

## **MSQH DENTAL CLINIC ACCREDITATION STANDARDS & ASSESSMENT TOOL**

The term Dental Clinics for the purpose of these standards refers to all dental clinics registered under the Private Healthcare Facilities and Services Act 1998 and public sector dental clinics. The term 'services' include consultations, investigations, treatment and referrals for outpatient services only.

The Dental Clinic Standards were developed with collaboration between the Ministry of Health Malaysia (Oral Health Division), the Ministry of Defence Malaysia (Dental Service Division), and professional organisations representing the dental profession, i.e. Malaysian Association of Oral and Maxillofacial Surgeons (MAOMS), Malaysian Association of Paediatric Dentistry (MAPD), Malaysian Association of Orthodontists (MAO), Malaysian Endodontic Society (MES), Malaysian Dental Association (MDA), Malaysian Oral Implant Association (MOIA), Malaysian Private Dentist Practitioners' Association (MPDPA) and Malaysian Society of Periodontology (MSP).

Development of these standards was based on existing standards from the United Kingdom (UKAS) and Australia (Australian Commission on Safety and Quality in Healthcare – NSQHS Standards Guide for Dental Practices and Services).

The development of these standards followed the principles and philosophies of the ISQua Accreditation Federation Council (4<sup>th</sup> Edition 2015). The format was based on the MSQH Chronic Dialysis Treatment Standards 1<sup>st</sup> Edition 2013.

The objective of developing these standards is for the accreditation of dental clinics based on the core principles of safe dental practice, patient safety and the provision of high quality services in dental clinics.

The goal is to provide safe and high quality dental services that are recognised internationally.

The standards cover the following areas:-

Standard 1: Access to Care

Standard 2: Facilities and Equipment

Standard 3: Human Resource

Standard 4: Practice

Addendum: Sedation

Standard 5: Safety

Standard 6: Ethics

Standard 7: Clinical Governance

Standard 8: Quality Improvement Activities

Criterion No.	Survey Item
1.1	<p><b><u>STANDARD 1: ACCESS TO CARE</u></b></p> <p><i>Comprehensive, holistic patient care is only possible when a range of services are both available and accessible, and all patients are able to obtain timely care and appropriate advice.</i></p> <p><b>Practice Policy</b></p> <p>The practice has a system that enables the practitioner to accommodate patients' dental needs.</p> <p><b>Criteria for compliance:</b> Practice policies are available.</p>
1.2	<p><b>Priority of Care</b></p> <p>The practice has a process for accepting patients for treatment. Urgent cases should be addressed as a priority.</p> <p><b>Criteria for compliance:</b> Front desk staff can identify urgent cases.</p>
1.3	<p><b>Appointment System</b></p> <p>There is an appointment system available in the practice which is designed to minimise waiting time.</p> <p><b>Criteria for compliance:</b> A patient appointment system is practiced based on treatment needs.</p>
1.4	<p><b>Practice Hours</b></p> <p>Adequate information as to the practice hours is available.</p> <p><b>Criteria for compliance:</b> Adequate information on practice hours is provided.</p>
1.5	<p><b>Type of Services</b></p> <p>Comprehensive and clear information of the services available which will enable the patients to choose the practice that best meets the patient needs.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>a) List of services is displayed.</li> <li>b) Adequate information on types of service is provided.</li> </ul>

Criterion No.	Survey Item
1.6	<p data-bbox="215 225 510 252"><b>Fair and Accessible Care</b></p> <p data-bbox="215 260 819 287">Treatment/services is fair and accessible to all patients.</p> <p data-bbox="215 331 495 359"><b>Criteria for compliance:</b></p> <p data-bbox="215 367 674 394">Patients are treated without discrimination</p>

Criterion No.	Survey Item
2.1	<p><b><u>STANDARD 2: FACILITIES AND EQUIPMENT</u></b></p> <p><b>Physical Structure</b> The practice conforms to all structures and physical requirements appropriate to the level of services under the relevant statutory regulations.</p> <p><b>Criteria for compliance:</b> There is valid registration of the practice with the relevant authority. The physical structure of the clinic shall comply with all relevant regulatory requirements.</p>
2.2	<p><b>Equipment</b> All equipment for the provision of the level of services shall be adequate, appropriate and well maintained.</p> <p><b>Criteria for compliance:</b> There is evidence of compliance where appropriate to:</p> <ul style="list-style-type: none"> <li>i) Certification</li> <li>ii) Scheduled maintenance</li> <li>iii) Calibration</li> </ul>

Criterion No.	Survey Item
	<p><b><u>STANDARD 3: HUMAN RESOURCE</u></b></p> <p><i>Appropriate qualification/training is a prerequisite for the delivery of quality patient care. The practice demonstrates support for education and training of staff in order to provide safe and quality patient care.</i></p>
3.1	<p><b>Human Resource Management</b></p> <p>Appropriate and adequate staffing is available.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Valid Practising Certificate.</li> <li>ii) Number of support staff commensurate with number of practitioners.</li> <li>iii) Job description for staff.</li> <li>iv) Staff employment complies with labour laws</li> </ul>
3.2	<p><b>Human Resource Development</b></p> <p>Continuing education is provided to all staff.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) 'On-the-job' training for staff is available.</li> <li>ii) Evidence of Continuing Professional Development (CPD)</li> </ul>
3.3	<p><b>Appropriate Training for Specific Procedures</b></p> <p>The Registered Dental Practitioner and other staff providing special services or procedures have the appropriate training for the specific procedures.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Evidence of training / certification for specific procedures.</li> <li>ii) Where specialist service are provided, appropriate certification is available</li> </ul>

Criterion No.	Survey Item
4.1	<p><b><u>STANDARD 4: PRACTICE</u></b></p> <p><b><i>The facility shall be organized and managed to provide appropriate care and treatment to the patient.</i></b></p> <p><b>Patient Records</b> Patient health records contain sufficient information to identify the patient and to document reasons for visit, assessment, management, progress and outcome.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) The Registered Dental Practitioner maintains a system of creating and updating Dental information on every patient.</li> <li>ii) Each patient has an individual health record containing all relevant clinical information.</li> </ul>
4.2	<p><b>Security and Confidentiality of Patient Records</b> Patient information is well secured and confidentiality is maintained. The retention of dental records conforms to statutory requirements.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Security of records.</li> <li>ii) Only authorised personnel have access to the Dental records.</li> </ul>
4.3	<p><b>Fees</b> Information on fees to be charged is made available to the patient.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Fee schedule is available and accessible.</li> <li>ii) Patient is informed of the details of fees that will be charged prior to commencement of treatment.</li> <li>iii) A receipt is given for every payment and an itemised bill is given to the patient upon request.</li> </ul>
4.4	<p><b>Drugs / Adverse Drug Reaction</b> The Drug Inventory shall be organised and well managed. There is a record of any adverse drug reaction and notification to the relevant authorities.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Standard Operating Procedures for drug dispensing / practice should be known to relevant staff.</li> <li>ii) Adequate information shall be given to the patient on medication dispensed.</li> <li>iii) Records of drugs dispensed kept.</li> <li>iv) Record of adverse drug reaction shall be maintained.</li> </ul>

Criterion No.	Survey Item
4.5	<p><b>Clinical Management</b> Diagnosis and management of patient shall conform to current practice.</p> <p><b>Criteria for compliance:</b> i) Clinical Practice Guidelines (CPG) relevant to the practice should be made available (where appropriate). ii) Written perioperative instructions are available.</p>
4.6	<p><b>Quality of Care</b> Patient assessment shall be appropriate, comprehensive and documented.</p> <p><b>Criteria for compliance</b> i) Appropriate assessment is conducted to support care of the patient. ii) Appropriate reassessment of patient is carried out to ensure continuity of care.</p>
4.7	<p><b>Referral System and Feedback</b> There shall be an appropriate referral system in the practice. Where cases have been referred to the practice, there should be a system of feedback to the referring practitioner.</p> <p><b>Criteria for compliance:</b> i) There is a list of specialists for referral available. ii) Referral letters shall be comprehensive and legible.</p>
4.8	<p><b>Oral Health Promotion and Prevention</b> Health promotion and preventive services shall be available to the patients.</p> <p><b>Criteria for compliance:</b> i) Availability / display of health education information. ii) Evidence of health promotion and disease prevention activities.</p>

Criterion No.	Survey Item
5.1	<p><b><u>STANDARD 5: SAFETY</u></b></p> <p><i>Service shall be provided safely and effectively through knowledgeable and skilful staff in line with current legislation and guidelines. The practice is safe for staff, patients and public.</i></p> <p><b>Infection Control</b> The facility designs and implements a coordinated programme to reduce the risks of facility acquired infections in patients and staff. Responsibility for infection control is undertaken by the Person In-Charge (PIC).</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Compliance to Infection Control Policies</li> <li>ii) Strict adherence to sterilisation protocol</li> <li>iii) Sharps disposal adheres to guidelines.</li> <li>iv) Usage of Personal Protective Equipment where appropriate.</li> <li>v) Staff education on Infection Control procedures.</li> </ul>
5.2	<p><b>Occupational Safety</b> The facility provides a safe and healthy environment.</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Occupational Safety and Health programme protocol is adhered to.</li> <li>ii) The Position Statement of the Use of Dental Amalgam is complied with.</li> <li>iii) The Guidelines on Radiation Safety in Dentistry is complied with.</li> <li>iv) Disaster management system in place.</li> <li>v) Availability of Safety Signage</li> <li>vi) Safety in the dental laboratory</li> </ul>
5.3	<p><b>Waste Management</b> The facility practices appropriate waste management</p> <p><b>Criteria for compliance:</b></p> <ul style="list-style-type: none"> <li>i) Clinical waste management protocol adheres to relevant regulations and guidelines.</li> <li>ii) General waste management protocol available.</li> <li>iii) Chemical waste management protocol adheres to where appropriate</li> </ul>



Criterion No.	Survey Item
6.1	<p><b><u>STANDARD 6: ETHICS</u></b></p> <p><i>The practice has a responsibility to protect the privacy and confidentiality of patients through the physical set up of the practice and through processes that protect their personal and health information.</i></p> <p><b>Patient Confidentiality</b> There is evidence of patient's confidentiality and privacy.</p> <p><b>Criteria for compliance:</b> i) Patients records are safely stored ii) Appropriate protocols for release of patient records are available.</p>
6.2	<p><b>Patient's / Guardian's Rights</b> There is evidence of adequate information given to the patients.</p> <p><b>Criteria for compliance:</b> i) Informed consent is obtained. ii) A dental report is provided to the patient upon request and payment of fees. iii) The patient is given the opportunity to have a second opinion pertaining to his dental condition / treatment.</p>
6.3	<p><b>Patient Privacy</b> Care provided is respectful of the patient's need for privacy during clinical consultation, examination and procedures.</p> <p><b>Criteria for compliance:</b> Patient's need for privacy during examinations and treatment is respected.</p>
6.4	<p><b>Doctor- Patient Relationship</b> The Dental Practitioner shall maintain a strictly professional relationship with all patients.</p> <p><b>Criteria for compliance:</b> The Code of Professional Conduct is observed.</p>

Criterion No.	Survey Item
7.1	<p data-bbox="215 233 689 264"><b><u>STANDARD 7: CLINICAL GOVERNANCE</u></b></p> <p data-bbox="215 336 450 368"><b>Legal Requirements</b></p> <p data-bbox="215 373 1543 405">The clinical practice conforms to relevant statutory regulations. Current guidelines are available and accessible to all staff.</p> <p data-bbox="215 448 490 480"><b>Criteria for compliance:</b></p> <ul data-bbox="215 485 1111 552" style="list-style-type: none"><li data-bbox="215 485 1111 517">i) There is evidence of compliance to the guidelines issued by the regulatory body.</li><li data-bbox="215 521 1111 552">ii) There is a clear delineation of authority.</li></ul>

Criterion No.	Survey Item
8.1	<p data-bbox="215 233 837 264"><b><u>STANDARD 8: QUALITY IMPROVEMENT ACTIVITIES</u></b></p> <p data-bbox="215 280 1570 312"><i>The practice ensures the provision of quality services by its on-going involvement in quality improvement activities.</i></p> <p data-bbox="215 368 875 400"><b>Effective Quality Improvement Activities for the Practice</b></p> <p data-bbox="215 408 1182 440">The quality improvement activities include evaluation of clinical and non-clinical services.</p> <p data-bbox="215 480 495 512"><b>Criteria for compliance:</b></p> <p data-bbox="215 520 987 552">Adequate records are maintained about quality improvement activities.</p> <p data-bbox="215 560 757 592">An appropriate complaint mechanism is available.</p>