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Review Article

Advantages of the Seal of Accreditation in Dental Care Services - An International Comparison

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Abstract

The quality of health services is defined by a method of continuous evaluation that aims to guarantee it through standards and protocols previously defined, attributing certifications that confer them the guarantee of quality and thus provides greater reliability for the client with the certified institution. The Brazilian accreditation process is very focused on organizations providing hospital services. In Dentistry, this certification practice is scarce, due to the lack of information about the dental accreditation, there is little literature on the subject, as well as lack of disclosure and information by the regulatory classes of the dental agencies, which explains the fact that the accreditation of dental services is still not widespread and applied, at least in Brazil. There are few active dental clinics accredited by NAO (National Accreditation Organization): one in the state of São Paulo and four in the state of Ceará, and only one clinic with an accreditation certificate by Joint Commission International (JCI) in São Paulo. The purpose of this article is to review the literature and discuss the main characteristics about the Accreditation of dental services, comparing the needs of Brazil and the USA.

Keywords: *Accreditation of Healthcare Institutions; Certification; Quality of Health Care; Dental Assistance*

Introduction

The quality of health services is defined by an evaluation method that tends to guarantee quality by means of previously defined standards and protocols, with the objective of improving the quality and safety of service to professionals and clients in the form of certificates.

In order for the clinic to have an accreditation certificate, it is necessary to be evaluated by accrediting institutions that, after evaluations of pre-established protocols and standards, issue, sign and disclose the certificate, and once the service has been accredited, maintenance takes place from time to time for revalidation of the document. This is a time-consuming process, which can take up to six years for certification with excellence.

The Brazilian accreditation process is directed to organizations providing hospital services, as it happens in other countries. The first manifestations for the development of the Brazilian dental

accreditation date back to the end of 2011, when a technical committee was constituted at NAO (National Accreditation Organization) and instituted the first dental accreditation manual in 2012. Until then, the dental clinics that wanted to go through the certification process followed the ONA manual for hospital services [1].

However, there is a lack of information on accreditation in the area of Brazilian Dentistry, little literature on the subject, as well as a lack of disclosure and information by the regulatory classes of the dental agencies, which explains the fact that the accreditation of dental services is still moving slowly in this country.

Understanding the importance of the accreditation process for health services, its viability and results for health in general, it is believed that the accreditation process can contribute to the quality of dental care services. The purpose of this article is to review the literature and discuss the main features of the accreditation of dental services, comparing the needs of Brazil and the USA.

Discussion

It is known that the routine of a clinic or dental office involves a series of clinical procedures of prevention, adequacy and intervention to the oral cavity. From simple procedures to the most complex such as bone grafts and dental implants. It is important that these procedures are performed in a protocol manner and that they offer safety to the clients, being the accreditation a way to obtain this quality.

Currently, the dental surgeon works in a sector pressured by globalization and competitiveness. Thus, it is essential to become manager of the business itself and use quality management tools to continue in this market, which is constantly changing. The patient in turn becomes more demanding in terms of service quality and innovative, safe and humanized techniques [2].

Accreditation evaluation is done through scientific methodology that seeks to understand the business, its critical factors, from a perspective of contributing to the improvement of efficiency and effectiveness of the organization, promoting reflection, with openness, flexibility, independence and rigor [3]. Thus, we must understand accreditation as an educational process, which helps institutions providing health care services to adopt the culture of quality with a view to managing excellence, which is the foundation of the process.

The lack of information in the dental class means that there are few active dental clinics accredited by NAO. In Brazil, there is only one clinic in São Paulo and four in Ceará [3] and only one clinic with JCI accreditation certificate in São Paulo. Another point to highlight is the fact that many dental surgeons are not trained to manage their own business and, therefore, are not involved with the process, for the little administrative knowledge in the educational curriculum of the dentistry course.

The accreditation of dental services follows the same principles of hospital accreditation. Initially, there is the difficulty of implementing and sustaining public policies that recognize the accreditation as a valid and recognized strategy for the qualification of the health services network, including Dentistry. Another difficulty is the development of actions to meet the growth in demand in terms of training of people and maintaining highly qualified evaluation processes, aiming to gain greater credibility for certification [4].

In Brazil, NAO launched the first manual focused on dental services in 2012. It was elaborated together with Accreditation Institutions, CEPI-FOUSP (Center of Excellence for Prostheses and Implants of the School of Dentistry of the University of São Paulo) and the Brazilian Association of Dental Surgeons [3]. This manual starts to define the procedures that should guide the certification in the dental segment of the whole country, aiming to expand the capacity of service and ensure the improvement of quality and standardization of services provided. In this manual, NAO evaluates the accredited institution in three levels and respective criteria.

Level 1 - Security:

- Formal requirements (laws and regulations specific to Dentistry);
- Execution of activities providing client/patient safety;
- Training and dimensioning of professionals;

- Operational and infrastructure conditions;
- Safety procedures for the use and handling of materials, products, equipment and services;
- Effective communication between the areas, as well as documents that evidence the guarantee of the processes;
- Filling out and updating of the medical records;
- Technical support and preventive and corrective maintenance of equipment;
- Permanent education of professionals;
- Monitoring the qualification of suppliers;
- Compliance with infection prevention and control guidelines, notification system and management of sentinel events (risk or unexpected occurrence involving death, any physical or psychological injury);
- Waste and risk management (involves the cycles of prevention, detection and mitigation of risk) assistance, sanitary, environmental, occupational and legal.

Level 2 - Integrated management:

- Management of interactions between suppliers and customers;
- Systematic measurement of processes (indicators) evaluating their effectiveness, promoting improvement and learning actions.

Level 3 - Excellence management:

- Performance of processes aligned and correlated to the strategies of the organization;
- Relationship between indicators, critical analysis of performance and decision making;
- Systematic critical analysis with evidence of improvement actions and innovations. Identification of opportunities for performance improvement through a continuous process of comparison with other organizational practices (comparison with the applicable external referential), with evidence of positive results.

The NAO manual [3] is also composed of six sections, described below, and each one of them is evaluated within principles related to the levels above. Here, each of these sections will be discussed and a comparison made with the national and international literature (JCI), listing its advantages:

- **Section 1 - Management and leadership:** Identifies which management model is adopted by the organization and how it is conducted. That is, how leadership is carried out (decision making); people management (human resources planning, working conditions, health, safety and people development); administrative management (resources that promote the organization sustainability); supply management (activities related to planning, acquisition, storage, traceability and disposal of materials, supplies and services); and quality management (activities and processes related to planning, management improvement and quality policy).
- **Section 2 - Patient/Client care:** Groups activities and services related to the processes of attention and care to patients/customers with characteristics of direct contact with the user; process of dental service developed; interdisciplinary team involved; set of inputs and specific institutional space for their respective processes. It evaluates the attendance to the client (actions directed toward the reception, admission and efficient communication with other health organizations for the referral and return of patients, assuring the continuity of care); the dental attendance (emergency, elective and assistance to the programmed and/or continued patients/customers, considering preventive, diagnostic, therapeutic and rehabilitation actions); pharmaceutical assistance (drug supply, conservation and quality control, safety and therapeutic efficacy, as well as the rational use of drugs).
- **Section 3 - Diagnosis:** Groups activities and services related to the processes of diagnostic and therapeutic support. They evaluate the processes that generate images (propaedeutics and investigation of pathologies), which support clinical decision making.

- **Section 4 - Technical Support:** Groups transversal activities that help the good functioning of the organization. They evaluate the client's information systems (medical records), equipment management and dental technology, infection prevention and control, and sentinel events.
- **Section 5 - Supply and Logistic support:** Activities and services related to the supply processes; supply and logistic support that guarantee the availability of resources necessary to the organization's final activities. The processing of clothes, materials and sterilization, the conditions of transport, storage and preservation of materials, including biological are evaluated. Additionally, hygiene and safety management are evaluated.
- **Section 6 - Infrastructure:** Groups activities and services related to the management of planning processes, execution and maintenance of physical-functional structure (facilities, furniture and equipment).

Table 1 illustrates the comparative concepts between JCI and NAO, respectively in the USA and Brazil [5].

Joint Comission International (JCI)	National Accreditation Organization (NAO)
Eligibility requirements: • The institution is in operation; • To assume the responsibility of improving the quality of service; • To provide services addressed with JCI standard.	Eligibility requirements: • Fall within the concept of Dental Service; • To have been legally constituted for at least one year; • Have an operating license and a sanitary license; • Possess licenses pertinent to the nature of the activities; • Possess registration of the technical responsible according to the profile of the service.
Evaluation request: • Describe the organization seeking accreditation; • Provide JCI with all official records and reports from licensing and regulatory agencies; • Authorize JCI to obtain any records and reports about the organization; • When finalized and accepted by JCI and the organization, establish the terms of the relationship between the parties.	Evaluation for certification: • To select an Accredited Accrediting Institution; • To be eligible to participate in the process • To collect the registration fee for the evaluation process for certification with the ONA, before the visit process.
Phases: • Interviews with professionals and patients, and other verbal information; • Observations made by the evaluators, "in-loco", about the patient care processes; • Policies, procedures and other documents provided by the institution; • Self-assessment results, when part of the accreditation process.	Phases: • Evaluation process meetings; • Visit, evaluators will start the certification process; • Report; • End of the Evaluation Process; • Certification and/or maintenance of the certification.

Evaluation: Identifies the processes described below: JCI Manual, divided into two sections: 1. Focus on the patient; 2. Administrative focus.	Evaluation: Identifies the processes described below. NAO Manual, divided into six sections: Section 1: Management and Leadership; Section 2: Patient/Client Care; Section 3: Diagnosis; Section 4. Technical Support; Section 5. Supply and Logistics Support; Section 6: Infrastructure.
Section I - Patient Focus Standards	
International goals of patient safety: • Identify Patients Correctly; • Improve Effective Communication; • Improve Medication Safety; • Ensure Surgeries with Correct Intervention Site; • Reduce the Risk of Infections Associated with Health Care; • Reduce the Risk of Injuries to the Patient, resulting from Falls.	International goals of patient safety: • Identify Patients Correctly; • Improve Effective Communication; • Improve Medication Safety; • Ensure Surgeries with Correct Intervention Site; • Reduce the Risk of Infections Associated with Health Care; • Reduce the Risk of Injuries to the Patient, resulting from Falls.
Access to Care and Continuity of Care: • What patient needs can be met by the health care institution; • The efficient flow of services to the patient; • The discharge or transfer of the patient to his/her home or other care environment.	Patient/Client Care: groups activities and services related to the processes of attention and care of patients/customers with characteristics of direct contact with the user, process of dental service developed, interdisciplinary team involved, set of inputs and institutional spaces specific to their respective processes.
Patients and Family Law: • Identify, protect and promote the rights of the patient; • Inform patients about their rights; • Include the patient's family members, when appropriate, in decisions about their care; • Obtain informed consent; • Educate professionals about the rights of the patient.	Patient/Customer Service: Actions directed to the reception, admission and orientation to clients, systematized according to the degree of complexity and specialization of the organization, articulation and efficient communication with other health organizations for the referral and return of patients, ensuring the continuity of care.

Patient Evaluation: • Collection of information and data about the patient's physical, psychological and social conditions and health history; • Analysis of data and information, including the results of laboratory tests and diagnostic imaging examinations, to identify the patient's care needs; • Development of a care plan that meets the needs identified in the patient.	Diagnosis: Groups activities and services related to the processes of diagnostic and therapeutic support. Diagnosis by image: processes that generate images, focused on the realization of propaedeutics and investigation of pathologies, which support clinical decision making.
Patient care: • Planning and assisting each patient; • Monitoring the patient regarding the care results; • Modify the care when necessary; • Complement the care; • Planning the follow-up	Patient/Customer Care - Dental Care: Processes directed to the provision of emergency, elective and client/patient care, scheduled and/or continued. The assistance model includes preventive, diagnostic, therapeutic and rehabilitation actions
Anesthesia and Surgery: Anesthesia, sedation and surgical interventions are common and complex processes in a health institution. These procedures require complete and comprehensive patient evaluation.	
Management and Use of Drugs Accompaniment in all therapeutic-pharmacological modalities (symptomatic, preventive, curative and palliative); Management of drug supply to patients, coordinated and guided by the principles of preparation, implementation and improvement of processes for selection, acquisition, storage, prescription, transcription, distribution, preparation, dispensing, administration, documentation and monitoring of drug therapies.	Patient/Customer Care - Pharmaceutical Assistance: Activities focused on drug supply, conservation and quality control, safety and therapeutic efficacy of drugs, monitoring and evaluation of drug use, obtaining and disseminating information on drugs, and ongoing education of health professionals and patients to ensure the rational use of drugs.
Patient and Family Education: The objective is to insert the patient and family members to participate actively in the process of reestablishing health, as well as to assist the team as facilitators of this process. Continuous assistance to the patient and/or family members by the multidisciplinary professional team; assessment of the learning needs of patients and family members, respecting individual aspects (religious, cultural, cognitive values, etc.).	Management and Leadership: • People Management - activities related to the organization and coordination of actions related to human resources planning, working conditions, health, safety and people development. • Administrative Management - Activities related to the coordination of resources that promote the organization sustainability. • Quality Management - Activities related to the organization and coordination of processes related to planning, management improvement and quality policy.
Section II: Management Standards of Healthcare Institutions	

Quality Improvement and Patient Safety: • Leadership and planning of the quality improvement and patient safety program; • Good design of new clinical and administrative processes; • Measuring the good progress of processes through data collection; • Data analysis, implementation and maintenance of changes that result in improvement.	Technical Support: • Equipment Management and Dental Technology: Activities aimed at managing the organization's technology park during its life cycle. It contemplates the planning, specification, selection, receipt, acceptance test, training, installation, operation, maintenance and deactivation of support equipment for assistance.
Prevention and Control of Infections: Identify and reduce the risks of acquire and transmit infections among patients, employees, health professionals.	Technical Support: • Prevention, Infection Control and Sentinel Events: Guidelines and systematic and continuous actions aimed at preventing, controlling, reducing or eliminating risks, in order to reduce as much as possible the incidence and severity of infections and sentinel events
Government, Leadership and Direction: Providing patient care with excellence requires effective leadership.	Management and Leadership: Identifies which management model adopted by the organization addresses how the organization's business is conducted by its leadership and how this leadership is exercised.
Facility Management and Security: • Reduce and control hazards and risks; • Prevent accidents and injuries; • Maintaining safety conditions.	Infrastructure: Groups activities and services related to the management of planning processes, execution and maintenance of physical-functional structure. Management of facilities, furniture and equipment, promoting safety and integrity for the development of institutional activities.
Education and Professional Qualification: A health care institution needs an adequate variety of specialized and qualified professionals for fulfill its mission and meet the needs of patients.	
Communication and Information Management: • Identify information needs; • Develop an information management system; • Define and collect data and information; • Analyze and transform data into information; • Transmit and disseminate data and information; • Integrate and use information.	Technical Support: Groups transversal activities that help the good functioning of the organization. • Client/patient Information Systems: set of activities that ensure the integrity of client/patient data allowing the generation of consistent and safe information, with the aim of providing continuity of care and quality of clinical practice.

Table 1: *Comparison of the international standard accreditation process (JCI) and the Brazilian model (NAO).*

Generally, the perception of the execution of these evaluation criteria is positively noticed by the professionals and collaborators involved, demonstrating the responsibility for the conquest of the title and the valorization of the institution [6-8].

It is important to emphasize that, in the literature, all accreditation of dental clinics was based on the requirements of hospital practice, based on safety culture and involvement with consumers. However, these standards do not always fit the dental practice, making it difficult to establish an adequate management model [9]. Difficulties in the execution of norms and standards were reported, as well as bureaucratic requirements that make accreditation operation impossible [10].

In Dentistry, the need for a computerized system to rescue medical records is highlighted, to ensure efficiency and speed of service. However, in the study by Gavi and Gomes (2013) [1], only 50% of the dental services presented computerized systems. We know that, of course, there is resistance of the adhesion on the part of the dental surgeon in the use of systems aimed at office management. Other missing aspects refer to the non-existence of standardized conducts for initial care in cases of emergency situations during dental care, such as respiratory or cardiac insufficiency, acute neurological or psychiatric conditions [1].

The concern to ensure patient safety, providing excellent care and promoting consistent relationships with the patient and his family through effective communication may be criteria considered as quality of care throughout the accreditation process [8].

Essential procedures, including privacy policies, patient identification, infection control protocols should be prioritized in dental practice [9].

Another relevant aspect is the communication, whether internal (between staff or intersectoral) or external (clients/families and suppliers), being an essential management tool.

It is of vital importance to the dental service to provide values and reliable images for assertive decision making in the treatment of pathologies.

Compliance with quality policies, operating procedures and work instructions are fundamental to the health service. Preventive or corrective actions, internal audits (daily checks of equipment and processes and monthly audits by the clinic staff) and biannual independent external audits were recommended. These daily checks provide the quickest notification of non-compliance to clinic managers, capable of quick resolution [8]. Reiterating, verbal and especially written communication, by means of updated medical records and notification of events, document and facilitate the measurement of indicators. They demonstrate the results of effective management and management, allowing critical analysis and search for improvements in care.

In the European Union, dental surgeons must be licensed. Universities offer training in accreditation guidelines. Dental associations are well established to provide structural support for the realization of common goals and values. They are vitally important for informing the dental community through events, conferences, projects and publications. Thus the professional already receives the necessary knowledge in technology and accreditation guidelines during their training [11].

It is worth mentioning that the accreditation process is, according to the scientific update, in permanent evolution. Some criteria may be based on common sense social, community, environmental, etc. Casas., *et al*. (2003) [8], in the Canadian experience with ISO 9002, reported that their waste was monitored before it was even included in regulatory guidelines. For example, standards for mercury discharge into wastewater were in place in clinics before they became a requirement of Toronto's city statute. In addition, standards for testing biofilm in water lines, which are not required by the regulatory guidelines, were incorporated into the quality systems of the clinics.

To facilitate the check-list process, the "task schedule" was suggested, listing the various tasks to be performed regularly, including tasks to be performed daily, weekly, monthly, quarterly and annually [10].

Accessibility, provided for in Section 6, includes the office infrastructure; vehicle parking facilities; access ramps for wheelchair users and the elderly [1]. In Brazil, only 50% of dental institutions have car parking facilities.

The accreditation process also prioritizes the improvement of internal and external spaces of the dental clinic, from patient accessibility to the best use of internal spaces, making them functional and cozy. Also according to JCI guidelines, small changes in equipment and cabinets may be necessary, locked to store medication; locks on cabinet doors; minibar to store medication; locked emergency cart; and emergency lighting system [10].

Infrastructure and comfort are essential to the dental clinic. The clean, airy and organized environment is the first impression that every client deserves. Besides causing a great impact, it also strengthens the issue of safe and efficient treatment.

Conclusion

There are few studies that specifically postulate on the accreditation of dental clinics. For the time being, all guidelines are focused exclusively on the hospital environment. From this perspective, the development of specific manuals for dentistry becomes fundamental, helping to direct standardized care and increase the quality of services. Accreditation brings benefits both to professionals and to society, raising the level of dental services, with positive financial impact, for small offices or large clinics. The knowledge of the dental surgeon represents the possibility of contributing to the improvement of the quality of assistance provided in Dentistry and health.

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