

**NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF DENTAL HEALTH**

**SCHOOL-BASED HEALTH CENTER  
DENTAL PROGRAM**

**PERFORMANCE EFFECTIVENESS REVIEW TOOL  
(PERT)**

March 1, 2007

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## SECTION I: INTRODUCTION

### PURPOSE

The Performance Effectiveness Review Tool (**PERT**) is a document that brings together outcome-based evaluations with program process standards to define the quality and effectiveness of a School-Based Health Center Dental Program (**SBHC-D**) and compliance with New York State Department of Health (**NYSDOH**) regulations, program requirements, administrative policies, and, where applicable, State and federal laws and requirements. The tool engages in a process of self-evaluation and subsequent validation by a NYSDOH review team. Under this framework, the SBHC-D is an active participant in all aspects of the monitoring and evaluation process.

The self-assessment and validation sections of the PERT provide assurance that the **Requirements for a School-Based Health Center Dental Program in New York State (Requirements)** are being adequately met.

### PERT PROCESS

PROGRAM STANDARDS – On the far left side of the document, program standards are listed with a citation as to their origin. Each item within the standard is coded by symbols indicating the law, regulation, or requirements from which the standards are derived:

- **Requirements for a School-Based Health Center Dental Program in New York State**
- Article 28: Diagnostic and Treatment Center  
New York State Confidentiality Law
- Health Insurance Portability and Accountability Act (HIPAA)  
Family Educational Rights and Privacy Act (FERPA)  
Maintenance of Medical Records
- △ Infection control requirements
- " Chapter 198 of the Laws of New York State
- ⊕ Title 8 of the Education Law  
Radiographic Equipment
- Environmental Conservation Law, 6 NYCRR Subpart 374-4

Please refer to pages 19-20 in the **Requirements for a School-Based Health Center Dental Program in New York State** for web-based resources on state and federal laws, rules, and regulations related to the establishment of a SBHC-D Program.

SELF-ASSESSMENT – completed by SBHC-D staff

The SBHC-D is given the opportunity to assess the quality and effectiveness of its program by determining if it is meeting the various dental health components of the Requirements, regulations, or law, as identified by specific items (Program Standards) throughout the PERT.

The middle portion of each page is designed as a self-assessment to be completed by SBHC-D staff. In the Self-Code column, SBHC-D staff codes the document as to whether:

- M** the standard is met,
- U** the standard is unmet,
- P** there has been progress toward meeting the standard, and
- TA** additional technical assistance required interpreting or meeting the standard.

SBHC-D staff has the opportunity to describe in the Self-Assessment column how the standard is met and how each item listed is used to carry out SBHC-D activities, or the reasons why a standard has not met and the efforts and progress being made to address the standard. Some sections of the Self-Assessment column contain a list of items/requirements; the SBHC-D staff should check (  ) the box next to each item, if met.

#### VALIDATION – completed by NYSDOH staff

The two columns on the right of each page are used by the reviewer or review team to validate the status of each standard. The validation process takes place in the context of site visits to the SBHC-D and utilizes the self-assessment data and information gathered onsite.

#### EXIT CONFERENCE

Onsite reviews end in an exit interview or conference during which the findings are summarized and recommendations for improvement are made. SBHC-D staff has the opportunity to discuss the various findings, clarify their assessments, and request any consultation or technical assistance that is needed.

#### REVIEWER SUMMARY

The overall evaluation of the SBHC-D is then summarized in the Reviewer Summary; this section of the PERT outlines the SBHC-D's strengths, needs, and priority actions and the recommendations needed to be implemented for program improvement. Here, reviewers and the SBHC-D jointly prioritize areas for improvement in the form of key recommendations.

#### FOLLOW-UP

After completion of the onsite review, NYSDOH staff will send a letter to the SBHC-D Program Director, along with copies of the completed and validated PERT, the Clinical Record Review, and the Reviewer Summary. The letter addresses strengths, areas needing improvement, and the items contained in the prioritized list that require immediate attention and that should be incorporated into the SBHC-D's quality improvement process/action plan.

#### ACTION PLAN

An Action Plan must be submitted to the NYSDOH Bureau of Dental Health within 6 weeks of receipt of the follow-up letter. The Action Plan should include:

- strategies for approval,
- activities to correct all referenced items,
- policies and procedures to support the activities,
- a timeline for implementation,
- staff responsible, and
- evaluation measures.

Technical assistance from the NYSDOH Bureau of Dental Health is available, as needed, throughout the process. Additional on-site visits to evaluate changes, operational improvements and the degree of progress will be scheduled as necessary.


## **DIRECTIONS FOR COMPLETING THE PERT**

### **SECTION I: COVER PAGE**

Under the Self-Assessment portion of the Cover Page, enter the name of the sponsoring agency, the SBHC-D Program Director or contact, and date the self-assessment component of the PERT was completed. List each SBHC-D site at which services are to be provided and the name and telephone number of SBHC-D staff member responsible for site operations.

## **SECTION II: ADMINISTRATIVE REVIEW**

### ***Self-Assessment:***

- The middle portion of this section is completed by SBHC-D staff. All Self-Code and Self-Assessment columns for each performance standard and corresponding items listed in the first column of the form are to be addressed.
- Indicate in the **Self-Code** column if the standard is met (**M**) or unmet (**U**) and whether technical assistance (**TA**) is required. If the standard is unmet, indicate, as applicable, if progress (**P**) has been made toward meeting the standard.
- In the Self-Assessment column, describe how the standard is met and how each item listed is used to carry out SBHC-D activities. If the standard is not met, give the reasons why and describe what is being done to achieve the standard. In some sections of the Self-Assessment column, a list of items/requirements is presented; check (  ) the box next to each item, if met.
- A  next to the Program Standard heading means that **ALL** items in this section must be completed for the pre-opening certification.

### ***Validation by NYSDOH Staff:***


- The right side of the PERT form is completed by NYSDOH staff.
- In the **Reviewer Code** column, the reviewer indicates if the standard has been met (**M**) or unmet (**U**), if technical assistance (**TA**) is required, and if the standard is unmet, if progress (**P**) has been made toward meeting the standard.
- The **Validation by Reviewer** column is used to record any comments and/or explanations noting whether or not the performance standard/item/requirement has been fully met. The reviewer also indicates if the findings are based on:
  - I** interviews
  - O** observations
  - P/P** Policy and Procedure Manual review
  - Min** review of meeting minutes
  - R/R** record review

The following Program Standards are included in the Administrative Review Section:

- Targeting and population profile
- Outreach and promotion
- Services available
- Access to services
- Enrollment and parental consent
- Maintenance of dental records
- Relationships and community partnerships
- Staffing
- Data management and evaluations
- Fiscal operations and third party billings
- Quality assurance
- Policies and procedures

### **SECTION III: PHYSICAL AND ENVIRONMENTAL REQUIREMENTS**

#### ***Self-Assessment:***

- Indicate in the **Self-Code** column if the standard is met (**M**) or unmet (**U**) and whether technical assistance (**TA**) is required. If the standard is unmet, indicate, as applicable, if progress (**P**) has been made toward meeting the standard.
- In the Self-Assessment column, describe how the standard is met and how each item listed is used to carry out SBHC-D activities. If the standard is not met, give the reasons why what is being done to achieve the standard. In some sections of the Self-Assessment column, a list of items/requirements is presented; check (  ) the box next to each item, if met.
- A  next to the Program Standard heading means that **ALL** items in this section must be completed for the pre-opening certification.

#### ***Validation by NYSDOH Staff:***

- The reviewer indicates in the **Reviewer Code** column if the standard has been met (**M**) or unmet (**U**), if technical assistance (**TA**) is required, and if the standard is unmet, whether progress (**P**) has been made toward meeting the standard.
- The **Validation by Reviewer** column is used to record any comments and/or explanations noting whether or not the performance standard/item/requirement has been fully met. The documentation used to determine if the standard has been met is also indicated.

The following Program Standards are included in the Physical and Environmental Requirements section:

- Clinic space
- Infection control
- Handwashing
- Personal protective equipment
- Housekeeping and laundry
- Engineering and work practice
- Cleaning, disinfection, and sterilization
- Equipment
- Exposure control plan

Once the self-assessment portion of the PERT is completed, it is to be **returned** to the NYSDOH Bureau of Dental Health **one week prior to the on-site review**.

### **SECTION III: CLINICAL RECORD REVIEW**

This section is completed by the NYSDOH review team. Generally, a minimum of 10 charts per site reflective of SBHC-D enrollment will be randomly selected and reviewed. Depending on the number of students enrolled, the review team will have the discretion of either reviewing more or fewer records. The chart review tool to be used is included in the PERT.

### **SECTION IV: COMPREHENSIVE SITE REVIEW SUMMARY**

The NYSDOH review team completes the site review summary report based on information obtained from the Self Assessment, Validation, and Clinical Record Review Sections of the PERT. The strengths and needs of the SBHC-D are summarized and all priority actions and recommendations needed for program improvement are identified.

## **GLOSSARY**

### **COMPREHENSIVE SITE REVIEW**

An official program review conducted by a NYSDOH review team to evaluate all aspects of the operation of the SBHC-D. This evaluation will be conducted at a minimum, once every three years.

### **FOCUSED SITE REVIEW**

An official program review conducted by a NYSDOH review team to review selected aspects of the operation of a SBHC-D. This review may be conducted between comprehensive site reviews based on program performance measured by previous comprehensive site reviews and the ability of the program to implement and achieve work plan activities.

### **INTERIM VISITS/CONTACT**

Site visits or telephone calls made by regional office staff or Bureau of Dental Health staff for follow-up on comprehensive site reviews and/or to provide needed technical assistance and consultation between review visits.

### **“NEW SITE”**

A SBHC-D not previously in operation. This may apply to a sponsoring agency that already operates one or more other SBHC-D sites or to one that has never operated any sites.

### **PERT**

The Performance Effectiveness Review Tool is a tool used to evaluate the operation of the SBHC-D. The tool includes a self-assessment of administrative performance standards and physical requirements completed by the SBHC-D provider and an on-site validation by the NYSDOH Bureau of Dental Health and/or regional office staff. The tool is used for pre-opening certification, focused reviews, and comprehensive site reviews.

### **PRE-OPENING CERTIFICATION VISIT**

This is a site visit to a newly established SBHC-D and one or more sites by NYSDOH regional staff to conduct an evaluation of the provider’s readiness to provide services. Selected portions of the PERT, including the self-assessment and NYSDOH validation, will be used to determine program readiness.

### **PRE-OPENING TECHNICAL ASSISTANCE**

Technical assistance and consultation provided to the provider by NYSDOH regional and/or central office staff in preparation for the opening of a new school-based health center dental program.

### **SELF-ASSESSMENT**

A narrative description of the strategies employed by a SBHC-D provider to meet programmatic requirements and/or to accomplish work plan activities. This narrative is completed by the SBHC-D provider using the PERT prior to a pre-opening, focused, or comprehensive site review.

### **SITE-REVIEW TEAM**

NYSDOH staff comprised of regional and central office staff and other resource persons, as needed, to conduct the Comprehensive Site Review.