

OHA Clinical Chart Review Form & Guidelines : DPP #300

Chart Number:

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.

Tooth Number:

CRITERIA	Description				Assessment	Comments
Diagnosis						
1. Diagnosis Description Appropriate.	Yes: Falls within minimum standard of care.		No: <i>Must indicate deficiency in comments.</i>			
2. Planned treatment based upon the given diagnosis is appropriate.	Yes: Falls within minimum standard of care.		No: <i>Must indicate deficiency in comments.</i>			
Images						
1. Radiographs available and sufficient for diagnosis.	Present: Radiographs are present and adequate for evaluation.	Inadequate: Radiographs are present, but not adequate for evaluation. <i>Please describe why.</i>	Not Present: Radiographs are not present for this procedure.			
2. Intra-Oral Images are sufficient for evaluation.	Present: Intra-oral images are present and adequate for evaluation.	Inadequate: Intra-oral images are present, but not adequate for evaluation. <i>Please describe why.</i>	Not Present: Intra-oral images are not present for this procedure.			
Evaluation of Procedure – Reviewer must use appropriate chart rubric to answer corresponding questions.						
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 is outside scope of practice ¹ or does not meet minimum standard of practice. <i>Please describe why.</i>			

¹ DPP#300 Extraction Scope: Simple extraction of erupted primary teeth and teeth with severe periodontal disease (class III mobility)

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"		

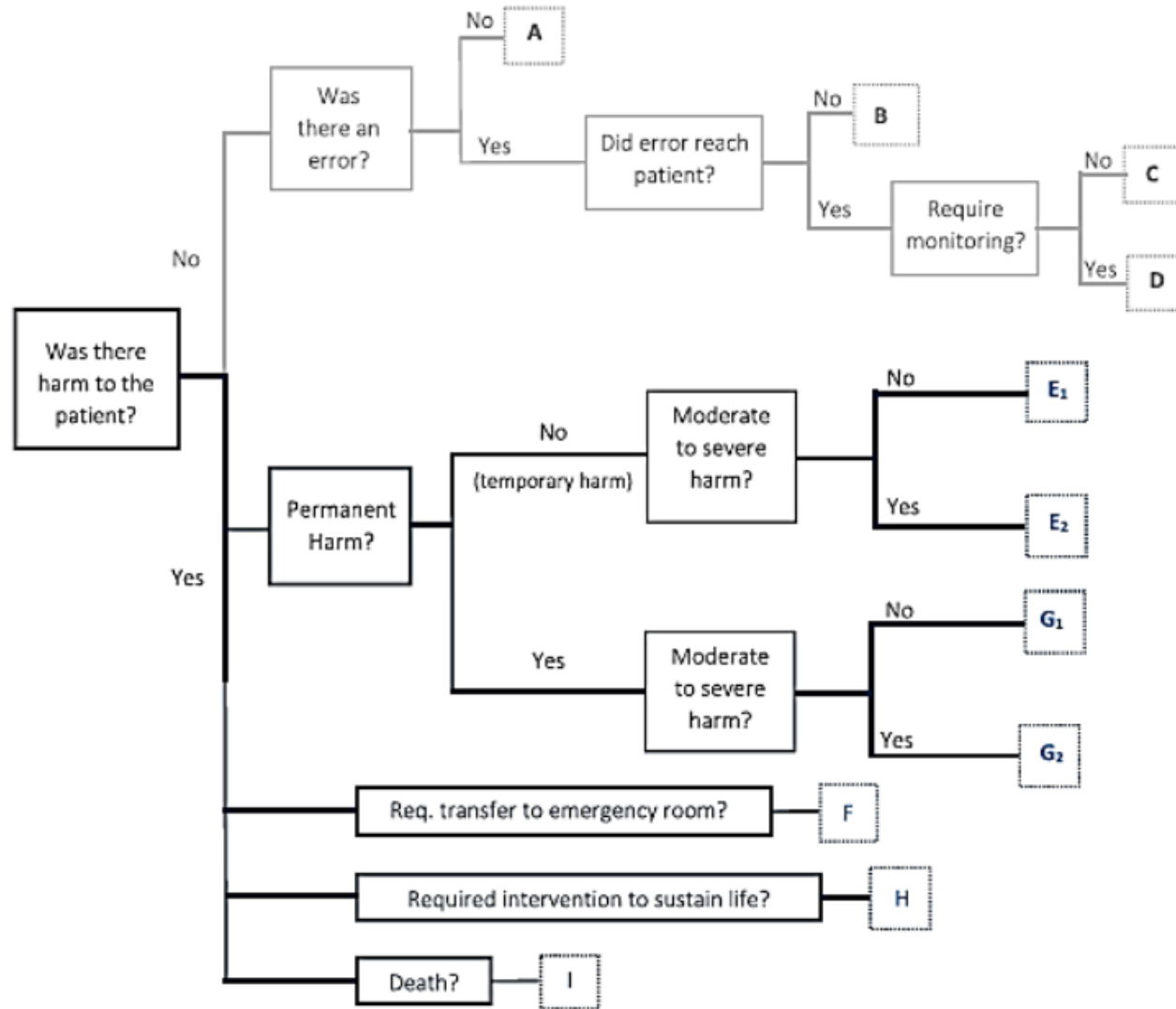
Adverse Events are categorized according to the following Dental AE Type Classification:

Table 1. Dental AE Type Classification¹

AE Categories:			
1. Pain	8. Aspiration or ingestion of foreign body		
2. Infection	9. Wrong site, wrong patient, or wrong procedure		
3. Hard tissue damage	10. Bleeding		
4. Nerve injury	11. Other systemic harm		
5. Soft tissue damage/inflammation	12. Other harm		
6. Other oro-facial harm			
7. Allergy, toxicity, or foreign body response			

¹ 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/

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: Anterior Composite Restorations⁴

	1	2	3	4	5	Comments
	Unacceptable	Inadequate	Acceptable – Minimum Standard of Care	Appropriate	Optimal	
A.1 Prep: Outline and Extension	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Cavosurface angles will lead to enamel fracture or fracture of the restoration. 	<ul style="list-style-type: none"> • Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration. • Cavosurface angles possibly compromise the integrity of the tooth or restoration. 	<ul style="list-style-type: none"> • Cavosurface angles are not optimal but do not compromise the integrity of the tooth or restoration. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Outline is moderately over or under extended. Outline is moderately irregular but does not weaken the tooth. • Gingival margin is moderately overextended. • Any overextension that severely weakens tooth is properly documented 	<ul style="list-style-type: none"> • Outline is slightly over or under extended. • Outline is slightly irregular but does not weaken the tooth. 	<ul style="list-style-type: none"> • 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

	1	2	3	4	5	Comments
	Unacceptable	Inadequate	Acceptable – Minimum Standard of Care	Appropriate	Optimal	
A.3 Operative Environment	<ul style="list-style-type: none"> • Damage to the adjacent tooth will definitely require restoration. 	<ul style="list-style-type: none"> • Damage to the adjacent tooth will be difficult to polish out and still maintain appropriate proximal contour. The adjacent tooth will likely require restoration. 	<ul style="list-style-type: none"> • Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed. 	<ul style="list-style-type: none"> • Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact. 	<ul style="list-style-type: none"> • No damage to the adjacent tooth. 	N/A: Unable to Determine:
A.4 Finish: Anatomical Form	<ul style="list-style-type: none"> • There is gross lack of anatomical form • Grossly improper proximal contour or shape. 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. • There is moderate variation of proximal contour and shape. 	<ul style="list-style-type: none"> • Slight variation in normal anatomical form is present. • There is slight variation of proximal contour and shape. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Multiple open margins, or gross excesses or deficiencies, are present. 	<ul style="list-style-type: none"> • A deep open margin is present, or critical excesses or deficiencies are present. 	<ul style="list-style-type: none"> • Moderate marginal excesses and/or deficiencies are present. 	<ul style="list-style-type: none"> • Slight marginal excesses and/or deficiencies are present. 	<ul style="list-style-type: none"> • There are no excesses or deficiencies anywhere along margins. 	N/A: Unable to Determine:
A.6 Finish: Damage	<ul style="list-style-type: none"> • Gross mutilation of hard or soft tissue is evident. 	<ul style="list-style-type: none"> • Severe damage to hard or soft tissue is evident. 	<ul style="list-style-type: none"> • Moderate damage to hard or soft tissue is evident. 	<ul style="list-style-type: none"> • Minor damage to hard or soft tissue is evident. 	<ul style="list-style-type: none"> • There is no damage to hard or soft tissue. 	N/A: Unable to Determine:

Scoring Criteria – Amalgam/Composite Restorations – Posterior³

	1	2	3	4	5	Comments
	Unacceptable	Inadequate	Acceptable – Minimum Standard of Care	Appropriate	Optimal	
P.1 Prep: Outline and Extension	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Outline moderately weakens marginal ridge or a cusp. Isthmus is too wide or too narrow for lesion. • Cavosurface angles possibly compromise the integrity of the tooth or restoration. Cavosurface is moderately rough but will not adversely affect the final restoration. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Pulpal floor and/or axial wall is moderately shallow or deep. 	<ul style="list-style-type: none"> • Pulpal floor and/or axial wall is slightly shallow or deep. 	<ul style="list-style-type: none"> • 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

	1	2	3	4	5	Comments
	Unacceptable	Inadequate	Acceptable – Minimum Standard of Care	Appropriate	Optimal	
P.3 Prep: Operative Environment	<ul style="list-style-type: none"> • Damage to the adjacent tooth will definitely require restoration. 	<ul style="list-style-type: none"> • Damage to the adjacent tooth will be difficult to polish out and still maintain appropriate proximal contour. The adjacent tooth will likely require restoration. 	<ul style="list-style-type: none"> • Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed. • Management of any damage is appropriate • Documentation of difficult behavior if necessary to explain excessive damage 	<ul style="list-style-type: none"> • Minor damage to the adjacent tooth can be removed by polishing without changing the shape of the contact. 	<ul style="list-style-type: none"> • No damage to the adjacent tooth. 	N/A: Unable to Determine:
P.4 Finish: Anatomical Form	<ul style="list-style-type: none"> • There is gross lack of anatomical form • Grossly improper proximal contour or shape. 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Moderate variation in normal anatomical form is present. Marginal ridge is improperly shaped. • There is moderate variation of proximal contour and shape. 	<ul style="list-style-type: none"> • Slight variation in normal anatomical form is present. • There is slight variation of proximal contour and shape. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Multiple open margins, or gross excesses or deficiencies, are present. 	<ul style="list-style-type: none"> • A deep open margin is present, or critical excesses or deficiencies are present. 	<ul style="list-style-type: none"> • Moderate marginal excesses and/or deficiencies are present. 	<ul style="list-style-type: none"> • Slight marginal excesses and/or deficiencies are present. 	<ul style="list-style-type: none"> • There are no excesses or deficiencies anywhere along margins. 	N/A: Unable to Determine:
P.6 Finish: Damage	<ul style="list-style-type: none"> • Gross mutilation of hard or soft tissue is evident. 	<ul style="list-style-type: none"> • Severe damage to hard or soft tissue is evident. 	<ul style="list-style-type: none"> • Moderate damage to hard or soft tissue is evident. 	<ul style="list-style-type: none"> • Minor damage to hard or soft tissue is evident. 	<ul style="list-style-type: none"> • There is no damage to hard or soft tissue. 	N/A: Unable to Determine:

Scoring Criteria: Stainless Steel Crowns

	1	2	3	4	5	Comments
	Unacceptable	Inadequate	Acceptable	Appropriate	Optimal	
SSC.1 Prep: Occlusal Reduction/ Incisal Reduction /Proximal reduction	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Deviates up to 1.0 mm from optimal. Sharp angles may affect the restoration. 	<ul style="list-style-type: none"> Slightly deviates from optimal. Occlusal reduction is sufficient. Interproximal reduction sufficient. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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) 	<ul style="list-style-type: none"> Affected dentin remains. (All caries must be removed except in the area of imminent pulp exposure, evidence based partial caries removal protocol) 			<ul style="list-style-type: none"> Complete Caries Removal 	N/A: Unable to Determine:
SSC.3 Prep: Operative Environment	<ul style="list-style-type: none"> Damage to the adjacent tooth will definitely require restoration. Gross mutilation of hard or soft tissue is evident. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Damage to the adjacent tooth can be removed by polishing, but the shape of the contact will be changed. Moderate damage to hard or soft tissue is evident. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> No damage to the adjacent tooth. There is no damage to hard or soft tissue. 	N/A: Unable to Determine:

	1	2	3	4	5	Comments
	Unacceptable	Inadequate	Acceptable	Appropriate	Optimal	
SSC.4 Adaptation, Cementation, Occlusion	<ul style="list-style-type: none"> • Fit of crown not appropriate (too large, small, short, or long) • Crown is positioned incorrectly. • Excessive cement remains. • Crown in obvious hyperocclusion. 		<ul style="list-style-type: none"> • Fit of crown is good (good contacts, length, and occlusion) • Correct position • Slight evidence of cement remaining radiographically • Occlusion appears good. 		<ul style="list-style-type: none"> • Fit and contours of crown good. • Correct position • All remaining cement removed • Occlusion appears good 	N/A: Unable to Determine:
SSC.5 Finish: Function	<ul style="list-style-type: none"> • Occlusion is grossly in hyper occlusion. 		<ul style="list-style-type: none"> • Occlusion is slightly in hyper-occlusion. 	<ul style="list-style-type: none"> • Occlusion is restored to proper centric but there are some lateral interferences. 	<ul style="list-style-type: none"> • Occlusion is restored to proper centric with no lateral interferences. 	N/A: Unable to Determine:

Final Comments:

Reviewer Name

Time Spent on Review (minutes)

Chart ID