Risk Management: Protecting Your Patients, Your Providers and Your Health Center

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Salud Family Health Center
Objectives

- What risk management is;
- Common risks involved in the practice of oral health care;
- Ways to prevent common risks;
- How the Federal Tort Claims Act (FTCA) can protect Health Centers and their providers;
- How ethics and risk management work together.
Definition of Risk Management

Identification, assessment, and prioritization of risks (the effect of uncertainty) and the application of resources to minimize, monitor, and control the probability or impact of adverse events.

It specifies information needed by providers, leaders, and staff to minimize risks for their oral health programs, and next steps if an error occurs.
Where Are Your Risks?

- Credentialing/ Privileging
- Staff Orientation
- Standards of Care and Clinical Guidelines:
- Ethics: Is your staff behaving correctly?
- Informed consent/ Refusal
- Charting Protocols
Where Are Your Risks?

- Time Outs
- Patient Satisfaction
- Communication
- Compliance Issues
- Legal Issues
- Risk Assessment Tools
Top 10 Potential Risk Areas For Health Center Oral Health Programs

1. Lack of informed consent
2. Failure to diagnose
3. Lack of a thorough exam
4. Failure to follow-up on emergencies
5. Treatment of the wrong tooth
6. Surgical complications
7. Removable prosthetics
8. Lack of/inadequate treatment plan
9. Incomplete treatment
10. Inappropriate procedures
Top 10 Professional Issues (State Board Perspective)

- Quality of Care
- Patient treatment
- Infection Control Standards
- Informed Consent
- Prescriptions
- Aberrant Billing – Misrepresentation/ Fraud
- Aiding and abetting unlicensed practice
- Moral turpitude
- Records release
- Failure to renew license
Informed Consent

- Informed consent is required for all surgical and other invasive and/or high risk procedures
- Know the Standards of Care in your state
- Not required for simple or common procedures where risk is generally known
- Must be a provider/patient conversation
- Must include the option of no care as well
Consent for Minors

- Know your state laws concerning minors
- Insure your front office staff understands about legal guardians, step parent issues and divorce issues
- Foster care issues - working with social workers
- Emancipated minors
- Procedures where you may want parents present regardless of what the law allows
- What to do when you don’t know what to do
Minors
Informed Refusal

- Patients do have a right to make informed decisions

- Must discuss:
  - Problem needing treatment or DX
  - All proposed treatment, medications and tests
  - Anticipated benefits, risks, adverse reactions, etc.
  - Risks and potential consequences of refusing treatment
  - All of the above plus education handouts must be documented in the charts
Informed Consent and Informed Refusal are irrelevant and will not protect the dentist if malpractice is done.
Patient Follow-up

- Emergency care follow-up
- Biopsy reports
- Great follow-up enhances patient care and the dentist patient relationship
- Poor follow-up is a huge risk issue
- Consider a Patient Call Back Log
- Document any call to or from patients
Nitrous Oxide

- Understand your state dental sedation laws
- Have written consent: American Academy of Pediatric Dentistry (may depend on the state you’re in)
- Develop a nitrous oxide policy to include:
  - Equipment maintenance procedures
  - Record keeping requirements
  - Procedures for monitor nitrous oxide
  - Privileging for the use of nitrous oxide
  - Nitrous abuse issues
Radiographs

- One of the basic tenants of diagnosis
- Quantity:
- Quality (apices of the teeth; distal of canines; no overlaps)
- Refusal of radiographs
Endodontics

- Failure to diagnose the need for endodontic treatment,
- Failure to refer
- Incorrect performance of the procedure
- Failure to take reasonable precautions
- Failure to inform the patient of a separated instrument left in the canal

*CNA HealthPro Manage Your Endodontic Risks*
Clinical Guideline Examples

- Endodontic case selection: American Association of Endodontists
- Oral surgery: third molar extraction selection
- Pain medications
- Etc…….
Risk Management
Risk Management Tools

- Privileging Form
- New Dentist Orientation Plan
- Standards of Care/ Guidelines
- Chart Audits/ Peer Review
- Patient Complaint Review
- Patient Satisfaction Surveys
- Equipment Maintenance Logs
Dental Privileging

- Privileging helps you determine whether a dentist is practicing within their training abilities
- You need defined education and training requirements for each procedure(s)
- Dental privileging is granted for a specified period of time, typically not exceeding 2 years.
New Dentist Orientation Plan

- Critical step in risk management!!!
- Provider manual ideal
Standards of Care and Clinical Guidelines Manual

- Critical for prospective, retrospective and concurrent reviews
- Reduces the subjectivity of these types of reviews
- Defines the quality you want for your program
- Tells a dentist upfront what you expect
- Should be reviewed with each provider at the time of hire
Standard of Care

- [A dentist is] under a duty to use that degree of care and skill which is expected of a reasonably competent [dentist] acting in the same or similar circumstances.

- The standard of care can change over time based on emerging clinical practice, prevailing knowledge and court case precedent.

- Providers are advised to keep abreast of changes in dental practice.
Chart Audits: Retrospective Reviews

- Very limited by the # of charts possible to review
- Can pick up radiograph diagnosis issues
- Can identify basic charting issues: i.e. BPs, periodontal charting
- Raises overall awareness to QA issues
- Chart Review Guidelines: Critical!!!!
General Chart Audit
Example

Dentist Evaluation: Q&A Chart Review Form

Dentist: ____________________________

Review purpose: [ ] New Employee [ ] Locum [ ] Routine Q&A [ ] Special Q&A [ ] Annual Evaluation

Patient Chart Number: ____________________________ Date of Patient Visit: __/__/____

Note: This review applies to the most recent treatment episode provided by the Clinician being evaluated. Check chart moves from last exam forward. Please any comments or suggestions in space below and return confidentially to the Credentialing Specialist.

<table>
<thead>
<tr>
<th>Question</th>
<th>Outstanding</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>NA</th>
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<tbody>
<tr>
<td>Certificate appropriate radiographs</td>
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<tr>
<td>Radiographic dx appropriate</td>
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<tr>
<td>X-rays complete and appropriate</td>
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<tr>
<td>Pain assessment done</td>
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<tr>
<td>Clinical judgment?</td>
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<td>Blood pressure protocols followed</td>
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<td>Documentation supports diagnosis?</td>
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<tr>
<td>Follows charting protocols</td>
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<tr>
<td>Patient instructions documented?</td>
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<tr>
<td>Follows medical protocols</td>
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<tr>
<td>Appropriate use of referral?</td>
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<tr>
<td>Follows protocols for patient vital signs</td>
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<tr>
<td>Appropriate use of medications?</td>
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<tr>
<td>Solution protocols followed</td>
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<tr>
<td>Appropriate emergency follow-up done</td>
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</tbody>
</table>

Performance based on this chart review (this rating is to be transferred to the Chart Results section of the Dentist Performance Evaluation Summary Form):

[ ] Outstanding [ ] Satisfactory [ ] Us satisfactory [ ] N/A

Comments:

__________________________________________
Completed by: ____________________________ Date: __/__/_____
Charting Protocols

- ADA standards
Record Release and Retention

- Understand your state law requirements for record release
- Failure to release records is a common complaint sent to Dental Boards
- Know who can release the records, who can you release records to and what is required before release
- Know what is included in the definition of ‘legal record’ so you release the full record
- Know what your clinic’s policy is when an attorney requests records
Patient Satisfaction

- Happy patients generally do not sue dentists even when things go wrong.
- Unhappy patients do!
- HRSA satisfaction survey:
Addressing Patient Complaints

- Determine if there were any violations of the state dental law
- Determine any standard of care violations
- Good care/bad outcome vs poor care/bad outcome
- Understand clinic policy for when to contact an attorney
- Must make decisions and contact patient in a timely manner
Provider Action Plans

- Does your clinic have a process and policy for dealing with providers that violate standards of care?

- Possible Action Plan Components:
  - Chart reviews
  - Concurrent peer review
  - Procedure mentoring
WHAT IS A NEVER EVENT?

- Errors that should never occur in health center
- Errors or events which can absolutely be prevented
- Errors which cause a great deal of bad press
- Errors which insurance companies identify that they will not pay for

- NEVER EVENTS ARE A SYMPTOM OF A HEALTH CARE SYSTEM THAT IS BROKEN.
What are Dental Never Events

- The removal of non-diseased tooth structure (cutting, drilling, or extraction) unless clinically appropriate for continuing care (i.e. orthodontic extractions of healthy teeth);

- The removal of non-diseased tooth structure (cutting, drilling, or extraction) without the patient’s consent unless such consent cannot be obtained due to sedation and the removal is the professionally correct thing to do;

- Performing a procedure on the wrong patient or tooth;

- A medication error or dental infection that results in death or serious injury or disability;
Time Outs

- Your entire dental team (and the patient) should know the who, what, why and where of each procedure before it is done.
- Determine which member of the team should initiate the time out.
- If anyone has a question of what needs to be done, stop and get the questions answered.
- Record the time out in the chart notes.
- Chart exercise vs true time out.
Time Out
Other Things to Think About
Compliance Issues

- Billing issues
- Record storage
- License: expiration
- CE requirements
- BLS
- Amalgam separators
- OSHA and CDC regulations
- DEA compliance
- HIPPA
Sexual/Relationship Issues

- Single dentists in rural areas
- Patients/patient guardians
- Legal and ethical issues
- Time frame on when a person was a patient
- Staff relationships
Front Office Miscommunication

- Diagnosing by front office staff over the phone
- Triaging emergency patients
- Misquoting fees
- Not scheduling correct follow-up appointments or mis-scheduling of patients
- Not communicating messages from patients to the dentist
Encounter Churning

- A question of ethics!
- You don’t lose encounters by practicing quadrant dentistry
Federal Tort Claims Act (FTCA)

- Health Center employees treated as employees of U.S. Public Health Service for malpractice liability coverage.
- Health Center’s scope of project defines approved service sites, providers, service areas, and target population(s).
- PT contract dentists and students/residents and volunteers are NOT covered.
- Must submit annual application to continue coverage.
Volunteer and Temporary Dentists

- NOT covered by FTCA
- Free does not always mean no cost
- Are these dentists credentialed and privileged in your system?
- Are they included in your chart audits?
- What orientation do you have set up for them?
Supervision of Students and Residents

- Generally covered by the academic institution
- Deep Pocket Liability: a legal concept also called joint-and-several liability. This concept means that supervising dentists are legally responsible for the care delivered by residents and students.
- Supervising dentists may be liable for residents' negligence or may be directly liable for their own negligence in supervision or administration
- Students and residents should not be viewed as another way to advance productivity
Start With Your Biggest Risks

- Identify and triage your own center’s risks
- Develop policies to mitigate those risks
Questions?

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Quality: Striving to Provide the Highest Quality Care We Can to the Populations We Serve

An Nguyen, DDS, MPH
Vice-President of Dental Services
Today’s Quality Journey

- Quality in Health Centers
  - Why?
  - What?
  - How?
- Quality Assessment
- Quality Improvement
- Measuring Quality
- Quality Tips
Part I

QUALITY IN HEALTH CENTERS
Why Assess Quality?

- Section 330 of Public Health Service Act requires every Health Center to have an ongoing QI/QA program.
- Federal Tort Claims Act (FTCA) deeming application process requires submission of Health Center QI/QA plan and QI/QA committee minutes
- Positive patient outcomes
Overall Desired Outcome: The “Triple Aim”

- Improved Health
- Improved Patient Care
- Reduced Cost
Quality: A New Concept in Dentistry

Traditional Dentistry
• Procedural Driven
• Quality Limited to Mechanical Outcomes and Processes
  • Restoration Esthetics
  • Marginal Integrity
  • Root Canal Fill Lengths
• Little Focus on Population Outcomes and Impact on Patient Health
• Limited to Quantitative Measures
What is Quality?

“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

_Institute of Medicine (IOM)_
IOM Quality Domains

- Safety
- Effectiveness
- Patient-Centeredness
- Timeliness
- Efficiency
- Equity
Quality Assessment/Quality Improvement Programs Should Include:

- Clinical Director: supports the program and the provision of high quality care
- Periodic assessment of the services provided
  - Conducted by Providers
  - Based on Systemic Collection and Evaluation of Records
- Identification of areas for improvement
Part II

QUALITY ASSESSMENT (QA)
Quality Assurance (QA)

Traditional Approach

- Development of a Set of Standards
- Comparison of Services with Established Standards
  - If standards met, services are of adequate quality.
  - If deficient, plans of correction are developed to address the problem.

*World Health Organization, 1994, 1997*
Quality Assurance (QA)

Oral Health Approach

- Medical vs. Dental Setting
- No Standard Diagnostic Coding Use in Dentistry
- Limited Evidence-Based Standards
- Oral Health Quality Assessment
  - Peer review
  - IT Service Tracked measures
  - Subjective Patient Outcomes
  - Adverse Outcomes
QA: Objective Dental Record Peer Review

- Dental peers examine and evaluate patient record.
- Documentation against well-defined criteria
- Random selection of a sample of patient dental records for review by:
  - Other Staff Dentists
  - Contracted Expert Reviewers
**Health Center Health Services**

**Dental Provider Performance Review Form**

<table>
<thead>
<tr>
<th>Quarterly Chart review</th>
<th>Date of Review:</th>
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<tbody>
<tr>
<td>Quarter Reviewed:</td>
<td>Reviewing Dentist:</td>
</tr>
<tr>
<td></td>
<td>Dentist Reviewed:</td>
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<table>
<thead>
<tr>
<th>GENERAL CHART INFORMATION</th>
<th>CHART ONE</th>
<th>CHART TWO</th>
<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Information complete?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>2. General Consent complete?</td>
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<td>3. Medical History complete?</td>
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<td>4. Medical History update complete?</td>
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<tr>
<td>5. Are Allergies and Medical conditions documented?</td>
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<tr>
<td>6. Indicators discussed: caries risk, Diabetes, smoking, etc.?</td>
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**Comments:**

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<tr>
<th>CLINICAL EXAM DATA</th>
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<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Soft Tissue findings noted?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>2. Occlusal findings noted-caries, missing teeth, dental needs?</td>
<td></td>
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<tr>
<td>3. Periodontal findings / Classification noted?</td>
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**Comments:**

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<tbody>
<tr>
<td>1. Appropriate Survey, type of X-rays taken?</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>2. Adequate Film coverage, all apices covered?</td>
<td></td>
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<td>3. Any image defect; cone cuts, retakes needed?</td>
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<tr>
<td>4. Number of X-rays taken documented?</td>
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**Comments:**

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</thead>
<tbody>
<tr>
<td>1. Appropriate testing done:</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>2. Diagnosis documented?</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>3. Appropriate consultations made, if needed?</td>
<td></td>
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<td>4. Referrals made if needed?</td>
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<td>5. Findings documented on treatment plan?</td>
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**Comments:**

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<tr>
<th>TREATMENT PLAN / DENTAL RECORD</th>
<th>CHART ONE</th>
<th>CHART TWO</th>
<th>CHART THREE</th>
<th>CHART FOUR</th>
<th>CHART FIVE</th>
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<tbody>
<tr>
<td>1. Does Treatment Plan follow appropriate sequence.</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
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<tr>
<td>2. Record is complete and appropriate for treatment rendered?</td>
<td></td>
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<td>3. Follow up appointment is indicated in clinical record?</td>
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<tr>
<td>4. Documentation is complete, tooth area, anesthetic, procedure and/or materials, signed with Doctor’s and Assistant’s names, etc.?</td>
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**Comments:**

<table>
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<tr>
<th>Director's Comments</th>
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<table>
<thead>
<tr>
<th>Dental Director</th>
<th>Signature</th>
<th>Date</th>
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</table>
QA: Service Measures

- Tracked through IT
  - Electronic Practice Management
  - Billing Reports
  - Registry Systems

- Examples
  - HEDIS Measures
  - Treatment Plan Completion Rates
QA: Subjective Patient Outcomes

- Validated Surveys
- Oral Health Impact Profile (OHIP-14)
- Consumer Assessment of Healthcare Providers and Systems (CAPHIS)
QA: Adverse Outcomes

- Every adverse outcome is an opportunity for improvement.
  - Clinical Incidents
  - Patient Complaints & Grievances
  - Safety Lapses
  - Risk Management Issues

- Processes Required for:
  - Identification
  - Data Review
  - Root Cause Analysis
  - System Improvement
Part III

QUALITY IMPROVEMENT (QI)
Quality Improvement (QI)

- An approach to the analysis of performance and efforts to improve it.
- Measuring where you are, figuring out ways to improve.
- Avoids attributing blame.
- Creates systems to increase/decrease outcome.
- Data collected establishes “baseline” for an aspect of the dental program, and QI process develops methods to improve from the baseline.
Opportunity for Improvement

- Access to Care (Visit)
- Type of Service (Sealant)
- Cost (Lower)
- Adverse Patient Event (Latex Allergy)
- Oral Health Outcomes (HgA1C)
An Effective QI Plan

- Aligns Services to Program Goals
- Provides Specific, Measurable Milestones or Targets
- Identifies Timelines
- Recognizes Influence of Other Variables
  - Population Needs
  - Resources
  - Motivation
  - Board Priorities
QI: The Process

- Identify a Program or Facility Problem
  - Continuity of Care
  - Access to Care
  - Emergency Care
  - Adverse Patient Events
  - Medical/Dental Integration
  - Poor Clinical Outcomes

- Conduct a Study

- Develop and Implement a Plan

- Monitor and Track Results

- Demonstrate Improvement and Restudy the Problem [continuously]
Chronic Care Model
Model for Improvement

• Approaches quality improvement through rapid cycles of change and continual feedback on the effectiveness of those changes.

• Chronic Care Model + Model for Improvement $\rightarrow$ Health Care Quality Improvement
Plan-Do-Study-Act Cycle

Ideas → Action → Learning → Improvement

- Demonstrate improvement.
- What changes are to be made?
- What is the next cycle?

- Complete the data analysis.
- Compare data to predictions.
- Summarize what was learned.

- Identify problems and create a plan of action.
- Implement the plan.
- Monitor and document results.
- Begin analysis of the data.

- Identify problems and create a plan of action.
- Implement the plan.
Using the Cycle to Improve

- Very Small Scale Test
- Follow-up Tests
- Wide-Scale Tests of Change
- Implementation of Change
- Spread
- Improvement

Data

Ideas
Don’t Assume!

- First PDSAs should be small.
- There are no bad ideas!
- All improvement ideas should be able to stand up to the PDSA test.
Case Study: TPCR

- Production was low.
- No-show rates were high.
- Treatment Plan Completion Rate (TPCR) was less than 10%.
HRSA Quality Measure (Proposed)

Percentage of all dental patients for whom the Phase I treatment plan is completed within a 12 month period.
Case Study: TPCR

Quality Improvement Plan

- Responds to a Particular GOAL
  - Provides Specific, Measurable Milestones or TARGET
  - Identifies TIMELINES
  - Defines DATA Collection Method and Frequency

- Identifies an Integrated QI TEAM
  - Clinical Leader
  - Interdisciplinary Stakeholders
Case Study: TPCR

Project-Specific QI Plan

- Goal: To increase the number of patients that complete phase 1 treatment in 12 months.
  - Target: 40% (from a baseline of less than 10%)
  - Timeline: Two Years
  - Frequency (of Meetings/Data Review): Weekly

- Project Team
  - Leader: Dr. X
  - Participants/Stakeholders: DA, Hygienist, Receptionist
Case Study: TPCR

Ask Questions!

- Pt. Satisfaction Survey: scores were low.
- No-Show Phone Survey: supply did not match demand.
Case Study: TPCR

Do the Math!

- Demand
  - 3 New Patients/Provider/Day, who required an average of 5.3 Restorative Appointments/New Patient
    \[(3 \text{ new patients}) \times (5.3 \text{ appts}) = 15.9 \text{ appts}\]
  - Recall patients with new, recurrent caries
- Capacity: 8 restorative provider slots per day
- Conclusion: Supply did not meet demand
Case Study: TPCR

New Scheduling Model

• Needs
  • Increase the number of restorative appointments
  • Decrease the number of initial exam appointments

• PDSAs
  • No “bad ideas”
  • Must pass the PDSA test
Case Study: TPCR

PDSAs
- Dentist to Assistant Ratio
- Chairs per Provider
- Patient Education by DA
- New Scheduling Rules
  - 1 New Patient/Provider/Day
  - Optimal Advanced Scheduling Timeframe
Case Study: TPCR

Results

- Increase in overall production
- Decrease in no-shows
- Increase in patient satisfaction
- Increase in staff satisfaction
- Exceeded 2-Year Target of 40% TPCR
- New Goal of 75% TPCR!
Measures Are the Key

- Demonstrate delivery of proven health care interventions
- Illustrate improvement of health care outcomes
- Working towards improvement in the measures is what drives system change!
Part V

MEASURING QUALITY
Measuring Quality

- **Process Measures** – assess completion of activities to deliver services or to achieve an outcome.
- **Outcome Measures** – assess extent of achievement towards predicted goal.
# Measuring Quality

## Area of Interest

<table>
<thead>
<tr>
<th>Area of Interest</th>
<th>Process Measures</th>
<th>Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caries Reduction</td>
<td>• % of sealants placed &lt;br&gt;• # fluoride varnish treatments completed &lt;br&gt;• Treatment plan completion rates</td>
<td>• % of patients who have decay at a recall appointment&lt;br&gt;• % of patients who have a reduction in their caries risk status</td>
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<tr>
<td>Diabetic Morbidity</td>
<td>% of diabetics who had a periodontal exam or periodontal procedure</td>
<td>• % of diabetic patients with a periodontal-related extraction &lt;br&gt;• % of diabetic patients with a HgA1C &lt; 9</td>
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</tbody>
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Case Study: Medical-Dental Integration

- Project Goal: To increase the number of pregnant women in the Health Center medical program that get dental care to 60%.
- Project Team Leader: Dr. X
- Project Team: DA, Hygienist, Receptionist
- Baseline: 12%
- Timeline: One Year
- Meeting Time: Twice a Month for 1 Hour
Case Study: Medical-Dental Integration

PDSAs
- Referral Processes
- Dental Staff Education
- Medical Staff Education
- Patient Education
“Quality” Ideas to Remember

- Avoid the blame game.
- Start small, but start.
- Measurement drives behavior. “What gets measured gets worked on.”
- Use quality improvement tools that work.
  - Chronic Care Model
  - Model for Improvement & PDSA Cycles
- Leverage your NNOHA network!
NNOHA’s Resources

- **Quality Chapter** - NNOHA Operations Manual for Health Center Oral Health Programs
- Other Quality Improvement Tools
Questions?

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