

# A Stepwise Quality Improvement Checklist for Federal Tertiary Hospitals

## **DENTAL DEPARTMENT**

*An Assessment Tool to Strengthen the Operations,  
Service Delivery, Safety, Quality and Management of  
the Dental Department*



## INTRODUCTION



### Context

#### *Continuous Quality and Safety Improvement in Federal Tertiary Hospital*

#### **Tertiary Hospitals Dental Services**

Hospital Dental department represent one of the key health care service delivery areas in the Federal Tertiary hospital. The dental health care professional comes in direct contact daily with patients body fluids, so it is very important to ensure the dental health care setting has appropriate infection prevention policies and practices in place, including appropriate training and education of dental health care personnel (DHCP) on infection prevention practices, and adequate supplies to allow DHCP to provide safe care and a safe working environment. The major clinics available in the dental department are; ***Oral and maxillo-facial, paedontics, prosthetic, oral pathology and orthodontic clinics***

## Objectives of this Checklist

This quality assessment checklist will provide **direction, support, and accountability framework** while focussing on individuals, systems, management of resources and self-governance. It will build corporate accountability for clinical performance into the dental care service management model and develop a corporate culture in which quality improvement becomes a shared enterprise through shared learning and information. It will also provide strategic opportunities to diagnose and repair broken processes.

Frequent, accurate assessment and timely feedback will support action plans to implement systems that are lacking and revive those that are not functioning effectively.

This checklist therefore represents a clinical governance assessment tool to determine:

- 1) The quality of dental care services.
- 2) The quality of patient safety strategies put in place in the dental department.
- 3) The quality and competency level of clinical and non-clinical support services in the dental department and their impact on patient outcomes.
- 4) The level of process capabilities
- 5) Areas for improvement.



## Assessment Scoring



The contents of this checklist have been awarded point values based on their relative importance. Responses to all questions must be either **“Yes” or “No” or “Not Applicable” (NA)**.

The checklist has considerable overlap and expanded to include important continuous quality tools.

**NOTE:**

- *Only responses marked yes should be given the allotted points. All the required answers to a particular question must be present before you can indicate a “yes” for any given checklist question and then award the corresponding allotted points.*
- *It is often not necessary to ask all the checklist questions verbatim. An experienced auditor can often learn to answer multiple checklist questions through open-ended questions with the key or designated staff contact.*

This checklist is divided into different aspects of Quality Management System that the department is required to develop and implement regularly as listed below;

**Assessment Score Sheet**

| <b>Sections</b>     |  | <b>Total Allotted Scores</b> | <b>Assessed Scores</b> | <b>Assessed Scores</b> | <b>Assessed Scores</b> |
|---------------------|--|------------------------------|------------------------|------------------------|------------------------|
| 10.0                | Staffing and Summary                   | 20                           |                        |                        |                        |
| 10.1                | Facility and Safety                    | 16                           |                        |                        |                        |
| 10.2                | Organisation and Management            | 14                           |                        |                        |                        |
| 10.3                | Patients' Engagement and Communication | 26                           |                        |                        |                        |
| 10.4                | Occurrence/Incidence Management        | 9                            |                        |                        |                        |
| 10.5                | Infection Control                      | 30                           |                        |                        |                        |
| 10.6                | Waste Management                       | 11                           |                        |                        |                        |
| <b>Total Scores</b> |  | <b>106</b>                   |                        |                        |                        |



## General Information

|  |                                 |
|--|---------------------------------|
| Date of Assessment:                        |                                 |
| Name(s) and Affiliation(s) of Assessor(s): |                                 |
| Name of Federal Tertiary Hospital:         |                                 |
| Address:                                   |                                 |
| State:                                     |                                 |
| Name of CMD/MD:                            | Telephone/E-mail (CMD/MD):      |
| Dental Unit Telephone:                     | Email:                          |
| Head of Dental Unit:                       | Telephone (Head of Dental Unit) |
| Annual no of patient:                      | Annual no of mortality:         |
| Annual no of patient referred:             | Annual no of bounce-backs:      |

### 10.8 STAFFING SUMMARY

| Profession                 | Number of Full Time Equivalentents (FTEs) | Adequate for Facility Operations |    |                   | Allotted Scores | Assessed Scores |
|----------------------------|---|----------------------------------|----|-------------------|-----------------|-----------------|
|                            |   | Yes                              | No | Insufficient Data |                 |                 |
| Consultant dentistry       |   |                                  |    |                   | 3               |                 |
| Dental surgeon             |   |                                  |    |                   | 3               |                 |
| Matron                     |   |                                  |    |                   | 2               |                 |
| Nursing sisters            |   |                                  |    |                   | 2               |                 |
| Dental staff nurses        |   |                                  |    |                   | 2               |                 |
| Dental surgery technicians |   |                                  |    |                   | 2               |                 |
| Health record officers     |   |                                  |    |                   | 2               |                 |
| Cleaners                   |   |                                  |    |                   | 1               |                 |
| <b>Subtotal</b>            |   |                                  |    |                   | <b>20</b>       |                 |

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

|  | YES | NO | N/A | Comments | Allotted Scores | Scores Assessed |
|--|-----|----|-----|----------|-----------------|-----------------|
| <b>10.1 FACILITY &amp; SAFETY</b>  |     |    |     |          |                 |                 |
| Is there a designated reception and registration area?   | YES | NO | N/A |          | 2               |                 |
| Is there an adequate triage room?  | YES | NO | N/A |          | 2               |                 |
| Is there a comfortable well ventilated waiting room?   | YES | NO | N/A |          | 1               |                 |
| <b>Standard:</b> <i>The dental department must have spacious patient waiting area that is well ventilated with comfortable sitting facility.</i>   |     |    |     |          |                 |                 |
| Is the entrance easily accessible by wheel chairs and stretchers?  | YES | NO | N/A |          | 2               |                 |
| Do all wheel chairs and trolleys have safety belts?  | YES | NO | N/A |          | 1               |                 |
| <b>Standard:</b> <i>All wheel chairs and trolleys must have functional safety belts</i>  |     |    |     |          |                 |                 |
| Is there adequate water supply in the dental unit?   | YES | NO | N/A |          | 1               |                 |
| Is there hand washing area available within the dental department?   | YES | NO | N/A |          | 1               |                 |
| Is there a separate designated office for medical health records available in the dental department  | YES | NO | N/A |          | 2               |                 |
| Are there adequate toilet facility designated for male and female patients at the waiting area.  | YES | NO | N/A |          | 1               |                 |
| Is there comfortable staff room for doctors, nurses, and other dental clinical staff team with adequate toilet facility?                           | YES | NO | N/A |          | 2               |                 |
| <b>Standard:</b> <i>The dental department must have an adequate staff room for staff recess.</i>   |     |    |     |          |                 |                 |
| Is there a functional side laboratory faculty within the dental department?  | YES | NO | N/A |          | 1               |                 |
| <b>Standard:</b> <i>Dental side laboratory must be able to offer minimum services such as PCV estimation, grouping and cross catching of blood</i> |     |    |     |          |                 |                 |
| <b>Subtotal</b>  |     |    |     |          | <b>16</b>       |                 |

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

|  | YES        | NO       | N/A        | Comments | Allotted Scores | Scores Assessed |
|--|------------|----------|------------|----------|-----------------|-----------------|
| <b>10.2 ORGANISATION AND MANAGEMENT</b>  |            |          |            |          |                 |                 |
| Does the department have in place a long and short-term strategic plan for quality improvement?  | YES        | NO       | N/A        |          | 3               |                 |
| Does the hospital have a senior clinical officer in-charge of the dental department?   | YES        | NO       | N/A        |          | 2               |                 |
| <b>Standard:</b> <i>The hospital management should appoint/assign a senior clinical officer to lead and over see the management and day to day running of the dental department.</i>                             |            |          |            |          |                 |                 |
| Does the management have policies, protocols and procedures applicable to handling dental apparatus and procedures in line with the hospital by-laws?  | YES<br>YES | NO<br>NO | N/A<br>N/A |          | 2               |                 |
| Do management ensure the effective implementation of these policies and protocols in the department?   |            |          |            |          | 1               |                 |
| <b>Standard:</b> <i>The management team should develop policies and relevant protocols for handling dental care such as protocols for preventing infections and maintaining high quality in the dental unit.</i> |            |          |            |          |                 |                 |
| Are dental services monitored and evaluated periodically by the management team?   | YES        | NO       | N/A        |          | 3               |                 |
| Are dental staff trained and regularly updated on of the relevant policies and procedures?   | YES        | NO       | N/A        |          | 1               |                 |
| Are daily routine work task established and assigned to each dental staff team member?.  | YES        | NO       | N/A        |          | 1               |                 |
| Are staff meetings held regularly to discuss operations improvement and staff matters?   | YES        | NO       | N/A        |          | 1               |                 |
| <b>Subtotal</b>  |            |          |            |          | <b>14</b>       |                 |



For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

|   | YES | NO | N/A | Comments | Allotted Scores | Scores Assessed |
|---|-----|----|-----|----------|-----------------|-----------------|
| <b>10.3 PATIENT'S ENGAGEMENT AND COMMUNICATION</b>  |     |    |     |          |                 |                 |
| Is there a copy of the patient's bill of rights in the dental department?   | YES | NO | N/A |          | 2               |                 |
| Is the bill easily accessible to all clinical and non-clinical staff?   | YES | NO | N/A |          | 1               |                 |
| Are staff trained and educated on the patient's bill of right and their expected responsibilities?  | YES | NO | N/A |          | 1               |                 |
| Does the team respect the patient's rights, beliefs and values according to the hospital policy at all time?  | YES | NO | N/A |          | 2               |                 |
| <b>Standard:</b> <i>Patient's rights, belief and values must be respected as far as is reasonably practicable when receiving care.</i>  |     |    |     |          |                 |                 |
| Does the dental team receive informed consent from patients at all time before performing and invasive procedures in accordance with the Federal Government and hospital policy?                    | YES | NO | N/A |          | 2               |                 |
| <b>Standard:</b> <i>Informed consent must be received from all patients and documented in accordance with the government law before care providers initiate any invasive procedures.</i>            |     |    |     |          |                 |                 |
| Are patients educated on their medical conditions and intended procedures so they can make informed decisions?  | YES | NO | N/A |          | 2               |                 |
| Are patients informed decisions clearly documented in patient's note?   | YES | NO | N/A |          | 1               |                 |
| <b>Standard:</b> <i>Patients' informed decision must be clearly documented and signed by the patient.</i>   |     |    |     |          |                 |                 |
| Does the dental clinical and support team practice the minimum of 2 patients identifier system in which the patient also participate?   | YES | NO | N/A |          | 2               |                 |
| <b>Standard:</b> <i>The department must adopt at least 2 patients identifiers system which the patient also participate to confirm the right care is being given to the right patient per time.</i> |     |    |     |          |                 |                 |
| Are patients communicated with in the language they mostly understand?  | YES | NO | N/A |          | 2               |                 |
| Is patient waiting time in the dental unit usually less than 1 hour?  | YES | NO | N/A |          | 2               |                 |
| Are patients treated with dignity and respect by the clinical and non-clinical support staff?   | YES | NO | N/A |          | 2               |                 |
| Are elective oral surgery appointment done within 1 month?  | YES | NO | N/A |          | 2               |                 |

|  | YES | NO | N/A | Comments | Allotted Scores | Scores Assessed |
|--|-----|----|-----|----------|-----------------|-----------------|
| Is there an established process and referral guidelines that ensures the transfer of correct and accurate patient information between care givers?                           | YES | NO | N/A |          | 2               |                 |
| <i>Standard: There must be an established written and accurate policy to guard the correct and accurate hand over of patient's care plan and update between care givers.</i> |     |    |     |          |                 |                 |
| Is there a written policy guideline for receiving verbal and telephone orders?   | YES | NO | N/A |          | 2               |                 |
| <i>Standard: Policy must include writing down the orders and reading it back to confirm the correct information given..</i>  |     |    |     |          |                 |                 |
| Does the policy document clearly identify and state the conditions and situation when verbal and telephone orders would be accepted?   | YES | NO | N/A |          | 1               |                 |
| <i>Standard: The policy document must clearly state the conditions and situations when verbal telephone orders would be accepted..</i>                                       |     |    |     |          |                 |                 |
| <b>Subtotal</b>  |     |    |     |          | <b>26</b>       |                 |

|   | YES | NO | N/A | Comments | Allotted Scores | Scores Assessed |
|---|-----|----|-----|----------|-----------------|-----------------|
| <b>10.4 OCCURRENCE/INCIDENCE MANAGEMENT</b>   |     |    |     |          |                 |                 |
| Is there any incident record book in the dental unit?   | YES | NO | N/A |          | 2               |                 |
| <i>Standard: There must be an incident record book in the dental unit according to hospital policy and a designated senior clinical officer must over see the management of recorded incidents in the dental unit.</i>                                    |     |    |     |          |                 |                 |
| Are dental staff made aware and encouraged to fill in the incidents record book?  | YES | NO | N/A |          | 2               |                 |
| <i>Standard: Management are expected to practice a non-punitive and no-blame culture on reported incidents so as to encourage staff to report and respond to incidents in a timely manner except when it becomes obviously necessary to do otherwise.</i> |     |    |     |          |                 |                 |
| Are these incidents managed and responded to according to the hospital medical policy?  | YES | NO | N/A |          | 2               |                 |
| Are reported patient safety adverse events collated periodically and analyzed to identify trends and used to improve the quality of patient care services in the hospital?  | YES | NO | N/A |          | 3               |                 |
| <i>Standard: Hospital management are expected to use collated adverse incident records to inform strategic actions that will prevent or reduce reoccurrence rate of these adverse events and near miss .</i>  |     |    |     |          |                 |                 |
| <b>Subtotal</b>   |     |    |     |          | <b>9</b>        |                 |

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

|  | YES | NO | N/A | Comments | Allotted Scores | Scores Assessed |
|--|-----|----|-----|----------|-----------------|-----------------|
| <b>10.5 INFECTION CONTROL</b>  |     |    |     |          |                 |                 |
| Do you follow recommended protocols for the cleaning, disinfection, sterilization and disposal of multi-used instruments and equipment.  | YES | NO | N/A |          | 3               |                 |
| <b>Standard:</b> Multi-use syringes used for must be disinfected with a mild disinfectant before use on each patient.  |     |    |     |          |                 |                 |
| Are sterile instruments protected from contamination by the use of appropriate barrier packaging?  | YES | NO | N/A |          | 2               |                 |
| Do you implement tracking, tracing and biological indicator monitoring systems for sterilization?  | YES | NO | N/A |          | 2               |                 |
| Are clinical contact surfaces (CCS) for dental cleaned daily?  | YES | NO | N/A |          | 2               |                 |
| <b>Standard:</b> All CCS are to be cleaned daily. Those areas that are difficult to clean are to be barrier protected. These barriers are to be changed and discarded regularly after each patient and the underlying surfaces sanitized before placing a new barrier cover. |     |    |     |          |                 |                 |
| Do you adopt disinfecting principles for devices and instruments transported to and from the prosthetic laboratory and within the laboratory itself?   | YES | NO | N/A |          | 2               |                 |
| Do you use disposable covers to protect documents, suction tubes and any other handling areas?   | YES | NO | N/A |          | 1               |                 |
| Are biopsy specimens handled with care and place in leak-proof containers labeled with the biohazard symbol?   | YES | NO | N/A |          | 3               |                 |
| Is a hand washing area/basin easily accessible to the dental staff within the department?  | YES | NO | N/A |          | 1               |                 |
| <b>Standard:</b> There must be an easily accessible hand washing basin with constant running water for the dental staff in accordance with the hand hygiene policy program.  |     |    |     |          |                 |                 |
| Is there any hand hygiene guidelines posted in the clinic areas?   | YES | NO | N/A |          | 1               |                 |
| <b>Standard:</b> The WHO or CDC hand hygiene guideline must be followed and visibly posted around the dental unit area for all staff to see and comply.  |     |    |     |          |                 |                 |
| Are Personal Protective Equipment (PPE) readily available for use when required in the dental department?  | YES | NO | N/A |          | 2               |                 |
| <b>Standard:</b> PPE should be readily available in the dental department and must be used by all dental staff members. Clinical and non-clinical.   |     |    |     |          |                 |                 |
| Are used PPE discarded in appropriate disposal bags and disposed in line with the hospital policy?   | YES | NO | N/A |          | 3               |                 |

For each item, please circle either Yes, No, or Not Applicable (N/A). All elements of the question must be satisfactorily present to indicate "yes" and award credit. Provide explanation or further comments for each "No" or "N/A" response.

|  | YES | NO | N/A | Comments | Allotted Scores | Scores Assessed |
|--|-----|----|-----|----------|-----------------|-----------------|
| Are used gowns/aprons separated into a leak proof container for the laundry?   |     |    |     |          | 1               |                 |
| Are dental handpieces (including low speedmeter that are not permanently attached to air and waterlines heat sterilized regularly?   |     |    |     |          | 2               |                 |
| Are semi-critical items that are heat sensitive cleaned with high-level disinfectants regularly especially between patient use?  |     |    |     |          | 2               |                 |
| <b>Standard:</b> All heat stable dental equipments used directly on the patients must be heat sterilised regularly according to the manufacturer's instructions. While the heat sensitive equipment should be cleaned with high level disinfectants. |     |    |     |          |                 |                 |
| Is there any guideline available in the dental department for post exposure prophylaxis after needle stick injury?   | YES | NO | N/A |          | 3               |                 |
| <b>Standard:</b> Guideline/protocol document must be available and accessible to dental staff to manage post-exposure prophylaxis after needle stick injury.   |     |    |     |          |                 |                 |
| <b>Subtotal</b>  |     |    |     |          | <b>30</b>       |                 |

|   | YES | NO | N/A | Comments | Allotted Scores | Scores Assessed |
|---|-----|----|-----|----------|-----------------|-----------------|
| <b>10.6 WASTE MANAGEMENT</b>  |     |    |     |          |                 |                 |
| Are all the dental clinical and non-clinical staff conversant with the hospital waste management policy?  | YES | NO | N/A |          | 3               |                 |
| <b>Standard:</b> The hospital must have a documented waste management policy and ensure that all relevant clinical and non-clinical staff are aware, trained and understand the policy and procedures.. |     |    |     |          |                 |                 |
| Are waste segregation performed as appropriate at the site of generation?   | YES | NO | N/A |          | 2               |                 |
| <b>Standard:</b> Waste segregation done at its generation site reduces the volume of cross-contamination during transportation to the disposal site.  |     |    |     |          |                 |                 |
| Are medical wastes collected in covered leak-proof containers from the dental department?   | YES | NO | N/A |          | 2               |                 |
| Are medical waste collected to the centralised disposal site daily?   | YES | NO | N/A |          | 1               |                 |
| <b>Standard:</b> Wastes generated from surgical procedures must be collected daily to the centralised waste collection area.  |     |    |     |          |                 |                 |
| <b>Subtotal</b>   |     |    |     |          | <b>8</b>        |                 |



## SUMMARY

Noted Challenges:

Noted Recommendations: