



**ACCREDITATION STANDARDS
HEALTH FACILITIES**

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ACCREDITATION STANDARDS HEALTH FACILITIES

The Commission on Dental Accreditation of Canada

The Commission on Dental Accreditation of Canada (CDAC) is a partnership with membership from the public and organizations representing oral health care professionals, educators who prepare them, and regulators responsible for their competence and continuing safe practice. CDAC, in consultation with its partners, develops and approves Standards for educational programs preparing dentists, dental specialists, dental interns/residents, dental hygienists and dental assistants. CDAC also develops and approves standards for institutional dental services. CDAC reviews educational programs and dental services by means of structured, on-site visits following receipt of submissions presenting detailed information in the required format. Programs and services meeting or exceeding the Standards are granted accredited status.

Vision

Quality educational programs and health facilities through accreditation

Mission

The CDAC evaluates oral health educational programs and health facilities to determine eligibility for and grant accreditation.

Basic Process

The starting point within accreditation is CDAC's development, approval and ongoing revision of accreditation Standards. Educational programs and dental services are invited to apply for review against current Standards. Programs applying submit detailed documentation outlining evidence addressing the accreditation Standards. A survey visit is then arranged, and an accreditation survey team conducts interviews with faculty members, residents and other stakeholders to secure additional information. This process clarifies issues arising from the submission and generally verifies that the documentation reflects the program or service. The survey team submits a report to CDAC. CDAC then determines the eligibility of the program or service for accreditation.

Responsibilities of Accredited Programs or Services

Programs or services invite CDAC to conduct a review to assess eligibility for accreditation. Once initially accredited, CDAC notifies programs or services when reassessment is required in order to maintain accredited status.

Programs or services must submit reports to CDAC as requested following an accreditation survey. Programs or services must also, on their own initiative, inform the CDAC, in writing, of any significant changes, completed or pending, in supporting facilities, resources, faculty member complement, curriculum or structure.

CDAC requires the cooperation of programs in studies related to the improvement of the accreditation process. Educational programs are expected to cooperate in completing CDAC's

Annual Program Review.

Clarification of Terms

Particular attention should be paid to the wording of each Standard. For example, a Standard may take the form of either a “must” or a “should” statement. There is a significant difference between the two. “Must” statements reflect the importance of a particular Standard. The CDAC defines the terms as follows:

Must; Shall; CDAC expects:

These words or phrases indicate standards that are essential or mandatory.

Should:

This word implies that compliance with the standard is highly desirable.

May or Could:

These words imply freedom or liberty to follow a suggested alternative to the standard.

0.0 PROGRAM INFORMATION

0.1 Provide the following information:

- a. Name of facility.
- b. Mailing and website addresses, and any other social media links.
- c. Telephone and email address(es) and the name of survey visit coordinator.
- d. Name of President or Chief Executive Officer along with telephone number.
- e. Name of Dental Director along with telephone number.
- f. Date dental service was established.
- g. Name of the Privacy Officer and the position job description.

1.0 CONDITIONS OF ACCREDITATION

Standard

1.1 The health facility in which the dental service is structured must be approved by Accreditation Canada or another recognized body.

Documentation Required

Provide documentation indicating that the health facility is accredited by Accreditation Canada.

2.0 ADMINISTRATIVE STRUCTURE

Standard

2.1 The health facility administration must provide a framework within which the duties and functions of the dental service can be effectively carried out. The dental service must be organized in a similar manner as other clinical services within the health facility. If the dental service is a division of a department within the health facility, regulations and procedural rules for dentistry must be included in the regulations of that department.

Documentation Required

- a. Provide an organizational chart showing where the dental service/department lies within the organizational structure of the health facility.
- b. The organizational chart of the dental service/department must identify the names of the individuals currently holding positions within the structure, along with their administrative and organizational title.

Standard

2.2 The dental service must be directed by a dentist who is qualified to assume its professional and administrative responsibilities. The director of the dental service must:

- a. Participate in the governing structure of the health facility in the same manner as other directors of services.
- b. Be responsible for professional and administrative activities in the same manner as directors of other services.
- c. Be responsible for activities of dental professional staff including patient care, education and research.

Documentation Required

- a. Provide, as an appendix, the job description and current curriculum vitae of the director of the dental service/department and indicate whether this individual's position is full-time, part-time, voluntary, and/or a salaried position.
- b. List the director's responsibilities for professional and administrative activities and indicate if these responsibilities are determined in a similar manner as directors of other services.
- c. List the director's responsibilities for departmental activities including patient care, education and research.
- d. List the medical staff committees (or their equivalent) whose membership include dental professional staff members.

Standard

- 2.3 The administration of the health facility must demonstrate adequate resources to support the dental service. The dental service/department must have a clearly defined budget.

Documentation Required

Comment on the adequacy of the current resources.

3.0 PERSONNEL RESOURCES

Standard

- 3.1 The health facility must ensure that personnel policies and practices supporting patient care and patient safety are established and maintained.

The number and distribution of professional staff must be sufficient to provide timely patient care. There must be mechanisms for the appointment, review and reappointment of professional staff.

The number and distribution of clerical and support staff must be sufficient to ensure that patient care and administrative functions are carried out in an effective manner. Dental hygienists, dental assistants, laboratory and prosthetic technicians, and nurses assigned to the dental service must be suitably trained and readily available to meet the needs of patients. All clerical and support staff should be supervised by the dentist members of the medical staff.

Written administrative and patient care policies must be developed to assure that a collaborative, efficient work environment exists between the professional staff and the allied staff.

Documentation Required

- a. Provide the following information for each dental professional staff member:
 1. Current curriculum vitae for each dental professional staff member.
 2. Medical staff status and type of privileges granted.
 3. Date of appointment.
 4. Hours per week at the health facility.

- b. Provide a list of full- and part-time allied and clerical personnel in the dental service/department under the following disciplines:
 1. Dental Hygienists
 2. Dental Assistants
 3. Dental Laboratory Technicians
 4. Registered Nurses
 5. Clerical Staff
 6. Other (specify)

- c. Provide a copy of the health facility's policy and procedure manual.

4.0 PHYSICAL FACILITIES

Standard

- 4.1 The dental service must be provided with adequate physical facilities and equipment within the health facility to assure delivery of optimal patient care in accordance with accepted standards of practice. The adequacy of facilities will be evaluated in relation to the available facilities and patient care services provided. Facilities and equipment must be assessed and upgraded periodically and maintained in good operating condition.

Documentation Required

- a. Describe the dental clinic facilities.
- b. Describe any other health facilities available to the dental service.
- c. Describe the dental service's plan for ongoing maintenance and replacement of clinic and laboratory equipment.
- d. Identify areas in which there is insufficient space.
- e. Describe the office and storage space and comment on the adequacy.

5.0 DENTAL STAFF BY-LAWS, RULES AND REGULATIONS

Standard

- 5.1 The dental staff by-laws, rules and regulations must be interpreted to include physicians and dentists. The by-laws must assure the rights, prerogatives and responsibilities of dentist members of the medical staff, including their right to vote, to hold office, and to serve on all medical staff committees. Criteria for appointment of dentists shall be the same as those for physicians.

Documentation Required

Confirm that the dental staff by-laws, rules and regulations include both physicians and dentists.

Provide a copy of or on line access to the dental staff by-laws.

6.0 CLINICAL PRIVILEGES

Standard

- 6.1 Clinical privileges must be delineated for each member of the medical staff. Dentist members of the medical staff must be permitted to participate in the development of the scope and extent of clinical privileges granted to dentists. These privileges must be defined, recommended, and granted in the same manner as privileges granted to other members of the medical staff.

Documentation Required

Identify how clinical privileges are defined, recommended, and granted to dentists. Provide a copy of or online access to documentation that confirms clinical privileges are defined, recommended and granted in the same manner as privileges granted to other members of the medical staff.

Provide a copy of the institution's credentialing process and mechanism.

7.0 DEPARTMENTAL MEETINGS

Standard

- 7.1 Regularly scheduled meetings of the dental service/department professional staff must be held to review the activities of the dental service, and to perform administrative functions. These minimally should be held quarterly. Minutes of these meetings must be recorded and maintained and must include attendance, recommendations, conclusions and actions. Professional staff meetings must be scheduled for evaluation of patient care.

Documentation Required

Provide a list of the dental service or department meeting dates from the past year, indicating whether a record of attendance was taken. Provide copies of the minutes for the last two (2) years.

Provide a list of meetings that have been convened to evaluate patient care.

Standard

- 7.2 Opportunities must exist for clerical and support staff to meet.

Documentation Required

Describe the opportunities for clerical and support staff to meet.

8.0 ADMISSION, MANAGEMENT AND DISCHARGE OF DENTAL PATIENTS

Standard

- 8.1 Dentist members of the medical staff must be eligible for privileges to admit, manage and discharge their patients in the same manner as all other medical staff members, subject to applicable jurisdictional statutes. The admission, management, including writing of orders, notes and case summaries, and the discharge of dental patients must be the responsibility of the attending dentist.

Patients admitted to the health facility for dental care must receive the same basic medical appraisal as patients admitted for other services including the performance and recording in the patient's health facility record of an admission history, physical examination, and evaluation by a licensed physician or a qualified dentist where permitted by Provincial Statute.

Documentation Required

Describe how dentist members of the medical staff admit, manage and discharge their patients.

9.0 HEALTH RECORDS

Standard

- 9.1 Complete, accurate and legible records must be maintained for each registered dental patient. An accurate health record must be maintained for every patient receiving inpatient, outpatient or emergency care. The health records must be accurately documented and readily accessible.

Patient health records must include the following documentation and must be signed and dated:

- a. Current medical history
- b. Description of appropriate physical examination
- c. Chief complaint
- d. Medical risk assessment
- e. Radiographic interpretation
- f. Dental diagnosis
- g. Proposed dental treatment plan, prognosis and informed consent for treatment

Documentation Required

- a. Provide written confirmation from the Health Records Department that the standards for medical record services, as noted by the facility and Accreditation Canada or Provincial Statute are adhered to by the dentist members of the medical staff.
- b. Provide confirmation that patient authorization for his/her dental record to be reviewed as part of the accreditation process has been obtained.
- c. Provide (on site) 10 health records selected by the program for review by the survey team members. Health records must include the following documentation and must be signed and dated:
 1. Current medical history
 2. Description of appropriate physical examination
 3. Chief complaint
 4. Medical risk assessment
 5. Radiographic interpretation
 6. Dental diagnosis
 7. Proposed dental treatment plan, prognosis and informed consent for treatment

10.0 ASSESSMENT OF THE QUALITY OF PATIENT CARE

Standard

10.1 Policies and/or protocols must exist relating to the following:

- a. Audit of Patient Care
- b. Confidentiality of Patient Information
- c. Consultation Protocols with other services and within the service.
- d. Informed Consent/Refusal
- e. Patient Continuing and Recall Care
- f. Health Records
- g. Professional Conduct

Such policies and protocols must be written and readily available for the professional staff and support staff. Mechanisms must be in place to monitor compliance of these policies and protocols.

Documentation Required

Provide copies or web access to the policies and/or protocols outlined in Standard 10.1. Describe how these policies and/or protocols are monitored.

Standard

- 10.2 The dental service must have a documented process for the assessment of the quality of patient care and use the information collected to identify successes and opportunities to improve patient care.

Documentation Required

- a) Provide documentation listing the steps the program takes to examine processes or procedures or aspects of care-delivery, efficiency, safety or any other significant part of the program on a regular basis.
- b) Provide example(s) of specific problems or perceived problems or learning opportunities/teachable moments and how they can be or are identified, discussed and integrated into clinic operations.
- c) Describe how these changes improve the program.

Standard

- 10.3 Patients and/or patient care advocates should be surveyed regarding their clinical experience of the care provided and this feedback should be used to evaluate and enhance the clinical program.

Documentation Required

- a. Describe how patients and/or patient care advocates are surveyed regarding their clinical experience.
- b. Describe how this feedback is used to improve the clinical program.

11.0 CLINIC ADMINISTRATION

Standard

- 11.1 Policies and/or protocols must exist relating to:

- a. Fire and Safety Procedures,
- b. Hazardous Materials and Waste Management,
- c. Infection Control and instrument reprocessing,
- d. Medical Emergency Procedures

Such policies and/or protocols must be consistent with related regulation, legislation and by-laws of the appropriate jurisdiction; and must be available for both professional and

support staff. Mechanisms must be in place to monitor compliance with these policies and protocols.

Documentation Required

- a. Provide copies or web access to the policies and/or protocols outlined in Standard 11.1.
- b. Provide evidence that these policies and/or protocols are reviewed with professional staff and support staff on a regular basis.
- c. Identify how often audits of infection control procedures are performed and recorded.
- d. Describe the process in place to review expiry dates of emergency drugs and resuscitation equipment to assure its proper working order.

Standard

- 11.2 Protocols must be developed and implemented, in compliance with federal and/or provincial regulations and standards, for the use and monitoring of nitrous oxide, mercury, amalgam handling, pharmaceutical and other substances and techniques that might be hazardous to patients and staff.

Documentation Required

Provide copies or web access to the policies and/or protocols outlined in Standard 11.2. Describe how these policies and/or protocols are monitored.

Standard

- 11.3 Written policies and procedures relating to quality assurance to ensure the safe use of ionizing radiation must be in place and be compliant with applicable regulations for radiation hygiene and protection. Mechanisms must be in place to monitor compliance of these policies and protocols by professional staff, support staff and residents. The design and construction of radiology facilities must provide adequate protection from ionizing radiation for the patient, operator and others in close proximity. The program must ensure that it is in compliance with provincial and federal regulations relating to radiation protection.

The program must identify a radiation protection officer and have in place a quality assurance program that includes monitoring of radiographic quality.

Radiographs must be prescribed, based on the clinical needs of the patient taking into account the existence of any current radiographs and the patient's medical history. Radiographs must be exposed solely for diagnostic purposes.

Documentation Required

- a. Describe radiographic examination facilities within the department.
- b. Identify the radiation protection officer and provide a copy of the job description.
- c. Provide a copy of the radiography quality assurance program.
- d. Provide reports of the radiation safety inspections completed since the last accreditation

survey.

12.0 ORAL HYGIENE CARE

Standard

- 12.1 The dental service should promote the development and implementation of a plan to provide oral hygiene care for health facility patients. Nurses and other providers responsible for direct patient care should be instructed in mouth care, for patients who cannot care for themselves.

Documentation Required

Describe the oral care policies and procedures established for health facility patients.

13.0 EMERGENCY DENTAL CARE

Standard

- 13.1 If emergency dental care services are provided, the scope of these services should be responsive to community needs and consistent with the capability of the health facility. The emergency service of the health facility shall have a policy whereby emergencies involving the oral and maxillofacial region are assessed by a dentist member of the medical staff.

An educational program for emergency service personnel should be provided by the dental service. The program should include the indications for various interventions of a diagnostic, palliative, restorative or surgical nature, as well as recognition of indications for dental consultation.

The emergency service area of the health facility should have access to appropriate dental instruments and supplies and adequate space for examination and treatment of dental and maxillofacial emergencies. The facility shall be available for use at all times. Radiology facilities for intraoral and/or panoramic procedures shall also be readily available to the emergency services area.

Documentation Required

- a. Provide as an appendix, the written policy regarding the emergency service of the health facility with respect to dentistry. Also indicate the availability of emergency dental services and if emergencies are assessed by a dentist member of the medical staff.
- b. Comment on the adequacy of space, equipment, instruments, and supplies for examination and treatment of dental and oral surgical emergencies within the health facility.

14.0 DIAGNOSTIC SERVICES

Standard

- 14.1 All tissue specimens, excluding teeth, removed during surgical procedures must be properly identified and sent to the pathologist for laboratory examination. Extracted teeth shall be so treated where required by Provincial Statute. The medical record shall contain adequate documentation that all teeth and fragments thereof have been recorded. Reports of all pathology service examinations shall be made a part of the patient's medical record.

Documentation Required

Describe how oral pathology services are provided and how specimens sent for examination are recorded and followed.

15.0 STATISTICAL RECORDS

Standard

- 15.1 The health facility must maintain statistical records related to dentistry that profile the activities of the department and assist with strategic planning and improving the quality of patient care.

Documentation Required

Provide a copy of the statistical data collected and maintained by the program.

APPENDIX I - Previous Recommendation(s)

List the Recommendations that resulted from the last accreditation survey report and describe how they were addressed.