


Quality Assurance for *RHPA* Practitioners: the CDHO Approach


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Fran Richardson, RDH, BScD, MEd, MTS
Registrar/Chief Administrative Officer


Level of Authority

- ▶ *Regulated Health Professions Act, 1991*
 - ▶ *Dental Hygiene Act, 1991*
 - ▶ Regulations made under the *Act*
 - ▶ Bylaws made under the *Act*
 - ▶ Standards of practice for dental hygienists
 - ▶ Guidelines
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CDHO Mandate

- ▶ Protect the public
 - ▶ Regulate the profession
 - ▶ Promote quality practice
 - ▶ Promote professionalism
 - ▶ Advocate for access to preventive oral health care
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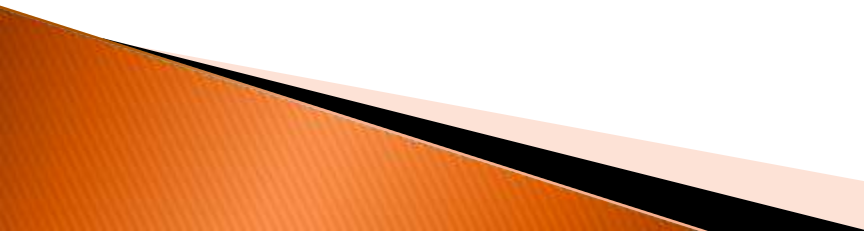
Assessor's Role in On-site Visits

- ▶ As a fact-finder for the Quality Assurance Committee
 - ▶ To gather sufficient information so that the Quality Assurance Committee can evaluate the dental hygienist's knowledge, skills, judgment and attitudes.
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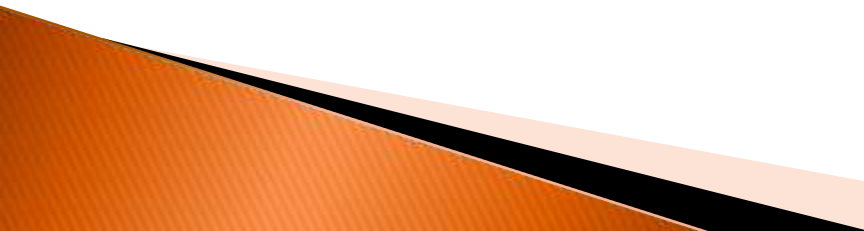
Assessment Includes:

- ▶ A review of the practice facilities and equipment;
 - ▶ A review of any pertinent office policies and procedures that are in writing;
 - ▶ An interview with the registrant regarding ordinary methods of practice including, perhaps, a role-playing of a typical visit so that the assessor can visualize it;
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Assessment Includes: *cont'd*

- ▶ A random review of files;
 - ▶ A discussion of some of the reviewed files with the assessor;
 - ▶ Possibly a discussion with registrant's colleagues (e.g., dentist, dental hygienist, PDA, etc.); and
 - ▶ The copying of any records needed to complete the report of the assessor.
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CDHO Registrant Will Need To:

- ▶ Prepare the employer for the visit
 - ▶ Make sure equipment is available for photocopying charts
 - ▶ Save all day-sheets ⇒ makes it easier to identify charts for selection in multi-dental hygienist practices
 - ▶ Highlight his/her chart entries
 - ▶ Show proof of CPR
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Assessing the Workplace

The office has a written policy for the collection and maintenance of client information. *Standard #1*

Current scientifically accepted infection control procedures are in place. *Standard #10*

Emergency protocol, emergency supplies, equipment and oxygen are in place. *Standard #10*

Registrant has proof of current CPR certification. *Standard #10*



Assessing the Workplace *cont'd*

Exposing and processing of radiographs and radiation hygiene are consistent with the *Healing Arts Radiation Protection Act. Standard #6*

Equipment is current and in good repair. *Standard #11*

Instruments are sharp and the original design has been maintained. *Standard #11*

Equipment, instruments and supplies are sufficient to support the selection and implementation of appropriate dental hygiene services. *Standards #7 & #11*



Chart Audit

An initial medical history and updates are in client record ***Standard #8***

Clinical assessment is complete: supports the dental hygiene assessment, client interviews, health, dental & pharmacological history, and clinical and radiographic interpretation.
Standard #8

An individual dental hygiene treatment plan has been established and includes:

- a) goals/objectives
- b) sequence of activities
- c) client participation. ***Standards #7 & #9***

Chart Audit *cont'd*

The client's informed consent for treatment has been obtained. ***Standard #9***

The date and particulars of each professional contact with the client is documented as per the CDHO Record Keeping Regulation.
Standards #5 & #13

A clinical re-assessment is performed and the dental hygiene treatment plan is reviewed and modified as required.
Standards #7, #13 & #14

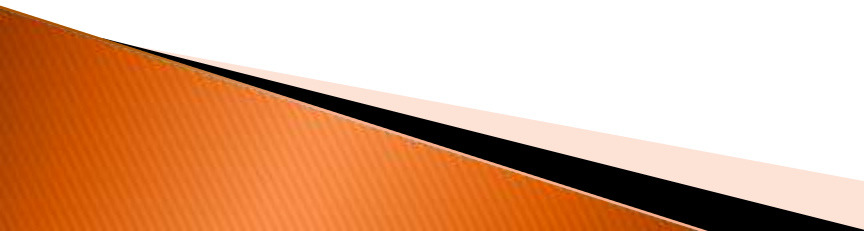


Chart Audit *cont'd*

The client has received appropriate recommendations and instructions in oral self-care. ***Standard #12***

The registrant consults and/or refers to other health professionals as required. ***Standard #6***



Chart Selection



- ▶ Selection should be randomly selected by the assessor from the day sheets.
 - ▶ Include multiple types of clients that reflect practice.
 - ▶ Charts are chosen that show multiple entries over time.
 - ▶ The entire chart is copied, includes financial.
 - ▶ 20 charts is a good number.
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Chart Selection *cont'd*

- ▶ The registrant will be asked to highlight his/her entries for identification purposes.
- ▶ If the office uses abbreviations the registrant is to supply the legend.
- ▶ Chart audit can be done off-site (copying charts takes the bulk of time)

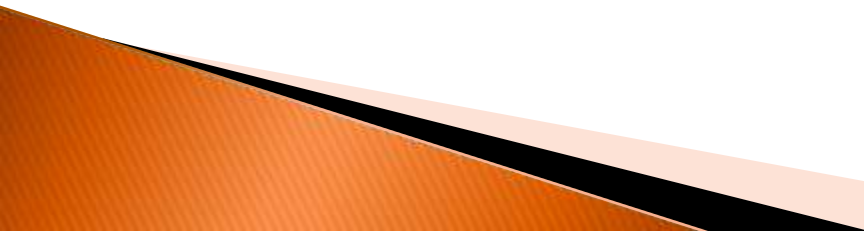
***** The charts tell the story. If it is not written in the chart, one can assume it did not happen.**

Employer Involvement in On-site


- ▶ Employer may be there, but not required
 - ▶ Employer may not interfere with assessor
 - ▶ The CDHO has the legal right to copy the whole chart, including the financial record
 - ▶ Most *RHPA* Colleges conduct on-sites
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Trends

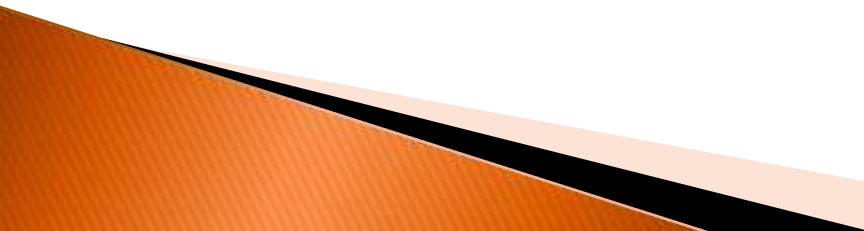
Most common areas of concern as determined by the Quality Assurance Committee:

- ▶ Registrant is not following the **Dental Hygiene Process of Care** (Assessment, Planning, Intervention, Evaluation)
 - ▶ Poor or illegible record keeping
 - ▶ Not following *HARP* protocols
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Trends cont'd

- ▶ Jurisprudence issues i.e., *“The dentist made me do it!”*
 - ▶ Not following current concepts or evidence based practice i.e., coronal polish or fluoride treatments for every patient/client
 - ▶ Infection control not up to accepted standards
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Trends cont'd

- ▶ Not following N2O2 protocols
 - ▶ Emergency kits not up-to-date
 - ▶ Registrant does not know the office protocol for emergency situations
 - ▶ Lack of individualized client care [i.e. all clients in every three months, all clients receiving the same treatment]
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How to Contact the CDHO

Phone: 416-961-6234
1-800-268-CDHO (2346)

E-mail: registrar@cdho.org
qualityassurance@cdho.org

Website: www.cdho.org