For organizations outside the Salud system, please note the following (hopefully) helpful hints:

*Some of these policies may be contained in the HR or Central Administration manuals of your organization.

*JCAHO will be looking for some evidence that all appropriate employees have reviewed this manual. For example, a signoff sheet works, and can be kept either with the manual (if you have only one practice site) or with the employee’s personnel file (if you have multiple sites).

*Check the Toolbox Folder for examples of signoff sheets.
PLAN DE SALUD DEL VALLE, INC.

DENTAL DEPARTMENT

POLICIES AND PROCEDURES

Prepared for Plan de Salud del Valle, Inc.
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Revised 3/99
Dental Dept Policies & Procedures - Salud
DENTAL DEPARTMENT POLICIES AND PROCEDURES

ORGANIZATIONAL AND HUMAN RESOURCES POLICIES

- Principles of Practice
- Job Descriptions
- New Provider Orientation
- New Staff Orientation
- Dental Department Policies

OUTREACH PROGRAMS

- Charitable Funding Sources
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EDUCATION PROGRAMS

- Contracting Issues for Dental Student Rotations
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Dental Dept Policies & Procedures - Salud
ORGANIZATIONAL AND HUMAN RESOURCES POLICIES
DENTAL DEPARTMENT

PRINCIPLES OF PRACTICE

Introduction

This document outlines the working policies and procedures for the practice maintained by Plan de Salud del Valle, Inc., Dental Department.

These Principles of Practice represent the commitments of the dental staff hereto and can be examined and amended from time to time to meet changing conditions or circumstances.

All of the documents referred to in this statement have been duly adopted by the Salud Board of Directors and are available in the offices of the Dental Director and Administration.

Scope and Purpose

General Philosophy

Plan de Salud del Valle, Inc. (Salud) is a private non-profit corporation established under provisions of the Colorado Nonprofit Corporation Act (Articles 24, Chapter 31, Colorado revised statutes 1963). Salud conducts its affairs under its charter as a charitable and educational organization within the meaning of Section 501 (c) (3) of the U.S. Internal Revenue Code of 1954.

Salud was established in 1970 in response to health care needs of migrant workers and indigent rural residents in and around Ft. Lupton, Colorado. HEW provided initial funding under the Migrant Health Act and the clinic has received a significant portion of its support from the federal government since its founding.

While Salud was initially conceived to serve essentially agricultural workers and their families, it has evolved into a health care delivery system offering services to all residents of its target area, with migrants and the rural poor or near poor as the priority clientele.

Goals

Salud’s overall goal is to provide for all persons in its catchment area, as well as for migrant farm workers and their families. It is a system of primary healthcare designed with an integrated approach to quality, family-oriented primary health services, which are:

♦ easily accessible, both geographically and financially,
♦ which provide continuity of care over time, subject to the limitations of capacity,
♦ which are well coordinated with secondary and tertiary care and
♦ which are efficiently managed at convenient service sites.

Target Area

Salud’s dental target area includes all of southern Weld County from the community of south Gilcrest and Adams County including Commerce City. A map of the service area is available in the most recent grant application submitted February 1, 2001.
Barriers to Care for Salud Patients

Patients who are cared for by Salud must overcome a variety of barriers to health care, which can have a tremendous impact on their health care status. Some of these barriers are classically financial in nature, while many are non-financial. The following is an outline, which addresses some of these barriers, and how we at Salud try to address them.

Financial barriers include the cost of primary care. Salud has sought to address this in several ways. First, Salud has a sliding fee schedule and creates payment plans for patients without third party coverage. Second, Salud accepts Medicaid and other forms of insurance.

The high cost of subspecialty care presents another barrier to patients. Salud Dental utilizes the University of Colorado Health Sciences Center School of Dentistry, Denver General Hospital and private practice specialists primarily for oral surgery referrals. In addition, Salud Dental uses Children’s Hospital Dental Department for pediatric specialty referral.

Many Salud patients cannot afford the cost of pharmaceuticals. Salud maintains an in-house pharmacy and makes use of sample drugs when possible.

Some of the non-financial barriers Salud patients must overcome deal with access to providers after hours. In response to this need among its patients, Salud has established evening clinics and hours of operations as follows:

Hours of operation

All dental clinical sites will see patients from 9:00 AM to 5:00 PM Monday through Friday except when staffing patterns do not allow coverage of all sites. In addition, Fort Lupton will offer one evening session per week. Fort Lupton will offer an evening clinic on Thursdays from 6:00PM to 9:00 PM.

After hours and weekend coverage

Salud Dental provides a 24-hours per day, seven days per week telephone call system with medical backup. Due to provider safety and clinic liability issues, Salud’s Dental on-call telephone coverage is appropriate and opening of the clinic for after-hours treatment is not mandated. Examples of appropriate responses could include the prescribing of appropriate medications by phone or referral to an emergency room.

Extending care

Salud utilizes a team approach to health care that follows a general dental practice model. Salud is also fortunate to sponsor ongoing training of students from a variety of disciplines including dental, dental hygiene, and dental assisting students.

The availability of health care in rural areas can be the greatest barrier for low-income patients who are isolated by large distances. Salud has combated this through the innovative use of “centers” for specialty care and the availability of primary care services at satellites in small towns. The clinics have been strategically placed within the five counties Salud serves to meet these geographical needs. Salud also provides consejero (outreach) staff for transportation and outreach to overcome logistical barriers and has a new van, which seats upwards of ten people. The Salud mobile health unit provides outreach and easily accessible services year-round to migrant and community populations.

Access and availability is limited in many ways by cultural and language barriers. Salud is proud to have bilingual and bicultural staff available at all sites. Translation services are available for patients who are seen within and outside of the Salud system through the Consejeros Program and all printed materials are available in English and Spanish.

Salud also strives to overcome the barriers of literacy by writing all documents for the appropriate education level and making translators available at each site. Whenever possible, Salud also uses audio-visual materials to communicate with patients. Salud providers are specially trained in working with their patient population through a variety of continuing education opportunities offered as part of Salud’s continuing education program.

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Practice Management and Administrative Policies

The organization chart presented on the following page defines the lines of authority and responsibility at Salud. The organization is structured in such ways as to achieve the greatest program effectiveness and maximize resources in the attainment of goals and objectives.

The organization is governed by a Board of Directors consisting of thirteen members who are elected by consumers of service residing in specific geographic sections of the official catchment area. The majority of the Board members themselves must be active consumers in accordance with the corporation by-laws. The Board is entrusted with all legal, financial, and business affairs of the corporation. It appoints an Executive Director, who has the following duties and responsibilities: administers, directs, and coordinates all activities and personnel of the Salud program to carry out the objectives of the organization; interprets and implements policies and general directives from the Board of Directors; Negotiates for improvement of the health center facilities and equipment; coordinates activities of all operating units; recommends programs and priorities to the Board; Oversees program development and activities; and, evaluates performance in terms of established goals and objectives.

For operations purposes, the Salud organization is divided into four direct service departments. These are: Medical, including Laboratory, X-ray, and Pharmacy, Dental, Finance, and Operations, which includes Outreach, Front Desk, and Personnel. The directors of these components come under the direct supervision of the Executive Director.

The Dental Services Director, who must be a dentist, heads the Dental department. He or she exercises direct supervision over all dental personnel, including other dentists, hygienists, students, and auxiliary staff. The Dental Services Director is responsible for the efficient functioning of the Dental Department. These duties include organizing, programming, evaluating, and staffing. The Dental Services Director oversees all dental services offered at all sites in the Salud network. Job descriptions for dental personnel as well as Salud’s organizational chart are presented in the following pages.

A more detailed description of the organization is presented in the Executive Summary in the grant application of February 2002.

Financial Considerations

Fee Schedule

In accordance with federal regulations, Salud has developed and maintains on a current basis a schedule of fees for services. These fees are reflective of the area’s usual customary and reasonable fees. It also has the corresponding schedule of discounts based on the ability to pay criteria. Both of these schedules are available in the administrative offices of Salud.

Income and Expense Budget

The approved income and expenditure budget for FY02 is available in the administrative offices of Salud and appears in the grant application submitted to the Regional Office in February 2002.

Billing and Collection Procedures

In compliance with federal regulations, Salud maintains a detailed set of billing and collection policies and procedures. These are available in the administrative offices at Salud.

Policy on Discounts and Professional Courtesy for Staff and Family Members

The project maintains a self-funded health and hospitalization program for its employees and their dependents. The employee shares in the cost of this program. Additionally, employees and their immediate dependents receive discounted dental services.
Policy on Insurance and Third Party Billing Procedures

The policy on insurance and third party billing is contained in the Finance policies and Procedures Manual along with billing and collection policies, which is available in the administrative offices at Salud.

Policy to Insure Adequate Control of Finances

It is the Board of Director’s and Management’s policy to establish, continually strengthen and implement internal accounting and administrative controls so as to provide reasonable assurance that the assets of the organization and safeguarded against loss or unauthorized use or disposition; and to assure compliance with regulations and requirements of funding agencies.

In addition, an independent financial and compliance audit is conducted annually by a certified public accounting firm. These reports are available in the administrative offices at Salud and the Regional Office.

Personnel Policies

A complete written set of personnel policies and procedures is maintained at the administrative offices at Salud. This manual covers topics such as staff categories, compensation, fringe benefits, time off, hiring, termination, performance reviews, and employee grievance procedures.

Management Information System

Salud’s Management Information System is central to the overall function of Salud. It is an integral component of communications and data collection, essential elements of Salud’s CQI plan. Salud maintains a computerized general ledger for financial information and a computerized system for the storage and retrieval of information relating to user’s encounters and demographic characteristics. The Management Information System produces all BCRR information as well as the monthly productivity reports that enable administration to review program effectiveness and efficiency.

Process for Amending the Principles of Practice

These Principles of Practice will be reviewed periodically and the dental personnel and the Board of Directors will negotiate any changes.

Patient Management/Health Care Delivery Policies

Health Care Services provided by the Practice:

Dental Services

The Dental Department provides comprehensive primary dental care services in four clinic sites five days per week as previously described. Dental emergency (urgent care) services are offered after hours and on weekends and holidays via phone contact with medical backup.

As is the case in most federally funded health centers, demand for dental services at Salud far exceeds the capacity to provide services. Salud has expanded the dental program to the best of its ability and continues to attempt to expand capacity. Until a more favorable demand/capacity ratio can be realized, Salud Dental must continue to prioritize emergency and preventive care and triage services to provide the greatest oral health benefit to our patient population. As a result, the following program priorities have been established:

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Patient Eligibility and Program Priorities

Patient Eligibility

1. Emergency care: There is no restriction regarding patient status or residence location for emergency care. However, if a patient resides outside the catchment area and is eligible for care through another organization in their residence area, they will be referred appropriately.

2. Examples of emergency care:
   A. Extraction
   B. Initiation of endodontic therapy (including extirpation of pulpal tissues in the coronal region and the canals), occlusal reduction, and appropriate temporization.
   C. Prescribing and dispensing of appropriate medications.
   D. Cavitroning and appropriate medication for ANUG and other acute gingival conditions.
   E. Occlusal equilibration for teeth in traumatic occlusion.
   F. Caries control with appropriate restorative materials including permanent restorative materials.
   G. Pulpotomies
   H. Treatment of dental trauma.
   I. Referral of those conditions that cannot be treated at Salud would fall outside the domain of general practice and require specialty care.

3. Routine care:
   A. Migrant patient: there is no restriction for routine care regarding residence location.
   B. Seasonal agricultural patients: patients must reside in the target area.
   C. Community residents: patients must reside in the target area.

Dental Program Priorities

1. Treat all dental emergencies for the relief of pain, infection, bleeding, swelling, and trauma.
2. Provision of primary dental prevention services.
3. A high priority to treat children 20 years of age and under.
4. Comprehensive primary dental care for patients eligible to receive services under the migrant and community health center sections of the Public Heath Service Act.
5. Specific policies regarding patient scheduling and triage are located in the policies and procedures manual –appointment and chart management.

Salud’s dental policy is also written with the intent of maintaining consistency with the Bureau of Health Care Delivery Assistance Dental Policy Memorandum 87-8, contained in the following pages.
Job Description

For

DENTAL DIRECTOR

General Description of Duties

Performs professional dental care in the diagnosis and treatment of patients in addition to the administrative functions of planning and directing all dental programs of the dental department.

Supervision Received

Works under the supervision of the Executive Director.

Supervision Exercised

Exercises supervision over dentists, hygienists, dental assistants, and other assigned personnel.

Specific Duties

Has responsibility for organization and implementation of the dental program including scheduling, data collection, reporting statistics, and evaluating on-going processes and procedures. Has responsibility for in-house dental training given staff. Evaluates performance of professional and auxiliary dental staff. Directs the assignments of and supervises the work of all dentists, hygienists, dental assistants, and other assigned staff at all sites and all programs within the department. Coordinates operations of all dental clinics and programs with other Salud departments and outside agencies. Attends conferences and meetings of dental importance whenever possible. Provides care in the following disciplines of a general dental practice: diagnosis, preventive dentistry, operative dentistry, pedodontics, periodontics, removable prosthodontics, endodontics, fixed prosthodontics, oral surgery and orthodontics. Participates in the emergency call system. Performs other duties as assigned.
Qualifications for Appointment

Knowledge, Skills, and Abilities

Working knowledge of and ability to perform administrative functions related directly to dental services and then to the health care facility as a whole. Ability to diagnose and treat dental and oral disease.

Working knowledge of the principles, standard practices methods, and techniques of dentistry. Knowledge of preventive dentistry and educational methodologies utilized in prevention. Skill in oral operative techniques and ability to establish and maintain effective working relationship with patients and staff.

Education

Graduation from an approved School of Dentistry.

Experience

Two years experience in the practice of dentistry.

Necessary Special Requirements

Possession of a license to practice dentistry in the State of Colorado. Maintain current CPR Certification.
Job Description

For

CENTER DENTAL DIRECTOR

General Description of Duties

Performs professional dental care in the diagnosis and treatment of patients in addition to the administrative functions associated with managing and directing the dental program in a specific site.

Supervision Received

Works under the supervision of the Dental Services Director

Supervision Exercised

Exercises supervision over dentists, hygienists, dental assistants, and other assigned personnel.

Specific Duties

Has responsibility for implementation of the dental program in a specific site. Has responsibility for in-house dental training given to staff. Evaluates performance of professional and auxiliary dental staff. In co-ordination with the dental director, directs the assignments of and supervises the work of dentists, hygienists, dental assistants, and other assigned staff at the specific site. Coordinates operation of the center dental clinic in the following disciplines of a general dental practice: diagnosis, preventive dentistry, operative dentistry, pedodontics, periodontics, removable prosthodontics, endodontics, fixed prosthodontics, oral surgery and orthodontics. Participates in the emergency call system. Performs other duties as assigned.

Qualifications for Appointment

Knowledge, Skills and Abilities

Working knowledge of and ability to perform administrative functions related directly to the individual dental site. Ability to diagnose and treat dental and oral disease. Maintain current CPR Certification.

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Job Description

For

DENTIST

General Description of Duties
Performs professional dental care in the diagnosis and treatment of patients and assists the director in developing and implementing the dental program.

Supervision Received
Works under the direct supervision of the dental director.

Supervision Exercised
Exercises supervision over hygienists, dental assistants, and other assigned personnel.

Specific Duties
Provides care in the following disciplines of a general dental practice: Diagnosis, preventive dentistry, pedodontics, periodontics, removable prosthodontics, endodontics, fixed prosthodontics, oral surgery, and orthodontics. Helps provide in-house dental training. Helps evaluate and supervises hygienists, dental assistants, and other assigned personnel. Participates in the emergency call system. Performs other duties as assigned.

Qualifications for Appointment

Knowledge, Skills, and Abilities
Working knowledge of the diagnosis and treatment of dental and oral diseases. Working knowledge of the principles, standard practices methods and techniques of dentistry. Working knowledge of preventive dentistry and educational methodologies utilized in prevention. Skill in oral operative techniques and ability to establish and maintain effective working relationships with patients and staff.

Education
Graduation from an approved School of Dentistry.

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Experience

Previous experience desired, but not required.

Necessary Special Requirement

Possession of a license to practice dentistry in the State of Colorado. Maintain current CPR Certification
Job Description

For

DENTAL HYGIENIST

General Description of Duties

Performs professional dental care in the field of dental hygiene including all related clinical procedures. Has broad responsibilities for clinical and community dental health education activities.

Supervision Received

Works under the general supervision of the Dental Director, or the Dentist.

Supervision Exercised

Exercises supervision over dental assistants and other assigned personnel.

Specific Duties

Provides following clinical services: Oral prophylaxis; instruction for proper home care techniques for oral hygiene including proper tooth brushing, flossing, nutrition, and need for professional care; topical fluorides; screen and evaluate patients regarding caries detection, periodontal pathology, medical history; exposing, processing, and mounting of radiographs, supra and subgingival scaling and curettage; root planing; procedures involving team periodontal surgical techniques; performing of expanded duties where qualified, as delegated by dentist and governed by Colorado law; administration of local anesthetics; and gross debridement in treatment of acute periodontal conditions. Primarily responsible for the initiation and maintenance of the dental prevention and dental education program. Assists in the training of dental assistants and in the precepting of dental hygiene students. Performs other duties as assigned.

Qualifications for Appointment

Knowledge, Skills, and Abilities

Working knowledge of all phases of the field of dental hygiene. Skill in the techniques of oral hygiene procedures and the use of equipment, instruments, and materials. Knowledge and practice of preventive dentistry and ability to instruct patients individually and in groups. Ability to establish and maintain effective working relationships with patients and staff.

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POLICIES AND PROCEDURES
DENTAL SERVICES

Education
Graduation from an accredited School of Dental Hygiene.

Experience
Previous experience desired, but not required.

Necessary Special Requirement
Possession of a current Colorado license as a registered dental hygienist. Maintain a current CPR certification.

Elective
Ability to speak Spanish desirable.
Job Description

For

DENTAL ASSISTANT

General Description of Duties

Performs those duties which assist the dental director, dentists, and hygienists in the care and treatment of patients. Performs duties in the field of reception, chairside assisting, inventory and records.

Supervision Received

Works under the supervision of the dental director, dentist, and the hygienist.

Supervision Exercised

None

Specific Duties

Assists the dentists and hygienists in chairside procedures routinely done in a general dental practice; is responsible for preparation and setting up of instruments, materials, and equipment necessary for each procedure; is responsible for the sterilization of instruments, and the cleaning and routine maintenance of equipment and work areas; schedules patients, does routine reception work, accurately records information on patient records; helps implement the processing of encounters and billing and bookkeeping procedures; helps to identify related medical and/or social problems, fills out insurance forms; orders supplies and materials; maintains inventory of supplies and materials as well as maintaining thorough and accurate documentation of inventory. Performs other duties as assigned.

Qualification for Appointment

Knowledge, Skills, and Abilities

An ability and willingness to learn. An ability to establish and maintain effective communication with patients and coworkers. Ability to communicate in English and Spanish. A desire to expand abilities. Ability to follow oral and written instructions. Ability to motivate patients. Ability to prepare and maintain chart, records, logs, and reports. Ability to establish and maintain effective and positive working relationships with patients and staff.

Education

Graduation from high school preferred, but not required.

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Experience

Previous dental assistant experience desired, but not required.

Special Skills

Maintain a current CPR Certification.
DENTAL DEPARTMENT

NEW PROVIDER STAFF ORIENTATION

Policy

Clinical dental providers will be given an orientation, which is both administrative in nature (general Salud policies and procedures), and clinical in nature (Dental Department policies and procedures). Although most of these can be done providing copies of the manuals to the individual clinician, there are some points that are sufficiently important to warrant explanation on the part of the clinical staff.

Procedure

In addition to a general orientation provided by Salud’s personnel department, new clinical staff members will meet with the Dental Services Director during their orientation. The Dental Services Director will discuss the following topics and answer questions that the new clinician might have. When the Dental Services Director is unable to do this, his/her designee may do so.

Items to be covered include:

1. Clinic/Center orientation and introductions (done on site)
2. Mission
3. Dental Department Policies and Procedures, CQI manuals
4. Migrant, Head Start, and other underserved populations focus
5. Credentialing Policy
6. Interpersonal skills expectations
7. Dentist and dental hygienist supervision and supervisory responsibilities, if applicable.
8. Teaching responsibilities
9. Probationary period
10. Time Sheets
11. Continuing Education Policies
12. Call Obligations
13. Liability reporting
14. Meetings
15. Charting protocols
16. Consultation and referrals

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Dental Dept Policies & Procedures - Salud
DENTAL DEPARTMENT

NEW SUPPORT STAFF ORIENTATION

Policy
Dental support staff will be given an orientation that is both administrative in nature (general Salud policies and procedures), and clinical in nature (Dental Department policies and procedures). Although providing copies of manuals to the individual staff person can do most of these; there are some points that are sufficiently important to warrant an explanation on the part of the clinical staff.

Procedure:
In addition to a general orientation provided by Salud’s personnel department, the new staff person will meet with the Dental Clinic Director during their orientation. The Dental Clinic Director will discuss the following topics and answer questions that the new staff person might have. When the clinic director is unable to do this, his/her designee may do so.

Items to be covered include:

1. Clinic/Center orientation and introductions (done on site)
2. Mission
3. Dental Department Policies and Procedures, CQI manuals
4. Migrant, Head Start, and other underserved populations focus
5. Credentialing Policy
6. Interpersonal skills expectations
7. Probationary period
8. Continuing Education Policies
9. OSHA Orientation specific to dental practice
10. Assignment of responsibilities
11. Staff meetings/responsibilities

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DENTAL DEPARTMENT

POLICIES

EFFECTIVE SEPTEMBER 1, 1998

1. Smoking is not permitted in the dental area. Those wishing to smoke may do so outside the building only.

2. Preparation, storage or consumption of food or drink is not permitted in the dental area.

3. Staff is expected to dress in a professional manner. Jeans, T-shirts, and sandals are not permitted. The following exceptions are permitted:
   Colored jeans
   Salud logo T-shirts

4. Storage of coats, purses, and other personal items is not permitted in the dental area. Designated areas for personal belongings will be assigned in each clinic.

5. Personal reading material is not permitted in the dental area.

6. Telephones are for business use. Incoming personal calls are to be held at an absolute minimum. Outbound personal phone calls are to be confined to off duty time. The following policies regarding incoming calls will apply:
   A. Business call to dentist: determine who is calling and ask dentist if he/she will take the call.
   B. Business call to assistant in OPS: take written message.
   C. Business call to assistant in control: take call and complete business.
   D. Personal calls to a dentist in OP: take written message
   E. Personal call to an assistant in OP: take written message.
   F. Personal call to assistant in control: call back on off duty time. Because calls come in to control, there is a potential for abuse. Abuse of phones by control will result in disciplinary action.

7. Telephones are to be moved only by staff dentists. Anyone else moving these phones will be responsible for damage resulting to the phone.

8. Notices, papers, signs, etc. are not to be placed on walls and cabinet surfaces in dental. Designated locations for placements of this type will be given.

9. Sick leave is to be reported to the Dental director or Dentist only (not to assistants or receptionists). This is to be done within the first working hour. Absence without prior approval for personal affairs will be considered vacation leave. All vacation leave is to be approved.

10. Absences without prior approval and without reporting sick may be cause for disciplinary action.

11. All dental staff must comply with appropriate OSHA regulations and are required to wear personal protective equipment (PPE) when treating patients.

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OUTREACH PROGRAM

POLICIES
DENTAL DEPARTMENT

CHARITABLE FUNDING SOURCE POLICY

Policy

In an effort to maximize our impact on the patient community that we serve, the Dental Department works cooperatively with various charitable funding sources to provide dental care. For patients who qualify for assistance through these charitable funding sources, the dental fees submitted to the fund are equivalent to the amount the patient would have to pay if a funding source were not available. For example, if the patient qualifies for assignment to the sliding fee scale, the fees for dental service submitted to the fund may reflect the discounted fee. This policy or course does not apply to private insurance companies.

The decision to include a particular funding source as eligible for inclusion in the policy rests with the Dental Director. To date, the following organizations have been included in this policy:

- A.V. Hunter Trust
- Friends of Man
- Handicapped Children’s Fund of Colorado
- National Foundation for Dentistry For the Handicapped

Procedure

1. The patient should be evaluated via initial exam to determine treatment needs.
2. The patient charting and treatment planning should be complete as usual.
3. A “quote sheet” form should be completed for all identified treatment needs.
4. The patient shall be referred to the Client Services Manager for completion of necessary additional application materials.

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DENTAL DEPARTMENT

PROTOCOL FOR DENTAL UTILIZATION OF THE MOBILE TREATMENT UNIT DURING MIGRANT SEASON

Policy

The dental department of Salud utilizes the mobile unit one or two nights each week during the summer growing season to serve the migrant workers and their families. Visits to the camps are scheduled well in advance, and an outreach worker arranges for the patients to be available on the nights the unit goes to that site. The unit is staffed by a bilingual team, which consists of a driver, a dental assistant, and a dentist or senior dental student.

Procedure

The usual procedure is to assess the patients’ needs by means of an oral examination, which would include charting of visible caries and restorations. Radiographs would not be taken. The examination would include visual screening for oral cancer, as well as for orthodontic and periodontal problems. Patients receive homecare instructions and have the opportunity to ask questions about their dental health. As it is more efficient to perform most dental procedures in the clinic setting, these patients are referred to one of the clinics for treatment.

Clinic appointment times will be made available for adult migrant patients examined on the Mobile Unit. The dental assistant makes appointments on the Mobile Unit. Transportation by Salud from Migrant Camp to the clinic will be provided if funding is available for such services.

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Policy

Children attending Head Start programs represent an important population of patients Salud targets in its mission statement. In order to maximize our impact on this target population, Salud Dental works cooperatively with the Head Start programs of Weld, Adams, Morgan, and part of Boulder counties.

Procedure

Cooperative agreements between the various Head Start schools and Salud are negotiated with the input of the Director of Operations and the Dental Director, with approval by the Executive Director and the Board of Directors.

The Head Start schools are designated specific appointment times in the dental schedule so that the resources of both the Head Start programs and the Dental Department are used most efficiently.

Coordination of the specific scheduling of children at each site is accomplished by the health aide assigned to each school by Head Start, and the dental assistant in charge of scheduling at each site. The sealant and prophy/fluoride programs are administered at each Head Start School with the supervision of the dental hygienist.
DENTAL DEPARTMENT

FORT LUPTON SCHOOL ASSESSMENTS

Policy

Salud’s Dental Department maintains an active involvement with the dental health of the communities it serves. One aspect of this commitment is the active participation in dental screenings for school-age children in the Fort Lupton and Frederick areas.

Procedure

The providers and staff of the dental departments of both Fort Lupton and Frederick, along with volunteer dentists from Fort Lupton, provide dental screenings for children in the Fort Lupton and Frederick school districts during the month of February.

1. The school obtains consents for screenings nurse prior to the screening dates.
2. Fort Lupton students in the first, fifth, and ninth grades are screened. Students in the second, sixth, and tenth grades are re-screened. Frederick students in the first and fourth grades are screened. Students in the second and fifth grades are re-screened.
3. Visual screenings are performed for all students present for whom consent has been obtained. The students are screened for oral lesions, visible dental caries, oral hygiene status and orthodontic status.
4. A dental screening form is completed for each child indicating the dentists’ findings. The forms are given to the school nurse to be forwarded to the child’s parents.
5. Data gathered at the screenings is compiled in an annual report entitled “Fort Lupton School Assessments (year)” and distributed to the dentists who participated in the screenings, and the principals of each school involved, and the school nurse. A copy of the report is also kept in the Dental Director’s office in Fort Lupton.

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EDUCATION PROGRAMS
Contracting Issues for Dental Student Rotation Agreements

OSHA ISSUES

1. Infection control protocols
2. Pathogenesis
3. Use of PPE
4. Use of MSDS
5. School’s needle stick protocol while on rotation
6. Appropriate vaccination and follow-up for
   Hepatitis B
   PPD testing

MEDICAL RECORDS

1. Confidentiality of the medical record
2. Confidentiality of the patient/doctor relationship

COMPETENCY

1. Student has passed basic competency levels in general dentistry clinical procedures that the student is expected to participate in prior to being deemed eligible for externship rotations.
2. Guidance has been given to the precepting site regarding the basic level of clinical skills anticipated for students eligible for externship rotation.
Dental Student Orientation

1. DENTAL SCREENINGS

- Schedule: dates, times and locations
- Screening forms

2. SERVICES PROVIDED

A. Students of migrant schools

- 1st visit, perform exam plus treatment.
- Take care of most urgent needs first and try to do quadrant dentistry
- Follow-up with these kids is poor; take that into consideration formulating the treatment plan.
- Permanent 1st molar RCTs are recommended, however you need informed written consent, and try to complete it during the six weeks of migrant school.
- If you are doing lab-fabricated space maintainers, fit bands and make impressions early in the treatment. It takes about two weeks to get them back from the lab and patients seldom return for them after school is over.
- Please take post-op x-rays of all pulpotomies & SSCs. Stainless steel crowns should be placed on most pulpotomies.
- Children with behavioral problems may be treated with nitrous oxide sedation. They need to be NPO 6 hrs prior to appointment and have consent signed. This can be used for most small children to ease the appointment. Children can be started at 50%. The percentage refers to O₂. If child is unmanageable with N₂O/O₂ refer to pedodontist. Kids needing only sealants and prophies will be done at the schools by the hygienists.
- When triaging cases, start with permanent molars then 2nd deciduous molars, then 1st deciduous molars.
B. Clinic Patients

- All treatment is performed here, with exception of 2nd molar RCTs, complicated endodontics, extensive crown and bridge, complicated extractions impacted 3rd molars, and sedation.
- Walk-in emergencies are usually treated only for one tooth. If they have more than one problem, they will need to return as a walk-in patient.

3. TREATMENT OF PATIENTS

- Please check that all consent forms are in order PRIOR to treatment. The following consents are needed where applicable:
  - General consent for treatment
  - Oral surgery contents
  - N2/O2 consent
  - Endodontic consent

- Oral Surgery

All films should be evaluated by your preceptor PRIOR to administration of anesthetic. We must have proper x-rays and consents. Unless extraction is very simple, give Rx for post-op pain. Advise Tylenol or Ibuprofen ASAP. Be conservative with the amount of pain meds given, as we tend to have a large number of drug seekers. We have ‘stampers’ for commonly used meds. Don’t let Rx pads lie around! Discuss surgical flap design, alveoplasties, frenectomies with your preceptor prior to anesthetic.

- Pedodontics
  - Sealants are recommended on permanent molars, but any deep pits and fissures can be sealed.
  - Grossly decayed primary molars should be treated with pulpotomies unless the tooth will soon be exfoliated, there is mobility, there is furcation involvement, or if the pulp is necrotic.
  - Use IRM to base pulpotomies, with Ketac or amalgam restorations, if SSC not placed at same visit.
  - Ketac is acceptable as a permanent filling for posterior primary teeth.
  - PRRs (preventive restorative restoration), may be filled with sealants only, if shallow, or resin and sealants. If resin is used charge as one posterior resin restoration
  - Generally we don’t allow parents to come back during treatment of children. You may make an exception if you feel it would be beneficial.
  - Medicaid covers children until their 21st birthday

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4. OPERATIVE

- Due to patient’s finances we many times restore severely decayed teeth with only amalgam or with SSCs. Make sure you place retention grooves and All-Bond (e.g.) or pins. Always inform patients they should ideally have crowns.
- We generally don’t offer posterior composites but will do class one or class five at patients request.
- Make sure you and your assistant are clear on the steps of your materials of choice. When in doubt,
  - READ THE INSTRUCTIONS.
  - CONSERVE SUPPLIES
- Masks, clinic coats. Don’t contaminate tubs, drawers, bur trays.
- Patient education is a big part of our job.
- Sliding fee scale. Check with patients or parents how much work to do at each appointment, especially if more than one in family here. (one filling vs. one quadrant)

GENERAL INFORMATION

1. Try to use rubber dam during all operative procedures; the only exception is if tooth is too broken down to hold clamp.
2. If any interesting pathology presents, please share with everyone.
3. Watch your time; plan the amount of work you can accomplish in the time allotted. Small children cannot sit still for very long so you may have only half an hour before they become too restless to work with. Make every attempt to complete work by 11:50 A.M. and 4:50 P.M. The assistants need time to clean rooms. They are on a time clock, and they are not supposed to work overtime. Get into the habit of using free moments to do small procedures that will save time later: start procedure notes while topical is working; after anesthetic is given prepare RD, select burs and put in handpieces, take alginate impressions, do a sealant or two, etc.
4. RD, dams and bite blocks must have dental tape attached for safety reasons.
5. All supine patients must have safety glasses, even for exams.
6. We use G.I (Ketac) for temporary fillings, (can charge as ‘sedative fill’). Our patients have poor follow-up and IRM falls out too easily. Usually only do temporary fillings on emergency patients, as doing permanent fillings encourages walk-in behavior.
7. Check with preceptor before N₂O/O₂ procedures, endo access, extractions, and other surgeries. Your preceptor will also want to see ‘endo progress’ X-rays, and post-pulpotomy X-rays. Before discharging patients with lab work check with preceptor

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to make sure you have all needed information. Check with preceptor about criteria for use of antibiotics. A preceptor must co-sign all charts.

8. You may not have assistants all the time. If you don’t, you will need to clean up your operatory and instruments and set up for your next patient.

9. The computer is here for academic purposes ONLY. Please, no games or excessive use of the e-mail capabilities.

**CHARTING**

1. Patients name and chart # or DOB on each page of chart. We have many patients with the same names.
2. Date every chart entry.
3. Health History Reviewed (HHR) at each visit, check the date of the health history— they are good for one year.
4. B.P on all patients over 18 yrs for all exams--new patients, recall or emergency patients. The assistants will usually update the histories, but it is your responsibility to see that it gets charted.
5. Cancer check on all patients, including children, on all exams—initial, recall, and walk-in patients.
6. Indicate fees charged in the right hand column-- must match charges on encounter.
7. Perio status-- new patients and recall exams. PSR over 18 yrs. Under 18- irritants, slight irritants, gingivitis, periodontitis, etc.
8. X-rays must be of diagnostic quality- no overlaps on BWs, cone cuts, etc. Don’t hesitate to ask for retake of X rays, and don’t charge for the retakes. X-rays must have patient’s name, chart #, and date. Our X-rays are mounted opposite of charting—POTENTIAL FOR ERROR. Place name down on view box to match charting.
9. Exam and recall exam sheet. Emergency exam sheet. Charting in boxes on HH sheet. Blue – existing restorations and missing teeth. Red- work that needs to be done. When work is done, blue over red to indicate procedure was completed. Additional notes (do 1st, see note 4/10/02, etc…) in pencil under remarks.
10. Procedure notes: Anesthetic used and amount, or, no anesthetic used. Isolation used- RD, Dri-angle, cotton rolls, acrylic bite block. Tooth # and procedure performed, materials used, any Rx given, any significant discussion with patient. Communicate as much as possible to the next provider. Signature, N.V: (disposition) last. Just because it says do this next visit doesn’t mean you have to. Time constraints, pain elsewhere, patient desire can alter- it is only a suggestion.
11. SBE prophylaxis- be sure patient gets Rx for next appointment.

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ENCOUNTER

There is a copy, with fees, in each room, and also a master A.D.A. codebook with more extensive codes and fees. The assistants will usually fill the encounter out, but make sure charges on encounter and chart are the same. Disposition – tells front desk how much time, and for what, next appointment will require. Be sure to include tooth # and surfaces when appropriate. Write in codes # and fees in lower left corner for procedures not on encounter.

QUOTE SHEETS

Assistants will usually fill these out. Make sure fees and discount are correct. Give quote for all lab procedures and big cost items such as endodontics. A copy goes into the chart. When giving quote for endo, include the build-up and crown. This may alter patient’s choice of treatment. Patient pays half down before anything goes to lab. Second half is due when delivered. Make sure patient pays deposit before starting crown, etc… Have preceptor check quote sheet before presenting to patient.