

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

COMPLIANCE MONITORING ASSESSMENT TOOL FOR CLINICS

Facility Name _____ Catch pop _____

Physical Address _____ District _____

Postal Address _____ Phone No _____ Imprest _____

HPCZ No. _____ Class _____ Date _____ Nationality: _____

Inspectors 1. _____ 2. _____ 3. _____

1. Introduction

2. Objectives

3. Scope of service

| Services | () | Services | () | Services | () |
|--------------------------|-----|----------------------------------|-----|---|-----|
| Dental Consultation | | I & D | | Restorative dentistry- Glass Lonomer | |
| Normal tooth extractions | | Dental X-ray | | Restorative dentistry- Miracale Mix | |
| Complex tooth extraction | | Endodontics- root opening | | Restorative dentistry- Composite | |
| Maxillofacial surgery | | Endodontics- root Dressing | | Restorative dentistry- Prosthetics (Dentures) | |
| Wiring | | Endodontics- root canal Filling | | Restorative dentistry- Crown & Bridge works | |
| Splinting | | Periodontics-scaling/polishing | | Restorative dentistry- Orthodontics (Braces) | |
| Dressings | | Periodontics-whitening/breaching | | Restorative dentistry- other (Specify) | |

5. Human Resource

a) Staffing Level

| S/N | Name | Profession | HPCZ/ GNC # | Position | F/Time | P/Time | NRC | Nationality |
|-----|------|------------|----------------|----------|--------|--------|-----|-------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

b) Staffing Level

| Profession | Full Time | | Part Time | | Profession | Full Time | | Part Time | |
|---------------------------|-----------|-----------|-----------|-----------|-----------------|-----------|-----------|-----------|-----------|
| | Need | Available | Need | Available | | Need | Available | Need | Available |
| Dental Surgeon | | | | | Medical Officer | | | | |
| Maxillofacial Surgeon | | | | | Dental Nurse | | | | |
| Dental Doctor- Specialist | | | | | Anesthetist | | | | |
| Dental Therapist | | | | | Cleaners | | | | |
| Dental Technologist | | | | | Watchman | | | | |
| Dental Assistant | | | | | Other..... | | | | |

6. Standard 1: Legal Establishment, Leadership and Governance

| Assessment Area | Assessment Criteria (scoring criteria : Met =2, Partially Met = 1 and Not Met = 0) | | | Score | | |
|--|---|-----------|---|----------|---|-----------|
| | | | | 2 | 1 | 0 |
| Facility | Valid Annual License from HPCZ available and displayed | | | | | |
| Staff files | Sample 4 Files and check the following: | | Comment | | | |
| | Appointment Letter/ Contract | | | | | |
| | Photocopy of Professional and Academic Qualification | | | | | |
| | Photocopy of NRC/Passport | | | | | |
| | Valid work permit (<i>Applicable to non-citizens</i>) | | | | | |
| | Valid Practicing Licence | | | | | |
| | Job Descriptions on file & distributed to staff | | | | | |
| | Evidence of staff performance Appraisal available | | | | | |
| | Disciplinary/Awards records where applicable | | | | | |
| Staff levels | Practitioners are -----for the scope of service | Qualified | | Adequate | | |
| Training | Records of CPD/Workshops | | CPD/Training Plan | | | |
| Leave | Leave schedule (Booking log) | | Records of Leave taken against accrual | | | |
| Dress Code | Official Id's worn appropriately | | Staff adhered to work place dress code | | | |
| Disciplinary | Discipline code available | | Records of disciplinary cases and actions | | | |
| | HPCZ Code of ethics available | | GNC Code of ethics available | | | |
| Governance | Evidence of business registration | | Evidence of Tax Registration | | | |
| | Updated ZRA Annual returns | | Updated PACRA Annual returns | | | |
| | Valid fire certification | | Valid Business Permit | | | |
| | Waste management Contract | | Evidence of updated NAPSA returns | | | |
| Strategy management | Latest strategic plan available | | Vision statement documented/displayed | | | |
| | Latest action plan available | | Mission statement documented/displayed | | | |
| | Review of progress on plans | | Scope of service documented/displayed | | | |
| | Approved Organogram displayed | | Evidence of management meeting | | | |
| Supervision & Support | Supervision/ Tech-support log book | | Supervision/Tech-support feedback | | | |
| | Compliance to Weekly supervision requirements | | | | | |
| Achieved Score / Total Applicable Score | | | | | | 20 |

7. Standard 2: Minimum Infrastructure Requirement

| Assessment Area (Room) | Assessment Criteria (scoring criteria : Met =2, Partially Met = 1 and Not Met = 0) | | | Score | | |
|--|---|---|---|---------------|--|-----------|
| | Specification | Y | N | Comment if No | | |
| Admin Offices | All rooms in the building meeting Public Health Act Cap 295 of the Laws of Zambia (Floor area not less than 8.4 m ² , Horizontal dimensions not less than 2.1m, Height not less than 2.6m) | | | | | |
| Reception | | | | | | |
| Dental Surgery room | | | | | | |
| Dental Lab room | | | | | | |
| Toiles | | | | | | |
| Shower | | | | | | |
| Achieved Score / Total Applicable Score | | | | | | 12 |

8. Standard 3: Environment, Health & Safety

| Assessment Area | Assessment Criteria Assessment Criteria (Scoring Criteria: Met =2, Partially Met = 1 and Not Met = 0) | | Score | | |
|--|--|--|-------|---|-----------|
| | | | 2 | 1 | 0 |
| Staffing | Infection Prevention Committee or Designated person overseeing IPC activities | | | | |
| Surrounding | Clean environment | Outdoor sanitary bins provided | | | |
| | Proper ground maintenance | No littering of rubbish on premises | | | |
| | Secure storage place for waste | Proper drainage system available | | | |
| Waste Disposal | Incinerator or waste contract | Bins for segregation of waste | | | |
| | Recommended Pedal bin | Colour coded bin liners | | | |
| | Sharps box | Segregation of waste adhered to | | | |
| Management of Surgical | Availability of guidelines | Bucket for plain water | | | |
| | Bucket for chlorine water | Access to sterilizer | | | |
| | Bucket for soap water | Compliance to sterilization | | | |
| Occupation health/safety | OHS Guidelines/SOP | Adequate Personal protective equip | | | |
| | Signage in all rooms | Staff vaccination program in place | | | |
| | Provision for wheelchair | Premises safe for people with disability | | | |
| Venerable Population | Written Policies available | Linkage to ZP/Victims Support | | | |
| | Register for cases | Linkage to Social welfare services | | | |
| | Case reporting system | Linkage to Referral Hospital | | | |
| Fire Safety | Functional Fire extinguisher | Bucket of sand | | | |
| | Fire exist marks in all rooms | Extinguisher servicing is up to date | | | |
| | Evidence of annual fire drills | Fire assembly point available | | | |
| Power supply | Electricity Available | Backup power supply | | | |
| Security | Perimeter Fence | Security Guards | | | |
| Achieved Score / Total Applicable Score | | | | | 18 |

9. Standard 4: Sanitary Facilities

| Assessment Area | Assessment Criteria (scoring criteria : Met =2, Partially Met = 1 and Not Met = 0) | | | | Score 2/1/0 | |
|--|---|------------------------------|---------------|------------------------------|-------------------------|-----------|
| | | | | | | |
| Male Sanitary | Toilet | Clean state | Running water | Lighting | Hand washing signage | |
| | | Good state of infrastructure | | Adequate Natural ventilation | | |
| Female Sanitary | Toilet | Clean state | Running water | Lighting | Hand washing signage | |
| | | Good state of infrastructure | | Natural ventilation | Sanitary bin | |
| Staff Sanitary | Toilet | Clean state | Running water | Lighting | Hand washing signage | |
| | | Good state of infrastructure | | Natural ventilation | Sanitary bin | |
| Bathroom | Bathroom | Clean state | Lighting | Running water | State of infrastructure | |
| | | Clean state | Lighting | Running water | State of infrastructure | |
| Achieved Score / Total Applicable Score | | | | | | 12 |

10. Standard 5: Protocols and SOPs

| Assessment Area | Assessment Criteria (scoring criteria: Met =2, Partially Met = 1 and Not Met = 0) | | Score 2/1/0 | |
|--|--|--|---|----------|
| | | | | |
| Protocols | Zambia National Formulary | | British National Formulary - Adults | |
| | Standard Treatment Guidelines Zambia | | British National Formulary - Paeds | |
| SOPs availability | Tooth extractions | | Wiring & Splinting | |
| | Maxillofacial surgery | | Dressing | |
| | Restorative dentistry- Composite | | Restorative dentistry- Glass Lonomer | |
| | Endodontics- root opening | | Restorative dentistry- Miracale Mix | |
| | Endodontics- root Dressing | | Restorative dentistry- Prosthetics (Dentures) | |
| | Endodontics- root canal Filling | | Restorative dentistry- Crown & Bridge works | |
| | Periodontics-scaling/polishing | | Restorative dentistry- Orthodontics (Braces) | |
| | Periodontics-whitening/breaching | | Restorative dentistry- other (Specify) | |
| Achieved Score / Total Applicable Score | | | | 4 |

11. Standard 6: Dental Surgery Services

| Assessment Area | Assessment Criteria (scoring criteria: Met =2, Partially Met = 1 and Not Met = 0) | | | | | | Score 2/1/0 | |
|---|--|---------------------------|---------------------|---|------------------------------|--|----------------|-----------|
| | Lighting | Adequate natural Lighting | | | Adequate Artificial Lighting | | | |
| Ventilation | Adequate natural ventilation | | Air con installed | | Air Con Functional | | | |
| Dental Supplies | Examination gloves | | Surgical gloves | | Lignocaine | | Face mask | |
| | Disinfectants/Jik | | Antibiotics | | Dental needles | | Paper towel | |
| | Methylated spirit | | Distilled water | | Pain Killers | | Cotton wool | |
| Infection control | Pedal bins (2) | | Yellow bin liner | | Black bin liner | | Autoclave | |
| | Running water | | Water Distiller | | | | | |
| Essential dental Equipment | Modern Dental Unit | | Ultrasound scaler* | | High speed Hand piece | | | |
| | In built drilling unit | | In built Lamp | | Facial mirror | | | |
| | In built suction unit | | Unit compressor | | Fridge for medicine* | | | |
| Dental X-ray * | Dental X-ray unit | | RPA Licence | | Radiation Badges | | Lead Aron | |
| | Adequate radiation shielding | | | Digital/analogy image processing facility | | | | |
| Exam Set | Mirrors (min6) | | Tweezers(min6) | | Probes (min 6) | | | |
| scaling set | Scalers | | Curettes | | | | | |
| Extraction forceps-upper | Anterior forceps | | Left molar forceps | | 3d molar forceps | | | |
| | Premolar forceps | | Right molar forceps | | Root bayonet forceps | | | |
| Extraction forceps-Lower | Anterior forceps | | Left molar forceps | | 3d molar forceps | | | |
| | Premolar forceps | | Right molar forceps | | Root bayonet forceps | | | |
| Elevators | Straight | | Warwick James-left | | Warwick James-right | | | |
| | Winter cross bar-left | | Cryer-left | | Apex double-angled-left | | | |
| | Winter cross bar-right | | Cryer-right | | Apex double-angled-right | | | |
| Maxillofacial surgical set | Bone File | | Rongeur forceps | | Soft tissue retractor | | Bone curette | |
| | Artery forceps | | Chisel & Mallet | | Periosteal elevator | | Scalp Handle | |
| | Enamel knife | | Matrix holder | | Surgical scissors | | Needle holder | |
| Other essential instruments | Assorted burs | | Dental syringe | | Toothed tweezers | | Kidney dish | |
| | Mouth prop | | Mouth gauge | | Filling instruments | | Pair glasses | |
| Achieved Score / Total Applicable Scores | | | | | | | | 28 |

*NB: surgical instrument/sets including Forceps and elevators, minimum required number is 6. * is optional*

12. Standard 7: Dental Laboratory Services

| Assessment Area | Assessment Criteria (Scoring Criteria: Met =2, Partially Met = 1 and Not Met = 0) | | | | | | Score | | |
|--|--|---|------------------|--|-------------------------|--|--------------|----------|--|
| | 2 | 1 | 0 | | | | | | |
| Materials | Alginate impression material | | Impression trays | | Cold – mould seal | | | | |
| | Cure Acrylic powder-cold | | Plaster of Paris | | Orthodontic wires | | | | |
| | Cure Acrylic powder-hot | | Rubber bowls | | Posterior acrylic teeth | | | | |
| | Cure Acrylic Monomer-cold | | Modeling Wax | | Anterior acrylic teeth | | | | |
| | Cure Acrylic Monomer-hot | | | | | | | | |
| Equipment | Micromotors | | Paco Bath | | Bunsine Burner | | Vibrator | | |
| | Larthe Machine | | Electric Kettle | | Model Trimmer | | Autoclave | | |
| Instruments | Denture Clamps | | Wax Knives | | Round Nose Pliers | | Wire Cutter | | |
| | Adams pliers | | Lecron Carver | | U-Loopformer pliers | | Articulators | | |
| | Denture Flasks | | Plaster spatula | | Orthodontic pliers | | Surveyors | | |
| Accessories | Pedal Bin | | Cort Hunger | | Bin Liner- Black | | White cort | | |
| | Running water | | | | | | | | |
| Achieved Score / Total Applicable Score | | | | | | | | 8 | |

13. Standard 8: Dental Practices

| Assessment Area | Assessment Criteria (scoring criteria: Met =2, Partially Met = 1 and Not Met = 0) | | | | | | Score 2/1/0 | |
|--|--|----------------|------------|--------------------------------|-------------|----------------|--------------------------|--------------------|
| | Clinical audit (documenting of care) | History taking | | Examination | | Investigations | | Accurate diagnosis |
| Correct treat | | | Right dose | | Right route | | Right duration | |
| Clinicians' names printed on all notes | | | | Clinicians sign off all nonets | | | | |
| Clinicians have readable handwriting | | | | Patient adequately reviewed | | | | |
| Storage practices | Functional air-condition | | | Room thermometer | | | Room Temperature chart | |
| | Functional fridge | | | Fridge thermometer | | | Fridge Temperature chart | |
| | Adequate shelves | | | Adequate pellets | | | | |
| Inventory management | Purchase records available | | | No expiry supplies | | | Labeled expiry section | |
| | Bin cards for all supplies | | | Inventory up to date | | | | |
| Emergency care | Access to emergency tray with adequate emergency medicine | | | | | | | |
| | Facility keeps a log of adverse events in the department | | | | | | | |
| Achieved Score / Total Applicable Score | | | | | | | | 8 |

14. Standard 9: Dental Equipment maintenance

| Assessment Area | Assessment Criteria (Scoring Criteria: Met =2, Partially Met = 1 and Not Met = 0) | | | | | | Score 2/1/0 | |
|--|--|--------------------|------------------------------------|--|--------------------------------|--|----------------|----------|
| | Instauration &inventory | Equipment register | | | Equipment inventory up to date | | | |
| Equipment installed appropriately | | | Non-functioning equipment isolated | | | | | |
| Servicing | Equipment service schedule | | | Equipment manuals available to users | | | | |
| | Competent equipment service personnel/Company | | | Equipment serviced by qualified & competent Personnel as per schedule | | | | |
| Achieved Score / Total Applicable Score | | | | | | | | 4 |

15. Standard 10: Patient focus and Feedback

| Assessment Area | Assessment Criteria (Scoring criteria : Met =2, Partially Met = 1 and Not Met = 0) | | | | | | Score | | |
|--|---|--|--|---------------------------------------|--|--|-------|---|----------|
| | | | | | | | 2 | 1 | 0 |
| Patient Focus | Appropriate Sign posts | | | Safe water for drinking provided | | | | | |
| | Adequate waiting area | | | Waiting area appropriately furnished | | | | | |
| | Adequate IEC materials | | | HPCZ Approved patient charter | | | | | |
| Patient feedback | System for collecting patient feedback (suggestion boxes/complaint register) | | | | | | | | |
| | System for collecting feedback from referral facility (referral form with feedback) | | | | | | | | |
| Confidentiality &Consenting | Adequate screens available | | | Facility has written consent form | | | | | |
| | Availability of the following guidelines from HPCZ; | | | | | | | | |
| | Guidelines on Patient Consent | | | Guidelines on Patient Confidentiality | | | | | |
| | Guidelines on Patient's record | | | Guidelines on Pervasive Incentives | | | | | |
| Achieved Score / Total Applicable Score | | | | | | | | | 6 |

16. Standard 11: Generation, Storage and management of Records

| Assessment Area | Assessment Criteria (scoring criteria : Met =2, Partially Met = 1 and Not Met = 0) | | | | Score | | |
|--|---|--|-------------------------------------|--|--------------------------|---|-----------|
| | | | | | 2 | 1 | 0 |
| Ventilation | Adequate natural ventilation | | Artificial ventilation (Aircon/fan) | | | | |
| Lighting | Adequate natural lighting | | Adequate artificial lighting | | | | |
| Paper base data | Adequate shelves/cabinets | | Records lockable and secure | | | | |
| | Adequate Section for archiving | | Active & inactive files separated | | | | |
| Electronic data | System password protected | | Access is restricted | | | | |
| | System for back up of records | | user rights clearly defined | | | | |
| Generation and Storage Practices | Health facility maintains patients records for minimum of 5 years before disposal | | | | | | |
| | Facility captures sufficient patient contact information | | | | | | |
| | Age | | Patient ID No. | | Emergency Contact person | | |
| | Sex | | Patients phone No. | | Phone for contact person | | |
| | Patients Name | | Address | | | | |
| | Availability of qualified personnel to manage patient record | | | | | | |
| Managing Health Information (HMIS) | SOP for Data management | | Monthly report to next level done | | | | |
| | Assigned responsibility for HMIS | | Appropriate data equipment | | | | |
| | Data forms e.g tally sheets, | | Notifiable diseases being reported | | | | |
| | Availability of OPD Register | | Data trending/flagging | | | | |
| Achieved Score / Total Applicable Score | | | | | | | 12 |

17. Summary of scores for all Standard

| Standard No. | Standard Description | Achieved Score | Applicable standards Scores | Total available Scores |
|---|--|----------------|-----------------------------|------------------------|
| Standard 1 | Legal Establishment, Leadership and Governance | | | 20 |
| Standard 2 | Minimum Infrastructure requirements | | | 12 |
| Standard 3 | Environment, Health & Safety | | | 18 |
| Standard 4 | Sanitary Facilities | | | 12 |
| Standard 5 | Protocols and Standard Operating Procedures (SOPs) | | | 04 |
| Standard 6 | Dental Surgery services | | | 28 |
| Standard 7 | Dental Laboratory Services | | | 08 |
| Standard 8 | Dental Practices | | | 08 |
| Standard 9 | Management of Dental Equipment | | | 04 |
| Standard 10 | Patient focus and Feedback | | | 06 |
| Standard 11 | Generation, Storage and management of Records | | | 12 |
| Total scores | | | | 132 |
| $Total\ Score = \frac{Total\ Score}{Expected\ Score} \times 100 = \text{---}\%$ | | | | |

18. Risk Grading

| Score | Risk Level Identified | Colour Code | Tick (/) | Comment |
|-----------|----------------------------------|-------------|----------|---------|
| 100% | No risk of harm identified | Green | | |
| 75 – 100% | Relative risk of harm Identified | Yellow | | |
| 50 – 75 % | Moderate risk of harm identified | Orange | | |
| < 50 % | High risk of harm identified | Red | | |

19. Summary of Major Inspection Findings and Recommendations

| S/N | Major Findings | Recommendations |
|-----|----------------|-----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

20. Conclusion

| |
|--|
| |
|--|

21. Inspection Team

| S/N | Name | Station | Station | Signature |
|-----|------|---------|---------|-----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

22. Signature of Facility Representative

| S/N | Name | Positon | Signature |
|-----|------|---------|-----------|
| 1 | | | |
| 2 | | | |

23. Facility Official Stamp (where available)

| |
|--|
| |
|--|