



AGENDA

Dental Pilot Project #200
“Training Dental Hygienists to Place Interim Therapeutic Restorations”
Site Visit: Three
May 6, 2019

9:30am-2:00pm

9:30am <i>Meet at 9:30am at CHWC, we will carpool to the school.</i>	Location: Central Health and Wellness Center (CHWC) 1601 Monmouth Street Independence, Oregon 97351
9:30am-10:00am	Travel Time: Carpool to Falls City Elementary School
10:00am-10:45am	Introductions, DPP#200: Trainee Demonstration of Virtual Dental Home, Telehealth, Discussion with Trainee Meagan Newton, EPDH
10:45am-11:15am	Discussion with Falls City Elementary School Counselor
11:15am-12:15pm	Travel Time: Carpool to Central Health and Wellness Center
12:15pm-12:45pm	<i>Lunch Break</i>
12:45-2:00pm	OHSU Project Update, programmatic updates, modification request, discussion.

Dental Pilot Project Program Clinical Records Review Form DPP #200



ALL Notations of Not Acceptable Require explanation under comments.

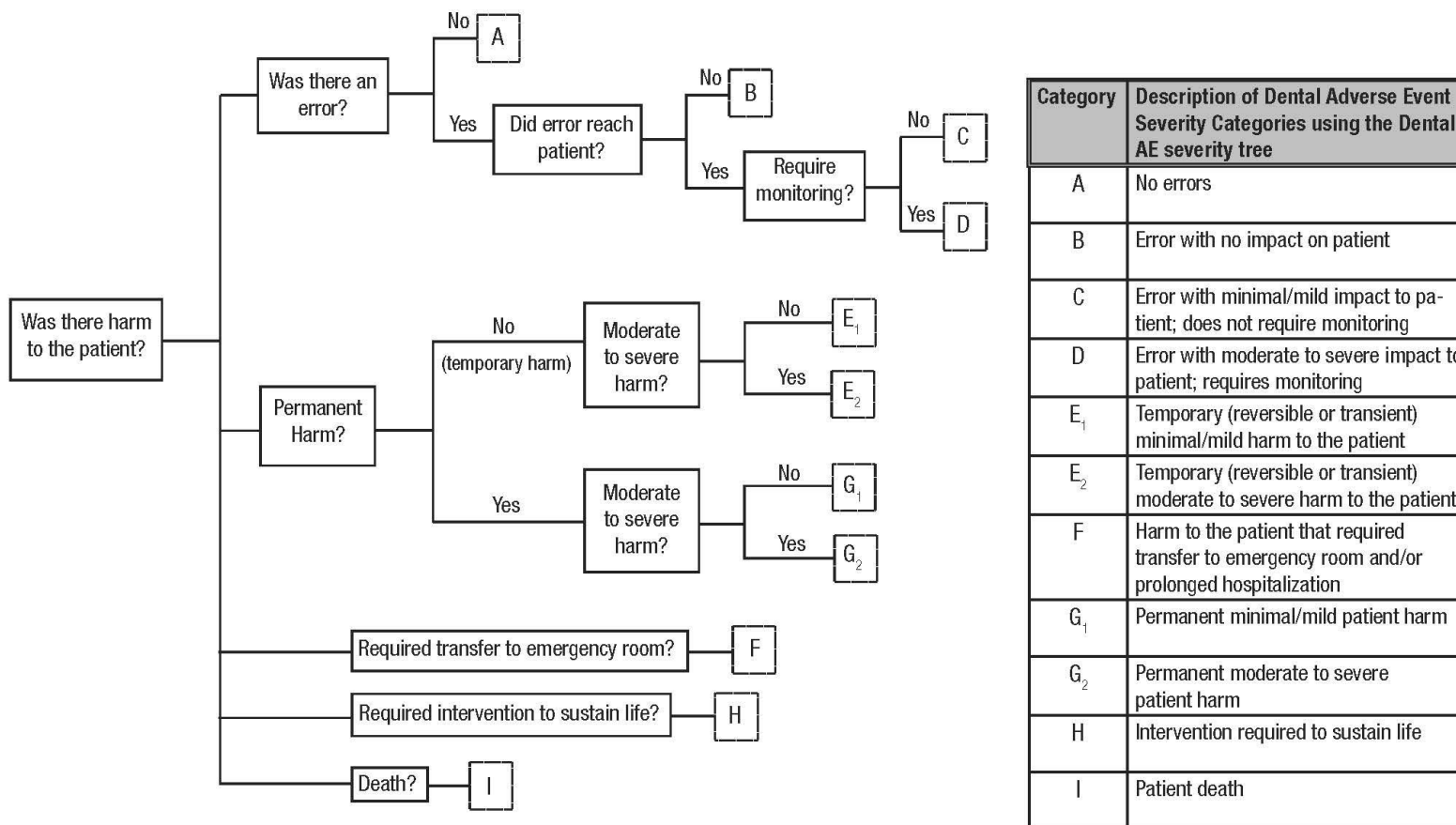
CRITERIA	RESPONSE					COMMENTS
ABSTRACTED CHART ID:			Reviewer ID:			
Chart and progress notes are understandable and clearly describe the treatment provided	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Intra-oral images are sufficient for evaluation	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
Any complications are noted	1: Any complications are sufficiently noted		2: No complications evident and none noted		3: No: Any complications that <i>are</i> present are not noted	
Occlusion: Standard of Care: Restorative Material is not in hyper-occlusion	Unacceptable	Acceptable		Optimal		
	Occlusion is grossly 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.		
Material: Standard of Care: There is minimal excess material	Unacceptable	Acceptable		Optimal		
	Excessive material remains	Minimal excess material remains		Margins are clean and free from excess restorative material		

CRITERIA	RESPONSE					COMMENTS
Margins: Standard of Care: There are no marginal voids	Unacceptable	Acceptable		Optimal		
Overall impression of ITR 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.	
Adverse Events: Was there an adverse event?	Yes: There were any Adverse Events noted during the review associated with this procedure. Please comment		No: There were no adverse events.			
AE Category	Select Dental AE Type Classification Category, if applicable. See Table 1. Must be completed if response to Adverse Events is "Yes"					
AE Severity	Review Dental Adverse Severity Tree and assign an appropriate category. See Table 2. Must be completed if response to Adverse Events is "Yes"					

CRITERIA	RESPONSE			COMMENTS
Comment on Post-Treatment Evaluations/Follow up care and Case Management* Trainee Protocols Indicate Follow-Up at the following intervals: 3-Months, 6-Months, 1-Year	Post-treatment evaluation is appropriate	Post-treatment evaluation is not appropriate (please indicate deficiency in comments)	There is no post-treatment evaluation	
Other Comments				

Table 1. Dental AE Type Classification

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

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

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



ADVERSE EVENT REPORTING:

A sponsor must report severe Adverse Events to the Oregon Health Authority program staff the day they occur as outlined in OAR 333-010-0710. Adverse Event reports are prepared by project sponsor personnel with the intent that such reports will not contain information regarding the patient's identity. The information will be prepared as a brief anecdotal account to be submitted to the Oregon Health Authority.

"Adverse event" means harm caused by dental treatment, regardless of whether it is associated with error or considered preventable as defined under 333-010-0710.

Adverse Events may be categorized by severity in relation to patient harm as shown in Figure 1. Adverse Events or Suspected Adverse Events that classified as severe temporary or permanent harm (E2 or higher) must be reported to OHA the day they occur or are found to have occurred. Other Adverse Events or Suspected Adverse Events must be reported in a timely fashion.

OHA staff will then work with project staff to determine if the incident is an Adverse Event and to finalize Adverse Event severity and category classifications based upon submitted narratives and patient chart documents.

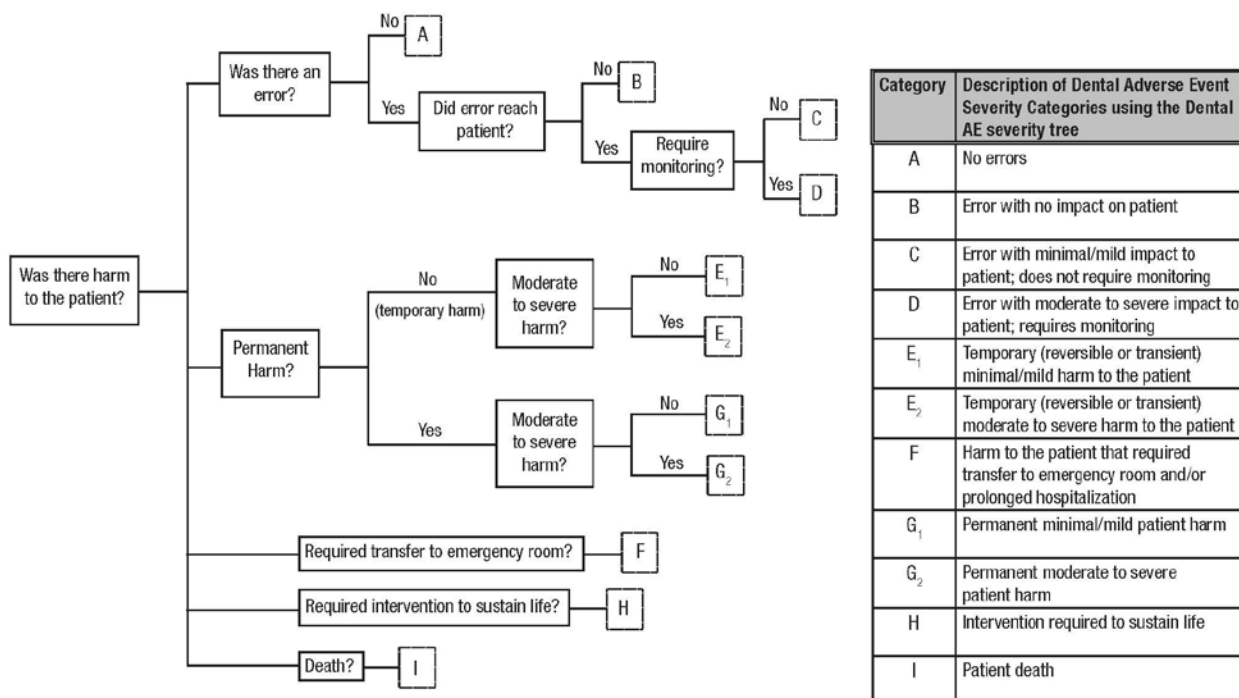
INSTRUCTIONS:

1. Contact Program Staff via telephone (971-673-1563) or email on the date of the incident.
2. Complete Adverse Event Reporting Form and Submit the Completed Form via secured email to sarah.e.kowalski@state.or.us. Additional attachments must be in PDF format.
3. If the incident is determined by OHA to be an Adverse Event, a sponsor must perform and later submit a Root Cause Analysis of the incident.

Dental Pilot Project:	
Reporting Date:	
Date of Incident:	
Address of Incident:	
Incident Description: Please be as specific as possible	
Procedure Name(s) and CDT Code(s) performed on patient:	

AE Severity	Review Dental Adverse Severity Tree and choose the most appropriate category.	
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Figure 1. Dental Adverse Event Severity Categories



Adapted from: Kalenderian E, Obadan-Udoh E, Maramaldi P, et al. Classifying Adverse Events in the Dental Office [published online ahead of print, 2017 Jun 30]. J Patient Saf. 2017;10.1097/PTS.0000000000000407. doi:10.1097/PTS.0000000000000407

Contact Name:	
Email:	

Project Manager Signature/Date

Examples of Adverse Events may include but are not limited to:

Example:	Possible Severity Category*:
Administration of medication, anesthetic, chemical that is in a dosage that results in a reaction	E1, E2
Allergic reactions to dental materials	E2, F
Anesthetizing the wrong site (only if harm occurs)	E1, E2
Aspiration/Ingestion of Foreign Body	E2
Bleeding that is uncontrolled or prolonged and requires intervention	E1, E2
Damage to tooth or bone	G1, G2
Death due to overdose of anesthesia	I
Foreign Body Response: object retained at site of treatment—file separation, overhang	E2
Infections that escalate after treatment or arise post-operatively	E1, E2
Infections with fluctuant swelling requiring I & D	E2
Laceration of lip/tongue/cheek during dental procedure	E1, E2, G1, G2
Pain following extraction/RCT without proper pain management	E2
Painful dry socket	E1, E2
Paresthesia following a dental procedure	G2
Paresthesia that presents with numbness with or without pain: triggered by report of tingling, paresthesia, dysesthesia, numbness, palsy between 0-30 days after a treatment/procedure	G2
Perforation of tooth due to endodontic treatment	E2
Peri-implantitis	E2
RCT on wrong tooth	G1, G2
Sinus infections (resulting from perforations or communications with oral cavity)	E2
Space infections: submandibular	E2, F
Tissue necrosis due to bleaching or rubber dam clamp	G1, G2
Wrong procedure/patient	G2
Wrong tooth extraction	G2

**Examples and possible severity category assigned in the table do not necessarily contain all of the information. For example, an allergic reaction to dental materials may be a localized reaction that was managed in the dental office. It may also mean that the patient required transfer to a hospital as the reaction was systemic and required management in a hospital. Chart notes provide more information to the scenario and are used to determine the severity category.*

The following are not considered Adverse Events:

- Causes or precursors to AEs (Underlying conditions)
- Errors
- Near Misses
- Poor/unacceptable quality of Care
- Natural course of disease



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OREGON AT-A-GLANCE SCHOOL PROFILE

Falls City Elementary School

PRINCIPAL: Art Houghtaling | GRADES: K-8 | 177 Prospect Ave, Falls City 97344 | 503-787-3521

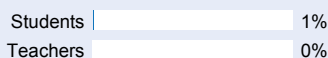
2018-19

Students We Serve

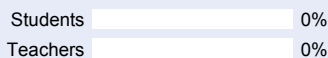


DEMOGRAPHICS

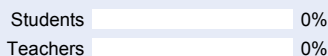
American Indian/Alaska Native



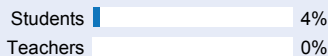
Asian



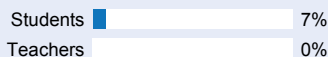
Black/African American



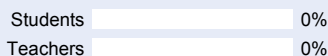
Hispanic/Latino



Multiracial



Native Hawaiian/Pacific Islander



White



*

Ever English
Learners



1

Languages
Spoken

19%

Students
with
Disabilities

84%

Required
Vaccinations

>95%

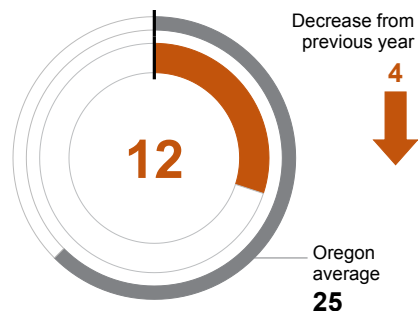
Free/
Reduced
Price Lunch

* <10 students or data unavailable

School Environment

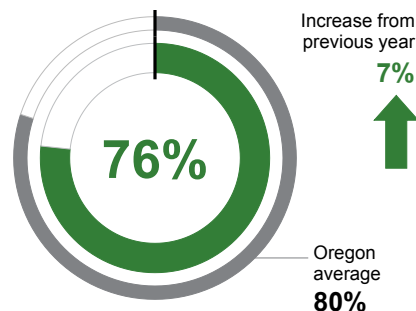
CLASS SIZE

Median class size.



REGULAR ATTENDERS

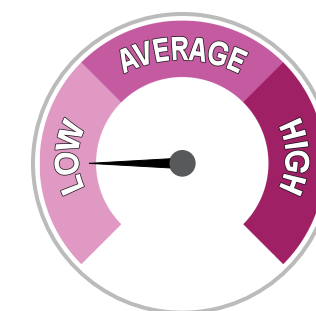
Students who attended more than 90% of their enrolled school days.



Academic Progress

INDIVIDUAL STUDENT PROGRESS

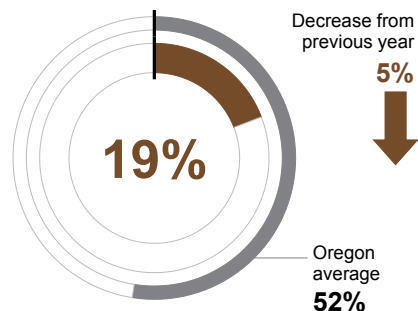
Year-to-year progress in English language arts and mathematics.



Academic Success

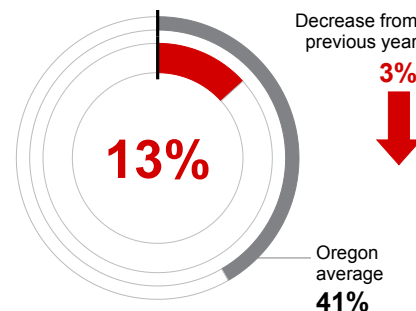
ENGLISH LANGUAGE ARTS

Students meeting state grade-level expectations.



MATHEMATICS

Students meeting state grade-level expectations.



SCIENCE

Students meeting state grade-level expectations.



School Goals

*Information was not submitted for this section.

State Goals

The Oregon Department of Education is partnering with school districts and local communities to ensure a 90% on-time, four year graduation rate by 2025. To progress toward this goal, the state will prioritize efforts to improve attendance, provide a well-rounded education, invest in implementing culturally responsive practices, and promote continuous improvement to close opportunity and achievement gaps for historically and currently underserved students.

Safe & Welcoming Environment

*Information was not submitted for this section.



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OREGON AT-A-GLANCE SCHOOL PROFILE CONTINUED

Falls City Elementary School

PRINCIPAL: Art Houghtaling | GRADES: K-8 | 177 Prospect Ave, Falls City 97344 | 503-787-3521

2018-19

Our Staff (rounded FTE)



11

Teachers



4

Educational
assistants



0

Counselors



41%

Average teacher
turnover rate



36%

% of licensed teachers
with more than 3 years
of experience



No

Same principal in
the last 3 years

Outcomes

REGULAR ATTENDERS

American Indian/Alaska Native	<10 students or data unavailable
Asian	<10 students or data unavailable
Black/African American	<10 students or data unavailable
Hispanic/Latino	<10 students or data unavailable
Multiracial	<10 students or data unavailable
Native Hawaiian/Pacific Islander	<10 students or data unavailable
White	76%
Free/Reduced Price Lunch	76%
Ever English Learner	<10 students or data unavailable
Students with Disabilities	71%
Migrant	<10 students or data unavailable
Talented and Gifted	<10 students or data unavailable
Female	78%
Male	75%
Non-Binary	<10 students or data unavailable

ENGLISH LANGUAGE ARTS

<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
20%
19%
<10 students or data unavailable
<5%
<10 students or data unavailable
<10 students or data unavailable
15%
22%
<10 students or data unavailable

MATHEMATICS

<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
<10 students or data unavailable
13%
13%
<10 students or data unavailable
<5%
<10 students or data unavailable
<10 students or data unavailable
12%
14%
<10 students or data unavailable

About Our School

BULLYING, HARASSMENT, AND SAFETY POLICIES

*Information was not submitted for this section.

EXTRACURRICULAR ACTIVITIES

*Information was not submitted for this section.

PARENT ENGAGEMENT

*Information was not submitted for this section.

COMMUNITY ENGAGEMENT

*Information was not submitted for this section.



**Dental Pilot Project Program
Supervising Dentist Interview Tool
DPP #200**

Date: _____ Site: _____

Reviewer's Name & Organization: _____

Supervising Dentist Name: _____

OAR Minimum Standards 333-010-0410, OAR (a) Patient Safety 333-010-0435, OAR Program Responsibilities 333-010-0455, OAR 333-010-0425, Supervisor fulfillment of role and responsibilities, OAR 333-010-0435, Informed Consent 333-010-0440, Interviews with project participants and recipients of care OAR 333-010-0455

Questions:	Comments
Supervising Dentist Interview: 1. What are your current professional responsibilities outside of this project?	
2. Please share some of your experiences with us in providing oral health care.	

3. What inspired you to participate in the pilot program?	
4. Describe your understanding of the supervising dentist's role.	
5. Do you feel comfortable in your role as a supervising dentist?	
Instructor and Supervisor Information OAR 333-010-0425, Supervisor fulfillment of role and responsibilities, OAR 333-010-0435, Informed Consent 333-010-0440, Interviews with project participants and recipients of care OAR 333-010-0455	
Questions:	Comments
Supervising Dentist/Trainee Process:	
1. How frequently are you in contact with the trainee(s) assigned to you?	
2. If there are more than one trainee providing services at this site, who assigns the patients to the trainee?	
3. Have there been instances wherein patients (or parents/guardians) have withdrawn consent for participation in the pilot project? If so, did the patient provide a reason?	

<p>Supervising Dentist's Evaluation of the Trainee:</p> <ol style="list-style-type: none"> 1. Please comment on the trainee's performance of the following: <ol style="list-style-type: none"> a. The trainee's initial oral evaluation of the patient. b. The placement of an Interim Therapeutic Restoration (ITR) in the patient's mouth. 	
<ol style="list-style-type: none"> 2. Describe the method of communication and how information is shared regarding pilot project observations between: <ol style="list-style-type: none"> a) Trainee and Supervising dentist <p>Please comment on the process for transmission of radiological images and post-operative intra-oral images to you for review. How are orders received and documented?</p> <ol style="list-style-type: none"> b) Supervising dentist to DPP #200 management 	
<ol style="list-style-type: none"> 3. Discuss the referral policy and procedures regarding patients seen by trainee(s) who are in need of more specialized care. <p>Who makes the referral?</p>	
<ol style="list-style-type: none"> 4. Were there any unusual occurrences or incidents 	

observed or reported regarding the oral health care services provided by the trainee?	
5. Are the trainees involved in any post-care or follow-up care of patients in the pilot project? Please describe.	
6. What performance strengths have you identified in the trainee's performance?	
7. Have you identified any performance weakness? If trainees exhibited performance weakness, what remedial activities were undertaken to improve the trainee's performance?	
8. Do you feel the training and preparation for the employment/utilization phase was satisfactory or is there need for improvement?	
Satisfaction Surveys: 9. Have you had a chance to review the patient questionnaires (patient follow-up surveys or patient satisfaction	

<p>surveys)?</p> <p>What were your findings?</p>	
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Provide additional comments or additional questions that require clarification.

Comments:



CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor



Dental Pilot Project Program
Interview with School Staff, Administrators and School HealthCare Providers
DPP #200

Date: _____ Site: _____

Reviewer's Name & Organization/School: _____

Name of Interviewee & Role: _____

OAR Minimum Standards 333-010-0790, OAR (a) Patient Safety 333-010-0760, OAR Authority Responsibilities 333-010-0790

Questions:	Comments
1. What is your role in the school?	
2. What type of health services are provided in your school? (e.g. school nurse, school based health center, dental clinic, etc.) How often are the providers on site? (e.g. 1 day per week, 1 day per month, etc.)	

<p>3. Can you comment on any dental access issues the student population faces at your school?</p> <p>Access to dental care was defined by the Oregon Medicaid Advisory Committee in 2016. "Oral health care access is achieved when people* are able to seek out and receive the right care, from the right provider, in the right place, at the right time.¹</p> <p>*Regardless of race, ethnicity, language spoken, culture, gender, age, disability status, income, education, or health</p>	
<p>4. How often do you have students who complain of dental pain?</p>	
<p>5. How are patients referred to see the Expanded Practice Dental Hygienist in the school?</p> <p>If the EPDH is not on site, is there a process for a student to obtain emergency dental care?</p>	
<p>6. How do the students in the elementary school access the dental services provided in the Central Health & Wellness Center - School Based Health Center? (e.g. school transportation is provided, parents are responsible for getting child to SBHC appointment, etc.)</p>	

¹ Oregon Medicaid Advisory Committee: Oral Health Workgroup Available at <http://www.oregon.gov/oha/OHPR/MAC/Documents/MAC-oralhealthframework-Oct2016.pdf>

<p>7. How long has dental care been provided in your school?</p> <p>Can you comment on the impact of dental care services being provided on site?</p>	
<p>8. What is your perception of what would occur if there were no longer dental services provided in the school?</p>	
<p>9. How have parents responded to having dental services provided on site at the school?</p>	
<p>10. The Dental Pilot Project Program has authorized the EPDH in your school to perform a procedure known as an Interim Therapeutic Restoration (ITR)* if ordered to do so by a supervising dentist. The EPDH sends the records to the supervising dentist via electronic methods. The supervising dentist reviews the records and makes a determination as to whether the student requires an ITR.</p> <p>Have you noticed an impact of the ITR procedure on the student population? (e.g. less complaints in school nurse office, reduced absenteeism, etc.)</p> <p>*An Interim Therapeutic Restoration (ITR) is a restoration placed on a tooth to prevent the progression of dental decay. The provider uses hand instruments to remove as much of the decay as possible and then places a</p>	

restoration in the area. Local anesthetic is not required. Dental drills are not required.	
11. What is your perception of the professionalism exhibited by the EPDH in the pilot project?	

Provide additional comments or additional questions that require clarification.

Comments:



CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor



**Dental Pilot Project Program
Interview with Trainee Tool
DPP #200**

Date: _____ Site: _____

Reviewer's Name & Organization: _____

Name of Interviewee & Role: _____

OAR 333-010-0790 (C) Interviews with project participants and recipients of care	
Questions:	Comments
Interview with Trainee: 1. How long have you been licensed as a Registered Dental Hygienist? When did you obtain your EPDH license?	
2. What inspired you to become a part of the pilot project?	
3. What new skills have you learned?	

4. How are you progressing with the new skills?	
5. How competent do you feel in performing the ITR procedure? Other skills you have learned?	
6. Are you expected to perform tasks that you were not trained to do?	
7. Please comment on the course content during your training phase. a) Didactic b) Clinical	
8. What was the time allocated for training?	
9. Was the time allocated for training sufficient for your comfort level/competency level?	
10. Is this your first experience with a distance learning model of training and provision of service? a) If so, describe your experience. b) If not, can you compare this experience with your other experiences?	

OAR 333-010-0760 (b) Trainee competency; (c) Supervisor fulfillment of role and responsibilities

Questions:	Comments:
Trainee Clinical Experience: 1. How are the patients selected or assigned to you?	
2. How many patients have you treated at this location this year? How many ITRs have you placed? Please comment on the placement of ITRs in the patient's mouth?(e.g. number placed per patient, errors in placement and contributing factors, success in placements, other) Have there been any discrepancies between your recommendations to treat a patient with an IRT and the supervising dentists recommendations to either not treat or refer on to a dentist for treatment? How often does this occur?	
3. Please comment on	

<p>how appointments with patients are established?</p> <p>a) Coordination with the patient and parents.</p> <p>b) Barriers.</p>	
<p>4. Have you experienced any adverse events or complications in providing your service?</p>	
OAR 333-010-0435 (c) Supervisor fulfillment of role and responsibilities	
Questions:	Comments
<p>1. Please comment on the consultation process with the preceptor or collaborating dentist?</p> <p>a) Real-time consultation</p> <p>b) If consultation is via store and forward transmission of images to collaborating dentist, discuss how feedback is provided to you.</p> <p>c) Does store and forward transmission of images require you to set-up a second appointment for the patient? If so, discuss.</p>	
<p>2. After placement of ITRs in patients, do you provide referral information to a dentist for further services?</p>	
<p>3. Do you follow-up with the patient after the</p>	

<p>initial service provided and after you have made a referral?</p> <p>Is this documented in the patients chart?</p>	
<p>4. Please comment on the timeframe of patient referrals to the point-of-service by a dentist?</p>	
<p>5. Please comment on the setting for the clinical setting where the oral health services are provided?</p> <p>(e.g. room designated for clinical services, dentist office, other)</p>	
<p>6. What are your expectations regarding the outcome of this project?</p>	
<p>7. Are there any other comments, or information you would like to share with us?</p>	

Provide additional comments or additional questions that require clarification.

Comments: