



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:	February 26, 2018
Site Location:	Native American Rehabilitation Association (NARA) Dental Clinic 12750 S.E. Stark St. Building E Portland, OR 97233
Primary Contact Name and Title:	Christina Peters, Project Director



Pass or Fail Site Visit

Per Oregon Administrative Rule (OAR) 333-010-0455, a report of findings and an indication of pass or fail for site visits shall be provided to the project director in written format within 60 calendar days following a site visit. The Oregon Health Authority has determined that Dental Pilot Project #100 is in non-compliance with the requirements set forth in OARs 333-010-0400 through 333-010-0470, and therefore has **failed** the site visit. Please see Appendix A for a copy of the preliminary report of findings.

The preliminary report reflects the OHA Dental Pilot Project Program's findings at the time of the site visit. Any improvements or changes made subsequent to a site visit may be described and documented in the program's response to the preliminary draft report, which becomes part of OHA's formal record of the pilot project. Such improvements or changes represent progress made by the project sponsor and are considered by OHA, although the preliminary site visit report and determination of passage or failure is not revised to reflect these changes.

As a result of the preliminary report, a Stipulated Agreement was signed on April 3, 2018 between the Oregon Health Authority (OHA) and the Northwest Portland Area Indian Health Board (NPAIHB) to take corrective action on some of the findings of the site visit.

<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 333-010-0400 – 333-010-0470. 	<p>Methodology:</p> <ol style="list-style-type: none"> 1. Interviews with project participants 2. Clinical records review
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Attendees:

Name	Title	Organization
Bruce Austin, DMD	Statewide Dental Director	OHA
Kelly Hansen	Research Analyst/Oral Health Program	OHA
Sarah Kowalski, RDH, MS	Dental Pilot Project Program Coordinator	OHA
Christina Peters	Project Director	NPAIHB
Pam Johnson	Project Manager	NPAIHB
Kelli Swanson Jaecks, RDH, MS	Dental Hygienist	OHA Dental Pilot Project Advisory Committee
Richie Kohli, BDS, MS, DPH	Dentist	OHA Dental Pilot Project Advisory Committee
Paula Hendrix	Dental Hygienist	OHA Dental Pilot Project Advisory Committee
Caroline Tydings, MPH	Administrative Support	OHA

Project Sponsor Representatives and Interviewees:

Name	Title	Organization
Azma Ahmed, DDS	Dental Director	NARA Dental Clinic
Sally Beach, RDH	Dental Hygienist	NARA Dental Clinic
April Geisler	DHAT Project Coordinator	NARA Dental Clinic
Allyson Lecatsas, MS	Health Director	NARA
Christina Peters	Project Director	NPAIHB
Pam Johnson	Project Manager	NPAIHB
Ben Steward	DHAT Trainee	NARA Dental Clinic
Michael Watkins	Chief Operating Officer	NARA

Advisory Committee Record Reviewers:

Name	Title	Organization
Bruce Austin, DMD	Statewide Dental Director	Oregon Health Authority
Len Barozzini, DDS	Director of Dental Services	Multnomah County
Jennifer Clemens, DMD, MPH	Dental Director	Capitol Dental/Smile Keepers
Richie Kohli, BDS, MS, DPH	Dentist, Assistant Professor	OHSU
Caroline Muckerheide, DDS	Pediatric Dentist	Private Practice
Brandon Schwindt, DMD	Pediatric Dentist	Private Practice

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 stratified random sampling scheme to ensure that all procedure categories were included.

Twenty-three unique records were reviewed, representing 50% of patients reported being seen by the DHAT through December 2017. Records were then reviewed by licensed clinical providers for objective and subjective measures of patient safety and quality of care. Chart reviews are inherently subjective in nature, and many of the elements characterized within the chart review are beyond the regulatory scope of the Authority for purposes of this report. Additionally, it is not appropriate to draw larger conclusions about DHAT quality of care from the extremely small sample size involved in one site visit. Each site visit includes a sample of patient record reviews that will be pooled for analysis in the final report and the end of the pilot project period.

This report is primarily focused on objective measures of patient safety, administrative record keeping and compliance within the approved scope of practice for the pilot project. At the conclusion of the pilot project, the Authority will publish a full report of findings as part of its overall evaluation and programmatic responsibilities.

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 333-010-0435.
- Integration of a new type of provider is not expected to be a seamless process. Challenges and lessons learned have been provided on a quarterly basis by the project sponsor.
- The site visit illustrated significant gaps in communications between the project sponsor and the pilot sites, as well as between OHA and the project sponsor.
- New protocols have been adopted to remove potential barriers to communication including a bi-weekly phone call between the project sponsor and OHA program staff. Subsequent conversations have illustrated significant improvements in the project management protocols by the project sponsor.
- NPAIHB has implemented a monthly conference call between project sites clinical staff, clinic leadership, NPAIHB staff and DHAT coordinators.
- NPAIHB submitted an amended version of their original application to OHA for review. The amended application incorporated approved modifications to the original application. The amended application is under review for accuracy.

- Preliminary findings by OHA included a finding that NPAIHB was not in compliance with the Authority's understanding of Appendix C, intra-oral image and radiographic collection requirements, in the approved Evaluation and Monitoring Plan. Conflicting statements within the approved plan have created confusion regarding when the intra-oral imaging process was to go into effect. Due to the misunderstanding, OHA has not cited the project specifically for this issue in the final report. Since adequate patient safety and procedural quality cannot be determined without proper image documentation, OHA will require the project to adhere to the language on page one of the Appendix C document. From April 3, 2018 and on forward, intra-oral images will be taken at all required points of the procedure as outlined in Appendix C. Images are only required for irreversible procedures. A copy of Appendix C can be found in the appendix to this report under Appendix B.
- Chart reviewers indicated that charts were difficult to follow. In one instance, it was unclear to reviewers on what tooth a stainless-steel crown was placed and irregular entry of CDT codes was noted. Clinical photos were not consistently present and clearly labeled for irreversible procedures. Multiple reviewers commented that diagnosis, tooth surface, medication and allergy changes, reason for tooth non-restorability and other clinical findings were unclear based on progress notes. Additionally, several reviewers disagreed with documentation of diagnoses based on clinical findings.
- The pilot site has failed to maintain accurate patient records in accordance with OAR 818-012-0070. Examples include incorrectly recording treatment rendered, incorrectly coding for one procedure when a different procedure was performed, and not recording patient weight when administering analgesics to minors.
- In one instance, the trainee completed an extraction that was coded as D7210, which falls outside the scope of DHAT practice. D7210 is defined as surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Project managers indicated that this was coded in error, which indicates a failure to accurately document patient treatment.
- The preliminary report of findings required the project sponsor to respond to specific areas of concern, and NPAIHB responded by the due date indicated.
- A Stipulated Agreement was signed on April 3, 2018 between the Oregon Health Authority and the Northwest Portland Area Indian Health Board (NPAIHB). The agreement required NPAIHB to hire or contract with an Oregon-licensed dentist actively practicing in the State of Oregon to provide clinical technical expertise and project oversight, no later than June 21, 2018. On May 17, 2018, NPAIHB entered into a contract with Dr. Gita Yitta, a general dentist. Dr. Yitta is responsible for developing the standing operating procedures for use at the pilot sites, conducting trainings at pilot sites, and providing clinical dental project oversight and technical expertise as needed.
- OHA will conduct a follow-up site visit on September 20, 2018 to assure that the corrective actions have been implemented.

Report of Findings

333-010-0410: Dental Pilot Projects: Minimum Standards A dental pilot project shall: (1) Provide for patient safety as follows: (a) Provide treatment which does not expose a patient to risk of harm when equivalent or better treatment with less risk to the patient is available;		ID Number MS1A
Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and/or Identified Deficiencies:	<p><i>Rule 333-010-0410 is not met as evidenced by:</i></p> <p>Based on interviews with project participants and review of chart records, it was determined that the trainee practiced outside the scope of approved practice. Review of the chart records indicate that on three separate occasions the trainee completed extractions or attempted to complete extractions, which are outside of the trainees approved scope of practice as outlined in the approved application:</p> <p>Project trainees are only authorized to complete simple uncomplicated extractions and only in a case of a medical emergency. Each extraction fell outside of the approved scope of practice as none of them were considered a medical emergency. In the 23 submitted cases, 8 charts included a total of 10 extraction procedures.</p> <p>In two of these instances, the procedure became surgical in nature in order to complete the procedure. DHAT trainees are not authorized to complete surgical extractions.</p> <p>In the one instance, the DHAT trainee was authorized to extract teeth #15 and #16. Chart notes state that after the teeth were extracted by the DHAT trainee, buccal bone was attached to the extracted teeth. The supervising dentist was required to take over the procedure and used a bone file to reshape the bone in the extraction site and suture the area.</p> <p>OHA is concerned that the DHAT trainee was authorized to complete procedures that fell outside of their scope of practice according to the approved project application. DHAT trainees do not have the scope of practice to cut soft tissue or resolve extractions that become surgical in nature.</p> <p>It is not uncommon for buccal bone to become partially removed and attached to extracted teeth. The primary concern is that the DHAT trainee does not possess the scope of practice to address an issue that requires the use of a bone file to smooth the socket. There are discrepancies on whether suturing is part of a DHAT scope of practice and curriculum.</p>	

	<p>The DHAT trainee acted appropriately in conferring immediately with his supervising dentist.</p> <p>There is concern that third-molar extractions may be more problematic and are more likely to fall out of scope for a DHAT trainee. OHA has not limited DHAT trainees in the pilot project to extractions for particular teeth.</p> <p>Continued monitoring and further site visits will be conducted to evaluate the safety of allowing DHAT trainees to complete extractions of third-molars.</p>
<p>Corrective Action</p>	<p>On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB must only allow a DHAT trainee to perform extractions under the following conditions:</p> <ol style="list-style-type: none"> 1. All extractions must be performed under the indirect supervision of the DHAT trainee’s supervising dentist. Indirect supervision is defined under ORS 679.010 as supervision requiring that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed. 2. For primary and permanent tooth extractions, the DHAT trainee will first receive and document authorization from the supervising dentist. 3. For primary teeth, the trainee may perform non-surgical extractions on teeth that exhibit some degree of mobility. The trainee will not extract a tooth if it is unerupted, impacted, fractured or decayed to the gum line, or needs to be sectioned for removal. 4. For permanent teeth, the trainee may perform non-surgical extractions of periodontally diseased teeth with evidence of bone loss and +2 degree of mobility. The trainee will not extract a tooth if it is unerupted, impacted, fractured or decayed to the gum line, or needs to be sectioned for removal. 5. Document all information related to extractions as specified above along with the criteria required for the project evaluation which include a recent radiograph of the tooth to be extracted, a pre-operative intra-oral image of the tooth to be extracted, and a post-operative image of the extracted tooth.
<p>Required Next Steps</p>	<p>The project is required to clarify the scope of practice concerns around intra-oral suturing. The DHAT trainee indicated in their interview during the site visit that they are specifically taught that intra-oral suturing is outside of their scope of authorized practice. This was confirmed in statements by the supervising dentist. Each stated that DHAT’s are not taught suturing in the training program and are prohibited from suturing. This is of concern as NPAIHB</p>

	<p>contradicts the statements of both the trainee and supervising dentist. NPAIHB provided information to OHA stating that DHAT's are in fact authorized to perform suturing and are taught this as part of their training. Clarification as to the contradicting statements is required.</p> <ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.
<p>Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation</p>	<p>In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.</p> <p>In response to the confusion regarding suturing and the DHAT scope of practice, NPAIHB indicated that they have completed a gap analysis to determine if the DHAT trainee, Mr. Steward, needs to receive additional training. The curriculum has changed since he completed his training in 2009. Please see Appendix C for more details. NPAIHB has confirmed that this training will take place in September 2018.</p>
<p>Timeline to implement the CAP.</p>	<p>NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority has approved the date change that was originally required in the preliminary report of findings.</p>
<p>Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified</p>	<p>NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site.</p> <p>NPAIHB requested specific clinical criteria that must be documented in the chart prior to the dentist authorizing the procedure.</p> <p>OHA consulted with members of the Advisory Committee to recommend specific clinical criteria which may indicate that the tooth recommended for extraction by the DHAT trainee is part of their approved scope of practice as a simple and uncomplicated extraction include the following:</p> <ul style="list-style-type: none"> • For primary teeth, chart notes and documentation must indicate the diagnosis and degree of mobility in addition to other supporting diagnostic information including presence of purulence (suppuration) and other supporting diagnostic criteria including degree of odontalgia. All diagnostic radiographic and photographic documentation must be documented in the chart

record. The DHAT trainee will not extract teeth that are ankylosed. Chart notes, including radiographic images and intra-oral images, must illustrate that the tooth is erupted, not impacted, not fractured below the gumline, not decayed to the gumline, and does not require sectioning for removal. In addition, chart notes must illustrate the absence of associated sepsis, facial swelling, trismus or dysphagia. Chart notes must indicate the absence of dilacerations of the root(s), no proximity to vital structures including maxillary sinus and inferior alveolar nerve, adequate clinical crown, no tori or other need for alveoplasty. Documentation must include any hemostasis required or other interventions. Documentation of post-operative instructions provided both verbally and in writing. Approved dental pilot projects are required to be in compliance with OARs 333-010-0400 through 333-010-0470.

- For permanent teeth, chart notes must indicate percentage of bone loss, degree of mobility in addition to other supporting diagnostic information including probing depths, bleeding on probing, clinical attachment levels, presence and severity of gingival recession, presence of purulence (suppuration) in addition to other supporting diagnostic criteria including degree of odontalgia. Chart notes, including radiographic images and intra-oral images, must illustrate that the tooth is erupted, not impacted, not fractured below the gumline, not decayed to the gumline and does not require sectioning for removal. In addition, chart notes must illustrate the absence of associated sepsis, facial swelling, trismus or dysphagia. Chart notes must indicate the absence of dilacerations of the root(s), no proximity to vital structures including maxillary sinus and inferior alveolar nerve, adequate clinical crown, no tori or other need for alveoplasty. Documentation must include any hemostasis required or other interventions. Documentation of post-operative instructions provided both verbally and in writing. Approved dental pilot projects are required to be in compliance with OARs 333-010-0400 through 333-010-0470.

Standard of care for non-surgical uncomplicated dental extractions must be followed by both the supervising dentist and the DHAT trainee. The DHAT trainee does not have the scope of practice to cut soft tissue or resolve extractions that become surgical in nature. While the DHAT trainee is required to complete non-surgical uncomplicated extractions under indirect or direct supervision, the extraction procedure authorized by the dentist must fall within the scope of approved practice for a DHAT trainee. To this end, DHAT trainees are expected to perform procedures independently from initiation of the treatment to completion both during preceptorship and upon receipt of standing orders. Intervention by the supervising dentist should be a rare occurrence. A root cause analysis should always be performed when the supervising dentist is required to

	<p>intervene in all treatment cases that have been initiated by the DHAT trainee. Documentation of analysis results should be included in chart notes.</p> <p>NPAIHB has indicated that they are developing a template in their electronic health record software “Dentrix” to ensure that sufficient documentation is noted in the patient chart prior to treatment.</p>
Name and title of individual responsible to implement CAP.	Gita Yitta, DMD NPAIHB Project Dental Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
<p>A dental pilot project shall: (1) Provide for patient safety as follows: (b) Seek consultation whenever the welfare of a patient would be safeguarded or advanced by having recourse to those who have special skills, knowledge and experience;</p>		MS1B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. Trainee immediately conferred with the supervising dentist in response to issues identified in ID Number MS1A.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
<p>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;</p>		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.	

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (d) Comply with ORS 453.605 to 453.755 or rules adopted pursuant thereto relating to the use of x-ray machines;		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.	

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
A dental pilot project shall: (1) Provide for patient safety as follows: (f) Comply with the infection control procedures in OAR 818-012-0040		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.	

333-010-0410: Dental Pilot Projects: Minimum Standards		ID Number
(3) Assure that trainees have achieved a minimal level of competence before they enter the employment/utilization phase;		MS3
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and/or Identified Deficiencies:	No deficiencies identified. <i>Comments:</i> The DHAT trainee was under their preceptorship phase, as outlined in the approved and amended application. The supervising dentist is responsible for making assessments and determination of competency for the trainee's approved scope of practice. Monitoring records and chart records indicate that the supervising dentist supervised the DHAT trainee under direct supervision and made appropriate documentation in determining competency for the purposes of completing the trainee's preceptorship.	
Corrective Action	Not applicable.	

Required Next Steps	Not applicable.
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333-010-0420: Dental Pilot Projects: Trainees (1) A dental pilot project must have a plan to inform trainees of their responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules.	ID Number T1
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Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
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Observations and Identified Deficiencies:	<p><i>Rule 333-010-0420 is not met as evidenced by:</i></p> <p>Based on interviews with project participants and review of chart records, it was determined that the DHAT trainees at the pilot sites provided services to patients who were under the use of nitrous oxide. Nitrous oxide was administered by the supervising dentist under direct supervision.</p> <p>On November 21, 2017, OHA informed the NPAIHB in writing of the following requirements:</p> <ul style="list-style-type: none"> • If DHAT trainees are providing treatment to patients under “nitrous oxide or other analgesics,” then OHA requires that the trainees participating in the approved pilot project follow the Oregon Board of Dentistry administrative rules for Anesthesia OARs 818-026-0000 through 818-026-0120. • The project must provide clarification on the intention of using nitrous oxide by DHATs in the pilot project, as well as the training received and competency if operating as an Anesthesia Monitor, etc. • If it is the intention of the project trainees to utilize nitrous oxide or work on patients under nitrous oxide, then the project must apply for a modification to their application. <p>A copy of the administrative rules for nitrous oxide OARs 818-026-0000 through 818-026-0130 was supplied to the NPAIHB.</p> <p>On November 30, 2017, OHA received a memo from NPAIHB stating: “After further review of the Oregon Dental Practices Act, we agree that our DHATs are not, and will not be authorized to administer Nitrous Oxide, or work on patients that have received Nitrous Oxide from someone who has a valid Nitrous Oxide permit.”</p> <p>NPAIHB failed to inform the project sites of the directives issued</p>
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	<p>by OHA. The DHAT trainees at both pilot sites provided services to patients who were under the use of nitrous oxide. Nitrous oxide is not part of the approved scope of practice as outlined in the approved and amended application.</p>
Corrective Action	<p>On February 28, 2018, OHA informed both the NPAIHB and clinic sites verbally of the concerns discovered in the oral interviews with the NARA clinicians. A commitment to cease procedures that are not allowed under the approved application was obtained from both the NPAIHB and the pilot site.</p> <p>On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will prohibit DHAT trainees from treating patients who are receiving nitrous oxide.</p>
Required Next Steps	<p>NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.</p>
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	<p>In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.</p> <p>The current DHAT training curriculum does not include training or education on the administration of nitrous oxide. NPAIHB is exploring the option of applying for a modification to allow the DHAT trainee to administer nitrous oxide upon a modification approval from OHA.</p>
Timeline to implement the CAP.	<p>NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority has approved the date change that was originally required in the preliminary report of findings.</p>
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency	<ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. • NPAIHB has implemented a monthly conference call between clinical staff, clinic leadership, NPAIHB staff and DHAT coordinators.

identified	<ul style="list-style-type: none"> A communications plan between the NPAIHB project manager, NPAIHB project dental director and OHA has been implemented via a bi-weekly conference call.
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0425: Dental Pilot Projects: Instructor and Supervisor Information		ID Number
A dental pilot project must have: (2) A plan to orient supervisors to their roles and responsibilities.		S2
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<p><i>Rule 333-010-0425 is not met as evidenced by:</i></p> <p>Based on interviews with project participants and review of chart records, it was determined that the supervising dentists at the pilot sites were not made aware of the limitations on the scope of practice for the DHAT or of directives issued by OHA around nitrous oxide and extractions.</p> <p>For complete narrative, please see section ID Numbers MS1A and T1.</p>	
Corrective Action	See section ID Numbers MS1A and T1 for details.	
Required Next Steps	See section ID Numbers MS1A and T1 for details.	
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	See section ID Numbers MS1A and T1 for details.	
Timeline to implement the CAP.	See section ID Numbers MS1A and T1 for details.	
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence	See section ID Numbers MS1A and T1 for details.	

of the specific deficiency identified	
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (a) Patient safety;		ID Number EM2A
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No observed deficiencies. <i>Comments:</i> Trainee was under their preceptorship phase, as outlined in the approved and amended application. The supervising dentist is responsible for making assessments and determination of competency for the trainee's approved scope of practice. Monitoring records and chart records indicate that the supervising dentist supervised the DHAT trainee under direct supervision and made appropriate documentation in determining competency.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (b) Trainee competency;		ID Number EM2B
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies. <i>Comments:</i> Trainee was under their preceptorship phase, as outlined in the approved and amended application. The supervising dentist is responsible for making assessments	

	and determination of competency for the trainee’s approved scope of practice. Monitoring records and chart records indicate that the supervising dentist supervised the DHAT trainee under direct supervision and made appropriate documentation in determining competency.
Corrective Action	Not applicable.
Required Next Steps	Not applicable.

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (c) Supervisor fulfillment of role and responsibilities;		EM2C
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<p><i>Rule 333-010-0425 is not met as evidenced by:</i></p> <p>Based on interviews with project participants and review of chart records, it was determined that the supervising dentists at the pilot sites were not made aware of the limitations on the scope of practice for the DHAT or of directives issued by OHA around nitrous oxide and extractions.</p> <p>For complete narrative, please see section ID Numbers MS1A, T1 and S2.</p>	
Corrective Action	See section ID Numbers MS1A, T1 and S2 for details.	
Required Next Steps	See section ID Numbers MS1A, T1 and S2 for details.	
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	See section ID Numbers MS1A, T1 and S2 for details.	
Timeline to implement the CAP.	See section ID Numbers MS1A, T1 and S2 for details.	
Description of monitoring procedure(s) that the project sponsor will perform to	See section ID Numbers MS1A, T1 and S2 for details.	

prevent a recurrence of the specific deficiency identified	
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(2) Monitoring Plan. A sponsor of a dental pilot project must have a monitoring plan approved by the Authority that ensures at least quarterly monitoring and describes how the sponsor will monitor and ensure: (d) Employment/utilization site compliance.		EM2D
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<p><i>Rule 333-010-0435 is not met as evidenced by:</i></p> <p>Based on interviews with project participants and review of chart records, it was determined that the supervising dentists and trainees at the pilot sites were not made aware of the limitations on the scope of practice for the DHAT or of directives issued by OHA around nitrous oxide and extractions.</p> <p>For complete narrative, see section ID Numbers MS1A, T1, S2 and EM2C for details.</p>	
Corrective Action	See section ID Numbers MS1A, T1, S2 and EM2C for details.	
Required Next Steps	See section ID Numbers MS1A, T1, S2 and EM2C for details.	
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	See section ID Numbers MS1A, T1, S2 and EM2C for details.	
Timeline to implement the CAP.	See section ID Numbers MS1A, T1, S2 and EM2C for details.	
Description of monitoring procedure(s) that the project sponsor will perform to	NPAIHB has stated that the intent of their approved Evaluation and Monitoring Plan was to require intra-oral imaging after conclusion of the preceptorship. OHA interpreted language outlined in the project's Evaluation and Monitoring Plan Appendix C that this was happening during	

<p>prevent a recurrence of the specific deficiency identified</p>	<p>all points in the utilization phase, once the DHAT trainee was providing care to patients in Oregon.</p> <p>OHA has clarified that all irreversible procedures completed by the DHAT trainee require adherence to the process outlined in Appendix C of the approved Evaluation and Monitoring Plan.</p>
<p>Name and title of individual responsible to implement CAP.</p>	<p>Christina Peters NPAIHB Project Director</p>
<p>Authority Approval</p>	<p>Signed Stipulated Agreement on April 3, 2018</p>

<p>333-010-0435: Dental Pilot Projects: Evaluation and Monitoring (3) Data. A sponsor's evaluation and monitoring plans must describe: (b) How data will be monitored for completeness;</p>		<p>ID Number EM3B</p>
<p>Dental Pilot Project Program Requirements</p>	<p>Met <input type="checkbox"/></p>	<p>Not Met <input checked="" type="checkbox"/></p>
<p>Observations and Identified Deficiencies:</p>	<p><i>Rule 333-010-0435 is not met as evidenced by:</i></p> <p>The project was required to submit a full and complete detailed data report (DDR) to OHA quarterly. Upon review of the DDR and comparison of the chart records, numerous procedures were omitted on the detailed data report. Instructions for submission of the DDR indicate that every service provided by the trainee must be included as a separate entry. Stratified random samples are selected from the information contained in the DDR, so accuracy of the DDR is critical to the required evaluation by OHA.</p> <p>Based upon the submitted DDR, there were an expected 41 unique procedures (defined by ADA CDT codes) completed by the trainee on 23 unique patients. After review, there were 102 unique procedures identified as being completed by the trainee. Of the 23 charts reviewed, only 35% were accurately represented in the DDR. The procedures omitted in the DDR include one completed extraction, as well as many preventive and restorative services. This is an indication of severe data validity issues in the detailed data reports as submitted. Without a complete data set in the DDR, conclusions cannot be drawn as to the representative nature of the charts submitted. It is unknown how many other procedures have been completed by the trainee that were not included on the DDR for charts not selected in the randomized sample.</p>	

Corrective Action	On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will follow the approved and amended Evaluation and Monitoring Plan.
Required Next Steps	NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	<p>In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.</p> <p>NPAIHB agrees to follow its approved Evaluation and Monitoring plan.</p> <p>In response to the preliminary site visit report, NPAIHB requested technical assistance from OHA regarding compliance with the DDR.</p>
Timeline to implement the CAP.	NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority approved the date change that was originally required in the preliminary report of findings.
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified	<p>Clarification and requirements outlined in the DDR occurred on June 15, 2018 at a joint meeting between both organizations.</p> <ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. • NPAIHB has implemented a monthly conference call between clinical staff, clinic leadership, NPAIHB staff and DHAT coordinators. • A communications plan between the NPAIHB project manager, NPAIHB project dental director and OHA has been implemented via a bi-weekly conference call.
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

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333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
5) A sponsor must provide a report of information requested by the program in a format and timeframe requested.		EM5
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<p><i>Rule 333-010-0435 is not met as evidenced by:</i></p> <p>As part of the site visit, the project was required to submit a randomized sample of charts to OHA by February 27, 2018 based upon quarterly data submitted in the Detailed Data Report. Upon review, it was determined that a significant portion of these charts were incomplete and were missing significant components required for review and assessment of quality. These included pre-operative intra-oral images, prep intra-oral images, post-operative intra-oral images, pre-operative radiographs and informed consent forms.</p> <p>Reviewers were unable to adequately assess several of these charts as required for evaluation of patient safety. Of the 24 charts requested, 63% were missing one or more element. OHA further requested the missing components of the charts and received most of the required materials on March 16, 2018. Project managers indicated on that date that one chart number had been included in the Detailed Data Report in error, and was not a patient seen by the trainee.</p>	
Corrective Action	On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will follow the approved and amended Evaluation and Monitoring Plan.	
Required Next Steps	NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.	
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.	

	NPAIHB agrees to follow its approved Evaluation and Monitoring plan.
Timeline to implement the CAP.	NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority approved the date change that was originally required in the preliminary report of findings.
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified	<ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. • NPAIHB has implemented a monthly conference call between clinical staff, clinic leadership, NPAIHB staff and DHAT coordinators. • A communications plan between the NPAIHB project manager, NPAIHB project dental director and OHA has been implemented via a bi-weekly conference call.
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0435: Dental Pilot Projects: Evaluation and Monitoring		ID Number
(6) A sponsor must report adverse events to the program the day they occur.		EM6
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	No deficiencies. There were no instances of adverse events.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0440: Dental Pilot Projects: Informed Consent		ID Number
(1) A sponsor must ensure that informed consent for treatment is obtained from each patient or a person legally authorized to consent to treatment on behalf of the patient.		IC1
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>

Observations and Identified Deficiencies:	<p><i>Rule 333-010-0440 is not met as evidenced by:</i></p> <p>Based on review of randomized sample of charts, 87.5% of charts were missing the required signed and dated informed consent for treatment form for oral surgery.</p>
Corrective Action	<p>On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will follow the informed consent process required by administrative rule and approved by OHA.</p>
Required Next Steps	<p>NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.</p>
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	<p>In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.</p> <p>NPAIHB agrees to ensure that all required consent forms are completed and placed in charts prior to services being performed</p> <p>OHA will continue to require that written informed consent to see the DHAT trainee be obtained on a physical paper form approved for use in the pilot project. This form may not be electronic. Signed informed consent for treatment by the DHAT trainee must be scanned and uploaded into the patient record.</p> <p>Electronic forms are sufficient for use by pilot sites to consent to the treatment being provided, i.e. oral surgery, etc.</p>
Timeline to implement the CAP.	<p>NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority approved the date change that was originally required in the preliminary report of findings.</p>
Description of monitoring procedure(s) that the project sponsor	<ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. • NPAIHB has implemented a monthly conference call

will perform to prevent a recurrence of the specific deficiency identified	<p>between clinical staff, clinic leadership, NPAIHB staff and DHAT coordinators.</p> <ul style="list-style-type: none"> A communications plan between the NPAIHB project manager, NPAIHB project dental director and OHA has been implemented via a bi-weekly conference call.
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0440: Dental Pilot Projects: Informed Consent		ID Number
(4) Dental pilot project staff or trainees must document informed consent in the patient record prior to providing care to the patient.		IC4
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<p><i>Rule 333-010-0440 is not met as evidenced by:</i></p> <p>All charts reviewed contained documentation in written format in the form of "PARQ". This was determined insufficient for consent to be treated by a trainee and for extraction procedures.</p> <p>Documentation of informed consent includes a copy of the signed forms required of each patient to consent to treatment by the DHAT trainee and signed consent for treatment forms. Scanned copies of these documents are part of the patient record. Documentation of PARQ in the chart notes is insufficient for purposes of meeting the administrative rules around Informed Consent.</p>	
Corrective Action	On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will follow the informed consent process required by administrative rule and approved by OHA.	
Required Next Steps	NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.	

Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	<p>In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.</p> <ul style="list-style-type: none"> • NPAIHB agrees to ensure that all required consent forms are completed and placed in charts prior to services being performed. • NPAIHB indicates that upon receiving a copy of the preliminary report, they implemented protocols at both sites to make certain that informed consent documents are completed. • The project will adhere to the standard operating procedures document (SOPs).
Timeline to implement the CAP.	NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority approved the date change that was originally required in the preliminary report of findings.
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified	<ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. • Individuals at each pilot site will receive training on procedure to follow. • A monitoring process will be developed to ensure compliance at each pilot site for adherence to the SOPs.
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0440: Dental Pilot Projects: Informed Consent		ID Number
(5) Informed consent needs to be obtained specifically for those tasks, services, or functions to be provided by a pilot project trainee.		IC5
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>

Observations and Identified Deficiencies:	<p><i>Rule 333-010-0440 is not met as evidenced by:</i></p> <p>Of the sampled charts, 9% (n=2) were missing signed informed consent to be treated by the trainee. Additionally, 26% of charts were either missing signed consent entirely, were not obtained on or before the first date of service, or were otherwise missing elements.</p> <p>Chart reviewers noted that several charts had included a signed consent form that was not dated or did not include the printed patient name. A notation of “PARQ” was observed in most charts in lieu of written informed consent.</p> <p>Overall, only 74% of the 23 charts reviewed in the randomized sample had a signed form consenting to treatment by the DHAT trainee on the initial date of service.</p>
Corrective Action	<p>On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will follow the informed consent process required by administrative rule and approved by OHA.</p>
Required Next Steps	<p>NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.</p>
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	<p>In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.</p> <p>NPAIHB agrees to ensure that all required consent forms are completed and placed in charts prior to services being performed.</p>
Timeline to implement the CAP.	<p>NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority approved the date change that was originally required in the preliminary report of findings.</p>
Description of monitoring	<ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot

procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified	<p>project site.</p> <ul style="list-style-type: none"> • Individuals at each pilot site will receive training on procedure to follow. • A monitoring process will be developed to ensure compliance at each pilot site for adherence to the SOPs.
Name and title of individual responsible to implement CAP.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

333-010-0455 Dental Pilot Projects: Program Responsibilities		ID Number
(2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		PR2A
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><i>Comments:</i> There were no concerns related to patient safety in terms of data storage, infection control, HIPPA violations or gross negligence.</p> <p>Several reviewers noted that weights were not recorded for any charts wherein the DHAT was administering local anesthetics to minor patients. Weight must be recorded to determine maximum allowable dosage for local anesthetic on patients under age 10.</p>	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

333-010-0455 Dental Pilot Projects: Program Responsibilities		ID Number
(2) Site visits. (B) Validation that the project is complying with the approved or amended application		PR2B
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<p><i>Rule 333-010-0455 is not met as evidenced by:</i></p> <p>The approved application provided that the scope of practice for a DHAT was that extractions are completed in cases of a medical emergency.</p>	

	<p>Review of charts indicate that extractions were often treatment planned, appointments scheduled in advance, and patients returned for treatment. Planned extractions do not meet the definition of a medical emergency. Pain scales on the majority of charts indicate there was no medical emergency occurring at the time of the procedure.</p> <p>Extractions by DHATs must only be performed in cases of medical emergencies, as defined by ORS 682.025 and OAR 141-120-0000, after documentation of supervising dentist authorization, completed informed consent form, recent pre-op radiographs, and pre-op photograph have been filed in the patient chart (prior to services being performed). Post-extraction photograph of the extracted tooth must be filed in the patient chart.</p> <p>On November 27, 2017, OHA issued a letter of concern to the project sponsor requiring the project to issue a request for modification to the approved application. The project sponsor was apprised of the concerns that the DHAT trainee was operating outside of the scope of approved practice.</p> <p>The project sponsor failed to communicate the directives issued by OHA to the pilot sites. DHAT trainees continued to provide extractions outside of the requirement stipulated in the approved application that they only be completed in cases of a medical emergency.</p> <p>NPAIHB submitted a request for modification to amend their approved application to OHA on January 1, 2018. OHA apprised NPAIHB that the request for modification was under review. Projects are prohibited from implementing modifications to their application until they receive approval from OHA.</p>
<p>Corrective Action</p>	<p>On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will follow the informed consent process required by administrative rule and approved by OHA.</p>
<p>Required Next Steps</p>	<p>NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.</p>

Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	<p>In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board.</p> <p>NPAIHB agrees to comply with its approved and amended application.</p>
Timeline to implement the CAP.	<p>NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority approved the date change that was originally required in the preliminary report of findings.</p>
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified	<ul style="list-style-type: none"> • NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. • Prior to the implementation of an approved modification, NPAIHB and pilot sites will meet to discuss changes via conference call or in-person. • Individuals at each pilot site will receive training on procedure to follow. • A monitoring process will be developed to ensure compliance at each pilot site for adherence to the SOPs.
Name and title of individual responsible to implement CAP.	<p>Christina Peters NPAIHB Project Director</p>
Authority Approval	<p>Signed Stipulated Agreement on April 3, 2018</p>

333-010-0460 Dental Pilot Projects: Modifications (1) Any modifications or additions to an approved project shall be submitted in writing to program staff.		ID Number M1
Dental Pilot Project Program Requirements	Met <input checked="" type="checkbox"/>	Not Met <input type="checkbox"/>
Observations and Identified Deficiencies:	<p>No deficiencies identified. A written request for project modification was received by OHA on January 1, 2018.</p>	
Corrective Action	<p>Not applicable.</p>	
Required Next Steps	<p>Not applicable.</p>	

333-010-0460 Dental Pilot Projects: Modifications (3) All other modifications require program staff approval prior to implementation.		ID Number M3
Dental Pilot Project Program Requirements	Met <input type="checkbox"/>	Not Met <input checked="" type="checkbox"/>
Observations and Identified Deficiencies:	<i>Rule 333-010-0460 is not met as evidenced by:</i> See section ID Number P2B for complete narrative of observations and identified deficiencies. NPAIHB did not receive approval prior to implementation of project modifications proposed in their January 1, 2018 project modification request.	
Corrective Action	On April 3, 2018, NPAIHB entered into a signed Stipulated Agreement agreeing that in lieu of OHA issuing a Notice of Suspension to the project, the NPAIHB will follow the informed consent process required by administrative rule and approved by OHA.	
Required Next Steps	NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. OHA will require the project to conduct training sessions at each pilot project site for compliance with required SOP and associated materials. Training sessions must be completed at each pilot site by August 1, 2018. Dates and attendees of the training sessions must be supplied to OHA.	
Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation	In lieu of a Corrective Action Plan submitted by the project sponsor, a Stipulated Agreement was signed by both the Oregon Health Authority and the project sponsor, the Northwest Portland Area Indian Health Board. NPAIHB agrees to comply with its approved and amended application. On March 28, 2018, OHA approved some of the project modifications requested by NPAIHB on January 1, 2018.	
Timeline to implement the CAP.	NPAIHB will conduct a joint training session with both pilot sites on September 12, 2018. The Authority approved the date change that was originally required in the preliminary report of findings.	
Description of monitoring	<ul style="list-style-type: none"> NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot 	

<p>procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified</p>	<p>project site.</p> <ul style="list-style-type: none"> • Prior to the implementation of an approved modification, NPAIHB and pilot sites will meet to discuss changes via conference call or in-person. • Individuals at each pilot site will receive training on procedure to follow. • A monitoring process will be developed to ensure compliance at each pilot site for adherence to the SOPs.
<p>Name and title of individual responsible to implement CAP.</p>	<p>Christina Peters NPAIHB Project Director</p>
<p>Authority Approval</p>	<p>Signed Stipulated Agreement on April 3, 2018</p>

REPORT END