



ERDC Patient Safety Team

Working Together to Make Dental
Care Better

Outline

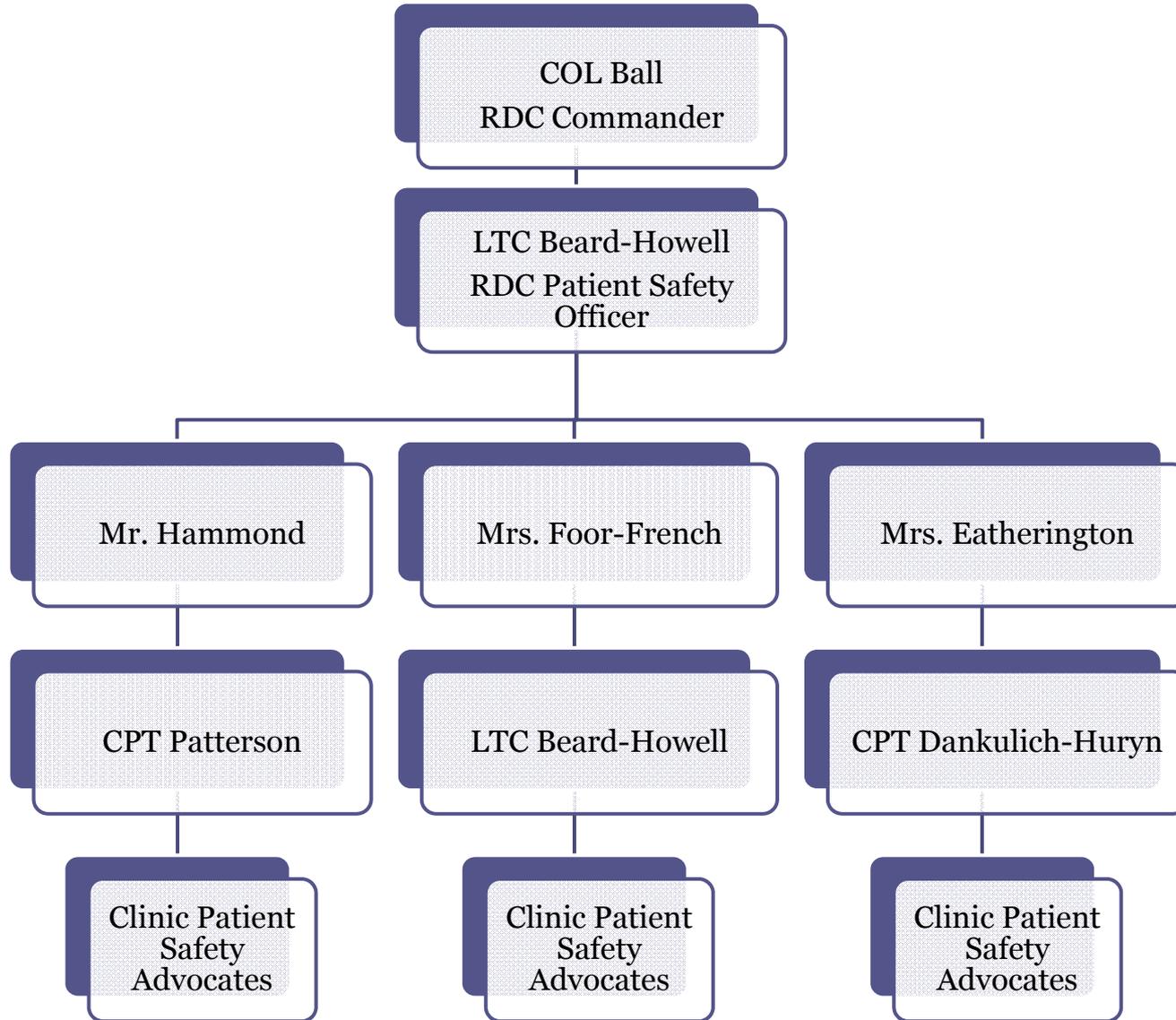
- Discussion Points:
 - ERDC Process and Structure
 - Regional Commander Buy-In
 - What's different in ERDC?
 - Regional PS Officer
 - DENTAC PS Officers
 - PS Managers/Health System Specialists
 - Clinic PS Advocates
 - TeamSTEPPS™
 - Best Practices
 - ERDC Challenges
- Conclusion



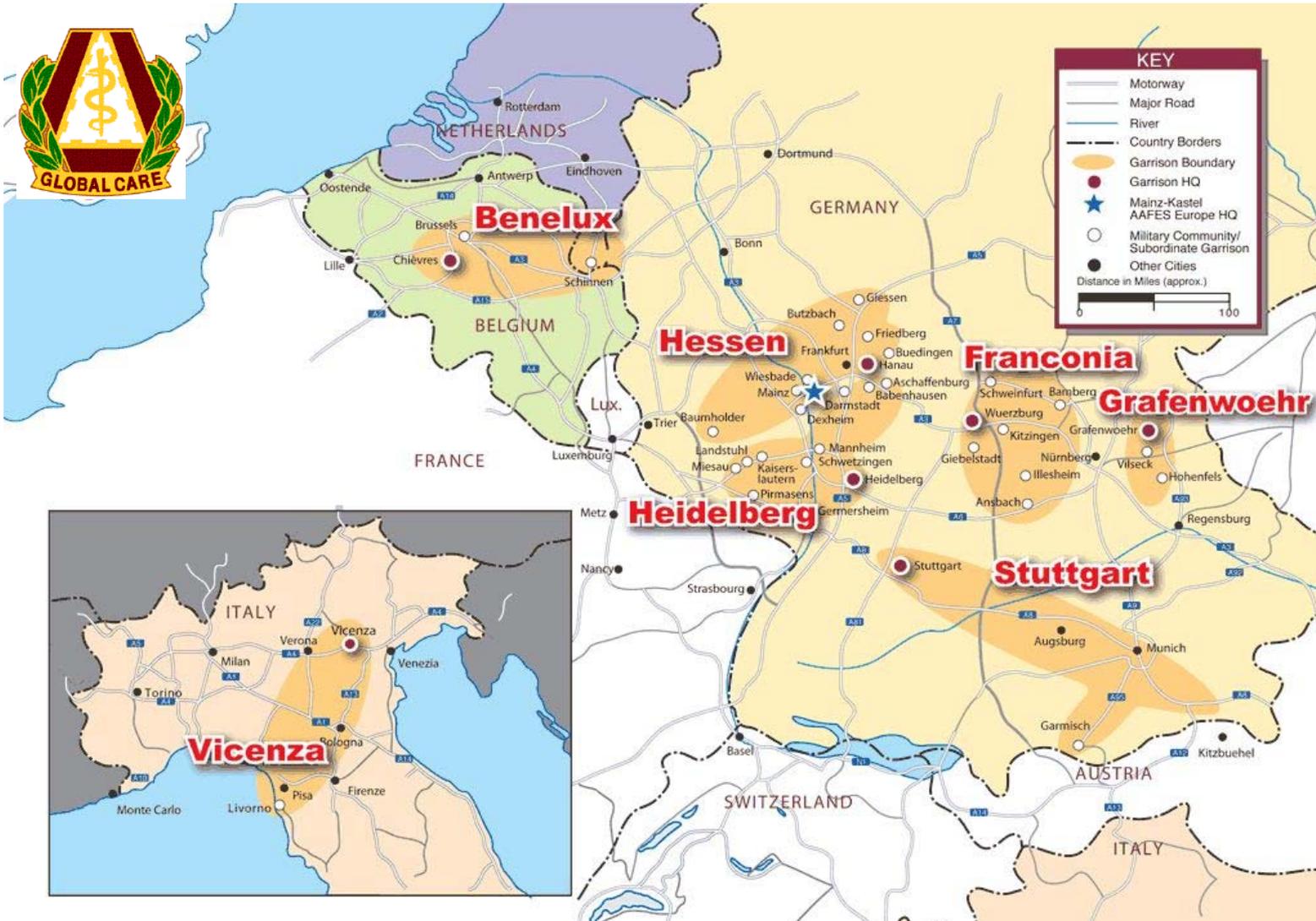
It Starts At The Top.....



ERDC Patient Safety Structure



Europe Regional Dental Command



Bavaria



EUROPE REGIONAL DENTAL COMMAND

**Bavaria DENTAC**

Katterbach DCC

Bamberg DCC

Vilseck DC

Hohenfels DC

Grafenwoehr DC

Illesheim DC

Schweinfurt DC

Heidelberg



EUROPE REGIONAL DENTAL COMMAND



Heidelberg DENTAC

BFV DC
Mannheim

Coleman DC
Mannheim

Stuttgart
DCC

Heidelberg
Health
Center DC

PHV DC
Heidelberg

Landstuhl



EUROPE REGIONAL DENTAL COMMAND



Landstuhl DENTAC



ERDC Process



ERDC Patient Safety Officer

- Support area managers
- Keep PS Officers informed
- ERDC boundaries / framework



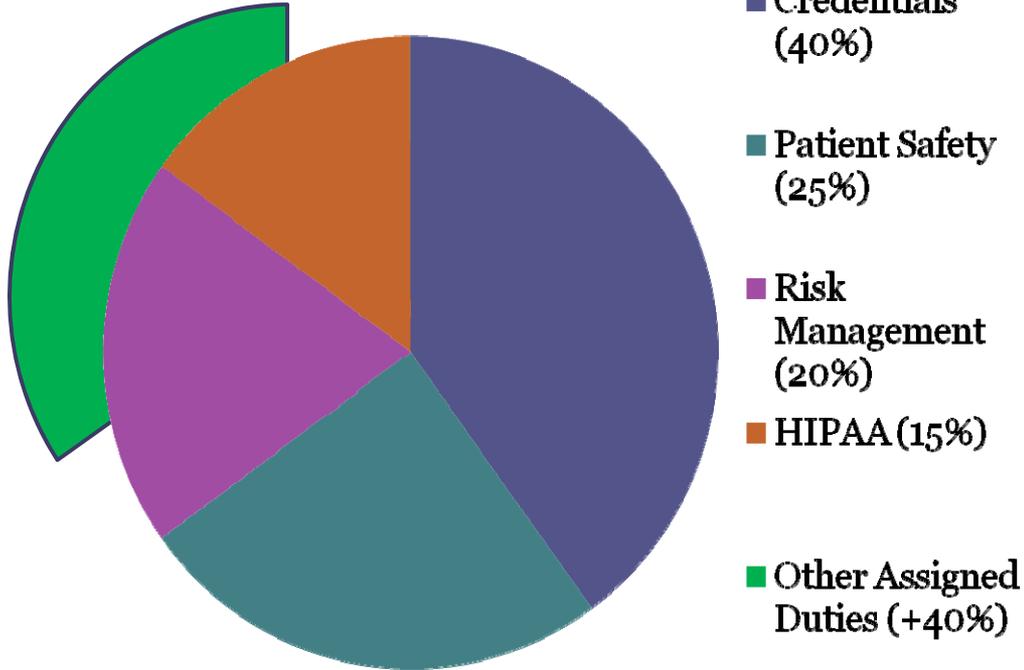
DENTAC Patient Safety Officers

- Responsibilities:
 - Promote DENTAL level Patient Safety
 - Contribute to monthly Regional publications
 - Support ERDC PSO and Health System Specialists
 - Continue Clinical Practice



Patient Safety Managers/Health System Specialists

Responsibilities



Clinic Patient Safety Advocates

- Selection Criteria
 - Involved in Patient Care
 - OIC Selected
 - Retainability



Clinic Patient Safety Advocate Purposes

- What we expect from them:
 - Be our voice in the clinics
 - Encourage safe practices
 - Encourage reporting of adverse outcomes and near misses/good catches (4106's)
 - Be an example
 - TeamSTEPPS™ skills
 - Brief/Huddle/Debrief
 - Task Assistance
 - Check-Back
 - Self-reporting (4106's)
 - Assist others in the clinics
 - In fine-tuning TeamSTEPPS™ skills
 - Filling out and submitting 4106's

Clinic Patient Safety Advocates



TeamSTEPPS™

Timeline and Milestones

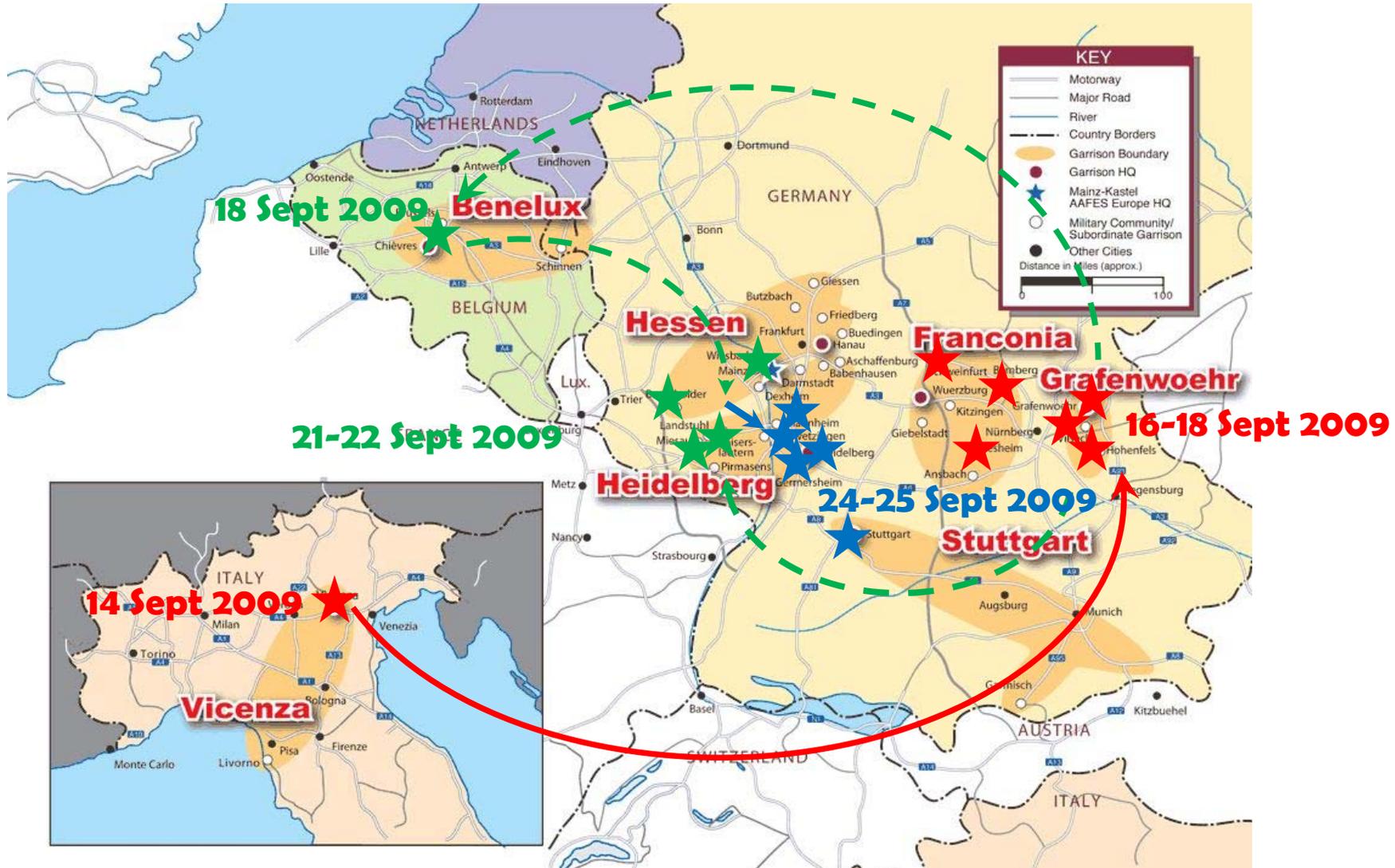
- Change Team #1 trained in March
 - Brief COL Ball mid April
 - Change team meets in April 2009
 - Change Team #2 training in June
 - Change team meets to look at curriculum – July
 - PS Advocates training in July
- ERDC Leaders TeamSTEPPS™ Training in August (Berlin)
 - Roll-out of TeamSTEPPS™ – September (2 weeks)
 - Complete TeamSTEPPS™ training in ERDC within 3 months (DEC 2010)

TeamSTEPPS™

Training and Locations

- Portsmouth, VA
 - Change Team 1
 - ERDC PS Core Team
 - Change Team 2
- Heidelberg, GERMANY
 - Command Brief
 - PS Advocacy Selection/Training
- ERDC
 - Regional Roll-out
 - 700+ ERDC students trained
 - 561st Medical Company (DS)
 - Heidelberg MEDAC
 - Air Force

TeamSTEPPS™



TeamSTEPPS™

Logistics

- What we did to get ready for the ERDC TeamSTEPPS™ rollout
 - Travel arrangements
 - Conference Facilities
 - Buses (for personnel from outlying clinics)
 - Locations
 - Agendas

TeamSTEPPS™

The ERDC Vision

- Goals:
 - Initial TeamSTEPPS™ tools implementation
 - Brief / Huddle / Debrief
 - Task Assistance
 - Check Back
 - Complete region-wide training
 - 100% by December (700+ people)

TeamSTEPPS™

Sustainment Plan

- Keeping at 100%
 - TeamSTEPPS™ Essentials Course (20 min) as part of in-processing
 - Quarterly TeamSTEPPS™ new-comers training
- Maintenance of skills
 - Coaching and role modeling should continue – TeamSTEPPS™ pocket guides.
 - Newsletter / Q-Tips
 - Random monthly Staff Surveys
- Re-evaluate tools / training in 1 year.
 - Reinforce
 - Re-teach
 - Introduce new tools/skills

TeamSTEPPS™

- Monthly Meetings of Core Change Team





ERDC Patient Safety Best Practices

ERDC PS Newsletter (Staff)

EUROPE
REGIONAL
DENTAL
COMMAND

PATIENT SAFETY NEWS

VOLUME 2, ISSUE 1

JULY 2009

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YOUR HEALTH SYSTEMS SPECIALIST (HSS) AND PATIENT SAFETY OFFICERS (PSO) ARE:

BAVARIA DENTAC
Mrs. Lindy Eatherington
CPT Tatyana Dankulich-
Hurn
476-4738

HEIDELBERG DENTAC
MR. Rodney Hammond
CPT Benjamin Patterson
371-2288

LANDSTUHL DENTAC
Mrs. Annie Foor-French
LTC Ingrid Beard-Howell
487-4130

TeamSTEPS IS COMING TO EUROPE!!

What is TeamSTEPS™ you ask?

TeamSTEPS™ is a teamwork system aimed at optimizing patient care by improving communication and other teamwork skills among healthcare professionals. Why are we implementing TeamSTEPS™ in ERDC? To improve patient safety within our clinics, DENTAC's and the Region.

Our dental clinics depend on the dentist/assistant teams and the coordinated interactions of other clinical personnel working together in a dynamic, complex, and high-risk environment. Patient safety experts agree that communication and other teamwork skills are essential to provide quality health care and prevent medical errors and harm to patients. TeamSTEPS uses evidence-based,

field-tested approaches to produce highly effective medical teams. Such teams will improve communications and other teamwork skills among health care professionals to produce the best clinical outcomes for their patients. The goal of TeamSTEPS™ is to produce highly effective dental teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for their patients.



TeamSTEPS™ Training, Portsmouth, VA

Universal Protocol Checklist Replaces Time Out (Story on Page 3!!)

Universal Protocol Checklist

Pre-Procedure verification confirms correct patient, procedure, consent, positioning site/site, blood products and special equipment (as applicable)

The procedure site was marked (or used alternate marking method)

Note: not required for obvious wound/lesion, midline, single organ procedures, procedures without intended laterality (e.g., mesiodens and lingual frenectomy) or procedures in which there are no predetermined sites of insertion.

A "Time Out" was performed, immediately before the procedure noting the above as well as confirming the patient's position, relevant images and labs, antibiotics, fluids and safety precautions IAW MEDCOM Reg 40-54

Team agrees on procedures to be done:

By:

And:

Date/Time:

ERDC PS Newsletter (patients)

PROTECTING YOU AND YOUR SMILE

A patient education oriented publication developed and written by the staff of the US Army Dental Activity Bavaria Germany

USA Dental Activity Bavaria
Unit 28038
APO AE 09112

Volume 1, Issue 1

Inside this issue:

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COMMON DENTAL TERMS

- ◆ Caries: tooth decay
- ◆ Gingivitis: inflammation or infection of the gums
- ◆ Periodontal Disease: infection or disease that affects the tissue surrounding the teeth.
- ◆ Extraction: Removal of a tooth or teeth
- ◆ 3rd Molars: Wisdom teeth
- ◆ Oral Cancer: Cancer occurring in the mouth



From the Commander

Welcome to the first edition of our newest publication aimed at providing our patients and their families valuable information regarding the full range of dental hygiene and dental treatment.

Our hope is that this publication will serve as a guide to seeking and finding the best dental treatment care possible.

In each issue you will find a glossary or a listing of terms you may hear regarding the dental care you receive. This is given to you to assist you in understanding common terms used in

dentistry. Many times we, the dental care providers, get so caught up in our profession that we "forget" that not everyone understands the terms we use.

We'll have articles that will explain treatment options, articles that will explain the different specialty areas of dentistry, questions you should ask, how your overall medical condition can impact your dental health and how your dental health can make a difference in your overall wellbeing.

Our goal is to give you the information you need to

make informed decisions regarding your dental health.

We're happy to be here and to serve all the units within Bavaria in their daily operations and during times of mobilization and demobilization.

Our desire is to serve the dental needs of our active duty population and their family members (space available) through education, sharing information and providing you with world-class treatment for your dental needs.

We want to be your dental treatment facility of choice!

Dental Classifications

Let's talk about Readiness Classifications. They were developed by the Department of Defense to assist personnel in leadership positions in identifying the dental readiness status of personnel assigned. It's a simple system which gives a quick view of whether a soldier is in a deployable status from a dental standpoint. Classes are defined

as follows:

Class 1 - A current dental exam is on file and the soldier does not need any further check-ups at this time.

Class 2: Dental exam is current but some routine dental care is needed.

Class 3: The patient needs

dental care now. They are non-deployable until care is received.

Class 4: The patient requires a dental exam and is non-deployable.

Our goal is to assist each soldier in reaching Class 1 status. You can help us by scheduling regular exams, brushing, flossing and avoiding no-shows.

ERDC PS Flosscards®



EUROPE REGIONAL DENTAL COMMAND

“PUTTING THE BITE IN US ARMY EUROPE!”

**IT TAKES TWO TO KNOW
IT'S YOU !!!**

**FULL NAME
DATE OF BIRTH**



YOUR ERDC PATIENT SAFETY TEAM
HEADQUARTERS, EUROPE REGIONAL DENTAL COMMAND
CMR 442
APO AE 09042

FLOSSCARD® 12 Yards
A Weapon Against Dental Disease

Patent 5722439 Other Patents Pending 1-800 ORAMAAX

ERDC "Q" Tips



ERDC 'Q' Quality Tips

October 2008

Keeping you in the know.....of where your 4106's go!

ISSUE: *Aborted procedure!*

Patient that normally took valium prior to treatment reported for appointment without taking the meds. Patient consented to the care but started to hyper-ventilate when the local anesthetic was injected. After deep breathing and O2 as a precaution, patient was numb but panicked at the sight of the forceps. Treatment was stopped and the patient was released.

TIP: Make sure that the patient has the meds and that they are taken prior to beginning treatment. The provider should consider referring dental 'anxious' patients to OMFS for treatment.

ISSUE: *Separated endo file x 3!*

1) File separated in mesial canal in the apical 1/3 of root on tooth #32. File used and sterilized one time. Patient informed; no harm anticipated since the file was within the canal and the root was sealed and backfilled with Gutta-Percha and sealer.

2) Rotary size #30 separated in distal canal at the apical 1/3 during RCT tooth #3. Attempts to retrieve were unsuccessful. Root sealed and filled with Gutta-Percha. Patient informed; provider will monitor and provide follow up treatment.

3) Separated Pro-Taper rotary file in the MB2 canal of tooth #3. The provider did not attempt to remove the file. Patient is scheduled for follow up appointment to try to remove the file. If retrieval is unsuccessful, provider will follow up with radiographs or apico if symptomatic.

TIP: Providers are encouraged to be more cautious and change files often, use new rotary files and minimize pressure while instrumenting in curved molars/roots.

ISSUE: *Failure to Diagnose!*

Retiree called dental clinic to locate the DTR for dependent son, last treated in clinic in 2006. A pano was taken at the last appointment. Dependent son is currently being treatment at a Navy facility for a suspected tumor. The surgeons wanted to compare the pano from 2006 to the current pano. A copy was sent via email to the surgeons for an appointment later that day. A large radiolucency was evident around #18 but no mention of it in the DTR during the 2006 exam or a later 2007 exam.

TIP: Check all radiographs, current and past, carefully. Per the mother's request, the original DTR for the patient was sent to the current treatment facility before copies of the record were made. Remind all staff members of the established policies...Original DTRs for all family members are property of the US Army and are maintained at the clinic. The family member is provided with a copy!

ISSUE: *Exposure to Blood/Body Fluids!*

Medical Maintenance entered an operatory and proceeded to work on the dental unit, repair of water leak, while the assistant was escorting the patient to the front desk area to make a follow up appointment. The contaminated hand pieces were still on the unit remained there during the chair maintenance. The assistant returned to the operatory, gathered the instruments for sterilization, cleaned the dental chair, and setup for the next patient without changing the contaminated hand pieces! The provider noticed the dirty handpieces prior to treatment. The handpieces were removed, the area wiped down and new handpieces used.

TIP: Distractions in the operatory will happen ~ be prepared for them! Medical Maintenance assumed the handpiece was clean and proceeded to complete the work order. The assistant assumed Medical Maintenance had changed the handpiece prior to beginning the work order and began setting up for the next patient. Communication between all parties would have prevented this incident!

ERDC Best Practices

- **Teamwork**
 - Monthly Meetings
 - VTC
 - Group Emails
 - Communication (maintaining confidentiality)
- **Training**
 - Basic Patient Safety Manager Course
 - TapROOT™
 - TeamSTEPPS™ Train the Trainer

ERDC PS Team Challenges

- Geography
- Workload
- Personnel changeover

Conclusions

- Why are we doing this?

STANDARDIZATION

What do we do????

- Communicate within the Region
 - Shared learning
 - Daily chit chats
 - Proactive vs Reactive
- Standardized Processes

Questions?



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