## PEC Form II Part B: Program-Specific Information

PROGRAM: OMFS DEPT. NAME:

A. OMFS Specialty Resources	YES/NO	Number	Comments	
In-Patient Beds				
Day Care Beds				
Out-Patient OMFS Clinics				
Routine Operation Theatre Room				
Emergency Operation Theatre Room				
Total Number of Cases (last 12 mos.)				
OMFS Clinics (specify number of visits	/year):			
OMFS Clinics (including Orthognathic Surgery and Implantology)				
• TMJ				
Oral Medicine/Oral Pathology				
Average Occupancy for OMFS In-Patient (last 12 months)				
Average length of stay				
Mortality Rate				
Safety and Security Policy				
The hospital has the following specialties:				
Medicine				
General Surgery				
• ENT				
Plastic Surgery				
Neurosurgery				
Pediatric				
Emergency Medicine				
Hematology				
Interventional Radiology				



A. OMFS Specialty Resources	YES/NO	Number	Comments
The hospital has the following services:			
Physiotherapy			
Social Worker			
Hospital Information System			
In-Patient Pharmacy			
CT Services			
MRI Services			
Other Resources			

B. Human Resources for OMFS	Number	Comments
Senior Consultants		
Consultants		
Senior Specialists		
Specialists		
Medical Officers		
OMSB Trainers		
Dental Hygienist/Therapist		
Nurses/Dental Surgery Assistant		
Dental Laboratory Technician		
Coordinator		
Others, please specify		

C. Academic Activities and Quality Assurance (QA) in OMFS	YES/NO	Frequency	Comments
Morning Meetings Conducted Regularly			
Ward Rounds			
Morbidity and Mortality Rounds/Meetings			
Bedside Teaching			
Department Lectures/Didactics for Staff			
Academic Day/Teaching Day			
Specialty Workshops			
Journal Clubs			



D. Academic Activities and Quality Assurance (QA) in OMFS	YES/NO	Frequency	Comments
Grand Rounds			
Interdepartmental Conferences/Meetings			
Audits Conducted Regularly			
Peer Reviews			
Availability of Incident Reports System			
Patient Safety Monitoring			
Other Activities, please specify			

Availability of Incident Reports System			
Patient Safety Monitoring			
Other Activities, please specify			
E. Other Resources and Overall Com	ments:		
Approved by:			
Name Head of Department / Representative	Signa	ature	Date