**NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF DENTAL HEALTH**

**SCHOOL-BASED HEALTH CENTER
DENTAL PROGRAM**

**PERFORMANCE EFFECTIVENESS REVIEW TOOL
(PERT)**

March 1, 2007

TABLE OF CONTENTS

SECTION I: INTRODUCTION

PURPOSE

The Performance Effectiveness Review Tool (**PERT**) is a document that brings together outcome-based evaluations with program process standards to define the quality and effectiveness of a School-Based Health Center Dental Program (**SBHC-D**) and compliance with New York State Department of Health (**NYSDOH**) regulations, program requirements, administrative policies, and, where applicable, State and federal laws and requirements. The tool engages in a process of self-evaluation and subsequent validation by a NYSDOH review team. Under this framework, the SBHC-D is an active participant in all aspects of the monitoring and evaluation process.

The self-assessment and validation sections of the PERT provide assurance that the ***Requirements for a School-Based Health Center Dental Program in New York State*** (**Requirements**) are being adequately met.

PERT PROCESS

PROGRAM STANDARDS – On the far left side of the document, program standards are listed with a citation as to their origin. Each item within the standard is coded by symbols indicating the law, regulation, or requirements from which the standards are derived:

✖	***Requirements for a School-Based Health Center Dental Program in New York State***
◇	Article 28: Diagnostic and Treatment Center
℘	New York State Confidentiality Law
▣	Health Insurance Portability and Accountability Act (HIPAA)
○	Family Educational Rights and Privacy Act (FERPA)
🗁	Maintenance of Medical Records
△	Infection control requirements
◈	Chapter 198 of the Laws of New York State
●	Title 8 of the Education Law
⊞	Radiographic Equipment
✦	Environmental Conservation Law, 6 NYCRR Subpart 374-4

Please refer to pages 19-20 in the ***Requirements for a School-Based Health Center Dental Program in New York State*** for web-based resources on state and federal laws, rules, and regulations related to the establishment of a SBHC-D Program.

SELF-ASSESSMENT – completed by SBHC-D staff

The SBHC-D is given the opportunity to assess the quality and effectiveness of its program by determining if it is meeting the various dental health components of the Requirements, regulations, or law, as identified by specific items (Program Standards) throughout the PERT.

The middle portion of each page is designed as a self-assessment to be completed by SBHC-D staff. In the Self-Code column, SBHC-D staff codes the document as to whether:

M	the standard is met,
U	the standard is unmet,
P	there has been progress toward meeting the standard, and
TA	additional technical assistance required interpreting or meeting the standard.

SBHC-D staff has the opportunity to describe in the Self-Assessment column how the standard is met and how each item listed is used to carry out SBHC-D activities, or the reasons why a standard has not met and the efforts and progress being made to address the standard. Some sections of the Self-Assessment column contain a list of items/ requirements; the SBHC-D staff should check (✔) the box next to each item, if met.

VALIDATION – completed by NYSDOH staff

The two columns on the right of each page are used by the reviewer or review team to validate the status of each standard. The validation process takes place in the context of site visits to the SBHC-D and utilizes the self-assessment data and information gathered onsite.

EXIT CONFERENCE

Onsite reviews end in an exit interview or conference during which the findings are summarized and recommendations for improvement are made. SBHC-D staff has the opportunity to discuss the various findings, clarify their assessments, and request any consultation or technical assistance that is needed.

REVIEWER SUMMARY

The overall evaluation of the SBHC-D is then summarized in the Reviewer Summary; this section of the PERT outlines the SBHC-D's strengths, needs, and priority actions and the recommendations needed to be implemented for program improvement. Here, reviewers and the SBHC-D jointly prioritize areas for improvement in the form of key recommendations.

FOLLOW-UP

After completion of the onsite review, NYSDOH staff will send a letter to the SBHC-D Program Director, along with copies of the completed and validated PERT, the Clinical Record Review, and the Reviewer Summary. The letter addresses strengths, areas needing improvement, and the items contained in the prioritized list that require immediate attention and that should be incorporated into the SBHC-D's quality improvement process/action plan.

ACTION PLAN

An Action Plan must be submitted to the NYSDOH Bureau of Dental Health within 6 weeks of receipt of the follow-up letter. The Action Plan should include:

- strategies for approval,
- activities to correct all referenced items,
- policies and procedures to support the activities,
- a timeline for implementation,
- staff responsible, and
- evaluation measures.

Technical assistance from the NYSDOH Bureau of Dental Health is available, as needed, throughout the process. Additional on-site visits to evaluate changes, operational improvements and the degree of progress will be scheduled as necessary.

DIRECTIONS FOR COMPLETING THE PERT

SECTION I: COVER PAGE

Under the Self-Assessment portion of the Cover Page, enter the name of the sponsoring agency, the SBHC-D Program Director or contact, and date the self-assessment component of the PERT was completed. List each SBHC-D site at which services are to be provided and the name and telephone number of SBHC-D staff member responsible for site operations.

SECTION II: ADMINISTRATIVE REVIEW

Self-Assessment:

o   The middle portion of this section is completed by SBHC-D staff. All Self-Code and Self-Assessment columns for each performance standard and corresponding items listed in the first column of the form are to be addressed.

o   Indicate in the **Self-Code** column if the standard is met (**M**) or unmet (**U**) and whether technical assistance (**TA**) is required. If the standard is unmet, indicate, as applicable, if progress (**P**) has been made toward meeting the standard.

o   In the Self-Assessment column, describe how the standard is met and how each item listed is used to carry out SBHC-D activities. If the standard is not met, give the reasons why and describe what is being done to achieve the standard. In some sections of the Self-Assessment column, a list of items/requirements is presented; check (✓) the box next to each item, if met.

o   A 𝕎 next to the Program Standard heading means that **ALL** items in this section must be completed for the pre-opening certification.

Validation by NYSDOH Staff:

o   The right side of the PERT form is completed by NYSDOH staff.

o   In the **Reviewer Code** column, the reviewer indicates if the standard has been met (**M**) or unmet (**U**), if technical assistance (**TA**) is required, and if the standard is unmet, if progress (**P**) has been made toward meeting the standard.

o   The **Validation by Reviewer** column is used to record any comments and/or explanations noting whether or not the performance standard/item/requirement has been fully met. The reviewer also indicates if the findings are based on:

    I   interviews

    O   observations

    P/P Policy and Procedure Manual review

    Min review of meeting minutes

    R/R record review

The following Program Standards are included in the Administrative Review Section:

- targeting/population profile
- outreach and promotion
- services available
- access to services
- enrollment and parental consent
- maintenance of records
- relationships/community partnerships
- staffing
- data management/evaluations
- fiscal operations/third party billings
- quality assurance
- policies and procedures

SECTION III: PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

Self-Assessment:

o   Indicate in the **Self-Code** column if the standard is met (**M**) or unmet (**U**) and whether technical assistance (**TA**) is required. If the standard is unmet, indicate, as applicable, if progress (**P**) has been made toward meeting the standard.

o   In the Self-Assessment column, describe how the standard is met and how each item listed is used to carry out SBHC-D activities. If the standard is not met, give the reasons why what is being done to achieve the standard. In some sections of the Self-Assessment column, a list of items/requirements is presented; check (✓) the box next to each item, if met.

o   A 𝔚 next to the Program Standard heading means that **ALL** items in this section must be completed for the pre-opening certification.

Validation by NYSDOH Staff:

o   The reviewer indicates in the **Reviewer Code** column if the standard has been met (**M**) or unmet (**U**), if technical assistance (**TA**) is required, and if the standard is unmet, whether progress (**P**) has been made toward meeting the standard.

o   The **Validation by Reviewer** column is used to record any comments and/or explanations noting whether or not the performance standard/item/requirement has been fully met. The documentation used to determine if the standard has been met is also indicated.

The following Program Standards are included in the Physical and Environmental Requirements section:

- clinic space
- infection control
- hand washing
- personal protective equipment
- housekeeping & laundry
- engineering and work practice
- cleaning, disinfection & sterilization
- equipment
- exposure control plan

Once the self-assessment portion of the PERT is completed, it is to be ***returned*** to the NYSDOH Bureau of Dental Health ***one week prior to the on-site review***.

SECTION III: CLINICAL RECORD REVIEW

This section is completed by the NYSDOH review team. Generally, a minimum of 10 charts per site reflective of SBHC-D enrollment will be randomly selected and reviewed. Depending on the number of students enrolled, the review team will have the discretion of either reviewing more or fewer records. The chart review tool to be used is included in the PERT.

SECTION IV: COMPREHENSIVE SITE REVIEW SUMMARY

The NYSDOH review team completes the site review summary report based on information obtained from the Self Assessment, Validation, and Clinical Record Review Sections of the PERT. The strengths and needs of the SBHC-D are summarized and all priority actions and recommendations needed for program improvement are identified.

GLOSSARY

COMPREHENSIVE SITE REVIEW
An official program review conducted by a NYSDOH review team to evaluate all aspects of the operation of the SBHC-D. This evaluation will be conducted at a minimum, once every three years.

FOCUSED SITE REVIEW
An official program review conducted by a NYSDOH review team to review selected aspects of the operation of a SBHC-D. This review may be conducted between comprehensive site reviews based on program performance measured by previous comprehensive site reviews and the ability of the program to implement and achieve work plan activities.

INTERIM VISITS/CONTACT
Site visits or telephone calls made by regional office staff or Bureau of Dental Health staff for follow-up on comprehensive site reviews and/or to provide needed technical assistance and consultation between review visits.

"NEW SITE"
A SBHC-D not previously in operation. This may apply to a sponsoring agency that already operates one or more other SBHC-D sites or to one that has never operated any sites.

PERT
The Performance Effectiveness Review Tool is a tool used to evaluate the operation of the SBHC-D. The tool includes a self assessment of administrative performance standards and physical requirements completed by the SBHC-D provider and an on-site validation by the NYSDOH Bureau of Dental Health and/or regional office staff. The tool is used for pre-opening certification, focused reviews, and comprehensive site reviews.

PRE-OPENING CERTIFICATION VISIT
This is a site visit to a newly established SBHC-D and one or more sites by NYSDOH regional staff to conduct an evaluation of the provider's readiness to provide services. Selected portions of the PERT, including the self-assessment and NYSDOH validation, will be used to determine program readiness.

PRE-OPENING TECHNICAL ASSISTANCE
Technical assistance and consultation provided to the provider by NYSDOH regional and/or central office staff in preparation for the opening of a new school-based health center dental program.

SELF-ASSESSMENT
A narrative description of the strategies employed by a SBHC-D provider to meet programmatic requirements and/or to accomplish work plan activities. This narrative is completed by the SBHC-D provider using the PERT prior to a pre-opening, focused, or comprehensive site review.

SITE-REVIEW TEAM
NYSDOH staff comprised of regional and central office staff and other resource persons, as needed, to conduct the Comprehensive Site Review.

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF DENTAL HEALTH

SCHOOL-BASED DENTAL PROGRAM

PERFORMANCE EFFECTIVENESS REVIEW TOOL
(PERT)

SELF ASSESSMENT: VALIDATION:

PROVIDER: _____   NYSDOH REVIEWER(S): _____

PROGRAM DIRECTOR: _____   _____

DATE COMPLETED: _____   _____

SBHC SITE(S):   SITE COORDINATOR/PHONE NO: DATE VISITED:

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

SECTION II
ADMINISTRATIVE REVIEW

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
௴ **TARGETING/POPULATION PROFILE**				
1. Population-based community needs assessment performed to determine current oral health status of the population. [✖]	☐	List oral health data resources used:	☐	
2. Population-based needs assessment performed to identify predominant and changing oral health needs of the population using wide variety of data sources. [✖]	☐	Analysis includes: ☐ pertinent national, state, regional, or local baseline data ☐ patterns of dental disease ☐ emerging trends ☐ current dental resources ☐ access to and utilization of dental services ☐ ☐	☐	
3. Community needs assessment process allows for input from community members. [✖]	☐	Input obtained from: ☐ community leaders ☐ school administrators and teachers ☐ parents ☐ dental care providers ☐ surveys ☐ local Social Services District ☐ county Health Department ☐ ☐	☐	
4. Population-based data and community needs assessment data used to locate services in areas of highest need and target high risk groups. [✖]	☐	Analysis: ☐ detects gaps in services ☐ identifies schools with greatest needs ☐ identifies needed actions ☐ ☐	☐	

8

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
🦷 **PROGRAM PROMOTION AND OUTREACH**				
Program promoted within the community. [✖]	☐	Describe:	☐	
Program promoted within the school to school staff and administrators. [✖]	☐	Describe:	☐	
Program promoted to parents and children. [✖]	☐	Describe:	☐	
Outreach activities conducted to reach highest need children within the school. [✖]	☐	Describe:	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝕎 **SERVICES AVAILABLE**				
Dental health education is provided. [✖]	☐	☐ individual counseling ☐ group or classroom	☐	
A variety of age-appropriate education topics are covered. [✖]	☐	List topics:	☐	
Dental services provided: [✖]	☐	<table><tr><td></td><td>On-Site</td><td>Referral</td></tr><tr><td>☐ screenings</td><td></td><td></td></tr><tr><td>☐ oral evaluations</td><td></td><td></td></tr><tr><td>☐ oral prophylaxis</td><td></td><td></td></tr><tr><td>☐ sealants</td><td></td><td></td></tr><tr><td>☐ topical fluoride</td><td></td><td></td></tr><tr><td>☐ minor restorations</td><td></td><td></td></tr><tr><td>☐ extractions</td><td></td><td></td></tr><tr><td>☐ minor complaints</td><td></td><td></td></tr><tr><td>☐ other – specify</td><td></td><td></td></tr></table>	☐	
Dental services provided through the SBHC-D are coordinated with the child's dental care provider. [✖]	☐	Describe:	☐	
Communication with parent when preventive or treatment services required. [✖]	☐	Describe:	☐	
Referral system is in place for dental services that cannot be provided on-site. [✖]	☐	Describe:	☐	
Referral system contains a follow-up component to ensure that children receive all necessary services and treatment. [✖]	☐	Describe:	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝕹 **SERVICES AVAILABLE – CONTINUED**				
Appointment scheduled is used. [✖]	☐	Describe:	☐	
There is follow-up system in place for missed appointments. [✖]	☐	Describe:	☐	
Procedures are in place for referring children in Medicaid Managed Care Plans to network providers. [✖]	☐	Describe:	☐	
Parents are informed of the outcome of preventive and treatment visits. [✖]	☐	Describe:	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
🦷 **ACCESS TO SERVICES**				
SBHC-D staff are fluent in the predominate language of the population to be served. [✖]	☐		☐	
Dental services provided during normal school hours. [✖]	☐		☐	
Procedures are in place for parents to contact the SBHC-D 24/7 when access to dental treatment services is needed when the school is closed. [✖]	☐	Describe:	☐	
Treatment services during non-school hours are provided. [✖]	☐	Services are provided by: ☐ Article 28 sponsor ☐ arrangements with a dental care provider ☐ back-up facility ☐ other: _____	☐	
There is a system in place to document referrals made during non-school hours.	☐	Describe:	☐	
There is a system in place to follow-up on the outcome of referrals made during non-school hours.	☐	Describe:	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
🦷 **ENROLLMENT AND PARENTAL CONSENT**				
Parents are informed of the availability of school-based dental services, the types of services provided, and how to access emergency treatment services during non-school hours. [✖]	☐	Describe:	☐	
Informed consent forms are used to obtained parental permission for participation in the SBHC-D, provision of services, and the subsequent disclosure of information. [✖, ◇, ⌀, ▣, ○]	☐	Describe:	☐	
Informed consent forms contain all necessary components. [✖, ◇, ⌀, ▣, ○]	☐	Check all that apply: ☐ child's name ☐ address ☐ date of birth ☐ name of parent or guardian ☐ child's social security number ☐ child's dental services insurance carrier ☐ child's insurance identification number ☐ name and address of child's dental care provider ☐ authorization for release of dental information	☐	
Informed consent is obtained when treatment services are needed. [✖, ◇, ⌀, ▣, ○]	☐	Describe:	☐	
A system is in place to follow-up with parents failing to return the informed consent form. [✖]	☐	Describe:	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝔚 **RELATIONSHIPS and COMMUNITY PARTNERSHIPS**				
Relationships are established with the child's family. [✖]	☐	Describe:	☐	
Relationships are established with the school, school district, and school board. [✖]	☐	Describe:	☐	
Relationships are established with the child's regular source of dental care. [✖]	☐	Describe:	☐	
Relationships are established with the sponsoring agency. [✖]	☐	Describe:	☐	
Relationships are established with the community. [✖]	☐	Describe:	☐	
A Community Advisory Committee is used to provide input and oversight to the program. [✖]	☐	Describe:	☐	
SBHC-D staffs participate in local oral health coalitions. [✖]	☐	Describe:	☐	

14

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ध MAINTENANCE OF DENTAL RECOIRDS				
A dental record is maintained on each child enrolled in the SBHC-D. [✖, 🗀]	☐	The dental record contains the following information: ☐ name of child ☐ address ☐ date of birth ☐ race/ethnicity ☐ name of parent or guardian ☐ telephone number of parent/guardian ☐ name of insurance carrier and identification number ☐ name of closest relative and telephone number for emergency contact ☐ medical and dental history ☐ signed consent forms ☐ list of client reported problems ☐ finding from dental evaluations ☐ patient care and/or treatment plan ☐ progress notes ☐ documentation of parental notifications and/or follow-up	☐	
Client dental records and related documents are stored in a locked cabinet except when in use and electronic client records are secure from unauthorized use. [✖, ◇, ⌀, ⊡, O, 🗀]	☐	Describe:	☐	
Client information is not released to outside sources without the written informed consent of the client's parent or guardian. [✖, ◇, ⌀, ⊡, O]	☐	Describe:	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝕯 **STAFFING**				
One or more dental health professionals are present during normal school hours. [✖]	☐	Describe:	☐	
A licensed physician provides general supervision or administrative oversight of the SBHC-D. [✖, ◈]	☐	Describe: ☐ SBHC-D in a school with a SBHC ☐ SBHC-D in a school without a SBHC	☐	
A supervising dentist is available. [✖]	☐		☐	
All dental professionals have a current New York State license. [✖, ●]	☐	Describe:	☐	
Direct service staffs have completed appropriate training. [✖, △, ●]	☐	Training includes: ☐ child abuse ☐ infection control ☐ emergency care, including general first aid, CPR, and the Heimlich maneuver ☐ other: _____	☐	
Written duties descriptions are available for all SBHC-D staff. [✖]	☐		☐	
Personnel records are maintained for all SBHC-D staff. [✖]	☐	Personnel records contain: ☐ copy of license ☐ performance evaluations ☐ continuing education courses/credits ☐ fingerprints ☐ documentation of completion of required trainings	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝕧 **DATA MANAGEMENT AND EVALUATIONS**				
When client data are used, access to and use of the data are restricted to ensure confidentiality. [◇, ⌀, ⊡, ○]	☐		☐	
A data collection plan is in place that identifies the types and frequency of data to be collected. [✖]	☐	Types of data collected: Frequency of data collection:	☐	
A designated individual is responsible for overseeing data collection activities and preparing NYSDOH quarterly reports. [✖]	☐	Identify:	☐	
Quarterly reports are submitted to the NYSDOH Bureau of Dental Health within the required timeframe. [✖]	☐		☐	
Strategies and procedures are in place for program evaluations. [✖]	☐		☐	
Program evaluation strategies include both process and impact/outcome measures. [✖]	☐	Process measures: Impact/Outcome:	☐	
A designated individual is responsible for overseeing and conducting program evaluations. [✖]	☐	Identify:	☐	
Evaluation results shared with school administration, the Community Advisory Committee, and the CQI Committee. [✖]	☐		☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ࠇ **FISCAL OPERATIONS ANDTHIRD PARTY BILLINGS**				
Appropriate administrative support is provided by the Article 28 sponsoring agency for overseeing all program expenditures and third party billings. [✖]	☐	Describe:	☐	
Procedures are in place for obtaining information on the Medicaid, Child Health Plus, and other 3rd party eligibility of enrolled children. [✖]	☐	Describe:	☐	
Encounter forms are generated for all billable visits. [✖]	☐		☐	
Procedures are in place to ensure Medicaid and 3rd party billing of all eligible encounters. [✖]	☐		☐	
Billing procedures adequately address rejected claims. [✖]	☐		☐	
Medicaid and 3rd party revenues are readily identifiable through the use of correct Medicaid billing codes. [✖]	☐		☐	
Procedures are in place to return all revenues back to the SBHC-D. [✖]	☐		☐	
Total service costs and revenues are calculated ob both a quarterly and annual basis. [✖]	☐		☐	
A zero-based sliding fee scale is used for treatment services. [✖]	☐	☐ yes ☐ no ☐ procedures in place to notify parents ☐ procedures in place for billing and obtaining reimbursements	☐	
If SBHC-D is granted funded: [✖]	☐	☐ vouchers prepared/submitted quarterly ☐ file copy with proper documentation ☐ annual equipment inventory completed	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
�🦷 **QUALITY ASSURANCE**				
The Article 28 sponsor provides support to the SBHC-D with respect to continuous quality improvement and quality management. [✖]	☐	Describe:	☐	
The SBHC-D CQI Plan is integrated into the CQI Plan of the Article 28 sponsor. [✖]	☐	Describe:	☐	
There is a designated individual responsible for the quality management and improvement of the SBHC-D. [✖]	☐	Identify:	☐	
The SBHC-D CQI Plan addresses the full range of program activities. [✖]	☐	The plan addresses: ☐ management of clinical conditions ☐ documentation of care ☐ use of services ☐ staff qualifications ☐ system organization ☐ patient satisfaction ☐ patient knowledge ☐ changes in patient behaviors ☐ ☐	☐	
Written quality management policies and procedures are in place. [✖]	☐	Policies and procedures cover: ☐ provider credentials and maintenance ☐ professional continuing education ☐ pre-employment procedures ☐ staff and program evaluation ☐ measures of patient satisfaction ☐ medical record review ☐ complaint and incident review ☐ corrective actions and time frame ☐ ☐	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
᭛ **QUALITY ASSURANCE - CONTINUED**				
Goals, objectives, and standards of care are developed that identify what the SBHC-D wants to accomplish. [✖]	☐	Describe: ☐ goals and objectives regularly reviewed and updated annually ☐ standards of care consistent with current practice	☐	
Achievement of desired performance regularly measured and necessary actions taken to address any identified problems. [✖]	☐	Describe:	☐	
A quality management and improvement plan is developed and implemented based on a needs assessment and previous quality improvement activities. [✖]	☐	Describe: The plan includes: ☐ administration ☐ clinical ☐ consumer satisfaction ☐ community outreach and education ☐ complaint investigation ☐ structure, process and outcome measures ☐ collection and analysis of data ☐ development and implementation of strategies to address areas in need of improvement ☐ periodic re-evaluation of strategies to assess effectiveness ☐ ☐ ☐	☐	

20

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ʬ **POLICIES AND PROCEDURES**				
There is a dental services operating manual specific to the SBHC-D and provision of dental services. [✖]	☐		☐	
Copies of the most recently available manual are maintained at the Article 28 sponsoring agency and at each SBHC-D site. [✖]	☐		☐	
There is an individual responsible for implementation/oversight of each policy and procedure. [✖]	☐	Policy: Responsible Person: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	☐	
The Policy and Procedure Operating Manual for the SBHC-D includes and address all required components. [✖]	☐	The Manual includes the following: ☐ organization and administration ☐ personnel ☐ outreach and education ☐ enrollment ☐ informed consent and parental involvement ☐ confidentiality ☐ clinical services ☐ fiscal management ☐ third party billings and reimbursements ☐ data management ☐ CQI and quality insurance ☐ environmental controls and management ☐ tracking and follow-up of off-site referrals ☐ record maintenance ☐ ☐ ☐	☐	

SECTION III
PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
🦷 **CLINIC SPACE**				
Adequate space is available to support all of the operations of the SBHC-D. [✖, ◇, △, ⊕, ✦]	☐	The space: ☐ accommodates all Dental Program staff ☐ provides verbal and physical privacy for clients ☐ allows for ease in performing clinical, clerical, and sterilization activities SBHC-D space includes: ☐ at least one exam/treatment area ☐ 80 square feet or more per dental unit ☐ sink within access to exam area ☐ disposable towel dispenser and soap dispenser convenient to sink ☐ counseling room or private area ☐ accessible toilet facility ☐ designated waiting area ☐ secure storage for supplies ☐ clerical area ☐ area for sterilization equipment ☐ disposal area for hazardous waste ☐ private telephone and fax line ☐ adequate ventilation and lighting	☐	
Safety requirements for the space are met. [✖, ◇]	☐	☐ exits are clearly marked ☐ passageways and doorways are clear and unobstructed ☐ site is clean and free of safety hazards ☐ smoke detectors and fire extinguishers in working order and accessible ☐ medical, fire, and emergency instructions and telephone numbers posted ☐ ☐	☐	
There is a written protocol for cleaning the area. [✖, △]	☐		☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
⟨tooth icon⟩ **INFECTION CONTROL**				
Infection control procedures and standard precautions used for patients treat all blood and other potentially infectious materials (**OPIM**) as if known to be infectious for HBV, HIV, and other blood borne pathogens. [✖, ◇, △]	☐	The following procedures are in place: ☐ barrier protection used at all times ☐ gloves worn when handing blood and OPIM ☐ gloves changed between patients ☐ facial protection worn during procedures in which splashing or aerosolization can occur ☐ hands washed with soap and water after removing gloves ☐ hands washed if accidentally contaminated and upon leaving the work station ☐ steps taken to avoid accidental injuries ☐ rigid, puncture resistant containers used for sharps ☐ personnel do not handle needles unnecessarily ☐ devise is available to avoid mouth-to-mouth contact in resuscitation ☐ sound work practices incorporated to minimize spatters ☐ all surfaces and devices decontaminated after each patient	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝕨 **HANDWASHING**				
Proper hand washing techniques are maintained by all SBHC-D staff in order to remove resident bacteria and transient organisms that can be transmitted to other individuals. [✖, △]	☐	Hand washing techniques include: ☐ use of running water ☐ use of non-contaminated soap ☐ avoidance of bar soap ☐ development of lather ☐ maintenance of friction ☐ complete rinsing ☐ avoidance of recontamination for handles or towels ☐ washing hands between every patient ☐ washing hands after de-gloving and re-gloving procedures	☐	
Soap dispensers are appropriately used and maintained. [✖, △]	☐	☐ soap is dispensed from a container in such a way that neither the soap nor container is contaminated ☐ regular cleaning or reusable soap containers are maintained or disposable containers and dispensers are used	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ฟ **PERSONAL PROTECTIVE EQUIPMENT**				
Appropriate personal protective equipment is used whenever performing dental procedures on clients. [✖, △]	☐	Personal protective equipment consists of: ☐ gloves whenever patient contact is expected ☐ masks that cover both the mouth and nose when splashing, aerosolization, or close patient contact expected ☐ face shields worn over glasses or in place of glasses whenever a mask is worn ☐ glasses with side protection worn in place of a face shield ☐ cotton/poly or disposal outer garments with long sleeves and a high neck that cover all exposed skin ☐ ☐ ☐	☐	
All personal protective equipment are cleaned or replaced whenever visibly soiled. [✖, △]	☐		☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
ⓦ **HOUSEKEEPING AND LAUNDRY**				
A supervisor is assigned to oversee all housekeeping activities. [✖, △]	☐	Identify: _____ ☐ The supervisor ensures that a daily schedule or routine is followed for all housekeeping activities.	☐	
A written schedule is used for cleaning and decontaminating work surfaces. [✖, △]	☐		☐	
A written checklist is used for ensuring completion of all housekeeping activities. [✖, △]	☐		☐	
Specific cleaning instructions are listed. [✖, △]	☐		☐	
All cleaners and disinfectants used are listed. [✖, △]	☐		☐	
The SBHC-D has a designated individual responsible for both the handling and cleaning of laundry. [✖]	☐	Identify: _____ ☐ The handling of laundry is outlined in the individual's written job classification.	☐	
A container or bag that is recognizable as containing hazardous contaminated laundry is provided. [✖, △]	☐		☐	
Gloves are worn whenever an employee handles laundry. [✖, △]	☐		☐	

.

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
⚕ **ENGINEERING AND WORK PRACTICE**				
Engineering and work practice controls are used to prevent or minimize exposure to blood borne pathogens. [✖, △]	☐	Describe:		
Engineering controls reduce exposure in the workplace by either removing the hazard or isolating the worker from it. [✖, △, ✦]	☐	Describe:		
Proper procedures are followed to prevent or minimize exposure to blood or OPIM. [✖, △]	☐	☐ proper planning, set-up, and clean-up are employed ☐ all OPIM are placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping ☐ equipment and materials which may become contaminated with blood or OPIM are examined prior to shipping and decontaminated as necessary ☐ all procedures involving blood and OPIM are performed in such a manner as to minimize splashing, spattering, and the generation of droplets		
Sharps are appropriately handled and disposed of. [✖, △]	☐	☐ a puncture-resistant disposal container is used for all contaminated sharps ☐ sharps containers are available at all work site stations ☐ the bending or shearing of needles is prohibited ☐ the recapping of needles is prohibited ☐ a self-sheathing needle is used ☐ ☐		

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𓏤 **ENGINEERING AND WORK PRACTICE - CONTINUED**				
Appropriate practices and standards are in place to avoid contamination. [✖, △, ✦]	☐	☐ eating of food or drinking is prohibited in all work areas where blood or OPIM are, or are likely to be present ☐ edibles are never stored in refrigerators where blood or OPIM are also stored ☐ food and drink are not allowed in the operatory area ☐ ☐ ☐	☐	
Impermeable paper, plastic wrap, or aluminum foil are used to cover regularly handled items used in the work area. [✖, △]	☐	Describe:	☐	
An eyewash station is maintained. [✖, △]	☐	☐ eyewash stations are located at each site where expected hazard to eyes is anticipated Sites include: ☐ each sink location ☐ where sterilization is performed ☐ where instruments are prepared ☐ where laboratory equipment is used ☐ where chemical splattering may occur	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𓎛 CLEANING, DISINFECTING, AND STERILIZATION				
All items are cleaned first before attempting disinfection or sterilization. [✖, △]	☐		☐	
Heavy duty rubber utility gloves are worn whenever handling or cleaning instruments and equipment. [✖, △]	☐		☐	
Procedures for disinfecting dental units and equipments are appropriately followed. [✖, △]	☐	☐ intermediate level disinfectants are the lowest level of disinfectants used by staff ☐ intermediate level disinfection is used on all non-invasive equipment that contacts intact skin ☐ dental units and equipment are disinfected when visibly soiled or daily ☐ the intermediate level disinfectants that are used are labeled as tuberculoidal by the manufacturer	☐	
Sterilization practices minimize exposure to blood and OPIM and clearly identify items in need of sterilization. [✖, △]	☐	☐ all reusable items that penetrate tissue, bone, or pulp or that contact mucosal surfaces are sterilized ☐ all items to be sterilized are bagged and dated ☐ the number of instruments bagged is appropriate for when these instruments will be used next on patients ☐ bags are not overstuffed Items that are routinely sterilized include: ☐ reusable mirrors ☐ amalgam condensers ☐ air/water tips ☐ high-speed hand pieces ☐ low-speed terminal attachments ☐ ultrasonic scaler attachments	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝕎 **CLEANING, DISINFECTING, AND STERILIZATION - CONTINUED**				
Blood and OPIM are not allowed to dry on instruments. [✖, △]	☐		☐	
Holding solutions are used to prevent the drying of blood, serum, saliva, and other debris on instruments in order to ensure more efficient and thorough cleaning. [✖, △]	☐	☐ an ultrasonic bath is used for pre-cleaning instruments ☐ holding trays containing instruments are stored away from clean and sterile instruments ☐ the holding solution is changed at the end of each day ☐ ☐	☐	
The sterilization process follows acceptable standards and procedures. [✖, △]	☐	☐ steam autoclaves are used for all instruments requiring sterilization ☐ anti-rust agents are used before sterilizing ☐ ☐ an alternative process other than a steam autoclave is used Type: _____	☐	
Process indicators are used to monitor the sterilization of equipment and all sterilization procedures. [✖, △]	☐	☐ checks are made by viewing the dials each time a batch is run to ensure that the proper temperature and pressure is reached ☐ an external process indicator is present on each bag to be sterilized ☐ an internal process indicator is placed on one bag of instruments for each batch processed to check sterilization uniformity ☐ instruments are allowed to cool, undisturbed on a rack to avoid contamination	☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
𝕎 **CLEANING, DISINFECTING, AND STERILIZATION - CONTINUED**				
Appropriate procedures are followed if external or internal process indicators identify a potential problem with the batch. [✖, △]	☐	☐ if only one of the external process indicators shows the correct color change, the bag of instruments is re-bagged and reprocessed ☐ if the internal process indicator shows an incorrect color change, the instruments are re-bagged and reprocessed ☐		
Biological monitoring is conducted once each week to test the reliability of steam autoclaves. [✖, △]	☐	☐ a log is kept to record each time/date when biological monitoring is conducted ☐ an outside service is employed to conduct the bacterial spore test		
In the event that biological monitoring is not performed during any given week, all required conditions have been met. [✖, △]	☐	☐ no patients were seen and no instruments were processed during the week ☐ an unusually small number of cycles were performed during the week and the autoclave operator believes that the autoclave is functioning well and achieving sterilization ☐ all exceptions are documented with a written explanation and kept with other recordings of biological indicator testing		
A designated employee is named and responsible for maintaining supplies and materials for proper sterilization of instruments to ensure compliance with standards. [✖, △]	☐	Identify: ⎯⎯⎯⎯⎯⎯⎯⎯		

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
🦷 EQUIPMENT				
X-ray units meet all State requirements and are operating in accordance with standards. [✖, ⊕]	☐	☐ all X-ray units have up-to-date NYS certification and registration ☐ a minimum of 6 feet of space is available to avoid exposure to X-rays by the deliverer ☐	☐	
Equipment available to the SBHC-D is adequate for the services provided. [✖]	☐	List equipment: _____ _____ _____ _____	☐	
Lighting is sufficient to perform all activities of the SBHC-D. [✖]	☐		☐	
Assistance is available and provided on site, when necessary, to help set up the service delivery site and ensure sufficient support to operate all equipment. [✖]	☐		☐	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
🦷 **EXPOSURE CONTROL PLAN**				
There is a written Exposure Control Plan for the SBHC-D. [�ખ, △]	☐	The Exposure Control Plan contains: _____ _____ _____ _____ _____	☐	
A copy of the Exposure Plan is available at each site at which services are being provided. [✖, △]	☐		☐	
Training on the Exposure Control Plan and work place practices is provided to all employees. [✖, △, ●]	☐		☐	
Employees are knowledgeable about what procedures to follow if an exposure event occurs and when to seek medical assistance and treatment. [✖, △, ●]	☐	Describe:	☐	

SECTION IV
DENTAL RECORD REVIEW

DENTAL RECORD REVIEW
(For reviewer use only)

Provider: _____

SBHC-D Site: _____

Date: _____

DOCUMENTATION: **D – Documentation in record**
                           N – Not documented or incomplete record
                           N/A – Not applicable in this record

CHART NUMBER						
Age or DOB						
Grade						
Sex						
Race or ethnic background						
Phone number, if available						
Home or base address, if available						
Closest relative or other emergency contact						
Parental consent						
Medical History (updated at least yearly)						
Screening/assessment report						
Education						
List of patient reported problems						
Plan for patient care or treatment plan						
Sealant program report						
Progress notes up to date & signed by treating dentist						
Parents notified of each dental visit and its outcome						
Referral						
Follow-Up						
Resolution						
Chart Legible/Dated/Signed						

CHART AUDIT: ADDITIONAL DISCUSSIONS OF SELECTED FINDINGS

PROVIDER _____   **DATE** _____

SITE _____   **PAGE** _____

Identified Issue(s)   **Identified Issue(s)**

Chart #/Name: _____	**Chart #/Name:** _____
Identified Health Issue(s):	Identified Health Issue(s):
Chart #/Name: _____	**Chart #/Name:** _____
Identified Health Issue(s):	Identified Health Issue(s):
Chart #/Name: _____	**Chart #/Name:** _____
Identified Health Issue(s):	Identified Health Issue(s):

General Comments/Recommendations for Improvement:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION V
COMPREHENSIVE SITE REVIEW SUMMARY

NEW YORK STATE DEPARTMENT OF HEALTH
SCHOOL-BASED DENTAL PROGRAM

PERFORMANCE EFFECTIVENESS REVIEW TOOL (PERT)

COMPREHENSIVE SITE REVIEW SUMMARY

Provider: _____

Date of Review: _____

Reviewers: _____

_____

_____

<table>
<tr>
<td>

<u>**Facility Provider - Administration**</u>:

Name _____

Mailing Address _____

_____

_____

Phone _____ **Fax** _____

E-Mail _____
</td>
<td>

<u>**SBHC-D Program Director**</u>:

Name _____

Mailing Address _____

_____

_____

Phone _____ **Fax** _____

E-Mail _____
</td>
</tr>
</table>

COMPREHENSIVE SITE REVIEW SUMMARY

1. PROGRAM STRENGTHS: For each PERT section, summarize program strengths.
(Administration, Site Specific and Record Review)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

COMPREHENSIVE SITE REVIEW SUMMARY (Cont'd.)

2. AREAS IN NEED OF IMPROVEMENT

Administration:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Site Specific:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

COMPREHENSIVE SITE REVIEW SUMMARY (Cont'd.)

Dental Record Review - S*ee Dental Review for each site.*

3. PRIORITIES REQUIRING ACTION PLAN

Administration:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Site Specific:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Action Plan due within six weeks of receipt of summary