

CADP STRUCTURAL REVIEW EVALUATION MEASURES

Review Criteria	Reviewer Evaluation Measures
I. Accessibility	
A. 24 Hour Emergency Contact System?	<p>Active after hours mechanism (Answering machine, answering service, cell phone, or pager) available for 24hour / 7 day a week contact or instructions.</p> <ol style="list-style-type: none"> 1. Patients informed of emergency system for 24/7 access 2. Inability to provide 24 hour access for dental emergencies is a departure from accepted standards of care.
B. Reasonable appointment scheduling for plan members?	<p>The patients wait time to schedule an appointment should be reasonable and appropriate according to filed access standards (Individual to each Plan). Please specify actual access in the comments area. (Minimal Access Regulations noted below)</p> <ol style="list-style-type: none"> 1. Urgent Appointments - Within 72 Hours 2. Non-urgent Appointments- Within 36 Business Days 3. Preventive Dental Care Appointments- Within 40 Business Days <p>In accordance with Premier Access Policy AA.001.01, Access & Availability – Appointment and Wait Time Standards:</p> <ul style="list-style-type: none"> • Appointments for emergency care –Within 24 hours • Urgent appointments –Within 72 hours • Appointments for initial/routine and preventive care or hygiene - Within 4 weeks • Appointments for initial specialist consultation - Within 30 business days from authorized request.
C. Language Assistance Program and Documents?	<p>Patients requiring Language Assistance can receive it. Confirm languages spoken in office- indicate in check box or via manual entry those languages spoken. Provider knows how to contact plan to obtain language assistance for patients needing translation and/or interpretation services. Provider knows to document a patient's refusal of assistance in the patient's treatment record</p>
II. Facility and Equipment	
A. Clean, safe neat and well-maintained?	<p>Verification made that facility and equipment are clean, safe and in good repair</p> <ol style="list-style-type: none"> 1. There are no visible stains or significant scarring of furniture or floors. 2. There is no debris on floors or other areas, especially patient care, reception, infection control areas and laboratories. 3. Décor should be in good taste, easily cleaned and well maintained 4. For protection of everyone, employees and patients, lighting should be sufficient to allow safe ingress/egress and to maintain good vision without fatigue. 5. Dental equipment should be appropriate and in good working condition: <ol style="list-style-type: none"> a. No equipment with obviously broken parts, visible damage, temporary repairs or grossly torn upholstery. b. Current certification results for equipment requiring local, state or federal certification on file at the facility. (radiographic equip/ medical waste)
B. Compliance with mercury hygiene, safety regulations?	<p>Compliance with mercury hygiene, safety regulations.</p> <ol style="list-style-type: none"> 1. Amalgamators covered. 2. Bulk mercury and scrap amalgam stored in sealed, unbreakable containers. 3. Mercury spill kit.

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C. Nitrous Oxide Recovery System?	Verification that nitrous oxide equipment is clean, safe and in good repair. 1. No visible cracking or destruction to hoses or nose piece. 2. Recovery System with connection to exhaust or suction system. Usually requires a minimum of four hoses for this to be accomplished. 3. Fail Safe mechanism present for correct delivery of gasses.
D. Lead Apron (with thyroid collar for patient)?	There should be a lead apron present with a thyroid collar. The collar does not have to be attached to the apron, but must be used on all patients when exposing radiographs. Separate thyroid collar is acceptable.

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III. Emergency Procedures and Equipment	
A. Written emergency protocols?	<p>For fire and/or natural disasters:</p> <ol style="list-style-type: none"> 1. A plan indicating escape routes and staff member's responsibilities, including calling for help. 2. Exits clearly marked with exit signs. 3. Emergency numbers posted, (911, Fire, Ambulance and local 7-digit numbers in both front office and back office or lab.) Written protocol for calling for help. Note: If office protocol entails only calling 911, then this section does not apply and evaluation should be marked "N/A"
B. Medical emergency kit on-site?	Medical emergency kit should be easily accessible and labeled with an inventory of contents. All required drugs (per JADA 3/2002 article) are current. Staff should be aware of location of kit. Recommend staff in-service training for general use of contents.
C. Portable oxygen supply available?	<p>Portable oxygen supply tank / ambu- bag for medical emergencies should be available.</p> <ol style="list-style-type: none"> 1. Recommend tanks be maintained full and a positive pressure bag or ambu bag be available. 2. Recommend staff in-service training for use of emergency oxygen source. 3. Staff should be aware of and have access to location.
IV. Sterilization and Infection Control	
A. Sterilization and infection control protocols followed?	Verify sterilization and infection control procedures are in place. Verify staff trained in sterilization and infection control procedures and protocols. Sterilization and infection control procedures shall conform to the Dental Board of California. (DPA Section 1680dd, January 1993)
B. Protocols posted for sterilization procedures?	Protocols conspicuously posted. Dental Board of California. (DPA Section 1005b23, January 2001)
C. Weekly biological (spore) monitoring of sterilizer?	Sterilization procedures shall be monitored weekly and recorded, by appropriate methods, as required by the Dental Board of California. (DPA Section 1005b14, January 2001) Log must be maintained for minimum of 12 months.
D. All instruments and hand-pieces properly cleaned, sterilized, and stored?	<ol style="list-style-type: none"> 1. Contaminated instruments are properly cleaned. <ol style="list-style-type: none"> a. Utility gloves used. b. Ultrasonic cleaning recommended. Solutions changed per manufacture's specifications. 2. Acceptable procedures for sterilization are: <ol style="list-style-type: none"> a. Storage of instruments shall be in dated sterile bags or packs that are sealed. There should be no evidence of moisture or torn bags. Instruments must remain in sealed, dated sterile bags or packs until ready for use. Once opened, all instruments must be rebagged, dated and resterilized, regardless of whether they were used or not. b. Hand-pieces must be properly sterilized between patients and bagged and dated until use. c. Instruments, which cannot be cold-sterilized, or autoclaved, must be disposable and must be disposed of immediately after use. d. High level disinfectant should be utilized only on instruments that cannot be subjected to other methods of sterilization

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E. Log kept monitoring changing of sterilization solution?	<p>Maintain a written log indicating:</p> <ol style="list-style-type: none"> 1. Acceptable EPA registered brand name of the cold sterilant (high-level disinfectant) tuberculocidal hospital disinfectant, utilized according to the manufacturer's recommendations for sterilization. 2. Indicate dates solution changed, and dates of expiration of fresh solution. 3. Indicate name of staff member making the change. (Dental Practice Act)
F. Staff wears appropriate personal protective equipment?	<ol style="list-style-type: none"> 1. Personnel shall always use protective gloves, masks, eyewear, coats or gowns during patient care. 2. Splattered garments should be replaced as necessary. Masks must be changed between patients. 3. Gloves must be changed between patients and before leaving the operatory.
G. Proper and adequate use of barrier techniques?	<ol style="list-style-type: none"> 1. Verification made that hard surfaces in all operatories are disinfected between patients and at the end of each day. A Cal OSHA/EPA approved solution should be used. 2. Verification made that surfaces not capable of being disinfected by routine methods should be covered with impervious materials.
H. Hand-pieces and waterlines flushed appropriately?	Operatory unit water lines shall be flushed between each patient for 20 seconds and in the morning before use for at least 2 minutes,(DPA 1005b21) Must have anti-retraction valves.
I. Infection control and cross contamination prevention procedures followed in the office and laboratory?	<ol style="list-style-type: none"> 1. The pumice pan should be changed after each use and rag wheels should be sterilized after each use or discarded. 2. Impressions, dentures and other appliances going to and coming from the laboratory should be properly rinsed and disinfected. (DPA 1005b 24)