



Quality Measurement and
Improvement Manual

INTRODUCTION

Purpose of the Manual

For all providers (predoctoral, postdoctoral, and faculty) and support staff to understand the School of Dental Medicine's Quality Assurance (QA)/Quality Measurement and Improvement (QMI) processes and activities. An understanding of the underlying principles of quality assurance provides for improved patient care and education.

Definition of Quality Assurance

Quality Assurance includes all activities that ensure that the care provided to patients is of high quality. Quality of care, defined by the Health Center, is the degree to which patient services increase the probability of desired outcomes and reduce the probability of undesired outcomes, given the current state of knowledge. Because knowledge evolves, the probability of desired outcomes can be influenced; patient care quality, therefore, is not static, but, rather, dynamic.

QUALITY MEASUREMENT AND IMPROVEMENT (QMI) COMMITTEE

Charges to the Quality Measurement and Improvement Committee

1. Implement a formally organized sequence of activities using "indicators" and "criteria" to assess quality of care delivered in the School's outpatient areas. There should be an ongoing, systematic and routine collection of data, rather than time-limited audits
2. Evaluate data to assess quality of care, recommend actions, which the Committee feels would remedy deficiencies, and assist in the implementation of these plans
3. Conduct reassessments to determine that the recommended actions have been implemented and have achieved the desired results
4. As appropriate, coordinate activities with the Clinical Affairs Committee
5. Prepare an annual report to be included in the annual report of the Office of Clinical Affairs
6. Perform other charges as assigned by the Dean

The Committee will incorporate the following key concepts regarding evaluations of patient care quality

1. Structures, processes (i.e., services) and outcomes of care will serve as the focus of attention when examining issues related to patient care quality
2. Structures and processes of care only affect the probability of outcomes of care; they are not sufficient to guarantee those outcomes, which are dependent on many other variables (e.g., patient risk, severity-of-illness, compliance with treatment, unknown causes)
3. Because the probability of outcomes can be improved (e.g. with increases in knowledge), patient care quality is not viewed as a static "acceptable" level; rather, it is subject to continuous improvement

Composition of Quality Measurement and Improvement
Committee

1. Faculty representatives from the disciplines and programs responsible for the delivery of clinical services in the School's outpatient clinics. This includes the Director of Quality Measurement and Improvement and Planning (Chair), Senior Associate Dean of Education and Patient Care (Ex-officio), Predoctoral Clinic Director, Advanced Education in General Dentistry Program, Director of Burgdorf UCHC Pediatric Dental Clinic
2. Support staff with responsibilities related to clinical services which include the Patient Care Coordinators and Dental Clinic Managers
3. Student representative

STANDARDS OF CARE -Adopted October 2013

Standard: Each patient will be informed of the Patient Bill of Rights.

Standard: Patients will be treated in a safe environment.

Standard: Patients seeking comprehensive care will be provided with a comprehensive exam and an individualized risk assessment.

Standard: A proposed dental treatment plan and financial plan will be reviewed and approved by the patient.

Standard: A medical and dental history will be obtained as part of the initial evaluation of each patient.

Standard: Informed consent will be obtained from the patient prior to the initiation of care.

Standard: An entry in the electronic health record will be completed by the provider for each visit.

Standard: Treatment will be rendered in a logical and orderly fashion. Standard: Care will be delivered in a timely manner.

Standard: Patients will be offered continued oral health services following completion of active care.

Standard: Patients will have access to emergency care.

Standard: Patients will be satisfied with the care that they receive.

Standard: Patient information will be maintained in an appropriate manner to maintain confidentiality.

STANDARDS OF CARE ASSESSMENT PROCESSES

STANDARDS OF CARE -Adopted October 2013

- Standard:* Each patient will be informed of the Patient Bill of Rights
- Indicator: All patients will be informed of the Patient Bill of Rights
- Measure: 1. At Screening visit, patients are given the Patient Bill of Rights.
2. The Patient Bill of Rights is posted in the Dental Clinics and SDM Website.
3. Patient Satisfaction Survey
- Standard:* Patients will be treated in a safe environment.
- Indicator: The Dental Clinics will operate under approved infection control and safety parameters. Providers will comply with universal precautions for infection control.
- Measure: 1. Infection Control is a component of the student evaluation.
2. Infection Control monitoring in the clinic
3. Infection Control Audit
- a. Environment of Care
- b. Adherence to Infection Control Guidelines
- Indicator: All providers involved with patient care will be certified in basic life support.
- Measure: 1. Copies of Basic Life Support Cards Maintained by Administrative Coordinator
- Standard:* Patients seeking comprehensive care will be provided with a comprehensive exam and an individualized risk assessment.
- Indicator: All patients seeking comprehensive care will be provided with a comprehensive exam and individualized risk assessment.
- Measure: 1. Analytical Audit
2. Procedural Audit
- Standard:* A proposed dental treatment plan and financial plan will be reviewed and approved by the patient.
- Indicator: All patients will have approved a treatment plan prior to the initiation of care.
- Measure: 1. Procedural audit
- Standard:* A medical and dental history will be obtained will be obtained as part of the initial evaluation of each patient.
- Indicator: All patients will have a medical and dental history documented at the initial visit.
- Measure: 1. Analytical visit
- Standard:* Informed consent will be obtained from the patient prior to the initiation of care.
- Indicator: Informed consent will be obtained from the patient prior to the initiation of care.
- Measure: 1. Procedural Audit

- Standard:* An entry in the electronic health record will be completed by the provider for each visit.
- Indicator: Entries in the electronic health record will be completed for each patient visit.
- Measure: 1. Procedural Audit
- Standard:* Treatment will be rendered in a logical and orderly fashion.
- Indicator: Patients will have their treatment rendered in a logical and orderly fashion.
- Measure: 1. Analytical Audit
2. Focused Review: Appropriate Sequence of Phase I Reevaluation
- Standard:* Care will be delivered in a timely manner.
- Indicator: All patients will be seen at least once every 45 days.
- Measure: 1. >45 Day Data
2. Procedural Audit
- Indicator: A treatment plan will be proposed to the patient in a reasonable time frame from the initial visit.
- Measure: 1. Focused Reviews-Number of visits to treatment plan
Interval between screening & presentation/acceptance of treatment plan
- Standard:* Patients will be offered continued oral health services following completion of active care.
- Indicator: Patients will be offered oral health services following completion of active care.
- Measure: 1. OHM program is offered to patients
- Standard:* Patients will have access to emergency care.
- Indicator: All patients will have access to emergency services.
- Measure: 1. Emergency dental services will be available 24 hours per day, 7 days a week at the School of Dental Medicine or John Dempsey Hospital.
- Standard:* Patients will be satisfied with the care that they receive.
- Indicator: Patients will be satisfied with the care that they receive.
- Measure: 1. Patient Satisfaction Survey-Annual
2. Patient Satisfaction Survey-Maintenance
- Standard:* Patient Information will be maintained in an appropriate manner to maintain confidentiality.
- Indicator: Patient information will be maintained in an appropriate manner to maintain confidentiality.
- Measure: 1. Secured record room that is attended or locked.
2. Axium software system security reports
3. Records of provider HIPAA training

PATIENT BILL OF RIGHTS

The faculty and staff of the University of Connecticut School of Dental Medicine are here to provide patients with the best dental treatment possible. We recognize that a personal relationship between the treating dentist and the patient is essential for the provision of care. We believe that patients have entrusted us with their dental care, and therefore, have a right to receive certain considerations from the School of Dental Medicine. Patients also have the right to know the rules of the School of Dental Medicine and the regulations that apply to their conduct as a patient.

Patient's Rights

- 1.) The patient has the right to the most appropriate care the School can provide for their problem, without regard to race, sex, national origin, color, religion, age or disability.
- 2.) The patient has the right to be treated kindly and respectfully by all personnel; to be addressed by their proper name and without undue familiarity; and to be assured that their individuality will be respected.
- 3.) The patient has the right to know which members of the health care team (dental student, dental hygiene student, graduate dentist and/or faculty member) are directly responsible for their care, including their names.
- 4.) The patient has the right to ask their dental provider and other members of the health care team questions and to receive answers from them concerning their dental condition, treatment and plans for care.
- 5.) The patient has the right to discuss any treatment, procedure, or operation planned for them with members of the health care team, so that the patient may understand the purpose, probable results and/or alternatives and risks involved before consenting to the agreed upon treatment plan.
- 6.) The patient has the right to know what we feel is the optimal treatment plan for them as well as the right to ask us to scale down the optimal plan to fit within their financial or time constraints, if possible.
- 7.) The patient has the right to request an appointment to have their record reviewed by a faculty member who is familiar with their treatment.
- 8.) The patient has the right to receive an estimate of the cost of dental treatment and to be informed of changes in the total cost, if changes in their treatment plan occur.
- 9.) The patient has the right to withdraw consent and to discontinue participation in the treatment or activity at any time.

Patient's Responsibilities

- 1.) The patient shall provide, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters pertaining to his or her health. The patient has the responsibility to report unexpected changes in his or her condition to the responsible practitioner.
- 2.) The patient shall make it known to the appropriate practitioner whether he or she clearly understands the course of treatment and what is expected of him or her.
- 3.) The patient is responsible for following the recommended instructions given by the practitioner including follow-up treatment instructions.
- 4.) The patient is responsible for his or her actions if he or she refuses treatment or does not follow the instructions of the practitioner.
- 5.) The patient is responsible for keeping appointments, and when unable to do so for any reason, to notify the practitioner or the School of Dental Medicine.
- 6.) The patient (or the legally responsible party) is responsible for assuming that the financial obligation is fulfilled as treatment is performed.
- 7.) The patient is responsible for being considerate of the rights of other persons and the School of Dental Medicine.
- 8.) The patient should expect the School of Dental Medicine to provide only those services that the attending practitioners determine to be appropriate.

QUALITY MEASUREMENT AND IMPROVEMENT PROCESSES

A. Patient Record Audits

I. Random Record Audits

- a. Record Review Audits: Auditor Assessment
- b. Record Review Audits: Student Self-Assessment

2. Record Audit

- a. Treatment Plan: Auditor Assessment
- b. Treatment Plan: Student Self-Assessment

3. Record Audit

- a. OHM/Transfer: Auditor Assessment
- b. OHM/Transfer: Student Self-Assessment

B. Patient Reviews

1. Treatment Plan
2. Phase I Reevaluation
3. Exit/Phase II Evaluation

C. Patient Satisfaction Surveys

1. Annual
2. Exit

D. Focused Reviews

Focused Reviews are conducted on an as needed basis when issues requiring further investigation are identified via record audits, patient satisfaction surveys, or QMI Committee meetings.

E. Education

F. Patient Relations Database

RANDOM RECORD AUDITS - RECORD REVIEW INDICATION

Predoctoral patient records will be audited and evaluated randomly during the treatment process.

PURPOSE

To ensure that the care provided to patients is of high quality. The following Standards of Care are assessed:

Standard: Patients seeking comprehensive care will be provided with a comprehensive exam and an individualized risk assessment.

Indicator: All patients seeking comprehensive care will be provided with a comprehensive exam and individualized risk assessment.

Measure: I. Analytical Audit

Q2 Was the medical history documented at the initial exam?

Q3 Are there appropriate entries for recommendations for medical management?

Q5 Is there a follow-up to the medical consult request?

Q6 Is there adequate documentation with regards to dental findings?

Q9 Is there adequate documentation with regards to diagnosis?

Q10 Is there adequate documentation with regards to problems?

Q11 Is there adequate documentation with regards to radiographic findings?

Q12 Does the treatment plan outline a logical sequence of treatment for the patient?

II. Procedural Audit

Q2 Is the caries risk assessment completed?

Q3 Is the periodontal risk assessment completed?

Standard: A proposed dental treatment plan and financial plan will be reviewed and approved by the patient.

Indicator: All patients will have approved a treatment plan prior to the initiation of care.

Measure: I. Procedural Audit

Q4 Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

- Q5 Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

Standard: A medical and dental history will be obtained as part of the initial evaluation of each patient.

Indicator: All patients will have a medical and dental history documented at the initial visit.

- Measure: I. Analytical Audit
- Q2 Was the medical history documented at the initial exam?
- Q4 Are there appropriate entries for recommendations for medical management?
- Q5 Is there a follow-up to the medical consult request?
- Q8 Is there adequate documentation with regards to dental findings?
- Q9 Is there adequate documentation with regards to diagnosis?
- Q10 Is there adequate documentation with regards to problems?
- Q11 Is there adequate documentation with regards to radiographic findings?

Standard: Informed consent will be obtained from the patient prior to the initiation of care.

Indicator: Informed consent will be obtained from the patient prior to the initiation of care.

- Measure: I. Procedural Audit
- Q4 Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?
- Q5 Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?
- Q8 Do the last three progress notes contain reaffirmation of patient informed consent?

Standard: An entry in the electronic health record will be completed by the provider for each visit.

Indicator: Entries in the electronic health record will be completed for each patient visit.

- Measure: I. Procedural Audit
- Q10 Is there an entry in the EHR for each visit?

Standard: Treatment will be rendered in a logical and orderly fashion.

Indicator: Patients will have their treatment rendered in a logical and orderly fashion.

Measure: I. Analytical Audit

Q14 Was the Phase I Reevaluation completed in the appropriate sequence?

Q15 Was the Phase II Reevaluation completed?

Q18 Has treatment been completed in a logical sequence?

Standard: Care will delivered in a timely manner.

Indicator: All patients will be seen at least once every 45 days.

Measure: I. Procedural Audit

Q6 Has treatment been completed in a timely manner? (no unexplained intervals of >45 days)

FREQUENCY

Ongoing basis

ANALYSIS

During the record auditing process, the responsible individuals are contacted to rectify deficiencies. This is done electronically from auditor to student. The student then conducts a self-assessment and returns the form back to the auditor. The data is analyzed and discussed with the Predoctoral Clinic Director and the Senior Associate Dean of Education and Patient Care, and the QMI Committee. If necessary, the issues may be forwarded to the Clinical Affairs Subcommittee, via the Senior Associate Dean of Education and Patient Care, or the Dean of the School of Dental Medicine.

RECORD REVIEW

Analytical Audit

- 1.) Are radiographs taken at recommended intervals?
- 2.) Was the medical history documented at the initial exam?
- 3.) Has the medical history been updated appropriately?
- 4.) Are there appropriate entries for recommendations for medical management?
- 5.) Is there follow-up to the medical consult request?
- 6.) Is there evidence of proper follow-up and management for significant medical problems?
- 7.) Has an identified oral lesion been followed up?
- 8.) Is there adequate documentation with regards to dental findings?
- 9.) Is there adequate documentation with regards to diagnosis?
- 10.) Is there adequate documentation with regards to prognosis?
- 11.) Is there adequate documentation with regards to radiographic findings?
- 12.) Does the treatment plan outline a logical sequence of treatment for the patient?
- 13.) Did the patient receive appropriate preventive care during treatment?
- 14.) Was the Phase I Reevaluation completed in the appropriate sequence?
- 15.) Was the Phase II Reevaluation completed?
- 16.) Do the last three progress notes contain drug/medication administration?
- 17.) Was there a post-op visit after a surgical procedure?
- 18.) Has treatment been completed in a logical sequence?
- 19.) Based on the information, has the quality of care been adequate?

Procedural Audit

- 1.) Has the HIPAA form been updated within the last 6 months?
- 2.) Is the caries risk assessment completed?
- 3.) Is the periodontal risk assessment completed?
- 4.) Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?
- 5.) Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for changes in treatment?
- 6.) Has treatment been completed in a timely manner? (no unexplained intervals of >45 days)
- 7.) Do the last three progress notes contain faculty approval?
- 8.) Do the last three progress notes contain reaffirmation of patient informed consent?
- 9.) Does the completed procedure code match care recorded in the progress notes?
- 10.) Is there an entry in the EH R for each visit?

RECORD AUDIT -TREATMENT PLAN

INDICATION

Record Audit -Treatment Plan are completed for all predoctoral comprehensive care patients that are treatment planned.

PURPOSE

To ensure that the care provided to patients is of high quality. The following Standards of Care are assessed:

Standard: Patients seeking comprehensive care will be provided with a comprehensive exam and an individualized risk assessment.

- Indicator: All patients seeking comprehensive care will be provided with a comprehensive exam and individualized risk assessment.
- Measure: I. Analytical Audit
- Q2 Was the medical history documented at the initial exam?
 - Q4 Are there appropriate entries for recommendations for medical management?
 - Q5 Is there a follow-up to the medical consult request?
 - Q8 Is there adequate documentation with regards to dental findings?
 - Q9 Is there adequate documentation with regards to diagnosis?
 - Q10 Is there adequate documentation with regards to problems?
 - Q 11 Is there adequate documentation with regards to radiographic findings?
 - Q12 Does the treatment plan outline a logical sequence of treatment for the patient?
- II. Procedural Audit
- Q2 Is the caries risk assessment completed?
 - Q3 Is the periodontal risk assessment completed?

Standard: A proposed dental treatment plan and financial plan will be reviewed and approved by the patient.

- Indicator: All patients will have approved a treatment plan prior to the initiation of care.
- Measure: I. Procedural Audit
- Q4 Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

Standard: A medical and dental history will be obtained as part of the initial evaluation of each patient.

Indicator: All patients will have a medical and dental history documented at the initial visit.

Measure: I. Analytical Audit

Q2 Was the medical history documented at the initial exam?

Q4 Are there appropriate entries for recommendations for medical management?

Q5 Is there a follow-up to the medical consult request?

Q8 Is there adequate documentation with regards to dental findings?

Q9 Is there adequate documentation with regards to diagnosis?

Q10 Is there adequate documentation with regards to problems?

Q11 Is there adequate documentation with regards to radiographic findings?

Standard: Informed consent will be obtained from the patient prior to the initiation of care.

Indicator: Informed consent will be obtained from the patient prior to the initiation of care

Measure: I.Procedural Audit

Q4 Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

FREQUENCY

Ongoing basis

ANALYSIS

This is a self-auditing instrument used by students. It is utilized to ensure patient care standards, and are evaluated randomly by the predoctoral clinic director or faculty auditors. They may also be included in the random record audits. By completion of the instrument, the student provider is attesting to the accurate completion of the patient record. Once the student conducts a self- assessment, the audit form is sent electronically to the faculty auditor. The faculty audits the record and informs the student electronically of any deficiencies that were identified.

TREATMENT PLAN AUDIT

- 1.) Was the medical history documented at the initial exam?
- 2.) Are there appropriate entries for recommendations for medical management?
- 3.) Is there follow-up to the medical consult request?
- 4.) Is there evidence of proper follow-up and management for significant medical problems?
- 5.) Has an identified oral lesion been followed up?
- 6.) Is there adequate documentation with regards to dental findings?
- 7.) Is there adequate documentation with regards to diagnosis?
- 8.) Is there adequate documentation with regards to prognosis?
- 9.) Is there adequate documentation with regards to radiographic findings?
- 10.) Does the treatment plan outline a logical sequence of treatment for the patient?
- 11.) Is there a patient signature on the HIPAA form?
- 12.) Is the caries risk assessment completed?
- 13.) Is the periodontal risk assessment completed?
- 14.) Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

RECORD AUDIT -TRANSFER/OHM

INDICATION

Record Audit Transfer/OHM are completed for all predoctoral comprehensive care patients upon completion of their treatment.

PURPOSE

To ensure that the care provided to patients is of high quality. The following Standards of Care are assessed:

Standard: Patients seeking comprehensive care will be provided with a comprehensive exam and an individualized risk assessment.

Indicator: All patients seeking comprehensive care will be provided with a comprehensive exam and individualized risk assessment.

Measure: I.Procedural Audit

Q2 Is the caries risk assessment completed?

Q3 Is the periodontal risk assessment completed?

Standard: A proposed dental treatment plan and financial plan will be reviewed and approved by the patient.

Indicator: All patients will have approved a treatment plan prior to the initiation of care.

Measure: I.Procedural Audit

Q5 Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

Standard: Informed consent will be obtained from the patient prior to the initiation of care.

Indicator: Informed consent will be obtained from the patient prior to the initiation of care.

Measure: I.Procedural Audit

Q5 Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

Q8 Do the last three progress notes contain reaffirmation of patient informed consent?

Standard: An entry in the electronic health record will be completed by the provider for each visit.

Indicator: Entries in the electronic health record will be completed for each patient visit.

Measure: I. Procedural Audit

Q10 Is there an entry in the EHR for each visit?

Standard: Treatment will be rendered in a logical and orderly fashion.

Indicator: Patients will have their treatment rendered in a logical and orderly fashion.

Measure: I. Analytical Audit

Q14 Was the Phase I Reevaluation completed in the appropriate sequence?

Q15 Was the Phase II Reevaluation completed?

Q18 Has treatment been completed in a logical sequence?

Standard: Care will be delivered in a timely manner.

Indicator: All patients will be seen at least once every 45 days

Measure: I. Procedural Audit

Q6 Has treatment been completed in a timely manner?
(no unexplained intervals of >45 days)

FREQUENCY

Ongoing basis

ANALYSIS

This is a self-auditing instrument used by students. It is utilized to ensure patient care standards, and are evaluated randomly by assigned faculty auditors. They may also be included in the random record audit. By completion of the instrument, the student provider is attesting to the accurate completion of the patient record. Once the student conducts a self-assessment, the audit form is sent electronically to the faculty auditor. The faculty audits the record and informs the student electronically of any deficiencies that were identified.

TRANSFER/OHM AUDIT

- 1.) Is there evidence of proper follow-up and management for significant medical problems?
- 2.) Has the Medical History been updated appropriately?
- 3.) Has an identified oral lesion been followed up?
- 4.) Is the caries risk assessment completed?
- 5.) Is the periodontal risk assessment completed?
- 6.) Are radiographs taken at recommended intervals?
- 7.) Is there adequate documentation with regards to radiographic findings?
- 8.) Did the patient receive appropriate preventive care during treatment?
- 9.) Was the Phase I Reevaluation completed in the appropriate sequence?
- 10.) Was the Phase II Reevaluation completed?
- 11.) Has treatment been completed in a logical sequence?
- 12.) Based on the information, has the quality of care been adequate?
- 13.) Do the last three progress notes contain drug/medication administration?
- 14.) Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for changes in treatment?
- 15.) Has treatment been completed in a timely manner? (no unexplained intervals of >45 days)
- 16.) Do the last three progress notes contain faculty approval?
- 17.) Do the last three progress notes contain reaffirmation of patient informed consent?
- 18.) Do the last three progress notes contain prescription documentation?
- 19.) Does the completed procedure code match care recorded in the progress notes?
- 20.) Is there an entry in the EHR for each visit?

PATIENT REVIEW- TREATMENT PLAN

INDICATION

All comprehensive care patients in the predoctoral clinics will be examined and evaluated by faculty; overall treatment plan will be reviewed predoctoral clinic director or assigned faculty.

PURPOSE

To ensure that the care provided to patients is of high quality. The following Standards of Care are assessed:

Standard: Patients seeking comprehensive care will be provided with a comprehensive exam and an individualized risk assessment.

Indicator: All patients seeking comprehensive care will be provided with a

Measure: comprehensive exam and individualized risk assessment.

Analytical Audit

Q2 Was the medical history documented at the initial exam?

Q4 Are there appropriate entries for recommendations for medical management?

Q5 Is there a follow-up to the medical consult request?

Q8 Is there adequate documentation with regards to dental findings?

Q9 Is there adequate documentation with regards to diagnosis?

Q10 Is there adequate documentation with regards to problems?

Q11 Is there adequate documentation with regards to radiographic findings?

Q12 Does the treatment plan outline a logical sequence of treatment for the patient?

II. Procedural Audit

Q2 Is the caries risk assessment completed?

Q3 Is the periodontal risk assessment completed?

Standard: A proposed dental treatment plan and financial plan will be reviewed and approved by the patient.

Indicator: All patients will have approved a treatment plan prior to the initiation of care.

Measure: I. Procedural Audit

Q4 Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment

- Q5 Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?

Standard: A medical and dental history will be obtained as part of the initial evaluation of each patient.

Indicator: All patients will have a medical and dental history documented at the initial visit.

Measure: I. Analytical Audit

- Q2 Was the medical history documented at the initial exam?
 Q4 Are there appropriate entries for recommendations for medical management?
 Q5 Is there a follow-up to the medical consult request?
 Q8 Is there adequate documentation with regards to dental findings?
 Q9 Is there adequate documentation with regards to diagnosis?
 Q10 Is there adequate documentation with regards to problems?
 Q11 Is there adequate documentation with regards to radiographic findings?

Standard: Informed consent will be obtained from the patient prior to the initiation of care.

Indicator: Informed consent will be obtained from the patient prior to the initiation of care.

Measure: I. Procedural Audit

- Q4 Has the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?
 Q5 Have updates to the treatment plan been accepted and signed by the patient indicating informed consent for the initial plan of treatment?
 Q8 Do the last three progress notes contain reaffirmation of patient informed consent?

FREQUENCY

Ongoing basis

ANALYSIS

Treatment plans are reviewed by the predoctoral clinic director or assigned faculty. If modifications to the treatment plan are necessary, they are rectified prior to the initiation of care.

PHASE I RE-EVALUATION

INDICATION

All comprehensive care patients in the predoctoral clinics will be examined and evaluated at the completion of Phase I Treatment (disease control).

PURPOSE

To ensure that the care provided to patients is of high quality by assessing the need for further Phase I Treatment prior to the initiation of Phase II Treatment.

The following Standards of Care are assessed:

Standard: Treatment will be rendered in a logical and orderly fashion.

Indicator: Patients will have their treatment rendered in a logical and orderly fashion.

Measure: I. Analytical Audit
 Q14 Was the Phase I Reevaluation completed in the appropriate sequence?
 Q18 Has treatment been completed in a logical sequence?
 II. Focused Review
 Appropriate Sequence of Phase I Reevaluation

FREQUENCY

Ongoing basis

ANALYSIS

The data is analyzed and discussed with the QMI Committee. If necessary, the issues may be forwarded to the Clinical Affairs Committee via the Senior Associate Dean of Education and Patient Care, or the Dean of the School of Dental Medicine.

EXIT/PHASE II EVALUATION

INDICATION

All comprehensive care patients in the predoctoral clinics will be examined and evaluated at the completion of Phase II Treatment.

PURPOSE

To ensure that the care provided to patients is of high quality by assessing the need for further treatment before the patient is transferred into the maintenance phase of treatment.

The following Standards of Care are assessed:

Standard: Treatment will be rendered in a logical and orderly fashion.

Indicator: Patients will have their treatment rendered in a logical and orderly fashion.

Measure: Analytical Audit
 Q15 Was the Phase II Reevaluation completed?
 Q18 Has treatment been completed in a logical Sequence?

Standard: Patients will be offered continued oral health services following completion of active care.

Indicator: Patients will be offered oral health services following completion of active care.

Measure: OHM program is offered to patients.

FREQUENCY

Ongoing basis

ANALYSIS

The data is analyzed and discussed with the QMI Committee. If necessary, the issues may be forwarded to the Clinical Affairs Committee via the Senior Associate Dean of Education and Patient Care, or the Dean of the School of Dental Medicine.

EPR Form Code (ASTROT)

| Form | Owner Type | Section | Sub-tab | Multiple Forms? | Inactive? | |
|---|------------|----------------------|------------------|-------------------|------------------|----------------|
| Assessment (Treatment Outcome) | EPR | Clinical Information | Clinical Forms | Yes | No | |
| | | | <u>Ans. Type</u> | <u>List/Func.</u> | <u>Ref. Code</u> | <u>Change?</u> |
| Assessment (Page 1) | | | | | | |
| Assessment of Treatment Outcome (Re-Eval) | | | | | | |
| Phase I Therapy | | | | | | |
| Simple | | | Yes/No | ASTROT1 | Yes | |
| Moderate | | | Yes/No | ASTROT2 | Yes | |
| Complex | | | Yes/No | ASTROT3 | Yes | |
| Phase II Therapy | | | | | | |
| Simple | | | Yes/No | ASTROT4 | Yes | |
| Moderate | | | Yes/No | ASTROT5 | Yes | |
| Complex | | | Yes/No | ASTROT6 | Yes | |
| Caries Risk Assessment | | | | | | |
| Initial Risk Level | | | | | | |
| Low | | | Yes/No | ASTROT7 | Yes | |
| High | | | Yes/No | ASTROT8 | Yes | |
| Present Risk Level | | | | | | |
| Low | | | Yes/No | ASTROT9 | Yes | |
| High | | | Yes/No | ASTROT10 | Yes | |
| If High Risk, Caries Risk Assessment Form Completed? | | | | | | |
| Completed | | | List | YNNA | Yes | |
| 1. Yes | | | | | | |
| 2. No | | | | | | |
| 3. N/A | | | | | | |
| If No, please specify | | | Long Text | | Yes | |
| Periodontal Risk Assessment | | | | | | |
| 1. BOP (%) | | | List | BOP | ASTROT69 | Yes |
| 1. <10% L | | | | | | |
| 2. 10-25% M | | | | | | |
| 3. >25% H | | | | | | |
| 2. Number of pockets >4mm | | | List | POCKET | ASTROT70 | Yes |
| 1. <4 pockets L | | | | | | |
| 2. 4-8 pockets M | | | | | | |
| 3. >8 pockets H | | | | | | |
| 3. Loss of periodontal support/patient's age | | | List | PLOSS | ASTROT71 | Yes |
| 1. <0.5 L | | | | | | |
| 2. 0.5-1 M | | | | | | |
| 3. >1.0 H | | | | | | |
| 4. Diabetes | | | List | YHNL | ASTROT72 | Yes |
| 1. Yes H | | | | | | |
| 2. No L | | | | | | |
| 5. Cigarette smoking | | | List | YHNL | ASTROT73 | Yes |
| 1. Yes H | | | | | | |
| 2. No L | | | | | | |
| 6. Number of missing teeth | | | List | MISTTH | ASTROT74 | Yes |
| 1. <4 teeth L | | | | | | |
| 2. 4-8 teeth M | | | | | | |
| 3. >8 teeth H | | | | | | |
| Patients with NO ACTIVE or Hx of Periodontitis | | | | | | |
| A high risk patient should have at least 3 of the 6 parameters in the high (H) risk category | | | | | | |
| Risk/Management | | | List | LHP | Yes | |
| 1. Low: Recall: 2x/yr | | | | | | |
| 2. High: Recall: 4x/yr | | | | | | |
| Patients with ACTIVE or Hx of Periodontitis | | | | | | |
| Instructions to Calculate Risk/Management: | | | | | | |
| A low risk patient should have all parameters in low risk (L) categories or only 1 of the 6 parameters in moderate risk | | | | | | |
| A moderate risk patient should have 2 or more of the 6 parameters in the moderate (M) category and at most 1 of the 6 parameters in the high category | | | | | | |
| A high risk patient should have at least 2 of the 6 parameters in the high (H) risk category | | | | | | |

EPR Form Code (ASTROT)

| Form | Owner Type | Section | Sub-tab | Multiple Forms? | Inactive? | |
|--|------------|----------------------|------------------|-------------------|------------------|----------------|
| Assessment (Treatment Outcome) | EPR | Clinical Information | Clinical Forms | Yes | No | |
| | | | <u>Ans. Type</u> | <u>List/Func.</u> | <u>Ref. Code</u> | <u>Change?</u> |
| Risk/Management | | | List | LMH | ASTROT76 | Yes |
| 1. Low: Recall: 2x/yr | | | | | | |
| 2. Moderate: Recall: 3x/yr | | | | | | |
| 3. High: Recall: 4x/yr | | | | | | |
| Endodontic Follow-Up Data | | | | | | |
| Specify Endodontic Follow-Up Data | | | Spreadsheet | | ASTROT30 | Yes |
| Tooth # | | | | | ASTROT31 | Yes |
| Follow-up Date | | | | | ASTROT32 | Yes |
| Date of obturation | | | | | ASTROT33 | Yes |
| Restoration placed | | | | | ASTROT34 | Yes |
| Percussion/Palp | | | | PLSMIN | ASTROT35 | Yes |
| Periodontal status | | | | | ASTROT36 | Yes |
| Deepest probing/site | | | | | ASTROT37 | Yes |
| Sinus tract/root | | | | PLSMIN | ASTROT38 | Yes |
| Discoloration | | | | PLSMIN | ASTROT39 | Yes |
| PA lesion/diam/root | | | | | ASTROT40 | Yes |
| Root resorption/root | | | | | ASTROT41 | Yes |
| Swelling | | | | PLSMIN | ASTROT42 | Yes |
| Recall outcome:S/F/U | | | | | ASTROT43 | No |
| Reason for F or U | | | | | ASTROT44 | Yes |
| Further Tx/Follow-up | | | | | ASTROT45 | Yes |
| Summary of Treatment Outcome | | | | | | |
| Treatment plan has been completed? | | | Yes/No | | ASTROT46 | Yes |
| Endodontics | | | Yes/No | | ASTROT47 | Yes |
| Operative | | | Yes/No | | ASTROT48 | Yes |
| Periodontics | | | Yes/No | | ASTROT49 | Yes |
| Prosthodontics | | | Yes/No | | ASTROT50 | Yes |
| Goals of treatment, including chief complaint, have been met? | | | Yes/No | | ASTROT51 | Yes |
| Endodontics | | | Yes/No | | ASTROT52 | Yes |
| Operative | | | Yes/No | | ASTROT53 | Yes |
| Periodontics | | | Yes/No | | ASTROT54 | Yes |
| Prosthodontics | | | Yes/No | | ASTROT55 | Yes |
| Are all answers to both questions above Yes? | | | Yes/No | | ASTROT56 | Yes |
| Phase II Treatment | | | Yes/No | | ASTROT57 | Yes |
| Oral Health Maintenance | | | Yes/No | | ASTROT58 | Yes |
| Recall can be initiated | | | Yes/No | | ASTROT59 | Yes |
| Are any answers to to any questions above No? | | | Yes/No | | ASTROT60 | Yes |
| Additional treatment or management indicated below is necessary: | | | Long Text | | ASTROT61 | Yes |
| Phase II treatment may be initiated or patient discharged although treatment goals have not been met. Provide rationale: | | | Long Text | | ASTROT62 | Yes |

PATIENT SATISFACTION SURVEY-ANNUAL

INDICATION

To survey active patients to determine their level of satisfaction with the treatment being rendered.

PURPOSE

To ensure that active patients are satisfied with the care being rendered.
The following Standards of Care are assessed.

Standard: Patients will be satisfied with the care that they receive.
Indicator: Patients will be satisfied with the care that they receive.
Measure: Patient Satisfaction Survey-Annual

FREQUENCY

One time per year

ANALYSIS

The data is analyzed and discussed with the QMI Committee. If necessary, the issues may be forwarded to the Clinical Affairs Committee via the Senior Associate Dean of Education and Patient Care, or the Dean of the School of Dental Medicine.

ANNUAL PATIENT SATISFACTION SURVEY

Clinic # _____

Appointment Date _____

Please use number 2 pencil only and follow the arrows to the appropriate bubbles.

| ID NUMBER | | | | | | | | | | SPECIAL CODES | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|---|---------------|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | A | B | C | D | E | F | G | H | I | J |
| 0 | 1 | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

GENERAL PURPOSE DATA SHEET II form no. 70921



| | | | | | |
|---|---|---|---|---|---|
| 1. Helpfulness of person at the reception desk. | A | B | C | D | E |
| 2. How well billing insurance questions were handled. | A | B | C | D | E |
| 3. Comfort of the reception area. | A | B | C | D | E |
| 4. Waiting time in the reception area. | A | B | C | D | E |
| 5. Time you spent waiting in the treatment area. | A | B | C | D | E |
| 6. Friendliness of faculty instructors (attitude and manner). | A | B | C | D | E |
| 7. Friendliness of dental assistants or staff. | A | B | C | D | E |
| 8. Explanations by students regarding treatment. | A | B | C | D | E |
| 9. Explanations by faculty instructor regarding treatment. | A | B | C | D | E |
| 10. Concern for your comfort. | A | B | C | D | E |
| 11. Technical skill (thoroughness, carefulness, competence) of the student. | A | B | C | D | E |
| 12. The visit overall. | A | B | C | D | E |
| 13. Concern for your overall health. | A | B | C | D | E |
| 14. Concern for your privacy. | A | B | C | D | E |
| 15. Furnishings of dental treatment area. | A | B | C | D | E |
| 16. Cleanliness of dental clinics. | A | B | C | D | E |
| 17. How easy it is to find your way around the dental clinics. | A | B | C | D | E |
| 18. How long you waited to get an appointment. | A | B | C | D | E |
| 19. Getting through to the clinics by phone. | A | B | C | D | E |
| 20. Attention to infection control. | A | B | C | D | E |
| 21. Likelihood of recommending our dental clinics to others. | A | B | C | D | E |
| 22. Staff have a positive attitude toward their work. | A | B | C | D | E |
| 23. All staff work toward the same goal "good care for the patient". | A | B | C | D | E |
| For questions 24-31, please choose from the answers following each question: | | | | | |
| 24. Are your treatment needs being addressed? | A | B | C | D | E |
| (A=Yes B=No C=Non-Applicable) | A | B | C | D | E |
| 25. How many minutes does it take you to get to the Health Center? | A | B | C | D | E |
| (A=<15 min B=15-30 min C=30-45 min D=>45 min) | A | B | C | D | E |
| 26. Which of the following do you consider yourself? | A | B | C | D | E |
| (A=Asian B=African American C=Hispanic D=American Indian E=White/Non-Hispanic) | A | B | C | D | E |
| 27. What is your highest level of education? | A | B | C | D | E |
| (A=Grade School B=High School C=Some College D=College Grad E=Post Grad) | A | B | C | D | E |
| 28. Sex | A | B | C | D | E |
| (A=Male B=Female) | A | B | C | D | E |
| 29. Who pays for your dental bills? | A | B | C | D | E |
| (A=Private Dental Insurance B=State Medicaid C=Employer Paying D=Self Pay) | A | B | C | D | E |
| 30. Are you currently employed? | A | B | C | D | E |
| (A=Yes B=No C=Non-Applicable) | A | B | C | D | E |
| 31. Which of the following groups represents your age? | A | B | C | D | E |
| (A=<18 yrs. B=19-34 yrs. C=35-49 yrs. D=50-64 yrs. E=>65 yrs.) | A | B | C | D | E |

WRITE-IN AREA 1

Have you ever recommended UConn to others for dental care? If so, to how many people?

Were your expectations for treatment met?

WRITE-IN AREA 2

Where did you learn about UConn dental care?

Why did you choose UConn for your dental treatment?

WRITE-IN AREA 3

Are you aware of the School of Dental Medicine's Patient Bill of Rights?

Please feel free to add any comments or suggestions that might help us improve our dental services.

DO NOT MARK IN THIS SHADED AREA

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- 1 (A) (B) (C) (D) (E)
- 2 (A) (B) (C) (D) (E)
- 3 (A) (B) (C) (D) (E)

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| ID NUMBER | | | | | | | | | | SPECIAL CODES | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|---|---------------|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | A | B | C | D | E | F | G | H | I | J |
| 0 | 1 | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

GENERAL PURPOSE DATA SHEET II
form no. 70921

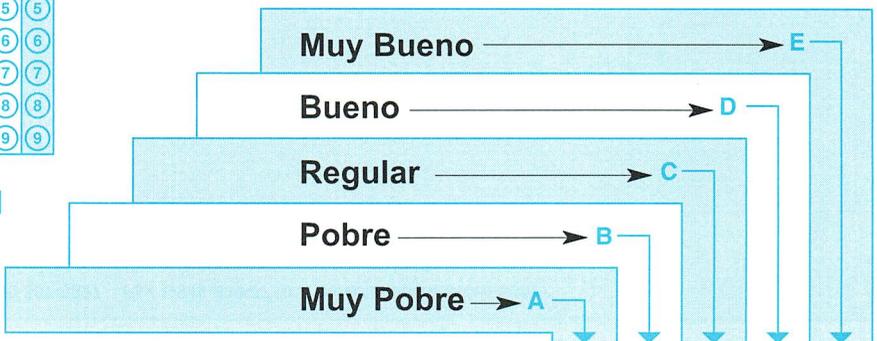


ENCUESTA ANUAL DE SATISFACION DEL PACIENTE

Clinica _____

Fecha _____

Por favor use on Lapiz #2 y siga las flechas para llenar la burboja correcta.



| | | | | | |
|--|---|---|---|---|---|
| 1. La ayuda que recibio de la persona en la recpcion. _____ | A | B | C | D | E |
| 2. Como le contesraron sus preguntas sobre seguors y pagos. _____ | A | B | C | D | E |
| 3. Comodidad en el area de recepcion. _____ | A | B | C | D | E |
| 4. Tiempo esperado en el area de recepcion. _____ | A | B | C | D | E |
| 5. Tiempo que espero en el area tratamiento. _____ | A | B | C | D | E |
| 6. Actitud y manera de ser de los Profesores. _____ | A | B | C | D | E |
| 7. Actitud de las asistentes dentales. _____ | A | B | C | D | E |
| 8. Explicacion que se le dio de su tratamiento dental por el estudiante dental. _____ | A | B | C | D | E |
| 9. Explicacion que le dio el profesor de su tratamiento dental. _____ | A | B | C | D | E |
| 10. Preocupacion por su comodidad. _____ | A | B | C | D | E |
| 11. Habilidad tecnica del estudiante dental (cuidadoso, competente). _____ | A | B | C | D | E |
| 12. La visita en general. _____ | A | B | C | D | E |
| 13. Preocupacion por su salud an general. _____ | A | B | C | D | E |
| 14. Preocupado con su privacidad. _____ | A | B | C | D | E |
| 15. Apariencia de la clinica done fue tratado. _____ | A | B | C | D | E |
| 16. Limpieza de las clinicas dentales(a). _____ | A | B | C | D | E |
| 17. Que tan facil es localizar las clinicas dentales. _____ | A | B | C | D | E |
| 18. Cuanto tiempo tuvo que esperar para que le den una cita. _____ | A | B | C | D | E |
| 19. Commuicarse con las clinicas por telefono. _____ | A | B | C | D | E |
| 20. Atencion al cuidado del control de infeccion. _____ | A | B | C | D | E |
| 21. Recomendaria esta clinicas a otras personas. _____ | A | B | C | D | E |
| 22. La gente tiene una actitud positiva en su trabajo. _____ | A | B | C | D | E |
| 23. Todos los trabajadores tienen la misma meta-el bienestar del paciente. _____ | A | B | C | D | E |
| Preguntas 24-31, por favor escoga de las respuestas a continuacion de cada pregunta: | A | B | C | D | E |
| 24. Fue su principal problema correctamente tratado cuando empezo su tratamiento? _____ (A=Si B=No C=No Aplicable) | A | B | C | D | E |
| 25. Cuanto tiempo se tardo en llegar al? _____ (A=<15 min B=15-30 min C=30-45 min D=>45 min) | A | B | C | D | E |
| 26. Que raza se considera usted? _____ (A=Asiatico B=Afroamericano C=Hispano D=Indio-Americano E=Blanco-No Hispano) | A | B | C | D | E |
| 27. Cual es su nivel mas alto de? _____ (A=Grade School B=High School C=Some College D=College Graduate E=Post Grado) | A | B | C | D | E |
| 28. Sexo _____ (A=Masculino B=Femenino) | A | B | C | D | E |
| 29. Quien paga por sus tratamientos dentales? _____ (A=Seguaro Dental Privado B=Estado C=El Empleo D=Usted Mismo) | A | B | C | D | E |
| 30. Hoy dia se encuentra empleado? _____ (A=Si B=No C=No Aplicable) | A | B | C | D | E |
| 31. Cual de etos grupos representa su edad? _____ (A=<18 años B=19-34 años C=35-49 años D=50-64 años E=>65 años) | A | B | C | D | E |

WRITE-IN AREA 1

Ha recomendado a alguien a esta escuela dental? Acuantas personas?

Cumplieron sus expectativas del tratamiento?

WRITE-IN AREA 2

Como supiste de la Escuela Dental?

Porque escoger UConn para su tratamiento dental?

WRITE-IN AREA 3

Conoce Usted los Derechos de los Pacientes de la Escuela Dental?

Otros comentarios o sugerencias que puedan ayudarnos a mejorar nuestras clinicas.

DO NOT MARK IN THIS SHADED AREA

FOR OFFICE USE ONLY

- 1 (A) (B) (C) (D) (E)
- 2 (A) (B) (C) (D) (E)
- 3 (A) (B) (C) (D) (E)

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PATIENT SATISFACTION SURVEY-EXIT

INDICATION

To survey predoctoral patients to assess their level of satisfaction at the time of completion of care.

PURPOSE

To ensure that patients are satisfied with the care that they have received.
The following Standards of Care are assessed.

Standard: Patients will be satisfied with the care that they receive.
Indicator: Patients will be satisfied with the care that they receive.
Measure: Patient Satisfaction Survey-Exit

FREQUENCY

Ongoing basis

ANALYSIS

The data is analyzed and discussed with the QMI Committee. If necessary, the issues may be forwarded to the Clinical Affairs Committee via the Senior Associate Dean of Education and Patient Care, or the Dean of the School of Dental Medicine.

| ID NUMBER | | | | | | | | | | SPECIAL CODES | | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|---|---------------|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | A | B | C | D | E | F | G | H | I | J |
| 0 | 2 | | | | | | | | | | | | | | | | | | |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

GENERAL PURPOSE DATA SHEET II
form no. 70921

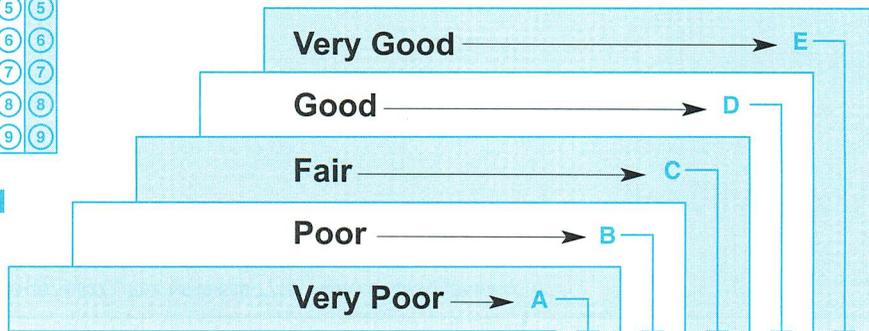


EXIT PATIENT SATISFACTION SURVEY

Clinic # _____

Appointment Date _____

Please use number 2 pencil only and follow the arrows to the appropriate bubbles.



| | | | | | |
|--|---|---|---|---|---|
| 1. Helpfulness of person at the reception desk. _____ | A | B | C | D | E |
| 2. How well billing insurance questions were handled. _____ | A | B | C | D | E |
| 3. Comfort of the reception area. _____ | A | B | C | D | E |
| 4. Waiting time in the reception area. _____ | A | B | C | D | E |
| 5. Time you spent waiting in the treatment area. _____ | A | B | C | D | E |
| 6. Friendliness of faculty instructors (attitude and manner). _____ | A | B | C | D | E |
| 7. Friendliness of dental assistants or staff. _____ | A | B | C | D | E |
| 8. Explanations by students regarding treatment. _____ | A | B | C | D | E |
| 9. Explanations by faculty instructor regarding treatment. _____ | A | B | C | D | E |
| 10. Concern for your comfort. _____ | A | B | C | D | E |
| 11. Technical skill (thoroughness, carefulness, competence) of the student. _____ | A | B | C | D | E |
| 12. The visit overall. _____ | A | B | C | D | E |
| 13. Concern for your overall health. _____ | A | B | C | D | E |
| 14. Concern for your privacy. _____ | A | B | C | D | E |
| 15. Furnishings of dental treatment area. _____ | A | B | C | D | E |
| 16. Cleanliness of dental clinics. _____ | A | B | C | D | E |
| 17. How easy it is to find your way around the dental clinics. _____ | A | B | C | D | E |
| 18. How long you waited to get an appointment. _____ | A | B | C | D | E |
| 19. Getting through to the clinics by phone. _____ | A | B | C | D | E |
| 20. Attention to infection control. _____ | A | B | C | D | E |
| 21. Likelihood of recommending our dental clinics to others. _____ | A | B | C | D | E |
| 22. Staff have a positive attitude toward their work. _____ | A | B | C | D | E |
| 23. All staff work toward the same goal "good care for the patient". _____ | A | B | C | D | E |
| For questions 24-31, please choose from the answers following each question: | A | B | C | D | E |
| 24. Was the problem you had when you began treatment corrected? _____ (A=Yes B=No C=Non-Applicable) | A | B | C | D | E |
| 25. How many minutes does it take you to get to the Health Center? _____ (A=<15 min B=15-30 min C=30-45 min D=>45 min) | A | B | C | D | E |
| 26. Which of the following do you consider yourself? _____ (A=Asian B=African American C=Hispanic D=American Indian E=White/Non-Hispanic) | A | B | C | D | E |
| 27. What is your highest level of education? _____ (A=Grade School B=High School C=Some College D=College Grad E=Post Grad) | A | B | C | D | E |
| 28. Sex _____ (A=Male B=Female) | A | B | C | D | E |
| 29. Who pays for your dental bills? _____ (A=Private Dental Insurance B=State Medicaid C=Employer Paying D=Self Pay) | A | B | C | D | E |
| 30. Are you currently employed? _____ (A=Yes B=No C=Non-Applicable) | A | B | C | D | E |
| 31. Which of the following groups represents your age? _____ (A=<18 yrs. B=19-34 yrs. C=35-49 yrs. D=50-64 yrs. E=>65 yrs.) | A | B | C | D | E |

WRITE-IN AREA 1

Have you ever recommended UConn to others for dental care? If so, to how many people?

Were your expectations for treatment met?

WRITE-IN AREA 2

Where did you learn about UConn dental care?

Why did you choose UConn for your dental treatment?

WRITE-IN AREA 3

Do you feel it took a reasonable amount of time for your treatment to be completed?

Please feel free to add any comments or suggestions that might help us improve our dental services.

DO NOT MARK IN THIS SHADED AREA

FOR OFFICE USE ONLY

- 1 (A) (B) (C) (D) (E)
- 2 (A) (B) (C) (D) (E)
- 3 (A) (B) (C) (D) (E)

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FOCUSED REVIEWS

INDICATION

A focused review is conducted when certain issues arise that require further investigation. These issues could be identified by record audits, patient satisfaction surveys, QMI Committee meetings, or interactions with students.

PURPOSE

To ensure that the care provided to patients is of high quality. The Standards of Care assessed depends on the focus review that is conducted. It is possible that the standards are not addressed at all, for example, operational issues.

FREQUENCY

As needed

ANALYSIS

The data is analyzed and discussed with the QMI Committee. If necessary the issues may be forwarded to Clinical Affairs Committee via the Senior Associate Dean of Education and Patient Care, or the Dean of the School of Dental Medicine.

EDUCATION

INDICATION

To educate students in quality assurance activities to ensure their understanding of the optimum in quality care.

PURPOSE

To ensure that the care provided to patients is of high quality.
The following Standards of Care are introduced to students as they begin their clinical training in their third year, and then reinforced until graduation.
The following Standards of Care are introduced:

- Standard:* *Patients will be treated in a safe environment.*
- Indicator: The Dental Clinics will operate under approved infection control and safety parameters. Providers will comply with universal precautions for infection control.
- Measure: 1. Infection Control is a component of the student evaluation.
2. Infection Control monitoring in the clinic
3. Infection Control Audit
 a. Environment of Care
 b. Adherence to Infection Control Guidelines
- Indicator: All providers involved with patient care will be certified in basic life support.
- Measure: Copies of Basic Life Support Cards Maintained by Administrative Coordinator
-
- Standard:* *Patients seeking comprehensive care will be provided with a comprehensive exam and an individualized risk assessment.*
- Indicator: All patients seeking comprehensive care will be provided with a comprehensive exam and individualized risk assessment.
- Measure: 1. Analytical Audit
 Procedural Audit
-
- Standard:* *A proposed dental treatment plan and financial plan will be reviewed and approved by the patient.*
- Indicator: All patients will have approved a treatment plan prior to the initiation of care.
- Measure: 1. Procedural Audit
-
- Standard:* *A medical and dental history will be obtained as part of the initial evaluation of each patient.*
- Indicator: All patients will have a medical and dental history documented at the initial visit.
- Measure: 1. Analytical Audit

Standard: Informed consent will be obtained from the patient prior to the initiation of care.

Indicator: Informed consent will be obtained from the patient prior to the initiation of care.

Measure: 1. Procedural Audit

Standard: An entry in the electronic health record will be completed by the provider for each visit.

Indicator: Entries in the electronic health record will be completed for each patient visit.

Measure: 1. Procedural Audit

Standard: Treatment will be rendered in a logical and orderly fashion.

Indicator: Patients will have their treatment rendered in a logical and orderly fashion.

Measure: Analytical Audit

Focused Review: Appropriate Sequence of Phase I Reevaluation

Standard: Care will be delivered in a timely manner.

Measure: All patients will be seen at least once every 45 days.

1.>45 Day Data

Indicator: 2. Procedural Audit

Measure: A treatment plan will be proposed to the patient in a reasonable time frame from the initial visit.

1. Focused Reviews- Number of visits to treatment plan

-Interval between screening & presentation/acceptance of treatment plan

Standard: Patients will be offered continued oral health services following completion of active care.

Indicator: Patients will be offered oral health services following completion of active care.

Measure: I.OHM program is offered to patients.

Standard: Patients will have access to emergency care.

Indicator: All patients will have access to emergency services.

Measure: 1. Emergency dental services will be available 24 hours per day, 7 days a week at the School of Dental Medicine or John Dempsey Hospital.

Standard: Patients will be satisfied with the care that they receive.

Indicator: Patients will be satisfied with the care that they receive.
Measure: Patient Satisfaction Survey- Annual
Patient Satisfaction Survey- Maintenance

Standard: Patient information will be maintained in an appropriate manner to maintain confidentiality.

Indicator: Patient information will be maintained in an appropriate manner to maintain confidentiality.

Measure: 1. Secured record room that is attended or locked.
Axium software system security reports
Records of provider HIPAA training

FREQUENCY

Students are introduced to the QA process during orientation. The patient record is reviewed formally with students in small group sessions. Students are also engaged on a continuous basis via communication with student and QMI Director, student and predoctoral clinic director, and student and patient care coordinator. Communication and discussion may result from findings/deficiencies identified through any of the QMI processes.

PATIENT RELATIONS DATABASE

INDICATION

Patient concerns/issues will be maintained in a patient relations database.

PURPOSE

To monitor and evaluate the patient relations data, and determine if trends can be identified.

FREQUENCY

All complaints that are received through the QMI office are entered into this database.

ANALYSIS

The data is analyzed and reviewed. If necessary, issues may be forwarded to the Clinical Affairs Committee via the Senior Associate Dean of Education and Patient Care, or the Dean of the School of Dental Medicine.

INFECTION CONTROL AUDIT AND COMPLIANCE AUDIT FORMS

University of Connecticut School of Dental Medicine: Infection Control Audit

Name of Person Conducting the Review:

Date:

Clinic #:

Name of Person(s) Being Evaluated:

Student

Faculty

Resident

Clinical Staff

Yes

No

N/A

Comments

| | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Environment of Care | | | | |
| Equipment and work surfaces decontaminated | | | | |
| Waterlines Properly Treated | | | | |
| Clean Room clean and uncluttered | | | | |
| Laundry hampers used appropriately | | | | |
| Regulated Medical Waste Labeled and Disposed of Properly | | | | |
| Contaminated Equipment and Instruments Processed Appropriately | | | | |
| Sterilized Instrument Packs and Cassettes Monitored for Integrity | | | | |
| Sharps Container not overfilled | | | | |
| Adherence to Infection Control Guidelines | | | | |
| Proper Hand Washing | | | | |
| Appropriate donning of Personal Protective Equipment | | | | |
| Appropriate Eye protection with side shields | | | | |
| Masks worn over mouth and pinched at nose | | | | |
| Gown worn during procedure | | | | |
| Appropriate Handling of sharps | | | | |
| Gloves not worn outside operatory | | | | |
| Barrier Placement | | | | |
| Barrier Removal | | | | |
| Dental Impression Disinfection | | | | |
| Laboratory Asepsis followed | | | | |
| Operatory Disinfection | | | | |
| Appropriate doffing of Personal Protective Equipment | | | | |

Any Deficiency in Environment of Care ---> Report to Lead Dental Assistant and to Dental Clinic Manager

Any Deficiency in Infection Control Guidelines:

If Student ---> Report to Predoctoral Clinic Director/Patient Care Coordinator

If Staff ---> Report to Lead Dental Assistant

If Resident --> Report to Responsible Program Director

If Faculty ---> Report to Division Chair

White- Clinic Manager Yellow- See Above for Responsible Party Pink- See Above for Responsible Party Gold-Person being Evaluated



INFECTION CONTROL

Name: _____ Date: _____

Great Job Observed Today! ☺

Improvement Needed:

Date:

SODM – HIPAA Privacy and Security Assessment Compliance Checklist

| | <i>Physical Environment</i> | <i>Clinic:</i> | Yes | No | NA |
|-----------------|---|----------------|------------|-----------|-----------|
| Privacy | Notice of Privacy Practices is posted (9/23/13 version) | | | | |
| | PHI is not visible in publicly accessible areas | | | | |
| | Sign-in sheets do not include PHI (name only) | | | | |
| | Clinic schedules are posted in non-public area | | | | |
| | Shred blue bins are locked and available on unit | | | | |
| | PHI is not found in wastebaskets | | | | |
| Security | Patients/visitors do not have access to clinical areas without escort | | | | |
| | Workforce and vendors have ID badge visible | | | | |
| | Computer monitors are turned away from patients/visitors view | | | | |
| | Screen savers are set at 15 minutes or less | | | | |
| | Applications are logged out promptly | | | | |
| | Passwords are not evident at/near workstation | | | | |
| | Mobile devices for patient communication are secure | | | | |
| | Copiers, fax machines and printers are in secure areas | | | | |
| | | | | | |
| | | | | | |
| | INTERVIEW QUESTIONS | | | | |
| | How do you assure PHI discussions are discreet and not overheard? | | | | |
| | Is it OK to share passwords to ePHI systems? | | | | |
| | Do you use Confidential fax cover sheets when faxing PHI? | | | | |
| | Do you call the intended recipient before faxing PHI? | | | | |
| | Do clinical areas release/copy PHI for other than an urgent treatment reason? | | | | |
| | Would you leave a message with PHI on a patient's voicemail/answering machine? | | | | |
| | How do you assure that the correct paperwork is given/mailed to the correct patient? | | | | |
| | How do you identify identity of callers before discussing PHI? | | | | |
| | How do you know when you can communicate PHI with patient's friends and family? | | | | |
| | How would you report a privacy/security incident? | | | | |
| | How do you know if patient has requested alternate contact, by phone or address? | | | | |
| | <u>Do you know how to access HIPAA privacy and security policies on www.uchc.edu?</u> | | | | |
| | Name the UConn Health Privacy Officer | | | | |
| | Name UConn Health Security Officer | | | | |
| | Have you completed the annual HIPAA training? | | | | |
| | | | 0 | 0 | 0 |
| | | | % | | |