



### Dental Pilot Project Program: Site Visit Report

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

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

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

<b>Project Name &amp; ID Number:</b>	Dental Pilot Project #100, "Oregon Tribes Dental Health Aide Therapist Pilot Project."
<b>Project Sponsor:</b>	Northwest Portland Area Indian Health Board (NPAIHB)
<b>Date of Site Visit:</b>	May 22, 2018
<b>Site Location:</b>	Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians Dental Clinic (CTLCUSI) 1245 Fulton Ave, Coos Bay, OR 97420
<b>Primary Contact Name and Title:</b>	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 compliance with the requirements set forth in OARs 333-010-0400 through 333-010-0470, and therefore has **passed** the site visit. Please see Appendix A for a copy of the preliminary report of findings.

<b>Objectives of the Site Visit:</b>	<b>Methodology:</b>
<ol style="list-style-type: none"> <li>1. Determination that adequate patient safeguards are being utilized.</li> <li>2. Validation that the project is complying with the approved or amended application</li> <li>3. Compliance with OARs 333-010-0400 – 333-010-0470.</li> </ol>	<ol style="list-style-type: none"> <li>1. Interviews with project participants</li> <li>2. Clinical records review</li> </ol>

**Attendees:**

<b>Name</b>	<b>Title</b>	<b>Organization</b>
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
Karen Shimada, MS	Executive Director, Oregon Oral Health Coalition	OHA Dental Pilot Project Advisory Committee
Kelli Swanson Jaecks, RDH, MS	Dental Hygienist, Oregon Dental Hygiene Association	OHA Dental Pilot Project Advisory Committee

**Project Sponsor Representatives and Interviewees:**

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Alexi Barry, MA	Chief Executive Officer	Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians (CTCLUSI)
Vicki Faciane, M.Ed, MBA	Director of Health Services	CTCLUSI
Pam Johnson	Project Coordinator	NW Portland Area Indian Health Board (NPAIHB)
Jamie Meyers	DHAT Coordinator	CTCLUSI – Dental Clinic
Christina Peters	Project Manager	NPAIHB
Naomi Petrie, DHAT	DHAT Trainee	CTCLUSI – Dental Clinic
Sarah Rodgers, DMD	Supervising Dentist	CTCLUSI – Dental Clinic

**Record Reviewers:**

Name	Title	Organization
Bruce Austin, DMD	Statewide Dental Director	Oregon Health Authority
Daniel Blickenstaff, DMD	Executive Director	Oregon Board of Dentistry
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
Charles Rim, DMD	General Dentist	Oregon State Hospital
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 irreversible procedure categories were included.

Twenty-seven unique records were reviewed, representing 31% of patients reported being seen by the DHAT at the CTCLUSI site from July 1, 2017 through March 31, 2018. 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. 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. Initial analyses of reviewers’ overall impressions of individual procedure quality indicated an average rating of 3.38 on a scale of 1 to 5, or “acceptable.” There was, however a significant range in individual reviewer evaluations, with an overall coefficient of variation of 33% indicating the need for continued reviewer calibration.

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. (Appendix B)
- The project sponsor has indicated that they have ordered several new intra-oral cameras which will aid the employment sites in capturing clear images of pre-prep-post intra-oral images of restorations and other procedures as required in the approved

Evaluation and Monitoring plan.

- There were discrepancies and confusion indicated by chart reviewers when conducting clinical record reviews. It was determined that some of the images submitted were flipped or rotated incorrectly making it difficult for a reviewer to determine right from left. The project sponsor has indicated that this challenge will be resolved with the new cameras which automatically place images in the correct position in the electronic health record.

### Report of Findings

<b>333-010-0410: Dental Pilot Projects: Minimum Standards</b> 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;		<b>ID Number</b>  <b>MS1A</b>
<b>Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and/or Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0410: Dental Pilot Projects: Minimum Standards</b> 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;		<b>ID Number</b>  <b>MS1B</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and/or Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0410: Dental Pilot Projects: Minimum Standards</b> 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;		<b>ID Number</b>  <b>MS1C</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and/or Identified Deficiencies:</b>	No deficiencies identified. There were no instances of emergencies.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0410: Dental Pilot Projects: Minimum Standards</b>		<b>ID Number</b>
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;		<b>MS1D</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and/or Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0410: Dental Pilot Projects: Minimum Standards</b>		<b>ID Number</b>
A dental pilot project shall: (1) Provide for patient safety as follows: (f) Comply with the infection control procedures in OAR 818-012-0040		<b>MS1F</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and/or Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0410: Dental Pilot Projects: Minimum Standards</b>		<b>ID Number</b>
(3) Assure that trainees have achieved a minimal level of competence before they enter the employment/utilization phase;		<b>MS3</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and/or Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0420: Dental Pilot Projects: Trainees</b>		<b>ID Number</b>
(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.		<b>T1</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0425: Dental Pilot Projects: Instructor and Supervisor Information</b>		<b>ID Number</b>
A dental pilot project must have: (2) A plan to orient supervisors to their roles and responsibilities.		<b>S2</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0435: Dental Pilot Projects: Evaluation and Monitoring</b>		<b>ID Number</b>
(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;		<b>EM2A</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No observed deficiencies.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0435: Dental Pilot Projects: Evaluation and Monitoring</b>		<b>ID Number</b>
(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;		<b>EM2B</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>

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

<b>333-010-0435: Dental Pilot Projects: Evaluation and Monitoring</b>		<b>ID Number</b>
(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;		<b>EM2C</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0435: Dental Pilot Projects: Evaluation and Monitoring</b>		<b>ID Number</b>
(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.		<b>EM2D</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0435: Dental Pilot Projects: Evaluation and Monitoring</b>		<b>ID Number</b>
(3) Data. A sponsor’s evaluation and monitoring plans must describe: (b) How data will be monitored for completeness;		<b>EM3B</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	



<b>333-010-0435: Dental Pilot Projects: Evaluation and Monitoring</b>		<b>ID Number</b>
5) A sponsor must provide a report of information requested by the program in a format and timeframe requested.		<b>EM5</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

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

<b>333-010-0440: Dental Pilot Projects: Informed Consent</b>		<b>ID Number</b>
(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.		<b>IC1</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0440: Dental Pilot Projects: Informed Consent</b>		<b>ID Number</b>
(4) Dental pilot project staff or trainees must document informed consent in the patient record prior to providing care to the patient.		<b>IC4</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	

<b>Required Next Steps</b>	Not applicable.
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<b>333-010-0440: Dental Pilot Projects: Informed Consent</b>		<b>ID Number</b>
(5) Informed consent needs to be obtained specifically for those tasks, services, or functions to be provided by a pilot project trainee.		
		<b>IC5</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0455 Dental Pilot Projects: Program Responsibilities</b>		<b>ID Number</b>
(2) Site visits. (A) Determination that adequate patient safeguards are being utilized;		
		<b>PR2A</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies observed.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0455 Dental Pilot Projects: Program Responsibilities</b>		<b>ID Number</b>
(2) Site visits. (B) Validation that the project is complying with the approved or amended application		
		<b>PR2B</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

<b>333-010-0460 Dental Pilot Projects: Modifications</b>		<b>ID Number</b>
(1) Any modifications or additions to an approved project shall be submitted in writing to program staff.		
		<b>M1</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	

<b>Corrective Action</b>	Not applicable.
<b>Required Next Steps</b>	Not applicable.

<b>333-010-0460 Dental Pilot Projects: Modifications</b>		<b>ID Number</b>
(3) All other modifications require program staff approval prior to implementation.		<b>M3</b>
<b>Dental Pilot Project Program Requirements</b>	<b>Met</b> <input checked="" type="checkbox"/>	<b>Not Met</b> <input type="checkbox"/>
<b>Observations and Identified Deficiencies:</b>	No deficiencies identified.	
<b>Corrective Action</b>	Not applicable.	
<b>Required Next Steps</b>	Not applicable.	

**REPORT END**



CENTER FOR PREVENTION AND HEALTH PROMOTION  
Oral Health Program

Kate Brown, Governor



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August 23, 2018

Joe Finkbonner  
NW Portland Area Indian Health Board  
NW Portland Area Indian Health Board  
2121 SW Broadway STE 300  
Portland, Oregon 97201

Re: Status of May 22, 2018 Site Visit  
Preliminary Report of Findings

Dear Mr. Finkbonner,

On May 22, 2018, the Oregon Health Authority (OHA) conducted the third required site visit for Dental Pilot Project #100, "Oregon Tribes Dental Health Aide Therapist Pilot Project."

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

Per 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 purpose of the site visit was to determine that adequate patient safeguards are being utilized and that the project is complying with their approved and amended application. The Oregon Health Authority has determined that Dental Pilot Project #100 is in compliance with the requirements set forth in the Oregon Administrative Rules 333-010-0400 through 333-010-0470, and therefore has **passed** the site visit.

#### PRELIMINARY REPORT OF FINDINGS

- Initial chart reviews revealed no patient safety concerns.
- CTCLUSI Dental Clinic Site and the project sponsor are in compliance with the requirements outlined in the Stipulated Agreement between the Oregon Health Authority and the Northwest Portland Area Indian Health Board, effective April 3, 2018.
- A full report of findings will be issued with the final report, due back to the project on November 22, 2018.

Sincerely,

Bruce Austin  
Statewide Dental Director

# Dental Pilot Project: Adverse Event Reporting

## ADVERSE EVENT REPORTING:

A sponsor must report adverse events to the Oregon Health Authority program staff the day they occur as outlined in OAR 333-010-0460.

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.

These guidelines serve only to describe some occurrence requiring a written anecdotal account. The examples serve as a minimal starting point for common reporting of incidents/occurrences so that project sponsors will be cognizant of trainee performances for the purposes of effective monitoring. Your judgment as to what constitutes a deviation from the usual norm of practice for your category of trainee is important.

## Examples

1. A patient care error that has been identified by the trainee, supervising professional or other professional within the community or practice site.
2. Comments regarding the provision of health care by the trainees which reflect satisfaction or dissatisfaction with the services rendered. This information may originate from the following sources:
  - A. Patients who have received services.
  - B. Relatives or friends of patients receiving services.
  - C. Community professionals such as physicians, pharmacists, dentists, nurses, health care administrators or others who may have knowledge of a trainee-patient interface.
  - D. Other staff members who are employed by the employment/utilization site.
  - E. Project sponsor staff having knowledge of trainee-patient interaction.

## Instructions:

1. Contact Program Staff via telephone on the date of the incident at 971-673-1563.
2. Complete Adverse Event Reporting Form and follow submission instructions.

Title Dental Pilot Project:

Reporting Date:

Date of Incident:

Address of Incident:

Patients Gender:    Male        Female

Patients Age:

Incident Description: Be as specific as possible. Use separate sheets of paper if necessary.

# Dental Pilot Project: Adverse Event Reporting

Provide a root cause analysis of the incident. Use separate sheets of paper if necessary.

Please identify actions that have been taken or plans of action to take to prevent similar adverse events from happening in the future.

Procedure Name(s) and CDT Code(s) Performed on involved patient:

Contact Name:

Email:

Project Manager Signature:

Date:

## **Instructions:**

Download and Complete the Adverse Event Form PDF.

Submit the Completed Form via email to [sarah.e.kowalski@state.or.us](mailto:sarah.e.kowalski@state.or.us).

Attachments must be in PDF format.