





Discussion Topics

- ✓ **MEDCOM Reg 40-54 and the Pre-Procedural “Time-Out”**
- ✓ **IPR - DENCOM Sterilization “Stand Down” Training**
- ✓ **IPR - DENCOM Radiology Quality Working Group**
- ✓ **New DENCOM Patient Safety Awards Program**

All Topics Support DENCOM BSC Objectives:

IP 8.0 - Improve Quality and Patient Safety

CS 5.0 - Improve Patient Satisfaction





MEDCOM Reg 40-54 & Pre-Procedural “Time-Out”

Background:

- DENTACs fielded numerous local versions of "Time-out" statements and rubber stamps to comply with MEDCOM Circular 40-17.
- February 2009, MEDCOM Regulation 40-54 replaced MEDCOM Circular 40-17.
- Intent of MEDCOM Reg. 40-54: Provide a ***standardized*** approach for preventing harm to patients undergoing invasive procedures through effective communication and a handoff of information.



MEDCOM Reg 40-54 & Pre-Procedural "Time-Out"

Policy:

Three components are universally addressed to ensure patient safety and prevent wrong person, wrong procedure, or wrong site procedures:

- 1) Pre-op and pre-procedural verification to prevent errors (Pre-entry).
- 2) Marking of the operative/procedural site.
- 3) "Time-out" for all invasive procedures to insure correct patient, site, and procedure consistent with the plan of care.



MEDCOM Reg 40-54 & Pre-Procedural "Time-Out"

Policy:

- Requires *specific use of MEDCOM Form 741-1* for out-patient clinics
- Proscribes *specific verifications* to be included in pre-procedural documentation
- Continued use of previous local statements, rubber stamps, or pre-printed labels is *prohibited*.

UNIVERSAL PROTOCOL: NON-OR PROCEDURE VERIFICATION CHECKLIST	
For use of this form, see MEDCOM Reg 40-54. The proponent agency is MCHO-CL-Q Used for Procedures Performed Outside of the Operating Room	
<p style="text-align: center;">Universal Protocol Checklist</p> <p><u>Pre-procedure verification</u> confirmed correct patient, procedure, consent, positioning, side/site, blood products and special equipment (as applicable).</p> <p><u>The procedure site was marked</u> (or used alternate marking method). Note: not required for obvious wound/lesion, midline, single organ procedures, procedures without intended laterality (e.g., endoscopes and colposcopies) or procedures in which there are no predetermined sites of insertion.</p> <p><u>A Time -Out was performed</u> 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.</p> <p>Team agrees on procedures to be done:</p> <p>By: _____</p> <p>And: _____</p> <p>Date/Time: _____</p>	
<p>Instructions for completing the Non-OR Procedure Verification Checklist: Conducting the TIME-OUT prior to incision/procedure</p> <p><u>By</u>. Should be signed by the licensed team member who performed the TIME-OUT.</p> <p><u>And</u>. Should be the name(s) of at least one member of the team present that participated in the TIME-OUT. If there was no one else present mark "NONE".</p> <p><u>Date/Time</u>. The date and time the TIME-OUT occurred.</p>	
<p><u>PATIENT'S IDENTIFICATION</u> (For typed or written entries give Name - last, first, middle, grade, date, hospital or medical facility)</p>	<p><u>Notes:</u></p>
<p>MEDCOM FORM 741-1, JAN 2009 MC v1.00</p>	



MEDCOM Reg 40-54 & Pre-Procedural “Time-Out”

Policy:

The following eight items must be verified under signatures:

- 1) ***Patient identification*** confirmed.
- 2) ***Informed consent*** is consistent with planned procedure.
- 3) ***Correct site*** is physically marked (or alternate marking method used)
- 4) Patient position is appropriate for procedure.
- 5) Required items available (images, equipment, implants, etc.).
- 6) Need to administer antibiotics or irrigation fluids is addressed.
- 7) Medications or Med History based ***safety precautions identified.***
- 8) ***Team agrees on procedure to be done.***



MEDCOM Reg 40-54 & Pre-Procedural “Time-Out”

Regulatory Compliance:

Requirements for acceptable documentation:

- Permanent entry
- Easily audited
- Adjacent to treatment notes
- Enduring legibility
- Minimal cost
- Capable of immediate implementation

CoAs available for meeting compliance:

- Paper copy of Form 741-1 in the Dental Treatment Record
- Form 741-1 overprinted on SF522
- Duplicate Form 741-1 on a rubber stamp



MEDCOM Reg 40-54 & Pre-Procedural "Time-Out"

Regulatory Compliance:

Requirements for acceptable documentation:

- Permanent entry
- Easily audited
- Adjacent to treatment notes
- Enduring legibility
- Minimal cost
- Capable of immediate implementation

CoAs available for meeting compliance:

- Form 741-1 reproduced within eDR (AHLTA)

Clinical Time Out Statement

Dental team present and patient confirmed identity, site, and procedure before treatment began.

Add Time Out Statement to Dental Encounter Note

Remove Time Out Statement from Dental Encounter Note

Close

- Replicate Form 741-1 on adhesive printed labels



MEDCOM Reg 40-54 & Pre-Procedural "Time-Out"

Adhesive Printed Label:

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: _____

UNIVERSAL PROTOCOL: NON-OR PROCEDURE VERIFICATION CHECKLIST
 For use of this form, see MEDCOM Reg 40-54; the proponent agency is MCHO-CL-Q
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Universal Protocol Checklist

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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: _____

Instructions for completing the Non-OR Procedure Verification Checklist.
 Conducting the TIME-OUT prior to incision/procedure

By: Should be signed by the licensed team member who performed the TIME-OUT.

And: Should be the name(s) of at least one member of the team present that participated in the TIME-OUT. If there was no one else present mark "NONE".

Date/Time: The date and time the TIME-OUT occurred.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date, hospital or medical facility)	Notes:

MEDCOM FORM 741-1, JAN 2009 MC v1.00

Avery Label 5163 or equivalent 2 x 4 in.

1000 labels/box

Supply catalog \$45.91/box = 4.6 cents ea.

Online site \$31.54/box = 3.2 cents ea.



MEDCOM Reg 40-54 & Pre-Procedural "Time-Out"

Regulatory Compliance:

Requirements for Invasive Procedure Site Marking:

- Previous requirements, *plus*

MEDCOM Reg 40-54 *specifically requires* dental procedures to be marked

- on the radiographic image or
- on the dental diagram.

CoAs available for meeting compliance:

- Printed digital images marked with procedure site, and attachment to the SF603/603A
- Post-It placed on screen image
- Procedure to be sketched on a dry-erase board with dental diagram
- Site marked on the dental diagram displayed on the SF603/603A.





IPR - DENCOM Sterilization “Stand Down” Training

Background:

- DENCOM is greatly concerned about Breaks-in-Sterilization Events which could potentially put patients at **risk of cross contamination, subsequent disease or infection, or other injury.**
- Adverse **sterilization events are avoidable** through attention to technical and procedural details throughout appropriate sterilization processes.
- To **mitigate future risk and occurrence** of adverse sterilization events and to maintain customer trust, the DENCOM Commander directed a Sterilization Stand-Down Training Event, focusing on policy and technical procedures.



IPR - DENCOTM Sterilization “Stand Down” Training

Training Process and Content:

- Chain teaching, with emphasis on training 100% of personnel.
- Training may be in a group setting, and may include digital or audiovisual instruction, with a required “Hands-on” component.
- “Hands-on” demonstration of knowledge will be done on an individual basis.
- Dentists are not required to demonstrate the “hands-on” wrapping of instruments, but must attend the other instructional blocks.



IPR - DENCOM Sterilization “Stand Down” Training

Pre- and Post-Training Assessments:

- **DENTAC Risk Managers will partner with the Infection Control Officer to identify Strengths and Weaknesses within each clinic’s sterilization processes. They will also identify Opportunities and Threats that are related to process improvements or changes.**
- **Pre-Training Assessments will be routed through the RDC to DENCOM, in a SWOT Analysis format.**
- **Follow-up SWOT Analyses will be required 6 months after training.**
- **Training compliance and Daily Operations will be a priority area of clinical inspection during OIP visits.**



IPR - DENCOM Sterilization “Stand Down” Training

Sample SWOT Analysis:

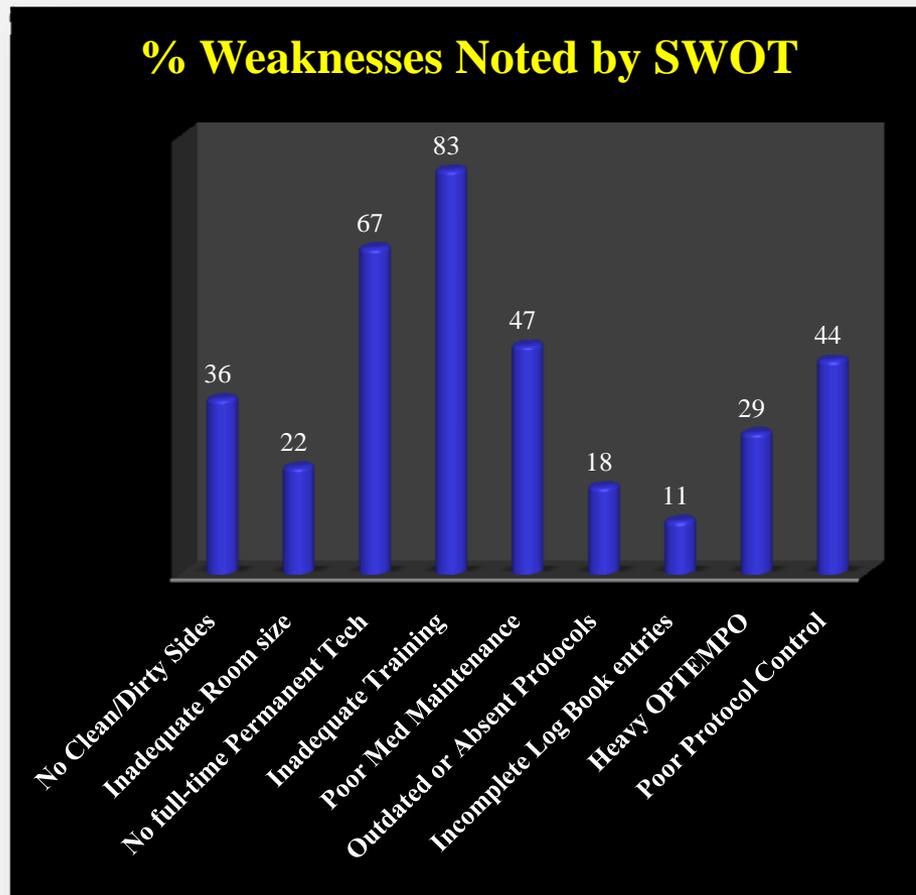
 <p>The Army Dental Command...Defining the Future of Army Dentistry</p>  		
<h3>Clinic Specific Sterilization Risks Assessment</h3>		
<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Variable Staff experience in sterilization • Strong Leadership support with infection control mission • Staff willingness to ask questions regarding IC process 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Small sterilization rooms with increased risk of cross-contamination • Less experienced fill-in staff when regular sterilization staff are out of clinic • No permanent full-time tech • No Clean side/Dirty side separation • SOPs out of date 	
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • New sterilization area with separate clean/dirty sections in the works • Training sessions more often • Possible hire/assignment of someone strictly for sterilization 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • New staff due to summer rotations • Sterilizers require frequent repair • Medical Maintenance support is poor • High work tempo – rushing processing • New equipment training... Will it happen? 	
<p>Wonka DC, KS</p>	<p>UNCLASSIFIED</p>	<p>Fort Kirk DENTAC, KS</p>



IPR - DENCOM Sterilization "Stand Down" Training

Weaknesses:

- *Inadequate New Employee and Sustainment Training*
- *Lack of Permanent Full-Time Technicians*
- *Inadequate Med Maint Spt for outdated equipment*
- *SOP, Protocols, and lack of inspection control checks*
- *Sterilization Room Design*

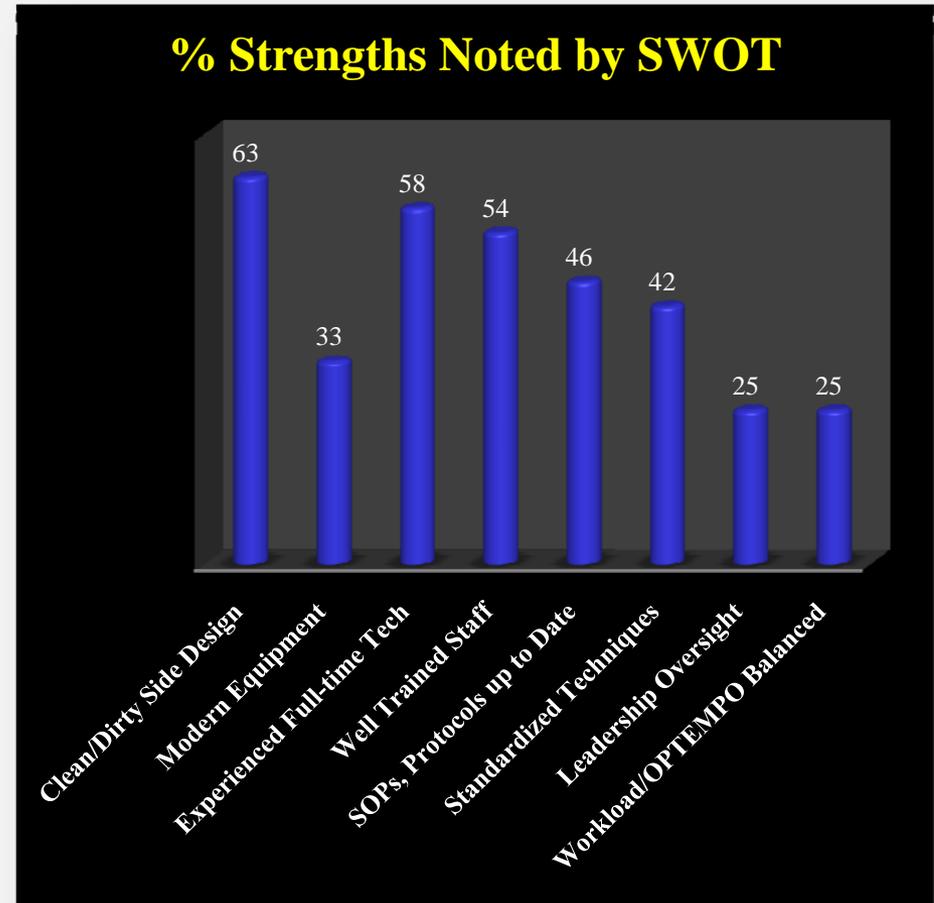




IPR - DENCOM Sterilization "Stand Down" Training

Strengths:

- *Sterilization Room Design*
- *Experienced Full-Time Tech*
- *Excellent New Employee and Sustainment Training*
- *SOP, Protocols up to Date*
- *Standardized Techniques*
- *Leadership Involved*





IPR - DENCOM Sterilization “Stand Down” Training

Quick Fix Suggestions for Risk Reduction:

- Assistant to manually inspect each pack for open seams or other evidence of defective sterilization.
- Assistant to place External and Internal Sterilization Marking tapes and strips for review during “Time-Out.” Add CDA reminder warning.
- Consider written note in SF603/603A or in AHLTA attesting to this review.
- First-in = First-out instrument processing by single Tech; no “Hand-off”.



IPR - DENCOTM Sterilization “Stand Down” Training

The Next Steps:

- Website available Tools for Sustainment Training
- Website availability of Stand-Down Training Analyses (Ongoing)
- Compliance Inspections during OIP visits
- Infection Control/Sterilization VTCs
- Regional, DENTAC, or Clinic-level Site Improvement Initiatives





IPR - DENCOT Radiology Quality Working Group

Background:

- Radiology errors are the most frequently reported DENCOT Patient Safety Events

Goals for the Radiology Working Group Meeting:

- Define clinical issues related to errors
- Define obstacles to obtaining quality digital radiographs
- Craft recommendations for error reduction and quality improvement
- Identify IM/IT issues for DEVAA Configuration Control Board (CCB)



IPR - DENCOM Radiology Quality Working Group

Initial Discussion Topics:

- Define “Radiologic Reportable Event”
- Investigate Technician Driven Errors/Training
- Communication resources for Training (initial and refresher)
- IM/IT Issues
 - Hardware
 - Software
 - Network capabilities and limitations



IPR - DENCOM Radiology Quality Working Group

Radiologic Reportable Events:

Harm or potential harm to patient resulting from radiographic procedure or imaging event directly resulting in injury, misdiagnosis or inappropriate definitive care. Examples include but are not limited to:

- ≥ 3 radiographs and/or attempts at same intraoral/extraoral site
- Trauma to hard or soft tissue during radiograph procedure requiring monitoring (i.e. operator trips over wire and rips sensor out of patient's mouth)
- Mislabeled radiograph, i.e. name, site, SSN, side, etc.
- Previously captured radiograph(s) unavailable or non-diagnostic at time of Tx.
- Female patient not questioned about pregnancy prior to taking radiograph

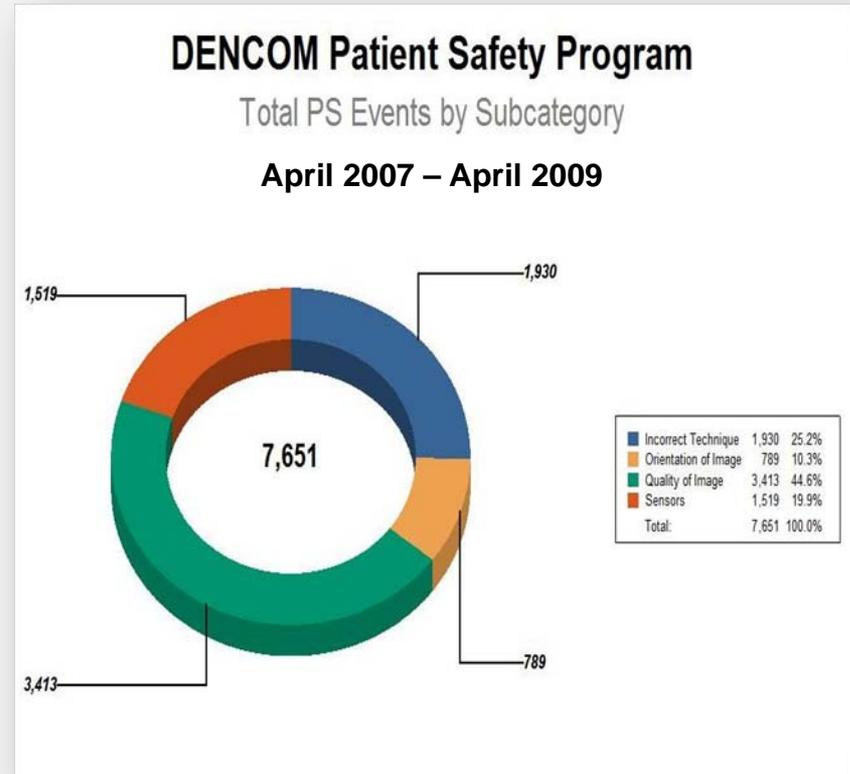
Note: Non-calibrated images or calibration problems were discussed at length then removed from reportable event definitions



IPR - DENCOM Radiology Quality Working Group

Radiology Error Reporting:

- Total DENCOM radiology events * reported: 7,651
- Total number of DENCOM radiology events by category:
 - Quality of image: 44.6%
 - Incorrect technique: 25.2%
 - Sensors: 19.9%
 - Orientation of image: 10.3%



* Source, MEDCOM Patient Safety Office, FSH, TX



IPR - DENCOM Radiology Quality Working Group

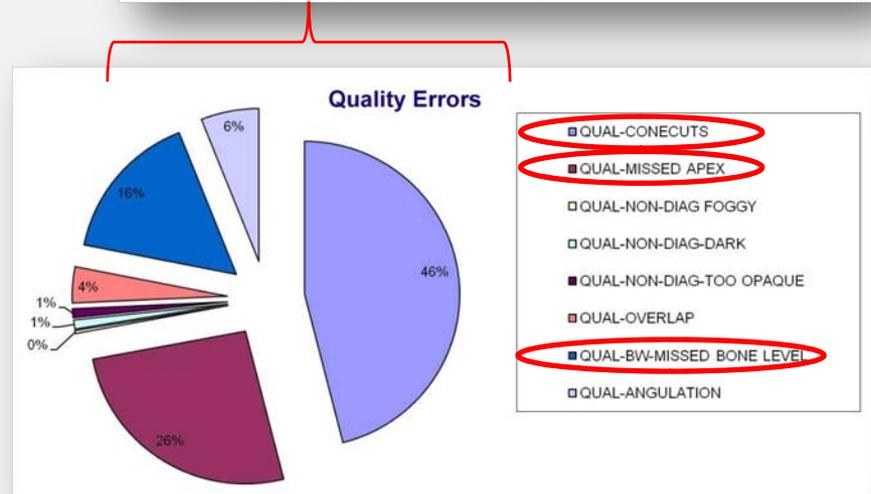
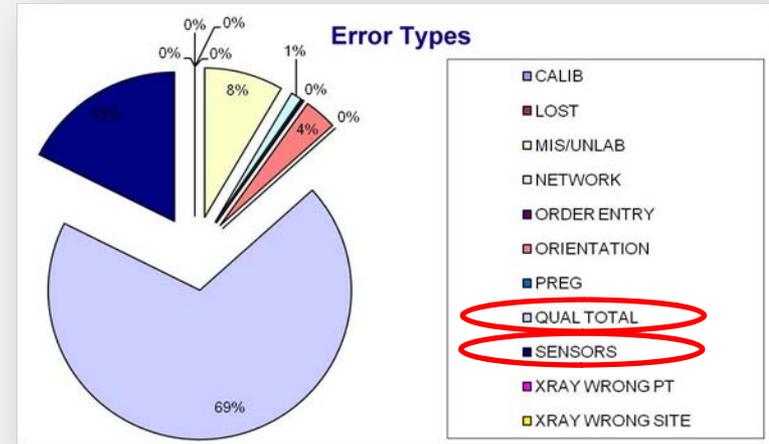
Ft. Bragg Study*:

Types of Errors

- Quality of Image: 69%
- Sensors: 18%
- Mislabeled/Unlabeled: 8%
- Orientation: 4%

Quality Errors

- Cone cuts: 46%
- Missed Apices: 26%
- BWX missed bone: 16%
- Angulation: 6%
- Overlap: 4%



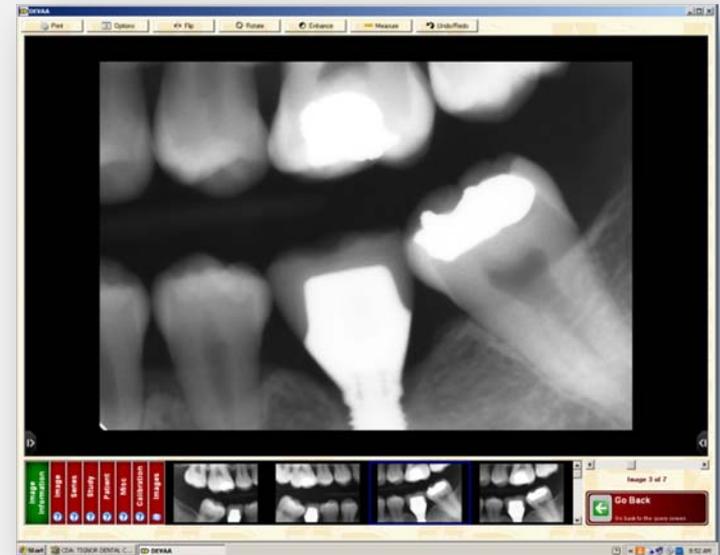
* Source, LTC Valerie McDavid, Ft. Bragg DENTAC



IPR - DENCOM Radiology Quality Working Group

Technician Driven Errors - Causes:

- Operator lack of radiology technique knowledge and/or expertise
- Operator does not accept responsibility or ownership for quality of own work
- High OPTEMPO
- Inattention to detail, complacency
- Other





IPR - DENCOT Radiology Quality Working Group

Technician Training Recommendations:

- Develop technician “**Performance Self-evaluation**” skills
- Leadership (NCO, OIC, DDS) to evaluate radiographs taken by operator
- Ensure technician fatigue and burn-out is minimized
- Equipment/supplies available (i.e. positioners, sensor sizes 1, 2, and 0)
- Utilize/enforce required **ADAA radiology training** (IAW Title 42 Part 75 CFR)
- Require hands-on training at AIT on mannequins + actual patients
- Provide **refresher training for all operators**
- Present didactic topics: Patient positioning; Sensor placement; Patient-specific needs/adjustments
- Present **clinical Boot Camp at least annually**



IPR - DENCOM Radiology Quality Working Group

Technician Training Recommendations (Cont):

- Require **ADAA certification for clinical contractors**
- **No Red Cross volunteers allowed** to perform radiology procedures
- Disseminate/publish **clinical training video**
- Have local IT provide **DEVAA training**
- Cross-train on **basic equipment troubleshooting**
- **Standardized and current RPO SOPs**
- Require **providers to review all radiographs they order** and decide on re-takes (drag and drop)
- Consider adding **radiology training to DTMS** requirements every 2 yrs
- Ensure this area is inspection priority during OIP visits



IPR - DENCOT Radiology Quality Working Group

Routes of Communication for Radiology Training:

- **DENCOT Website**
- **Briefings within RPO chain (Regional RPOs and DENTAC RPOs, and Clinic RPOs)**
- **DENCOT Clinical Services and IM/IT VTC w/ all RPOs annually**
- **Share best practices on how to deal with atypical/challenging patients**



IPR - DENCOM Radiology Quality Working Group

Training Materials Recommendations:

- **Computer based help files** with hard copies available at clinic level
- Flip charts – Normal and unusual cases, i.e. troubleshooting guide
- **Wall posters and instructional aids**, in location of radiograph capture
- Online videos
- **ADAA certification course**
- **Online equipment manuals**
- Provide photos/videos of how to do radiographic procedures
- Provide photos of desired outcomes
 - “This is what your end product should look like”
 - “How does yours compare?”
 - “What do you need to change to get a similar end product?”



IPR - DENCOT Radiology Quality Working Group

IM/IT Concerns:

- **Hardware problems and maintenance**
- **DEVAA software issues and change requests**
- **Image transfer, servers, and storage redundancy**
- **Training needs**
- **Diagnostic and image capture hardware requests
(i.e. Sensors, DICOM Monitors, Calibration aids)**
- **eLogBook – ID Technician to images exposed.**



IPR - DENCOT Radiology Quality Working Group

IM/IT Recommendations and Actions:

- Send compilation of these **findings to CCB** (Done) (CCB date pending)
- Purchase **higher resolution sensors**
- Purchase high resolution gray scale **DICOM monitors**
- Purchase **calibration equipment** with each digital x-ray unit
- Establish system wide notification of **software updates**
- Purchase 12" cones for all units
- Modify selected configuration setting for printers
- Purchase **cone beam tomography** for accurate 3D images
- Continue to request sites forward problem/solutions or change requests to DENCOT IM/IT or Clinical Services staff.

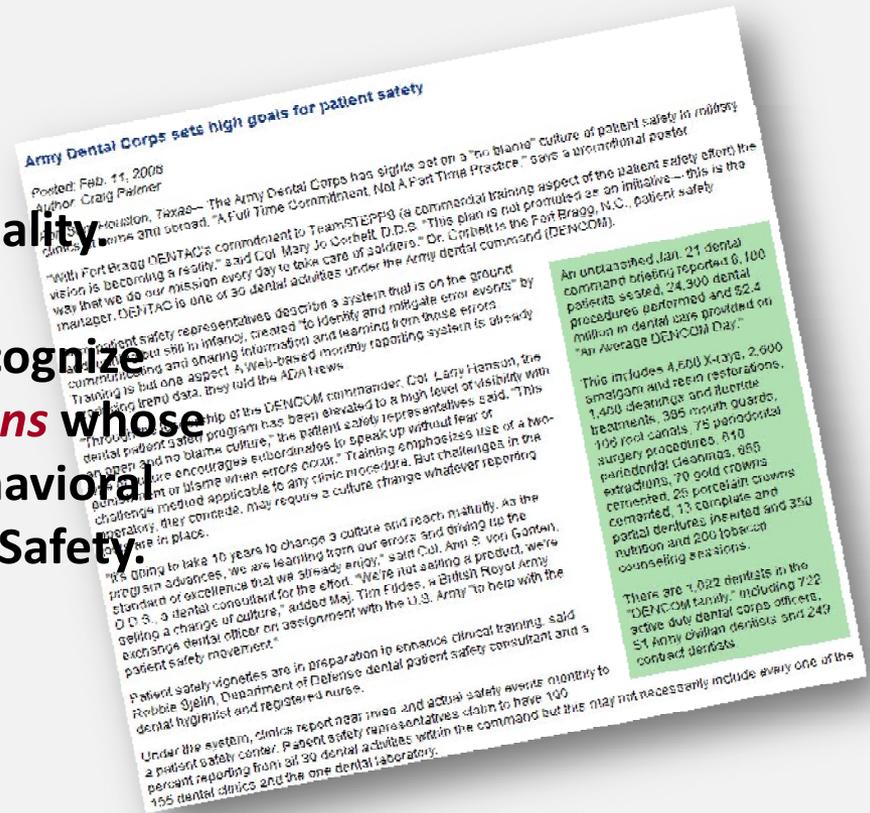




DENCOM Patient Safety Awards Program

Background:

- DENCOM committed to safety & quality
- DENCOM Patient Safety Awards recognize *Individuals, Teams, or Organizations* whose innovation, commitment, and behavioral changes enhanced Dental Patient Safety.
- Individual or Team Awards at:
 - Clinic Level
 - DENTAC Level
 - Regional Level





DENCOM Patient Safety Awards Program

Award Categories and Descriptions:

➤ Patient Safety Awards will include two broad categories:

- Basic Patient Safety
- TeamSTEPPS.

➤ Five Awards are Open to Competition:

- Best *Patient Safety Program* Award
- Best *Patient Safety Teambuilding Program* Award
- *Basic Patient Safety Staff Education* Award
- *Patient Safety Education* Award
- *Most Supportive Leadership* Award



DENCOM Patient Safety Awards Program

Awards Must Reflect:

- **Activities associated with communication or information transfer, improved team performance, or patient centered communication and involvement in their dental care (National Patient Safety Goal 13).**
- **Process or system change which aims to eliminate one or more of the following:**
 - **Wrong-site/wrong-person/wrong-procedure surgery or treatments**
 - **Delays in treatment**
 - **Unnecessary exposure to ionizing radiation**
 - **Accidental reuse of unsterile instruments.**



DENCOM Patient Safety Awards Program

Awards Details:

- **Monetary prizes (in all but Supportive Leadership category) will be awarded to the winning individual or team's unit for use in furthering the Patient Safety message.**
- **First and Second place awards will be awarded per category.**
- **Individual winners and/or appropriate representative for team/DENTAC winners will receive awards at AMSUS, and will present a short summary concerning their winning initiative or program.**



DENCOM Patient Safety Awards Program

2009 Awards Submission Information:

- Contest runs from **24 August – 09 October 2009**.
- Entries must arrive at HQ, DENCOM NLT COB 09 October 2009.
- Award selections are made through an internal board process, with notification of winners in mid-October.
- See DENCOM Website <https://www.dencom.army.mil/> (Clinical Management section) for
 - *Awards Information Paper*
 - *Application Process/Requirements*
 - *Contest Rules*
 - *Board Scoring Process*

