

Michigan Department of Health and Human Services – Oral Health Program

Rubric Metric Guide for Site-visit Provider Notes

Section	Low Risk Category	Moderate Risk Category	High Risk Category
1. Site-Visit Coordination	1. Full schedule/calendar provided with full details. 2. Schedule received upon request. 3. No change in schedule/calendar or change communicated via email by 6 a.m. day of random site-visit. 4. Site-location contact person aware of dental program visit.	1. Schedule/calendar provided with partial details (i.e. missing requested information or dates). 2. Schedule requested 3+ times before received. 3. Change in schedule/calendar communicated via email after 6 a.m. day of random site-visit. N/A.	1. Schedule/calendar never received. 2. Schedule was not received (did not respond at all). 3. Change in schedule/calendar not communicated and upon arrival of random site-visit program is not present. 4. Site-location contact person is not aware of dental program visit.
Section 1 Total ___/5	Low Risk 5	Moderate Risk 2.5	High Risk 1.0
2. Dental Program Providers	1. All providers present are on current MDHHS OHP provider list(s). Dentist present for comprehensive mobile dental program providing dental services. PA 161 program supervising dentist verified.	1. Providers present not on current MDHHS OHP provider list(s) and have been with the program less than 30 days.	1. Providers present not on current MDHHS OHP provider list(s) and have been with the program more than 30 days. Dentist not present for comprehensive mobile dental program providing dental services. PA

	<p>2. There is a written policy regarding TB screenings and immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g. hepatitis B, MMR (measles, mumps, rubella) varicella (chickenpox), Tdap (hepatitis, diphtheria, and pertussis).</p> <p>3. All provider documentation is up-to-date.</p>	<p>2. There is not a written policy regarding TB screenings and immunizing DHCP, including a list of all required and recommended immunizations for DHCP (e.g. hepatitis B, MMR (measles, mumps, rubella) varicella (chickenpox), Tdap (hepatitis, diphtheria, and pertussis).</p> <p>3. Some but not all provider documentation is up-to-date.</p>	<p>161 program supervising dentist not verified.</p> <p>2. One or more providers are not immunized for MMR (measles, mumps, rubella).</p> <p>3. All provider documentation is not up-to-date.</p>
Section 2 Total ___/5	Low Risk 5	Moderate Risk 2.5	High Risk 0
3. Clinic Set-up:	<p>1. Mobile permit is physically available on-site.</p> <p>2. Copy of the license of each dentist, dental hygienist, or dental assistant working at the mobile dental facility physically present.</p> <p>3. Program present during</p>	<p>1. Mobile permit is not physically available on-site.</p> <p>2. Copy of the license of each dentist, dental hygienist, or dental assistant working at the mobile dental facility not physically present.</p> <p>3. Time program reported to be</p>	<p>1. N/A.</p> <p>2. N/A.</p> <p>3. Time program present was too</p>

	<p>scheduled/reported time.</p> <p>4. Present mobile dental equipment is appropriate for mobile services provided.</p> <p>5. Radiograph equipment is registered and appropriate with sufficient supplies to protect user and patient during radiograph exposure.</p>	<p>present was not accurate and did not allow time for full site-visit and/or needed to be rescheduled.</p> <p>4. Present mobile dental equipment partially appropriate for mobile services provided (i.e. no lighting, adequate supply of dental instruments, hand pieces, and supplies, a communication device continuously available for making and receiving telephone calls and emergency services etc.).</p> <p>5. Proper radiograph equipment available but insufficient supplies to protect user and patient during radiograph exposure.</p>	<p>short to allow for observation (i.e. mobile program arrived early and left early).</p> <p>4. Present mobile dental equipment not appropriate for mobile services provided (i.e. access to instrument sterilization system, sink for hand washing or medical grade hand sanitizer, mobile unit water, suction, hand pieces, a communication device continuously available for making and receiving telephone calls and emergency services etc.).</p> <p>5. Radiograph equipment not registered and insufficient supplies or not used at all to protect user and patient during radiograph exposure (i.e. no lead apron, thyroid collar not properly used for patient or</p>
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	<p>6. Housekeeping Surfaces Communication & Operatory Set-up in a way to keep provider(s) and patient(s) safe (i.e. clear floor plan, surfaces cleaned, disinfected, barrier protected. Providers clearly separate and label clean/dirty areas, maintain each area as labeled, patients treated at least 6 ft away from clean/dirty area, supplies, etc.).</p> <p>7. Containers for holding contaminated instruments are stored securely in labeled dirty area and stored at least 6 feet from patient care area.</p>	<p>6. Housekeeping Surfaces Communication & Operatory Set-up somewhat in a way to keep provider(s) and patient(s) safe (i.e. unclear floor plan, surfaces randomly or never cleaned, disinfected, some barrier protected. Clean/dirty areas marked with small signs that are not easily seen, patients treated less than 6 ft away from clean/dirty area, supplies, etc.).</p> <p>7. Containers for holding contaminated instruments are stored securely, but not in labeled dirty area and/or stored less than 6 feet from patient care space.</p>	<p>user).</p> <p>6. Housekeeping Surfaces Communication & Operatory not Set-up in a way to keep provider(s) and patient(s) safe (i.e. No plan to have floor cleaned upon exit communicated between providers and institution, carpet not covered with plastic or other covering. Clean/dirty areas not marked or separated, and/or not maintained as labeled, patients treated within arm reach of clean/dirty area, supplies, including box of gloves, etc.).</p> <p>7. Containers for holding contaminated instruments are unsecure, not stored in labeled dirty area and/or stored less than 6 feet from patient care space.</p>
Section 3 Total ___/11	Low Risk 11	Moderate Risk 5.5	High Risk 0
4. Michigan Occupational Safety and	1. Dental Infection control manual available for review	1. Dental infection control manual that includes a	1. Does not own a written dental infection control

Health Administration (MIOSHA) Rules Compliance – Oral Health and other Safety Standards	on-site, including a standard operating procedure guide for bloodborne infectious disease control measures.	standard operating procedure guide for bloodborne infectious disease control measures reported but not on-site and/or available electronically.	manual that includes a standard operating procedure guide for bloodborne infectious disease control measures.
	2. Dental MIOSHA/IC coordinator is on-site. Designated MIOSHA/infection control manager responsible for all IC oversight for the program named.	2. No Dental MIOSHA/IC Coordinator on-site but remote access available.	2. No Dental MIOSHA/IC Coordinator or Dental MIOSHA/IC Manager identified.
	3. List of housekeeping surfaces to be cleaned before and after patient care was available for review.	3. List of housekeeping surfaces to be cleaned before and after patient care not available for review but verbally explained.	3. List of housekeeping surfaces to be cleaned before and after patient care not available for review or explained.
	4. All DHCP receive adequate training on dental infection prevention policies and procedures and the OSHA bloodborne pathogens standard (i.e. upon hire, annually, when new tasks or procedures affect the employee's occupational exposure and according to state or federal requirements,	4. All/some DHCP including contract/volunteer provider(s) receive minimal training on dental infection prevention policies and procedures and the OSHA bloodborne pathogens standard (i.e. only annually or when new tasks	4. DHCP receive no training on dental infection prevention policies and procedures and the OSHA bloodborne pathogens standard (i.e. all/some DHCP including contract/volunteer provider(s) do not receive training upon hire, annually, when new tasks or procedures affect the employee's occupational

	<p>etc.).</p> <p> </p> <p>5. MSDS (Material Safety Data Sheets)/SDS (Safety Data Sheets) sheets available, updated and on-site for all chemicals used in mobile dental setting.</p> <p>6. Chemical product(s) used are appropriately labeled and stored and disposed of per manufacture instructions.</p> <p>7. Portable eyewash station is on-site.</p>	<p>or procedures affect the employee's occupational exposure, etc.).</p> <p>5. MSDS (Material Safety Data Sheets)/SDS (Safety Data Sheets) sheets available somewhat updated (more than 12 months ago) and on-site for all chemicals used in mobile dental setting (i.e. One provider has access to online sheets, but not all providers).</p> <p>6. N/A.</p> <p>7. N/A.</p>	<p>exposure and/or according to state or federal requirements, etc.).</p> <p>5. MSDS (Material Safety Data Sheets)/SDS (Safety Data Sheets) not available (i.e. not assessable or on-site, and/or was not possible to provide day of site-visit).</p> <p>6. Chemical product(s) used are not appropriately labeled, stored, and/or disposed of per manufacture instructions.</p> <p>7. Portable eyewash station is not on-site.</p>
Section 4 Total ___/11	Low Risk 11	Moderate Risk 5.5	High Risk 0
5. Hand Hygiene	1. Providers follow proper hand hygiene (current CDC Guidelines) before, during, after each	1. Providers somewhat follow proper hand hygiene (current CDC Guidelines)	1. Providers fail to follow proper hand hygiene (current CDC Guidelines) before, during, after each patient.

	<p>patient.</p> <p>2. Patients are offered handwashing upon entrance and exit of appointment.</p>	<p>before, during, after each patient.</p> <p>2. Patients are sometimes offered handwashing upon entrance and exit of appointment.</p>	<p>2. N/A.</p>
Section 5 Total ___/5	Low Risk 5	Moderate Risk 2.5	High Risk 1.0
6. Personal Protective Equipment (PPE)	<p>1. Appropriate PPE is worn for all procedures (i.e. new mask, new gloves, eye wear for both provider and patient, heavy duty gloves when applicable, etc.).</p> <p>2. PPE storage is available in treatment area.</p> <p>3. Providers disinfect reusable PPE between each patient (i.e. DHCP eyewear, patient eyewear).</p> <p>4. Providers use protective clothing appropriately in</p>	<p>1. Appropriate PPE is worn for all procedures (i.e. mask, gloves, eye wear for both provider and patient, heavy duty gloves when applicable, etc.) Manufacturer instructions for use followed sometimes but not always (i.e. mask is reused between patients).</p> <p>2. PPE storage available but NOT close to treatment area.</p> <p>3. Providers disinfect reusable PPE following some patients but not all patients (i.e. DHCP eyewear, patient eyewear).</p> <p>4. Providers use protective clothing</p>	<p>1. Appropriate PPE is not worn at all, and/or manufacturer instructions for use not followed (i.e. new mask, new gloves, eye wear for both provider and patient, heavy duty gloves when applicable, etc.).</p> <p>2. N/A.</p> <p>3. Providers not observed disinfecting reusable PPE at all (i.e. DHCP eyewear, patient eyewear).</p> <p>4. Providers do not use protective clothing</p>

	accordance with current CDC Guidelines (i.e. disposable/washable lab jacket and/or dental scrubs proper use of face masks and/or respirators (respiratory protection program), proper eye wear, items are used per manufacture instruction(s), ample PPE supply on-site etc.) are worn and removed when appropriate).	appropriately in accordance with current CDC Guidelines (i.e. disposable/washable lab jacket and/or dental scrubs are worn but are not removed when appropriate, improper use of face masks and/or respirators (respiratory protection program), proper eye wear, items are not used per manufacture instruction(s) and/or some but not all ample PPE supply available on-site etc.).	appropriately in accordance with current CDC Guidelines (i.e. disposable/washable lab jacket and/or dental scrubs not worn and removed when appropriate, no proper use of face masks and/or respirators (respiratory protection program), proper eye wear, items are not used per manufacture instruction(s) and ample PPE supply not available on-site etc.).
Section 6 Total ___/6	Low Risk 6	Moderate Risk 3	High Risk 0
7. Environmental Surfaces – Disinfectant Use: Clinical Contact Surfaces (e.g., light handles and countertops)	1. Non-barrier surfaces cleaned, disinfected with an EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly contaminated with blood.	1. Non-barrier surfaces randomly or never cleaned, somewhat disinfected with an EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly	1. Non-barrier surfaces sometimes cleaned, somewhat disinfected and/or not with an EPA-registered hospital disinfectant after each patient. An intermediate-level (i.e., tuberculocidal claim) disinfectant is used if visibly contaminated with blood.

	<p>2. Provider follows recommended manufacture instructions for all chemical disinfectants used (i.e. lids of containers properly closed/sealed after use, stored away from patient reach, etc.).</p> <p>3. Surfaces barriers are used and changed between patients to protect clinical contact surfaces. Or smooth contact surfaces are cleaned and disinfected with an EPA-registered hospital disinfectant after each patient (See c1-c10 on checklist).</p>	<p>contaminated with blood, and/or inappropriate/less than recommended amount of disinfectant used.</p> <p>2. Provider follows some but not all recommended manufacture instructions for all chemical disinfectants used (i.e. lids of containers not properly closed/sealed after use, not stored away from patient reach, etc.).</p> <p>3. Some but not all surfaces are barriers are used and changed between patients to protect clinical contact surfaces. Or some but not all smooth contact surfaces are cleaned and disinfected with an EPA-registered hospital disinfectant after each patient; see c1-c10 on checklist.</p>	<p>2. Provider does not follow all recommended manufacture instructions for all chemical disinfectants used (i.e. lids of containers not properly closed/sealed after use, not stored away from patient reach, etc.).</p> <p>3. Surface barriers are not used and/or changed between patients. And smooth contact surfaces are not cleaned and disinfected with an EPA-registered hospital disinfectant after each patient; (See c1-c10 on checklist).</p>
Section 7 Total ___/6	Low Risk 6	Moderate Risk 3	High Risk 0

8. Sharps and Containers	<p>1. All providers demonstrate safe handling and management of sharps (i.e. Sharps containers are on-site, all sharps disposed of in red, puncture resistant and leakproof containers).</p> <p>2. Sharps containers are safely located as close as possible to the user and appropriately placed when in alternative dental settings (i.e. placed out of reach of non-DHCP, and placed on stable surface).</p> <p>3. Sharps container appropriately managed.</p>		<p>1. Providers do not demonstrate safe handling and management of sharps (i.e. Sharps containers not on-site, and/or all sharps are not disposed of in a red, puncture resistant and leakproof containers).</p> <p>2. Sharps containers not located near the user, and/or not appropriately placed for alternative dental settings (i.e. placed in reach of non-DHCP, or placed on unstable surface).</p> <p>3. Sharps container not appropriately managed.</p>
Section 8 Total ___/8	Low Risk 8	Moderate Risk	High Risk 0
9. Occupational Exposures	<p>1. Designated person responsible and for post-exposure management on-site and a has a mechanism for expert consultation/testing/fo llow-up/ documentation of the exposure incident.</p> <p>2. Closest medical facility for wound care is documented with contact details</p>		<p>1. Designated person responsible and for post-exposure management not on-site or identified, and no mechanism for expert consultation/testing/f ollow-up/ documentation of the exposure incident.</p> <p>2. Closest medical facility for wound care is not</p>

	for post-exposure plan of action.		documented with contact details for post-exposure plan of action.
Section 9 Total ___/4	Low Risk 4	Moderate Risk	High Risk 0
10. Sterilization and Disinfection of Reusable Patient Items and Devices	<p>1. Adequate patient supply inventory on-site.</p> <p>2. Weekly Sterilizer(s) spore test documentation provided for the past 6 months on active unit(s).</p> <p>3. On-site sterilizers are used and/or maintained per manufacture instruction (i.e. evidence of on-site sterilization packaging of reusable patient items observed to indicate sterilization occurred).</p>	<p>1. Semi-adequate patient supply inventory (i.e. had to leave to get additional supplies).</p> <p>2. Weekly Sterilizer(s) spore test documentation somewhat provided for the past 6 months on active unit(s) (i.e. Spore tests not completed weekly and/or logs of past 6 months not verified, etc.).</p>	<p>1. Inadequate inventory of patient supply on-site and not accessible.</p> <p>2. Weekly Sterilizer(s) spore test documentation not provided for the past 6 months on active unit(s) (i.e. Spore tests not completed weekly and/or no logs of past 6 months verified).</p> <p>3. On-site sterilizers are not used and/or maintained per manufacture instruction (i.e. lacks evidence of on-site sterilization packaging of reusable patient items and/or not observed to indicate sterilization occurred).</p>
Section 10 Total ___/13	Low Risk 13	Moderate Risk 6.5	High Risk 0

11. Single-Use Disposable Items Management	1. Single-use/disposable items used are disposed of after each patient.		1. Single/use, disposable items used are not disposed of after each patient or reused for multiple patients.
Section 11 Total ___/6	Low Risk 6	Moderate Risk	High Risk 0
12. Water Unit Quality	<p>1. Quarterly documentation provided of dental unit waterline log(s) demonstrating water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU / mL of heterotrophic water bacteria).</p> <p>2. Evidence of dental unit waterline is consistently treated with a product to maintain EPA regulatory standards for drinking water.</p> <p>3. Dental unit waterlines are flushed for a minimum of 20 seconds between each patient.</p>	<p>1. Quarterly documentation of dental unit waterline log(s) demonstrating water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU / mL of heterotrophic water bacteria) not provided timely.</p>	<p>1. No documentation of dental unit waterline log(s) demonstrating water meets EPA regulatory standards for drinking water (i.e., ≤ 500 CFU / mL of heterotrophic water bacteria).</p> <p>2. Dental unit waterline is not treated with a product to maintain EPA regulatory standards for drinking water</p> <p>Disposal of mobile unit water and waste procedure is not safe or appropriate.</p> <p>3. Dental unit waterlines are not flushed between each patient.</p> <p>4. Air/water syringe and suction tips</p>

	<p>4. Air/water syringe and suction tips are changed/discarded after each patient.</p> <p>5. Dental unit waterline random sample completed by MDHHS staff PASSED with ≤ 500 CFU / mL of heterotrophic water bacteria.</p>		<p>are not changed/discarded after each patient.</p> <p>5. Dental unit waterline random sample completed by MDHHS staff FAILED ≥ 500 CFU / mL of heterotrophic water bacteria.</p>
Section 12 Total ___/11	Low Risk 11	Moderate Risk 5.5	High Risk 0
13. End of Day/Break-down Of Clinic/Management of Regulated and Non-Regulated Medical Waste	<p>1. N/A.</p> <p>2. All regulated and nonregulated waste are properly disposal of.</p> <p>3. Containers for holding or transporting contaminated instruments are puncture-proof, secured, & labeled as a biohazard and safely transported from place to place.</p> <p>4. Interior/exterior of containers that hold and transport</p>	<p>1. N/A.</p> <p>2. Non-regulated waste is left on-site in accessible waste container.</p>	<p>1. N/A.</p> <p>2. Regulated waste is not properly disposal of (i.e. visually soiled disposable items, surgically removed hard and soft tissues, sharps items are left on-site without proper disposal communication plan).</p> <p>3. Containers for holding or transporting contaminated instruments are not puncture-proof, secured, & labeled as a biohazard and safely transported from place to place.</p> <p>4. Interior/exterior of containers that hold and transport</p>

	<p>equipment are appropriate for disinfection.</p> <p>5. Dental equipment and patient items left on-site and are safely stored and secured.</p> <p>6. Portable mobile dental unit waste receptacle is disposed of in safe and appropriate receptacle (i.e. a toilet not a sink).</p>		<p>equipment are not appropriate for disinfection.</p> <p>5. Dental equipment and patient items left on-site and are not safely stored and/or secured.</p> <p>6. Portable mobile dental unit waste receptacle is not disposed of in safe and appropriate receptacle (i.e. in a sink not a toilet).</p>
Section 13 Total ___/4	Low Risk 4	Moderate Risk 2	High Risk 0
14.Appointment Details	<p>1. Appropriate pre-appointment services, preventive services and comprehensive services are provided.</p> <p>2. Appropriate time is spent per patient considering age and treatment provided.</p> <p>3. Report card provided to each patient after appointment and treatment with clear communication on follow-up treatment indicated for patient next steps for</p>	<p>1. Some but not all pre-appointment services, preventive services and comprehensive services are provided.</p> <p>2. N/A.</p> <p>3. Report card is provided to patient upon exit, but failed to communicate services provided and/or unclearly communicated</p>	<p>1. Appropriate pre-appointment services, preventive services and comprehensive services are not provided.</p> <p>2. Inappropriate amount of time spent, where services are impacted, and standard of care is not upheld.</p> <p>3. No report card is provided to the patient or caregiver and no communication of services provided and unclear on follow-up treatment</p>

	completion of care.	the indicated follow-up treatment for patient next steps for completion of care.	indicated for patient next steps for completion of care.
	4. Complete patient treatment notes completed by treating provider directly after patient services are delivered and before the next patient is seen.	4. Patient treatment notes are not clearly documented by treating provider in timely manner (completing multiple patient notes at one sitting)	4. Documentation not completed by treating provider at appointment and/or on-site.
	5. Patient consent forms transported and maintained in locked box and privacy maintained on-site.	5. Patient consent forms transported in box minimal privacy maintained on-site.	5. Patient consent forms transported in unprotected manner and no privacy protected on-site i.e. not locked/left out in open spaces.
	6. All patient documents were handled, stored, and transported with HIPAA compliance to support patient privacy.		6. Patient documents were not handled, stored, and transported with HIPAA compliance to support patient privacy.
Section 14 Total ___/5	Low Risk 5	Moderate Risk 2.5	High Risk 0
Total of all sections:			
Total points:			
Number of BOLD sections:			

Final Determination:			
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RUBRIC CALCULATION CRITERIA

A rubric is a scoring tool that explicitly represents the performance expectations for a mobile dental, and/or PA 161 program. The Rubric Metric Guide for Site-visit Provider Notes divides the objectives into risk levels and provides clear descriptions of the characteristics of the objectives associated with each area, at varying levels of risk. This scoring rubric is used to delineate consistent criteria for site-visit review. The rubric is also used to evaluate the criteria in the Site-visit Provider Notes with accurate and fair assessment.

Each section has possible points in 3 levels of risk category (Low, Moderate & High). The total points for each section are determined by the level of risk observed during the site-visit. Points are determined by the highest risk category (Example, if all points fall in the low risk except one, then it will be considered moderate risk). The points for each risk level are totaled at the bottom of each section. The total points for each section are calculated and divided by the total points possible to get the final, overall risk level.

Descriptions in **BOLD** are considered higher risk to program operations, public safety and/or violations of any federal, state, and local laws, administrative rules and/or regulations. During the site-visit, the Oral Health Program Monitor has the authority to immediately suspend operations if two or more **bold** actions are observed. If there are violations of three or more **bold** areas, it will constitute immediate loss of permit.

- 100-80 points, Compliant, with possible Quality Improvement Plan needed.
- 80-70 points, Corrective Action Plan with active permit while evidence of correction is completed (possible sanction/fine(s) may be applied).
- 70-50 points, Corrective Action Plan with permit suspension until evidence of correction are completed (sanction/fine(s) may be applied).
- 50-0 points, Immediate loss of permit without Corrective Action Plan allowed - Emergency suspension (possible corrective action and sanction/fine(s) may be allowable after appeal and hearing).
- One-**bold** - Immediate corrective plan of action without permit suspension
- Two **bold** – Immediate corrective plan of action with permit suspension.
- **Three or more bold – Immediate loss of permit without corrective plan of action allowed.**

100 point scale				
Section		Low	Moderate	High
Site-Visit Coordination	L	5	2.5	1
Dental Program Providers	L	5	2.5	0
Clinic Set-up	H**	11	5.5	0
MI-OSHA Rules	H**	11	5.5	0
	L			
Hand Hygiene	L	5	2.5	1
PPE	H	6	3	0
Environmental Surfaces	H	6	3	0
Sharps and Containers	H*	8		0
Occupational Exposures	L	4		0
Sterilization and Disinfection of re-usable patient items	H***	13	6.5	0
Single Use/Disposable Items Management	H	6		0
Water Unit Quality	H**	11	5.5	0
End of Day Break Down and Waste	L	4	2	0
Appointment Details	L	5	2.5	0
Points (Total 100)		100	41	2