QUALITY ASSURANCE: DENTAL CLINIC AUDIT FORM (2010)

Clinic: ___________________________ Date/Time of Audit: ___________________________
Audit Conducted by Drs: ___________________________

1.0 Typical Clinic Staffing (Full-time Equivalents) and Scheduling

Dentists:
Dental Assistants:
Dental Hygienists:
a. have all full-time and part-time staff had a performance review within last 12-15 months?

Service Scheduling:

1.1 Is there a blend of op and exam appointments to use staff resources efficiently?

1.2 Do appointments start by 8:15 and 12:45?

1.3 Are appointments booked no later than 5 weeks from today’s date?
a. What is the date of the last scheduled appointment in the book?

1.4 Are any non-emergency cases scheduled in designated emergency time blocks?

1.5 Are emergencies scheduled within 24 hours?
a. What is the date of the latest scheduled emergency in the appointment book?

1.6 Does the clinic have a short-notice cancellation list?
a. If yes, describe:

1.7 Does the clinic have a waitlist?
a. If yes, describe:

1.8 What recall system does the clinic use for children patients?

Comments: ___________________________

2.0 Waiting Room and Reception Area

2.1 Is the dental clinic adequately identified in the building?
a. signage at clinic entrance.
b. hours of operation or ‘By Appointment Only’ information posted.

2.2 Is the waiting area organized?
a. chairs neatly arranged/not obstructing passage ways.
b. books/magazines/toys arranged.
2.3 Is the waiting area acceptable for a professional office?
   a. cleanliness of floors, walls, chairs, etc.
   b. state of repair of furniture and fixtures.
2.4 Is the Reception/Exit desk organized?
   a. telephone books, client handouts, charts, resource files, pencils, etc. have an assigned place.
   b. signs, posters, clinic hours, calendar, etc are visible and neatly arranged for visitors’ view.
   c. reception countertop has “How did we do today” feedback forms.
2.5 Is the reception area sufficiently protected from the public in the waiting area?
   a. controlled access into reception area.
   b. passers-by cannot see/read active computer screens and/or private documents and charts.
   c. client charts kept locked up at night and when staff away from clinic.
   d. telephone and other conversations regarding privileged patient information not audible to others.
   e. Are Dentists’ current practice permits on display?

Comments:

3.0 Clinic Operatories
3.1 Do the operatories have a professional appearance?
   a. cleanliness of floors, walls, chairs, stools, cabinets, drawers, etc.
   b. state of repair of floors, walls, chairs, stools, dental light, X-ray machine, cabinets, drawers, etc.
   c. uncluttered floor and countertops.
   d. wall display posters are clean, not torn, unbent, neatly arranged.
3.2 Are handpieces and instruments in their proper sterilization bags?
   a. Are sterilization bags in good repair?
3.3 Are sterilized and single-use instruments/materials kept away from aerosolized bacteria?
3.4 Do the keyboard, mouse and monitor receive routine cleaning and disinfection?
   Comments:

4.0 Processing/Sterilization Area
4.1 Is the sterilization area/room kept clean and uncluttered?
   a. floors, walls, cabinets, drawers, countertops, etc.
   b. are ‘Clean’ and ‘Dirty’ areas labeled?
c. is there a logical flow from contaminated to cleaned to sterile?
d. specified location for sterilization record binders?
e. sterilization record documents properly maintained?

4.2 Is equipment in good state of repair?
  a. Instrument washer, Assistina, ultrasonic cleaner, autoclave, etc.
  b. heavy rubber gloves.

Comments:

5.0 Laboratory Area

5.1 Is the laboratory area clean?
  a. floors, walls, cabinets, drawers, countertops, sink, etc.
  b. lab equipment.
5.2 Is the laboratory area organized?
5.3 Is equipment in good state of repair?

Comments:

6.0 Hallways, Other Rooms

6.1 Is the area clean?
  a. floors, walls, ceilings, cabinets, drawers, countertops, sink, etc.
  b. furniture
6.2 Is the area organized?
6.3 Fixtures and furniture in good state of repair?

Comments:

7.0 General Infection Control

7.1 Do sinks have soap and paper towels available?
  Do hands-free faucets work properly?
7.2 Is alcohol hand rub readily accessible?
7.3 Are protective barriers used appropriately and consistently?
  a. Gloves, masks, eye protection, lab coat, isolation gowns
  b. Rubber dam
7.4 Are sharps containers available in needed locations?
7.5 What disinfectant used in operatories between patients?
7.6 Autoclaves:
  a. spore tests done daily?
  b. chemical indicators used in each package?
  c. autoclave printouts (if available) reviewed and kept with sterilization records?
7.7 Other equipment:
   a. waterlines disinfected routinely?
   b. fresh water used daily in dental unit water bottle?
   c. suction rinsed routinely?
   d. X-ray head; curing light; amalgamator; etc. cleaned and disinfected after use?

Comments:

8.0 Drug Storage

8.1 Drugs inside locked cupboard or drawer; out of patient sight and reach?
8.2 Drug register
   a. name, strength, expiry date of drug?
   b. quantity of drug purchased and date of purchase?
   c. quantity and date of dispensed amounts?
8.3 Blank prescription pads unsigned and kept out of patient access?

Comments:

9.0 Emergencies

9.1 Is oxygen readily available?
   a. tank at least half-full
   b. masks available
   c. cylinder stored so that it cannot fall over (placed in a stand or otherwise appropriately secured)
9.2 Is an emergency kit available and stocked with necessary drugs?
   a. epinephrine
   b. nitroglycerine
   c. Benadryl vial and tablets
   d. asthma inhaler (Ventolin)
9.3 Are all emergency kit drugs within their expiry dates?
9.4 Is there a protocol in the clinic for dealing with emergencies?
9.5 When did staff receive training in CPR?
9.6 Do telephones have the clinic’s street address on/near them?

Comments:

10.0 X rays

10.1 Daily photographic processing control test done and result marked on record?
10.2 Fixer/developer changes kept in record?
10.3 Retakes recorded and summed on a monthly basis?
10.4 Client radiation shielding used regularly?
10.5 Shielding stored flat (according to manufacturer’s recommendations)?
10.6 Does each X-ray machine have the usual exposure times and KvP posted near exposure control button?
10.7 Is radiograph disinfectant bleach solution replaced daily?
10.8 Is fresh water replaced in processor daily?

Comments:

11.0 WHMIS
11.1 MSDS (Material Safety Data Sheets) available for all listed substances?
11.2 All containers, materials and medications labeled properly?

Comments:

12.0 Audit Summary
12.1 Areas that met requirements and were of high quality:

12.2 Areas where some improvement is required in order to meet the quality standards of the dental treatment program:

12.3 Suggested Action(s):

12.4 Other comments/recommendations:
Patient Record – Data Quality Review Form – Audit 2010

Chart ID#______________ Date of review_____________ Clinic_____ DA#____

<table>
<thead>
<tr>
<th>Information type</th>
<th>OK</th>
<th>Needs improvement</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient identity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Spelling of name in PowerPractice same as spelling in chart folder?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Correct gender?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) DOB same as DOB in chart folder?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Radiograph pocket:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Patient (correct person? correct spelling?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Dentist (correct dentist? correct spelling?)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Handwritten date in yyyy/mon/dd format?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Printout of patient odontogram before any tx done?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Account Notes (&quot;A&quot; Notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) have eligibility information recorded? (see examples below*)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) have staff initials/ID#?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Personal Notes (&quot;P&quot; notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) have patient status (e.g. TCU, Tax Ck, Dead File, etc)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) have staff initials/ID#?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Office Code: Clinic site listed (i.e. NE, CH, Air)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Each PowerChart Progress Note has Dentist/Dental Assistant (or DH) initial and surname at end of entry?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:**

1. Choose at random 10 clients who have attended recent appointments (using entries from PowerPractice scheduler).
2. Retrieve the chart folders for review.
3. Use one of these review sheets for each chart folder. Enter the chart ID#, date, clinic and your ID# at the top of this page.
4. For each of the chart folders compare the written information to the electronic information for that patient (see table below).
5. Review only the last 12 months of care.
6. If chart cannot be found, write “chart folder not found” in the comment area.
7. Send all 10 of these sheets to Dental Secretary.
8. Retain the chart folders for dentists’ chart audit process.

* "A" Note Examples:
   o 2007/Mar/19 IAF Section A ACHB FS=2 Letter>emp – no DI (#8)
   o 2007/Mar/19 IAF Section B. 2005 NOA. Letter>emp Will have Dental Ins. in Oct. 2007. FS=4. (#8)
   o 2007/Mar/19 IAF 2007 Section C review in 6 months. FS=3 No DI (#8) Not working. (#8)
   o 2007/Mar/19 IAF Section A . IFH CR-1 until March 23, 2008. FS=7 Works PT letter> no DI. (#8)
   o 2007/Mar/19 IAF Section B works PT. Letter> no DI (#8)
**Division of Dentistry & Oral Health**  
**Quality Assurance Dental Chart Review Form**  
Dental Public Health Clinic Program Audit 2010

| Chart ID#__________ | Dentist name: _______________ | Reviewer: _______________
|---------------------|-----------------------------|------------------------|

### 1.0 Medical history

<table>
<thead>
<tr>
<th>1.1</th>
<th>Medical history completed, reviewed, summarized and signed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>Patient (or guardian) signature and date</td>
</tr>
<tr>
<td>1.3</td>
<td>Notes on special precautions (front of chart and electronic chart)</td>
</tr>
<tr>
<td>1.4</td>
<td>Periodic updates to medical history dated and initialled</td>
</tr>
</tbody>
</table>

### 2.0 Dental charting

<table>
<thead>
<tr>
<th>2.1</th>
<th>Odontogram completed for patient exam and updated for recall exam: (pre-existing treatment, teeth present and missing, current oral conditions, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Periodontal assessment completed as required</td>
</tr>
<tr>
<td>2.3</td>
<td>Treatment plan recorded</td>
</tr>
</tbody>
</table>

### 3.0 Patient history: documentation

<table>
<thead>
<tr>
<th>3.1</th>
<th>Approved regional template used</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>Referring doctor and reason recorded</td>
</tr>
<tr>
<td>3.3</td>
<td>Chief complaint recorded, investigated and addressed</td>
</tr>
<tr>
<td>3.4</td>
<td>History of chief complaint recorded as needed</td>
</tr>
<tr>
<td>3.5</td>
<td>Extra-oral findings recorded: TMJ, lymph nodes, skin, etc.</td>
</tr>
<tr>
<td>3.6</td>
<td>Intra-oral findings recorded: e.g. teeth condition, soft tissue, occlusion, habits, hygiene and perio.</td>
</tr>
<tr>
<td>3.7</td>
<td>Vital signs recorded at examination appointment as required</td>
</tr>
<tr>
<td>3.8</td>
<td>Behaviour recorded</td>
</tr>
<tr>
<td>3.9</td>
<td>Diagnosis made recorded</td>
</tr>
<tr>
<td>3.10</td>
<td>Discussion documented</td>
</tr>
<tr>
<td>3.11</td>
<td>Prognosis statement included in records</td>
</tr>
<tr>
<td>3.12</td>
<td>Recommendations recorded</td>
</tr>
<tr>
<td>3.13</td>
<td>Treatment plan outlined</td>
</tr>
<tr>
<td>3.14</td>
<td>Treatment plan is appropriate to the clinical findings</td>
</tr>
<tr>
<td>3.15</td>
<td>Dentist initial &amp; surname after every entry followed by RDA / RDH initials</td>
</tr>
</tbody>
</table>

### 4.0 Radiographs

<table>
<thead>
<tr>
<th>4.1</th>
<th>Radiographs are of acceptable diagnostic quality (no cone-cuts; overlapped contacts, poor contrast, inadequately fixed, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2</td>
<td>Appropriate number and type of radiographs</td>
</tr>
<tr>
<td>4.3</td>
<td>Radiographic findings documented</td>
</tr>
</tbody>
</table>

(N/A = not applicable)
7. Comments/key findings:

8. Action(s) required to meet the charting quality standards of the Division:

9. Chart review form reviewed by attending dentist and **dental chart has been updated** as required.

<table>
<thead>
<tr>
<th>Print name attending dentist</th>
<th>Signature attending dentist</th>
<th>Date (yyyy/mon/dd)</th>
</tr>
</thead>
</table>

*Please complete section 9 and return to Community Oral Health Manager.*

*Thank you for your good work in the Division of Dentistry and Oral Health. The purpose of the audit exercise is quality assurance, so this is an attempt to review the charts using the standards of an Accreditation team. Please use this audit to help ensure that we constantly improve our patient records and program.*

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