Ambulatory Patient Safety
A Dental Health Care Perspective

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Colonel, USA Dental Corps
Army Medical Department Corps

• Dental Corps
• Nurse Corps
• Medical Corps
• Medical Specialist Corps
• Medical Service Corps
• Veterinary Corps
• Enlisted Corps
Dental Care is Health Care
To Err is Human
(10 year anniversary)

• To Err is Human: Building a Safer Health System is a report issued in November 1999 by the U.S. Institute of Medicine

• “Health care is a decade or more behind many other high-risk industries in its attention to ensuring basic safety.”

• “With adequate leadership, attention, and resources, improvements can be made.”
Types of Errors

• Diagnostic
  – Error or delay in diagnosis
  – Failure to employ indicated tests
  – Use of outmoded tests or therapy
  – Failure to act on results of monitoring or testing

• Treatment
  – Error in the performance of an operation, procedure, or test
  – Error in administering the treatment
  – Error in the dose or method of using a drug
  – Avoidable delay in treatment or in responding to an abnormal test Inappropriate (not indicated) care
Types of Errors

• Preventive
  – Failure to provide prophylactic treatment
  – Inadequate monitoring or follow-up of treatment

• Other
  – Failure of communication
  – Equipment failure
  – Other system failure

Clinical Dental Care

Receptionist
- PAD
- Treasurer
- Records
- Appointments

Dental Asst
- Nurse
- Surgical Tech
- Co-therapist
- Radiology Tech
- Case manager
- Recovery nurse

Dental Hygienist
- Co-therapist
- Case manager

Dental Laboratory Technician
- Prosthodontic prescriptive care
Clinical Dental Care

- Patient Administrator
- Primary Case Manager
- Primary Care Provider
- Nurse
- Radiologist
- Anesthetist
- Spiritual Care Rep
- Discharge Planner
- Patient Family Rep
Clinical Dental Care

- Patient Referral
- Doctor to Doctor
- Doctor to Hygienist
- Patient Empanelment
- Team Stability
- Doctor/Assistant
- Post operative course of care and follow-up
- Safe and cost effective
- Therapeutic Alliance
United States Army Dental Corps

- Part of the United States Army Medical Command
- Dental Corps’ Mission: To provide Soldier-focused dental services in a timely and cost effective manner that supports America’s Army.
- The U.S. Army Dental Care System (ADCS) has provided exceptional dental care to our Soldiers for over 98 years beginning with a congressional authorization on 3 March 1911.
Periodontist

• Our specialty will be known for advancing oral health and well-being through expertise in periodontics, implants, periodontal medicine, periodontal plastic surgery, and oral reconstructive surgery.

• Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Prosthodontics

9 specialties; 20% or 32,800 of 164,000
Dentist

• Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law.
Mouth-Body Connection?

• Oral-Systemic Health (Oral Health & Overall Health)

• Tell your dental care team about your overall health, especially if you have had any recent illnesses or have any chronic conditions.

• Provide a health history including medication use, both prescription and over-the-counter products, and let your dentist know when there are changes.

• Health History (Written & Oral)
This study examines the frequency of medical conditions in periodontal patients utilizing a self-administered health questionnaire succeeded by directly interviewing the patient for validity. Health histories were taken from 590 periodontal patients in an outpatient setting; 52.5% of these patients reported a positive finding in their medical history, with drug allergies and cardiovascular disorders being by far the most frequently found conditions. The frequency of medical conditions increased with increasing age. Thorough evaluation of a patient's health history is a mandatory first step in the treatment process.
Understanding

“The improvement of the understanding is for two ends: first for our own increase of knowledge; secondly to enable us to deliver and make out that knowledge to others.”

- John Locke (1632-1704)  
  English philosopher
Graduate Dental Education
Diagnosis

• “... the art or act of identifying a disease from its signs and symptoms.”

• ‘SOAP’ format
  – Subjective
  – Objective
  – Assessment
  – Plan
AHA Science Advisory

Depression and Coronary Heart Disease
Recommendations for Screening, Referral, and Treatment
A Science Advisory From the American Heart Association Prevention Committee of the Council on Cardiovascular Nursing, Council on Clinical Cardiology, Council on Epidemiology and Prevention, and Interdisciplinary Council on Quality of Care and Outcomes Research

Endorsed by the American Psychiatric Association

Judith H. Lichtman, PhD, MPH, Co-Chair; J. Thomas Bigger, Jr, MD; James A. Blumenthal, PhD, ABPP; Nancy Frasure-Smith, PhD; Peter G. Kaufmann, PhD; François Lespérance, MD; Daniel B. Mark, MD, MPH; David S. Sheps, MD, MSPH; C. Barr Taylor, MD; Erika Sivarajan Froelicher, RN, MA, MPH, PhD, Co-Chair

Abstract—Depression is commonly present in patients with coronary heart disease (CHD) and is independently associated with increased cardiovascular morbidity and mortality. Screening tests for depressive symptoms should be applied to identify patients who may require further assessment and treatment. This multispecialty consensus document reviews the evidence linking depression with CHD and provides recommendations for healthcare providers for the assessment, treatment, treatment of depression (Circulation. 2003;118:2-8).
Risk Factor

Affect

• To affect something is to change or influence it.

Effect

• To effect something is a rather formal way of saying `to make it happen'.

Confusingly either may produce an 'effect' or result.

A risk factor is a variable associated with an increased risk of disease or infection. Risk factors are correlational and not necessarily causal, because correlation does not imply causation.
Mouth-Body Connection

• Allergies
  – Latex, drug
• Cardiovascular Disease
• Diabetes
• Respiratory Disease
• Pregnancy
• Osteoporosis
Change

• “To change and to change for the better are two different things.” – German proverb

• Organizational change


• The 8 stage change process
The 8 stage change process

1) Establish a sense of urgency
2) Create the guiding coalition
3) Develop a vision and strategy
4) Communicate the change vision
5) Empower broad-based action
6) Generate short term wins
7) Consolidate gains and produce more change
8) Anchor new approaches in the corporate culture
TeamSTEPPS

• Leadership
  – Command
• Risk Management
• Patient Safety
• Credentials

• “It is not because things are difficult that we do not dare; it is because we do not dare that they are difficult.”
  – Seneca (5 BC - 65 AD)
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Subject: HQDA EXORD 265-09, SOLDIER FIRST TERM DENTAL READINESS (FTDR)
Originator: AOC CAT OPSWATCH G3 DAMO AOC(MC)
DTG: 071215Z Aug 09 Precedence: PRIORITY DAC: General
To: FORSCOM CG(MC), IMCOM DEPUTY COMMANDING GENERAL(UC), IMCOM OPS DIV(UC), NGB WASHINGTON DC(UC-MF)
Cc: HEALTH CARE OPS(UC), SURGEON GENERAL(UC), MEDCOM EOC(UC), SURGEON GEN FALLS CHURCH VA(UC-MF), CG TRADOC(UC), TRADOC(UC), USARC DCS G3(UC), DEPUTY CHIEF OF STAFF(UC), PERSONNEL CONTINGENCY
CELL G1 PCC(MC), DIR OPS READINESS AND MOB G3 DAMO OD(MC), MOBILIZATION G3 DAMO ODM(MC), 1A G3 CURRENT OPS(MC), 1A G3(UC)

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REF/A/ARMY REGULATION (AR) 40-3/SUBJECT: MEDICAL, DENTAL, AND VETERINARY CARE/22FEB08/
REF/B/AR 40-400/SUBJECT: PATIENT ADMINISTRATION/06FEB08/
REF/C/AR 40-35/SUBJECT: DENTAL READINESS AND COMMUNITY ORAL HEALTH PROTECTION/02AUG04/
REF/D/AR 500-5/SUBJECT: ARMY MOBILIZATION/06JUL96/
REF/E/ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)) POLICY 02-001/SUBJECT: POLICY ON STANDARDIZATION OF ORAL HEALTH AND READINESS CLASSIFICATION/04JUN02/
REF/F/MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN TRAINING AND DOCTRINE COMMAND (TRADOC) AND USA MEDICAL COMMAND (MEDCOM) / DENTAL READINESS OF FIRST TERM SOLDIERS/22AUG03/
REF/G/CSA DIRECTIVE ARMY INITIATIVE DIRECTIVE 4/OPERATIONALIZATION OF THE RESERVE COMPONENT/

SUBJECT: SOLDIER FIRST TERM DENTAL READINESS (FTDR)
IET Health Care

• Michael F. Cuenin, DMD
  Dental Activity Commander

• IET Dental treatment needs
  – AR 40-3, 40-35, 40-66, 40-400
  – Tri-Service Center for Oral Health Study
  – First Term Dental Readiness Army CoS initiative (2002)
  – TRADOC/MEDCOM MOU
  – Quality compassionate care for Soldiers with active dental disease(s)
Clinical Patient Care
Fort Jackson
Dental Activity

• 5 Dental Treatment Facilities (62 operatories)
  – 36 Doctors & 100 Auxiliaries
    • Training diversity & Specialty range
    • (GS/NSPS > CSP > Enlisted/NCO > Officer)

• $ 36 million/year – 29 on post/7 referred care

• 95,000 patients annually

• 2011 - Oliver DTF renovation (+14)

• Patient safety
  – HIPPA, Infection Control, Standard of care
ARFORGEN

• TRADOC vision - **Victory Starts Here!** TRADOC is providing the right people, with the right skills, right capabilities, at the right time and right place for today and tomorrow.

• MEDCOM vision - America's Premier Medical Team Saving Lives and Fostering Healthy and Resilient People, Army Medicine...Army Strong!
Recent MEDPROS Updates

Click here to view all MEDPROS updates.

Proper Use of DA Form 7425, Readiness and Deployment Checklist for Readiness Processing  
2/25/2009

Important Update on Varicella Requirement for CENTCOM Deployers  
2/23/2009

Major Changes to Command Drilldowns Week of 9 Feb 2009  
2/6/2009
**Dental Readiness Classification**

Percent Deployable (based on total number of soldiers sampled vs assigned) = 22 %

**RED**

Next 1000 Records
You may wish to add more filters to narrow your search.

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Report processed by: Michael Cuenin

Monday, May 11, 2009
• The purpose of the First Term Dental Readiness (FTDR) program is to enable the diagnosis and treatment of dental disease in Army Advanced Individual Training (AIT) Soldiers enabling worldwide deployment upon arrival at their first permanent duty station.
PES
- 1 Panoramic radiograph
- 4 Bitewing radiographs
- Boil/bite mouth guard

Panoramic Screen
- Hard tissue pathology
- REFRAD or call in for emergent care?

Comprehensive Dental Exam
- Class 3 treatment needs
- Caldwell DC/Hospital DC/AADP Off-Post

Basic Training → Basic Training → Advanced Individual Training
Dental Classifications

**Deployable:**

- Dental Class 1
  - no disease present
  - no treatment needed
- Dental Class 2
  - disease present
  - no emergency anticipated within 12 months
Dental Classifications

**Non-deployable**

- **Dental Class 3**
  - disease present
  - likely emergency within 12 months
  - unfit for duty

- **Dental Class 4**
  - disease status unknown,
  - has not had dental examination in last 12 months
  - need to determine disease status
Caries Progression
187th Ordnance Battalion

• Mission Statement -> To Train physically fit, well disciplined, highly motivated Soldiers to become "Warrior Mechanics" who embody "Standards of Excellence" and the Army Values that are equipped with knowledge and tools necessary to be victorious on today's battlefield who can successfully integrate into any organization.
Dental Fitness Classification 3

• The given today is that the @45% of IET Soldiers present with a class 3 dental fitness classification upon examination which means they require urgent or emergent dental treatment

• AR (40-35) stipulates that Soldiers in dental class 3 (or class 4) will not be cleared for overseas movement or deployment
D0150 comprehensive oral evaluation - new or established patient

Used by a general dentist and/or a specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had significant change in health conditions or other unusual circumstances, by report; or established patients who have been absent from active treatment for more than three years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately. This includes and evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general health assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prosthesis, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.
Healthy – post Orthodontics (3rd molars removed)
Dental Caries and Periodontal Disease
Dental Caries and Periodontal Disease
Localized Periodontal Disease
Impacted 3\textsuperscript{rd} molars (x3)
Dental Conditions of Initial Entry Soldiers
Before & After

Over **20 Hours** of Clinical chair time

This treatment included root canals and fillings
Treatment included root canals, fillings, and a temporary partial denture -- taking in excess of 20 hours of treatment time
“I would rather try to persuade a man to go along, because once I have persuaded him he will stick. If I scare him, he will stay just as long as he is scared, and then he is gone.”

- Dwight D. Eisenhower (1890 - 1969)
Complaint = Whining?

"The day soldiers stop bringing you their problems is the day you have stopped leading them. They have either lost confidence that you can help them or concluded that you do not care. Either case is a failure of leadership."

— General Colin Powell
Clinical Patient Care
Citations/Sources

• Patient Safety and Quality: An Evidence-Based Handbook for Nurses, Agency for Healthcare Research and Quality
  • U.S. Department of Health and Human Services
    540 Gaither Road, Rockville, MD 20850
  • Editor: Ronda G. Hughes, Ph.D., M.H.S., R.N.
    – AHRQ Publication No. 08-0043, April 2008
Citations/Sources

- The Agency for Healthcare Research and Quality (AHRQ) and the Robert Wood Johnson Foundation (RWJF) are pleased to have jointly sponsored the development of this handbook for nurses on patient safety and quality. Patient Safety and Quality: An Evidence-Based Handbook for Nurses examines the broad range of issues involved in providing high quality and safe care across health care settings. We know that nurses are at the center of patient care and therefore are essential drivers of quality improvement. From the Institute of Medicine’s reports, including To Err is Human and Keeping Patient’s Safe: Transforming the Work Environment of Nurses, we know that patient safety remains one of the most critical issues facing health care today and that nurses are the health care professionals most likely to intercept errors and prevent harm to patients.
Citations/Sources (continued)

• The Centre for Evidence-Based Medicine in Oxford (UK)

• The National Center for Patient Safety

• TeamSTEPPS
Citations/Sources (continued)

• Complications: A Surgeon's Notes on an Imperfect Science, by Atul Gawande

• Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care, by John J. Nance