuals and records of all maintenance work is available. Then, rate as **met.**
- If service maintenance is being performed but no record is available. Then, rate as **partially met.**
- If there are no manuals and records of all maintenance work is available. Then, rate as **not met.**

Indicator 24: The dental HCE must have crash cart facility and resuscitation equipment that is both available and easily accessible. List of medication in crash cart is available

Assessment Process:

In order to comply with this indicator, the HCE is required to have crash cart with a list of emergencies that can be managed, along with the necessary arrangements and emergency/first aid kits to address them. Also resuscitation equipment should be available in each clinic or can reach within one minute where required. Here is provided the list of emergency drugs which must be present.

Drug	Dose	Route of Administration	Indications	Special Precautions
Epinephrine	0.3 mg (1:1000) for adults	Subcutaneous/Intramuscular	Anaphylaxis, severe allergic reactions, cardiac arrest	Caution in patients with cardiovascular diseases
	0.15 mg (1:2000) for children			
Nitroglycerin	0.3-0.4 mg	Sublingual	Angina pectoris	Contraindicated with sildenafil (Viagra) and other

Drug	Dose	Route of Administration	Indications	Special Precautions
				PDE-5 inhibitors; caution in hypotension and head injury
Aspirin	160-325 mg	Oral	Acute myocardial infarction (heart attack)	Contraindicated in patients with bleeding disorders, peptic ulcer disease, or allergy to NSAIDs
Diphenhydramine (Benadryl)	25-50 mg	Oral/Intramuscular	Allergic reactions, anaphylaxis	May cause drowsiness, caution when driving or operating machinery
				Avoid in patients with narrow-angle glaucoma
Oxygen	4-6 L/min	Inhalation	Hypoxia, respiratory distress	Monitor for oxygen toxicity
Albuterol	2.5-5 mg	Inhalation	Bronchospasm	Caution in patients with cardiovascular diseases
Glucose	15-30 grams	Oral	Hypoglycemia	Check for contraindications in diabetic patients
	25 grams (50 mL of 50% dextrose)	Intravenous		
Lorazepam	0.5-2 mg	Oral/Intravenous	Seizures, anxiety	Caution in patients with respiratory depression or hepatic impairment
Ibuprofen	400-800 mg	Oral	Pain management, inflammation	Contraindicated in patients with peptic ulcer disease or renal impairment
Acetaminophen	325-1000 mg	Oral	Pain management, fever reduction	Avoid excessive use due to potential liver toxicity

Also the basic equipment required to deal with medical emergency arising in dental office should completely be available.

Equipment	Indications	Method to Use	Specific Risks Involved
Automated External Defibrillator (AED)	Cardiac arrest, ventricular fibrillation, pulseless ventricular tachycardia	1. Turn on the AED and follow voice prompts. 2. Attach electrode pads to patient's chest. 3. Allow the AED to analyze the heart rhythm.	Potential harm if used on a patient not in cardiac arrest; risk of burns from electrode pads; may not be effective if not used correctly.
Oxygen Delivery System (e.g., Oxygen tank, Nasal cannula)	Hypoxia, respiratory distress, syncope	1. Assess patient's oxygen saturation level. 2. Administer oxygen at appropriate flow rate. 3. Monitor patient's response.	Oxygen toxicity if administered at high concentrations for prolonged periods; risk of fire if oxygen comes into contact with ignition sources.
Epinephrine Auto-injector	Anaphylaxis, severe allergic reactions	1. Remove safety cap. 2. Administer injection into thigh muscle. 3. Hold in place for several seconds.	Risk of injection site reactions (e.g., pain, redness); potential for accidental injury if not used correctly.
Glucose Gel or Glucose Tablets	Hypoglycemia (low blood sugar)	1. Assess patient's blood glucose level if possible. 2. Administer glucose gel or	Risk of aspiration if patient is unconscious; potential for

Equipment	Indications	Method to Use	Specific Risks Involved
		tablets orally. 3. Monitor patient's response.	hyperglycemia if administered inappropriately.
Nitroglycerin Tablets	Angina (chest pain due to coronary artery disease)	1. Confirm patient's diagnosis and previous use of nitroglycerin. 2. Administer prescribed dose sublingually. 3. Advise patient to sit or lie down.	Risk of hypotension (low blood pressure); headache; flushing; potential for drug interactions.
Emergency Oxygen Mask	Severe respiratory distress, unconsciousness	1. Assess patient's breathing and oxygen saturation. 2. Apply mask over patient's nose and mouth. 3. Adjust oxygen flow rate as needed.	Risk of suffocation if not used correctly; potential for oxygen toxicity at high concentrations for prolonged periods.

Rating:

- If the dental HCE has made arrangements to manage the emergencies that have been listed. And resuscitation equipment & medicines are available and can reach within one minute. And the dental team has received basic orientation/ any training in emergency handling in past 02 years Then, rate as **met**.
- If the dental HCE has no arrangements to manage the emergencies that have been listed. And resuscitation equipment/ medicines are not available or cannot reach within one minute. Then, rate as **not met**.

Indicator 25: The dental HCE management is familiar with the applicable laws and regulations, and is aware of updates and amendments in the prevailing laws of the

Assessment Process:

In order to comply this indicator, on interview the concerned dental HCE's staff should be able to satisfy that they have adequate knowledge regarding the scope of application of laws, regulations, and codes, such as those related to building and fire safety requirements, maintenance of elevators and equipment like boilers and compressors, upkeep of generators to ensure uninterrupted power supply, and ventilation.

Rating:

- If there is clear evidence that the managerial and operational staff possesses knowledge of the applicable laws and their requirements. Then, rate as **met.**
- If most of the managerial and operational staff possess knowledge of the applicable laws and their requirements. Then, rate as **Partially met.**
- If there is evidence that neither the managerial staff nor operational staff is familiar with the relevant laws, their applicability and relevant requirements. Then, rate as **not met.**

FEMS-2: The dental HCE has plans for fire and non-fire emergencies within the premises.

Indicator 26: Dental HCE has plans and provisions for early detection, containment and abatement of fire and non-fire emergencies. And the staff members are aware about the plans and their role in case of such emergencies.

Assessment Process:

In order to comply with this indicator, the dental HCE must have a plan which addresses All the 03 requirements of fire and non-fire emergencies i.e., early detection, containment and abatement. And all these requirements must be implemented. The dental HCE must have emergency exit plan and firefighting equipment e.g., fire extinguishers, fire extinguishing balls, sand buckets, fire-proof blanket, fire hose and emergency shower etc. There must be documented evidence/record(s) of training(s) of all the staff members.

Rating:

- If there are provisions in place to address fire and non-fire emergencies and there is evidence of training of the staff and the staff on interview is knowledgeable and proficient in operating the equipment. Then, rate as **met.**
- If there are adequate arrangements in place to address fire and non-fire emergencies but the staff is not aware of or lacks proficiency in operating the equipment. Then, rate as **partially met.**
- If arrangements to combat fire and non-fire emergencies are not available and there is no evidence of training of the staff and the staff on interview is found not knowledgeable and proficient in operating the equipment. Then, rate as **not met.**

Indicator 27: There is an evacuation plan available for the premises in case of fire for evacuation of staff, patients and their attendants and staff is aware of actions to be

Assessment Process:

In order to comply with this indicator, poster/charts of fire control including RACE, PASS, floor plan for safe evacuation is exhibited in prominent places, staff is aware of these; also exit doors are well marked and always clear. Assembly place is marked and informed to the patients and staff.

Rating:

- If there are poster/charts, floor plan for safe evacuation is exhibited, exit doors are well marked and always clear, assembly place is marked and informed to the patients and staff. Then, rate as **met.**
- If there are poster/charts, floor plan for safe evacuation is exhibited, exit doors are well marked and always clear, assembly place is marked, but the plan is not informed to the patients and staff. Then, rate as **partially met.**
- If there is no evacuation plan available. Then, rate as **not met.**

Indicator 28: Emergency contacts to be available (Police, Fire brigade, Ambulance)

Assessment Process:

In order to comply with this indicator, list of contact numbers of for use in emergency is displayed in prominent places throughout the dental HCE. The list is provided in Annexure-H

Rating:

- If the clinic has displayed the listed contacts. Then, rate as **met.**
- If the above-mentioned contacts are not displayed. Then, rate as **not met.**

FEMS-3: The dental HCE has system for ensuring proper functioning of all Equipment.

Indicator 29: To ensure that all dental equipment is well maintained, operate correctly, and undergo periodic inspections, servicing, and calibration.

Assessment Process:

In order to comply with this indicator, the dental units shall be fully functional, the inspection team should thoroughly examine and test each unit based on five key factors: light, handpiece, X-ray, suction, and chair movement. If any of these factors are found to be non-functional during the inspection, the unit must be declared as out of order. Furthermore, a maintenance plan must be established to address any non-functional dental units, and the maintenance activities performed on each unit should be documented. There is evidence of compliance for certification, scheduled maintenance and calibration.

Rating:

- If all the above requirements are implemented. Then, rate as **met.**
- Since this is a significant patient safety issue, if any of the requirements are not implemented. Then, rate as **not met.**

Indicator 30: There is evidence of MoU with outsourced laboratories which are service

Assessment Process:

In order to comply with this indicator, the Dental clinic/Hospital purchases custom made dental devices, such as crowns and bridges, then the service providers must be accredited (provincial medical faculties offering technical programs/ Allied Health Council) and meet required standard as per contract. Evidence of surveillance, audit by the accrediting and regulating bodies for quality-of-service provision is available and presented for audit

Rating:

- If contract with accredited outsourced laboratories is available. Then, rate as **met.**
- If contract with accredited outsourced laboratories is not available. Then, rate as **not met.**

Indicator 31: A backup power supply (Generator/UPS) is installed and operational in the dental HCE.

Assessment Process:

In order to comply with this indicator, the dental HCE There should be a backup power supply (i- e generator/UPS) installed in the dental HCE. In times of power outage, the backup power supply should be functional.

Rating:

- If a generator/UPS is installed and operational in the dental HCE. Then, rate as **met.**
- If a generator/UPS is installed but not operational in the dental HCE. Then, rate as **partially met.**
- If a generator/UPS is not installed in the dental HCE. Then, rate as **not met.**

Indicator 32: Dental HCE's facility management ensures uninterrupted Dental supplies.

Assessment Process:

In order to comply with this indicator, provision of medical supplies by the dental HCE facility management is ensured. Record keeping of medical supplies & equipment and these are stored according to factory guidelines. Regular inspection is done by the healthcare facility management as per approved SOP. Policy for ensuring the protection of medical supplies from theft or damage is available. Evidence of disposal of damaged & expired supplies as per policy is available.

Rating:

- If the dental supplies are kept as per manufacturer requirement and their record is available. Then, rate as **met.**
- If the dental supplies are kept as per manufacturer requirement but no record available. Then, rate as **partially met.**
- Record of medical supplies requirement and their storage is not available. Then, rate as **not met.**

Standard 3: Staff, Qualification(s), Orientation and Training(s) (SQOT)

SQOT-1: Documentation of the personal records for the dental surgeon(s) and staff is

maintained.

Indicator 33: The clinic/Hospital maintains a file containing the personal information and credentials of dental surgeon and all the staff members.

Assessment Process:

In order to comply with this indicator, verify the professional qualifications, registration with relevant councils/authorities, registration validity, experience certificates, and completed trainings of the dental surgeon(s), and support staff i.e., dental assistant(s), dental hygienist(s), and other staff members by conducting a thorough review of their personal records.

Rating:

- If all the reviewed records contain documented information pertaining to the professional qualifications and credentials mentioned above. Then, rate as **met**.
- If the staff's records do not contain the information mentioned above. Then, rate as **not met**.

SOQT-2: The dental HCE provides a comprehensive orientation program for new employees, which helps them become acquainted with the work environment, specific departments, and their respective responsibilities.

Indicator 34: All employees are properly oriented to the dental HCE's environment, relevant sections, units, services, and the policies/SOPs.

Assessment Process:

In order to comply with this indicator, there is documented evidence of orientation of the employees in the dental HCE on overall scope of services, fire and non-fire emergencies, general patient safety, infection control, continuous quality improvement, which is verifiable via interviewing the staff.

Rating:

- If there is documented evidence of orientation provided to all employees as mentioned above. Then, rate as **met**
- If orientation has been verified by interviewing the staff but there is no documented evidence available. Then, rate as **partially met**.
- If no orientation has been conducted or if there is no existing orientation program. Then, rate as **not met**.

SOQT-3: The dentist incharge of the dental HCE bears the responsibility for ensuring the quality of care and the safety of both patients and staff.

Indicator 35: The job description (JD) is communicated to each employee to ensure they are informed of their role and responsibilities.

Assessment Process:

In order to comply with this indicator, all employees are provided with detailed job descriptions (JDs) to ensure effective performance of their assigned duties, and are fully informed of the requirements outlined in their respective job descriptions. The record indicates that the concerned employees have signed it, certifying that they have read and fully understood its contents.

Rating:

- If the JDs are available and signed by all employees. Then, rate as **met.**
- If the JDs are available but not signed by any one employee. Then, rate as **not met.**

Indicator 36: All employees are familiarized with their respective rights and responsibilities, as well as the rights and responsibilities of patients.

Assessment Process:

In order to comply with this indicator, the dental HCE has established a policy to protect the rights of its employees, which includes providing appropriate care, as well as a suitable work environment, and contracts with an appointment letter. In addition, the written job descriptions (JDs) of each staff member outline their role towards the patients' rights and responsibilities.

Rating:

- If there is a policy available regarding the rights and responsibilities of employees as well as patients and the staff is familiar with the same and posters of patient rights and responsibilities are displayed at prominent places in the dental HCE. Then, rate as **met.**
- If there is neither a policy available nor the staff is familiar with the rights and responsibilities of employees as well as patients. Then, rate as **not met.**

Standard 4: Information Management (IM)

IM-1. The dental HCE keeps patient clinical records by ensuring that they have an up-to-date chronology of their care, which may be stored in either hardcopy or electronic form.

Indicator 37: The health and dental records of the patient contain sufficient information to establish their unique identity, document the reasons for their visit, conduct assessments, support the diagnosis, justify the treatment plan, and record the entire course of treatment, progress, and final outcomes.

Assessment Process:

In order to comply with this indicator, the dental practice has a well-established system for creating and updating dental information for each patient. Each patient is assigned a unique ID, which is generated from two identifiers: their health record containing all relevant clinical information and a comprehensive patient record maintenance system, whether manual or computerized. The patient records are kept with great care, adhering to a prescribed format, and containing essential details like Medical Record Number

(MRN), date, name, age, gender, and address. Moreover, these records provide comprehensive information about the patient's medical history, diagnosis, treatment/procedures, and any relevant referrals. In cases of referral/transfer or medico-legal

situations, the patient's CNIC (Computerized National Identity Card) and contact number are mandatory.

Rating:

- If the medical record is maintained as mentioned above. Then, rate as **met.**
- If no record is maintained or there is Persistent deficiency. Then, rate as **not met**

Indicator 38: Patient information is secured against loss, damage, tampering, and unauthorized access. Entries are timed, dated, and signed for accuracy and

Assessment Process:

In order to comply this indicator, to prevent loss or damage to information, regular backups and off-site storage are utilized. Access to the information is restricted to authorized personnel through user authentication and authorization mechanisms, and physical security measures such as locks, surveillance cameras, and access control systems are implemented to prevent theft, forgery, and unauthorized physical access. To ensure accuracy and accountability, records have entries that are timed, dated, signed, and stamped. These measures help to establish a chronological record of events, authenticate the records, and prevent fraud or unauthorized alteration.

Rating:

- If the medical record is being protected/secured and managed/maintained. Then, rate as **met.**
- If the medical record is not being protected/secured and not managed/maintained. Then, rate as **not met.**

Indicator 39: Patient information is well secured and confidentiality is maintained. Confidentiality, security, and integrity of data and information are maintained. The retention of patient records complies with local privacy requirements.

Assessment Process:

In order to comply with this indicator, ensure the dental HCE's compliance to SOPs/Policies for the confidentiality, security, and integrity of data and information, it must implement specific measures. The HCE should have access control procedures in place, ensuring that only authorized personnel have access to the records. Additionally, employing encryption, performing regular backups, conducting employee training, implementing secure communication channels, and ensuring physical security are essential steps to assess the compliance of the SOPs/Policies for the security of records.

Rating:

- If the dental HCE has developed and implemented the SOPs/Policies for the confidentiality, security, and integrity of data and information. Then, rate as **met.**
- If the dental HCE has not developed and implemented the SOPs/Policies for the confidentiality, security, and integrity of data and information. Then, rate as **not met.**

Indicator 40: The dental HCE keeps an accurate, full and up-to-date record of all aspects of patient's care.

Assessment Process:

In order to comply this indicator, it uses and stores record in a manner that ensures patient confidentiality, and is in line with current legislation. Patient personal information is stored securely. Only patient and the dental care professionals involved in patient's care, or other people nominated by patients, have access to information held about the patient, unless there is a lawful basis for disclosure. Patients are made aware of the arrangements for the safe storage and retrieval of patient's care record if the dental service closes.

Rating:

- If an accurate, complete and up-to-date record of all aspects of patient's care is ensure. Then, rate as **met.**
- If an accurate, complete and up-to-date record of all aspects of patient's care is not ensure. Then, rate as **not met.**

Indicator 41: Patient records, including medical history, are kept for 03 years, but are kept for a lifetime in case of patient death/medico legal cases.

Assessment Process:

In order to comply with this indicator, an assessment of the medical records of the dental HCE should be conducted for the previous three years. Additionally, an assessment should be made to ensure the maintenance of records related to medico-legal cases and deaths, if applicable.

Rating:

- If the patient record is maintained as above. Then, rate as **met.**
- If the medical record is not being protected/secured and not managed/maintained. Then, rate as **not met.**

Principle 2: Safety and risk

Standard 5: Management of Medication/Dispensing (MMD)

MMD-1: Policies and procedures exist for the prescription of medications

Indicator 42: Prescriptions are clear, legible, dated, timed, named, stamped and signed.

Assessment Process:

In order to comply with this indicator, the assessment team should evaluate the legibility, date, time, stamp and signature of prescriptions written by the dental surgeon, and ensure that prescribed medicines (trade or generic) are clearly named without the use of any codes.

Rating:

- If the representative sample of prescriptions are as described above. Then, rate as **met.**

- If prescriptions are not legible and clear. Then, rate as **not met**.

Indicator 43: Dental HCE must maintain a record or copy of the prescription of each

Assessment Process:

In order to comply with this indicator, the dental HCE must maintain a record or copy of the prescription of each patient and it should be made a part of respective patient file. A sample of patient files should be assessed for compliance of this indicator.

Rating:

- If the patient record is maintained as above. Then, rate as **met.**
- If the patient record is maintained but the information is deficient by about 20% only. Then, rate as **partially met.**
- If no record is maintained or the deficiency is more than 20%. Then, rate as **not met.**

MMD-2: Policies and procedures guide the safe storage and dispensing of medicines/ medications.

Indicator 44: There is a policy and procedure for rational use of antibiotics for antibiotic stewardship.

Assessment Process:

In order to comply with this indicator, the policy and procedure include who may prescribe antibiotics, the conditions for which antibiotics may be required and the patient assessment, actions to take in the case of an anaphylactic reaction. The formulary is agreed with the medical center's Drugs and Therapeutics team who provide oversight.

Rating:

- If a policy and procedure for the use of antibiotics for antibiotic stewardship is available. Then, rate as **met.**
- If a policy and procedure for the use of antibiotics for antibiotic stewardship is not available. Then, rate as **not met.**

Indicator 45: Dental HCE follows the guidelines for proper storage of medicines and dental materials. The drug inventory is well maintained.

Assessment Process:

In order to comply with this indicator, the safe storage guidelines encompass a variety of measures, such as proper stacking of medicines and dental materials in distinct groups within the rack or cupboard to differentiate common drugs, injections, anesthetics, look-alike, and sound-alike medicines/cements/materials, labeling, ensuring proper ventilation, temperature control, refrigeration of sensitive drugs/materials, and maintaining a record of expiry dates.

Rating:

- If the medicines/materials are stored as per the above referred guidelines. Then, rate as **met.**

- If the medicines/materials are not stored as per the above referred guidelines. Then, rate as **not met.**

Indicator 46: Policies and procedures are implemented to guide the safe storage, dispensing and administration, and disposal of medicines/medications/injectable.

Assessment Process:

In order to comply with this indicator, dental HCE must have Policies and procedures are implemented to guide the safe storage, dispensing and administering, and disposal of medicines/medications/injectable and must ensure that expiry dates of each medicine/medication/injection are checked before dispensing/administering to the patients. While assessing, check a sample of medicines/ medications/injections for their expiry date. The stock or products which are expiring within one month should be pulled from the shelves and labeled as near expiry medicine/medication/injections.

Rating:

- If the dental HCE has Policies/SOPs, for safe storage, dispensing and administering, disposal of medicine/medication/injection, no expiry has been found while assessing the dental HCE and near expiry medicine/medication have been separated and labeled. Then, rate as **met.**
- If the dental HCE has no Policies/SOPs, for safe storage, dispensing, administering and disposal of medicine/medication/injection, OR expiry has been found while assessing the HCE OR near expiry medicine/medication have not been separated and labeled. Then, rate as **not met.**

Indicator 47: The dental HCE must maintain record of any drug, adverse drug reaction/event and a protocol for reporting to the relevant authorities.

Assessment Process:

In order to comply with this indicator:

- i) The dental clinic and hospital must communicate the SOPs for drug dispensing to the concerned staff.
- ii) Patients should receive clear information about the dispensed medications.
- iii) The dental clinic and hospital are responsible for maintaining records of the drugs dispensed.
- iv) If there are no adverse drug reactions reported, the register must indicate "Nil" for record- keeping purposes.

Rating:

- If maintain record of any drug / adverse drug reaction and a protocol for reporting is available. Then, rate as **met.**
- If maintain record of any drug / adverse drug reaction and a protocol for reporting is not available. Then, rate as **not met.**

Standard 6: Infection Prevention & Control (IPC)

IPC-1: The infection prevention and control program are based in the dental HCE on current scientific knowledge, accepted practice guidelines, applicable laws and regulations, and standards for sanitation and cleanliness.

Indicator 48: The dental HCE has an appropriate waste management plan in place, implements and monitors well.

Assessment Process:

In order to comply with this indicator, HCE has developed a waste management plan in documented form and is available for inspection) Clinical waste management protocol adheres to relevant regulations and guidelines. ii) General waste management protocol available. iii) Chemical waste management protocol adheres to relevant guidelines the Clinical Waste Management Plan ensuring availability of:

- a. Single use syringes as required and syringe cutters/auto disposable (AD) syringes
- b. Separate containers for HCE waste (for infectious, non-infectious and sharps)

Evidence of Waste Management system including the following components in practice;

- a. Segregation
- b. Collection
- c. Disposal

Rating:

- If there is waste management plan available in place and following. Then, rate as **met.**
- If there is no waste management plan available. Then, rate as **not met.**

Indicator 49: The dental HCE has implemented an infection control plan to minimize the occurrence and prevention of nosocomial infections.

Assessment Process: In order to comply with this indicator, the dental HCE should have a written IPC Plan to verify that it covers the following aspects

- SOPs for Infection Prevention & Control
- Arrangement for the Infection Prevention & Control Practices

Rating:

- If there is a documented infection prevention and control plan that includes SOPs for infection control and arrangements of infection control practices. Then, rate as **met.**
- If there is either no written plan, or it does not include any one of the above requirements. Then, rate as **not met.**

Indicator 50: The dental HCE has infection control surveillance reports, audits and

Assessment Process:

In order to comply with this indicator, there is a procedure for undertaking assessments and treatments in suspected or confirmed infectious patients and during pandemics.

This includes disinfection of equipment cleaning of waiting areas, maintaining social distancing, grade and

availability of PPE to all staff, and specific precautions that must be taken for high-risk procedures such as surgery.

As for dental HCE, infection control surveillance must include internal as well as external audits:

1. Internal audit may include disinfectant & autoclave cycles record/ sterilization reports.
2. External audit may involve taking microbial cultures from 6 sites of dental operatory and assessment of microbial growth through recognized public sector laboratory.

The suggested six sites for microbial testing are as follows:

- a. Dental Chair
- b. Hand-piece/ scaler/ motors housings
- c. Triple syringes reusable
- d. Dental bur/ small number reuse endodontic files
- e. Dental light/ handles/ chair surfaces
- f. Dental X-ray cone

Rating:

- If HCE has infection control surveillance reports, audits and incident reports is available. Then, rate as **met**.
- If HCE has infection control surveillance reports, audits and incident reports is not available. Then, rate as **not met**.

Indicator 51: In dental HCE, there is qualified individual(s) who oversee all infection prevention and control activities. They have the necessary education, training, experience, or certification in infection prevention and control practices.

Assessment Process:

In order to comply with this indicator, the dental HCE has a qualified person or team responsible for overseeing infection prevention and control activities. These individuals have the necessary education, training, experience, or certification in infection prevention and control practices. Their role is to monitor and manage infection risks, implement preventative measures, and ensure compliance with established protocols. This helps to maintain a safe and healthy environment for patients and healthcare workers.

Rating:

- If there are qualified personnel is available for infection prevention and control activities. Then, rate as **met**.
- If the qualified personnel do not available for infection prevention and control activities. Then, rate as **not met**.

Indicator 52: There are autoclaved examination instruments conveniently packaged in pouches, readily available for immediate use.

Assessment Process:

In order to comply with this indicator, to ensure proper sterilization and storage of examination instruments, they should be autoclaved and then placed in sterilization pouches of appropriate size. Over-packing should be avoided, and the pouches should be sealed properly to prevent contamination. It is essential to check the pouches both before and after sterilization to ensure complete closure of the package. More sensitive methods such as mercury based steri-gauge assessment should be employed to ensure sterilization cycle and record should be maintained.

Rating:

- If autoclaved instruments are stored and kept in pouches. Sterilization cycle record with used steri-gauges are available. Then, rate as **met.**
- If autoclaved instruments are not stored in pouches. No record of sterilization cycle is available. Then, rate as **not met.**

Indicator 53: The handpieces are conveniently stored in pouches, making them readily available and prepared for immediate use.

Assessment Process:

In order to comply with this indicator, the Handpieces should be available in the dental HCE, stored in sealed pouches. The pouches should be inspected to ensure complete closure of the package before and after sterilization.

Rating:

- If handpieces are available in proper sealed pouches. Then, rate as **met.**
- If handpieces are not available in proper sealed pouches. Then, rate as **not met.**

Indicator 54: Suction tips, dental needles, and burs designed for one-time use are available, accessible and ready for use. One time use products/ disposables should be used once only and disposed off properly

Assessment Process:

In order to comply with this indicator, the suction tips, dental needles, and burs mentioned are to be used once and then discarded. These items are available, easily accessible, and prepared for use. The items meet the required imp standards and are free from any defects or contaminants before being utilized in dental procedures. Following is the list of disposables necessitating one time use only.

Material	Indications for Use	Disposal Instructions
Disposable Gloves	Patient examination, treatment, and procedures	Dispose of gloves in designated biohazard waste containers
Disposable Masks	Infection control during patient interaction	Dispose of masks in designated biohazard waste containers
Disposable Bibs	Patient protection during dental procedures	Dispose of bibs in regular trash after single use
Disposable Saliva Ejectors	Removal of saliva and fluids during procedures	Discard ejectors in biohazard waste containers
Disposable Suction Tips	Removal of debris and fluids from the oral cavity	Dispose of suction tips in biohazard waste containers
Disposable Prophyl Angles	Teeth polishing during dental prophylaxis	Discard prophyl angles in biohazard waste containers
Disposable Air/Water Syringe Tips	Delivery of air and water during dental procedures	Dispose of syringe tips in biohazard waste containers
Disposable Barrier Film	Surface protection on dental equipment and tools	Peel off and discard barrier film after single use
Disposable burs & files	Fillings, teeth preparation, endodontics	Dispose in designated biohazard waste containers
Disposable Impression Trays	Making dental impressions for restorative procedures	Dispose of impression trays in biohazard waste containers
Disposable Needles and Syringes	Administration of local anesthesia and other injections	Discard needles and syringes in sharps containers
Disposable Cotton Rolls	Absorption of saliva and moisture	Dispose of cotton rolls in biohazard waste

Material	Indications for Use	Disposal Instructions
	during procedures	containers

Rating:

- If single-use suction tips, dental needles, burs available. Then rate as **met.**
- If any of these are not available. Then rate as **not met.**

IPC -2: The infection prevention and control process is integrated with the dental HCE's overall program for quality and patient safety program using measures that are epidemiologically important to the organization.

Indicator 55: Regular disinfection of dental units' surfaces is performed.

Assessment Process:

In order to comply with this indicator, the oral cavity, nasal passages, and respiratory tract harbor numerous pathogenic microorganisms that can spread directly or indirectly within the dental

treatment area. To effectively eliminate bacteria in highly contaminated areas like sponges, dishcloths, kitchen and bathroom sinks, as well as the kitchen sink drain area; it is advisable to use bleach-based cleaners. After each use, cutting boards should be treated with a bleach-based spray or a solution of bleach and water to eliminate harmful bacteria such as E. coli and Salmonella. These disinfection practices should be carried out after treating each patient.

Rating:

- In the dental HCE, it is essential to have disinfectants readily available and ensure their use after each patient. Then, rate as **met**.
- In the dental HCE, if disinfectants are present but not being utilized, or if disinfectants are unavailable altogether. Then, rate as **not met**.

Indicator 56: Proper hand hygiene as per WHO guidelines is fully implemented and monitored for preventing Healthcare associated infections in dental clinics and

Assessment Process:

In order to comply with this indicator, establishing multidisciplinary committee for monitoring infection prevention and control program, developing implementing and monitoring sterilization, disinfection, hand washing policies, SOPs and ensuring that rules are followed in letter and spirit. Immediate and consistent sanitation for doctors, nurses & medical equipment is assured. The staff is provided with proper training regarding use of equipment and supplies to prevent infections and their uninterrupted supply as per requirement.

Rating:

- If hand hygiene as per WHO guidelines is ensured. Then, rate as **met**.
- If hand hygiene as per WHO guidelines is not ensured. Then, rate as **not met**.

Indicator 57: The sterilizer/autoclave for dental instruments in the dental HCE is accessible, available and functional.

Assessment Process:

In order to comply with this indicator, the Sterilizer/ Autoclave should be available in the HCE. The use of Sterilizer/ Autoclave is imperative. The sterilization of dental instruments helps to keep the patients safe from infections.

Rating:

- If the Sterilizer/ Autoclave for dental Instruments is available and also functional. Then rate as **met**.
- If the Sterilizer/ Autoclave for dental Instruments in HCE is available but not functional or it is not available. Then rate as **not met**.

Indicator 58: Sterilizer/ Autoclave tested and inspection record available.

Assessment Process:

In order to comply with this indicator, the sterilizer/autoclave undergoes regular testing, inspection, and calibration to ensure its proper functioning. There are records available to monitor the temperature and pressure control during sterilization processes. Adequate space is provided to ensure clear separation between the "clean" and "dirty" areas. To ensures that the sterilizer/autoclave functions properly, which contributes to the safe and effective sterilization of instruments in the dental HCE.

Rating:

- If autoclave/sterilizer is available, functional, tested, validated, inspection record and adequate space is available. Then, rate as **met**
- If autoclave/sterilizer is available and functional but neither tested, inspection record is available but adequate space is not available. Then, rate as **partially met.**
- If autoclave/sterilizer is available but not functional. Then, rate as **not met.**

Principle 3: Person-centered approach:

Standard 7: Patient Rights, Responsibilities and Education (PRRE)

PRRE-1: A documented process is in place to obtain consent from patients and/or their families, enabling informed decision-making with regards to their safe care.

Indicator 59: There is evidence that shows the patients or their guardians receive sufficient information, ensuring their rights are respected.

Assessment Process:

In order to comply with this indicator, the HCE should have evidence that:

- i) The dental practice obtains informed consent and/or informed refusal from the patients.
- ii) Upon request and payment of fees, the dental practice provides a dental report to the patient.
- iii) The patient is given the opportunity to seek a second opinion concerning their dental condition or treatment.

Rating:

- If the patients or their guardians receive sufficient information, ensuring their rights are ensured. Then, rate as **met.**
- If the patients or their guardians receive sufficient information, ensuring their rights are ensured. Then, rate as **not met.**

Indicator 60: Patient's decisions on any care and treatment provided by the dental team are based on patient being fully informed by treating dentist about the risks, benefits

Assessment Process:

In order to comply with this indicator, the treating dentist provides clear information about the range of treatments that are available, and according to patient's needs and preferences. This includes an explanation of the advantages, disadvantages and

estimate of treatment costs of any

treatment. Patient is given time for making decisions about their care and treatment, as well as what happens if patient chooses not to proceed. Patient can nominate a member of family or any another person to ask questions on his/her behalf. Patient treatment plan is recorded and can have access to it. Patients are informed if any changes need to be made to this plan, and the reasons and cost involved. Patient shall be informed about how long their appointments are likely to last and the time required for the proposed treatment. If patients are unable to give informed consent, decisions about their care and consent to it will be in line with current best practice guidelines and legislation

Rating:

- If Patient's decisions on any care and treatment is provided by the dental team. Then, rate as **met.**
- If Patient's decisions on any care and treatment is provided by the dental team. Then, rate as **not met.**

Indicator 61: Dental HCE has defined SOPs for obtaining general consent of the patient.

Assessment Process:

In order to comply with this indicator, the dental HCE must have documented SOPs regarding the general consent of patients' and the same must reflect in the medical record(s). Consent form should be signed by patient to be maintained.

Rating:

- If the dental HCE has developed and implemented the SOPs/Policies for obtaining general consent. Then, rate as **met.**
- If the dental HCE has not developed and implemented the SOPs/Policies for obtaining general consent. Then, rate as **not met.**

Indicator 62: The dental HCE has defined SOPs and listed the situations where specific informed consent is required.

Assessment Process:

In order to comply with this indicator, the dental HCE is required to document situations where informed consent is necessary, and the medical records should contain documented evidence of informed consent when required. Consent form should be signed by patient for surgical procedures to be maintained.

Rating:

- If the dental HCE has developed and implemented the SOPs/Policies for specific informed consent. Then, rate as **met.**
- If the dental HCE has not developed and implemented the SOPs/Policies for specific informed consent. Then, rate as **not met.**

PRRE-2: The patient and their family are entitled to information regarding anticipated costs, alternative treatment options, and the right to refuse treatment.

Indicator 63: Price list should be available and displayed in the dental HCE.

Assessment Process:

In order to comply with this indicator, the dental HCE must inform patients about consultation fees, procedure charges, and other related fees, and a list of costs is displayed at a prominent place. **Rating:**

- If there is evidence that the patients/families are informed about the treatment cost as above. Then, rate as **met.**
- If the patients/relatives are not informed about the expected cost of treatment as above. Then, rate as **not met.**

Indicator 64: The dental HCE must inform the patients/families about expected costs, alternative treatment plans and right to refusal of treatment.

Assessment Process:

In order to comply with this indicator, HCE must inform the patients/families about expected costs, alternative treatment plans and right to refusal of treatment in the consent form, which should be signed by patients/families.

Rating:

- If the consent form contains all the details as mentioned above. Then, rate as **as met.**
- If the consent form doesn't contain all the details as mentioned above. Then, rate as **not met.**

Indicator 65: Patients and family are informed about the financial implications when there is a change in the patient condition or treatment setting.

Assessment Process:

In order to comply with this indicator, the HCE must designate a suitable staff to educate the patient/family about the change in cost of treatment. Interviews shall be Conduct with both the staff members and the patient/family involved in this process.

Rating:

- If there is a consistent process, including when it is to be done, who makes the decision, and who provides the information. Then, rate as **met.**
- If there is a process, but there are no clear guidelines regarding when it is to be done. Then, rate as **partially met.**
- If there is no process. Then, rate as **not met.**

PRRE-3: Dental HCE has adequate arrangements to respect the privacy of patients

Indicator 66: Female assistant or attendant is present when female patients are being examined and treated.

Assessment Process:

In order to comply with this indicator, the dental HCE is to ensure that in cases of children and females an authorized family member or a carer or if not so possible, at least a female staff is present during physical examination and investigation procedures where physical contact and or exposure of body part(s) is required.

Rating:

- If Female assistant or attendant is present in the dental HCE during treatment. Then, rate as **met.**
- If there is no female assistant or attendant is present in the dental HCE. Then, rate as **not met.**

Indicator 67: Code of Ethics displayed in dental HCE.

Assessment Process:

In order to comply with this indicator, there should be a board clearly displaying the scope of services provided at the clinic that are in consonance with the ethical provisions. This means that only those services are to be offered for which the particular registered dental practitioner is qualified and competent to provide.

Rating:

- If the displayed services are in compliance with the code of ethics. Then, rate as **met.**
- If there is superfluous/misleading information or no information displayed. Then, rate as **not met.**

Principle 4: Quality Performance (QP)

Standard 8: Access to Quality Care and Continuity of Care (AQCC)

Indicator 68: The dental HCE has a well-designed (structured) integrated quality improvement plan. The dental Service stakeholders have input to the center's quality

Assessment Process:

In order to comply with this indicator, there must be Quality Improvement plan includes key indicators and what initiatives are in place to improve the performance against those indicators.

Rating:

- If Quality Improvement plan of the dental HCE is available with key indicators and initiatives are in place to improve the performance against those indicators. Then, rate as **met.**
- If Quality Improvement plan of the dental HCE is with key indicators are not available and initiatives are not in place to improve the performance against those indicators Then, rate as **not met.**

Indicator 69: There is an audit schedule.

Assessment Process:

In order to comply with this indicator, the audit schedule should include the entire processes including all key performance indicators; however, the frequency of the areas to be audited should be based on safety and risk. The audits should check the continuing effectiveness of the service; any non-compliance should be acted on with a plan of action and re-audit to ensure closure and ongoing compliance.

Rating:

- If there is an audit schedule and its implementation with audit report is available. Then, rate as **met**.
- If audit schedule is not available. Then, rate as **not met**.

Indicator 70: The dental HCE completes a quarterly quality assurance report presented to the quality team.

Assessment Process:

In order to comply with this indicator, Guidance The report would include, for example, performance indicators, reported errors, risk assessments, patient complaints, audit results and progress on quality improvements.

Rating:

- If dental HCE maintains quarterly quality assurance report. Then, rate as **met**.
- If dental HCE doesn't maintains quarterly quality assurance report. Then, rate as **not met**.

Indicator 71: The dental HCE ensures the provision of quality services through continuous involvement of the staff and management in quality improvement activities.

Assessment Process:

In order to comply with this indicator, the quality improvement activities include evaluation of clinical and non-clinical services. Adequate records are maintained about quality improvement activities as per defined key performance indicators (KPIs) and evidence is available as per checklist. An appropriate complaint and incident reporting mechanism is in place for patients and staff. The assessment will be done as per

Rating:

- If policy for evaluation of clinical by chart audit and non-clinical services by checklist are available and evidence of involvement of staff in quality improvement activities reflects in their JD and performance evaluation Then, rate as **met**
- If policy for evaluation of clinical by chart audit and non-clinical services by checklist are not available and there is no evidence of involvement of staff in quality improvement activities and it does not reflects in their JD and performance evaluation Then, rate as **not met**

AQCC-1: The dental HCE informs the community regarding the services it offers and how to access them. Furthermore, the dental HCE conducts patient screening to determine whether their healthcare needs align with the dental HCE's mission.

Indicator 72: A process is established and implemented by the dental HCE to refer patients to other healthcare professionals, different levels of care or other organizations that can meet their ongoing healthcare needs.

Assessment Process:

In order to comply with this indicator, dental HCE has SOPs/Policies for referral/transfer of patients to other healthcare professionals, different levels of care, or other organizations that can meet their ongoing healthcare needs. There is a list of specialists for referral available. ii) Specialists must be qualified competent and registered with PM&DC. There shall be an appropriate referral system in the practice. Where cases have been referred to the practice, there should be a system of information to the referred and getting his approval by the referring practitioner.

Rating:

- If the dental HCE has developed and implemented the referral SOPs/Policies and referral form is available and all referrals are being entered in registered. Then, rate as **met.**
- If the dental HCE has not developed and implemented the SOPs/Policies. Then, rate as **not met.**

Indicator 73: Patient education and follow-up instructions are given in a form and language the patient can understand.

Assessment Process:

In order to comply with this indicator, the dental HCE should have patients' education material and instruction developed in an understandable and clear format. Furthermore, Assessment of patients should be conducted to obtain their feedback on the clarity and effectiveness of the education and follow-up instructions they received.

Rating:

- If the dental HCE has developed patients' education material and instruction. Then, rate as **met.**
- If the dental HCE has not developed patients' education material and instruction. Then, rate as **not met.**

Indicator 74: Patients opinion and feedback are taken by the dental HCE to continuously improve the quality of care it provides.

Assessment Process:

In order to comply with this indicator, patients are aware of the dental clinic or hospital policy for handling any concerns or complaints patients may have. The policy includes how long it will take to handle patient's concerns or complaints. Patients have

information about how to raise any

concerns or complaints about dental clinic or hospital service. Patients' views and feedback both negative and positive are used by dental clinic or hospital to continuously improve it.

Rating:

- If Patients opinion and feedback are taken by the dental HCE. Then, rate as **met.**
- If Patients opinion and feedback are not taken by the dental HCE. Then, rate as **not met.**

Indicator 75: The dental HCE provides Oral Health Promotion and Prevention services for

Assessment Process:

In order to comply with this indicator, during the assessment, the assessor should make sure to investigate if the clinic exhibits a comprehensive list of preventive services available for patients, including but not limited to caries prevention. Evidence of health promotion and disease prevention activities can be confirmed by examining any relevant posters, brochures, or informational materials displayed in the clinic, or by asking the staff if they have any such information available.

Rating:

- If the list of services being provided is displayed and the services being provided conform to the prescribed guidelines. Then, rate as **met.**
- If the list of services being provided is not displayed or is not complete, but the services being provided conform to the prescribed guidelines. Then, rate as **partially met.**
- If there is no list of services being provided or any one of the services provided does not conform to the prescribed guidelines. Then, rate as **not met.**

Standard 9: Patient Assessment (PA)

PA-1: The Dental clinic/hospital has defined process for initial assessment of patient and for patients requiring additional services and ongoing care.

Indicator 76: All decisions about dental care, including preventative care, will be based on a full assessment of patient's needs.

Assessment Process:

In order to comply with indicator, before the treatment begins, a member of the dental team will take medical and dental history. This will include recording any current medication and asking about your current state of health. Medication may include prescribed drugs, as well as over-the-counter preparations, including aspirin and other remedies such as herbal preparations. This is followed by a dental and oral examination, which includes looking for any signs of possibly serious disease in your mouth and surrounding areas that will need to be investigated further. Patient is offered any investigations that are needed. Patient is informed of the results of any assessment and

investigations.

Rating:

- If History, dental & oral examination and investigation form is available and is being filled for each patient and patient is informed about results of assessment and investigations. Then, rate as **met.**
- If History, dental & oral examination and investigation form is available and is being filled for each patient but the patient is not informed about results of assessment and investigations. Then, rate as **partially met.**
- If History, dental & oral examination and investigation form is available and is being filled for each patient and patient is informed about results of assessment and investigations. Then, rate as **not met.**

Indicator 77: The initial assessments performed by a multidisciplinary team are clearly documented.

Assessment Process:

In order to comply with this indicator, the clinic shall develop and implement SOPs/Policies for initial assessment of patients conducted by different clinical disciplines is defined in writing and based on applicable laws and regulations.

Rating:

- If the dental HCE has developed and implemented the SOPs/Policies conducted by different clinical disciplines is defined in writing and evidence of implementation is available. Then, rate as **met.**
- If the dental HCE has developed and implemented the SOPs/Policies conducted by different clinical disciplines is defined in writing but evidence of implementation is not available. Then, rate as **partially met.**
- If the dental HCE has not developed and implemented the SOPs/Policies. Then, rate as **not met.**

Indicator 78: There is a procedure for the follow-up assessment of each patient attending the service.

Assessment Process:

In order to comply with this indicator, subsequent assessment should include a follow up I dental and medical history, main symptoms and issues, a basic periodontal examination, mucosal screening, assessment and severity of disease, justification for radiography, a diagnosis and treatment and follow up recommendations.

Rating:

- If History, dental & oral examination, and investigation follow-up form is available and is being filled for each patient and patient is informed about results of assessment and investigations with diagnosis and need for follow-up. Then, rate as **met.**

- If History, dental & oral examination, and investigation follow-up form is available and is being filled for each patient but the patient is not informed about results of assessment and investigations, diagnosis but no follow-up advice is given then rate as **partially met.**
- If History, dental & oral examination, and investigation form is available and is being filled for each patient but patient is not informed about results of assessment, investigations, diagnosis and follow up appointment not given. Then, rate as **not met.**

Indicator 79: There are current documented and evidenced based protocols for all procedures undertaken within the dental HCE.

Assessment Process:

In order to comply with this indicator, these may be contained within a manual or referenced to an acknowledged website. Each protocol should identify the competence required to undertake the procedure, whether consent is required, pre and post care and follow up requirement.

Rating:

- If manual of all evidence-based protocols for all procedures undertaken in dental HCE with required competence are available and practiced with written consent for each procedure. Then, rate as **met.**
- If evidence-based protocols for all procedures undertaken in dental HCE with required competence are not available and practiced with written consent for each procedure. Then, rate as **not met.**

Indicator 80: A signed consent is kept in the patient's care record for all procedures for which consent is required.

Assessment Process:

In order to comply with this indicator, not all procedures are deemed high risk but the Dental clinic/Hospital needs to decide which these are, for example any requiring anesthesia, on patients with pre-existing conditions and obtain consent accordingly.

Rating:

- If a signed consent in the patient's care record is available. Then, rate as **met.**
- If a signed consent in the patient's care record is not available. Then, rate as **not met.**

PA-2: The HCE has arrangements of laboratory and radiology/diagnostic imaging services to fulfill the requirements of its patients, and all these services comply with the

relevant local and national standards, laws, and regulations.

Indicator 81: Laboratory services are available to meet patient needs, and all such services meet applicable local and national standards, laws, and regulations.

Assessment Process:

In order to comply with this indicator, the dental HCE must have Laboratory service(s) to meet patient needs, and all such services meet applicable local and national standards, laws, and

regulations. or having a signed Agreement with a registered HCE with IHRA. The outsourced Laboratories must be quality certified/accredited with valid certificate.

Rating:

- If the dental HCE has laboratory services or Agreement with a quality certified/accredited Laboratory. Then, rate as **met.**
- If the HCE doesn't have the arrangement of Laboratory services nor it has Agreement with any quality certified/accredited laboratory. Then, rate as **not met.**

Indicator 82: The dental HCE providing Radiology services has valid registration with PNRA and conforms to the respective standards of PNRA.

Assessment Process:

In order to comply with this indicator, the dental HCE using x-ray machine/s, Cone-beam computed tomography (CBCT) and Orthopantomogram (OPG) for facilitating diagnosis and treatment plan must have a valid PNRA registration/certification and should conform to the PNRA standards, as amended from time to time, in terms of equipment, staff and SOPs.

Rating:

- If the radiological diagnostic services are registered/certified with PNRA. Then, rate as **met.**
- If the radiological diagnostic services are not registered/certified with PNRA. Then, rate as **not met.**

Standard 10: Patient Care (PC)

PC-1: The dental HCE provide quality of care to the patient.

Indicator 83: Patient assessment shall be appropriate, comprehensive and documented.

Assessment Process:

In order to comply this indicator, the dental HCE conducts a thorough assessment to determine the most suitable dental treatment program for the patient. A regular reassessment of the patient is performed to ensure the continuity of care. Any concerns or challenges in providing patient care are openly discussed with the patient.

Rating:

- If patient assessment documentation is ensured. Then, rate as **met.**
- If patient assessment documentation is not ensured. Then, rate as **not met.**

Indicator 84: Patients are treated with dignity and respect by the dental team throughout

Assessment Process:

In order to comply with indicator, the dental team treats patient with respect as an individual. Patient's age, gender, race, religion or belief, disability and sexual orientation will not affect the quality of service. Patients are informed about the names of the dental team involved in their care and are made familiar with the facilities. Patient is

given an apology and an explanation if they are

kept waiting beyond their appointment time and can discuss alternative arrangements. Patient is explained about their dental care and treatment in simple preferably in their local language and they are encouraged to ask questions about their care plan.

Rating:

- If the dental team is observed to be courteous and deals with the patient with dignity without any discrimination and translators available to explain their care plan in local language Then, rate as **met**.
- If the dental team is observed not to be courteous and are not dealing with the patient with dignity and without any discrimination and translators not available to explain their care plan in local language Then, rate as **not met**.

Indicator 85: Dental clinics and hospitals must develop and implement a process to prevent wrong patients, wrong sites and wrong surgery/procedure.

Assessment Process:

In order to comply with this indicator, the hospital has a process for ensuring correct identification of patients. Compliance of the above reduces unintentional errors, improves the quality of patient care in the dental clinics and hospitals.

Rating:

- If there a process to prevent wrong patients, wrong sites and wrong surgery/procedure. Then, rate as **met**.
- If there a process to prevent wrong patients, wrong sites and wrong surgery/procedure. Then, rate as **not met**.

Indicator 86: Patient must be given safe and competent care and treatment in a manner designed to put patient at ease.

Assessment Process:

In order to comply with indicator, any examination, investigation or treatment will only be carried out after patient have been advised what will happen. Any concerns patient may have about treatment, including pain control or anxieties, are discussed. Patients are offered a range of pain and anxiety control options to help. If medication is needed, this is fully explained to the patient, the reasons for taking the medication, any common side-effects. If you need to be referred to another dental clinic or hospital for your continuing care and treatment, the service makes suitable arrangements for this, and patient must have information where he/she will be seen, and the likely waiting times.

Rating:

- If evidence based safe and competent care and treatment is provided to the patients. Then, rate as **met**.
- If safe and competent care and treatment is not provided to the patients. Then, rate as **not met**.

PC-2: The dental HCE has made necessary arrangements to provide care to emergency cases. Emergency services are guided by policies, procedures and applicable laws and regulations.

Indicator 87: The dental HCE has documented policies and SOPs for emergency care and managing medico-legal cases.

Assessment Process:

In order to comply with this indicator, the dental HCE must have documented policies, procedures and SOPs to guide its emergency services and managing medico-legal cases, so that service provision remains compliant to the applicable laws, regulations and standards. **Rating:**

- If the HCE has developed and implemented the SOPs/Policies for emergency care and managing medico-legal cases. Then, rate as **met.**
- If the HCE has not developed and implemented the SOPs/Policies for emergency care and managing medico-legal cases. Then, rate as **not met.**

Indicator 88: There is an emergency during dental procedure; dental team is trained to deal with it.

Assessment Process:

In order to comply with this indicator, the dental clinics and hospitals have a written protocol for dealing with emergencies. Whole team of dental clinics and hospitals is suitably trained in dealing with emergencies and knows how to respond at any time. Dental team has its resuscitation and emergency care skills updated annually. The dental clinics and hospitals have the recommended equipment and drugs for treating medical emergencies. The equipment is kept in working order. All drugs kept by the dental clinics and hospitals are within their expiry date and are stored safely in a locked crash cart.

Rating:

- If there is an emergency during dental procedure, dental team and crash cart is available. Then, rate as **met.**
- If there is an emergency during dental procedure, dental team and crash cart is not available. Then, rate as **not met.**

Indicator 89: Dental care and treatment are provided according to recognized current best practice guidelines from National and International dental experts (NICE/ADA

Assessment Process:

In order to comply with this indicator, dental clinic and hospital reviews its performance of clinical treatment and care against current best practice guidelines, all members the dental team are involved in the review. The ongoing process of review leads to changes in practice and improvements in the standard of care and treatment patients are

provided. If dental clinic and

hospitals make sure that any laboratory it uses for diagnostic tests is accredited by an appropriate body. The care and treatment delivered at any dental clinic or hospital. Implements IHRA dental standard and monitors its performance for continuous Quality Improvement.

Rating:

- If dental care, treatment and services are provided according to best practice guidelines. Then, rate as **met.**
- If dental care, treatment and services are not being provided according to best practice guidelines. Then, rate as **not met.**

Indicator 90: The dental HCE has developed a care plan in agreement with the patient following each assessment.

Assessment Process:

In order to comply with this indicator, the dental HCE must have documented policies, procedures and SOPs to develop a care plan following each assessment. The treatment plan may be just oral or hygiene advised or the need for extensive work and possible referral for oral maxillary surgery. And the care plan should be part of patient file.

Rating:

- If there is evidence that dental care plan is developed with the input of other team members in agreement with the patient and is documented in the care record. Then, rate as **met.**
- If there is no evidence that dental care plan is developed with the input of other team members in agreement with the patient and is documented in the care record. Then, rate as **not met.**

Indicator 91: The dental HCE has defined and listed sentinel events.

Assessment Process:

In order to comply with this indicator, review the written definition and the list of possible sentinel events that should at the minimum include: i. All unexpected deaths, ii. Serious adverse patient events that caused, or could have caused iii. Patient violence against staff, iv. Violence against patients. Moreover, the list of sentinel events is available at all the patient care areas and awareness of staff about the sentinel events. Also, there must be necessary/precautionary arrangements are available against the defined sentinel events.

Rating:

- If the dental HCE has defined and enlisted sentinel events along with precautionary measures. Then, rate as **met.**
- If the dental HCE has defined and enlisted sentinel events but having no precautionary measures. Then, rate as **partially met.**
- If the dental HCE has neither defined nor enlisted the possible, sentinel events.

Then, rate as **not met.**

Note : Standard no. 11 will be applicable on Dental HCEs category 1, in case providing sedation dentistry services.

ANNEXURES

ANNEXURE A:

Rights of dental HCE's:

- Collect accurate and complete information from the patient/client or carer, to the best of his knowledge, regarding medical history including but not limited to, present medical condition and complaints, medications, allergies and special needs, past illnesses, prior hospitalizations etc., as is required;
- Require the patient/client to follow treatment instructions, including the written instructions explained at the time of discharge;
- Require all patients to abide by its rules and regulations regarding admission, treatment, safety, privacy and visiting schedules etc.;
- Limit visiting hours and number of visitors in the best interest of the patient/client and that of the others in the Healthcare Establishment;
- Limit number of carers in the best interest of the patient/client, and that of the others, while keeping in view the special needs of particular patients, for example, minor children, women, elderly and/or seriously ill patient.
- Be timely notified by the patient/client regarding cancellation of appointment, consultation, procedure, surgery, etc. or delay in his arrival at the Healthcare Establishment
- Require the patient/client and/or carer(s) to cooperate with Healthcare Establishment staff in carrying out assessments, prescribed investigations and treatment procedures.
- Report and take legal action against the patient/client and/or his carer(s), visitors, in case of harassment of its staff, damage to its property and disturbance to other patient(s), as the case may be
- Demand abstinence from the use of violent and disruptive behaviors or language abuse and take appropriate legal action in case of breach;

- Prohibit smoking and/or substance/drug abuse on the premises and take appropriate legal action in case of breach;
- Limit its liability for misplacement or theft of valuables and belongings of the patient/client, carer and visitors
- Be paid for all services rendered to the patient/client, either personally or by the carer or through the third party, e.g. insurance company.
- Be notified of any change of contact, address and other details of the patient/client, as the case may be;
- Ask for information from the patient/client regarding its services for the purposes of improving the healthcare services/systems within the Healthcare Establishment;
- Maintain and utilize the data collected from the patient/client, subject to the principles and law relating to confidentiality, for the purposes of improving the healthcare services/systems within the Healthcare Establishment
- Ensure that while using the available facilities and equipment, due care and caution is taken by the patient/client and/or their carers and visitors, as the case may be.

ANNEXURE B:

The official building regulations of CDA that were published in the Gazette of Pakistan on Dec. 26, 2019 states that the any clinic in Islamabad that is inside a residential house may be used by its resident professional after approval from the CDA.

PART II] THE GAZETTE OF PAKISTAN, EXTRA., DEC. 26, 2019 2889(17)

- 2.1.7 A residential house, may be used by its resident professional such as architect, town planner, lawyer, doctor, engineer etc. for "Home Occupation" with prior permission of the Authority on yearly basis, provided that the overall residential character of the building is not changed and not more than two rooms/not more than 25% of covered area of the house is used for home occupation. Furthermore it should not constitute, in any way, nuisance to the neighbors' in any form as determined by the Authority. Charges of Rs. 50,000/- per year shall be payable for home occupation.
-

Annexure C:

List of Medicines:

Recommended Medication

- Dextrose 50% (dextrose 25% if treating pediatrics)
- Atropine Sulfate 1mg
- EpiPen® or Epinephrine 1:1,000
- EpiPen Jr® or Epinephrine 1:1,000
- Solumedrol 125 mg (1)
- Lidocaine 100 mg (3) A
- Alcohol swabs
- Sodium chloride 0.9% 10 ml vial Inj. 20 ml vial
- Dextrose 50% 0.5 mg/ml 50 ml syringe
- Sterile water
- Lidocaine 2 gm/250 ml IV bag
- Povidone-Iodine swabstick

Recommended Equipment

- Airway (oral and nasal) all sizes
- McGill forceps, large and small
- 3 laryngoscope and endotracheal tubes
- Bag valve mask (adult and pediatric)
- Nasal cannula (adult and pediatric)
- Non rebreather oxygen face masks (3 sizes)
- IV start packs
- Normal saline solution (1000ml bags)
- IV tubing
- 10ml normal saline flush syringes (3)
- Gauze
- Alcohol preps
- Monitor with defibrillator (preferred) or AED

Annexure D:

Prescription Pads:

A complete prescription order must include the following nine requirements:

- i. The client's/ name, parentage, etc.
- ii. Weight
- iii. Allergies/Contraindications
- iv. The date of the order
- v. Name of the medication/s
- vi. Dosage and administration information
- vii. Route of administration
- viii. Doctor's signature and name or/and stamp (containing the name of the doctor)
- ix. Verbal Consent Obtained (VCO) should be taken by every patient.

Drugs must be written legibly and clearly, preferably according to the generic name, while brand name can be used in brackets. Directions must be clearly stated and should be qualified e.g. 'Take one or two tablets for pain or headache' cautioning 'Not to be taken empty stomach' and/or 'Take one Capsule every 6 hours for five days, in case of an antibiotic course for infection, etc. 'As directed' or 'when needed' must be avoided. Every patient coming to the dental clinic and getting dental treatment must get a clearly written prescription depicting the complaints, diagnoses, treatment/procedure performed, medication prescribed and detail of post-op instructions. No verbal instructions regarding taking medications are acceptable. Post-procedure written instructions in the form of pamphlet/leaflet or the awareness of patients having any surgical procedure, in addition to written specific instructions, should be used, rather than to communicate only verbally.

Annexure-E:

Infection Prevention & Control Practices include;

- i. HCSP Specific including (but not limited to) the following:
 - Hand Hygiene
 - Respiratory
 - Hygiene PPE
 - Needle stick/Sharps/ Safe Injection
 - Practice Blood borne Pathogens
 - Hazards Communication
 - Emergency Action Plan
 - Environmental Health & Safety
- ii. Patient Specific including (but not limited to) the following:
 - Sterilization
 - Surface
 - Disinfection
 - Waste Disposal
 - Dental Unit Water Decontamination Suction care

Annexure – F:

PNRA:

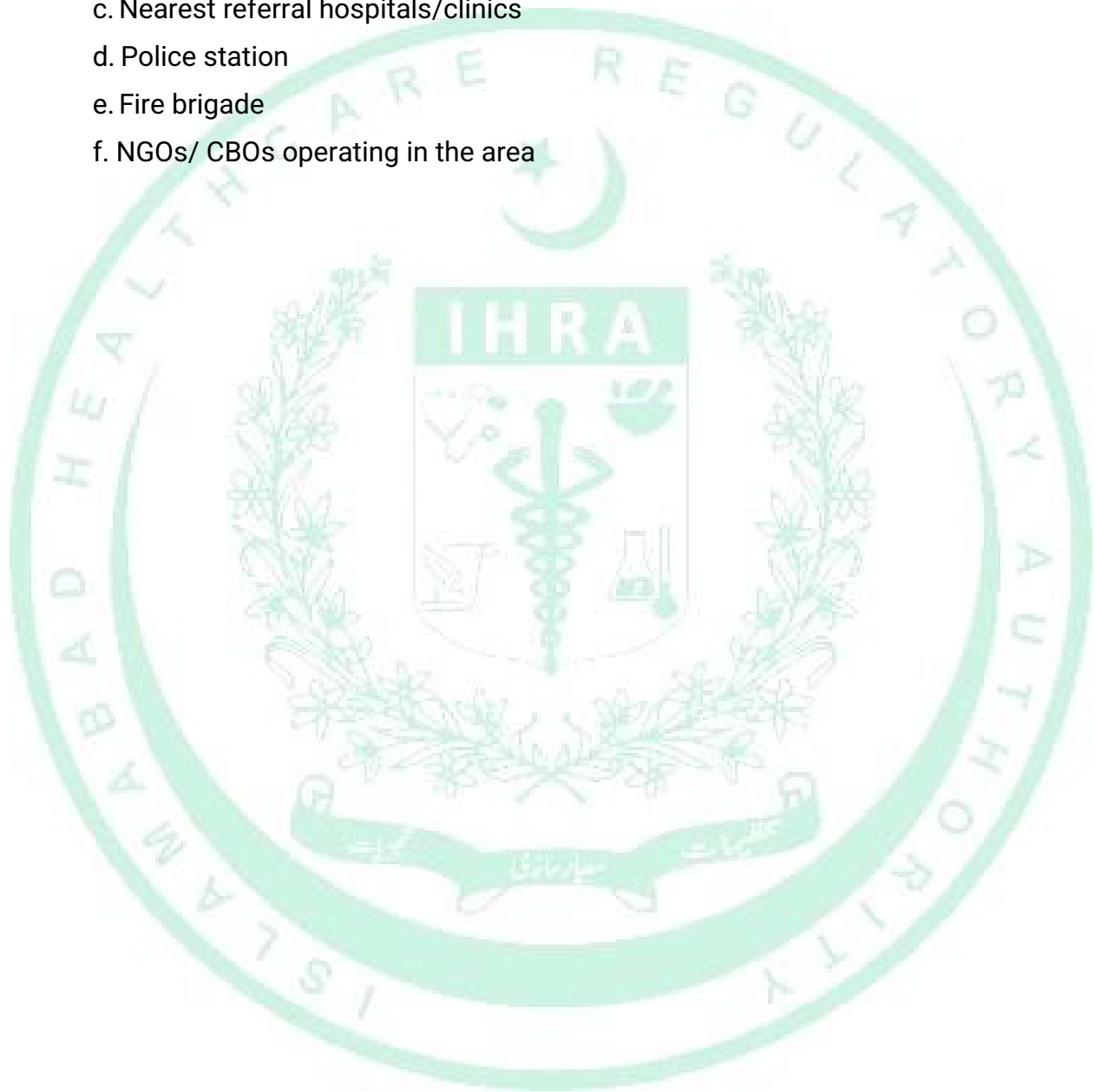
As per section 19 (1a) of Pakistan Nuclear Regulatory Authority Ordinance 2001, any premises, in which a radiation facility is provided, shall require registration/licensing by the Authority. PNRA registration/license is mandatory for possession, installation or operation of any radiation apparatus including Dental X-Ray machines. Use of radiation apparatus without PNRA valid license interalia, is clear breach of Section 19 of the PNRA Ordinance. This regulatory enforcement is important to safe guard both the patients/clients and the dental healthcare providers.



Annexure G:

List of Emergency Contacts:

- a. Rescue 1122.
- b. other ambulance services
- c. Nearest referral hospitals/clinics
- d. Police station
- e. Fire brigade
- f. NGOs/ CBOs operating in the area



Annexure H:

Code of Ethics;

- We do not make misleading claims for our services or criticize our competitors before clients. We only believe in servicing our client's needs to the best of our efforts.
- We perform our work according to the specific quality standards
- We avoid conflicts of interest either of a financial or personal nature; these could compromise the objectivity and integrity of our work.
- We exercise our professional judgment impartially while taking any decisions related to work, keeping all pertinent facts, relevant experience and the advice of our management in mind.
- We hold the affairs of our clients in the strictest confidence. We do not disclose personal information during service provision or derive benefits from using information outside the clinic.
- We act with courtesy and consideration towards all with whom we come into contact in the course of our professional work.
- We do not accept any favors, gifts or inducements, including undue hospitality and entertainment, from the clients. The only expectations would be if the gifts are of promotional nature (diaries, calendars, etc.) or of a nominal value, the indulgence of which would not damage the doctor's/clinics reputation
- We are fully committed to the principle of equality and non-discrimination on the grounds of disability, gender, age, race, color, ethnicity, origin or marital status. We do not indulge in any intimidation and harassment of any sort at work.
- We will communicate with our clients and its representative in an effective and timely manner.
- We would be perceived by clients and other thought leaders as setting the standards in client focus and client service among professional service companies.

Annexure I:

Consent Form:

Confidential Patient History

If you have any question, please ask at reception

Name: _____

Address: _____

Mobile # _____ Date of Birth _____ Occupation _____

Telephone (Home) _____ Telephone (Work) _____

Physician's Name _____

Physician's Address / Phone # _____

In order to evaluate your dental health thoroughly, please tick the appropriate answer to complete the following confidential questionnaire

	Yes	No	?
Are you currently under the care of your Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any surgery under General Anesthesia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you allergic to penicillin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have any dental pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has fear of dental treatment kept you from regular Dental appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you satisfied with your previous dental treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expected due date?	_____		
How long has it been since your last dental Checkup?	_____		
Give details of any prescribed pills or medicines you are taking?	_____		
Details of any other allergies?	_____		
Any other medical problems?	_____		

Do you have or have you had any one of the following

	Yes	No	?
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fainting during dental treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excess bleeding or bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
use of controlled drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a pacemaker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you on any Steroidal Therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Annexure J

CONSENT:

Are you aware of the fact that dental treatment Involves Local Anesthesia, which may cause allergic reactions and fainting in some patients. These complications are normally enhanced by the fearful apprehensive behavior of the patient. Therefore it is our ethical duty to seek patients consent prior to dental treatment with or without local anesthesia.....

I hereby consent that I have been provided with all Risks, Benefits and Alternatives of the Treatment and I am willing to undergo any dental treatment, which may be deemed necessary by my dentist.

This consent should be signed by the patient and the doctor.



Annexure K

Governance Performance and leadership Key documents:

- 1.1.1 Governing body terms of reference and standing agenda.
- 1.1.4 The current published strategy.
- 1.1.6 Formal minutes of the governing body meetings.
- 1.1.7 The latest annual financial report.
- 1.2.1 Operational manual for the center
- 1.2.2 Up-to-date organizational chart.
- 1.2.3 Job description of the Chief Executive Officer (CEO) or equivalent.
- 1.2.4 Documented terms of reference for the leadership team.
- 1.2.5 Documented statement of the medical center's mission, vision, values and ethical code.
- 1.3.1 Job descriptions of the management team
- 1.3.2 Current IHRA License and scope of service.
- 1.3.6 The annual operational plan.
- 1.4.1 The current business plan.
- 1.4.5 The latest annual report.
- 1.5.1 Job description of the member of staff responsible for communication.
- 1.5.2 The procedure for managing internal and external communication.
- 1.5.5 The procedure for the management of telecommunications equipment.
- 1.6.1 Major incident and all-hazards policy and implementation plan
- 1.6.4 Procedures for telecommunications and reception services in responding to major incidents
- 1.7.3 Facilities management operational plan
- 1.7.4 Documented process for reporting defects
- 1.7.6 Planned preventative maintenance plan for premises, equipment and plant
- 1.7.9 Procedures for maintaining and testing contingency arrangements for major plant failure

HR Key documents:

2.1.1 Current staffing plan

2.1.2 Current training and development plan

2.1.3 Human resource management policies and procedures.

2.1.4 The procedures for dealing with staff complaints, bullying, harassment and challenging behavior

2.1.5 Procedures for pre-employment checks

2.1.6 Job description policy

2.1.7 Mandatory induction programme.

Access to Quality Care Key Documents

3.1.1 Quality improvement team terms of reference

3.1.2 Quality improvement plan

3.1.3 Examples of completed clinical audit.

3.1.4 Aggregated results of patient feedback

3.1.5 Document control policy (mother policy)

3.1.6 Quality Management

3.1.7 There is a training program which covers, but not limited to:

- a. audit
- b. quality improvement methodologies
- c. quality management concepts
- d. quality improvement planning
- e. data management

Annexure L

Membership of the IHRA Dental Standard Working Group

Dr. Quaid Saeed CEO IHRA	Chairman
Prof. Dr. Matiur Rahman	Consultant
Dr. Khurram Raza Shah	Member IHRA committee
Mr. Ali Mortaza	Member IHRA committee
Ms. Nazish Haider	Member IHRA committee
Member Dental Expert committee Member Quality experts committee Member stakeholders committee PMDC PNC PPC PHC SHC KPKHC EPA Service User group. Pakistan Dental Association	

Frequently Asked Questions (FAQ)

The questions below relate to all aspects of a dental services offered at a dental clinic or hospital. Patient or their relatives and attendants may use some to help them to make an informed decision.

The Dentist and other dental care

professionals Who will be the treating

dentist?

Who will carry out the dental treatment?

What are their qualifications and experience of the dental

team? The cost

What will the consultation cost and what does this cover?

What other costs might be involved in the consultation (for example, for investigations)? What will the treatment cost?

Will the treatment be provided under the sehat sahoor at program, covered by insurance, out of pocket payment or a combination of these?

What happens if the patient decides not to complete the treatment? Do I still need to pay the full cost for the treatment? If so, how will this be worked out?

What are the arrangements for payment?

Will the patient have to pay for missed appointments? If so, what are the charges?

What notice the patient need to give in case of inability to come for appointment to avoid any missed appointment charge?

The consultation, investigations and dental

treatment How quickly appointment is given?

How much time is allocated for each appointment?

How quickly will any investigation or treatment be carried

out? How long will any investigation or treatment take?

What dental team will do to help with pain or anxiety about

treatment? How the dental teams address any cultural needs the patient may have?

Will the patient be without teeth for any time during the treatment? Will treatment affect patient's eating or speech?

What information is available about this treatment?

What are the advantages and disadvantages of treatment or investigations?

Are there any other treatment options available to achieve the results patient wants? How successful are these types of treatment over the long term?

If the patient wants, can they bring someone accompany during appointments? Is all the equipment used in treatment sterilised or used only for each patient? What are the out-of-hours arrangements?

After the consultation, investigations or treatment will the patient need any pain relief after treatment?

Do the patient need to take any special care of the mouth just after treatment?

How the patient contact the dental service if something has gone wrong with their treatment? What the patient has to do to prevent further dental problems?

What should the patient do if they are unhappy with any aspects of the consultation, investigation or treatment?

Can the patient move from one dental service to another if I want to? The record of the consultation, investigation and treatment

What kind of record will the dental service keep of patient consultation, investigations or treatment?

Will the patient records be shown to anyone else for any reason?

Will the patient be able to get copies of my records and results if I want them? If I want to see my records, what are the arrangements for this?