



Ambulatory Patient Safety

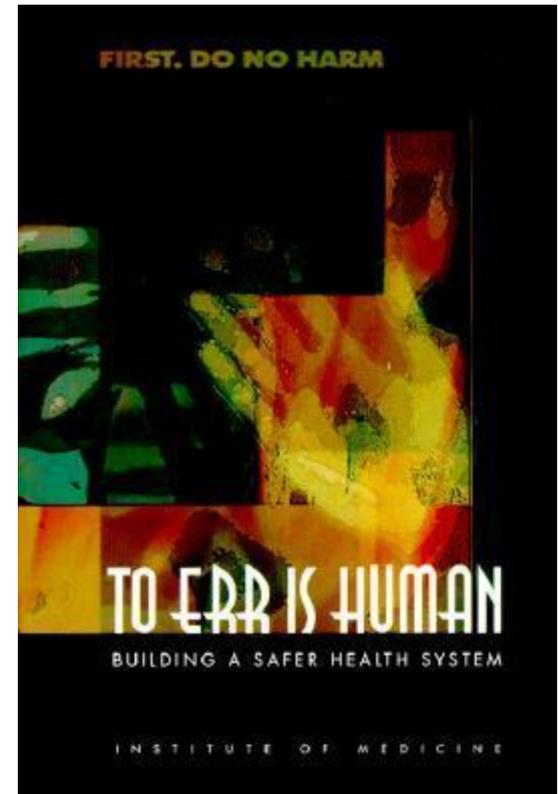
A Dental Health Care Perspective

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
- SOURCE: Leape, Lucian; Lawthers, Ann G.; Brennan, Troyen A., et al. Preventing Medical Injury. Qual Rev Bull. 19(5):144–149, 1993.



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



Dentist



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

AMERICAN BOARD OF PERIODONTOLOGY
CASE REPORT RECORD

Candidate Name: Dr. Michael F. Cusano Case Report No: 1
Patient's Number: 2-0-1-123-45-67-890 Age: 52 Sex: M Race: White

Stage of Therapy: (UNIQUE) Pre-treatment Re-evaluation (Post-treatment) Date of exam: 12/20/12

CAL & BOP
PD & Plaque
CEJ - GM

Mobility Scale
Used: MBP

RIGHT 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

LEFT

FACIAL LINGUAL

CEJ - GM
PD & Plaque
CAL & BOP

FACIAL LINGUAL

Furcation Grade
System Used: MBP

CEJ - GM
PD & Plaque
CAL & BOP



Clinical Dental Care



Dentist



- 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 our Soldiers for over 98 beginning with a authorization on





Active Member
American Academy of Periodontology

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)
 - Frequency of self-reported medical conditions in periodontal patients., J Periodontol. 1995 Nov;66(11):1004-7.

Frequency of self-reported medical conditions in periodontal patients., J Peacock ME, Carson RE. Periodontol. 1995 Nov;66(11):1004-7.

- 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



Cause & Effect (or) Affect ?

Downloaded from circ.ahajournals.org by on October 1, 2008

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,

Risk Factor

Affect

- To **affect** something is to change or influence it.

Effect

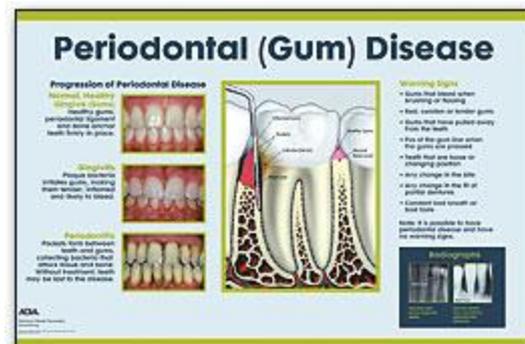
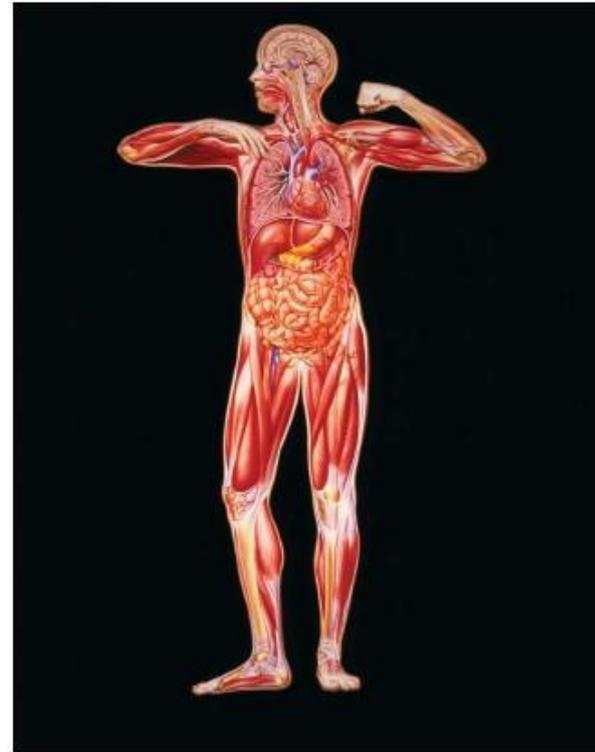
- To **effect** something is a rather formal way of saying 'to make it happen'.

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.

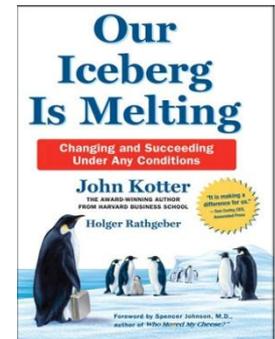
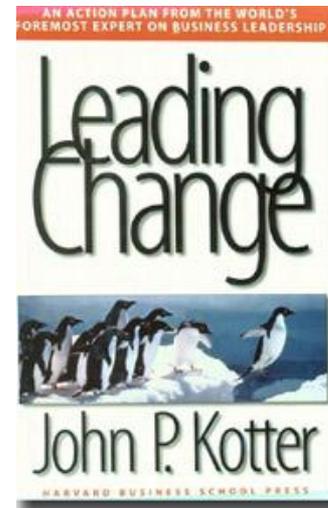
Mouth-Body Connection

- 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
 - 'Leading Change' by John P. Kotter, Harvard School Press 1996
- The 8 stage change process



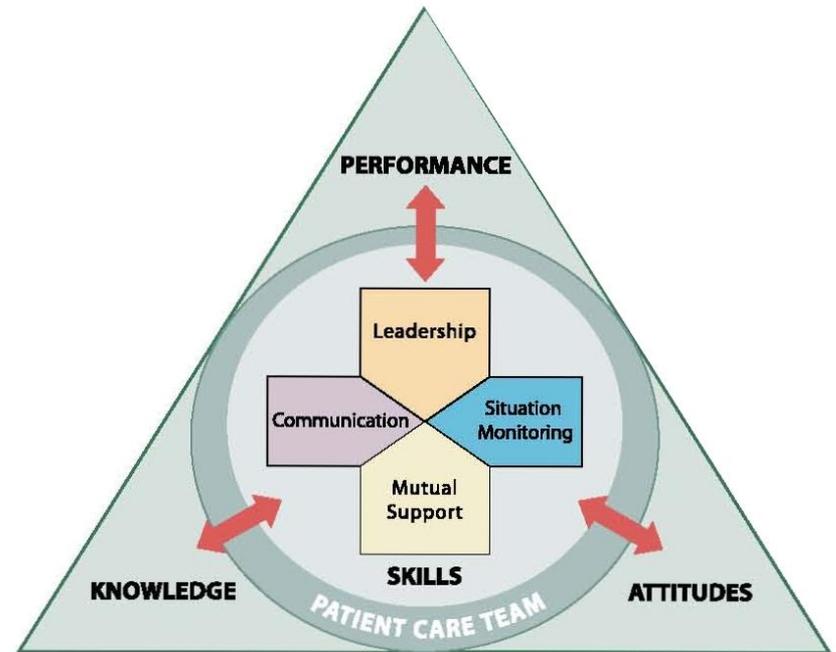
The 8 stage change process

- 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)



HQDA EXORD 265-09, SOLDIER FIRST TERM DENTAL READINESS (FTDR) (AM... Page 1 of 3

UNCLASSIFIED// FOR OFFICIAL USE ONLY

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-MFI)

Cc: HEALTH CARE OPS(UC), SURGEON GENERAL(UC), MEDCOM EOC(UC), SURGEON GEN FALLS CHURCH VA(UC-MFI), 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!



Quick Report Selection:

MEDPROS MODULES

Produce individual, unit, and task force reports, showing the dental readiness status for those personnel.

<p>Training/Updates</p>	<p>Points of Contact</p>	<p>Leader's Handbook</p>	<p>Anthrax Reporting Options</p>	<p>Dental Readiness Reporting Options</p>	<p>Immunization Reporting Options</p>
			<p>Hearing Readiness Reporting Options</p>	<p>DNA Reporting Option</p>	<p>Data Entry Options</p>
			<p>Vision Readiness Reporting Options</p>	<p>HIV Reporting Options</p>	<p>MEDPROS Feedback</p>
			<p>Unit Status Report (USR) Tool</p>		
			<p>Medical Readiness</p>		
			<p>Deployment Health Assessments</p>		

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

Quick Report Selection:

Personnel Assigned	FMR Exempt	Non Deployable Count	Deployable Count	Percent Deployable
6808	12	5290	1506	22.2%

		Count	% of Total
Green	Dental Class 1	144	2.1 %
	Dental Class 2	1360	20.0 %
	Dental Deferment	2	0.0 %
Red	Dental Class 3	217	3.2 %
	Dental Class 4	5073	74.6 %

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.

Jump to page

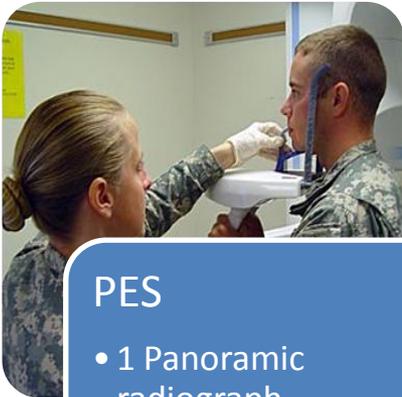
[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#)

Report processed by: Michael Cuenin



- 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.





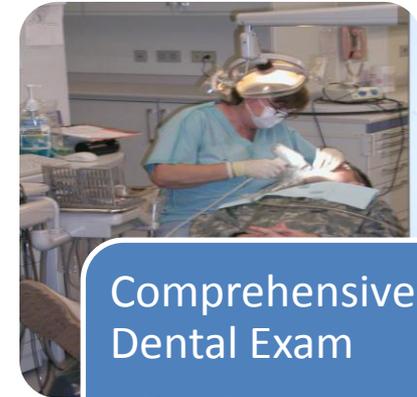
PES

- 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

Print Options Flip Rotate Enhance Measure Undo/Redo



Image Information Image Series Study Patient Misc Calibration Images

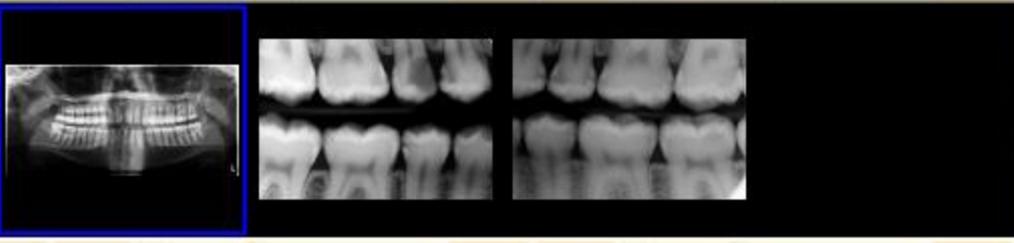


Image 1 of 3
Go Back
Go back to the query screen

Modality: IO
Acquisition Time: 2007-11-16 08:46
Teeth: 1, 2, 3, 30, 31, 32



Modality: IO
Acquisition Time: 2007-11-16 08:47
Teeth: 14, 15, 16, 17, 18, 19



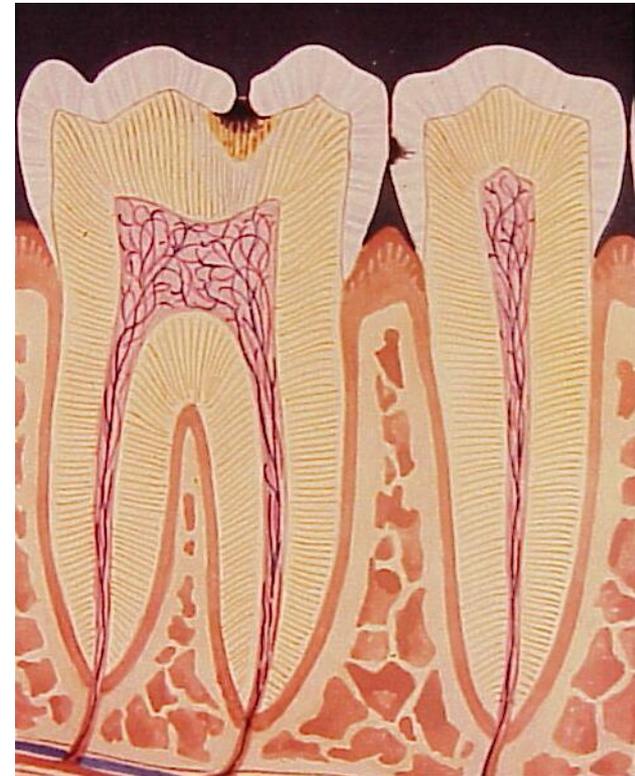
 **Hide Text**
Toggles the display of the associated image information.

 **Done**
Returns to the screen.

Dental Classifications

Deployable:

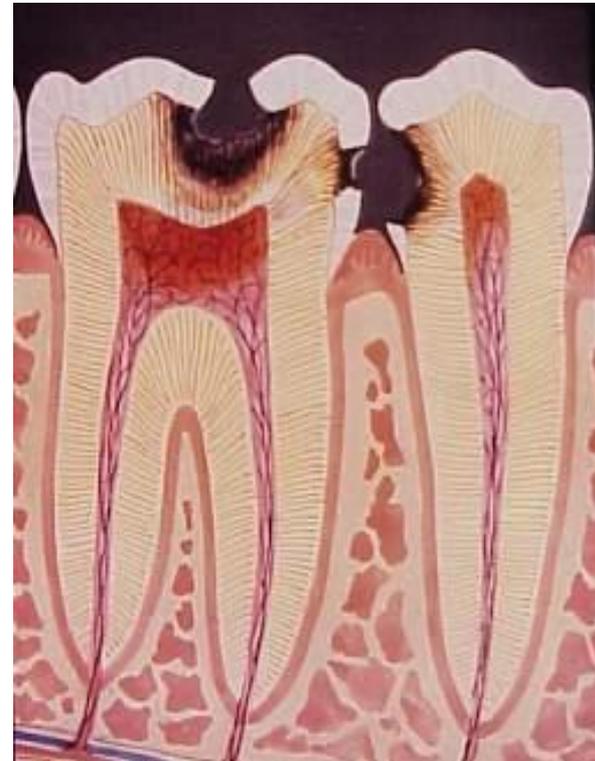
- Dental Class 1
 - no disease present
 - no treatment needed
- Dental Class 2
 - disease present
 - no emergency anticipated within 12 months



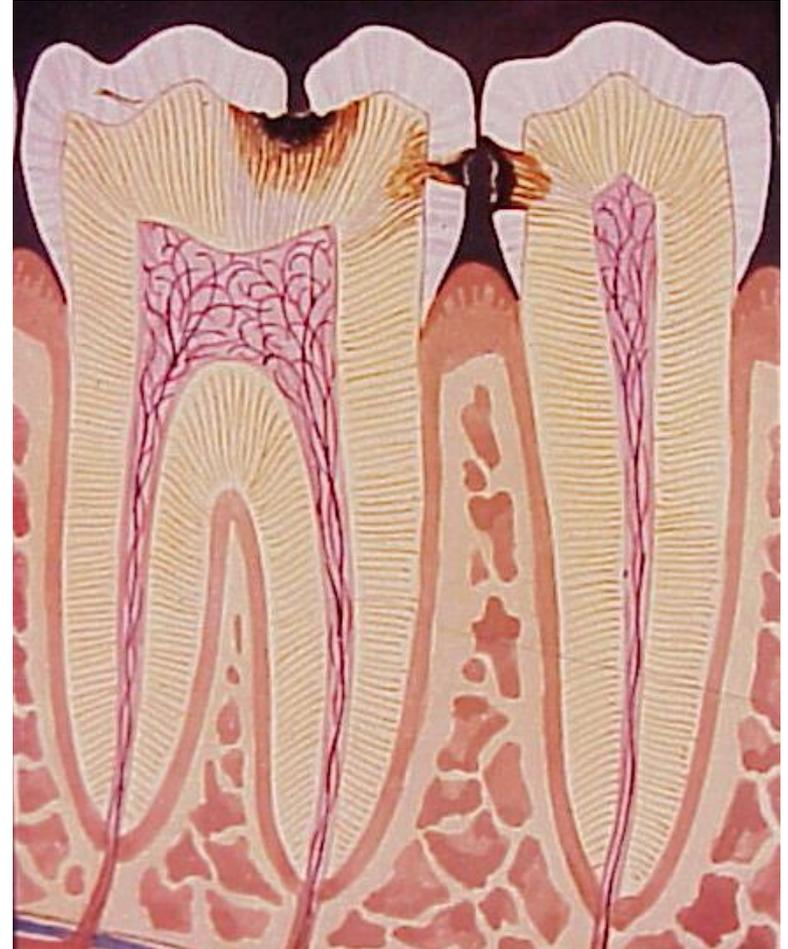
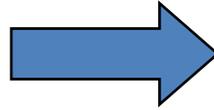
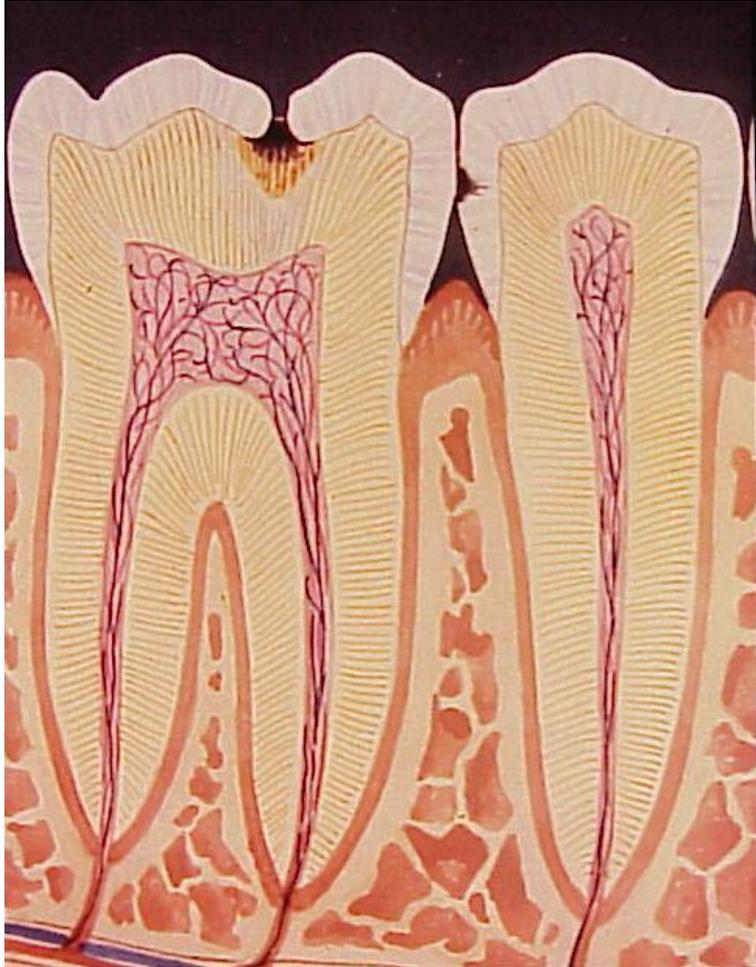
Dental Classifications

Non-deployable

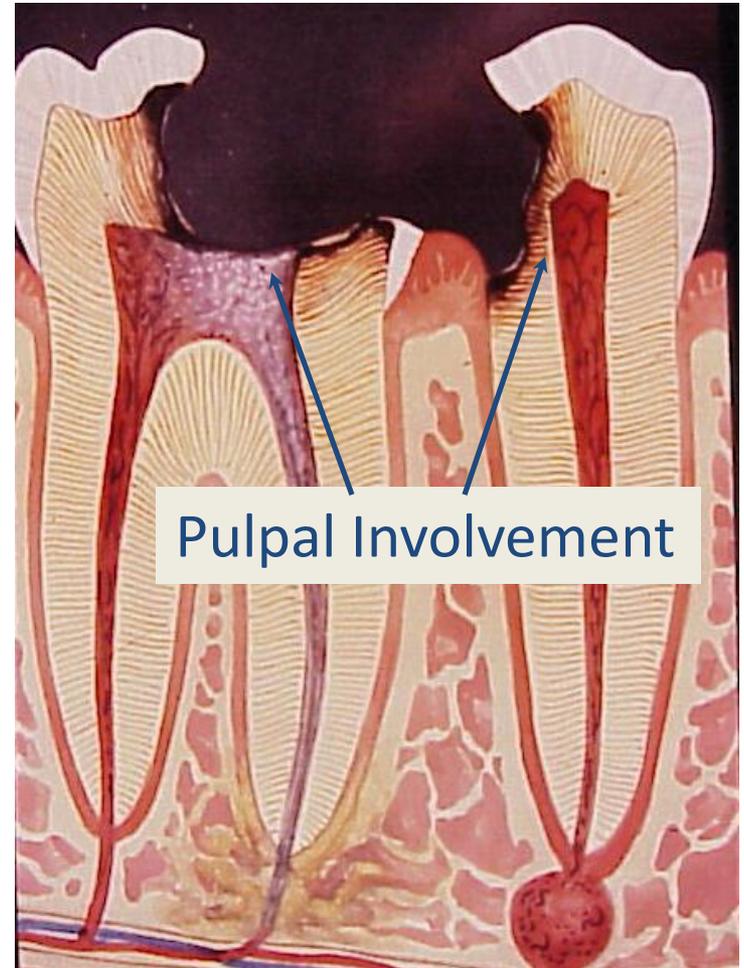
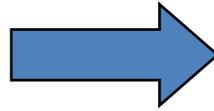
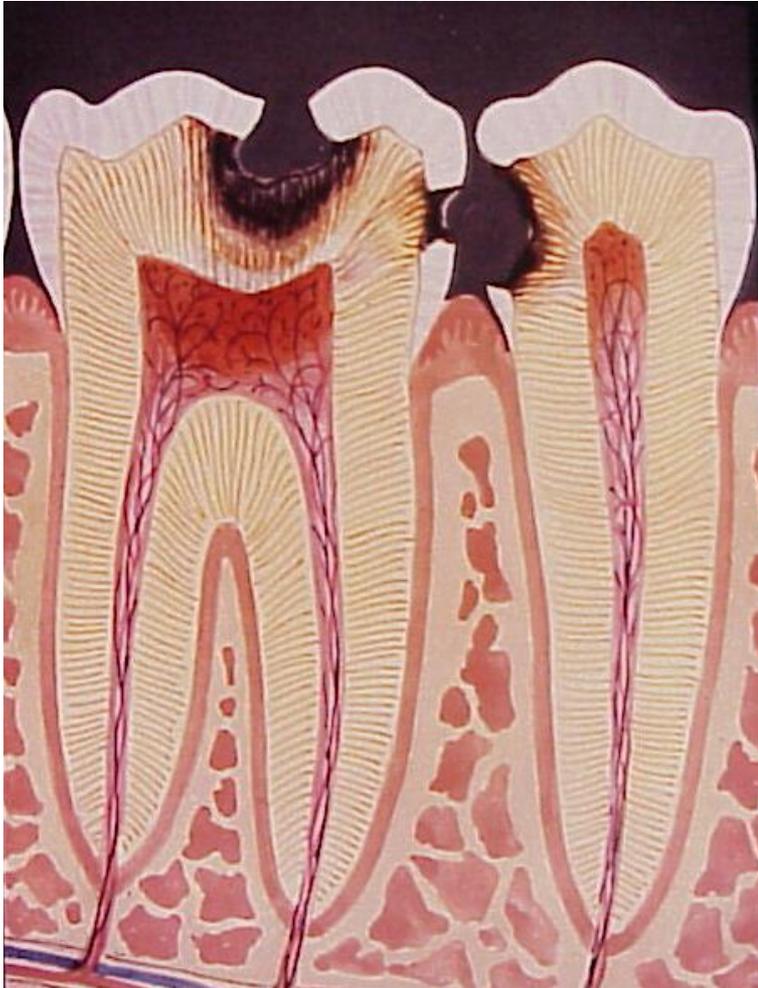
- Dental Class 3
 - disease present
 - likely emergency within 12 months
 - unfit for duty
- Dental Class 4
 - disease status unknown,
 - has not had dental examination in last 12 months
 - need to determine disease status

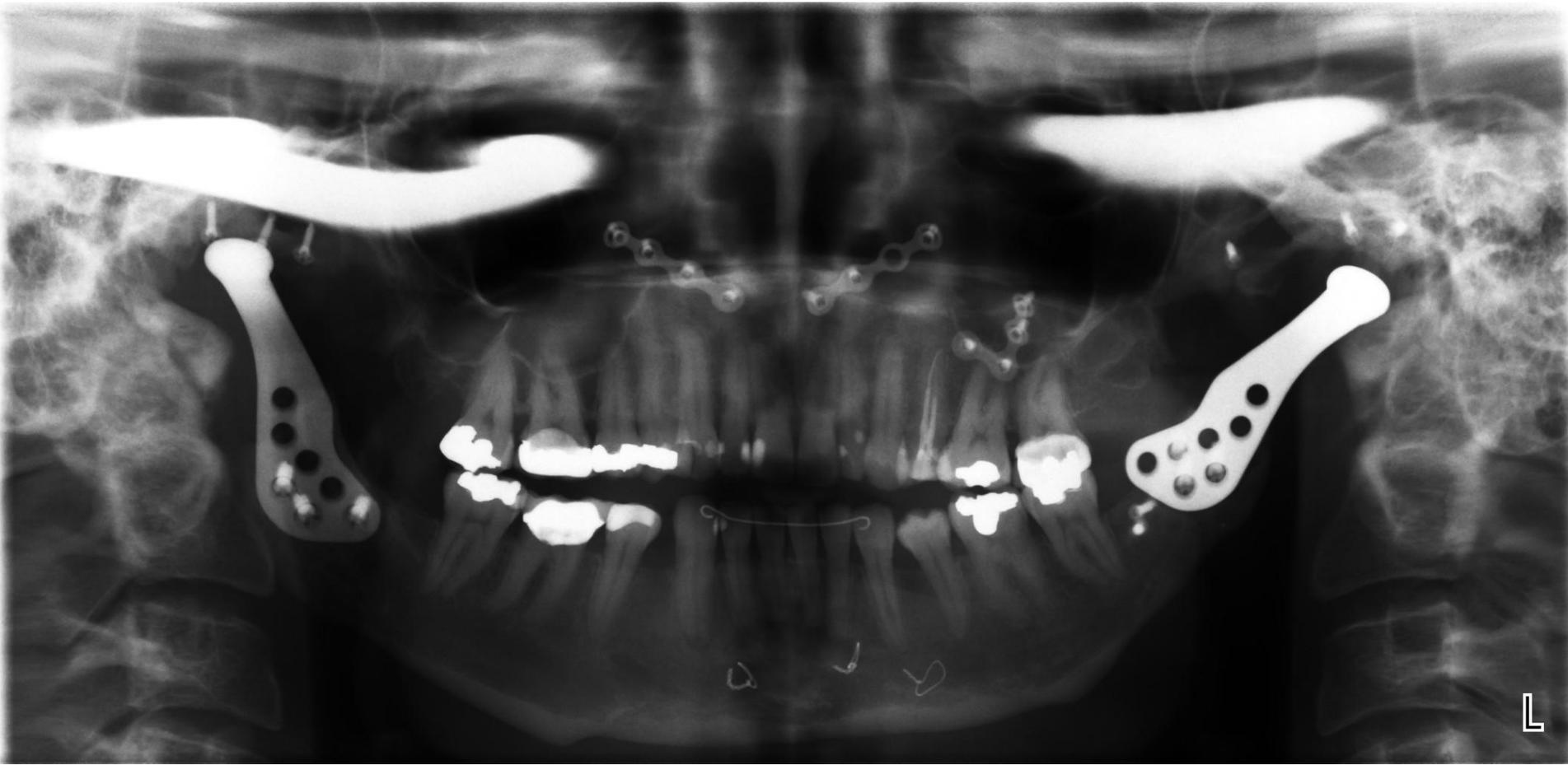


Caries Progression

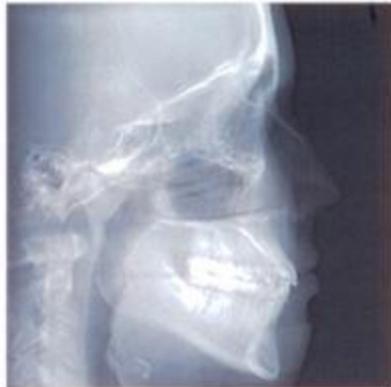


Caries Progression

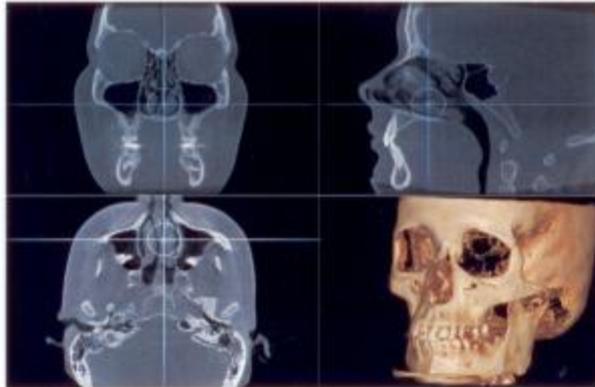








Cephalometric



Multi-Planar Reconstruction (MPR)



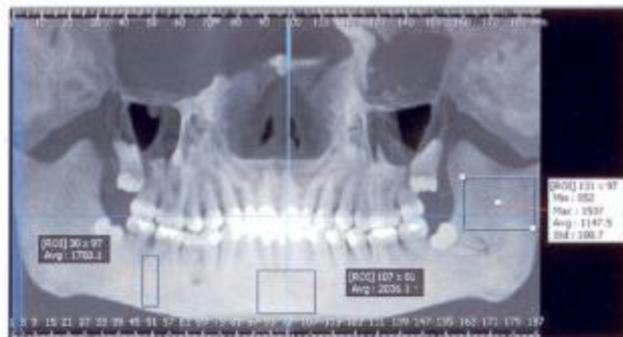
Dental Reformat Axial



Maximum Interest Projection



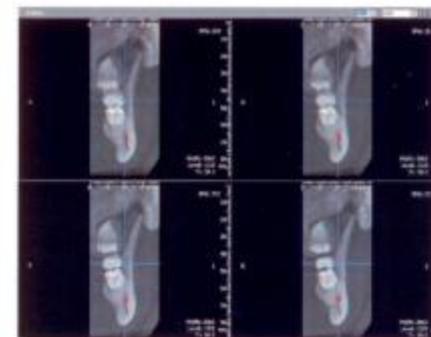
Panoramic with Nerve Mapping



Bone Density



TMJ



Cross Sectional Viewing

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

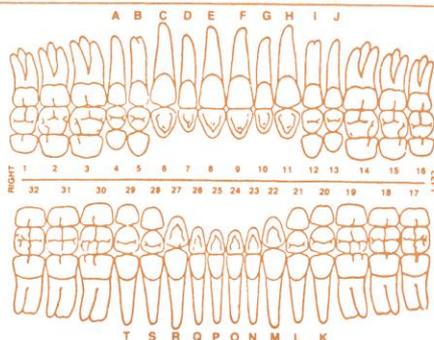
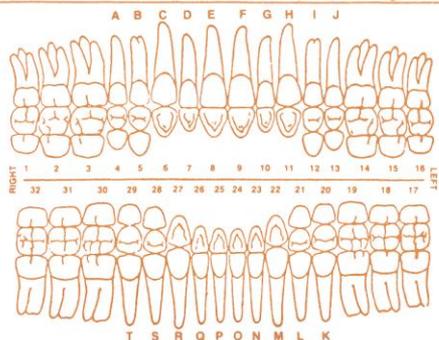
- The given today is that the @45% of IET Soldiers present with a class 3 dental fitness classification upon examination which means they require urgent or emergent dental treatment
- AR (40-35) stipulates that Soldiers in dental class 3 (or class 4) will not be cleared for overseas movement or deployment

SECTION II. CHRONOLOGICAL RECORD OF DENTAL CARE

PAGE:

8. RESTORATIONS AND TREATMENTS (Completed during service)

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS
	DENCOM First Term Dental Readiness (FTDR) Initial Dental Evaluation	
	DIGITAL IMAGES TAKEN: FT. KNOX, KY	
	PANX ___ BWX SLICE ___ BWX ___ PA ___ (# images)	
	Stamped Technician Name & Initials _____	
	ATHLETIC MOUTHGUARD ISSUED [] (09100)	
	SM HAS DENTAL PAIN THAT NEEDS ATTENTION NOW [] YES [] NO	
	DOCUMENT a PANX SCREENING	
	PANX SCREENING (01328) CLASS 3 TREATMENT NEEDS IDENTIFIED	
	OPER _____ ENDO _____	
	OS _____ PROS _____	
	OTHER _____ Tx Required =CL3 / No Tx Required =CL4	
	Stamped Dentist's Name & Initials _____	
	PANX SCREENING WAS PERFORMED- SERVICE MEMBER REQUIRES EXAMINATION	
	DOCUMENT a DENTAL EXAMINATION	
	FTDR DENTAL EXAMINATION (0150)	
	REVIEWED: BWX ___ PANX ___ PAX ___ PSR	
	SOFT TISSUE WNL: YES NO BP ___/___	
	CARIES RISK: LOW MOD HIGH	
	TOBACCO: NO SMOKES CHEW BOTH	
	Stamped Dentist's Name & Initials _____	

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

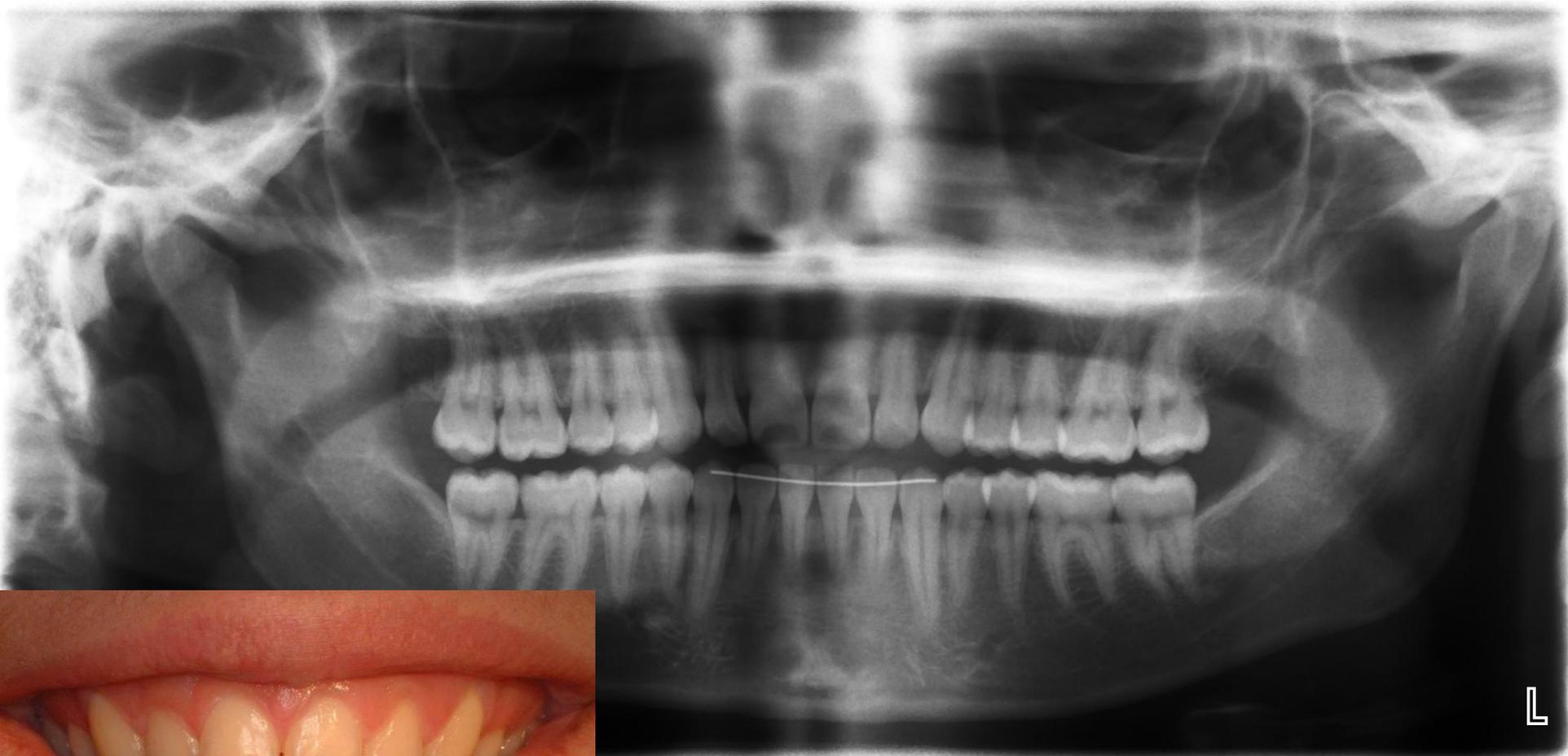
PATIENT'S NAME (Last, First, Middle Initial) _____ SEX _____

DATE OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE
SSN OR IDENTIFICATION NO		ORGANIZATION	

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.

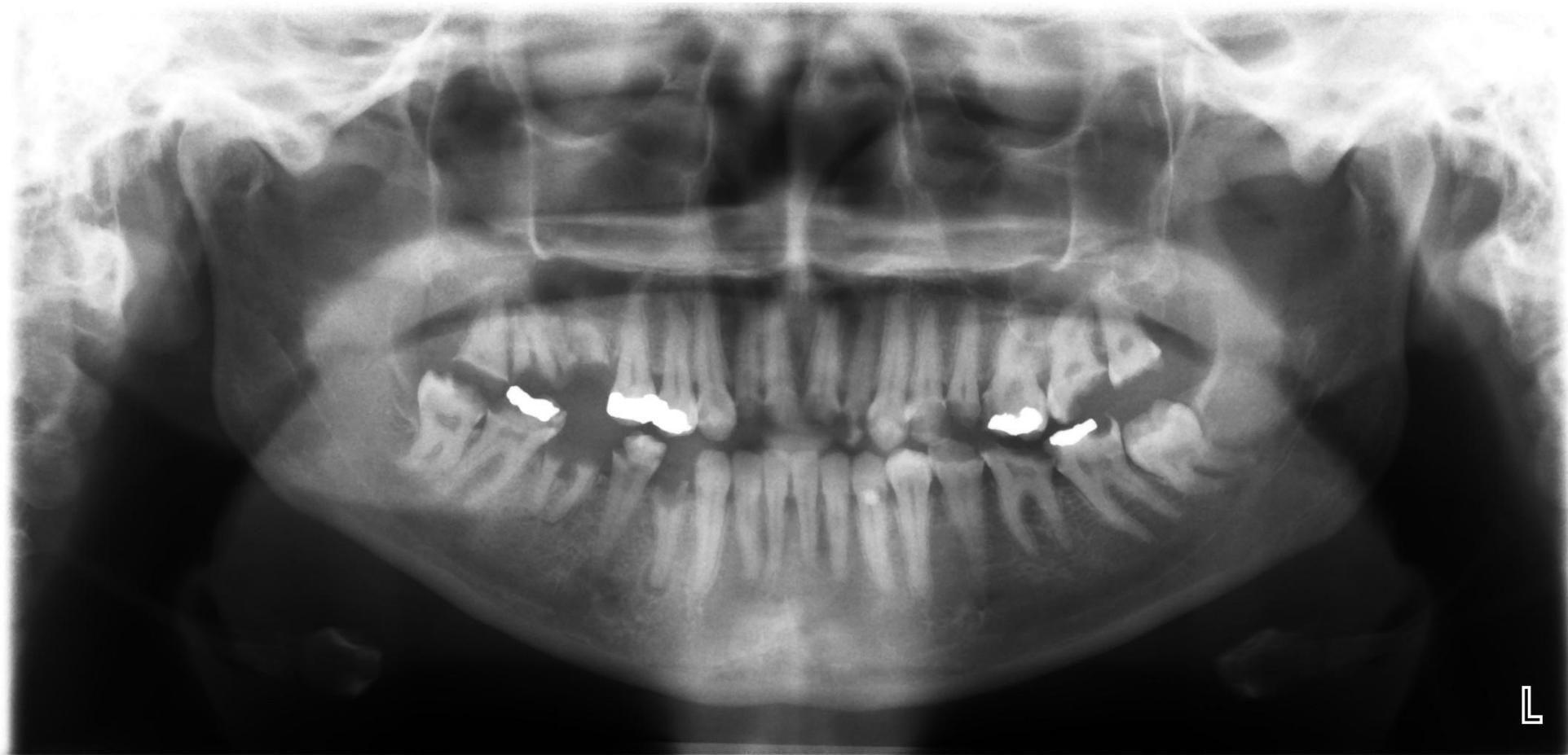
Healthy – post Orthodontics (3rd molars removed)



Dental Caries and Periodontal Disease



Dental Caries and Periodontal Disease



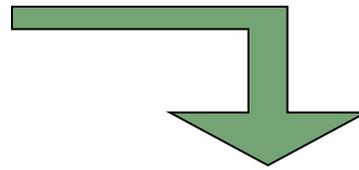
Localized Periodontal Disease
Impacted 3rd molars (x3)



Dental Conditions of Initial Entry Soldiers



Before & After Over 20 Hours of Clinical chair time



This treatment included root
canals and fillings



Before & After



Treatment included root canals, fillings, and a temporary partial denture --taking in excess of 20 hours of treatment time

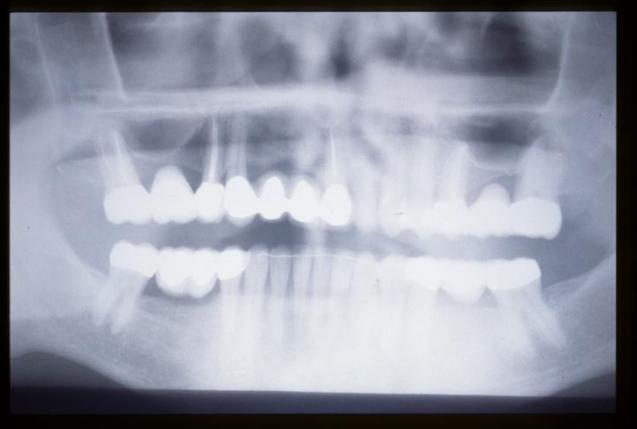
DFC
3/4



DFC
2



DFC
1



Motivation

“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)
 - <http://www.cebm.net/index.aspx?o=1001>
- The National Center for Patient Safety
 - <http://www.patientsafety.gov/index.html>
- TeamSTEPPS
 - <http://teamstepps.ahrq.gov/index.htm>

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