



Dental Pilot Project Program: Site Visit Report

The Dental Pilot Project Program allows authorized organizations to test, demonstrate and evaluate new or expanded roles for oral healthcare professionals before changes in licensing laws are made by the Oregon State Legislature. The intent of the project is to prove quality of care provided, trainee competency and patient safety in addition to the larger goals of access to care, cost effectiveness and the efficacy of introducing a new workforce model.

The Oregon Health Authority (OHA) is responsible for monitoring approved pilot projects and ascertaining the progress of each project in meeting its stated objectives and complying with program statutes and regulations. The primary role of OHA is monitoring for patient safety. Secondly, OHA shall evaluate approved projects and the evaluation shall include, but is not limited to, reviewing progress reports and conducting site visits.

Site visits are conducted with the primary purpose of health and safety monitoring and surveillance and to determine compliance with administrative rules. Site visits are conducted using both qualitative and quantitative methodological approaches. They primarily consist of participant interviews and clinical records review.

Project Name & ID Number:	Dental Pilot Project #100, "Oregon Tribes Dental Health Aide Therapist Pilot Project."
Project Sponsor:	Northwest Portland Area Indian Health Board (NPAIHB)
Date of Site Visit:	January 25, 2022
Site Location:	Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians Dental Clinic (CTLCUSI) 1245 Fulton Ave, Coos Bay, OR 97420
Primary Contact Name and Title:	Christina Peters, Project Director

<p>Objectives of the Site Visit:</p> <ol style="list-style-type: none"> 1. Determination that adequate patient safeguards are being utilized. 2. Validation that the project is complying with the approved or amended application 3. Compliance with OARs 333-010-0820 – 333-010-0700. 	<p>Methodology:</p> <ol style="list-style-type: none"> 1. Clinical records review
---	---

Record Reviewers:

Name	Title	Organization
Jennifer Clemens, DMD, MPH	Dental Director	Capitol Dental/Smile Keepers
Jonathan Hall, DMD	General Dentist	Dental Director, FQHC, Neighborhood Health Center
Leslie Huggins, DDS, MS	Pediatric Dentist	Gentle Dental
Rosemary McPharlin, DDS	General Dentist	Dentist – Consultant to OHA
Caroline Muckerheide, DDS	Pediatric Dentist	Private Practice
Kaz Rafia, DDS, MBA	Statewide Dental Director	Oregon Health Authority
Barry Taylor, DMD	Executive Director	Oregon Dental Association

Clinical Records Review:

The purpose of the chart review is to allow Advisory Committee members who are subject-matter experts the opportunity to review and make assessments and determinations of the quality of care provided by the DHAT trainee within the constraints and limitations of a chart auditing review. Clinical records were selected from quarterly reporting data using a random sampling scheme to ensure that all irreversible procedure categories were included.

Altogether, 17 procedures were reviewed, representing 10% ($n = 9$) of posterior restorations, 24% ($n = 6$) of anterior restorations and 18% ($n = 2$) of extractions completed by the DHAT at the CTCLUSI site from 1/1/2020 through 9/30/2021. No stainless-steel crowns, pulpal therapies or extractions were completed in the time frame, so none were reviewed. Each procedure was reviewed by a minimum of three licensed dentists. The full panel of reviewers, which was comprised of a collaboration between the Advisory Committee, an external contracted expert from the OHSU-School of Dentistry and the Oregon Board of Dentistry, was required to attend a chart review training and calibration session before reviewing charts.

Clinical Record Review Results:

I. Adverse Events

There were no cases of adverse events identified by two or more reviewers.

II. Intra-oral Images and Radiographs

All available images and radiographs were rated as adequate by a majority of reviewers. One case was missing the required intraoral images, and one case was missing radiographs for review.

III. Anesthetic Notes

Reviewers were asked to evaluate the appropriateness of anesthetic provided and of clarity of documentation of any drug administration.

<i>Table 1: Ratings of notation regarding administration of anesthetic.</i>			
Criteria	Cases at or above minimum standard of care	Cases below minimum standard of care	Cases with reviewers evenly split
Anesthetic used appropriate for procedure	100% (n = 17)	0% (n = 0)	0% (n = 0)
Anesthetic dosage within recommended limits	100% (n = 17)	0% (n = 0)	0% (n = 0)
Documentation in Progress Notes	100% (n = 17)	0% (n = 0)	0% (n = 0)
Documentation of Allergy or Drug Reaction History	100% (n = 17)	0% (n = 0)	0% (n = 0)
Requisite Vital Stats considered	100% (n = 17)	0% (n = 0)	0% (n = 0)

IV. Diagnosis

Based on the ratings provided by reviewers for the diagnosis description, 100% (n = 17) of procedures reviewed met or exceeded the minimum standard of care for diagnosis description.

V. Treatment

Based on the ratings provided by reviewers, a majority of reviewers found 100% (n = 17) of procedures to be appropriate treatments for the given diagnosis.

VI. Overall impression of procedure quality

A measure titled “overall impression of procedure quality” was scored by reviewers on a 1-5 scale as follows:

- 1: Significant deficiencies exist. Procedure can be considered a failure
- 2: Significant deficiencies exist, procedure falls under absolute minimum standard of care
- 3: Minimum standard of care. Only minor deficiencies present.
- 4: Procedure quality is adequate to good. Only minor deficiencies present.
- 5: Procedure is highly successful, no deficiencies present.

A rating of three is the minimum standard of care. Each procedure is rated by at least three but as many as six licensed dentists trained. However, there is a high degree of variation within reviewer responses. Therefore, the “overall impression” rating was converted from a five-point scale to a binary measure (whether or not the minimum standard of care was met according to a majority of reviewers).

Based on the ratings provided by reviewers for the overall impression of procedure quality, most procedures were rated at or above the minimum standard of care by the majority of reviewers.

To demonstrate the range of quality of care provided, median score for each procedure was used as a measure of the central tendency of reviewers. Mean (average) scores at the case level are easily skewed by wide ranges in reviewer scores. Therefore, median scores are used similarly to the methodology used by WREB for these types of dental procedures.¹

The average median score for all procedures on a scale of 1 to 5 was 3.9 (SD = 1.00, 95%CI 3.34 – 4.37), above the previously set cut point of 3 as the minimum standard of care. See *Figure 1* for box plots of median overall impression of procedure quality scores averaged for each chart and broken down by procedure type.

¹ For context, WREB uses the median score of three reviewers in their methodology to most accurately represent the central tendency in the case of small numbers. From page 48 of the 2019 Dental Exam Candidate Guide: “The Operative Exam is graded by three independent Grading Examiners. Grading Examiners grade according to the Operative Scoring Criteria Rating Scale on pgs. 50-53 and 61-62. The recorded score for each category is based on the median (middle) score of the three (3) scores assigned by the Grading Examiners. The median grades are then weighted and summed for the preparation and finish respectively, then averaged for the total procedure score.”

Figure 1: Median ratings for overall impression of procedure quality by procedure type.

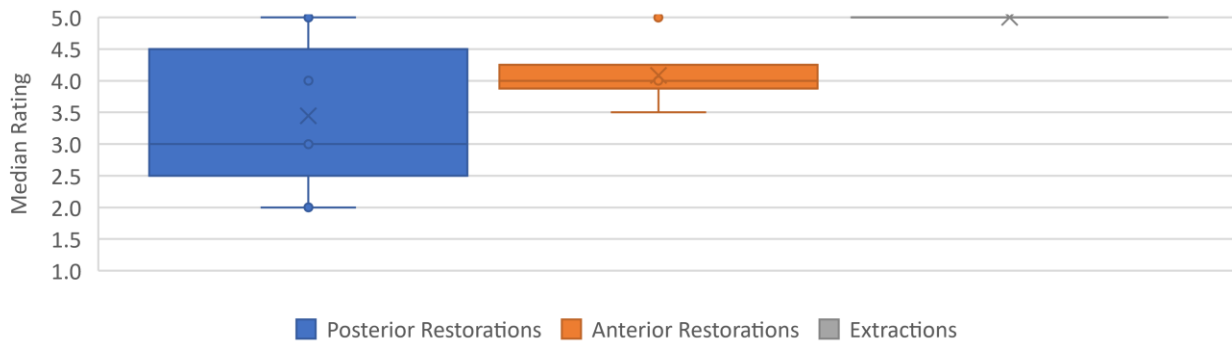


Table 2: Statistics for median rankings of overall impression of procedure quality by procedure type

	Median	Mean	Std. Deviation	Range	N
Posterior Restorations	3.0	3.4	1.1	3.0	9
Anterior Restorations	4.0	4.1	0.5	1.5	6
Extractions	5.0	5.0	0.0	0.0	2
Total	4.0	3.9	1.0	2.0	17

VII. Amalgam/Composite Restorations – Posterior

Amalgam/composite restorations were scored as Unacceptable (1), Inadequate (2), Acceptable – Minimum Standard of Care (3), Appropriate (4), or Optimal (5) on the following criteria:

Posterior Restorations Sub-Criteria	Minimum standard of care (see Appendix A for the full rating criteria)
Preparation: Outline and Extension	<ul style="list-style-type: none"> Outline moderately weakens marginal ridge or a cusp. Isthmus is too wide or too narrow for lesion. Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration.
Preparation: Internal Form	<ul style="list-style-type: none"> Pulpal floor and/or axial wall is moderately shallow or deep.
Preparation: Operative Environment	<ul style="list-style-type: none"> Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed. Management of any damage is appropriate Documentation of difficult behavior if necessary to explain excessive damage
Finish: Anatomical Form	<ul style="list-style-type: none"> Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. There is moderate variation of proximal contour and shape.
Finish: Margins	<ul style="list-style-type: none"> Moderate marginal excesses and/or deficiencies are present.
Finish: Damage	<ul style="list-style-type: none"> Moderate damage to hard or soft tissue is evident.

The ratings for each category were indexed by averaging the scores across these 6 criteria to create an overall rating. This overall rating was then converted from a five-point scale to a binary measure. There were 9 anterior restorations reviewed and based on the ratings provided by reviewers for Amalgam/Composite Restorations – Posterior, most of the procedures were rated as meeting or exceeding the standard of care for this category by a majority of reviewers. Multiple reviewers expressed concerns with inadequate excavation of decay in two preparations on one patient. One restoration could not be reviewed for Preparation: Outline and Extension or for Preparation: Internal Form due to the lack of a clear intraoral prep photo.

Table 3: Percent and number of Posterior Amalgam/Composite Restorations rated above or below standard of care in specific sub-criteria.

Posterior Restorations Sub-Criteria	Cases at or above minimum standard of care	Cases below minimum standard of care	Cases with reviewers evenly split
Preparation: Outline and Extension	87.5% (n = 7)	12.5% (n = 1)	0% (n = 0)
Preparation: Internal Form	50% (n = 4)	12.5% (n = 1)	37.5% (n = 3)
Preparation: Operative Environment	100% (n = 9)	0% (n = 0)	0% (n = 0)
Finish: Anatomical Form	100% (n = 9)	0% (n = 0)	0% (n = 0)
Finish: Margins	100% (n = 9)	0% (n = 0)	0% (n = 0)
Finish: Damage	100% (n = 9)	0% (n = 0)	0% (n = 0)

On a scale of 1 to 5, the average overall median score for Posterior Restorations was 4.2 (SD = 0.74, 95%CI 3.6 – 4.7), above the previously set cut point of minimum standard of care. See *Figure 2* for box plots of median Posterior Restoration scores broken down by rating sub-criteria.

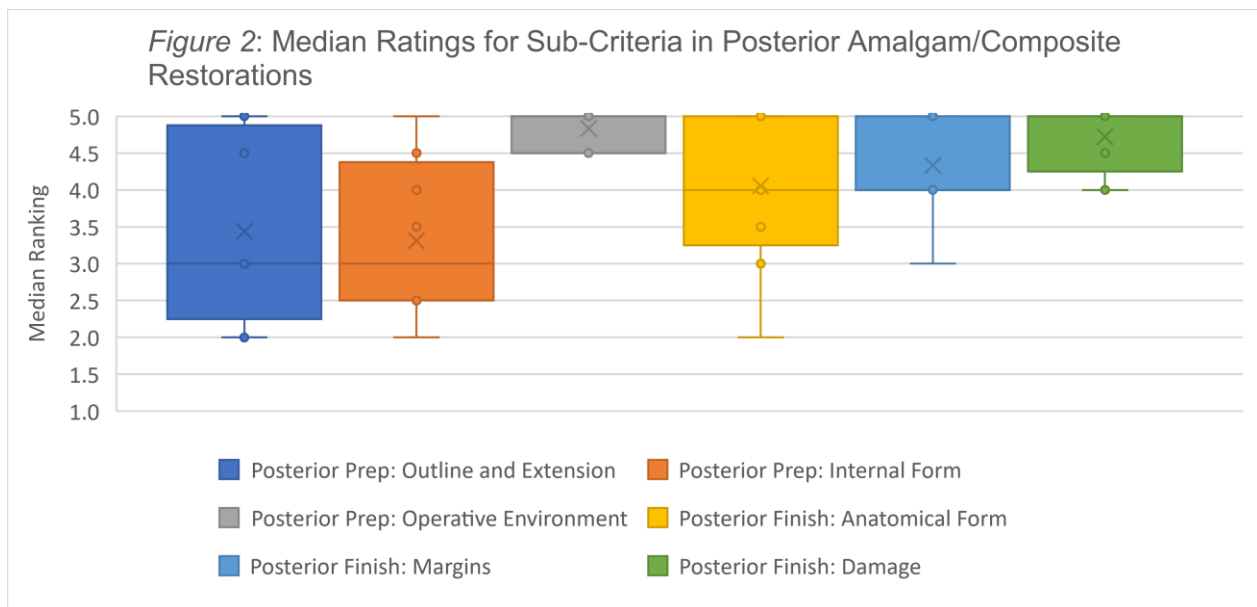


Table 4: Statistics for median rankings of Posterior Amalgam/Composite Restorations by sub-criteria.

	Median	Mean	Std. Deviation	Range	N
Preparation: Outline and Extension	3.0	3.4	1.2	3.0	8
Preparation: Internal Form	3.0	3.3	1.1	3.0	8
Preparation: Operative Environment	5.0	4.8	0.3	0.5	9
Finish: Anatomical Form	4.0	4.1	1.1	3.0	9
Finish: Margins	4.0	4.3	0.7	2.0	9
Finish: Damage	5.0	4.7	0.4	1.0	9

VIII. Anterior Composite Restorations

Anterior composite restorations were scored as Unacceptable (1), Inadequate (2), Acceptable – Minimum Standard of Care (3), Appropriate (4), or Optimal (5) on the following criteria:

Anterior Restorations Sub-Criteria	Minimum standard of care (see Appendix A for the full rating criteria)
Preparation: Outline and Extension	<ul style="list-style-type: none"> • Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration. • Cavosurface angles possibly compromise the integrity of the tooth or restoration.
Preparation: Shape and Extension	<ul style="list-style-type: none"> • Outline is moderately over or under extended. Outline is moderately irregular but does not weaken the tooth. • Gingival margin is moderately overextended. • Any overextension that severely weakens tooth is properly documented
Preparation: Operative Environment	<ul style="list-style-type: none"> • Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed.
Finish: Anatomical Form	<ul style="list-style-type: none"> • Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. • There is moderate variation of proximal contour and shape.
Finish: Margins	<ul style="list-style-type: none"> • Moderate marginal excesses and/or deficiencies are present.
Finish: Damage	<ul style="list-style-type: none"> • Moderate damage to hard or soft tissue is evident.

All procedures reviewed met or exceeded the standard of care for this category indexed across these criteria, using the same methodology as Posterior Restorations.

Table 5: Percent and number of Anterior Restorations rated above or below standard of care in specific sub-criteria.

Posterior Restorations Sub-Criteria	Cases at or above minimum standard of care	Cases below minimum standard of care	Cases with reviewers evenly split

Preparation: Outline and Extension	100% (n = 6)	0% (n = 0)	0% (n = 0)
Preparation: Shape and Extension	100% (n = 6)	0% (n = 0)	0% (n = 0)
Preparation: Operative Environment	100% (n = 6)	0% (n = 0)	0% (n = 0)
Finish: Anatomical Form	100% (n = 6)	0% (n = 0)	0% (n = 0)
Finish: Margins	100% (n = 6)	0% (n = 0)	0% (n = 0)
Finish: Damage	100% (n = 6)	0% (n = 0)	0% (n = 0)

On a scale of 1 to 5, the overall average median score for Anterior Restorations was 4.3 (SD = 0.3, 95%CI 3.6 – 4.6), above the previously set value of 3 for minimum standard of care. See *Figure 3* for box plots of median Anterior Restoration scores broken down by rating sub-criteria.

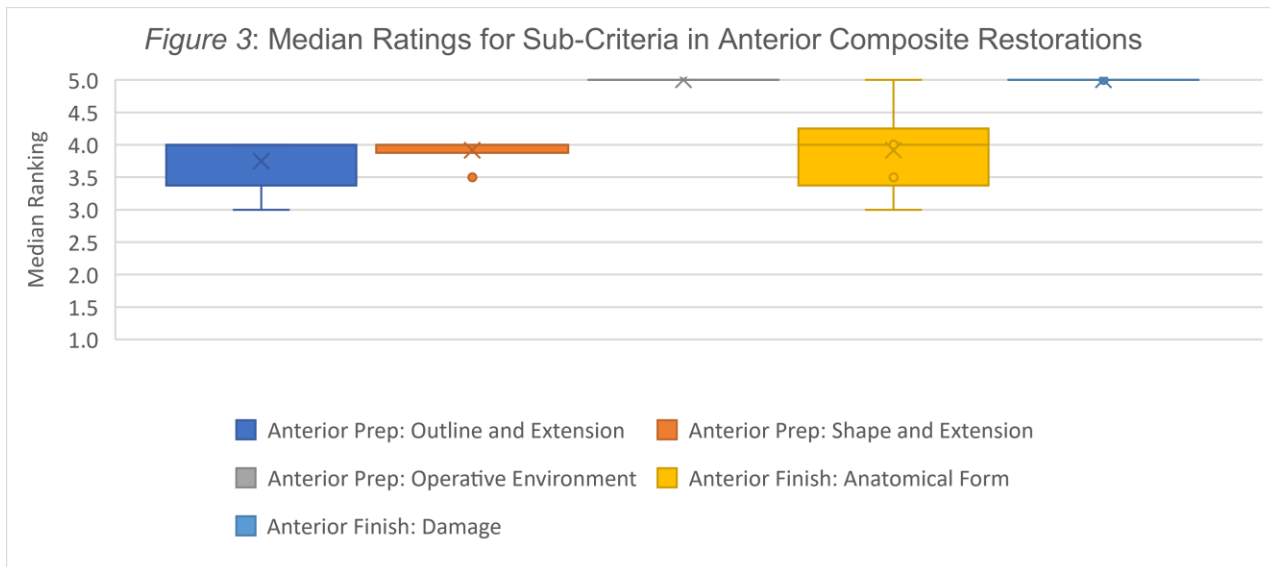


Table 6: Statistics for median rankings of Anterior Composite Restorations by sub-criteria.

	Median	Mean	Std. Deviation	Range	N
Preparation: Outline and Extension	4.0	3.8	0.4	1.0	6
Preparation: Shape and Extension	4.0	3.9	0.2	0.5	6
Preparation: Operative Environment	5.0	5.0	0.0	0.0	6
Finish: Anatomical Form	4.0	3.9	0.7	2.0	6
Finish: Margins	4.0	3.9	0.7	2.0	6
Finish: Damage	5.0	5.0	0.0	0.0	6

IX. Stainless Steel Crowns

There were no stainless-steel crowns reviewed during the evaluation period.

X. Extractions

There were two extractions reviewed during the evaluation period. Reviewers noted that both were well documented and successful procedures.

Summary of Findings:

- There were no instances of patient harm that were revealed during the site visit.
- There were no adverse events reported to the Authority by the project sponsor as required under OAR 333-010-0760. (Appendix B)
- DHAT trainees are operating under their approved scope of practice.
- The project is in full compliance with their approved amended application.

XI.

333-010-0790 Dental Pilot Projects: Authority Responsibilities

Site Visits

- (a) Site visits shall include, but are not limited to:
 - (A) Determination that adequate patient safeguards are being utilized;
 - (B) Validation that the project is complying with the approved or amended application;
 - (C) Interviews with project participants and recipients of care; and
 - (D) Reviews of patient records to monitor for patient safety and the applicable standard of care.
- (b) If the Authority has convened an advisory committee, representatives of the committee may be invited by the Authority to participate in the site visit though the Authority may, at its discretion, limit the number of members who can participate;
- (c) Written notification of the date, purpose and principal members of the site visit team shall be sent to the project director at least 90 calendar days prior to the date of the site visit;
- (d) Plans to interview trainees, supervisors, and patients or to review patient records shall be made in advance through the project director;
- (e) An unannounced site visit may be conducted by program staff if program staff have concerns about patient or trainee safety;
- (f) The Authority will provide the project sponsor with at least 14 business days to submit to the Authority required patient records, data or other documents as required for the site visit;

Site Visit Reporting Process

- (g) Following a site visit the Authority will:
 - (A) Within 60 calendar days, issue a written preliminary report to the sponsor of findings of the site visit, any deficiencies that were found, and provide the sponsor with the opportunity to submit a plan of corrective action;

Corrective Action Plan Process and Requirements

- (i) A signed plan of correction must be received by the Authority within 30 calendar days from the date the preliminary report of findings was provided to the project sponsor;
- (ii) The Authority shall determine if the written plan of correction is acceptable no later than 30 calendar days after receipt. If the plan of correction is not acceptable to the Authority, the Authority shall notify the project sponsor in writing and request that the plan of correction be modified and resubmitted no later than 10 business days from the date the letter of non-acceptance was mailed to the project sponsor;
- (iii) The project sponsor shall correct all deficiencies within 30 calendar days from the date of correction provided by the Authority, unless an extension of time is requested from the Authority. A request for such an extension shall be submitted in writing and must accompany the plan of correction.
- (iv) If the project sponsor does not come into compliance by the date of correction reflected on the approved plan of correction, the Authority may propose to suspend or terminate the project as defined under OAR 333-010-0820, Suspension or Termination of Project.
- (B) Within 90 calendar days of receipt of a plan of correction, issue a final report to the sponsor;

Final Site Visit Report Process

- (C) If there are no corrections needed, the Authority will issue a final report within 180 calendar days.

(4) The Authority may also provide the sponsor with the opportunity to submit a corrective action plan to address any deficiencies found by the Authority during any project monitoring as described in section (1) of this rule. The Authority shall notify the sponsor in writing of the requirement to submit a plan of correction. The sponsor must submit, and the Authority must receive the plan of correction by the deadline set in the notification. All of the requirements and deadlines described in section (3) of this rule for corrective action plans apply to a project sponsor when directed to submit a corrective action plan under this section (4).

Report of Findings

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (a) Comply with informed consent in accordance with OAR 333-010-0770, Informed Consent;		ID Number MS1A
Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observed: Clinic is requiring informed consent documents to be reviewed at each visit with the DHAT. Documented in chart.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (b) Prohibit a trainee from performing procedures the trainee is not capable of performing based on the trainee’s level of education, training and experience, physical or mental disability, or which are outside of the trainee’s approved scope of practice as outlined in the approved application by the Authority;		ID Number MS1B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (c) Provide or arrange for emergency treatment for a patient currently receiving treatment and needs emergency care;		ID Number MS1C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. There were no instances of emergencies.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (d) Not use the behavior management technique of Hand Over Mouth (HOM) or Hand Over Mouth Airway Restriction (HOMAR) on any patient;		MS1D
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (e) Comply with ORS 419B.005 to 419B.010 related to the mandatory reporting of child abuse;		MS1E
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (f) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of X-ray machines;		MS1F
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (g) Comply with ORS 679.520 or rules adopted pursuant thereto relating to the treatment of dental waste materials;		MS1G
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observation: Records kept and clinic is complying.	

Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (h) Comply with ORS 679.535 or rules adopted pursuant thereto relating to the requirement to test heat sterilization devices;		MS1H
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observation: Clinic in compliance, records kept for testing of sterilization devices. Clinic completes a spore test on the first day of the work week. Indicator strips are always placed inside the cassettes and instrument bags. Strong infection control and overall health and safety program was implemented by a retired safety officer from United States Coast Guard. Annual trainings occur in January.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (i) Ensure that project participants involved in direct patient care: (A) Have not been convicted of any crimes, within the last 10 years, that is a crime of violence or crime of dishonesty. (B) Have not been denied or disciplined by a state entity that issues licenses or certificates.		MS1IAB
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observation: Under Indian Child Welfare Act, annual background checks are required. Clinic and project are in compliance with OAR and Federal requirements. Indian Child Welfare Act . Indian Child Welfare Act, (Pub.L. 95-608, 92 Stat. 3069, enacted November 8, 1978, 25 U.S.C.	

	§§ 1901–1963)
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (j) Ensure adequate supervision and evaluation of trainees, including but not limited to: (A) Timely review of trainee procedures and addressing any deficiencies;	ID Number MS1JA
---	--------------------------------------

Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
--	--	---

Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observation: DHAT trainees are operating under direct, indirect or general supervision depending on their completion of their preceptorship status.</p> <p>Every week, the supervising dentist reviews all charts of irreversible procedures performed by the Ms. Petrie, DHAT, who has completed her preceptorship.</p> <p>DHAT to perform them under the supervision levels prescribed. Under the approved application/project the DHAT trainees are allowed to work under general, indirect or direct supervision depending on the requirements outlined by the supervising dentist.</p> <p>Each DHAT trainee is operating under a collaborative agreement.</p>
---	--

Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (j) Ensure adequate supervision and evaluation of trainees, including but not limited to: (B) Monitoring for adverse events and addressing any deficiencies;	ID Number MS1JB
---	--------------------------------------

Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
--	--	---

Observations and/or Identified Deficiencies:	<p>No deficiencies identified.</p> <p>Observations: See MS1JA.</p>
---	--

	No adverse events were identified or reported.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (j) Ensure adequate supervision and evaluation of trainees, including but not limited to: (C) Monitoring and evaluating trainees and addressing any deficiencies.		MS1JC
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observations: See MS1JA.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (2) Ensure that participants in the project, including trainees, do not engage in unprofessional conduct as that is defined in ORS 676.150.		MS2
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (3) Ensure that an accurate patient record is prepared and maintained for each person receiving dental services, regardless of whether any fee is charged. The record shall contain the name of the trainee rendering the service and include, but is not limited to: (a) Name and address and, if a minor, name of guardian; (b) Date and description of examination and diagnosis; (c) An entry that informed consent has been obtained in accordance with OAR 333-010-0770, Informed Consent; (d) Date and description of treatment or services rendered; (e) Date and description of all radiographs, study models, and periodontal charting; (f) Health history; and		MS3

(g) Date, name of, quantity of, and strength of all drugs dispensed, administered, or prescribed.		
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Observations: Clinical records in compliance with all requirements outlined under 333-010-0760.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (4) Have a sufficient number and distribution of qualified clinical and non-clinical instructors to meet project objectives, as identified in the approved application.		MS4
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. There are a total of two trainees providing services at the CTCLUSI Dental Clinic.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (5) Provide instruction to trainees following the training program outlined in the approved application by the Authority.		MS5
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (6) Assure that trainees achieve a minimal level of competence before they are permitted to enter the employment/utilization phase.		MS6
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>

Observations and Identified Deficiencies:	No deficiencies identified.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (6) (e) Trainee monitoring records shall be provided to the Authority.		MS6E
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: OHA requested a random sample of clinical records for review by OHA and clinical record reviewers on the Dental Pilot Project #100 Advisory Committee. All records were supplied by the due date required.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (7) Comply with the requirements of the Dental Pilot Projects statute, Oregon Laws 2011, chapter 716; these rules [OARs]; and the approved application including, but not limited to, the evaluation and monitoring plan.		MS7
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: The clinic and pilot project are in compliance with all aspects of the approved application and evaluation and monitoring plan.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (8) Evaluate quality of care, access, cost, workforce, and efficacy in accordance with the evaluation and monitoring plan approved by the Authority and as described in OAR 333-010-0780, Pilot Project Evaluation and Monitoring by Sponsor.		MS8
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>

<p>Observations and Identified Deficiencies:</p>	<p>No deficiencies identified.</p> <p>Observations: The project submits quarterly reports to demonstrate compliance with 333-010-0760.</p> <p>(10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following information for the previous quarter:</p> <ul style="list-style-type: none"> (a) Accomplishments or highlights. (b) Challenges faced and continuous quality improvement activities. (c) Updated project timeline. (d) Data reports: <ul style="list-style-type: none"> (A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data. (B) Data generated by the clinical evaluator. (C) Number and type of any adverse event or complication that occurred during the reporting period. <p>Mekinak Consulting is an American Indian–owned business that specializes in the evaluation of programs serving Indigenous communities. Working in collaboration with the Northwest Portland Area Indian Health Board (NPAIHB), the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians (CTCLUSI), the Coquille Indian Tribe (CIT), and the Native American Rehabilitation Association (NARA). Mekinak Consulting developed the Evaluation Plan for 3 years of the 5-year pilot for the Tribal Dental Health Aide Therapist Project (TDHATP). The purpose of the evaluation is to assess how well the pilot project is meeting the goals of the NPAIHB Oral Health Program to improve access and quality of care to members of the CTCLUSI and CIT. The evaluation also addresses the evaluation requirement of the Oregon Health Authority (OHA) to meet the conditions of Dental Pilot Projects statute (Oregon Laws 2011, Chapter 716).</p> <p>Elements not directly addressed in the Mekinak Quarterly Reports are addressed in annual updates from the pilot project which include patient surveys.</p> <p>Update to qualitative evaluation studies are provided on an annual basis.</p>
<p>Corrective Action</p>	<p>Not applicable.</p>
<p>Required Next Steps</p>	<p>Not applicable.</p>

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (9) Within 24 hours of any incident involving a patient in the care of a trainee which results in any medical occurrence that is life-threatening, requires hospitalization, results in disability or permanent damage, requires medical or surgical intervention or results in death, the sponsor must ensure that a detailed written report, along with the patient's complete dental records, is submitted to the Authority by the supervising dentist.		ID Number MS9
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: No incidents reported.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following categories for the previous quarter: (a) Accomplishments or highlights. (b) Challenges faced and continuous quality improvement activities. (c) Updated project timeline.		ID Number MS10ABC
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Project is in compliance and has submitted the required quarterly monitoring reports to OHA on time.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (10) Submit detailed quarterly monitoring reports in a format prescribed by the Authority that include but are not limited to the following categories for the previous quarter: (d) Data reports: (A) A comprehensive breakdown of each of the data points the project is capturing in its approved evaluation and monitoring plan including anonymized client level data. (B) Data generated by the clinical evaluator.		ID Number MS10D
--	--	--------------------------------------

Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Project is in compliance and has submitted the required quarterly monitoring reports to OHA on time.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
(1) "Adverse event" means unnecessary harm due to dental treatment. (C) Number and type of any adverse event or complication that occurred during the reporting period.		MS10C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: No adverse events or complications have been reported.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (11) Follow written standard operating policies and procedures approved by the Authority as outlined in OAR 333-010-0750, Provisional Approval; Final Approval.		MS11
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: All newly hired individuals are trained on the standard operating procedures requirements and manual.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (12) Use templates and follow guidelines for the submission of documents and other reporting requirements as prescribed by the Authority.		MS12
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>

Observations and Identified Deficiencies:	No deficiencies identified.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0760: Dental Pilot Projects: Minimum Standards		ID Number
(13) Provide care only at Authority approved employment/utilization sites.		MS13
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Care is only provided at approved employment/utilization sites and locations.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient: (a) Is provided written information about the dental pilot project and who will be providing treatment;		IC1A
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Clinic provides informed consent and education to each patient about the role of the DHAT trainee.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient: (b) Gives written consent to be treated by the dental pilot project trainee;		IC1B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: Clinic provides informed consent and education to each patient about the role of the DHAT trainee. Patient provides written consent.	

Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(1) A sponsor must ensure that each patient or person legally authorized to provide consent on behalf of the patient: (c) Gives informed consent for treatment by the trainee.		IC1C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (b) Patient records must document an entry that informed consent for treatment has been obtained and the date the informed consent was obtained. Documentation may be in the form of an acronym such as "PARQ" (Procedure, Alternatives, Risks and Questions) or "SOAP" (Subjective Objective Assessment Plan) or their equivalent;		IC4B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (c) Informed consent for treatment must be obtained in writing for procedures identified by the Authority in the application approval letter, and such consent must be included and documented in the patient's record;		IC4C
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0770: Dental Pilot Projects: Informed Consent		ID Number
(4) Informed consent for treatment: (d) A trainee may not perform any procedure for which the patient or patient's guardian has not given informed consent provided; however, in the event of an		IC4D

emergency situation, if the patient is a minor whose guardian is unavailable or the patient is unable to respond, a trainee may render treatment in a reasonable manner according to community standards and in accordance with the trainees approved scope of practice.		
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Authority Responsibilities		ID Number
(2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		AR3AA
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies observed.</p> <p>Observations: OHA has approved Dental Pilot Project #100 to operate under an approved application process and evaluation and monitoring plan. DHAT trainees are trained in an approved training program in Alaska. The training of DHAT's is federal recognized under the CHAP program. DHAT's graduate from the 2-year training program and enter a preceptorship under direct supervision for 400 hours. Upon completion of the preceptorship, the DHAT operates under standing orders under the required supervision outlined on the practice plan by the supervising dentist.</p> <p>The approved Evaluation and Monitoring Plan requires that all procedures completed by the DHAT that are considered irreversible are documented with a pre-prep-post operative intra-oral image.</p> <p>Under the plan, every week, the supervising dentist reviews all charts of irreversible procedures performed by the DHAT.</p> <p>Every quarter, 10 charts drawn from a random sample containing irreversible and are reviewed by an external evaluating dentist. A clinical evaluator is required under 333-010-0760. The external evaluator has no financial or commercial interest in the project and is responsible for conducting a clinical evaluation of the approved pilot project.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Program Responsibilities (3) Site visits. (a) Site visits shall include, but are not limited to: (B) Validation that the project is complying with the approved or amended application;		ID Number AR3AB
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: The project is complying.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Program Responsibilities (3) Site visits. (a) Site visits shall include, but are not limited to: (C) Interviews with project participants and recipients of care;		ID Number AR3AC
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified. Observations: <ul style="list-style-type: none"> • A site visit, including interviews with project participants and recipients of care was conducted 6 months prior to this chart review only site visit. OHA is required to conduct annual site visits. This chart review site visit is in addition to the required responsibilities of OHA. Site Visits that include interviews were completed on the following dates: <ul style="list-style-type: none"> - Alaska, 2017 - CTCLUSI, 2018 - NARA, 2018 - NARA Residential, 2018 - CTCLUSI, 2019 - NARA Youth Residential, 2019 - CTCLUSI, 2020 - NARA, 2021 A site visit which will include interviews for DPP#100 is scheduled for July 2022 at the Coquille utilization site.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0790 Dental Pilot Projects: Program Responsibilities (3) Site visits. (a) Site visits shall include, but are not limited to: (D) Reviews of patient records to monitor for patient safety, quality of care, minimum standard of care and compliance with the approved or amended application.		ID Number AR3AD
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies identified.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

REPORT END