

**Top
Clinical Recommendations**

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Indian Health Service
Department of Health and Human Services

1975 - Indian Self Determination Act
PL 93-638

1992 - Tribal Self Governance Demo Project

2000 - Tribal Self Governance Amendments
PL 106-260 Title V

Direct Programs – IHS Administered

Tribal Programs - Tribally Administered
Retained Area Shares
Taken Area Shares

The Northwest Portland Area Indian Health Board



Advisory organization serving 43 Tribes in WA, OR, and ID.
Each has a delegate.
Meets Quarterly.

Northwest Tribal Dental Support Center

- ❖ Offers consultant and support services to all Portland Area Dental Programs
- ❖ Available by email, phone, and visits to the dental programs
- ❖ Coordinates with Area Dental Consultant

Dental Program Review Outline


- General Appearance
- Scheduling
Routine, Emergencies, Recalls, Periodontal therapy
- Facility / Staffing
- Safety
- Dental Records
- Productivity
- Policies and Procedures
- Quality Improvement

General appearance

Top 2 recommendations

1. Remove unnecessary items from 12:00 column shelf.
2. Locate sharps and biohazard containers safely and conveniently.

Scheduling



Know your Broken Appointment rate!

Recommendations

Routine

- Initial cleaning and exam at same appointment.
- Subsequent appointments to complete routine care at 3-4 weeks intervals (max).
- Ensure dental disease is under control before advanced care is begun.

Emergencies

- Ask emergency patients to call back for appointments.

Recalls

- Give reminder cards and/or contact to schedule recall appointments rather than schedule months in advance.
- Recall based on need. Does not have to be 6 months. Most can be 1 year.
- Consider determining recall date after completion of treatment plan.

Dealing with Broken Appointments

- Book no more than 3 - 4 weeks ahead.
- Avoid scheduling multiple appointments.
- Double book patients with history of BA's. (Exams)
- Short call list.
- Reminder calls. Consider email, texts, cell phones.
- Broken Appointment policy??
- Accept a rate and book accordingly.

Try things. But...

- Use PDSA method
- Involve several key players

Facility / Staffing

2 : 1

2 Operatories per dentist
2 Assistants per dentist

+

Receptionist
Hygienist

Safety

Infection Prevention – CDC Guidelines
 OSHA's Bloodborne Pathogen Standards
 Hazard Communication
 Radiation and N2O Safety
 Facility compliance issues

Download from: www.cdc.gov/oralhealth



Download at:
www.osha.gov/Publications/osh3186.pdf

Common Recommendations

- Use external and internal sterilization indicators
- Sterilizer and spore test records kept
- Attention to dental laboratory
- Waterline Testing
- Assign someone as the Infection Prevention Coordinator and document training.

Dental Records

Common Recommendations

- Method to obtain consent for general care – preferably after treatment plan.
- Separate informed consent: surgery, endodontics, N₂O/sedation, orthodontics.
- Periodontal status at dental exam (CPI, PSR plus written diagnosis using ADA case type.)
- Document assessment of soft tissue, TMJ, orthodontic status, and review of radiographs and health history.

Dental Data

Depends of focus of review. CEO's often want to know how you compare to other programs.

Recommendation:

Learn to run productivity reports, or have reports generated regularly.

(IHS reference values are available)

Policies and Procedures Manual

- Know what is in it, review annually.
- Update it.

Quality Improvement and peer review

- Involve staff and improve something.
- Use PDSA (Plan, Do, Study, Act)

Method for patients to provide feedback.

Who can help

Area Dental Officer <ul style="list-style-type: none">• Peer reviews• Score card• C & P• AAAHC prep • Site visit or email	Tribal Support Center <ul style="list-style-type: none">• Program Reviews• New employee orientation• Prevention assistance• AAAHC prep• CDE • Site visit or email
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