

Why bother with PRACTICE ACCREDITATION?

Whether you're a practice owner, principal dentist, or any other member of the dental team – being a part of an accredited practice provides you with assurance that you're on top of things.

If you think it might be a good time to:

- review how your practice is operating
- check that you are still compliant with legislation and regulation
- improve your administrative systems
- document practice process and procedures
- benchmark your practice against national standards
- receive recognition for the way your practice operates and the quality you deliver

then it might be time to start accreditation.

Did you know that 100% of practices who have applied for accreditation and have been assessed have been granted accreditation?

How about that there is a well developed support system in place for anyone needing assistance, and that practices have access to all the templates and resources they need to implement to gain accreditation?

The adjacent page features a document called 'The Summary of Evidence'. This is a list of evidence that can be used to meet the minimum requirements of the *ADA Introductory Dental Practice Accreditation Scheme*. For practices who register, the ADA makes available a template for each piece of required evidence listed, excluding only action items:

- 1.8.1 which requires the submission of a copy of your own medical history that you currently use in the practice
- 2.4.1 which asks you to submit two examples of brochures or publications that you have available within the practice

ADA templates and various supporting resources are available for all other required items.

While some practices begin accreditation with well established, documented policies, procedures, protocols or manuals, others start with none. All practices get the benefit of gaining access to much needed resources when they begin. ADA encourages practices to use existing documentation wherever possible.

Practice systems should never be, but often are, set in place and left without review for long stretches of time. Becoming accredited is a great opportunity to review what you are currently doing to ensure that your policies and procedures reflect current best practice and that you are still compliant with state and national requirements. More often than not, staff and practitioners naturally find easier, simpler, more efficient ways to operate over time. When a review of current operations is conducted it is likely that staff and practitioners have moved away from operating exactly as the practice policies and procedures stipulate. Although in some instances this could be problematic, it's more likely staff have found a way to maximise efficiency and practice documentation will simply need to be updated to reflect the new and improved processes.

ACCREDITATION PROCESS

1. REGISTER YOUR PRACTICE
2. MAKE PAYMENT
3. RECEIVE YOUR WELCOME PACK
4. PREPARE YOUR EVIDENCE
5. SUBMIT DOCUMENTATION
6. ACCREDITATION ACHIEVED
7. DISPLAY CERTIFICATE

Accreditation encourages often a much needed review of current processes; sometimes this is done by observing staff and practitioners for periods of time conducting various tasks. It is important not to make this a mission to find non-compliant staff/practitioners. It should be about quality improvement. Take the opportunity to observe and recognise when things need to go back to the way the manual/process/procedure states, where more training is required, where new equipment might need to be purchased, or simply where documents need to be updated to reflect new and improved methods of operation. Regular reviews such as these promote increased quality for your practice, staff and patients.

The ADA continues to work to encourage participation by all ADA members, and to support members who register in the voluntary scheme by providing resources and assistance; whilst at all times working with key organisations towards keeping the program voluntary and to avoid the imposition of a mandatory program for dental practices.

To register, go to www.ada.org.au or call 02 9906 4412 for further assistance.

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ADA TEMPLATES AND RESOURCES TO BE CUSTOMISED AND IMPLEMENTED TO COMPLY WITH NSQHS STANDARDS

		X ✓
1.1	ADA Policy Template – Governance Systems for Safety and Quality	
1.3.1	ADA HR Job Description Templates (De-identified, completed Job descriptions required for each role in the practice)	
1.5.1	ADA Template – Organisation-wide Risk Register (The practice must have completed a risk assessment and provide a working risk register that outlines identified risks and risk management strategies)	
1.7.1	ADA Policy Template – Clinical Guidelines	
1.8.1	ADA Policy Template – At Risk Patients and Escalation of Care	
1.8.1	Health Assessment Documentation – Medical/Medication History (De-identified Medical/Medication history that includes areas to assist in identifying patients who are ‘at risk’)	
1.9.1	ADA Policy Template Health Records	
1.10.2	ADA HR Performance Review Templates (De-identified, completed workforce performance evaluation records, including performance review information for at least two members of staff)	
1.14.1 4.4.1 5.2.1	ADA Template – General Incident Register (De-identified, completed register. A blank register is acceptable only when accompanied by a statement indicating that the practice has no history of incidents or, has recently implemented the register and has not had an incident reported since its implementation)	
1.15.1	ADA Template – Complaints Register (De-identified, completed register. A blank register is acceptable only when accompanied by a statement indicating that the practice has no history of complaints or, has recently implemented the register and has not had a complaint reported since its implementation)	
1.17.1	ADA Policy Template – Patient Rights	
2.4.1	ADA Policy Template – Partnering with Consumers	
2.4.1	Brochures/publications (Sample of brochures/publications provided to patients)	
3.1.1	ADA Policy Template – Preventing and Controlling Healthcare Associated Infections	
3.2.1	ADA Template – Healthcare Associated Infection Incident Register (De-identified, completed register. A blank register is acceptable only when accompanied by a statement indicating that the practice has no history of healthcare associated infections or, has recently commenced surveillance activities and has not had an incident of healthcare associated infection reported since its implementation)	
3.5.1	Hand Hygiene Australia Generic Community Hand Rub Moisturiser Audit (Hand hygiene audit results complying with current national hand hygiene guidelines must be provided)	
3.6.1	Workforce Immunisation Register/Records (De-identified, completed workforce immunisation records that comply with current national guidelines must be provided or, a register that lists all practice staff and the immunisations applicable to each staff member)	
3.15.3	Environmental Cleaning Audit Results or Cleaning Schedule (The practice’s usual environmental cleaning schedule or audit results must be provided)	
4.1.1	ADA Policy Template – Medication Safety	
4.2.1	Medication Management Audit Results (De-identified, medication management audit results identifying risks to patient safety and aligned to State/Territory jurisdictional requirements must be provided)	
5.1.1	ADA Policy Template – Patient Identification and Procedure Matching	
6.1.1	ADA Policy Template – Clinical Handover	
Standard	Your practice may choose to utilise the documents below to show compliance	
1	ADA HR Work, Health and Safety Manual	
2	ADA Template – Organisational Chart	
3	ADA Template – Infection Control Manual	