



Working Group QUALITY

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ERO WG Quality - Dr Roland L'Herron/Chairman



The frame of reference

Five main areas can be identified:

1.Infrastructure of the dental practice (accessibility, layout of the premises, ...)

2.Hygiene and asepsis (observance of the basic rules of hygiene, disinfection and sterilisation of all medical devices ...)
responsable: France Roland

3.Security (fire safety, maintenance of the equipment, medical device vigilance) responsable: Germany: Michael, Jûrgen, Jérome

4.Patient pathway (reception, information, consent, quality of service) responsable: Suisse Olivier

5. Quality approach (patient satisfaction, handling of complaints ...) responsable: Pologne Anna

I. Infrastructure of the dental practice

- 1. Access
- 2. Means of communication
- 3. Information about the structure of the dental practice
- 4. Waiting room
- 5. Treatment room
- 6. Lavatories
- 7. Access for disabled patients ????

II. Hygiene in the dental practice

- 1. 19 criterias corresponding to recommendations that must be observed to ensure treatment quality and safety.
- 2. Hand disinfection
- 3. Medical devices (single use and reusable)
- 4. Maintenance of premises
- 5. Waste management
- 6. Protection of practitioner and staff



I. Infrastructure of the dental practice

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I. Infrastructure of the dental practice

1.Access

Goal: to facilitate the access to the dental practice

1.1 The professional name plate at the entrance to the practice bears each dentist's title, first name and surname, qualifications, speciality if applicable, contact number, and consultation days and times.

1.2 The dental practice employs reception staff or is equipped with an access control system.



1.3 The rooms to which patients have access are clearly indicated:

- Reception area
- Treatment room
- Waiting room
- Lavatory

1.4 The rooms with restricted access (private rooms, staff rooms, storage rooms for hazardous medical waste ...) are clearly indicated and are lockable



2. Means of communication

Goal: to optimise the practice's means of communication

2.1 The dentist regularly assesses the efficiency of the practice's telephone system (e.g. sufficient number of lines, number of lost calls during consultations, number of calls received)

2.2 If the practice is fully computerised for the management of medical data and for other operations (e.g. book-keeping, invoicing ...), it must hold the licenses for all the software installed and used.



I. Infrastructure of the dental practice

- 2.3 The practice computer system is equipped with regularly updated software to protect it from intrusions:
- Internal access: login with user name and password
- External access (Internet): firewall
- Antivirus

2.4 Data backups are made every day on two different media (even and odd days). A data backup is also made every week.

2.5 Backups made on mobile devices are stored outside of the dental practice.



3. Information about the structure of the dental practice

Goal: to inform the patient about the structure of the practice

3.1 The practice provides patients with written information (appointment cards, posters in the waiting room ...) specifying:

- The names of the health care professionals
- The fees for the main procedures
- The laws and regulations governing computerised patient data
- The address and phone number of the practice
- The practice opening times
- The contact details of healthcare professionals available outside of the opening times, particularly in case of emergency



3.2 Posters indicate that smoking is forbidden on the premises

3.3 Posters recommend that mobile phones be switched off.



4. Waiting room

Goal: to make sure that patients are comfortable in the waiting room

4.1 The treatment room and reception cannot be heard from the waiting room.

4.2 The number of seats in the waiting room is sufficient.

4.3 A small area in the waiting room is dedicated to children (child-sized table and seats, toys, magazines...) ???



5. Treamtment room

Goal: to meet the patient's expectations during the consultation

5.1 The area dedicated to the examination and treatment of the patient is well-separated from the other technical and administrative areas.

This is preferable whenever possible, for hygiene and confidentiality reasons. An office separated from the treatment room enables permet the dental assistant to accomplish their cleaning tasks more efficiently, and encourages the patient to speak more freely to the practitioner, in the certainty that no third person will overhear.



6. Lavatories

6.1 The practice has one or more lavatories.

6.2 Each lavatory is equipped with a washbasin, a liquid soap dispenser and disposable hand towels.



I. Infrastructure of the dental practice 7. Access for disabled patients ???

Dans la mesure du possible le cabinet est accessible aux fauteuils roulants et par ascenseur si le cabinet est situé à l'étage



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Goal: to guarantee the practitioner's and the patient's safety.

19 criterias corresponding to recommendations that must be observed to ensure treatment quality and safety.

1.1 Hands are systematically disinfected by friction with a hydro-alcoholic gel before and after each treatment/examination.

1.2 The single-use gloves worn by the care team are changed systematically between each patient and each time the care procedure is interrupted (to answer the phone, welcome another patient...)



1.3 The care team systematically wears surgical masks during treatment procedures.

1.4 Protective eyewear is available to all the members of the care team.

1.5 The management procedure for the management of blood exposure incidents is displayed on the practice wall.



1.6 The examination and treatment area is equipped with:

- •a washbasin, preferably with an non-hand operated tap
- •hydro-alcoholic gel and liquid soap dispensers, preferably with fully disposable refills (pump included)
- •a paper hand-towel dispenser

1.7 The waste sorting area in the treatment room is equipped with:

- •a specific container (plastic box) for sharp objects
- •a container that enables the safe transport of other types of waste



1.8 The equipment is purged before first use for at least 2 minutes at the beginning of each session.

1.9 The equipment is purged between each patient for at 20 to30 seconds.

1.10 The surfaces near the dental unit are cleaned with a detergent/disinfectant between each patient.

1.11. The processing management of medical devices has to be separated. (not a specific room)

1.12 An antiseptic mouth wash is used prior to any treatment.??

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- 1.13 The membrane seal on each anaesthetic cartridge is disinfected before use. ???
- 1.14 After each patient, all single-use medical devices (including surgical blades, saliva ejectors, application brush...) are systematically thrown away. **Cancel?**
- **1.15** All steam-sterilisable medical devices are steam sterilised.
- 1.16 All medical devices used inside the patients mouth are immersed immediately after use in a sufficiently large tray containing aldehyde-free disinfectant/detergent solution.



1.17 The instructions for use of the detergent/disinfectant are readily available and familiar to the staff. The dilution and soaking time recommended by the manufacturer are observed.

1.18 The small steam steriliser conforms to the European Union Standards

1.19 The sterilising cycle used is exclusively a type B cycle according to the European Union standards



Thank you for your attention!

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