



QUALITY ASSURANCE MANUAL

Revised March 2009

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A. HISTORICAL PERSPECTIVE

In June 1983, Dr. Anthony J. Diangelis presented a paper at the Third Conference on Comprehensive Care in Clinical Dental Education. It was entitled “Quality Assurance: Definition and Directions for the 1980’s.” This committee has adopted the definitions set forth in that paper.

Quality assessment is a measure of quality and is a continuing function of all clinical programs.

Quality assurance is the assessment of the quality of care; the implementation of procedures to improve the quality of care if necessary, and an assessment to determine if quality has been improved.

The purpose of monitoring a process of care is to determine how well dental procedures were performed, how appropriate was the treatment, how responsive was the care to the patient’s needs, and how thorough was the documentation.

Based on research of quality assurance, the ADA has suggested the following sequence for evaluating the quality of dental care:

1. Select aspects of dental care to be evaluated;
2. Establish criteria for quality dental care and make these characteristics of quality the standard for review;
3. Compare the care that has actually been given with the criteria;
4. Make a judgment of quality based on the results of the comparison;
5. Act on the results of the evaluation to correct any deficiencies;

Assure that actions have favorable impact on the delivery of care by improving the system.

GUIDELINES

The following guidelines shall serve to guide the Quality Assurance Committee in the performance of its duties.

1. The structure of health care is the responsibility of the Assistant Dean of Clinical Affairs and the Clinic Committee with jurisdiction over the following:
 - a) sterilization and infection control
 - b) radiation safety
 - c) emergency care during and after school hours
 - d) prescription orders
 - e) licensure of dentists where appropriate
 - f) prosthodontic laboratories
 - g) patient records
 - h) dispensaries, supplies
 - i) clinical auxiliary personnel
 - j) systematic inactivation of patients

It is expected that students, staff and clinical faculty and the Quality Assurance Committee will aid in enforcement of all clinic policies.

2. The process of health care will be assessed by procedural, analytical and focused Record audits.
3. The outcome of health care will be assessed by the careful examination of all completed patients by the faculty in the Fourth Year Clinic or the appropriate specialty department.
4. This committee will be a standing committee responsible for discharging those duties required for a commitment to quality care. The Committee will be composed of one

voting member from each clinical department as well as representatives from the junior and senior dental classes and the Patient Care Coordinators.

Faculty members will be appointed for three years with staggered terms in order to ensure continuity of purpose and philosophy. No Department chairperson shall serve on the committee in order to avoid any possible conflicts of interest. New members and the chairperson will be appointed by the Dean.

5. The Quality Assurance Committee will report its findings to the appropriate Department chairperson and to the Assistant Dean of Clinical Affairs whenever there is any deviation from the established Standard of Care.
6. The Quality Assurance Committee will be responsible for follow-up to assure that any deviation from the established LSUSD standard of care has been remedied. It is assumed that any such corrective action will be performed within a reasonable period of time consistent with the best interests of the patient.
7. The Quality Assurance Committee will make recommendations as needed to the Assistant Dean of Clinical Affairs and/or the Clinic Committee to improve the operation of the mini-clinics and LSUSD's commitment to quality patient care.

Responsibilities for Implementation:

Second-Year, Third-Year and Fourth-Year Dental Students:

Timeliness of Care

Sequence of Care

Quality of Care

Proper Sterilization

Radiation Safety

Compliance with all established clinic policies

Second-Year and Third-Year Clinical Faculty:

Appropriateness of Care

Sequence of Care

Quality of Care

Proper Sterilization

Radiation Safety

Compliance with all established clinic policies

Patient Care Coordinator:

Timeliness of Care

Sequence of Care

Communication between faculty, students and patients

Fourth-Year Clinic Faculty:

In addition to the responsibilities listed for all clinical faculty, the fourth-year bay instructor or the appropriate specialty departmental faculty will conduct an oral examination on all completed patients to determine if the treatment plan has been completed, if any new services are needed, and if services were satisfactorily rendered.

Quality Assurance Committee:

Appropriateness of Care

Sequence of Care

Timeliness of Care

Communication between faculty, students and patients

Quality of Care

It is anticipated that modifications and additions to this document will be made as experience and necessity dictate.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE

STANDARDS OF CARE

- I. At every patient visit:
 - 1. Patient's general health status will be assessed and medical consults will be requested where appropriate;
 - 2. Infection control guidelines will be maintained.

- II. Every patient will be provided with:
 - 1. An appropriately sequenced treatment plan;
 - 2. A clearly worded statement of the patient rights;
 - 3. A contact person identified to handle any concerns;
 - 4. Completed treatment in a timely manner;
 - 5. Access to emergency dental care;
 - 6. An EXIT examination upon completion of treatment.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE
STANDARD OF CARE BY DISCIPLINE
(Revised March 2008)

DENTAL HYGIENE PROPHYLAXIS

- A. Completed prophylaxis patients have accessible deposits removed with minimal tissue damage.
- B. Completed prophylaxis patients have received appropriate oral health care information concerning their oral health.
- C. Completed prophylaxis patients have been provided with a recommended time for their recare prophylaxis appointment.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE
STANDARD OF CARE BY DISCIPLINE

ENDODONTICS

- a) Treated teeth must be comfortable.
- b) Access preparations must be sealed with a permanent restoration.
- c) There should be no evidence of sinus tracts.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE
STANDARD OF CARE BY DISCIPLINE
(Revised May 2008)

FIXED AND REMOVABLE PROSTHODONTICS

FULL GOLD CROWNS, PORCELAIN FUSED TO METAL CROWNS,
OCCLUSAL EQUILIBRATION AND FIXED PARTIAL DENTURES:

- a) Teeth are restored to proper form, function and esthetics.
- b) There are no open margins or contacts on restored teeth.
- c) Interproximal contacts were established where needed.
- d) There is no pathology associated with restored teeth.

DENTAL IMPLANTS

- a) There are no pathologic changes around implant on either soft or hard tissues.
- b) The abutments and screws were tightened to the appropriate torque.
- c) There are no pathologic changes around implant on radiograph.
- d) There are no open space between abutment and implant on the radiograph.
- e) Other standard of care for conventional fixed or removable prosthodontic treatment was achieved in the implant restoration.

REMOVABLE PROSTHODONTICS

REMOVABLE PROSTHODONTIC TREATMENT (complete dentures):

- a) Dentures have acceptable function and esthetics.
- b) Tissues surrounding the dentures are free of pathology.

REMOVABLE PROSTHODONTIC TREATMENT (partial dentures):

- a) RPD framework fits properly.
- b) Tissues surrounding the RPD is free of pathology.
- c) Partial Dentures have acceptable function and esthetics.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE
STANDARD OF CARE BY DISCIPLINE

OPERATIVE DENTISTRY

AMALGAM, CAST GOLD, DIRECT GOLD

- a) Dentition is free of recurrent or new caries.
- b) Marginal integrity is evident on treated teeth.
- c) Contour of treated teeth is continuous with existing anatomical forms.
- d) Soft tissues adjacent to treated teeth are free of irritation.

COMPOSITE RESIN (Composite resin and/or porcelain):

- a) Dentition is free of recurrent or new caries.
- b) Marginal integrity is evident on treated teeth.
- c) Contour of treated teeth is continuous with existing anatomical forms.
- d) Soft tissues adjacent to treated teeth are free of irritation.
- e) Color match of treated teeth is esthetically acceptable.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE
STANDARD OF CARE BY DISCIPLINE
(Revised March 2008)

ORAL SURGERY

- a) Extraction or surgical sites are healed with no evidence of bone spicules, infection or sequestration.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE
STANDARD OF CARE BY DISCIPLINE
(Revised March 2008)

PERIODONTICS

- a) A LSUSD patient who has a healthy periodontium with probing depths less than or equal to 4mm and who maintains good oral hygiene protocol may 'exit' the patient pool of LSUSD.
- b) A patient release form that states that it is the patient's responsibility to continue three to six month maintenance appointments in the private sector will be provided at the exit exam. (Exhibit G)
- c) Patients who decline further periodontal treatment when indicated will be asked to sign a Refusal of Treatment form. (Exhibit H)

RECORD AUDIT PROCEDURE

The Record Audit Form is a work in progress and has been significantly improved since the adoption of electronic recordkeeping in 2006. Subsequently, the contents of the Record Audit form were examined and recently updated to be consistent with changes in the delivery of patient treatment. The Record Audit process was suspended after hurricane Katrina and resumed in the Spring of 2008.

1. Each fourth year dental student is responsible for randomly auditing five active patient records assigned by their Patient Care Coordinator. These records will be of patients other than those assigned to that student's MC. The students will be given access to those files for the limited period of time they are assigned to complete the audits. The two teams assigned to each PCC will monitor each others charts enabling better tracking of error patterns. This will be accomplished during the months of September through November, and entered into the AXIUM system.
2. A separate form is provided for each record. This form addresses a variety of essential pieces of information that should be present in every patient record. (Exhibit A)
3. The Record Audit form results will be tabulated by AXIUM prior to March of the following year.
4. For inactive records, an analysis of reasons for discontinuing treatment will be run using AXIUM report manager.
5. The Quality Assurance Committee will review the results of the Record Audit processes and address areas of concern in March and subsequent months when necessary.

6 . If necessary, areas of concern will be referred to a respective Department and the Assistant Dean of Clinical Affairs.

QUALITY ASSURANCE COMMITTEE REQUEST FOR ACTION FORM

In an instance where the delivery or sequence of patient treatment does not meet the standard of care that is demanded by LSUSD, a written report/complaint can be made to the Patient Care Coordinators or the Quality Assurance Committee. Resolution and follow-up are handled by the Quality Assurance Committee Chairperson and Patient Care Coordinators. Prior to 1998, a **Request For Action Form** (Exhibit B) was utilized for problems and individual members of the Quality Assurance Committee addressed the treatment in question with the dental or dental hygiene student. The **Form** was filled out at the site of the infraction. Copies were retained by the Quality Assurance Committee chair.

As the roles of the Patient Care Coordinators were expanded, most issues or problems have been handled by a PCC on an individual basis and were resolved immediately. At each meeting of the Quality Assurance Committee, the PCC's have the opportunity to air any problems which may warrant discussion or require additional input. Any problem discussed at a Quality Assurance Committee meeting must be submitted in writing on a Request for Action form, formally addressed and referred if necessary to a Department Head or to the Assistant Dean of Clinical Affairs. (See Quality Assurance Minutes).

Request For Action Forms are available in all Clinic Dispensaries and in the Offices of the Quality Assurance Chair, Assistant Dean of Clinical Affairs, and the Patient Care Coordinators. Once a Request for Action has been resolved the completed form will be maintained by the Quality Assurance Committee for ten years.

PROCEDURE FOR MONITORING LABORATORY PROCEDURE

The success of any laboratory fabricated restoration depends upon the quality of the models upon which it must be fabricated. During the period in which the restoration is in the laboratory, in whatever stage of completion, is an excellent opportunity for the school to monitor the quality of the procedure being performed for our patients. If one accepts the ideal of trying to provide the highest quality restoration attainable for each of our patients then it behooves us to make use of this opportunity to cross check ourselves. Accordingly, the following procedures shall be in effect for monitoring laboratory procedures:

1. The Chairman of the Quality Assurance committee designates the Director of Laboratory Services to monitor lab cases which have been turned in by the students, approved and signed by the supervising faculty. In addition, Laboratory Services dental technicians are instructed by the Director of Laboratory Services to notify the student involved if the work turned in by the dental student violates any basic parameter which might lead to the failure of the case. The Director of Laboratory Services serves as the final decision maker in the event of any controversy over the ability to fabricate a successful restoration.
2. Primary areas of concern shall be completeness and accuracy of the work authorizations and the quality of the impressions, models, and bite registrations, articulators, mounting rings or any other item necessary to complete the case.
3. The Lab will then return the case to the appropriate instructor or student for correction of the problem.
4. The PCC's play an integral part in monitoring the completion of patients care during the mini-clinic meetings. Any lapse will be addressed by them.

5. Failure to reply to the request for correction, or any attempt to avoid making the corrections shall be reported to the Assistant Dean of Clinical Affairs for appropriate action. Request for action will not be initiated with the QAC unless the problem persists.
6. Should a pattern of deficiency be discovered involving a particular instructor, the Director of Laboratory services will be notified. If they are unable to resolve the problem, it will be referred to the QAC and the Assistant Dean of Clinical Affairs for appropriate action.

LSUSD EXIT EXAMINATION

Every patient in the LSUSD undergraduate dental program who seeks and has completed restorative treatment will have an Exit Examination (Exhibit C). The patient will be examined by the dental student completing treatment and by the appropriate supervising faculty member. This examination may include a prophylaxis when appropriate.

The patient's completed treatment will be evaluated according to the Quality Care Standards set forth in this document. Radiographs may be recommended where appropriate to better evaluate treatment. At the conclusion of a satisfactory EXIT examination, the patient will be inactivated from the LSUSD dental clinic. Patients are advised to seek routine dental care from a dentist in the community (Exhibit G) or they may re-apply to LSUSD at a future date for future treatment needs. Those patients re-applying will be evaluated as a new patient in the system.

The following was added March 26, 2009

An audit of the Exit Exams will be done once a year in conjunction with the Fall Chart Audits. The audit will be done through AxiUm.

Rate of Exit Exam failures for "unacceptable dentistry" will be calculated and should not fall below [80%](#)

The reasons for failure will be monitored for:

- a) Trend in failures in one discipline.
- b) Trend in failures by one student
- c) Trend in failures involving a particular instructor.

Should a trend occur in any area the problem will be referred to the Assistant Dean of Clinics and the corresponding Department Head.

Exhibit A
LSU School of Dentistry
SURVEY - RECORD AUDIT FORM
In AXIUM

QUESTION

ANSWER

PAGE: 1 AS OF :(date)

Information concerning medical alerts

Medical Alert last updated:

 Last 6 months

 6-12 months

 > 12 months

Was patient ever put on Medical Hold?

If patient was on Medical Hold, is Physician's release letter attached?

Was an alert code "med release- SEE ATTACHMENTS" added?

Required Consents and Approvals

Final Treatment Plan approved by faculty?

Signed medical history form?

Signed consent form?

Comprehensive oral evaluation completed and approved??

Radiographic Information

Panoramic radiographs (number)

Full mouth series? (Number of sets)

Bite wing series not included with FMX?

 1-5 BWX sets

 > 5 BWX sets

Individual PA's?

 1-5 PA's

 > 5 PA's

Is patient's chart number in Schick same as AXIUM chart #?

Are radiographs of diagnostic quality? See Schick

Click on Exposures button in EHR (upper right) to see # x-rays

Do number of x-rays listed in Exposures match # in Schick?

Open patient card to see listed appointments for patient and compare with EHR TX history.

Is there a treatment entry (note or procedure) for each pt appt?

Date of last visit.

 < 6 months since last visit

 6-12 months since last visit

 > 12 months since last visit

Has all treatment been approved by faculty? no blue text?

Does treatment description include:

RMH x update (should be documented with every pt visit)

Service(s) rendered or treatment note?

Dosage and type of anesthesia delivered?

Dental materials placed or utilized?

Sutures placed if necessary?

Reports of abnormal reactions or occurrences

In your opinion:

Is the treatment plan being carried out in reasonable time?

If no, is/was patient's dental treatment compromised by delay?

If yes, give reasons for delay. (Review contact notes)

Please describe any unusual findings in the remaining space.

Student Auditor

**Exhibit C
In AXIUM**

Exit Exam Form Answer Yes No

Criteria For Exit

**LSUSD Exit Examination/Recall Examination
Criteria for Acceptability of Clinical Procedures**

Endodontic Treatment:

Treated teeth are comfortable.
Access preparation is sealed with a permanent restoration.
Sinus tracts are not evident.

Fixed Prosthodontic Treatment:

Teeth are restored to proper form, function and esthetics.
There are no open margins on restored teeth.
Interproximal contacts were established where needed.
There is no pathology associated with restored teeth.

Dental Implants

No pathologic changes around implant on either soft or hard tissues.
No loose abutment or screw
No pathologic changes around implant on radiograph
No open space between abutment and implant on the radiograph
Other standard of care met for conventional fixed or removable prosthodontic treatment.

Operative Treatment: Amalgam, Cast Gold, Direct Gold

Dentition is free of recurrent or new caries.
Marginal integrity is evident on treated teeth.
Contour of treated teeth is continuous with existing anatomical forms.
Soft tissue adjacent to treated teeth is free of irritation.

Operative Treatment: Composite Resin and/or Porcelain

Dentition is free of recurrent or new caries.
Marginal integrity is evident on treated teeth.
Contour of treated teeth is continuous with existing anatomical forms.
Soft tissues adjacent to treated teeth are free of irritation.
Color match of treated teeth is esthetically acceptable.

Periodontal Treatment:

Periodontal probing depths do not exceed 4 mm.
Patient has healthy periodontium and good oral hygiene protocol.

If “NO” to either question, the patient was offered the option of treatment in the advanced education clinic.

Removable Prosthodontic Treatment: Complete Dentures

Dentures have acceptable function and esthetics.
Tissue adjacent to the dentures is free of pathology.

Removable Prosthodontic Treatment: Partial Dentures

RPD framework fits properly.
Tissue adjacent to the RPD is free of pathology.
Partial Dentures have acceptable function and esthetics

Surgical Treatment:

Extraction or surgical sites are healed with no evidence of bone spicules, infection or sequestration.

Type of Examination

Gave patient exit letter?
Patient Completed Satisfaction Survey?

Exhibit D
LSU School of Dentistry
SURVEY - PATIENT SATISFACTION
In AXIUM

QUESTION ANSWER Y or N

Appointments

It was easy for me to get an appointment
Appointments were available to fit my schedule.
If NO, then what time would work best?
I was aware of the EMERGENCY DEPT. and its availability

Reception Area

The reception area staff was courteous and informative
The reception area was clean
I was certain I was waiting in the proper reception area

Dental Student/ Treatment

My student treated me respectfully
My student was knowledgeable about my treatment prior to the appointment
My student reviewed my medical history and made changes if necessary
My student listened to my concerns and encouraged me to ask questions
My students used words I could understand
My student explained what was going to happen before each treatment step
My student gave me the option to refuse treatment
My student was gentle while providing care
My student was aware if I was in pain and relieved me
My student used procedures that made me feel safe from infection
My student informed me of the time commitment required for treatment.
My student clearly explained how to keep my mouth healthy
The treatment area was clean.
I felt comfortable with the supervision of my student.
The staff in the billing office was courteous and helpful.
The supervising faculty were available to answer my/students questions
Overall, I was pleased with the care I received at the USC School of Dentistry.
I would return to the LSU School of Dentistry.
I would recommend the LSU School of Dentistry to a friend or relative.
What did you feel we did well?
What can we do to serve you better?
Did anyone in particular make your visit enjoyable?

Additional comments:

Exhibit E

**LSU School of Dentistry
SURVEY – PEDIATRIC DENTISTRY PATIENT SATISFACTION
On clinic Floor**



**LSU PEDIATRIC DENTISTRY CLINICS:
PATIENT SATISFACTION SURVEY**

**LOCATION: LSU SCHOOL OF DENTISTRY
 LSU SPECIAL CHILDREN’S DENTAL CLINIC LOCATED AT
 CHILDREN’S HOSPITAL**

Thank you for choosing LSU Pediatric Dentistry clinics for your child’s/ children’s dental care. We appreciate your time in answering the questions in this survey. Your response will enable us to improve our clinics and take better care of the children who come here.

1. Did you have any difficulty in locating our clinic?

 Yes: What was the problem?

 No

2. Did you have any difficulty in making an appointment for your child’s dental care?

 Yes: What was the problem?

 No

3. Did the doctor discuss your child’s medical history before starting dental treatment?

 Yes

 No

4. Did the doctor answer all your questions regarding your child's dental treatment?

Yes

No: Which questions were not answered?

5. Would you consider the doctor's appearance and behavior professional?

Yes

No: what was the problem?

6. Would you consider the dental assistant's appearance and behavior professional?

Yes

No: what was the problem?

7. Were you satisfied with the appearance of the clinic?

Yes

No: what was the problem?

8. Are you satisfied with the overall care your child received at our clinic?

Yes

No: what was the problem?

9. How did you find out about our clinic?

10. Do you have any suggestions to improve our clinic?

Exhibit G
Exit Letter – on Clinic Floors



Date: _____

Patient Name: _____

Your dental treatment has been completed here at the LSU SCHOOL OF DENTISTRY. Therefore, your name has been removed from the list of active patients and you must continue your preventive care and dental treatment in private practice. *You should see a private dentist every _____ months to monitor your dental health.* The New Orleans Dental Association Information Service (834-6449) can give you the names of dentists in your area.

Thank you for your confidence and cooperation.

Exhibit H
Refusal of Treatment Form – in AXIUM



Patient Refusal of Treatment

I understand that I have an active _____
_____ problem that requires more
therapy. I refuse further treatment at this
time.

Patient Signature: _____

Patient Name Printed: _____

Date: _____

Witness: _____