

TO CARRY OUT NABH SELF ASSESSMENT IN DENTAL CLINICS AND TO PREPARE STANDARD OPERATING PROCEDURES FOR DENTAL CLINICS

**A dissertation submitted in partial fulfilment of the requirement
for the award of
Post Graduate Diploma in Hospital and Health Management**

**By
Dr Nandini Puri**



International Institute of Health Management Research

New Delhi

May, 2013

Certificate of Internship Completion

Date: 30.04.13

TO WHOM IT MAY CONCERN

This is to certify that Dr. Nandini Puri has successfully completed her 3 months internship in our organization from January 01, 2013 to April 01, 2013. During this intern she has worked on "NABH Assessment for Dental Clinics" under the guidance of me and my team at Indian Health Consultants, Gurgaon.

We wish her good luck for her future assignments


(Signature)

Partner(s)
Partner(s)
Mr. Kuldeep Chaudhary
CEO, Indian Health Consultants

Certificate of Approval

The following dissertation titled To carry out NABH Self Assessment in Dental Clinics and to prepare Standard Operating Procedures for Dental Clinics is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of Post- Graduate Diploma in Health and Hospital Management for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation

Name :

DR. BRIJENDER SINGH DHILLON

Signature:

B.S.D.
2/5/13

Certificate from Dissertation Advisory Committee

This is to certify that Nandini Puri a graduate student of the Post- Graduate Diploma in Health and Hospital Management has worked under our guidance and supervision. She is submitting this dissertation

To carry out NABH self Assessment in Dental Clinics and to prepare Standard Operating Procedures for Dental Clinics
in partial fulfillment of the requirements for the award of the Post- Graduate Diploma in Health and Hospital Management.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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FEEDBACK FORM

Name of the Student: DR. Nandini Puri

Dissertation Organisation: Indian Health Consultants

Area of Dissertation: Quality Accreditation

Attendance: 98%

Objectives achieved: Identified the Gaps between the NABH standards and the present situation in a Dental Centre

Deliverables: Established the quantum of work required to be done for Dental centres to achieve NABH Accreditation

Strengths: Diligent hardworking professional with good communication skills

Suggestions for Improvement:

Should develop self belief

Privastava

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 30-4-2013

Place: Gurugram

PART ONE

INTERNSHIP

ORGANIZATION'S PROFILE

Indian Health Consultants (IHC) is the group of professionals with in depth knowledge of the healthcare industry. IHC with the pool of professionals with expertise knowledge in their respective fields is attracting the best talent from the field of Healthcare and are growing due to their cost effective and long lasting health care solutions.

Vision

The Vision is to make clients businesses profitable, to provide them sustainable, cost effective and easy to implement solutions. The intention is to be the most favoured partners for healthcare providers across the globe.

Mission

The mission is to create an organization where each employee feels satisfied, works in the area of their choice and takes responsibilities which they relish, decide how much they want to earn and how much time they want to work. The idea is to create a platform where there are no bosses and no employees just a group of talented professionals having the same vision as of the organization.

During my internship, I was engaged in general management. I did the following activities during my internship.

- Orientation/Training for 15 days.
- Visiting our clients and understanding their business.
- Meeting with all the clients and understanding their requirements.
- Content writing for the websites.
- Assisted in organizing health camps
- Did SEO & SMO for our clients using Facebook, Twitter and other social networking sites.
- Assisted in branding, both internal & external for our clients.

REFLECTIVE LEARNING

- Understood the basics of Gurgaon and Indian healthcare.
- Understood the basics of SEO and SMO.
- Understood the Importance of contents in websites.
- Learned how to organize health camps
- Learned the importance of branding in Healthcare industry.
- Got the practical knowledge of healthcare marketing.
- Learned to write articles in magazines.

PART TWO
DISSERTATION

ACKNOWLEDGEMENT

I would like to express my sincere regards and gratitude to Mr. Kuldeep Choudhary (CEO) for giving me opportunity to carry out my dissertation in his organization. His constant support and encouragement have been a source of inspiration for me. His critical appraisal and pertinent suggestions have aided me in shaping this report. I am extremely grateful for his keen interest, constant support and guidance.

Sincere thanks to Mr. Anurag Shrivastava (Consultant) for his valuable guidance and support in completion of my project. I would like to thank Dr.(Maj) Rahul Prashad (Consultant) for his valuable suggestion and constant support.

I would like to thank Dr. Dharmesh Lal for his guidance and valuable suggestions which helped me in shaping this report.

ABSTRACT

The study was conducted to ensure that dental clinics like hospitals work according to NABH standards. This study is an initiation towards that target. Till now only hospitals have been complying with NABH standards. The study was done by procuring the checklist for self assessment. Guidelines for NABH accreditation are given in NABH booklet for Dental Clinics which was purchased from the office of Quality council of India.

Seven dental clinics in Gurgaon were chosen. Standard Operating Procedures for a dental clinic based on the guidelines mentioned in the NABH booklet, were formulated. In Muskaan Dentals, 120 patients were observed and interacted with. This enabled in understanding what kind of treatment and services are being provided to the patients. Also interaction with the 28 staff members at these dental clinics was done. The findings revealed the status of dental clinics in terms of quality care. The non compliances through this assessment were found out. Possible solutions for eliminating the non compliances were suggested.

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INTRODUCTION

As defined by International Organization for Standardization (ISO 8402), Quality of a service is “the totality of features and characteristics of a service that bears on its ability to satisfy the stated and implied needs of the patients”.

This definition has two important elements.

- First- **“the totality of features and characteristics”** which means the combined net effect (including the side effect of all the properties, characteristics, positive or negative, of the service on the patient or the consumer of the service.
- Second element is **“the ability of the service to satisfy the stated and implied needs of the**
- **patient”**.

That means not just curing the presenting complaints of the patient but to treat and cure all the underlying causative factors/ailments and help restore his/her health to normal.

It can be quantified as $Q = P/E$.

Q = Quality

P = Performance

E = Expectations

BENEFITS OF QUALITY :

Quality helps determine a firm's success in a number of ways:

- Customer loyalty – they return, make repeat purchases and recommend the product or service to others.
- Strong brand reputation for quality
- Retailers want to stock the product
- Fewer returns and replacements lead to reduced costs
- Attracting and retaining good staff

Accreditation

A public recognition 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.

Accreditation Assessment

The evaluation process for assessing the compliance of an organization with the applicable standards for determining its accreditation status. The assessment includes :

- Documentation review
- Facility tour
- Interview of staff, patients and visitors
- Education about standards compliance

Standard

It is a statement that defines the structures and processes that must be substantially in place in an organization to enhance the quality of care.

Objective Element

It is a measurable component of a standard. Acceptable compliance with objective elements determines the overall compliance with a standard.

Standards focus on patient and staff safety. Set standards are present that all organizations must pass. Standards need to be revised periodically and raise the “bar”

NABH

QCI (Quality Council of India) is an autonomous body set up by Govt. of India to establish and operate accreditation structure in country and to promote National Quality Campaign under the overall mission ‘Quality for National Well Being’.

National Accreditation board for Hospitals and Healthcare providers (NABH) is a constituent body of Quality Council of India. It was set up to establish and operate accreditation programme for healthcare organizations. NABH was established in year 2006.

NABH standards for hospitals and healthcare set ups have been prepared by Technical Committee of NABH and contain complete set of standards for evaluation of hospitals for grant of accreditation. The standards provide framework for quality assurance and quality improvement for hospitals.

The accreditation programmes are being carried for :

- Accreditation of Blood banks
- Accreditation of SHCOs
- Accreditation of health and Wellness Centres
- Accreditation for Diagnostic Centres
- Accreditation of Dental Centres
- Accreditation of Ayurvedic Hospitals

NABH standards for Dental Centres constitute of :

- 10 Chapters
- 44 Standards
- 190 Objective Elements

Patient Centered Standards

- 1) Access ,Assessment and Continuity of care (AAC)
- 2) Care of Patients (COP).
- 3) Patient Right and Education (PRE).
- 4) Management of Dental Materia, Medica and Equipments
- 5) Infection Control

Organization Centered Standards

- 1) Continual Quality Improvement(CQI)
- 2) Responsibility of Management (ROM).
- 3) Facility Management and Safety (FMS).
- 4) Human Resource Management (HRM)
- 5) Information Management System (IMS).

RATIONALE OF STUDY

NABH standards for hospitals have been seen and are implemented every year in all parts of the country. Every hospital aims to get the accreditation from NABH, certifying its standard of treatment and care. This makes the hospital function in a high quality environment, plug the loopholes in its functioning and increase the credibility of the hospital in the eyes of the patients and visitors. Although NABH accreditation have been followed in hospitals, it is a relatively new term for dental centres and clinics. Dental clinics are small healthcare organizations which run on small budget, have limited infrastructure and handful of manpower. As a result, dental clinics all over the country, are unregulated and fail to follow essential guidelines necessary for providing quality patient care.

Dentistry is significantly large and growing industry in India with high level of competition. NABH has provided the guidelines to dental clinics to implement the standards mentioned by it. However, in India till now, only two dental institutions are NABH accredited. Both these dental institutions are government run and function within a hospital. No private dental clinic has got NABH accreditation.

Therefore, the project's significance lies in assessing for the first time a dental clinic based on NABH standards, so that it can provide excellent services and infrastructure to patients. The non compliances found will help these clinics in improving their services and work upon them. Also, Standard Operating Procedures (SOPs) for dental clinics were made that can be utilized by all dental clinics. SOPs are not formulated for dental clinics in India. All dental clinics in India can utilize this project to facilitate implementation of NABH standards in their clinics and provide high standard of dental treatment to the patients visiting these clinics.

REVIEW OF LITERATURE

According to studies conducted on medical diagnosis and treatment, being the perceived custodian of its own standards has distinct advantages for professions such as medicine. First, it has permitted medical professionals to attain, and retain, a very high level of autonomy, both for themselves as a group and for their individual members. Second, it has allowed them largely to determine working conditions and terms of payment. Third, it has helped turn medical decision making into a “black box,” relatively immune to outside examination. The scientific jargons of medicine adds to the opacity of this black box. As long as doctors alone can understand the processes of medical care, lay persons have to take their word for it when they tell them that a particular action by government, employers, insurance carriers, or consultants—will damage quality. This setting worked well as long as nobody had any reason to look too closely. But, as a result of the high costs of modern medicine and the enormous and growing power of physicians to allocate society’s resources, that willingness to accept the word of the experts alone is eroding.

Study : Hospital Accreditation

Author : Muhammed Asreed

Hospital accreditation is a public recognition by a National Healthcare Accreditation Body, of the achievement of accreditation standards by a Healthcare Organization. In India, Health System currently operates within an environment of rapid social, economical and technical changes.. Accreditation would be the single most important approach for improving the quality of hospitals. Accreditation is an incentive to improve capacity of national hospitals to provide quality of care.

Study : Impact of hospital accreditation on “Quality of care: perception of Lebanese nurses”

Author : El-Jardali F, Jamal D, Dimassi H, Ammar W, Tchaghchaghian,

It was observed that nurses perceived an improvement in quality during and after the accreditation process. Lebanese nurses felt,hospital accreditation is a good tool for improving quality of care. In order to ensure that accreditation brings effective quality improvement practices, there is a need to assess quality based on patient outcome indicators.

Study : Quality in hospitals

Conducted at The Economic and Social Research Institute (ESRI)

Author : Jack A. Meyer, Sharon Silow-Carroll, Todd Kutyla

Hospitals across the country are searching for ways to improve quality of care and promote effective quality improvement strategies. External influences, such as local market competition, and public or

private health quality initiatives and standards also have an impact. Through information gleaned from site visits and in-depth interviews with these high-performing hospitals, the study assessed quality drivers, internal processes, and challenges, and offered guidance and actions steps to help hospitals move in the right direction.

Study : Quality of oral health care in the Cape Coast

Author : Samuel Westwood

Results showed that both dental clinics had adequate equipment and material supplies. Staff numbers were inadequate for both clinics as both had less than the number of dental surgeons and dental surgery assistants required for optimal operations and there were no dental technicians or hygienists/therapists. The cards used were such that the information recorded on them was inadequate and inconsistent.

Study : Quality of Dental Centre in King Fahd Armed Forces Hospital (KFAFH) using

European Foundation for Quality Management (EFQM) Excellence Model

Author : Miranda James, Faheena – ul – Bashir

The results confirmed significant positive influence of EFQM factors. Furthermore, the results exhibit that hospital management might benefit more by placing more emphasis on an integrated EFQM model and recognizing the EFQM influences on their dental centre. It raises many implications for managers in this hospital, such as considering the importance of EFQM and the vital role this model plays in the performance of hospitals.

Study : Three-level quality assessment of a dental hospital using EFQM by

Author : Farhan Vakani (Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan) and Kashif Naqvi (Department of Oral Surgery, Hamdard University Dental Hospital, Karachi, Pakistan)

They assessed the eight EFQM model excellence concepts as benchmarks for providing quality services. The study highlighted that this exercise will bring about a positive change in attitude and will stimulate institute staff to kick start the self assessment process and implement measures leading to better quality practices.

Study : Dental Health Service assessment in Gezira Locality, Sudan

Author : Mogahid Abd El Rahman Yousif, DBBS, MSc and Elhadi Miskeen, MRCOG.

The survey aimed to assess the status of the present dental and oral health services at Gezira Locality. This result revealed absolute lack of dental services in rural areas. The present units were old and most of them were not functioning. This was the reason that most of rural population sought oral health services for periodontal diseases and dental caries in Wad Medani health institutions. Most of the patients irrespective of their residence, preferred treatment at private dental clinics because they expect better care due to good facilities.

OBJECTIVES OF THE STUDY

General Objective :

To assess Dental Clinics on NABH Standards for Dental Health – Care Service Providers (DHSPs) and
Make the dental clinics achieve the standards of quality prescribed by NABH

Specific Objectives :

- To conduct Self Assessment in dental clinics based on NABH standards
- To find out the gaps and non compliances in the dental clinics in terms of infrastructure, services and manpower using the Self Assessment
- To provide possible solutions for eliminating the non compliances found
- To create Standard Operating Procedures (SOPs) for all the departments and services in a dental clinic

METHODOLOGY

STUDY DESIGN : Descriptive Qualitative Study

STUDY AREA : Gurgaon, Haryana

STUDY POPULATION : The staff and patients at the Dental clinics

SAMPLE SIZE : A sample size of 152 patients and dental clinic staff was chosen.

STUDY UNITS : 70 patients

54 Dentists

21 Dental Assistants

7 Receptionists

TYPE OF SAMPLING : Convenience sampling for staff members

Simple random sampling for patients

DATA COLLECTION TOOLS AND TECHNIQUES

Primary Data : Direct observation

Interviews and interactions with staff, patients, family members of patients

Secondary Data : Registers, Documented files, Patient clinical records, Brochures and Leaflets

- The checklist for the Self Assessment was procured.
- NABH booklet for Dental Clinics was procured from Quality Council of India. It contains the guidelines for implementing NABH standards in a clinical set up.
- Self Assessment of the seven dental clinics was done based on the checklist and SOPs.
- Non compliances were found based on the Self Assessment.
- The Standard Operating Procedures for dental clinics were devised

OBSERVATIONS

Seven Dental Clinics in Gurgaon, Haryana were chosen. These dental clinics were chosen based on the number of dental chairs that they have. All these dental clinics have 3-8 chairs. The services provided at these clinics broadly are :

- Dental Implants
- Cosmetic Dentistry
- Teeth Whitening
- Laminates and Veneers
- Root Canal Treatment
- Cosmetic Complete Oral Rehabilitation
- Dental Braces
- Scaling and Polishing
- Dental Fillings or Restorations
- Tooth extractions
- Impacted tooth removal
- Dentures
- Crowns and Bridges
- Paediatric Dentistry

The seven dental clinics chosen were :

1) Muskaan Dentals (has two more centres)

- 3 dental chairs
- 10 dentists, 2 dental assistants, 1 receptionist

2) Smile On (has three more centres)

- 4 dental chairs
- 9 dentists, 3 dental assistants, 1 receptionist

3) Stoma Dentals (has two more centres)

- 4 dental chairs
- 11 dentists, 3 dental assistants, 1 receptionist

- 4) AB Dental Care (has 1 more centre)
 - 3 dental chairs
 - 7 dentists, 2 dental assistants, 1 receptionist
- 5) Dr. Chawla's Dental and Implant Centre (has two more centres)
 - 4 dental chairs
 - 8 dentists, 5 dental assistants, 1 receptionist
- 6) Align Orthodontics
 - 3 dental chairs
 - 5 dentists, 3 dental assistants, 1 receptionist
- 7) Smile Point
 - 3 dental chairs
 - 4 dentists, 3 dental assistants, 1 receptionist

In the dental clinics, the following departments were seen :

1. Waiting Area
2. Washroom (one for staff, one for patient)
3. Reception Desk
4. Doctor's Chamber
5. Clinic setting / Operating Area consisting of :
 - a) Dental Chairs
 - b) Computerized equipments (APEX Locator, computerized X ray (RVG), Dental Acryliser, Dental bath equipments, Electro Polisher Anodiser, Steam Cleaner)

There was a lacking of Standard Operating Procedures or written documentation of the policies and procedures at these dental clinics.

RESULT FINDINGS AND DISCUSSION

Muskaan Dentals – A

Smile On – B

Stoma Dentals – C

AB Dental Care – D

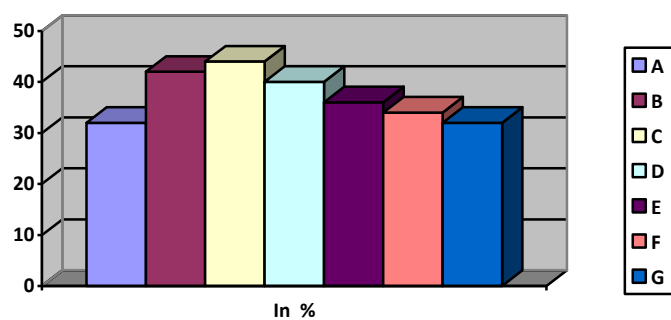
Dr. Chawla's Dental and Implant Centre – E

Align Orthodontics – F

Smile Point – G

ACCESS, ASSESSMENT AND CONTINUITY OF CARE :

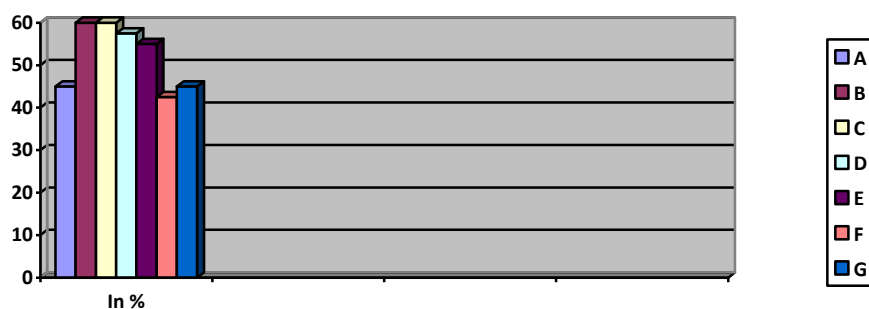
DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	80 / 250	32 %
B	105 / 250	42 %
C	110 / 250	44 %
D	100 / 250	40 %
E	90 / 250	36 %
F	85 / 250	34 %
G	80 / 250	32 %



- The services being provided by dental clinics are adequately defined and displayed.
- They have a well defined registration and record keeping process.
- The mechanism of referral of patients and requisition of outside specialist was done for some and for some it was not done.
- The staff responsible for referral to another DHSP was not being done.
- The first consultation / initial assessment of patient is carried out comprehensively.
- Imaging services not available at the DHSP are being outsourced to an external laboratory.
- Imaging services do not comply with legal requirements.
- No place earmarked for safe disposal and storage of radiographic materials.
- Radiation safety devices are not periodically tested.
- Imaging personnel are not trained in radiation safety measures.

CARE OF PATIENTS :

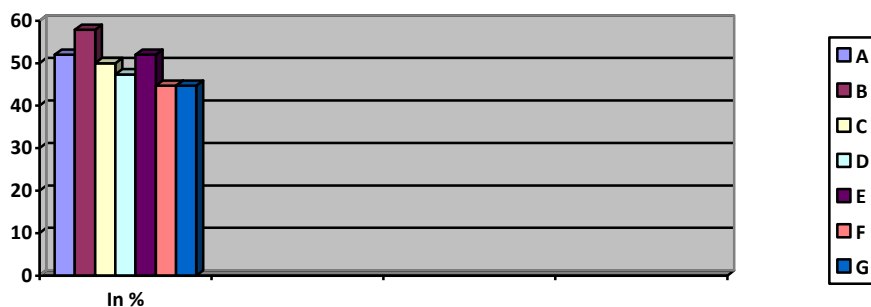
DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	90 / 200	45 %
B	120 / 200	60 %
C	120 / 200	60 %
D	115 / 200	57.5 %
E	110 / 200	55 %
F	85 / 200	42.5 %
G	90 / 200	45 %



- Documented policies and procedures do not comply for research activities.
- Emergency services are being provided at some clinics only.
- Adequately qualified and trained staff do not perform the inhouse lab services.
- Policies and procedures guide the care of patients undergoing local anaesthesia.
- Policies and procedures guide the care of patients undergoing moderate sedation.
- Trained personnel are present to perform the sedation.
- Equipment and manpower are not available to rescue patients from a deeper level of sedation than intended.

PATIENT RIGHTS AND EDUCATION

DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	100 / 190	52 %
B	110 / 190	57.89 %
C	95/ 190	50 %
D	90 / 190	47.36 %
E	100 / 190	52 %
F	85 / 190	44.7 %
G	85 / 190	44.7 %

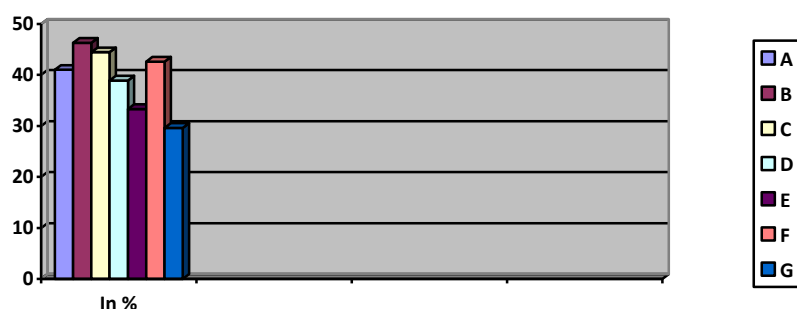


- Dental clinics protect patients and family rights during patient's treatment and recovery phase.
- Violation of patients' rights are protected but corrective actions are taken only sometimes.
- Patient rights involve the patient and family in decision making process.
- Patient and family rights do not address special preferences, spiritual and cultural beliefs. (only for dental clinic)
- Patients' rights do not include information on how to voice a complaint. (only for one dental clinic)
- Dental clinics take patient and his / her family members' consent for decision making about care.
- Procedures and treatment where informed consent is taken are not listed.
- Patients and families are educated about the treatment given.
- There is a uniform pricing policy at dental clinics.
- Patients are informed and educated about the costs of treatment but not always.
- The tariff list is sometimes made available to the patients

MANAGEMENT OF DENTAL MATERIALS, MEDICAL AND EQUIPMENTS

DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	110 / 270	41 %
B	125 / 270	46.29 %
C	120 / 270	44.44 %
D	105 / 270	38.89 %
E	90 / 270	33.33 %

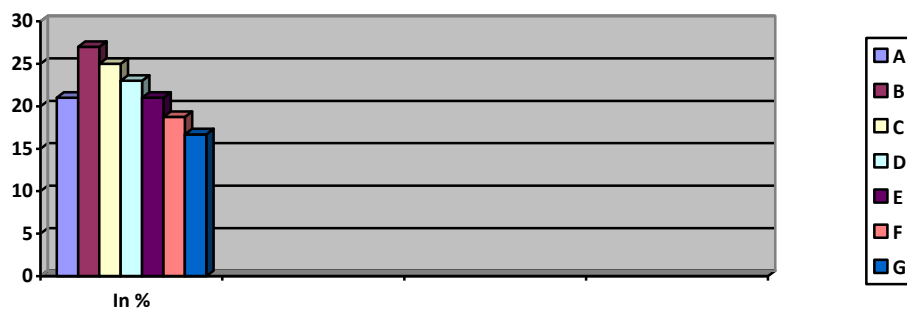
F	115 / 270	42.6 %
G	80 / 270	29.6 %



- Dental clinics have formulated any policy for procurement of dental materials.
- There are no guidelines formulated for usage of dental materials.
- Policies and procedures guide the storage and dispensing of dental materials.
- Emergency materials are not present in all the clinics.
- Policies and procedures guide the use of implant prosthesis.
- Any significant event occurring during surgery related to implants is not reported in patient's medical record all the clinics.
- There is no documented policy for usage of dental equipments.
- Staff is being given training about the dental instruments and equipments but not a regular basis.
- Dental equipments and instruments needed for emergency are available but not in all the clinics.
- Policies and procedures guide the prescription of medications.
- Medications orders are not always clear and legible.
- Patients and family members are educated about safe medication but not much about food – drug interactions.

INFECTION CONTROL

DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	50 / 240	21 %
B	65 / 240	27 %
C	60 / 240	25 %
D	55 / 240	23 %
E	50 / 240	21 %
F	45 / 240	18.75 %
G	40 / 240	16.7 %



- Dental clinics do not have a person appointed for infection control.
- Infection control procedures during patient work on dental chairs are not applied all the time.
- Different critical components of dental chair station have not been identified.
- Barrier techniques for infection control have not been identified.
- Some Engineering control methods to prevent infection have been included .
- Pre and post exposure prophylaxis is provided to staff members but not always.
- Surveillance activities are not conducted.
- Dental clinics manage and handle Biomedical Waste Management.
- Personal Protective Equipments are used by few staff members.
- Attention to mercury hygiene and mercury disposal is not being given.

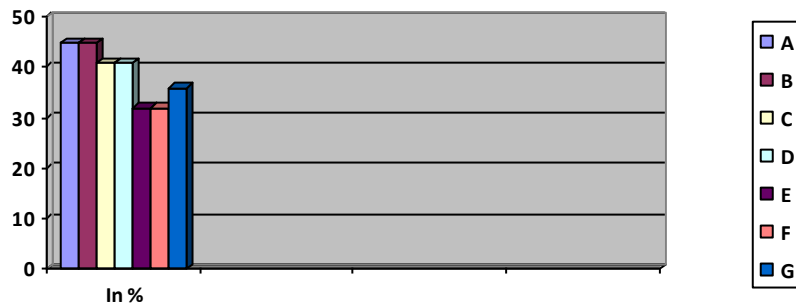
CONTINUOUS QUALITY IMPROVEMENT

DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	0 / 60	0 %
B	0 / 60	0 %
C	0 / 60	0 %
D	0 / 60	0 %
E	0 / 60	0 %
F	0 / 60	0 %
G	0 / 60	0 %

- There is no designated person for implementing the quality assurance program.
- No quality assurance program is being conducted.
- Indicators for quality improvement have not been formulated.
- Corrective and preventive actions for continuous quality improvement are not taken.

RESPONSIBILITY OF MANAGEMENT

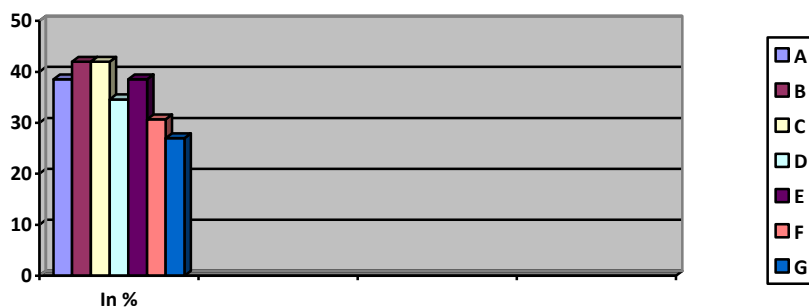
DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	50 / 110	45 %
B	50 / 110	45 %
C	45 / 110	41 %
D	45 / 110	41 %
E	35 / 110	32 %
F	35 / 110	32 %
G	40 / 110	36 %



- Some dental clinics have organogram of staff.
- Some dental clinics comply with legislations and regulations.
- Almost all the dental clinics fulfil their corporate social responsibility.
- Dental clinics are managed in an ethical manner.
- Some dental clinics defines their mission and vision statements.
- All correctly portrays their affiliations and accreditations.
- Dental clinics program do not include events ranging from no harm to sentinel events.
- System for reporting of events and process failures is not present.
- Dental clinics have not provided resources for risk assessment and risk reduction.

FACILITY MANAGEMENT SYSTEM

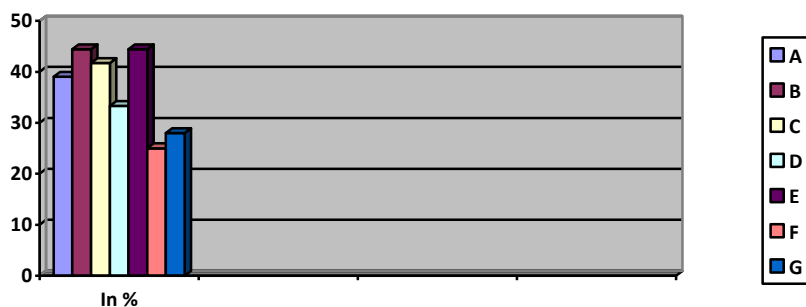
DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	50 / 130	38.5
B	55 / 130	42 %
C	55 / 130	42 %
D	45 / 130	34.6 %
E	50 / 130	38.5 %
F	40 / 130	30.7 %
G	35 / 130	27 %



- Up-to-date drawings are not maintained which describe site layout, floor plans and fire escape routes.
- Internal and external sign posting at most of the dental clinics was done, in a language understood by the patients.
- The space inside the centre is not in alignment with Indian or International standards.
- Dental clinics have a program for equipment, safe water, electricity and medical gases.
- Dental clinics have plans for fire emergencies, but not for non-fire emergencies.
- Dental clinics have defined policies for spill management.

HUMAN RESOURCE MANAGEMENT

DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	70 / 180	39 %
B	80 / 180	44.44 %
C	75 / 180	41.7 %
D	60 / 180	33.3 %
E	80 / 180	44.44 %
F	45 / 180	25 %
G	50 / 180	28 %

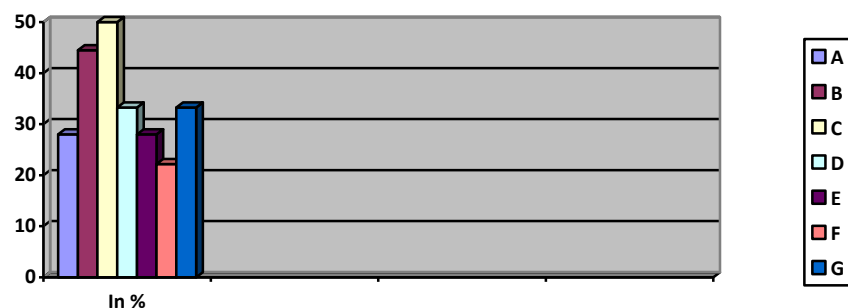


- Dental clinics have adequate number of staff designated for care and service needs of the patients.
- Job description of each staff member is well defined.
- Dental clinics verify the criminal background of the staff members.
- Staff joining Dental clinics are inducted and oriented to its environment.
- Training and development policy exists for the staff but not regularly and not in all the clinics.
- Training is provided when new equipment or responsibility is provided. This training is not thorough
- Training is not reported.
- Staff appraisal system is not present.
- Personal files of all employees are maintained.
- All records of training are not present in it.
- Personal files do not contain results of evaluations.
- Dental clinics collect, verify and evaluate the credentials of the staff.

INFORMATION MANAGEMENT SYSTEM

DENTAL CLINIC	SCORE RECEIVED	SCORE IN TERMS OF %
A	25 / 90	28 %
B	40 / 90	44.5 %
C	45 / 90	50 %
D	30 / 90	33.3 %

E	25 / 90	28 %
F	20 / 90	22.2 %
G	30 / 90	33.3 %



- Dental clinics have correct and accurate dental record of every patient.
- Every document has a unique identifier.
- Policies and procedures are in place for maintaining confidentiality, integrity and security of information.
- Procedure do not exist for responding to physicians, public agencies' request for accessing patient's information.
- Some Dental clinics do not carry out review of its clinical records.
- Review focuses on timeliness, legibility and completeness of the records.
- Preventive and corrective actions are not documented.

RECOMMENDATIONS

- Dental clinics need trained and qualified non-medical manpower. Currently school pass outs are handling the centre.
- Greater emphasis and strict adherence to the documented policies and frequent reference from it is needed.
- Each of the staff member should be trained in multiple activities.
- Knowledge and alignment of legal issues pertaining to every treatment line, infrastructure and the set up should be there. Every activity needs to be planned based on the legal issues and regulations.
- Emergency treatment and medications services need to be provided.
- Patients and their families' education regarding the care of patient and food – drug interactions must be made compulsory whenever any patient comes to Dental clinics.
- The tariff list of all treatment procedures must be available to patient / family.
- Documentation of procedure for usage of dental materials and equipments has to be done.
- Quality assurance program should be formulated.
- A person should be appointed for implementing quality assurance program.
- Surveillance of infection control protocols should be done periodically.
- Reconstruction of the centre, if possible, should be done to accommodate more equipment and provide better facilities.

LIMITATIONS

- There was no evidence on this subject to refer to.
- The veterans in this field could not supervise the Standard Operating Procedures.. The SOPs would have been more accurate otherwise.

CONCLUSION

The study helped in understanding the requirements of a dental clinic and the protocols to be followed in a dental clinic in order to align it with NABH standards. The Standard Operating Procedures (SOPs) would provide a broad guideline for running a dental clinic in India effectively and to make it come to the level of

NABH requirements. The self assessment done further on the dental clinics would help dental clinics in correcting the flaws in their set up and eventually get NABH accreditation.

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ANNEXURE