

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

**SCHOOL-BASED HEALTH CENTER
DENTAL PROGRAM**

**PERFORMANCE EFFECTIVENESS REVIEW
TOOL
(PERT)**

March 1, 2007

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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:

- 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.
- 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.
- 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.
- A  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:

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

- 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.
- 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.
- A  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:

- 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.
- 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
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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. [✘]	<input type="checkbox"/>	List oral health data resources used:	<input type="checkbox"/>	
2. Population-based needs assessment performed to identify predominant and changing oral health needs of the population using wide variety of data sources. [✘]	<input type="checkbox"/>	Analysis includes: <input type="checkbox"/> pertinent national, state, regional, or local baseline data <input type="checkbox"/> patterns of dental disease <input type="checkbox"/> emerging trends <input type="checkbox"/> current dental resources <input type="checkbox"/> access to and utilization of dental services <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
3. Community needs assessment process allows for input from community members. [✘]	<input type="checkbox"/>	Input obtained from: <input type="checkbox"/> community leaders <input type="checkbox"/> school administrators and teachers <input type="checkbox"/> parents <input type="checkbox"/> dental care providers <input type="checkbox"/> surveys <input type="checkbox"/> local Social Services District <input type="checkbox"/> county Health Department <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
4. Population-based data and community needs assessment data used to locate services in areas of highest need and target high risk groups. [✘]	<input type="checkbox"/>	Analysis: <input type="checkbox"/> detects gaps in services <input type="checkbox"/> identifies schools with greatest needs <input type="checkbox"/> identifies needed actions <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 PROGRAM PROMOTION AND OUTREACH				
Program promoted within the community. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Program promoted within the school to school staff and administrators. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Program promoted to parents and children. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Outreach activities conducted to reach highest need children within the school. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	


Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)																														
 SERVICES AVAILABLE																																		
Dental health education is provided. [✘]	<input type="checkbox"/>	<input type="checkbox"/> individual counseling <input type="checkbox"/> group or classroom	<input type="checkbox"/>																															
A variety of age-appropriate education topics are covered. [✘]	<input type="checkbox"/>	List topics:	<input type="checkbox"/>																															
Dental services provided: [✘]	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Referral</th> <th colspan="2" style="text-align: center;">On-Site</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> screenings</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> oral evaluations</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> oral prophylaxis</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> sealants</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> topical fluoride</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> minor restorations</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> extractions</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> minor complaints</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> other – specify</td> <td></td> <td></td> </tr> </tbody> </table>	Referral	On-Site		<input type="checkbox"/> screenings			<input type="checkbox"/> oral evaluations			<input type="checkbox"/> oral prophylaxis			<input type="checkbox"/> sealants			<input type="checkbox"/> topical fluoride			<input type="checkbox"/> minor restorations			<input type="checkbox"/> extractions			<input type="checkbox"/> minor complaints			<input type="checkbox"/> other – specify			<input type="checkbox"/>	
Referral	On-Site																																	
<input type="checkbox"/> screenings																																		
<input type="checkbox"/> oral evaluations																																		
<input type="checkbox"/> oral prophylaxis																																		
<input type="checkbox"/> sealants																																		
<input type="checkbox"/> topical fluoride																																		
<input type="checkbox"/> minor restorations																																		
<input type="checkbox"/> extractions																																		
<input type="checkbox"/> minor complaints																																		
<input type="checkbox"/> other – specify																																		
Dental services provided through the SBHC-D are coordinated with the child’s dental care provider. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>																															
Communication with parent when preventive or treatment services required. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>																															
Referral system is in place for dental services that cannot be provided on-site. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>																															
Referral system contains a follow-up component to ensure that children receive all necessary services and treatment.	<input type="checkbox"/>	Describe:	<input type="checkbox"/>																															

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. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Dental services provided during normal school hours. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
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. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Treatment services during non-school hours are provided. [✘]	<input type="checkbox"/>	Services are provided by: <input type="checkbox"/> Article 28 sponsor <input type="checkbox"/> arrangements with a dental care provider <input type="checkbox"/> back-up facility <input type="checkbox"/> other: _____	<input type="checkbox"/>	
There is a system in place to document referrals made during non-school hours.	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
There is a system in place to follow-up on the outcome of referrals made during non-school hours.	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

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. [✖]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Informed consent forms are used to obtain parental permission for participation in the SBHC-D, provision of services, and the subsequent disclosure of information. [✖, ◇, ⚡, □, ○]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Informed consent forms contain all necessary components. [✖, ◇, ⚡, □, ○]	<input type="checkbox"/>	Check all that apply: <input type="checkbox"/> child's name <input type="checkbox"/> address <input type="checkbox"/> date of birth <input type="checkbox"/> name of parent or guardian <input type="checkbox"/> child's social security number <input type="checkbox"/> child's dental services insurance carrier <input type="checkbox"/> child's insurance identification number <input type="checkbox"/> name and address of child's dental care provider <input type="checkbox"/> authorization for release of dental information	<input type="checkbox"/>	
Informed consent is obtained when treatment services are needed. [✖, ◇, ⚡, □, ○]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
A system is in place to follow-up with parents failing to return the informed consent form.	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

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


[✕]				
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Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 MAINTENANCE OF DENTAL RECORDS				
<p>A dental record is maintained on each child enrolled in the SBHC-D.</p> <p style="text-align: right;">[✕, 📁]</p>	<input type="checkbox"/>	<p>The dental record contains the following information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> name of child <input type="checkbox"/> address <input type="checkbox"/> date of birth <input type="checkbox"/> race/ethnicity <input type="checkbox"/> name of parent or guardian <input type="checkbox"/> telephone number of parent/guardian <input type="checkbox"/> name of insurance carrier and identification number <input type="checkbox"/> name of closest relative and telephone number for emergency contact <input type="checkbox"/> medical and dental history <input type="checkbox"/> signed consent forms <input type="checkbox"/> list of client reported problems <input type="checkbox"/> finding from dental evaluations <input type="checkbox"/> patient care and/or treatment plan <input type="checkbox"/> progress notes <input type="checkbox"/> documentation of parental notifications and/or follow-up 	<input type="checkbox"/>	
<p>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.</p> <p style="text-align: right;">[✕, ✧, 📄, 📁, ○, 📁]</p>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
<p>Client information is not released to outside sources without the written informed consent of the client's parent or guardian.</p>	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	

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


		<input type="checkbox"/> fingerprints <input type="checkbox"/> documentation of completion of required trainings		
	[✘]			
Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
DATA MANAGEMENT AND EVALUATIONS				
When client data are used, access to and use of the data are restricted to ensure confidentiality. [◆, Ⓟ, □, ○]	<input type="checkbox"/>		<input type="checkbox"/>	
A data collection plan is in place that identifies the types and frequency of data to be collected. [✘]	<input type="checkbox"/>	Types of data collected: Frequency of data collection:	<input type="checkbox"/>	
A designated individual is responsible for overseeing data collection activities and preparing NYSDOH quarterly reports. [✘]	<input type="checkbox"/>	Identify:	<input type="checkbox"/>	
Quarterly reports are submitted to the NYSDOH Bureau of Dental Health within the required timeframe. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Strategies and procedures are in place for program evaluations. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Program evaluation strategies include both process and impact/outcome measures. [✘]	<input type="checkbox"/>	Process measures: Impact/Outcome:	<input type="checkbox"/>	
A designated individual is responsible for overseeing and conducting program evaluations. [✘]	<input type="checkbox"/>	Identify:	<input type="checkbox"/>	


Evaluation results shared with school administration, the Community Advisory Committee, and the CQI Committee. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
Ⓜ FISCAL OPERATIONS AND THIRD PARTY BILLINGS				
Appropriate administrative support is provided by the Article 28 sponsoring agency for overseeing all program expenditures and third party billings. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Procedures are in place for obtaining information on the Medicaid, Child Health Plus, and other 3 rd party eligibility of enrolled children. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
Encounter forms are generated for all billable visits. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Procedures are in place to ensure Medicaid and 3 rd party billing of all eligible encounters. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Billing procedures adequately address rejected claims. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Medicaid and 3 rd party revenues are readily identifiable through the use of correct Medicaid billing codes. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Procedures are in place to return all revenues back to the SBHC-D. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
Total service costs and revenues are calculated on both a quarterly and annual basis. [✘]	<input type="checkbox"/>		<input type="checkbox"/>	
A zero-based sliding fee scale is used for treatment services. [✘]	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> procedures in place to notify parents <input type="checkbox"/> procedures in place for billing and obtaining reimbursements	<input type="checkbox"/>	


If SBHC-D is granted funded: [✘]	<input type="checkbox"/>	<input type="checkbox"/> vouchers prepared/submitted quarterly <input type="checkbox"/> file copy with proper documentation <input type="checkbox"/> annual equipment inventory completed	<input type="checkbox"/>	
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. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
The SBHC-D CQI Plan is integrated into the CQI Plan of the Article 28 sponsor. [✘]	<input type="checkbox"/>	Describe:	<input type="checkbox"/>	
There is a designated individual responsible for the quality management and improvement of the SBHC-D. [✘]	<input type="checkbox"/>	Identify:	<input type="checkbox"/>	
The SBHC-D CQI Plan addresses the full range of program activities. [✘]	<input type="checkbox"/>	The plan addresses: <input type="checkbox"/> management of clinical conditions <input type="checkbox"/> documentation of care <input type="checkbox"/> use of services <input type="checkbox"/> staff qualifications <input type="checkbox"/> system organization <input type="checkbox"/> patient satisfaction <input type="checkbox"/> patient knowledge <input type="checkbox"/> changes in patient behaviors <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	
Written quality management policies and procedures are in place.	<input type="checkbox"/>	Policies and procedures cover: <input type="checkbox"/> provider credentials and maintenance <input type="checkbox"/> professional continuing education <input type="checkbox"/> pre-employment procedures <input type="checkbox"/> staff and program evaluation <input type="checkbox"/> measures of patient satisfaction <input type="checkbox"/> medical record review <input type="checkbox"/> complaint and incident review	<input type="checkbox"/>	


[✖]	referrals <input type="checkbox"/> record maintenance <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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SECTION III
PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 CLINIC SPACE				
<p>Adequate space is available to support all of the operations of the SBHC-D.</p> <p>[✘, ◇, △, ⊕, ✦]</p>	<input type="checkbox"/>	<p>The space:</p> <ul style="list-style-type: none"> <input type="checkbox"/> accommodates all Dental Program staff <input type="checkbox"/> provides verbal and physical privacy for clients <input type="checkbox"/> allows for ease in performing clinical, clerical, and sterilization activities <p>SBHC-D space includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> at least one exam/treatment area <input type="checkbox"/> 80 square feet or more per dental unit <input type="checkbox"/> sink within access to exam area <input type="checkbox"/> disposable towel dispenser and soap dispenser convenient to sink <input type="checkbox"/> counseling room or private area <input type="checkbox"/> accessible toilet facility <input type="checkbox"/> designated waiting area <input type="checkbox"/> secure storage for supplies <input type="checkbox"/> clerical area <input type="checkbox"/> area for sterilization equipment <input type="checkbox"/> disposal area for hazardous waste <input type="checkbox"/> private telephone and fax line <input type="checkbox"/> adequate ventilation and lighting 	<input type="checkbox"/>	
<p>Safety requirements for the space are met.</p>	<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> exits are clearly marked <input type="checkbox"/> passageways and doorways are clear and unobstructed <input type="checkbox"/> site is clean and free of safety hazards <input type="checkbox"/> smoke detectors and fire extinguishers in working order and accessible <input type="checkbox"/> medical, fire, and emergency instructions 	<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 HANDWASHING				
<p>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.</p> <p style="text-align: right;">[✘, △]</p>	<input type="checkbox"/>	<p>Hand washing techniques include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> use of running water <input type="checkbox"/> use of non-contaminated soap <input type="checkbox"/> avoidance of bar soap <input type="checkbox"/> development of lather <input type="checkbox"/> maintenance of friction <input type="checkbox"/> complete rinsing <input type="checkbox"/> avoidance of recontamination for handles or towels <input type="checkbox"/> washing hands between every patient <input type="checkbox"/> washing hands after de-gloving and re-gloving procedures 	<input type="checkbox"/>	
<p>Soap dispensers are appropriately used and maintained.</p> <p style="text-align: right;">[✘, △]</p>	<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> soap is dispensed from a container in such a way that neither the soap nor container is contaminated <input type="checkbox"/> regular cleaning or reusable soap containers are maintained or disposable containers and dispensers are used 	<input type="checkbox"/>	


Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 PERSONAL PROTECTIVE EQUIPMENT				
<p>Appropriate personal protective equipment is used whenever performing dental procedures on clients.</p> <p style="text-align: right;">[✘, △]</p>	<input type="checkbox"/>	<p>Personal protective equipment consists of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> gloves whenever patient contact is expected <input type="checkbox"/> masks that cover both the mouth and nose when splashing, aerosolization, or close patient contact expected <input type="checkbox"/> face shields worn over glasses or in place of glasses whenever a mask is worn <input type="checkbox"/> glasses with side protection worn in place of a face shield <input type="checkbox"/> cotton/poly or disposal outer garments with long sleeves and a high neck that cover all exposed skin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/>	
<p>All personal protective equipment are cleaned or replaced whenever visibly soiled.</p> <p style="text-align: right;">[✘, △]</p>	<input type="checkbox"/>		<input type="checkbox"/>	

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 HOUSEKEEPING AND LAUNDRY				
A supervisor is assigned to oversee all housekeeping activities. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>	Identify: _____ <input type="checkbox"/> The supervisor ensures that a daily _____ schedule or routine is followed for all housekeeping activities.	<input type="checkbox"/>	
A written schedule is used for cleaning and decontaminating work surfaces. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
A written checklist is used for ensuring completion of all housekeeping activities. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
Specific cleaning instructions are listed. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
All cleaners and disinfectants used are listed. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	
The SBHC-D has a designated individual responsible for both the handling and cleaning of laundry. <div style="text-align: right;">[✘]</div>	<input type="checkbox"/>	Identify: _____ <input type="checkbox"/> The handling of laundry is outlined in the individual's written job classification.	<input type="checkbox"/>	
A container or bag that is recognizable as containing hazardous contaminated laundry is provided. <div style="text-align: right;">[✘, △]</div>	<input type="checkbox"/>		<input type="checkbox"/>	


Gloves are worn whenever an employee handles laundry. [✖, △]	<input type="checkbox"/>		<input type="checkbox"/>	
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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. [✖, △]	<input type="checkbox"/>	Describe:		
Engineering controls reduce exposure in the workplace by either removing the hazard or isolating the worker from it. [✖, △, ✦]	<input type="checkbox"/>	Describe:		
Proper procedures are followed to prevent or minimize exposure to blood or OPIM. [✖, △]	<input type="checkbox"/>	<input type="checkbox"/> proper planning, set-up, and clean-up are employed <input type="checkbox"/> all OPIM are placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping <input type="checkbox"/> equipment and materials which may become contaminated with blood or OPIM are examined prior to shipping and decontaminated as necessary <input type="checkbox"/> 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.	<input type="checkbox"/>	<input type="checkbox"/> a puncture-resistant disposal container is used for all contaminated sharps <input type="checkbox"/> sharps containers are available at all work site stations <input type="checkbox"/> the bending or shearing of needles is prohibited <input type="checkbox"/> the recapping of needles is prohibited		

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

Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
W CLEANING, DISINFECTING, AND STERILIZATION				
All items are cleaned first before attempting disinfection or sterilization. [✖, △]	<input type="checkbox"/>		<input type="checkbox"/>	
Heavy duty rubber utility gloves are worn whenever handling or cleaning instruments and equipment. [✖, △]	<input type="checkbox"/>		<input type="checkbox"/>	
Procedures for disinfecting dental units and equipments are appropriately followed. [✖, △]	<input type="checkbox"/>	<input type="checkbox"/> intermediate level disinfectants are the lowest level of disinfectants used by staff <input type="checkbox"/> intermediate level disinfection is used on all non-invasive equipment that contacts intact skin <input type="checkbox"/> dental units and equipment are disinfected when visibly soiled or daily <input type="checkbox"/> the intermediate level disinfectants that are used are labeled as tuberculoidal by the manufacturer	<input type="checkbox"/>	
Sterilization practices minimize exposure to blood and OPIM and clearly identify items in need of sterilization.	<input type="checkbox"/>	<input type="checkbox"/> all reusable items that penetrate tissue, bone, or pulp or that contact mucosal surfaces are sterilized <input type="checkbox"/> all items to be sterilized are bagged and dated <input type="checkbox"/> the number of instruments bagged is appropriate for when these instruments will be used next on patients <input type="checkbox"/> bags are not overstuffed	<input type="checkbox"/>	

		<p>Items that are routinely sterilized include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> reusable mirrors <input type="checkbox"/> amalgam condensers <input type="checkbox"/> air/water tips <input type="checkbox"/> high-speed hand pieces <input type="checkbox"/> low-speed terminal attachments <input type="checkbox"/> ultrasonic scaler attachments 		
	[✘, △]			
Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 CLEANING, DISINFECTING, AND STERILIZATION - CONTINUED				
Blood and OPIM are not allowed to dry on instruments.	<input type="checkbox"/>		<input type="checkbox"/>	
	[✘, △]			
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.	<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> an ultrasonic bath is used for pre-cleaning instruments <input type="checkbox"/> holding trays containing instruments are stored away from clean and sterile instruments <input type="checkbox"/> the holding solution is changed at the end of each day <input type="checkbox"/> <input type="checkbox"/> 	<input type="checkbox"/>	
	[✘, △]			
The sterilization process follows acceptable standards and procedures.	<input type="checkbox"/>	<ul style="list-style-type: none"> <input type="checkbox"/> steam autoclaves are used for all instruments requiring sterilization <input type="checkbox"/> anti-rust agents are used before sterilizing <input type="checkbox"/> <input type="checkbox"/> an alternative process other than a steam autoclave is used <p>Type: _____</p>	<input type="checkbox"/>	
	[✘, △]			
Process indicators are used to monitor the sterilization of equipment and all sterilization procedures.		<input type="checkbox"/> checks are made by viewing the dials each time a batch is run to ensure that the proper temperature and pressure is reached		

	<input type="checkbox"/>	<input type="checkbox"/> an external process indicator is present on each bag to be sterilized <input type="checkbox"/> an internal process indicator is placed on one bag of instruments for each batch processed to check sterilization uniformity <input type="checkbox"/> instruments are allowed to cool, undisturbed on a rack to avoid contamination	<input type="checkbox"/>	
	[✖, △]			
Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
🌀 CLEANING, DISINFECTING, AND STERILIZATION - CONTINUED				
Appropriate procedures are followed if external or internal process indicators identify a potential problem with the batch.	<input type="checkbox"/>	<input type="checkbox"/> if only one of the external process indicators shows the correct color change, the bag of instruments is re-bagged and reprocessed <input type="checkbox"/> if the internal process indicator shows an incorrect color change, the instruments are re-bagged and reprocessed <input type="checkbox"/>		
	[✖, △]			
Biological monitoring is conducted once each week to test the reliability of steam autoclaves.	<input type="checkbox"/>	<input type="checkbox"/> a log is kept to record each time/date when biological monitoring is conducted <input type="checkbox"/> 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.	<input type="checkbox"/>	<input type="checkbox"/> no patients were seen and no instruments were processed during the week <input type="checkbox"/> 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 <input type="checkbox"/> all exceptions are documented with a written explanation and kept with other recordings of biological indicator testing		
	[✖, △]			

<p>A designated employee is named and responsible for maintaining supplies and materials for proper sterilization of instruments to ensure compliance with standards.</p> <p style="text-align: right;">[✘, △]</p>	<input type="checkbox"/>	Identify: _____		
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Performance Standard	Self-Code	Self-Assessment	Reviewer Code	Validation by Reviewer(s)
 EQUIPMENT				
<p>X-ray units meet all State requirements and are operating in accordance with standards.</p> <p style="text-align: right;">[✘, ⚙]</p>	<input type="checkbox"/>	<input type="checkbox"/> all X-ray units have up-to-date NYS certification and registration <input type="checkbox"/> a minimum of 6 feet of space is available to avoid exposure to X-rays by the deliverer <input type="checkbox"/>	<input type="checkbox"/>	
<p>Equipment available to the SBHC-D is adequate for the services provided.</p> <p style="text-align: right;">[✘]</p>	<input type="checkbox"/>	<p>List equipment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	
<p>Lighting is sufficient to perform all activities of the SBHC-D.</p> <p style="text-align: right;">[✘]</p>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>Assistance is available and provided on site, when necessary, to help set up the service delivery site and ensure sufficient support to operate all</p>	<input type="checkbox"/>		<input type="checkbox"/>	

[* , Δ , ●]				
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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)
<p>Chart #/Name: _____</p> <p><u>Identified Health Issue(s):</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Chart #/Name: _____</p> <p><u>Identified Health Issue(s):</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Chart #/Name: _____</p> <p><u>Identified Health Issue(s):</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Chart #/Name: _____</p> <p><u>Identified Health Issue(s):</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Chart #/Name: _____</p> <p><u>Identified Health Issue(s):</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Chart #/Name: _____</p> <p><u>Identified Health Issue(s):</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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: _____

Facility Provider - Administration:

Name _____

Mailing Address _____

Phone _____ **Fax** _____

E-Mail _____

SBHC-D Program Director:

Name _____

Mailing Address _____

Phone _____ **Fax** _____

E-Mail _____

Action Plan due within six weeks of receipt of summary