



COLLEGE OF
DENTURISTS
OF ONTARIO

Quality Assurance Program

Virtual Peer & Practice Assessments

Quality Assurance

College of Denturists of Ontario

365 Bloor Street East, Suite 1606 • Toronto, ON M4W 3L4

T 416-925-6331 • F 416-925-6332 • Toll Free 1-888-236-4326 • www.denturists-cdo.com

Date Last Revised: January 29, 2021



Table of Contents

Table of Contents	1
Introduction	2
Components	2
Record Keeping, Confidentiality & Privacy, Informed Consent Audit.....	2
Patient Chart Submission	2
Equipment/Instrument Records Submission	3
Forms & Policies	3
How to Submit your Documents.....	3
Discussions	5
Visual Demonstrations	5
Self-Assessment Tool & CPD Review	6
Preparation.....	6
Assessment	7
Post-Assessment.....	8
Contacts	8



Introduction

Traditionally, members that are randomly selected for a Peer & Practice Assessment will participate in an onsite assessment conducted by a Peer Assessor appointed by the Quality Assurance Committee.

Virtual Peer & Practice Assessments will replace onsite assessments until such time that it is deemed appropriate by public health agencies to return to onsite assessments.

Components

Record Keeping, Confidentiality & Privacy, Informed Consent Audit

Patient Chart Submission

Members will submit 5 anonymized copies of patient charts that demonstrate compliance with the [Standard of Practice: Record Keeping](#).

Components of the Record to Submit:

During the patient chart audit, Peer Assessors will be looking for the following:

1. The record system allows for ready retrieval of the patient file.
2. Each page and/or part of the patient record contains a unique identifier.
3. The record is legible and written in English or French.
4. The record contains the patient's necessary personal and contact information.
5. The record contains the patient's dental history, medical history, allergies, medications/supplement use.
6. The record contains evidence of intraoral and extraoral examinations, noting clinical findings and professional opinions.
7. Notation of any referrals made by the denturist.
8. Information and advice provided to the patient and any necessary follow-up.
9. Date and nature of all patient interactions, including patient services related to repairs and/or adjustments.
10. Financial records are kept as part of the patient record or linked with a unique identifier; maintains an account of all charges for services including notation of refunds.
11. Treatment options are recorded and the record reflects that informed consent was obtained, including the patient's acceptance of the treatment plan, costs and any modifications, withdrawal and/or refusal of consent, in accordance with the Standard of Practice: Informed Consent.
12. Notation of any substitute decision makers, their relationship to the patient and any documentation provided (i.e. Power of Attorney).
13. The record contains consent to collect, use and disclose personal health information, signed by the patient.
14. Measures are in place to ensure the security of patient records in accordance with the Standard of Practice: Confidentiality & Privacy.
ASSESSMENT & INTERPRETATION OF PATIENT NEEDS & REQUIREMENTS
1. There is evidence of the assessment of existing prostheses.
2. The practitioner has: <ul style="list-style-type: none"> a. considered factors that may affect the provision of denturist services; b. determined viable treatment options appropriate to the patient's oral and general health status and needs; and



c. communicated viable treatment options and the prognosis to the patient to enable the patient to make an informed decision.
POST-INSERTION PATIENT EDUCATION AND CONTINUITY OF CARE
1. There is evidence that patients are being provided patient education regarding the use, care and maintenance and follow-up of dental prostheses and oral appliances.
2. There is an indication that the practitioner has made adequate arrangements for ongoing care where warranted.

How to Anonymize a Patient Record:

1. Make a photocopy of the original record or print the record off of the electronic filing system, if one is used.
2. Use a black marker to block out identifying information on the record such as the patient’s name, date of birth, social insurance number, health card number, address, insurance policy number, credit card or other payment information, etc.

Equipment/Instrument Records Submission

Members will submit records of services to, maintenance for and inspection of equipment or instruments.

Forms & Policies

Members will submit a copy of each of the following documents:

1. Informed consent to treatment;
2. Consent to collect, use and disclose personal health information; and
3. Privacy policy

How to Submit your Documents

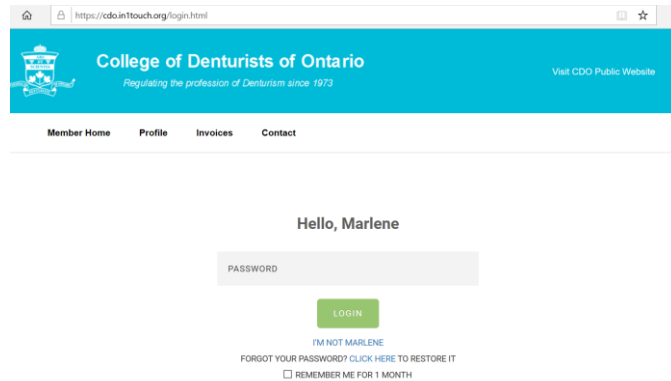
All documents should be submitted to the College via the Member Portal Peer & Practice Assessment Submissions form. The submission form will accept .word, .pdf and .jpg files. Video files can be shared with Tera Goldblatt via qualityassurance@denturists-cdo.com.

The submission must be received by the deadline specified by the College in the notification letter. If you experience issues with your submissions through the Member Portal, please contact Tera Goldblatt at qualityassurance@denturists-cdo.com

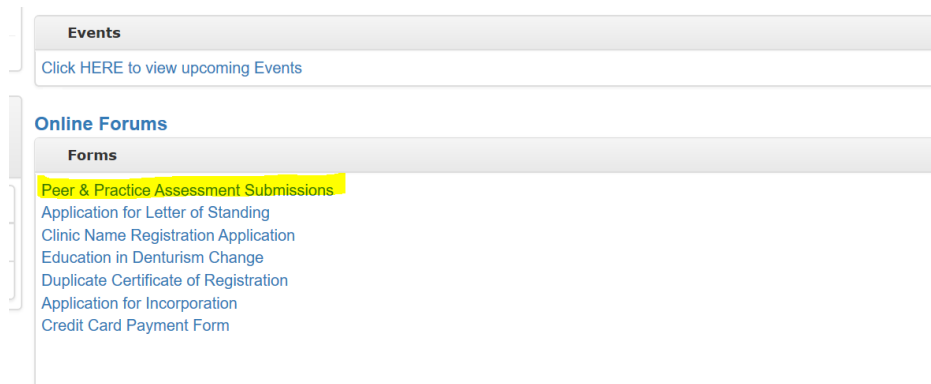
The following section provides step-by-step instructions for submitting your documents through the Member Portal:




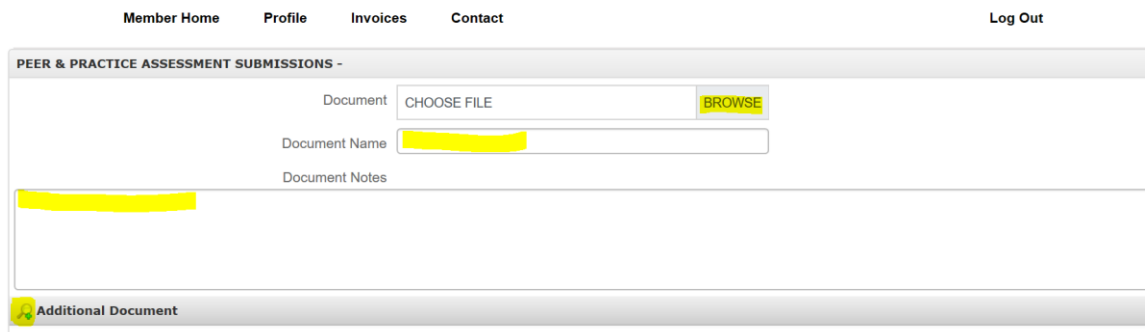
Step 1 : Log in to Member Portal <https://cdo.in1touch.org/login.html>



Step 2 : Click on **Peer & Practice Assessment Submissions**



Step 3 : Click on **Browse** to select the file that you wish to submit. Type in the name of the document submission (example Patient Chart #1). You can also add in additional notes. You can submit up to 5 documents at one time by clicking on the  magnifying glass icon next to Additional Document.





Step 4 : When you have uploaded all of your submission documents, click on Save

PEER & PRACTICE ASSESSMENT SUBMISSIONS -

Document

Document Name

Document Notes

Discussions

During the virtual meeting with the Peer Assessor, members will discuss the following topics:

1. Screening patients for COVID-19;
2. Reprocessing of instruments and equipment (including: transportation/handling of contaminated items, surface/instrument/equipment disinfection and sterilization methods, monitoring of the sterilization process,
3. Infection prevention and control protocols administered in between patients (including clinical and environmental surface cleaning, and waste management);
4. Results of the self-assessment tool questionnaire;
5. Filing system and patient file security.
6. CPD completed during the preceding renewal period; and
7. CPD planned.

Visual Demonstrations

Members will provide photographic or videographic evidence of infection prevention and control requirements:

1. Hand hygiene stations and equipment;
2. Personal Protective Equipment & Barrier protection: masks, gloves, protective eyewear, outer protective clothing;
3. Dedicated Reprocessing & Sterilization area
4. Evidence of instrument cleaning, disinfection and sterilization;
5. Packaging of sterile items;
6. Established process for monitoring sterilization
7. Sterilization record keeping;



8. Surface cleaning and disinfection;
9. Dedicated fabrication area (laboratory, if applicable);
10. Security of patient files.

If members choose to provide photographs, the submission must be made to the College prior to the scheduled assessment. Alternatively, members can demonstrate these items to the Assessor during the virtual assessment, if a video teleconferencing platform has been selected.

There are several video conferencing platforms that members can choose from including but not limited to Zoom, GoTo Meeting, FaceTime, WhatsApp etc. The member being assessed and the Assessor must both have access to the same platform for the purpose of conducting the meeting.

Self-Assessment Tool & CPD Review

Members will complete the online self-assessment tool prior to their virtual meeting time with the Peer Assessor, by the deadline specified by the College. The tool consists of a questionnaire that asks members to rate themselves on competencies and standards of practice. **It is important for the member to answer the questionnaire honestly as it will help them identify areas that they can focus on within Continuing Professional Development. The College only has access to aggregate data to inform policy and program decisions and does not have access to individual assessment submissions.**

Once the questionnaire has been completed, a Member Response Profile will become available. It will identify the major practice areas as well as competencies that may benefit from continuing professional development. Members must review this profile carefully. It is recommended that members print a copy of the profile for their records and for the next step: Cycle Goals.

The final step of the self-assessment tool requires that members select 3 CPD goals to pursue during the CPD cycle based on the results presented in the Member Response Profile.

Please review [Self-Assessment Tool Manual](#) for instructions.

Members will provide copies of the proof of CPD completed during for the period April 15, 2019-April 14, 2020.

Preparation

NEW! Members will receive an electronic package notifying them that they have been randomly selected to participate in a virtual Peer & Practice Assessment. It will also include the following attachments:



Forms:

- PPA Pre-Assessment Form
- Assessment in a Non-Clinical Environment form

Practice Resources:

- Virtual PPA Manual
- Standards of Practice: Record Keeping, Informed Consent, and Confidentiality & Privacy
- Guides to the Standards of Practice: Record Keeping, Informed Consent, and Confidentiality & Privacy
- Guide to Return to Practice
- Infection Prevention and Control Guidelines
- CPD Just the Facts!
- CPD Compliance Policy
- Quality Assurance Program Requirements Policy
- WHMIS Poster

The notification letter will provide a deadline for members to make the following submissions:

1. PPA Pre-Assessment Form
2. Assessment in a Non-Clinical Environment (if applicable)
3. 5 copies of anonymized patient charts
4. Copies of records of services to, maintenance for and inspection of equipment or instruments
5. Copy of privacy policy
6. Copy of consent to collect, use and disclose personal health information
7. Copy of consent to treatment
8. Copies of the proof of CPD completed during for the period April 15, 2019-April 14, 2020
9. Visual demonstrations (if submitting photographs instead of video call)

Assessment

The Assessor will reach out to the members they will be assessing to introduce themselves and explain the process of the assessment. A mutually convenient time and a virtual platform will be selected for the virtual assessment.

The virtual assessment will take approximately 2 – 3 hours to complete. Please note that the time required to conduct the assessment will be allocated accordingly:

- Approximately half (½) hour to discuss the findings of the audits that the Assessor conducted prior to the assessment.
- Approximately one (1) to one and a half (1 ½) hours for the discussion component.
- Approximately half (½) hour to discuss the findings of the visual demonstration or to conduct the visual demonstration using the virtual platform during the assessment.
- Approximately half (½) hour, at the conclusion of the assessment, to review and clarify the assessment findings with the Assessor.



For members whose primary practice location is situated within a dental practice please note, that the dental practice will be the site where the visual demonstrations will be conducted.

If a member practises in a non-clinical environment, the visual demonstrations will be conducted at the location where patient records, the infection control station and laboratory are located.

When the assessment has been completed, the Assessor will submit an assessment report to the College. A copy of the report will be provided to the member so that they can make any additional submissions, as required. The assessment report, along with any additional submissions, will be provided to the Quality Assurance Committee for review. Upon completion of the Committee's review, the outcome of the assessment and any additional actions or orders will be made available to the member in writing.

Please note that the assessment process is completely confidential, and that the assessment report will be available only to the Quality Assurance Committee, the Assessor and Quality Assurance Program staff.

Post-Assessment

Members will receive an online survey to complete after their virtual peer & practice assessment has been conducted. Participant feedback supports continuing improvements in the Quality Assurance program and submissions are anonymous.

Members will receive a copy of their assessment report. If there are any items that require remediation, members will be provided with an opportunity to make submissions to the Quality Assurance Committee.

Contacts

Tera Goldblatt, Manager, Regulatory Programs

E: qualityassurance@denturists-cdo.com

T: 416-925-6331 ext. 223

F: 416-925-6332