



**DESKTOP SURVEILLANCE  
ASSESSMENT  
(DENTAL HEALTHCARE SERVICE  
PROVIDERS)**

---

### **Preface**

As per NABH guidelines, DHSP (Dental Healthcare Service Providers) needs to undergo for Desktop Surveillance Assessment between 15 to 18 months from the accreditation Date. To maintain the accreditation cycle, it is mandatory for the DHSP to get the Desktop Surveillance Assessment done on time. The objective of this Desktop Surveillance Assessment is to verify the compliances and the continuity of the processes as per NABH Standards.

Because of unprecedented COVID -19 Pandemic, Onsite Assessments have been stopped due to complete lockdown throughout India. To overcome this unseen circumstances, NABH has developed a tool and methodology for the surveillance of Accredited DHSP by using Desktop Surveillance Assessment.

In desktop Surveillance Assessment, DHSP needs to provide the required documents in a defined format for the verification of the continued compliance. The information provided by the DHSP shall be evaluated by the NABH secretariat and on the basis of this evaluation, decision regarding continuation of accreditation shall be taken.

The DHSPs are therefore advised to provide the essential information accurately as per the defined format. Incorrect information provided may lead to adverse decision by National Accreditation Board for Hospitals & Healthcare Providers (NABH).



---

**Table of Content**

1. Instructions for Desktop Desktop Surveillance Assessment	4
2. DHSP Details .....	5
3. Assessment Details & Accreditation Cycle.....	6
4. Statutory Compliance.....	7
5. Update Documents (Policies & Manuals) .....	9
6. Forms & Formats .....	10
7. Manpower Details .....	11
8. Equipments Details .....	13
9. Non-Conformities (NC's) of previous on-site assessment	14
10. Mock Drills .....	15
11. Facility Rounds (With Geotagging Photograph)	16
12. Fee Details .....	17
13. Any Litigation .....	17
14. Self Declaration .....	18

## 1. Instructions for Desktop Surveillance Assessment

Please read these instructions carefully and provide all the necessary Documents in the prescribed Format for conducting the Desktop Surveillance Assessment.

- Kindly upload all the necessary documents /Evidences with proper document's name in Desktop Surveillance Assessment Tab of NABH Portal.
- Please make sure that the file size should not exceeded 3 Mb and only the relevant document should be uploaded.
- Kindly upload the document in Word/PDF, Excel or JPG file Format only.
- Please do not change the given Desktop Surveillance Assessment formats in this checklist form and upload the same after filling this form alongwith the evidences in Desktop Surveillance Assessment Tab of NABH portal.
- DHSP needs to submit this form alongwith evidences within one month.
- Kindly upload only the relevant and required documents asked by the NABH.
- *Make sure that each and every Documents should have proper naming with date like if the Fire NOC is updated in June 30, 2020 then uploaded PDF File should be named as **Fire NOC 30062020** or if any manual Updated in May 8, 2020 then uploaded file name should be written as **Manual 08052020**. Such nomenclature of Documents will help us to identify the relevant documents in Surveillance Document Tab.*
- DHSP is required to attach the geotagged and time stamp photos of various areas as per the clause No.11 Facility Rounds.
  1. *Photographs related to the Facility should be labelled with proper area name and Date i.e. **Reception Area 25072020**.*
  2. Photographs to be less than 3 MB in jpg format with good resolution for geotagged & timestamp.
  3. Open 'Camera' App-Head to the 'Settings' of the camera App-Look for the 'time stamp on photos'/'Location tag'/ 'Save location' option and enable it depending on your OS version.
  4. 'GPS Map Ca' App can be used for Geotagging ( Can be downloaded and installed from android play store app)
- *All annexures are required to be labelled properly for the identification for example Clause 10. Mock Drills annexure should be labelled as **Mock drill raw data**.*



## 2. DHSP Details

### 1. DHSP Name

.....

### 2. DHSP Address

.....

.....City

.....District .....State .....

Pin Code

--	--	--	--	--	--

### 3. Contact Details :-

#### Medical Director/ CEO (or Equivalent)

Name: - .....

Designation: - .....

Email ID: - .....

Telephone No. .... Mobile No.

--	--	--	--	--	--	--	--	--	--

#### Administrative Officer: - (or Equivalent)

Name: - .....

Designation: - .....

Email ID: - .....

Telephone No. .... Mobile No.

--	--	--	--	--	--	--	--	--	--



---

### **3. Assessment Details & Accreditation Cycle**

**Final Assessment Done on:** - .....

**No. of NCs raised During Pre-Assessment:-** .....

**Assessment Team:-**

1. ....
2. ....

**Accreditation Cycle Details:-**

Valid From .....

Valid Upto .....



### 4. Statutory Compliance

Please provide the statutory Compliances for Desktop Surveillance Assessment and the details of the required Legal Compliances need to be filled in the given tabular form. The evidence of all the required legal Compliances must be uploaded in the **Desktop Surveillance Assessment Tab** of NABH Portal.

Statutory Compliances							
S/No.	License/Certificate	License/ registration/ certificate Number	Issuing Authority with either website address or post address	Date of Issue (dd/mm/yyyy)	Valid up to (dd/mm/yyyy)	If the license/certificate has expired, kindly state the date when the application for renewal has been submitted (evidence of the same needs to be submitted)	Reasons for not having a license/ certificate
<b>General</b>							
1	Registration under Clinical Establishment Act (or equivalent state act)						
2	Registration under Shops and Establishments Act						
3	Registration with Local Authorities e.g. City Corporation, Municipality, Village Panchayat						



Bio-medical Waste Management							
4	Bio-medical Waste Management and Handling Authorization from Pollution Control Board						
AERB Registration							
5	IOPA						
6	OPG						
7	CBCT						
Facility management							
8	Fire (NOC)						
Any other (as applicable to the DHSP) :							





### 5. Update Documents (Policies & Manuals)

Kindly mention the name of those Documents (Policies, Standard Operating Procedure (SOPs) or Manuals) which have been updated since last assessment in the given Format; also provide the reason in Remarks Column for updating the documents.

*For Evidence, Please do not upload complete Documents, only evidence of their periodic review and revision (if any) by DHSP to be uploaded in Surveillance Document Tab.*

Updated Documents Details		
S/No.	Document Name	Remarks
1		
2		
3		
4		
5		

## 6. Forms & Formats

For Evidence, Kindly upload the only two filled forms in Desktop Surveillance Assessment Tab of NABH Portal as per the following list.

Forms & Formats		
S/No.	Objective Element	Details
1	AAC.2.1	Registration Form
2	AAC.3.3	Referral or Transfer Form
3	AAC.4.1	Initial Assessment Form
4	COP.2.4	CPR Form
5	COP 4. 1	Informed consent for administration of Local Anaesthesia
6	PRE 3. 1	General consent
7	ROM.3.1	Sentinel Event Form



**7. Manpower Details**

Kindly provide the current Manpower details of Dentists and Staff in the given format and upload the same **Excel Sheet** in the **Desktop Surveillance Assessment Tab** of NABH Portal. Make Sure that all the manpower details should be in single excel sheet which can be divided into sub-sheets for Dentists & Staff.

Details of Dental Surgeons						
S/No	Scope	Doctor Name	Qualification	Registration No.	Type of engagement	Can Attend Emergency
1	General Dentistry					
2	Conservative Dentistry & Endodontics					
3	Oral and Maxillofacial Surgery					
4	Oral Medicine and Radiology					
5	Oral Pathology					
6	Orthodontics & Dentofacial Orthopaedics					
7	Pedodontics and Preventive Dentistry					
8	Periodontology					



---

9	Prosthodontics					
---	----------------	--	--	--	--	--

Details of Para-Dental Staff					
S/No	Name	Designation	Qualification	Department	Joining Date (dd/mm/yyyy)
1					
2					



### 8. Equipments Details

Kindly provide the details of Dental Equipments as per the given format and upload the same Excel Sheet in the **Desktop Surveillance Assessment Tab** of NABH Portal.

Equipments Details					
S/No.	Equipment Name	Model Number	Purchase Date	AMC /CMC Status	Remarks
1					
2					
3					
4					
5					
6					



### 9. Non-Conformities (NC's) of previous on-site assessment

Status of implementation and monitoring the effectiveness of corrective actions(s) taken on all non-conformities raised during previous on-site assessment: *(please provide details in tabular format)*

Non-conformities (NC's) of previous on-site assessment				
S/No.	Non-conformities raised during previous on-site assessment	Relevant Standard and corresponding OE	Brief Summary of root cause analysis & corrective actions taken	Evidence of continued compliance of corrective actions to be attached (as on date)
1				
2				
3				
4				
5				
6				



### 10. Mock Drills

*(Please provide details in tabular format & attach evidence in PDF)*

Mock Drills					
Sl.	Mock drills	No. of drill conducted since last assessment	Findings and deviations observed	Root cause analysis & Corrective action taken (Yes/No)	Annexure to be attach (raw data, observations & reports)
1	Fire				
2	Cardiac/ medical Emergency (CPR)				
3	Any other				

### 11. Facility Rounds ( With Geotagging Photograph)

DHSP is required to enclose geotagged photographs with timestamp and upload the same in Desktop Surveillance Assessment Tab of NABH Portal.

S.No	Areas	Attached Photographs Link
1.	Reception Area	
2.	Display Board of Scope of Services	
3.	Display of Patient's Rights & Responsibilities	
4.	Consultation Area	
5.	Operatory Room/Area	
6.	Medication Storage Shelves	
7.	Instrument storage Area	
8	Instruments Cleaning & Autoclave Area	
9.	X-Ray Area	
10.	Patient Waiting Area	
11.	Record Keeping Area	
12.	Storage Area of Dental Prosthesis & Casts	



### 12. Fee Details

Kindly provide the following details of Annual Fee:-

Annual Fee Details				
Annual Fee	Date	Transaction No.	Amount	Mode of Payment
First Year				
SDHSPnd Year				

### 13. Litigation

1. Has DHSP faced any litigations from the last onsite assessment? Yes/No
2. If yes, provide list and present status of the same.

S.No	Description	Status (Open or Closed )
1.		
2.		
3.		
4.		
5.		



---

## **14. Self-Declaration**

**Self-Declarations (to be submitted on the letter head of DHSP, duly signed by Head of DHSP)**

1. I hereby declare that the DHSP (name) is in continued compliance of 2nd Edition of NABH Dental since last on-site assessment.
2. I also declare that each statement and/or contents and /or documents, certificates submitted as Desktop Surveillance documents are true, correct and authentic. I am aware that any wrong information / declaration given therein may lead to adverse actions by NABH.

Signature of Head/ Director/ CEO of DHSP

Name & Designation

Date & Place

**NATIONAL ACCREDITATION BOARD FOR HOSPITALS  
& HEALTHCARE PROVIDERS (NABH)**

**Quality Council of India**

5th Floor, ITPI Building; 4 A, Ring Road, IP Estate

New Delhi - 110 002, India

Tel/ Fax: 91-11-42600600

Website: [www.nabh.co](http://www.nabh.co)

Email: [helpdesk@nabh.co](mailto:helpdesk@nabh.co)