



PRE-ASSESSMENT GUIDELINES AND FORMS FOR DENTAL FACILITIES



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GUIDE TO USE PRE-ASSESSMENT FORMS & CHECKLIST

1. Introduction

It is presumed that the Assessment Team, who have been nominated by NABH Secretariat, is fully aware of the NABH Accreditation process, its objectives and the on-site Assessment procedure. The Principal Assessor shall have the overall responsibility of conducting the pre-assessment and for conducting the on-site final assessment of the concerned Dental Institution/ Dental Hospital/ Dental Center (Dental facility). Towards the task of on-site assessment, he shall be assisted by a team of assessors commensurate with the scope of accreditation.

This document contains Pre-assessment form and Checklist, which will form a part of the Pre-assessment Report. The document shall guide the Assessment Team in completing various forms & checklists and compiling the report.

2. Pre-Assessment

After the Dental facility has taken the corrective action on the concerns expressed in the content of the application and has submitted a report to the satisfaction of the NABH, NABH Secretariat shall fix up a date for Pre-assessment in consultation with the dental facility and the Principal Assessor.

While the assessment team proceeds to the dental facility for Pre-assessment, it should be in possession of the dental facility's Applications Form, NABH Standards, fee structure and any other information supplied by NABH Secretariat.

The Assessment Team, during Pre-assessment shall:

- i. Check the implementation of NABH Standards for Dental Facility.
- ii. Study the scope of accreditation so that the time frame, number of assessors required in various fields and visits to various departments and services, if applicable, for the assessment can be determined. The Principal Assessor shall also assess whether the Assessment is required to be split, based on the location of facility or the number of fields/ departments.
- iii. Check whether the dental facility has conducted a comprehensive Internal Audit/ self assessment in accordance with NABH Standards.
- iv. Assess the degree of preparedness of the facility for the Assessment in terms of compliance to PAF 1.
- v. Obtain signatures on NABH document – Terms and Conditions for Maintaining Accreditation, from the facility representative, if not submitted earlier
- vi. Explain to the facility regarding the methodology to be adopted for Assessment and the obligations of the facility.
- vii. Submit a report to NABH Secretariat.

3. Compilation of Pre-Assessment Forms & Checklist

The Principal Assessor must review the facility's documented Quality System to verify compliance with the requirements of NABH. He should complete the Checklist PAF 1 by recording his observation – 'Yes' or 'No' (by marking a \checkmark in the appropriate box), related to the requirements of respective clause number of the checklist and offering brief comments. If the Principal Assessor has a doubt in other area(s), not listed in the checklist, he is free to assess or go into details where he feels and annex his findings, to the report.



All deficiencies must be identified and reported, separately in PAF 2. Additional sheets may be added, if required. The Principal Assessor should finally summarise the conduct of Pre-Assessment and record the recommendations in PAF 3. The Principal Assessor must carefully fill the forms and check list and sign all pages of the Pre-Assessment Report. He should also obtain signature of the authorised person of the hospital/ SHCO on PAF 2 & 3. The report should be compiled in the order PAF 3, 2 & 1 and any other additional pages or annexure thereafter.

The Principal Assessor shall submit the Pre-Assessment Report to NABH Secretariat within 10 days of completion of Pre-Assessment.



CHECKLIST FOR REVIEW AND VERIFICATION

Dental Facility:		Date(s) of Visit:	
Sl.	Requirement	Observation*	
		Yes	No
1.	<i>Review of Application Form</i>		
	▪ for correctness of contents.		
	▪ for licenses/ registration/other legal requirements		
	▪ Organogram		
<i>Comments on Application Form:</i>			
2.	<i>Documentation of Quality Assurance Program</i>		
	▪ Adequacy of Quality Assurance program		
	▪ Availability of all required cross-referenced Procedures (list enclosed)		
	▪ Availability of other documents like Safety Manual, Infection Control Manual, Standards, Codes, Policy and procedures etc. (list enclosed)		
	▪ Availability of NABH documents (list enclosed)		
<i>Comments:</i>			
3.	<i>Implementation of Quality Assurance Program/ Documentation (sample audit)</i>		
	▪ Availability of relevant documents at place of work		
	▪ Are policy & procedures being followed		
	▪ Awareness of NABH requirements		
<i>Comments on Implementation and effectiveness of Quality System:</i>			

* Mark ✓ in the appropriate box



Sl.	Requirement	Observation*	
		Yes	No
4.	Dental/Internal Audit		
	▪ Availability of Dental audit committee and procedures		
	▪ All requirements of NABH Standards, covering all activities of facility audited at least once in the last one year		
	▪ Timely corrective action on deficiencies		
	▪ Audit conducted by Independent and competent personnel		
	<i>Comments on effectiveness of Dental/ Internal Audit:</i>		
5.	Personnel		
	▪ Training programme organised for its personnel		
	▪ Plan/ Schedule for imparting training to its personnel for the current year		
	▪ Suitability of persons authorised for specific tasks with reference to the field(s) applied		
	<i>Comments on Personnel and Training:</i>		
6.	House keeping and Environmental conditions		
	▪ Does the facility demonstrate adequate house keeping		
	▪ Maintenance of necessary environmental conditions (sample audit)		
	<i>Comments on General House keeping:</i>		
7.	Discussions with the facility on Final Assessment		
	▪ Overview of the methodology to be adopted		
	▪ Task/ role of Principal Assessor, Technical Assessor(s) and Observers		
	▪ Obligations of the facility		
	<i>Record any special discussion:</i>		

* Mark ✓ in the appropriate box



DEFICIENCIES OBSERVED DURING PRE-ASSESSMENT

Dental Facility:		Date(s) of Visit:
Sl.	Non-conformity	Remarks
Signature/ Name of Authorised Personnel of Dental Facility & Date		Signature/ Name of Principal Assessor & Date

Note: Use additional sheets of this form, if required



PRE-ASSESSMENT REPORT

Dental Facility name & address:	
Accreditation Coordinator:	Date(s) of Visit:
Persons Contacted:	
Pre-Assessment Team:	
Summary of Pre-Assessment:	
Recommendations of Time Estimation and Readiness of facility:	
<ul style="list-style-type: none"> ▪ Number of Assessors required, as per Scope of Accreditation 	
<ul style="list-style-type: none"> ▪ Number of audit days required 	
<ul style="list-style-type: none"> ▪ Whether the Assessment is required to be split based on locations of facility or number of fields/ departments. If yes, elaborate 	Yes / No
<ul style="list-style-type: none"> ▪ Is the dental facility ready for Assessment. If no, specify estimated time for taking corrective actions 	Yes / No
<ul style="list-style-type: none"> ▪ <i>Any specific recommendations:</i> 	
Signature/ Name of Authorised Personnel of Dental Facility & Date	Signature/ Name of Principal Assessor & Date

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS
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