CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor

Oregon Health Authority

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www.healthoregon.org/dpp

Quarterly Dental Pilot Project Meeting: DPP 100 Meeting Minutes

Date: Monday, September 23, 2019
Time: 1:00 PM – 3:00 PM
Location: OHA Public Health Division
800 NE Oregon Street
Portland, OR 97232
Conference Room 900 – Ninth Floor

Committee Members Present:
Rick Asai, Jennifer Clemens, Jonathan Hall, Connor McNulty, Laura McKeane, Kelli Swanson Jaecks

Committee Members Present Phone:
Paula Hendrix, Leslee Huggins, Jill Jones, Carolyn Muckerheide

Committee Members Absent:
Michael Costa, Bob Garcia, Karen Shimada

OHA Staff:
Bruce Austin, Fred King, Sarah Kowalski, Kelly Hansen, Cate Wilcox

Project Attendees:
Miranda Davis, Sarah Rodgers, Gita Yitta

Public Attendees:
Tanya Firemoon, Jennifer Lewis-Goff, Pam Johnson, Savannah Shaw

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Summary of Meeting

Agenda Item: Review of Meeting Agenda and Introductions

Topic: Review of meeting agenda.
Summary of Discussion: Dr. Chi was originally scheduled to present at the meeting today. He was detained in Japan and has been rescheduled to present at the meeting on December 16th.
Decision: No decisions made.
Action: No actions made.

Agenda Item: Northwest Portland Area Indian Health Board, Update and Presentation

Topic: Presentation and overview of Dental Pilot Project #100, presented by Miranda Davis, DDS.
Summary of Discussion: History of Oregon's nine federally recognized tribes, terminations & relocation of tribes, Indian Relocation Act of 1956, historical trauma, history of restoration of tribes in Oregon, population of Alaskan Natives and American Indians in Oregon and Portland, Oral health disparities among Alaskan Native and American Indian children and adults, barriers in access to dental care among Alaskan Native and American Indian children and adults, review of Dental Health Aide Therapist (DHAT) model, history, education, scope of practice, review of purpose of Dental Pilot Project #100, review short-term objective and long term objectives, process of monitoring safety and quality of care under DPP#100, preceptorship process, post-preceptorship, standing orders, clinic protocols, supervision, standard operating procedures (SOP), CTLUSI 2 year findings, more complex procedures are being provided in clinics now with a DHAT present – dentist is able to focus on complex procedures while DHAT can focus on less complex procedures under their scope of practice. 82% of the DHAT's employed in the Alaska DHAT program have been retained in their communities. They attribute the success to the cultural competency of the providers, the DHATs are almost all members of the communities in Alaska where they are practicing.

The committee followed up presentation with questions regarding the preceptorship process. NPAIHB clarified that preceptorship process has taken longer than they thought would be, it is a 400 hour preceptorship. The clinic has limited space and capacity, supervising dentist Dr. Rogers explained at the clinic she has oversight at (CTCLUSI) – the clinic is expanding under a remodel, the clinic has struggled from a shortage of dental assistants, the DHAT and RDH are currently sharing a single chair and the clinic still struggles from a high no-show rate. In Fairbanks, Alaska, the DHAT program has started a centralized preceptorship process. There are discussions to incorporate the preceptorship process into the educational phase.

OHA advised committee to read the materials and application in depth. Materials are located in Dropbox.

Decision: No decisions made.
Action: OHA advised committee members to review materials in depth. If unable to locate information, please reach out to Sarah Kowalski, Dental Pilot Project Program Coordinator.

Agenda Item: Evaluation and Monitoring Activities; Chart Review Process Overview; Scoring Methodology

Topic: Presentation by Kelly Hansen and Fred King, research analysts for the Oral Health Program at OHA.

Ms. Hansen began the presentation with a review of responsibilities of the Oregon Health Authority (OHA), site visit process and purpose, challenges and lessons learned, language under the stipulated agreement, data process, data submissions, chart review process, calibration of dental reviewers, organization involved in chart reviews include OHA, OHSU, Advisory Committee dentists and Oregon Board of Dentistry, chart review document overview, improvement of chart review document and history of the chart review form process.

Mr. King presented on the scoring of quality of care from the chart reviews, identified six questions on the rating form that address standard of care:

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.

Raters asked to rate each of the six questions on this scale from 1-5.

Raters asked to determine if diagnosis of description is appropriate and treatment appropriate. Raters asked to determine overall impression of procedure quality on scale from 1-5.

A cutoff score of 3 was used to identify cases that fell below the minimum standard of care for this question.

Summary of Discussion: Dr. Asai requested copy of the stipulated agreement.
Decision: OHA advised that information requested will be looked into and followed up on how to best send the information requested.
Action: OHA has attached and highlighted language used in the stipulate agreement located in the site visit report for NARA. See attached after minutes.

Agenda Item: OHA Program Updates, Meeting Schedule, Site Visit Schedule

Topic: OHA will be conducting a calibration training on December 16th after the advisory committee meeting from 10am-12pm. OHA will be sending out a Doodle poll to determine of the committee wishes to continue to meet on a quarterly basis or semi-annually.

Dr. Asai and Ms. Hendrix have agreed to participate in the OHA site visit on November 6th in Portland, Oregon. OHA will send detailed information out approximately one week ahead of the meeting.

OHA is will be amending administrative rule of the Dental Pilot Project Program. Purpose is to define focus of Senate Bill 738 that authorized the program in statute. The first meeting will be held on September 30th. If a second meeting is needed, time has been reserved for October 28th in Portland, Oregon.

Mr. McNulty expressed appreciation for OHA's process on the recent modification request submitted by the project sponsor.

Summary of Discussion: A Doodle poll will be sent to committee members.
Decision: No decisions made at this time.
Action: Follow up meeting with meeting minutes, Doodle poll and site visit materials and structure. OHA will send detailed information out approximately one week ahead of the meeting to advisory committee members attending the site visit.

Next Meeting: Monday, December 16th, 2019, Portland State Office Building 800 NE Oregon Street Portland, Oregon, Room 900, 10:00am – 12:00pm

- Calibration Training: Monday, December 16th, 2019, Portland State Office Building – 12:30pm-4:00pm

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AGENDA

Prior to the Advisory Committee meeting for Dental Pilot Project #100, there will be a public presentation by Dr. Tim Ricks and the Oregon Health Authority. Please see the following page more information.

Due to the presentation, the Advisory Committee meeting will officially begin at 1:00pm in Room 900.

9:30-11:30	TIM RICKS, DMD, MPH, REAR ADMIRAL, ASSISTANT SURGEON GENERAL Chief Dental Officer, US Public Health Service Deputy Director, IHS Division of Oral Health
11:30-1:00	Lunch on Your Own

"Oregon Tribes Dental Health Aide Therapist Pilot Project"
Annual Dental Pilot Project Program
Advisory Committee Meeting DPP #100
September 23, 2019 1:00pm-4:00pm
Conference Call In: 1-888-636-3807 Code: 79 38 00

Location: Portland State Office Building **Room 900**, 9th Floor		
1:00-1:10	Official Introductions, Agenda Review, Housekeeping	Sarah Kowalski, RDH, MS
1:10-1:50	Presentation, Dental therapists linked to improved dental outcomes.	Donald L. Chi, DDS, PhD
1:50-2:20	*Questions and Answers*	
2:20-2:30	***Break***	
2:30-3:00	Northwest Portland Area Indian Health Board, Update and Presentation; Update on CODA	Pam Johnson Miranda Davis, DDS Gita Yitta, DMD
3:00-3:10	*Questions and Answers*	*Advisory Committee*
3:10-3:40	Evaluation and Monitoring Activities; Chart Review Process Overview; Scoring Methodology	Fred King, MS, PhD Kelly Hansen
3:40-3:50	*Questions and Answers*	*Advisory Committee*
3:50-3:55	OHA Program Updates, Meeting Schedule, Site Visit Schedule	Sarah Kowalski, RDH, MS Kelly Hansen
3:55-4:00	Public Comment Period	Public comments are limited to 2 minutes per individual

- Invited representatives from the Northwest Portland Area Indian Health Board are invited to participate fully in the the Advisory Committee meeting.
- Next Meeting: **Monday, December 16th, 2019,** Portland State Office Building – 10:00am-12:00pm
    - Calibration Training: Monday, December 16th, 2019, Portland State Office Building – 12:30-4:00pm

Quarterly Advisory Committee Meeting

Dental Pilot Project #100
"Oregon Tribes Dental Health Aide Therapist Pilot Project"

September 23, 2019

Oregon's Nine Federally Recognized Tribes

Pendleton
Confederated Tribes of the Umatilla Indian Reservation
Portland
Urban Indian Health Program
Confederated Tribes of Grand Ronde
Salem
Confederated Tribes of Siletz
Confederated Tribes of Warm Springs
Eugene
Bend
Burns
Burns Paiute Tribe
Coquille Indian Tribe
Coos Bay
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
Cow Creek Band of Umpqua Tribe of Indians
Klamath Tribes
Medford
Klamath Falls

Termination & Relocation

The Klamath Termination Act (PL 587) enacted in 1954 and terminated Federal supervision over land and members

The Western Oregon Indian Termination Act (PL 588) was passed in August 1954 as part of the United States Indian termination policy and affected ~60 Oregon Tribes (Siletz, Grand Ronde, Coquille, Coos, Lower Umpqua, Siuslaw, and other Oregon tribes) effective immediately

The Indian Relocation Act of 1956 encouraged Native Americans to leave Indian reservations, acquire vocational skills, and assimilate into the general population

Historical Trauma

Historical trauma refers to cumulative emotional and psychological wounding, extending over an individual lifespan and across generations, caused by traumatic experiences.

- Loss of Land
- Loss of Culture
- Loss of Language
- Boarding Schools
- Relocation Act

How do these things continue to affect Native people and where they live, work and play?

Restoration 1977-1989

1977, the Siletz Tribe was recognized and restored

1982, the Cow Creek Band of the Umpqua Tribe was restored

1983, Grand Ronde Restoration Act (PL 98–165), creating the Confederated Tribes of Grand Ronde

1984, Coos, Lower Umpqua, and Siuslaw had trust status restored

1986, Klamath had their trust status restored

1989, Coquille Restoration Act to restore federal trust relationship

WE ARE STILL HERE! WE ARE STRONG! WE ARE RESILIENT!

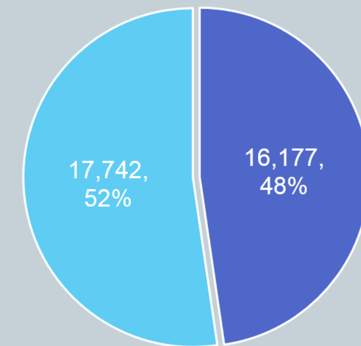
Oregon Indian Population

- 129,579 AI/AN (alone or in combination, ACS 2015)
- 15,314 AI/AN in Portland (alone or in combination, ACS 2015)
- Portland is 9th largest Native American population in USA

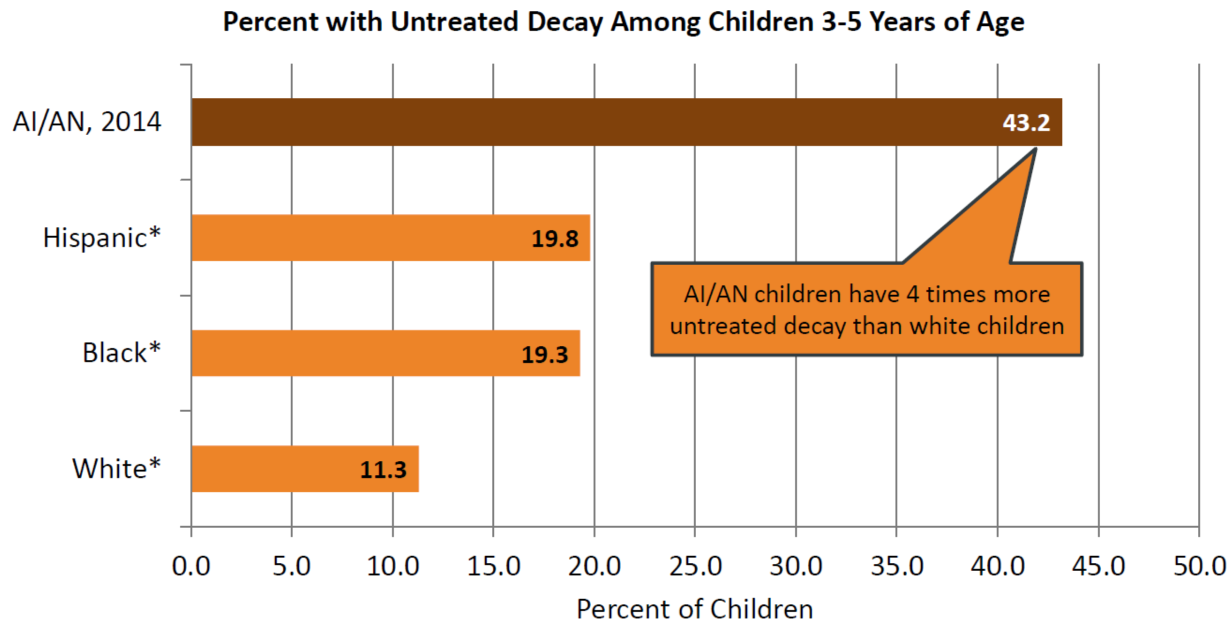
Total HNA Enrollment	Total Enrollment	% of Total
33,919	945,619	3.5%

AI/AN Enrolled in OHP

Fee For Service/Managed Care



Oral Health Disparities



* Data Source: NHANES 2009-2010

Figure 2: Percent of Adults with Untreated Tooth Decay by Age Group
AI/AN Dental Patients (IHS 2015) Compared to HP 2020 Objectives

Age Group	HP 2020 Objective	AI/AN Dental Patients
35-44 Year Olds	25%	65%
65-74 Year Olds	15%	45%

What are the barriers to care?

- Shortage and high turnover rate of dentists in tribal communities
- Lack of resources—IHS chronically underfunded
- Cost of care
- Historical trauma
- Lack of culturally competent providers
- Geographic isolation

An oral health care solution: Dental Health Aide Therapists

- Model began in the 1920s, brought to US by Alaska Natives 2006 as part of Community Health Aide Program.

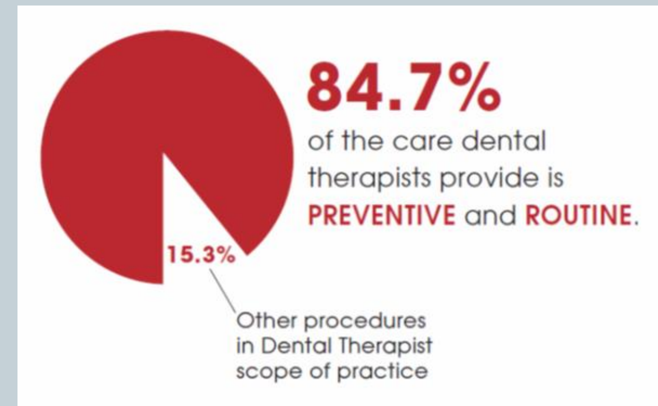
- Dental therapists practice in 54 countries, and in the US authorized in AK, MN, ME, VT, WA, AZ, MI, NM, ID and OR pilots.

- Alaska DHAT Education Program is a partnership between Alaska Native Tribal Health Consortium and Ilisagvik Tribal College. It uses a 2-calendar-year curriculum and students graduate with a AAS degree.

What do Dental Therapists *do*?

1. Most of scope is preventive and routine
2. Treat dental disease when present and within scope of practice

- ✓ Patient education
- ✓ Dental exams/evaluations
- ✓ Fluoride
- ✓ Sealants
- ✓ Simple cleanings
- ✓ Removing dental decay
- ✓ Fillings
- ✓ Simple extractions



Pilot Project #100: Tribal Dental Health Aide Therapist Project

Purpose: Develop a new category of dental personnel in Oregon and teach new oral health care roles to previously untrained individuals. We will be recruiting, training and employing Dental Health Aide Therapists, primary care oral health providers, to work in underserved tribal communities to achieve pilot objectives.

Short term objectives:
Increase the efficiency of the dental clinic and dental team;
Increase the ability of tribal health programs to meet unmet need;
Increase provider job satisfaction and patient satisfaction.

Long term objectives:
Increase the number of Native providers serving Native communities;
Increase patient education at the community level;
Increase treatment of decay and decrease decay rates in pilot populations;
Improve overall understanding of oral health in relation to overall health, and:
Improve oral care behaviors in pilot communities.

NPAIHB Partner Sites:
Tribal Dental Health Aide Therapist Project

Marissa Gardner
CTCLUSI

Naomi Petrie, CTCLUSI

Jason Mecum
Coquille

Alex Jones, Coquille

Kari Douglass, NARA

Key Pilot Project #100 staff and consultants

Project Dental Director: Gita Yitta, DMD

Consulting Dentist: Dane Lenaker, DMD

NARA Supervising Dentist: Azma Ahmed, DDS

CTCLUSI Supervising Dentist: Sarah Rodgers, DMD

External Evaluating Dentist: Cheryl Sixkiller, DDS

NPAIHB (project sponsor) Staff: Miranda Davis, DDS, MPH; Joe Finkbonner, RPh, MHA; Christina Peters; Pam Johnson

Evaluators: Joan LaFrance, EdD; Janet Gordon, PhD, Mekinak Consulting

Site Health Directors: Allyson Lecatsas, NARA; Kelle Little, RDN, Coquille; Vicki Faciane, CTCLUSI

Site DHAT coordinators: April Geisler, NARA; Dennita Antonellis-John, MPH, Coquille; Jamie Meyers, CTCLUSI

Pilot Project #100 Internal Advisory Committee

Christopher G. Halliday, **D.D.S., M.P.H., RADM (ret.),**
Deputy Director, Division Of Oral Health, Indian Health Service HQ

Victoria Warren-Mears, PhD, RDN, FAND
Director, Northwest Tribal Epidemiology Center

Mary Williard, DDS
Director, Alaska Dental Therapy Education Program
Alaska Native Tribal Health Consortium

Kelle Little, RDN
Health and Human Services Administrator
Coquille Indian Tribe Community Health Center

Vicki Faciane
Health and Human Services Administrator, CTCLUSI

Allyson Lacatsas
Director of Health Services, NARA

Chief Warren Brainard, CTCLUSI

Rachael Hogan, DDS
Dental Director, Swinomish Indian Tribal Community
Washington State Dental Association Member
Arcora Foundation Board Member

Frank Catalanotto, DMD
Professor, Department of Community Dentistry and Behavioral Science, University of Florida College of Dentistry

Monitoring Safety and Quality

Before students return to employment sites:

•Graduate from Alaska Dental Therapy Education Program (ADTEP). Cannot graduate without showing competency in every procedure, and have a full year's worth of clinic work as part of the program.

•Supervising dentists undergo training provided by ADTEP and Pilot Dental Director.

•Director and staff of ADTEP visit employment sites and do a thorough clinic assessment to ensure graduates will be returning to a clinic that meets IHS standards.

•The project passed our first OHA site visit which evaluated the curriculum, educators and student's progress at ADTEP.

Monitoring Safety and Quality

Preceptorship:

- Preceptorship for trainees is 400+ hours of direct supervision and includes a checklist of 4-8 of every procedure in scope. As trainees complete procedures in checklist they can be moved into a practice plan under the level of supervision deemed appropriate by supervising dentist, or required by OHA.
- Supervising dentists evaluate and make comments as necessary on every procedure through an online patient encounter form, and that information is submitted to OHA every quarter.
- Consent forms to see a DHAT are currently being collected for every patient encounter.

Monitoring Safety and Quality

Post Preceptorship:

- Practice Agreement includes all procedures allowed by supervising dentist, including any restrictions on supervision and additional documentation required.
- If in the event a new supervising dentist is assigned, each procedure listed in the Practice Agreement must be successfully demonstrated once to the new supervising dentist under direct supervision for a minimum of 80 hours.
- Every two years the Practice Agreement must be reviewed, and each procedure listed in the practice agreement successfully demonstrated at least once to supervising dentist for a minimum of 80 hours.
- Weekly chart review by supervising dentist of irreversible procedures submitted to OHA every quarter.
- External Dentist reviews random sample of 10 charts and required images of irreversible procedures, submitted to OHA quarterly.

Monitoring Safety and Quality

Employment phase:
Standard Operating Procedures

- **Protocols for radiography and intraoral photography** – used to help the evaluating dentists assess the quality of the DHAT's work.

- **Infection Control Guidelines –** according to OARs 818-012-0400.

- **HIPAA (Health Insurance Accountability and Portability Act):** Transmission of protected health information must follow the Department of Health and Human Service Guidelines.

Monitoring Safety and Quality

SOP continued:

- **Consent forms:** In compliance with OAR 333-010-0440, informed consent is required for each visit. The patient must sign and date the general DHAT treatment administration paper consent form indicating they understand the DHAT role. Before proceeding with treatment, the DHAT must obtain and document PARQ verbal consent which includes possible complications of treatment. For other procedures such as extractions and silver diamine fluoride procedures, a digital consent format is acceptable.

- **Photos**: Procedures requiring tooth preparation and final restoration require pre-op, mid-op, and post-op intraoral photos when appropriate. Images must be of high quality with no debris, blood, or excess restorative material present. Extractions: A recent radiograph of the tooth to be extracted is required including a pre-op intraoral photo. A post-op photo of the removed tooth must be taken including all residual coronal or root tip remnants. A post-op PA is not required.

Monitoring Safety and Quality

SOP continued:

Defining and Tracking Potential Outcomes of Irreversible Procedures:

A new code was created in Dentrix and charted for return visits for any complication related to an irreversible procedure completed by a DHAT.

Charts with those codes are added to those pulled weekly for review by the supervising dentist, are included in the random sample of charts pulled by the external supervising dentist, and are made available for review by OHA.

All reviews of charts should confirm appropriate care given to the returning patient, and note if the return visit was unrelated to the original procedure.

Monitoring Safety and Quality

External/OHA Review and Monitoring

- Original Application reviewed by OHA Technical Review Board comprised of members of dental professional associations, Board of Dentistry, individual oral health providers.
- Adverse events required to be reported within 24 hours and included in quarterly report.
- Reports submitted quarterly on all aspects of project, including evaluation data and monitoring and demographic data collected *per procedure.*
- OHA site visits to training and utilization sites, including interviews with pilot participants, tour of facilities and chart reviews drawn from random sample of all DHAT charts.
- OHA Advisory Committee reviews and offers opinions on modifications, documents, protocols, and participates in site visits and chart reviews.

Measurable Outcomes

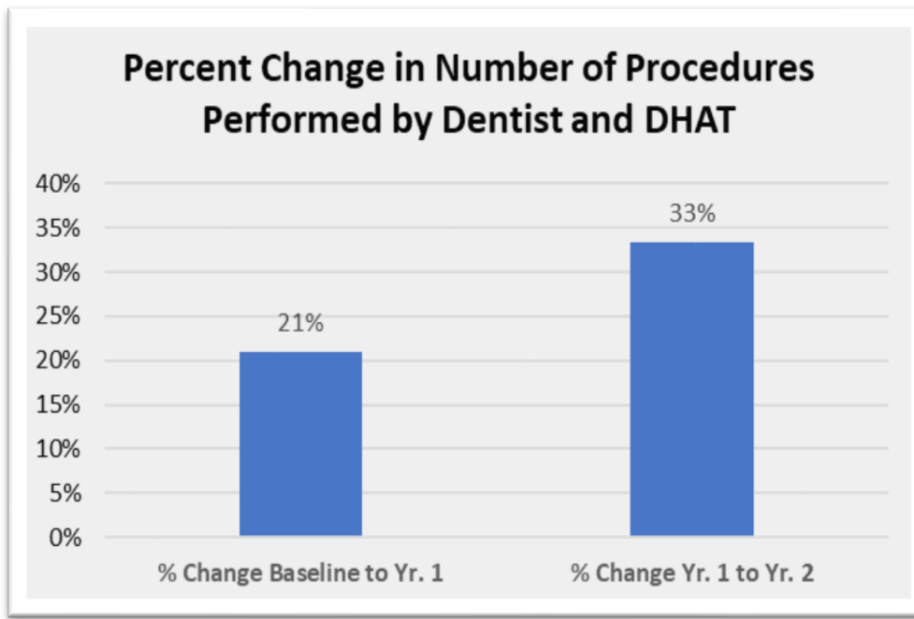
What evidence is there that the pilot has expanded access to dental services and education to targeted Tribal communities?

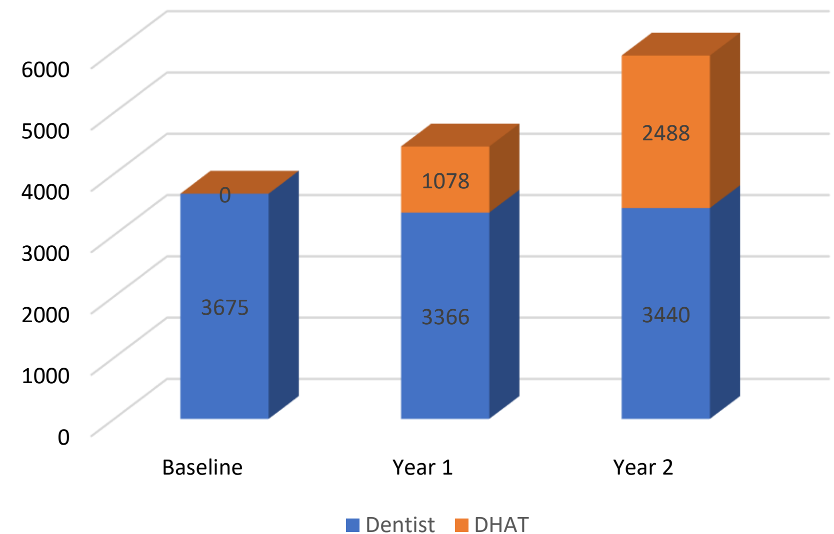
How has the pilot ensured patient safety and quality dental care, and influenced patient satisfaction with services?

Has the pilot impacted the productivity of the oral health team and the costs of dental care in the tribal communities?

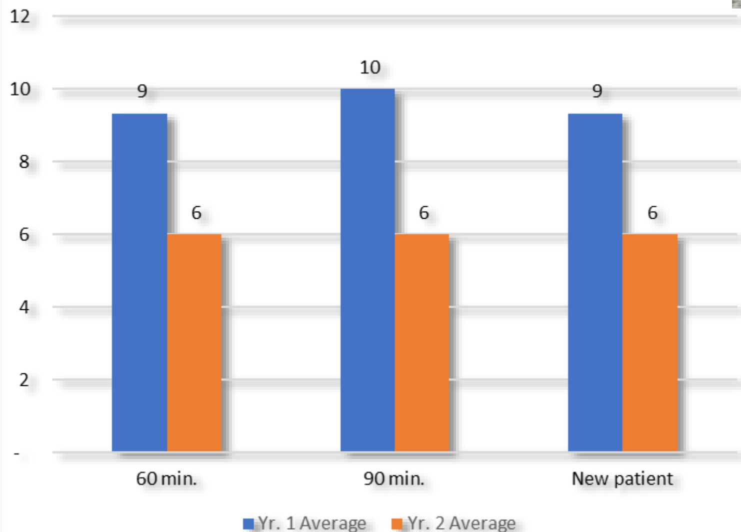
CTCLUSI 2-year findings

- More patients treated
- More procedures performed per patient
- More complex procedures (Level 4 and 5) done by dentist





CTCLUSI 2-year findings



- Shorter wait time for all providers
- Phone interviews: high level of satisfaction with the DHAT's services
- High levels of safety and quality
- DHAT will be providing education and outreach in the community

Dental Pilot Project Program Evaluation & Monitoring Activities

Evaluation and Monitoring Activities

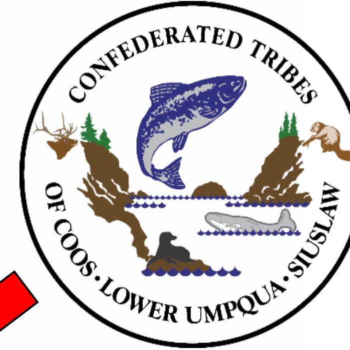
- Oregon Health Authority
  - 333-010-0790 Authority Responsibilities
  - Ongoing Project Monitoring
  - Convene Advisory Committee
  - Site Visits
    - At least annually
    - Include:
      - Interviews with Participants
      - Review of Patient Records

- Project Sponsors (NPAIHB)
  - 333-010-0780 Pilot Project Evaluation and Monitoring by Sponsor
  - Required Project Evaluation and Monitoring Plan
    - (6) Defined measures to evaluate safety and quality of care provided
    - (7) A process for ongoing quarterly monitoring
    - Regular evaluation for CQI

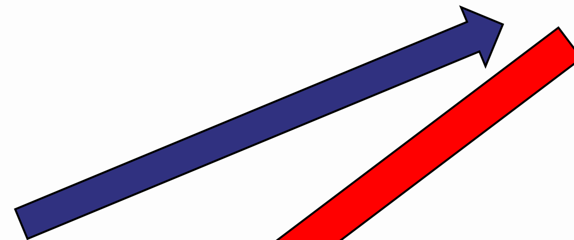
Oregon Health Authority

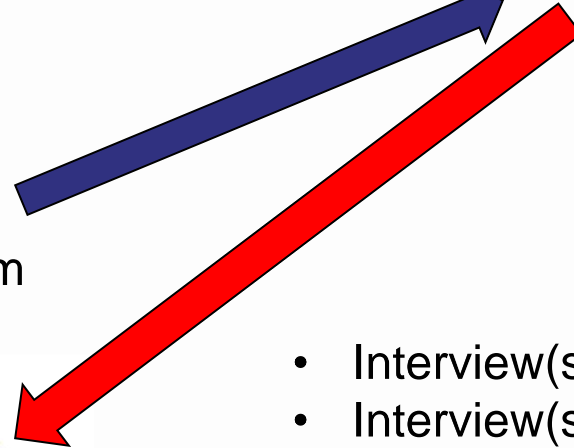
Site Visits

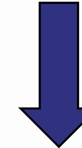
Advisory Committee



Dental Pilot Project Program







- Interview(s) with Trainee(s)
- Interview(s) with Supervising Dentists
- Others

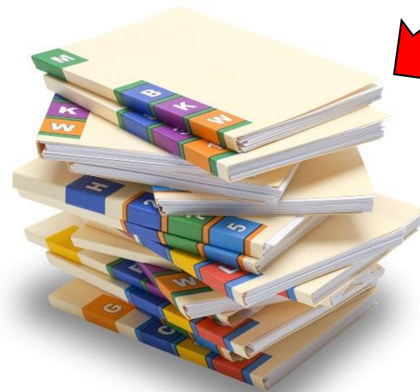


Chart Review

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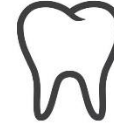
Site Visits

- Reports are compliance in nature
- Opportunity for project reflection and quality improvement

Challenges & Lessons Learned



- NARA Site Visit
  - Stipulated Agreement

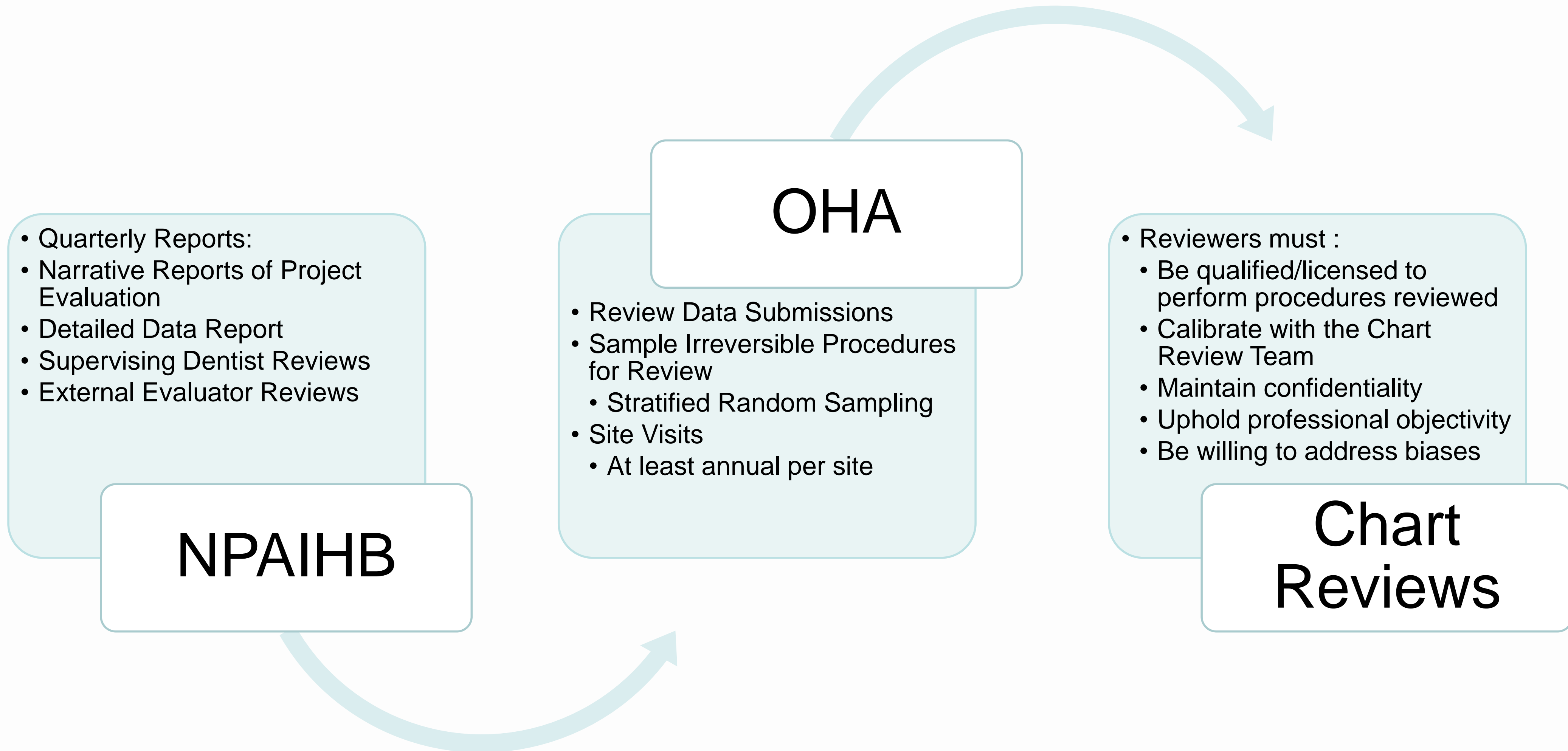
1. All extractions must be performed under the indirect supervision of the DHAT trainee's supervising dentist.

2. Document authorization from the supervising dentist for the extraction.

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.

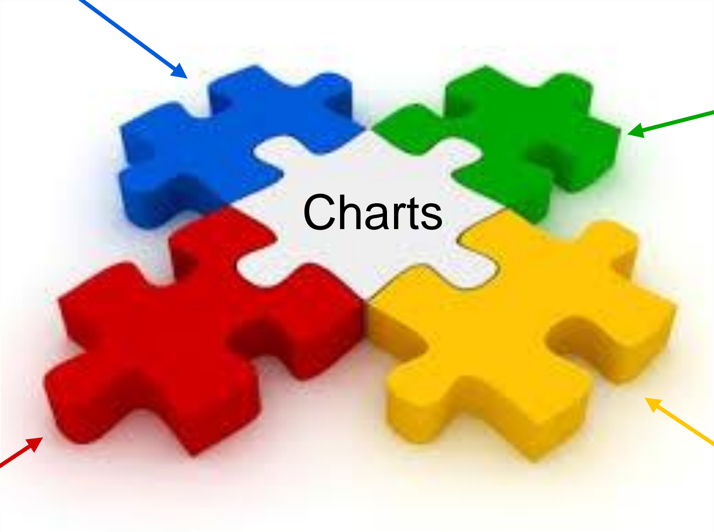
Data Trails



Oregon Health Authority

Oregon Board of Dentistry
(OBD)

Oregon Health Authority
(OHA)



Advisory Committee
DPP#100

Oregon Health and Science University
(OHSU)

Chart Review

OHA Clinical Chart Review Form Guidelines

Sources: IHS Oral Health Program Guide, OHA DPP#100 Advisory Committee input, Western Regional Examining Board, Kalenderian E. Classifying Adverse Events in the Dental Office. Journal of Patient Safety. 2017

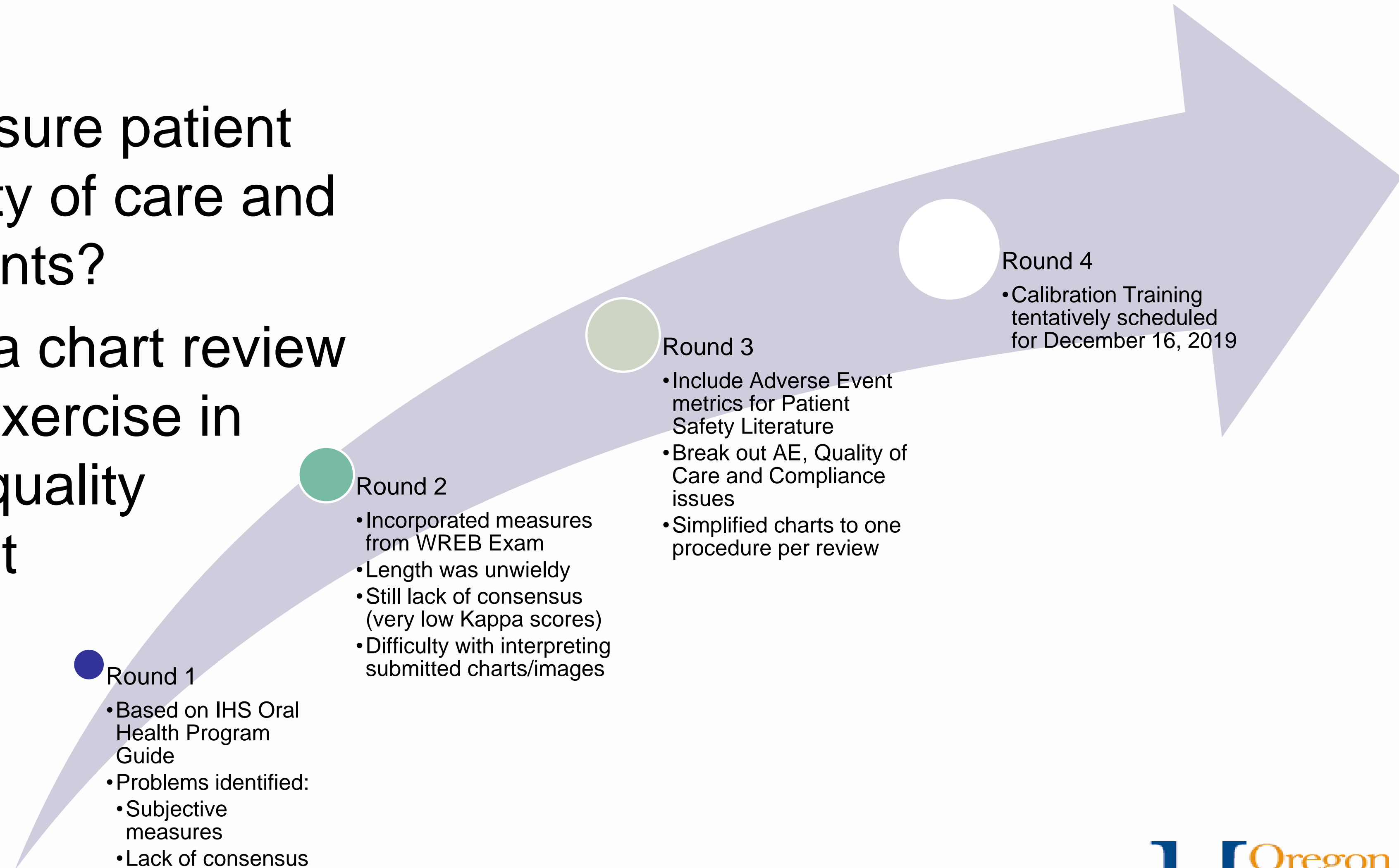
Reminders:

- N/A (Not Applicable) and Unable to Determine are always additional answer options
- Please provide additional comments whenever possible. Comments are required when rating below the minimum standard of care.
- Please note in comment sections whenever images are not sufficient for dependable evaluation.

CRITERIA	Description			Assessment	Comments
Diagnosis					
1. Diagnosis Description Appropriate	**Yes:** Falls within minimum standard of care.	**No:** Must indicate deficiency in comments.			
2. Treatment appropriate	**Yes**: Falls within minimum standard of care.	**No:** Must indicate deficiency in comments.			
Images					
1. Radiographs available and sufficient for diagnosis	**1:** Radiographs are present and adequate for evaluation	**2:** Radiographs are present, but not adequate for evaluation. Please describe why.	**3:** Radiographs are not present for this procedure		
2. Intra-Oral Images are sufficient for evaluation.	**1:** Intra-oral images are present and adequate for evaluation	**2:** Intra-oral images are present, but not adequate for evaluation. Please describe why.	**3:** Intra-oral images are not present for this procedure		
Administration of Drugs					
1. Anesthetic used appropriate for procedure	**Yes:** Appropriate anesthetic, location, and dosage	**No:** Grossly inappropriate anesthetic, location, or dosage			
2. Within recommended Limits	**Yes**: Drug dosages are within limits recommended by the Physician's Desk	**No**: Drug dosages are outside recommended limits	**Unable to Determine**		

Challenges and Lessons Learned in Chart Reviews

- How to measure patient safety, quality of care and adverse events?
- Developing a chart review form → an exercise in continuous quality improvement



Oregon Health Authority

Scoring quality of care from chart reviews

Chart review form

OHA Clinical Chart Review Form Guidelines

Sources: IHS Oral Health Program Guide, OHA DPP#100 Advisory Committee input, Western Regional Examining Board, Kalenderian E. Classifying Adverse Events in the Dental Office. Journal of Patient Safety. 2017

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2. Treatment appropriate	**Yes:** Falls within minimum standard of care.	**No:** Must indicate deficiency in comments.			
Images					
1. Radiographs available and sufficient for diagnosis	**1:** Radiographs are present and adequate for evaluation	**2:** Radiographs are present, but not adequate for evaluation. Please describe why.	**3:** Radiographs are not present for this procedure		
2. Intra-Oral Images are sufficient for evaluation.	**1:** Intra-oral images are present and adequate for evaluation	**2:** Intra-oral images are present, but not adequate for evaluation. Please describe why.	**3:** Intra-oral images are not present for this procedure		
Administration of Drugs					
1. Anesthetic used appropriate for procedure	**Yes:** Appropriate anesthetic, location, and dosage	**No:** Grossly inappropriate anesthetic, location, or dosage			
2. Within recommended Limits	**Yes:** Drug dosages are within limits recommended by the Physician's Desk Reference or American Hospital Formulary Service. Dosage notation includes quantity, type, concentration and strength	**No:** Drug dosages are outside recommended limits.	**Unable to Determine**		

Oregon Health Authority

I. Standard of care: **six questions**

Questions on the rating form that address standard of care were identified.

Diagnosis (page 1)

1. Diagnosis description appropriate
   Yes, Falls within minimum standard of care.
   No (Must indicate deficiency in comments.)

2. Treatment appropriate (page 1)
   Yes, Falls within minimum standard of care.
   No (Must indicate deficiency in comments.)

3. Evaluation of Procedure Overall impression of procedure quality – used for all procedures (page 2)

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.

Oregon Health Authority

4. Amalgam/Composite Restorations – Posterior (page 5-6)

Prep: Outline and Extension
Prep: Internal Form
Prep: Operative Environment
Finish: Anatomical Form
Finish: Margins
Finish: Damage

5. Anterior Composite Restorations (page 7)

Prep: Outline and Extension
Prep: Shape and Extension
Operative Environment
Finish: Anatomical Form
Finish: Margins
Finish: Damage

6. Stainless Steel Crowns (page 9)

Prep: Occlusal Reduction/ Incisal Reduction /Proximal reduction

Prep: Caries Removal
Prep: Operative Environment
Adaptation, Cementation, Occlusion
Finish: Function

Oregon Health Authority

Diagnosis (page 1)

1. Diagnosis description appropriate

   Yes, Falls within minimum standard of care. =1
   No (Must indicate deficiency in comments.) =2

2. Treatment appropriate (page 1)

   Yes, Falls within minimum standard of care. =1
   No (Must indicate deficiency in comments.) =2

An average score of 1.5 or higher indicated that most of the reviewers rated the diagnosis description as below the minimum standard of care.

Evaluation of Procedure (page 2) – used for all procedures

Overall impression of procedure quality

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 cutoff score of 3 was used to identify cases that fell below the minimum standard of care for this question.

4. Amalgam/Composite Restorations – Posterior (page 5-6)

Prep: Outline and Extension
Prep: Internal Form
Prep: Operative Environment
Finish: Anatomical Form
Finish: Margins
Finish: Damage

1 = Unacceptable 2 = Inadequate
3 = Acceptable 4 = Appropriate 5 = Optimal

5. Anterior Composite Restorations (page 7)

Prep: Outline and Extension

Prep: Shape and Extension

Operative Environment

Finish: Anatomical Form

Finish: Margins

Finish: Damage

1 = Unacceptable 2 = Inadequate

3 = Acceptable 4 = Appropriate 5 = Optimal

6. Stainless Steel Crowns (page 9)

Prep: Occlusal Reduction/ Incisal Reduction /Proximal reduction
Prep: Caries Removal
Prep: Operative Environment
Adaptation, Cementation, Occlusion
Finish: Function

1 = Unacceptable 2 = Inadequate
3 = Acceptable 4 = Appropriate 5 = Optimal

The ratings given by the dentists reviewing the charts were averaged to score each procedure in all six areas to indicate whether the quality of care standard was met.

Site Visits

November 6, 2019

OHA Clinical Chart Review Form Guidelines

Sources: IHS Oral Health Program Guide, OHA DPP#100 Advisory Committee input, Western Regional Examining Board, Kalenderian E. Classifying Adverse Events in the Dental Office. Journal of Patient Safety. 2017

Reminders:

- N/A (Not Applicable) and Unable to Determine are always additional answer options
- Please provide additional comments whenever possible. Comments are required when rating below the minimum standard of care.
- Please note in comment sections whenever images are not sufficient for dependable evaluation.

CRITERIA	**Description**			**Assessment**	**Comments**
Diagnosis					
1. Diagnosis Description Appropriate	**Yes:** Falls within minimum standard of care.	**No:** Must indicate deficiency in comments.			
2. Treatment appropriate	**Yes**: Falls within minimum standard of care.	**No:** Must indicate deficiency in comments.			
Images					
1. Radiographs available and sufficient for diagnosis	**1:** Radiographs are present and adequate for evaluation	**2:** Radiographs are present, but not adequate for evaluation. Please describe why.	**3:** Radiographs are not present for this procedure		
2. Intra-Oral Images are sufficient for evaluation.	**1:** Intra-oral images are present and adequate for evaluation	**2:** Intra-oral images are present, but not adequate for evaluation. Please describe why.	**3:** Intra-oral images are not present for this procedure		
Administration of Drugs					
1. Anesthetic used appropriate for procedure	**Yes:** Appropriate anesthetic, location, and dosage	**No:** Grossly inappropriate anesthetic, location, or dosage			
2. Within recommended Limits	**Yes**: Drug dosages are within limits recommended by the Physician's Desk Reference or American Hospital Formulary Service. Dosage notation includes quantity, type, concentration and strength	**No**: Drug dosages are outside recommended limits.	**Unable to Determine**		

CRITERIA	Description					Assessment	Comments
3. Entered in Progress Notes (including anesthetic)	**Yes:** All drugs and dosages are entered in the medical and/or dental progress notes (including local anesthetic).	**No:** Must indicate deficiency in comments.					
4. Antibiotic Prophylaxis Given When Needed	**1:** Prophylaxis is called for and appropriately administered.	**2:** Prophylaxis is called for but is **not** appropriately administered. I.e. not given at all or an inappropriate amount or drug is given. Please comment.	**3:** Prophylaxis is not needed in this case and is not administered.				
5. Any previous history of anesthetic/drug/allergy/ reactions noted	**Yes:** Reactions and allergies to drugs are documented in dental record. "NKDA" is considered acceptable	**No:** Must indicate deficiency in comments.					
6. Requisite vital stats considered	**Yes:** Pre and post op vitals (including but not limited to) blood pressure for oral surgery procedures. Weight noted for all anesthetics and analgesics administered to minors age 10 and under.	**No:** Must indicate deficiency in comments.					
Evaluation of Procedure – Reviewer must use appropriate chart rubric to answer corresponding questions. Posterior Restorations (page 5), Anterior Restorations (page 7), SSC (page 9)							
1. Overall impression of procedure quality – used for all procedures	**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.		
2. Extractions – Treatment is appropriate for diagnosis	**Yes:** Minimum standard of care, tooth removed successfully with no complications	**No:** Extraction does not follow stipulated guidelines.					
Miscellaneous Documentation							
1. Rubber Dam or Isolation Documentation	**Yes:** Isolation is noted	**No:** Isolation is not noted					
2. Complications Noted	**1:** Any complications are sufficiently noted	**2:** No complications evident and none noted	**3:** No: Any complications that are present are not noted				

CRITERIA	Description		Assessment	Comments
Adverse Events				
1. Adverse Events	**Yes:** There were any Adverse Events noted during the review associated with this procedure. Please comment	**No:** There were no adverse events.		
2. AE Category	Select Dental AE Type Classification Category, if applicable. See Table 1. **Must be completed if response to Adverse Events #1 is "Yes"**			
3. AE Severity	Review Dental Adverse Severity Tree and assign an appropriate category. See Table 2. **Must be completed if response to Adverse Events #1 is "Yes"**			
4. Errors	**Yes:** There were any Errors noted during the review associated with this procedure. Please comment	**No:** There were no Errors.		
5. Error Category	Select Dental AE Type Classification Category, if applicable. See Table 1. **Must be completed if response to Errors #4 is "Yes"**			
6. Error Severity	Review Dental Adverse Severity Tree and assign an appropriate category. See Table 2. **Must be completed if response to Errors #4 is "Yes"**			

Adverse Events are categorized according to the following Dental AE Type Classification:

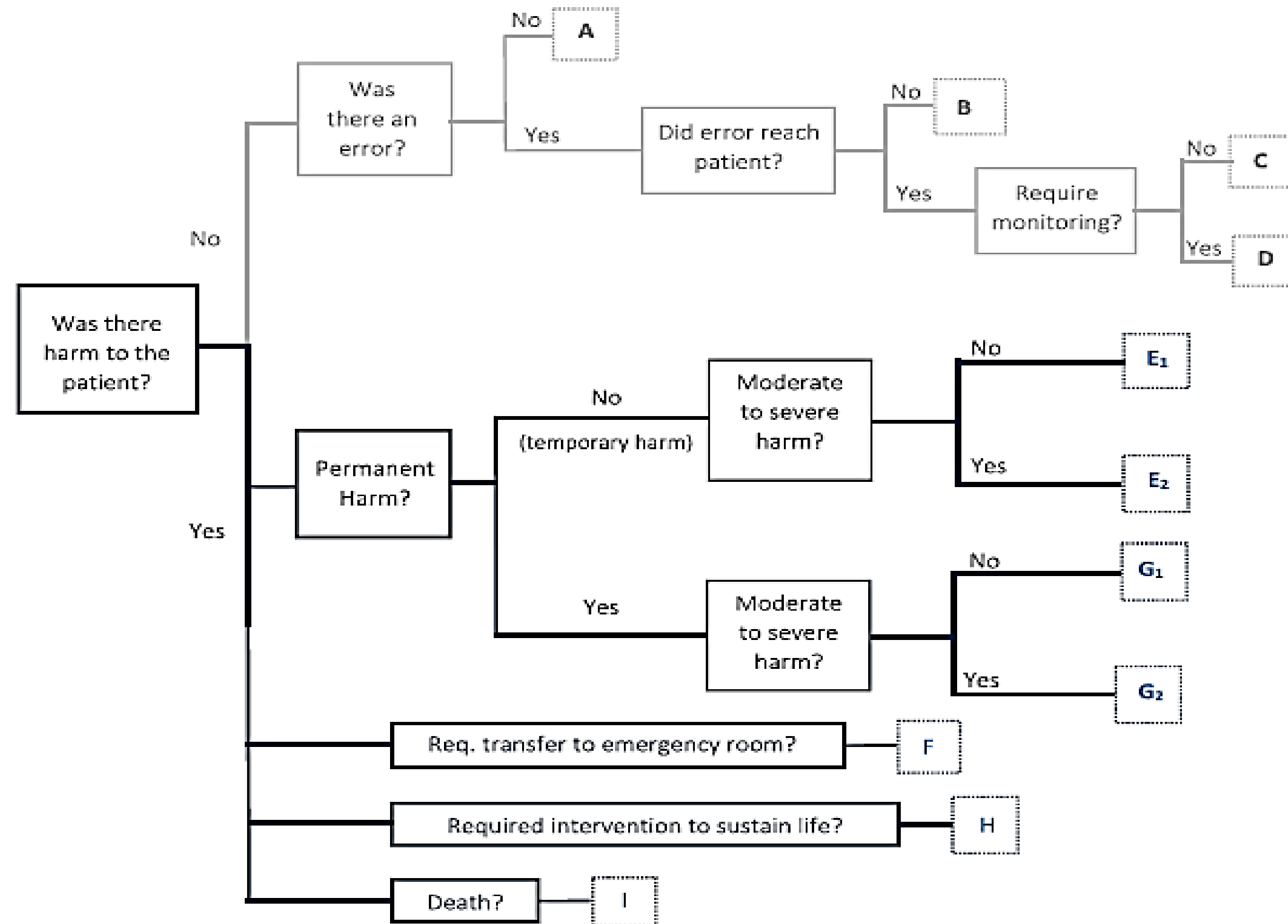
Table 1. Dental AE Type Classification[1], [2]

AE Categories:	
1. **Allergy/Hypersensitivity reactions**	12. **Other systemic complications including adverse reactions to device/materials/procedure**
2. **Aspiration of foreign body**	13. **Other Wrong/unnecessary treatment**
3. **Delayed appropriate treatment/Disease progression and/or unnecessary treatment associated with misdiagnosis**	14. **Poor aesthetic results post-dental treatment**
	15. **Poor hemostasis/prolonged bleeding**
4. **Foreign body response/rejection**	16. **Procedure on wrong patient**
5. **Hard-tissue damage**	17. **Procedure on wrong site**
6. **Harm, not otherwise specified**	18. **Psychological distress/disorder (including suicide)**
7. **Ingestion of foreign body**	19. **Retention of foreign object(s) in patient with sequela**
8. **Nerve damage or injury**	20. **Soft tissue injury/inflammation**
9. **Ocular damage**	21. **Systemic infection**
10. **Orofacial infection**	22. **Toxicity-drug overdose**
11. **Other orofacial complications**	23. **Missed pathology**

[1] Adapted from: Kalenderian E, Obadan-Udoh E, Maramaldi P, Etolue J, Yansane A, Stewart D et al. Classifying Adverse Events in the Dental Office. Journal of Patient Safety. 2017 Jun 30. Available from, DOI: 10.1097/PTS.0000000000000407

[2] Adapted from: Kalenderian E, Obadan-Udoh E, Ramoni R, Lessons learnt from Dental Patient Safety Case Reports. J Am Dent Assoc. 2015 May; 146(5): 318–326.e2. doi: 10.1016/j.adaj.2015.01.003

Table 2. Dental Adverse Event Severity Categories.



Category	Description of Dental Adverse Event Severity Categories using the Dental AE severity tree
A	No errors
B	Error with no impact on patient
C	Error with minimal/mild impact to patient; does not require monitoring
D	Error with moderate to severe impact to patient; requires monitoring
E1	Temporary (reversible or transient) minimal/mild harm to the patient
E2	Temporary (reversible or transient) moderate to severe harm to the patient
F	Harm to the patient that required transfer to emergency room and/or prolonged hospitalization.
G1	Permanent minimal/mild patient harm.
G2	Permanent moderate to severe patient harm.
H	Intervention required to sustain life
I	Patient death.

Scoring Criteria – Amalgam/Composite Restorations – Posterior[3]

	1 Unacceptable	2 Inadequate	3 Acceptable – Minimum Standard of Care	4 Appropriate	5 Optimal	Comments
P.1 Prep: Outline and Extension	• Outline is grossly and improper and lacks any definite form. • Caries remains in the enamel or is not completely accessed. • Cavosurface angles are grossly improper. Cavosurface has multiple major areas of roughness and/or enamel weakness that will cause the restoration to fail.	• Outline severely weakens marginal ridge or a cusp. Outline is misshapen and/or forces improper angle of exit. • Improper cavosurface angles or rough cavosurface will cause the final restoration to fail.	• 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.	• Outline is slightly irregular but does not weaken tooth. • Isthmus is slightly wider than required for lesion. • Cavosurface angles are not optimal but do not compromise the integrity of the tooth or restoration. Cavosurface has small areas of minor roughness.	• Outline is generally smooth and flowing and does not weaken tooth in any manner. • Proximal cavosurface angles are equal to or slightly greater than 90°. The integrity of both tooth and restoration is maintained.	N/A: Unable to Determine:
P.2 Prep: Internal Form	• Walls and/or floors are grossly deep with total lack of concern for the pulp. • Caries remains in the dentin or is not completely accessed. (All caries must be removed except in the area of imminent pulp exposure, evidence based partial caries removal protocol, and must be noted in chart)	• Pulpal floor and/or axial wall is critically shallow or critically deep. • Affected dentin remains. (All caries must be removed except in the area of imminent pulp exposure, evidence based partial caries removal protocol, and must be noted in chart)	• Pulpal floor and/or axial wall is moderately shallow or deep.	• Pulpal floor and/or axial wall is slightly shallow or deep.	• Pulpal floor depth as determined by the lesion or defect does not exceed 2.0 mm from the cavosurface. Enamel may remain on the pulpal floor. Axial wall depth at the gingival floor is appropriate.	N/A: Unable to Determine:

[3] Adapted for review of radiograph and intraoral imagery from Western Regional Examining Board, Central Regional Testing Service, American Board of Dental Examiners, The Commission on Dental Competency Assessments

	1 Unacceptable	2 Inadequate	3 Acceptable – Minimum Standard of Care	4 Appropriate	5 Optimal	Comments
P.3 Prep: Operative Environment	• Damage to the adjacent tooth will definitely require restoration.	• Damage to the adjacent tooth will be difficult to polish out and still maintain appropriate proximal contour. The adjacent tooth will likely require restoration.	• 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	• Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact.	• No damage to the adjacent tooth.	N/A: Unable to Determine:
P.4 Finish: Anatomical Form	• There is gross lack of anatomical form • Grossly improper proximal contour or shape.	• Anatomical form is improper. Marginal ridge is poorly shaped. • Anatomy is too deep or too flat. • Proximal contour is poor. Embrasures are severely over or under contoured	• Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. • There is moderate variation of proximal contour and shape.	• Slight variation in normal anatomical form is present. • There is slight variation of proximal contour and shape.	• Anatomical form is consistent and harmonious with contiguous tooth structure. • Proper proximal contour and shape are restored.	N/A: Unable to Determine:
P.5 Finish: Margins	• Multiple open margins, or gross excesses or deficiencies, are present.	• A deep open margin is present, or critical excesses or deficiencies are present.	• Moderate marginal excesses and/or deficiencies are present.	• Slight marginal excesses and/or deficiencies are present.	• There are no excesses or deficiencies anywhere along margins.	N/A: Unable to Determine:
P.6 Finish: Damage	• Gross mutilation of hard or soft tissue is evident.	• Severe damage to hard or soft tissue is evident.	• Moderate damage to hard or soft tissue is evident.	• Minor damage to hard or soft tissue is evident.	• There is no damage to hard or soft tissue.	N/A: Unable to Determine:

Scoring Criteria: Anterior Composite Restorations[4]

	1 Unacceptable	2 Inadequate	3 Acceptable – Minimum Standard of Care	4 Appropriate	5 Optimal	Comments
A.1 Prep: Outline and Extension	• Cavosurface has multiple gross irregularities and/or enamel weaknesses that will cause the restoration to fail. • Cavosurface angles are grossly inappropriate for the situation and will lead to fracture of the restoration.	• Cavosurface angles will lead to enamel fracture or fracture of the restoration.	• 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.	• Cavosurface angles are not optimal but do not compromise the integrity of the tooth or restoration.	• Proximal cavosurface angles are equal to or slightly greater than 90°. The integrity of both tooth and restoration is maintained. • Cavosurface forms a smooth continuous curve with no sharp angles. • There are no acute cavosurface angles.	N/A: Unable to Determine:
A.2 Prep: Shape and Extension	• Caries remains in the dentin or is not completely accessed. (All caries must be removed except in the area of imminent pulp exposure, evidence based partial caries removal protocol, and must be noted in chart) • Outline is grossly improper and/or lacks any definite form. • Gingival wall is grossly overextended.	• Affected dentin remains. (All caries must be removed except in the area of imminent pulp exposure, evidence based partial caries removal protocol, and must be noted in chart) • Outline is severely over or underextended. • Gingival wall is in contact or obviously overextended. • Incisal extension has broken contact.	• 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	• Outline is slightly over or under extended. • Outline is slightly irregular but does not weaken the tooth.	• Outline provides optimal access for caries removal and insertion of restorative material.	N/A: Unable to Determine:

[4] Adapted for review of radiograph and intraoral imagery from Western Regional Examining Board, Central Regional Testing Service, American Board of Dental Examiners, The Commission on Dental Competency Assessments

	1 Unacceptable	2 Inadequate	3 Acceptable – Minimum Standard of Care	4 Appropriate	5 Optimal	Comments
A.3 Operative Environment	• Damage to the adjacent tooth will definitely require restoration.	• Damage to the adjacent tooth will be difficult to polish out and still maintain appropriate proximal contour. The adjacent tooth will likely require restoration.	• Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed.	• Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact.	• No damage to the adjacent tooth.	N/A: Unable to Determine:
A.4 Finish: Anatomical Form	• There is gross lack of anatomical form • Grossly improper proximal contour or shape.	• Anatomical form is improper. Marginal ridge is poorly shaped. • Anatomy is too deep or too flat. • Proximal contour is poor. Embrasures are severely over or under contoured	• Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. • There is moderate variation of proximal contour and shape.	• Slight variation in normal anatomical form is present. • There is slight variation of proximal contour and shape.	• Anatomical form is consistent and harmonious with contiguous tooth structure. • Proper proximal contour and shape are restored.	N/A: Unable to Determine:
A.5 Finish: Margins	• Multiple open margins, or gross excesses or deficiencies, are present.	• A deep open margin is present, or critical excesses or deficiencies are present.	• Moderate marginal excesses and/or deficiencies are present.	• Slight marginal excesses and/or deficiencies are present.	• There are no excesses or deficiencies anywhere along margins.	N/A: Unable to Determine:
A.6 Finish: Damage	• Gross mutilation of hard or soft tissue is evident.	• Severe damage to hard or soft tissue is evident.	• Moderate damage to hard or soft tissue is evident.	• Minor damage to hard or soft tissue is evident.	• There is no damage to hard or soft tissue.	N/A: Unable to Determine:

Scoring Criteria: Stainless Steel Crowns

	1 Unacceptable	2 Inadequate	3 Acceptable	4 Appropriate	5 Optimal	Comments
SSC.1 Prep: Occlusal Reduction/ Incisal Reduction /Proximal reduction	• Sharp angles would preclude adequate crown adaptation. • Reduction is insufficient to allow full seating of the crown and results in the SSC being in moderate-severe hyperocclusion • Reduction is excessive and results in compromise of the tooth due to insufficient tooth structure remaining or pulpal exposure	• Sharp angles will affect crown prognosis. • Reduction is insufficient to allow full seating of the crown and results in the SSC being in mild-moderate hyperocclusion	• Deviates up to 1.0 mm from optimal. • Sharp angles may affect the restoration.	• Slightly deviates from optimal. • Occlusal reduction is sufficient. • Interproximal reduction sufficient.	• Occlusal Reduction/Incisal Reduction 1-1.5 mm compared to adjacent teeth. • Sharp cusp tips removed, line angles are rounded. • Bevel occlusal 1/3 of buccal and lingual.	N/A: Unable to Determine:
SSC.2 Prep: Caries Removal	• Caries remains in the enamel or dentin or is not completely accessed. • (All caries must be removed except in the area of imminent pulp exposure, evidence based partial caries removal protocol)	• Affected dentin remains. (All caries must be removed except in the area of imminent pulp exposure, evidence based partial caries removal protocol)			• Complete Caries Removal	N/A: Unable to Determine:
SSC.3 Prep: Operative Environment	• Damage to the adjacent tooth will definitely require restoration. • Gross mutilation of hard or soft tissue is evident.	• Damage to the adjacent tooth will be difficult to polish out and still maintain appropriate proximal contour. The adjacent tooth will likely require restoration. • Severe damage to hard or soft tissue is evident.	• Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed. • Moderate damage to hard or soft tissue is evident.	• Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact. • Minor damage to hard or soft tissue is evident.	• No damage to the adjacent tooth. • There is no damage to hard or soft tissue.	N/A: Unable to Determine:

	1 Unacceptable	2 Inadequate	3 Acceptable	4 Appropriate	5 Optimal	Comments
SSC.4 Adaptation, Cementation, Occlusion	• Fit of crown not appropriate (too large, small, short, or long) • Crown is positioned incorrectly. • Excessive cement remains. • Crown in obvious hyperocclusion.		• Fit of crown is good (good contacts, length, and occlusion) • Correct position • Slight evidence of cement remaining radiographically • Occlusion appears good.		• Fit and contours of crown good. • Correct position • All remaining cement removed • Occlusion appears good	N/A: Unable to Determine:
SSC.5 Finish: Function	• Occlusion is grossly in hyper occlusion.		• Occlusion is slightly in hyper-occlusion.	• Occlusion is restored to proper centric but there are some lateral interferences.	• Occlusion is restored to proper centric with no lateral interferences.	N/A: Unable to Determine:

Final Comments:

Reviewer Name

Time Spent on Review

Chart ID

CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor

Oregon Health Authority

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Portland, Oregon 97232-2186
Office: 971-673-1563
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healthoregon.org/dpp

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. Secondarily, 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.

Oregon Health Authority

Objectives of the Site Visit:	Methodology:
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.	1. Interviews with project participants 2. Clinical records review

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.

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Report of Findings

<table>
<tr><td colspan="3">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;</td><td>ID Number

MS1A</td></tr>
<tr><td colspan="2">Program Requirements</td><td>Met ☐</td><td>Not Met ☒</td></tr>
<tr><td>Observations and/or Identified Deficiencies:</td><td colspan="3">Rule 333-010-0410 is not met as evidenced by:

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:

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.

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.

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.

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.

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.</td></tr>
</table>

	The DHAT trainee acted appropriately in conferring immediately with his supervising dentist. 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. Continued monitoring and further site visits will be conducted to evaluate the safety of allowing DHAT trainees to complete extractions of third-molars.
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 must only allow a DHAT trainee to perform extractions under the following conditions: 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.
Required Next Steps	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

	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. • 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. 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.
Timeline to implement the CAP.	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.
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified	NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot project site. NPAIHB requested specific clinical criteria that must be documented in the chart prior to the dentist authorizing the procedure. 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: • 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 odontaglia. 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

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	intervene in all treatment cases that have been initiated by the DHAT trainee. Documentation of analysis results should be included in chart notes. 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.
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 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;		**ID Number** **MS1B**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
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 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;		**ID Number** **MS1C**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	No deficiencies identified. There were no instances of emergencies.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

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333-010-0410: Dental Pilot Projects: Minimum Standards 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;		ID Number **MS1D**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
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 A dental pilot project shall: (1) Provide for patient safety as follows: (f) Comply with the infection control procedures in OAR 818-012-0040		ID Number **MS1F**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
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 (3) Assure that trainees have achieved a minimal level of competence before they enter the employment/utilization phase;		ID Number **MS3**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and/or Identified Deficiencies:	No deficiencies identified. *Comments*: 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.

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**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒
Observations and Identified Deficiencies:	*Rule 333-010-0420 is not met as evidenced by:* 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. On November 21, 2017, OHA informed the NPAIHB in writing of the following requirements: • 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. A copy of the administrative rules for nitrous oxide OARs 818-026-0000 through 818-026-0130 was supplied to the NPAIHB. 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." NPAIHB failed to inform the project sites of the directives issued	

	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.
Corrective Action	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. 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.
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. 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.
Timeline to implement the CAP.	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.
Description of monitoring procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency	• 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	• 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 A dental pilot project must have: (2) A plan to orient supervisors to their roles and responsibilities.			**ID Number** **S2**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒	
Observations and Identified Deficiencies:	*Rule 333-010-0425 is not met as evidenced by*: 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. For complete narrative, please see section ID Numbers MS1A and T1.		
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** ☒	**Not Met** ☐	
Observations and Identified Deficiencies:	No observed deficiencies. Comments: 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** ☒	**Not Met** ☐	
Observations and Identified Deficiencies:	No deficiencies. *Comments*: Trainee was under their preceptorship phase, as outlined in the approved and amended application. The supervising dentist is responsible for making assessments		

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	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: (c) Supervisor fulfillment of role and responsibilities;		**ID Number** **EM2C**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒
Observations and Identified Deficiencies:	*Rule 333-010-0425 is not met as evidenced by*: 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. For complete narrative, please see section ID Numbers MS1A, T1 and S2.	
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.	

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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 (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.			**ID Number** **EM2D**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒	
Observations and Identified Deficiencies:	*Rule 333-010-0435 is not met as evidenced by:* 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. For complete narrative, see section ID Numbers MS1A, T1, S2 and EM2C for details.		
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		

prevent a recurrence of the specific deficiency identified	all points in the utilization phase, once the DHAT trainee was providing care to patients in Oregon. 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.
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 (3) Data. A sponsor's evaluation and monitoring plans must describe: (b) How data will be monitored for completeness;		**ID Number** **EM3B**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒
Observations and Identified Deficiencies:	*Rule 333-010-0435 is not met as evidenced by:* 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. 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.	

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. In response to the preliminary site visit report, NPAIHB requested technical assistance from OHA regarding compliance with the DDR.
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	Clarification and requirements outlined in the DDR occurred on June 15, 2018 at a joint meeting between both organizations. • 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 5) A sponsor must provide a report of information requested by the program in a format and timeframe requested.		**ID Number** **EM5**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒

Observations and Identified Deficiencies:	*Rule 333-010-0435 is not met as evidenced by:* 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. 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.
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.

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	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	• 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 (6) A sponsor must report adverse events to the program the day they occur.		**ID Number** **EM6**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
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 (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.		**ID Number** **IC1**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒

Observations and Identified Deficiencies:	*Rule 333-010-0440 is not met as evidenced by*: 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.
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 ensure that all required consent forms are completed and placed in charts prior to services being performed 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. Electronic forms are sufficient for use by pilot sites to consent to the treatment being provided, i.e. oral surgery, etc.
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	• 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	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

333-010-0440: Dental Pilot Projects: Informed Consent (4) Dental pilot project staff or trainees must document informed consent in the patient record prior to providing care to the patient.		**ID Number** **IC4**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒
Observations and Identified Deficiencies:	*Rule 333-010-0440 is not met as evidenced by:* 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. 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.	
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 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	• 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 (5) Informed consent needs to be obtained specifically for those tasks, services, or functions to be provided by a pilot project trainee.			**ID Number** **IC5**
Dental Pilot Project Program Requirements	**Met** ☐	**Not Met** ☒	

Oregon Health Authority

Observations and Identified Deficiencies:	*Rule 333-010-0440 is not met as evidenced by:* 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. 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. 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.
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 ensure that all required consent forms are completed and placed in charts prior to services being performed.
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	• 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	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

333-010-0455 Dental Pilot Projects: Program Responsibilities (2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		**ID Number** **PR2A**
Dental Pilot Project Program Requirements	**Met** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	No deficiencies observed. *Comments*: There were no concerns related to patient safety in terms of data storage, infection control, HIPPA violations or gross negligence. 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.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

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

	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. 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. 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. 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. 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.
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.
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	• 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.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

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** ☒	**Not Met** ☐
Observations and Identified Deficiencies:	No deficiencies identified. A written request for project modification was received by OHA on January 1, 2018.	
Corrective Action	Not applicable.	
Required Next Steps	Not applicable.	

<table>
<tr><td colspan="2">333-010-0460 Dental Pilot Projects: Modifications
(3) All other modifications require program staff approval prior to implementation.</td><td>ID Number

M3</td></tr>
<tr><td>Dental Pilot Project Program Requirements</td><td>Met ☐</td><td>Not Met ☒</td></tr>
<tr><td>Observations and Identified Deficiencies:</td><td colspan="2">Rule 333-010-0460 is not met as evidenced by:

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.</td></tr>
<tr><td>Corrective Action</td><td colspan="2">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.</td></tr>
<tr><td>Required Next Steps</td><td colspan="2">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.</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>Corrective Action Plan (CAP) submitted by project sponsor and procedure for implementation</td><td colspan="2">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.</td></tr>
<tr><td>Timeline to implement the CAP.</td><td colspan="2">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.</td></tr>
<tr><td>Description of monitoring</td><td colspan="2">• NPAIHB will develop written standing operating procedures (SOPs) and reference resources for use by each pilot</td></tr>
</table>

procedure(s) that the project sponsor will perform to prevent a recurrence of the specific deficiency identified	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.	Christina Peters NPAIHB Project Director
Authority Approval	Signed Stipulated Agreement on April 3, 2018

REPORT END