

II: CLINIC OPERATIONS

ADVANCED EDUCATION IN GENERAL DENTISTRY
The University of Texas Health Science Center
Dental Branch
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PATIENT CARE

A. *PATIENT'S RIGHTS (from section 3.29 of the Clinic Manual)*

The Dental Branch accepts patients for emergency, limited, or comprehensive oral health care depending upon the needs of the patient, and the needs of students and faculty. The students, faculty, and staff of the Dental Branch strive to provide quality oral health care in a patient-centered clinical environment. Consistent with this goal, patients accepted for treatment at the Dental Branch, or any of its affiliate satellite clinics, are entitled to:

- Respectful and considerate care in an appropriate clinical environment.
- Confidentiality in discussions, consultations, examination, and treatment to the extent possible.
- Confidentiality regarding their medical condition, oral health, and treatment records to the extent provided by law.
- Answers to questions about their oral health care at any time prior to or during treatment.
- An explanation of recommended treatment and, when appropriate, alternative treatment options, including the benefits and any risks or hazards involved, and the risks of refusing treatment.
- The right to make an informed decision about whether to accept treatment recommendations, or to refuse recommended treatments in accordance with the law and Dental Branch policies.
- Knowledge of the estimated costs for all recommended treatments prior to the treatment and Dental Branch policies regarding payment options.
- Continuity and completion of treatment undertaken, which may include referrals.
- Access to complete and current information about their oral health status and progress of care.
- Emergency, incremental and total patient care.
- Care that meets the standard of care in the profession.
- Information on whom to contact for "after-hours" care or concerns.
- Access to a patient services representative at (713) 500-4249.

The Dental Branch encourages its patients to assist in their own care by:

- Recognizing the impact their lifestyle and oral hygiene habits have on their personal health.
- Providing information about past illnesses, hospitalizations, medications and other health related matters, prior to and during treatment.
- Keeping scheduled appointments, being on time, and paying appropriate fees at the time services are rendered, unless other arrangements have been made in advance.

- Observing Dental Branch rules and regulations, which are designed to help provide efficient and equitable care to all patients while meeting the Dental Branch's obligation to educate oral health professionals.

An abbreviated version of these rights is posted in Dental Branch waiting rooms and is included on the *New Patient Information* form. This form is signed by the patient and placed in the patient's record upon its creation. **No patient record can be assembled without the original, signed copy of the (UTDB) *New Patient Information* form.**

B. *RESIDENT/ATTENDING/PATIENT RELATIONSHIP*

Although residents assume responsibility for the progression and completion of dental care for their patients, all patient care is primarily and ultimately the responsibility of the attending staff. Regardless of their own license status, residents practice on the licenses of the attending staff.

In addition, unlike in-patient care, where a sole attending is the primary dental care provider under which a resident may treat a patient, a resident will generally work with multiple attendings on the same patient.

C. *COMPREHENSIVE CARE*

Sound patient management skills are essential to establish and maintain good patient rapport. Patients look for competence, commitment, and caring. The doctor must be able to communicate through words or actions that "I know what I'm doing", "I'm committed to your health," and "I care about who you are as a person."

Communicating these values to the patient improves patient satisfaction.

1. *Accepting New Patients*

Appointment requests by prospective new comprehensive care patients are prioritized as follows:

- a. Patients referred by other health care providers (i.e. physician, dentist, etc.) are immediately given an appointment for consultation with an attending staff member.
- b. UT employees - are immediately given an appointment for consultation with an attending staff member.
- c. Patients not referred may be placed on a waiting list depending on availability of clinical appointments and current workload of residents and attendings.

When scheduling new patient appointments, the business office staff will discuss the following:

- a. Any specific dental problem(s)
- b. Any specific medical problem(s)
- c. Referred by
- d. Covered by third party insurance

The first appointment for ALL new comprehensive care patients is for consultation/assessment with an attending staff member. The purpose of the consultation

is:

- a. for the attending dentist to make an initial assessment of the patient's medical/dental history, personal interests and expectations relative to dental care,
- b. to familiarize the patient with the patient care policies and procedures of the AEGD program and the program's expectations of the patient,
- c. to assist in patient selection and appropriate resident/faculty assignment, and
- d. to determine if the patient requires special consideration or referral for treatment.

2. ***Routing of Comprehensive Care Patients after Consultation***

a. Initial Examination

Once the attending dentist has determined from the consultation that the patient is a qualified candidate for care, the patient is assigned to a resident and appointed for appropriate diagnostic and preventive work-up. The initial work-up will be done either by the doctor or hygienist, depending on the patient's initial periodontal assessment and medical history (see Appendix A).

b. Information to be collected and reviewed prior to formulation of a final treatment plan includes:

1. Medical history
2. Dental history, including chief complaint
3. Comprehensive oral examination
4. Indicated dental radiographs and other imaging
5. Indicated clinical laboratory tests
6. Diagnostic models and photographs, if applicable
7. Diagnosis(es)
8. Risk assessment
9. Consultations, if applicable
10. Pathology reports, if applicable

3. ***Treatment Planning***

The treatment plan is the written statement of services that are to be performed for the patient based upon the histories, clinical examination and diagnosis(es). It should attempt to alleviate the patient's symptoms, problems and diseases on a priority basis. It also needs to include a plan to prevent further degenerative changes. If referrals will be necessary for completion of the treatment, they ***should be listed as a part of the total plan***. The resident needs to explain carefully to the patient the reason for the referral. In addition, recall intervals should be included as well.

Residents are expected to gather whatever additional diagnostic information (i.e. study models, photographs, etc.) at the initial "Treatment Planning" appointment with the patient. This includes soliciting input from the patient as to individual desires, concerns, and any other potential factors, which may require modification of treatment.

Once the resident has reviewed all appropriate diagnostic information, a tentative treatment plan, ***sequenced by appointment***, will be developed. Development of this plan should occur with the attending faculty. Subsequently, presentation of the plan (and any alternatives) is made at the Clinical Care Conference. This is mandatory prior to initiating treatment.

Following finalization of the plan at the clinical conference, the treatment plan is entered into the computer and the patient returns for final consultation with the resident. Options to the preferred or recommended treatment, the alternative of no treatment at all, and the risks and benefits involved with every treatment proposal must be discussed with the patient and documented in the progress notes.

When the plan is agreed upon by the patient and dentist, any changes are noted on the appropriate forms in the record. The final plan and consent form are then signed by the patient, and sequencing will be completed by the doctor. The patient will be provided a copy of the treatment plan, including a total of the estimated costs. In summary,

NO TREATMENT WILL BEGIN WITHOUT COMPLETION OF THE FOLLOWING REQUIREMENTS:

- a. Presentation of the treatment plan at the Clinical Care Conference.
- b. Attending staff signature of the treatment plan.
- c. Patient signature of the treatment plan and consent form.
- d. Patient has been “financially planned”.

Supplemental information for diagnosis, problem list and treatment planning will be provided.

4. Informed Consent

As a health care provider, a dentist is required to inform patients about the nature of a proposed treatment, the risks, the alternatives and the consequences of no treatment. ***Every time a diagnosis is made and a treatment plan is recommended, the record should show that the patient was given and was satisfied with this information.*** This is the essence of informed consent.

Reviewing the consent with the patient is as important as reviewing the medical history. Asking the patient if there are any questions concerning the treatment planned for the day allows the dentist to recheck for satisfaction with the agreed upon plan as well as for unreasonable patient expectations prior to treatment.

The patient's record should reflect that the effort and time have been taken to discuss with the patient the treatment and attendant risks, as well as the consequences of not proceeding with some type of therapy. The record also needs to demonstrate that the discussion was personalized to the patient's needs and understanding.

By encouraging questions and maintaining a dialogue with the patient, the dentist can show that the patient had an important part in controlling the treatment. The informed patient will be a more cooperative patient.

In summary, the following key elements will help in discussing the information with patients to allow them to make informed choices:

- a. Personally discuss the benefits and risks of the proposed treatment with the patient, as well as the alternatives and the consequences of non-treatment.
- b. Give the patient the opportunity to ask questions.
- c. Get a commitment from the patient to proceed.
- d. Use lay terms.

- e. Keep well documented records.

5. ***Treatment***

While residents assume primary responsibility for the delivery of dental care to their patients, the attending staff takes an active role in resident supervision during treatment.

It is expected that due to the time devoted to the treatment planning phase, residents should quickly gain confidence and appreciation in delivering care and managing patients independently. At the same time, it is necessary that regular consultation between the attending staff and residents occurs.

- a. *Vital Signs* - In addition to the baseline recordings taken during the initial examination, pre-operative blood pressure and pulse are to be ***taken at every patient visit***. For those patients undergoing any surgical procedure, pre- and post-operative vital signs including respiration, patient alertness and color are also recorded. Also, any patient suspected of infection will have his or her temperature monitored. When automated monitoring is used, the initial and final readings should be entered into the progress notes.

It is a policy of the UTDB that any patient demonstrating a BP of 140/90 or greater postpone non-emergency oral health care. These patients need referral to a physician for consultation, and BP monitoring or treatment.

- b. *Patient Routing*

At the conclusion of each appointment, the attending, resident, or hygienist should provide on the routing form (see Appendix B) information relative to the patient's next appointment. This must include:

1. Time interval from current appointment
2. Estimated length of time of next appointment
3. Procedure(s) to be performed; fees to be collected.
4. Other instructions (e.g. return with hygienist, etc.)

The routing form provides for listing all procedures and ADA codes as well as space for information relative to rescheduling the patient.

The treatment plan may be used for noting procedures performed that day and for any changes in the plan. At the conclusion of each appointment, all forms are completed and returned with the patient to the front desk by the dental assistant. **All dental records (progress notes) must be completed and signed by the attending faculty on the day of treatment, and must be returned promptly to the front desk.**

- c. *Progress Notes*

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The record needs to

Information such as broken or canceled appointments, referrals, whether or not patient followed through on the referrals, expressed patient dissatisfaction treatment, and resolutions to problems should be written into the instructions and phone conversations must also be charted. contain sufficient information to:

1. identify the patient clearly
2. justify the diagnosis
3. accurately document the treatment rendered and the results

When writing in the patient's record, care should be taken to use only ***objective, factual and medically accepted terminology***. Nothing should be written in the record that might embarrass the dentist, the auxiliary staff or the patient. In other words, avoid using vernacular when writing entries into the patient's chart.

Clinic manual 3-20 and 21

d. *Use of Patient Supplies and Medicaments*

Residents, attendings and auxiliary staff members are expected to follow clinical policy regarding use of supplies and medicaments in patient care. All materials that have use and application to more than one patient (i.e. topical anesthetics, irrigating solutions, etc.) must be dispensed separately in sterile containers or with sterile, single-use applicators for each patient.

e. *Patient Property*

All gold, partials, dentures, etc. that are removed from the patient's mouth for replacement with new appliances are to be returned to the patient and should be recorded in the progress notes. It is the patient's prerogative as to the fate of such appliances. Extracted teeth are not to be returned to the patient (with the possible exception of primary teeth in children).

D. ***CASE COMPLETION***

Upon completion of comprehensive care patients, residents will have their patients examined by an attending staff member (Post-Treatment Review). At that time, the attending faculty will credit the resident with a "case complete" as the program tracks the number of comprehensive care patients each resident is able to complete during the year. The code **00013** is entered into the CIS for completed cases.

Completed patients will also need a review of their Recare (recall) interval and confirmation of their next Recare date prior to departing.

E. ***PATIENT RE CARE (RECALL)***

All patients that are accepted for comprehensive care in the AEGD program must complete the preventive phase of care prior to proceeding with active treatment. ***Patients who do not demonstrate the ability or willingness to maintain a minimal acceptable level of oral hygiene are not allowed to proceed out of the preventive phase. This determination is made by the attending dentist who supervises all preventive visits.***

In addition, patients who have completed comprehensive care must remain active in the recare system to remain eligible for treatment in the future.

Patients are reappointed with the hygienist for the recare appointment (3, 4, 6 mos, etc.) at the

completion of their preventive visit. Reminder notices are mailed to all appointed patients at least two weeks prior to the appointment. Patients needing appointments but not scheduled are contacted by phone.

While the dental hygienist is responsible for management of the recare system, it is imperative that all personnel support the program's philosophy and policy in preventive care. This includes residents, attending and auxiliary staff reinforcing the importance of proper home care to all patients during active treatment and checking the patient's recare schedule at each appointment.

F. ***EMERGENCY PATIENT CARE***

Any patient who presents to the clinic for emergency oral care will not be denied care based on race, creed, sex, sexual orientation, national origin, or ability or source of payment for care.

These patients will be seen as “work-ins” on the residents' schedule as directed by the attending. While the formal new patient consultation by the attending dentist is typically not performed on emergency patients, the attending will review the resident's evaluation and plan for each emergency patient prior to definitive care as documented in the emergency record in the chart.

The primary purpose of treating emergency patients is to alleviate pain. Patients desiring further limited or comprehensive care will be handled the same as all patients (as previously described) with regard to treatment and financial planning.

Emergency patients, depending on the time they call, are advised to present to the clinic at 8:30 a.m. or 1:00 p.m. to complete all necessary forms. Patients will be advised when they call that the wait may be lengthy as they will be seen at some point during the morning/afternoon (as directed by the attending).

"Walk-in" emergencies are generally not seen and are given an appointment for a later date. At the discretion of the attending staff member, however, exceptions may be made on occasion.

Note: New patients seen on an emergency basis are not automatically enrolled for comprehensive care. These patients, if they so desire, must schedule an assessment appointment/attending consultation as any other comprehensive care applicant would.

Any phone conversations with patients of record should be noted in the record. When prescriptions are called in, documentation should include the name and phone number of the pharmacy.

G. ***HIGH RISK PATIENTS***

Patients of known or suspected high risk potential such as HIV+, AIDS, TB and/or hepatitis B and C shall be evaluated as a candidate for dental care in the same manner as any other patient presenting to the clinic. Protective measures to be taken before, during, and after any and all procedures are described in the Infection Control section of the Clinic Manual.

High risk patients—and all patients—are given a pre-operative oral rinse to improve infection control. Chlorhexidine gluconate or other oral rinses are used.

H. ***DEA NUMBER FOR PRESCRIBING DRUGS***

All UTDB providers use the DEA number, **AW 3354444-0**, followed by their 3-digit provider number. For example, the number for resident 4Q8 would be written as AW 3354444-04Q8.

Occasionally, the pharmacist needs to be informed of this institutional policy.

FINANCIAL PLANNING AND COLLECTION POLICY

The UTDB accepts cash, checks and credit cards. While all fees are collected by the business office staff, it is the responsibility of all personnel--residents, attendings and auxiliary staff members--to help ensure that the collection policy is enforced and that the AEGD program remains a solid financial operation. With proper business support from AEGD staff and faculty, it is very unlikely that patients will incur a balance.

The AEGD assists patients with business between them and their third party (insurance) carriers. Patients pay fee-for-service and can then be reimbursed by their third party payer.

As the treatment plan is being developed, residents will be expected to provide patients with gross estimates of the proposed treatment plan, since costs obviously can influence the final treatment selected. The Dental Branch offers no payment plans to patients at this time.

A. *COMPREHENSIVE CARE*

After the treatment plan has been developed by the resident and signed by an attending staff member, each patient is financially planned by the resident (or staff when possible) prior to beginning treatment. Patients must then provide payment for each fee during the course of treatment.

B. *EMERGENCY CARE*

No patient will be denied access to the program based solely on financial limitations. In most cases, the care delivered is palliative or limited in nature (i.e. extraction, pulpotomy/pulpectomy, I & D). Follow-up treatment (i.e. root canal therapy, restorative, etc.) is planned as described above with comprehensive care.

C. *COLLECTION POLICY*

No insurance/third party coverage

Patients are expected to pay for all procedures the same day they are incurred. For those procedures involving the dental laboratory, patients are expected to pay at the initiation of the procedure(s).

With insurance/third party coverage

All new patients are advised on the phone when scheduling the first appointment to bring all insurance information (booklet) and a completed and signed form to the initial visit. ***Patients are expected to pay in full for the total cost of their appointments regardless of insurance.*** The Dental Branch will offer a cover letter and even an accounting of all treatment services to facilitate the insurance company reimbursing the patient. At this time, there is no charge for this service. Third party coverage is an agreement between the company and the patient and is simply meant to supplement some dental care expenses.

D. *DISCOUNTS/CHARITY CARE*

Since the AEGD is a self-supporting program, it rarely offers charity care. This care can

often be received in other areas of the Dental Branch. In addition, AEGD can provide a listing of community dental resources. All AEGD patients (including UT employees, AEGD personnel) pay full fees.

Discounts, charity care and/or preferential financial considerations are made only at the discretion of the director, and may not be granted by residents or auxiliary staff. Therefore, all residents and staff should refrain from any suggestions to patients that proposed treatment can be considered under charity care.

E. ***FAILURE TO PAY/TERMINATION***

Patients who fail to pay for services as agreed upon prior to initiating comprehensive care will be inactivated and eligible only for emergency care until such time as their account is no longer in arrears.

F. ***DUPLICATE RADIOGRAPHS/DUPLICATION OF RADIOGRAPHS***

For any patient with third party insurance, AEGD will take “double-pack” radiographs, anticipating that the company will request films at some point. These can then be provided to the company at no charge to the patient or company.

For our patients receiving care from another provider, the Dental Branch will provide duplication of radiographs and records—at the provider’s request—at no charge. For patients requesting duplication directly to them, there are charges. These matters are handled via the supervisor of the dental records area.

MEDICAL EMERGENCIES

See UTDB clinic manual.

TEACHING FACULTY

A. ***ATTENDING STAFF***

The attending staff, composed of members of the Department of Restorative Dentistry and Oral Biomaterials of the Dental Branch, are solely responsible for all clinical personnel and activity.

Their clinical activities include:

1. providing education, supervision and consultation to residents
2. supervising all activities of the clinical and business staff
3. interviewing and examining new patients
4. reviewing recare patients of the hygienist
5. treating patients

All residents and auxiliary staff are expected to respond in a positive manner to requests of the attending faculty, and to direct any and all problems to the respective attending faculty present in clinic.

B. ***CONSULTING STAFF***

The consulting staff is composed of members of the various dental specialty departments of the

Dental Branch, such as:

- Endodontics
- Oral and Maxillofacial Surgery
- Oral Diagnostic Sciences
- Pediatric Dentistry
- Periodontics

The use of consultants is co-determined by the resident and attending. **Consult with the AEGD attending prior to requesting consultation with a specialist.** These consultants are available to the program either directly by prearranged appointment for a clinical visit or indirectly through review of records. See program manual for a listing of consulting staff.

AUXILIARY STAFF

A. SUPERVISOR

Ms. Florence Stephens as a supervisor is responsible for overseeing chair-side assistants' monthly working schedules, providing necessary in-service and training new auxiliary staff. When residents have a conflict with chair-side staff, they should communicate with her first.

B. SENIOR SUPPORT SPECIALIST

Ms. Rebecca Chapa is responsible for chart auditing for financial matters. She is also responsible for time management, i.e. vacations and sick-times for all AEGD employees. The residents and staff have to submit vacation requests through her. During busy times, Ms. Chapa will assist Ms. Danforth at the front desk.

C. FRONT DESK (SUPPORT SPECIALIST)

It is the responsibility of the front desk staff to handle all matters relative to patient scheduling and patient financial management. Front desk staff handles all patient appointments, insurance, makes financial arrangements with patients, and assists the director in program administration. Again, the resident is ultimately responsible for ensuring that the patient pays fees for service.

D. DENTAL ASSISTANTS

The dental assistants, along with the dental hygienist, are responsible for management of the clinical portion of the facility. This includes performing all duties as outlined by the Texas State Board of Dental Examiners (see Appendix D) as well as all necessary infection control and appropriate laboratory procedures.

Each resident will be paired with an assistant when possible. This "team" (Resident and Dental Assistant) is expected to communicate effectively, e.g. reviewing the daily schedule together each morning to maximize the efficiency and quality of patient care delivered.

Morning Huddle (8:45-9:00)

At the beginning of each clinic day, the resident will meet with the attending faculty (involving staff whenever possible) to review plans for the day. The resident will have necessarily reviewed patients' records the previous day. Issues to be discussed in the Morning Huddle include: emergency patients to be worked in, special medical precautions (such as premedication),

behavioral issues, additional equipment or supplies needed, patient account balances, coordination of chairside staff, etc. The goal of the Morning Huddle is to organize the plans for the day, so that the practice is more productive and less stressful. The attending faculty can use this time and information to teach dental care and practice management.

E. **DENTAL HYGIENIST**

The dental hygienist, as previously stated, works on a regular basis with the assigned resident. When necessary, the attending faculty will also work with the hygienist. In addition, she will share responsibility with the dental assistants for clinical support in infection control and chairside assisting duties as outlined by the program director. The preventive Recare (recall) system will be managed by the dental hygienist.

Each resident is expected to work with the hygienist just as in a private practice. During the resident's usual schedule, the resident will attend to the needs of patients scheduled with the hygienist. These needs can include a periodic oral examination, local anesthesia, evaluation of treatment given by the hygienist, and other consultations.

DENTAL LABORATORY SERVICES

Residents, under attending supervision, are responsible for completing all laboratory prescriptions and preparation of models, impressions, etc., for pick-up. All laboratory prescriptions are to be countersigned by an attending prior to submission to the lab. The following is a summary of the routing of cases to and from the lab:

1. The lab slip is completed (slip must include return date) by the resident and **presented to attending for signature** no later than the day following the appointment.
2. The dental assistant in charge of the dental laboratory will box up the case, contact the lab for pick-up, file the yellow copy in the lab file folder, and post the case to the lab board.
3. Box is placed up front at the reception desk for pick-up.
4. When the case returns, the dental assistant will pull the yellow slip, note when received, and give to the business assistant. The doctor is also notified that the case is in.
5. If the patient has an appointment and the case has not been received from the lab, the dental assistant will phone the lab for an update. If the patient is not scheduled, the business assistant will contact the patient for an appointment.

AEGD uses A-Unique, and Live Oak, and ORCA routinely. A-Unique (simple cases) and ORCA (multi units and esthetic cases) for crowns, bridges and fixed support. Miracle lab is for removable and Live Oak is for splint and night guard. Please pay attention to the lab turn-around time before scheduling the following appointment for the patient. To be safe, add an extra day to the lab turn-around time. These lab schedules are posted in the AEGD clinic.

Please examine each case before the patient presents for the appointment, and verify the quality of work and accuracy of the invoice (occasionally, you may have to reschedule the patient). After you have checked the quality of the case, and if you are satisfied, bring the invoice to Ms. Chapa. If the case needs to be remade for any reason, please let Ms. Chapa know the specific problem, so we can get proper credit. Please keep the **copy of the lab prescription in the dental record**, since it is a part of a legal document.

The lab makes one pick-up/delivery each day from the clinic. Residents are expected to learn and develop necessary communication skills for a productive relationship with the lab and its personnel.

MEDICAL CONSULTATION AND REFERRAL

A. *MEDICAL CONSULTATION*

If additional medical information and consultation are necessary prior to proceeding with dental care, a medical consultation form (see Appendix D) is completed by the resident, approved by an attending, and returned to the front desk for mailing to the patient's physician.

Those patients needing elective dental treatment may be placed on "hold" until receipt of the physician's reply and review by the resident and attending, if appropriate. In dental emergencies, a phone consultation followed by the written medical consult request is acceptable and so noted in the patient's record. Various formats are available to the practitioner for requesting consultation with other health care providers:

1. *Clinic Consultation Report* - "Routine" consultative requests, typically where no specific information other than what is noted on the form, may be performed with the Consultation Report form.
2. *Letter* - For those patients with more complex medical and/or dental problems, a letter providing greater detail and additional questions beyond the standard report in #1 above is drafted by the resident with input from the consulting attending as necessary.
3. *Phone* - In emergency or follow-up situations, the phone consult is utilized and properly documented in the patient's record.

B. *REFERRAL*

Sometimes patients perceive that they are being "shuttled" between the general dentist and various specialists during the referral process. If patients are informed about referrals, they will have improved understanding about the nature and reasons for the referrals. This understanding also decreases anxiety about the treatment.

For those patients needing referral to another dentist—including dental specialty departments at the UTDB—or physician, a Clinic Consultation Report in the name of the attending and resident, is written by the resident and mailed. The front desk will also provide the patient with all necessary information (i.e. phone nos., addresses, etc.) and/or schedule the appointment with the dentist/physician for the patient. The dental resident is expected to track this form, ensuring timeliness of care for the patient.

ALL referrals must be done with the expressed consent of an attending staff member. Referrals to other dental & medical specialists should also be included in the Treatment Plan.

The formats utilized include a *Clinic Consultation Report* or a *Letter*. Refer to Medical Consultations above and Appendix E for additional information and examples.

FACILITY

A. *CLINIC HOURS*

Regular Hours - Patients are scheduled in the AEGD clinic, generally, between 8:45-11:45 a.m., and 1:00-4:30 p.m., Monday-Friday. Only patients who have scheduled appointments (including emergencies) through the front desk will be seen. Patients should never be told to "come in" to

the clinic by any dental personnel.

After Hours - For after hours emergencies, patients will be served by the resident on-call through the emergency pager service, 713-509-0197. It is expected that all after hours emergencies will be handled in Room 101 of the Dental Branch. UT Security will admit the resident and patient to Room 101, and can serve as “witness” to the patient care. **See Appendix for further information.**

B. SEATING/DISMISSAL OF PATIENTS

Upon arrival and check-in at the front desk, the receptionist will alert the clinical assistants in the operatory area that a patient is ready to be seated. Assistants are then responsible for seating their doctors’ patients as well as alerting them when there is a delay. Any communication necessary from other clinic personnel to the doctor-assistant team during patient care should be done by way of written notes.

Patients are expected to be dismissed from the chair **no later than 10 minutes** before the scheduled completion of the appointment. The dental assistant is responsible for dismissing all non-hygienist patients. Prompt dismissal of the patient gives the resident time to complete necessary paperwork and the dental assistant time to clean and prepare the operatory for the next patient.

C. CLINIC FEES

A complete listing of clinic fees is located in the Clinic Manual, and in each operatory. These listings can be used during the development of the treatment plan to provide patients with estimates of fees. NO copies of the fee schedule are to be provided to patients.

D. EQUIPMENT AND SUPPLIES

All dental personnel are expected to use judgment in the care of all dental and office equipment and in the use of expendable supplies. Special requests for items not regularly found in the clinic are made to the director. Each resident is expected to list any supply that is near depletion. A list is kept at each operatory. The dental resident and the designated staff member are responsible for upkeep of inventory. It is recommended that each individual treat the equipment and supplies as though they were his/her own.

All equipment is maintained by dental auxiliary personnel for routine care and upkeep. The Dental Branch maintenance personal are to be contacted for repairs. Repair requests can be made on the lists outside clinic doors, in the office of the Associate Dean for Patient Care, or by phoning x4111.

E. EXPOSURE CONTROL PLAN

See Infection Control section of the Clinic Manual.

F. RESIDENT OFFICES

Residents are assigned an office for use during the program year. These offices are to be utilized for program-related activities and are expected to be maintained by residents. It is recommended that residents store brief cases, coats and the like in their office, since clinic space is very limited.

G. RADIOGRAPHIC POLICY AND PROCEDURES

All dental personnel are required to regularly practice proper radiation safety and hygiene techniques. This includes adequate patient and operator shielding, and appropriate exposure selection.

All patients are protected by lead aprons prior to exposure. Operators are expected to follow appropriate handling protocol relative to infection control requirements as noted in the Clinic Manual.

CLINIC RECORD

A. DOCUMENTATION

All patient records are property of UT Dental Branch and **MUST NOT** be removed from the building. All dental personnel handling records must exercise proper maintenance of x-rays, forms and other record contents to ensure accuracy. All records must be returned to the front desk at the end of the day (5 p.m.), to be returned to the records room.

Except in those cases where the state law requires a report, such as child abuse, the record is always **confidential**. This means that all dental personnel must take care to keep records from the view of other patients. Additionally, records should not be kept in any area where people other than office staff might have access to them.

In addition to maintaining comprehensive records, it is important to remember that records ***should not be altered for any reason***. If it is necessary to make corrections in records, these corrections should be made in an open manner, according to the following guidelines:

1. Never erase, scribble through, or use whiting agent on the record.
2. Draw a single line through the incorrect entry.
3. After entering new or corrected information on the record, write down the reason for the change and initial and date the entry.

All entries, corrections and additional information in the records should be written in a way that makes it clear to any reader that such additions to the record were made for the sole purpose of clarifying information or correcting inaccurate data.

B. CHARTING

Charting of clinical findings should be performed at the time the dentist/hygienist performs the initial examination (see UTDB clinic manual). All existing restorations, missing teeth, etc. are to be recorded in black, and all pathology in red. **Note: Do not include proposed or completed treatment on this page.**

Clinical probing depths and gingival recession are recorded on the appropriate root surface on the exam chart. When charting furcation involvement, the severity of the defect in an area can be designated as I, II, or III. Mobility should be noted above or below the tooth in a like manner.

The first completed chart reflects the exact state of the patient's mouth at the initial examination and demonstrates how periodic exam findings can be carefully compared to identify areas of loss or gain in attachment levels and changes or deterioration in tooth structure and/or restorations.

C. CONTENTS

See example chart.

NEW PATIENT ROUTING SUMMARY (Proposal)

APPT # PROCEDURE

ATTENDING CONSULTATION APPOINTMENT - CODE 0010: OK FOR COMPREHENSIVE CARE?

NO - REFER TO OTHER PROVIDER

YES - ATTENDING DETERMINES MEDICAL/DENTAL NEEDS:

1. Needs Abx Prophylaxis Prior To Next Appt?

YES - Attending will prescribe

NO - Go to #2

2. Needs Medical Consult and/or Diagnosis of Perio Type II or Higher?

YES - Appt with resident for initial examination and Treatment Planning

NO - Appoint with hygienist

INITIAL EXAMINATION APPOINTMENT (If done by resident, will include appt #3)

MAY INCLUDE:

INITIAL EXAMINATION – CODE 0110 (Includes soft and hard tissue charting)

RADIOGRAPHS - Usually FMX - CODE 0210 or Panoramic (CODE 0330) + 4 BW's (CODE 0274)

PERIO SCALING (Type I Perio) - CODE 4345 or PROPHYLAXIS - CODE 01205 (Adult) or 1120 (child < 14)

OHI- Code 1331 when included in exam fee or Code 1330 when separate appointment

RESIDENT TREATMENT PLANNING APPOINTMENT - CODE 50

RESIDENT WILL:

COMPLETE HISTORY AND DENTAL EXAMINATION

COLLECT ANY ADDITIONAL DATA (i.e., STUDY MODELS)

DEVELOP REQUEST FOR MED CONSULT, IF APPLICABLE

BEGIN FORMULATING TREATMENT PLAN

ATTENDING CONSULTATION/CLINICAL CARE CONFERENCE

RESIDENTS DISCUSS TREATMENT OPTIONS WITH ATTENDING WHO PERFORMED ORIGINAL CONSULTATION WITH PATIENT.

TREATMENT PLAN AND ANY ALTERNATIVES ARE THEN PRESENTED AT WEEKLY CLINICAL CARE CONFERENCE. ONCE SIGNED BY AN ATTENDING, COPY IS GIVEN TO FRONT DESK FOR ENTRY IN COMPUTER SYSTEM.

FINALIZE TREATMENT PLAN APPOINTMENT - CODE

RESIDENT WILL:

PRESENT PLAN TO PATIENT

PATIENT TO SIGN PLAN AND CONSENT FORM

COPY OF TREATMENT PLAN GIVEN TO PATIENT

LETTER TO BE PROVIDED TO THOSE PATIENTS WITH THIRD PARTY INSURANCE:

TO WHOM IT MAY CONCERN:

The University of Texas Houston Health Science Center--Dental Branch conducts clinical teaching programs for predoctoral (undergraduate) dental and dental hygiene, and postdoctoral (graduate/postgraduate) dental students.

Upon request, the Dental Branch will provide a copy of an account ledger as a courtesy to our patients for purpose of self-filing insurance claim(s). As all treatment provided in our teaching clinics is by students or residents, any forms printed for the purpose of filing insurance claims will not have a provider's signature or Tax Identification Number (TIN) present.

Should you have any questions or need further information, please contact us at (713) 500-4241.

Sincerely,

Patient Services
University of Texas-Houston Dental Branch

RULES FOR USE OF CLINIC GOWNS:

STUDENTS/CLINICAL ASSISTANTS

- Gowns must be worn when delivering patient care in any Dental Branch clinic, including assessment clinic and radiology.
- Students/assistants may wear gowns when picking up materials from clinical dispensaries.
- Students must wear misty green scrubs or street clothes when greeting patients.
- When patients are dismissed, gowns must be removed prior to escorting patients out of the clinic area.
- Students need not wear gowns when preparing a cubicle for the first time in the morning. Gowns must be worn when disinfecting/cleaning cubicles after patient visits.
- Students who do not have a patient present may wear scrubs or street clothes in the clinic area.

Student dental laboratory protocol:

- During a patient visit, students may wear clinic gowns with either a disposable apron or gown over it (for cleanliness).
- Students who are not treating patients must wear disposable gowns while in the lab to protect themselves from infectious aerosols and spatter generated by above.

FACULTY

- All faculty involved with clinic instruction, consultation, observation or direct patient care must wear clinic gowns.
- Faculty, staff, or students making brief visits to the clinic area (e.g. delivering messages) may wear scrubs or street clothes. Extended visits will require clinic gowns.

CONTINUING EDUCATION POLICIES:

Reduced Fees for Continuing Education Courses:

All individuals must pre-register for each course. Walk-ins are not allowed.

UTHHSC Dental Branch, Full-time Faculty - For one-day didactic courses held at the Dental Branch, Full time faculty are charged the direct cost of \$30.00. For courses of more than one day in length, additional day(s) will be billed at a rate of \$15.00 per day. For courses held at a Hotel/Conference Center, the direct cost will be determined on a course by course basis. If the course **is participation and limited in attendance and the course does not fill**, the faculty member will receive a 50% reduction of the fee. To be guaranteed a place in the course, they will be required to pay the full fee.

UTHHSC Dental Branch, Residents - Preceptors - Observers - For one-day didactic courses held at the Dental Branch Residents, Preceptors and Observers are charged the direct cost of \$30.00. For courses of more than one day in length, additional day(s) will be billed at a rate of \$15.00 per day. For courses held at a Hotel/Conference Center, the direct cost will be determined on a course by course basis. If the course **is participation and limited in attendance and the course does not fill**, the resident - preceptor - observer will receive a 50% reduction of the fee. To be guaranteed a place in the course, they will be required to pay the full fee.

UTHHSC Dental Branch, Part-time Faculty - A reduced fee is given for all lecture courses. The fee is based on the percent of time they are on faculty (maximum discount is 50%). Example: if they are on faculty 10% of the time, 10% is deducted from the fee of the course. If the course **is participation and limited in attendance and the course does not fill**, the faculty member will receive the reduced fee. To be guaranteed a place in the course, they will have to pay the full fee if the limit is reached.

No Pay Faculty or Adjunct Faculty - For one-day didactic courses -held at the Dental Branch, No Pay Faculty or Adjunct Faculty are charged the direct cost of \$30.00. For courses of more than one day in length, additional day(s) will be billed at a rate of \$15.00 per day. For courses held at a Hotel/Conference Center, the direct cost will be determined on a course by course basis. If the course **is participation and limited in attendance and the course does not fill**, the no pay/adjunct faculty member will receive a 50% reduction of the fee. To be guaranteed a place in the course, they will have to pay the **full fee**.

Students - All lecture courses are offered at no charge. Students will be provided complimentary breaks. However, breakfast and lunch are not provided. Students can arrange for breakfast and lunch at the direct cost of \$15.00. If the handout material is unusually large, the student may be asked to pay for the cost of printing. If the course is **participation and limited in attendance and the course does not fill**, the student member will pay the direct cost. To be guaranteed a place in the course, they will have to pay the full fee if the limit is reached. The fee will cover course materials and supplies.

Reciprocal Agreement (UTHSCSA, Baylor College of Dentistry) - A 50% reduced fee is given for all lecture and participation courses. To be guaranteed a place in the course, they will have to pay the full fee if the limit is reached. The fee will cover course materials, supplies and meals. **(Faculty Applications must be made through the faculty member's Office of Continuing Dental Education.)**

****All individuals must contact the Office of Continuing Education to officially withdraw (at least 48 hours prior to program start date) from any pre-registered course. If they fail to do so, they will be billed the direct cost. If you require any additional information, please contact Jon L. Coy at 4028.**