



QUALITY ASSURANCE MANUAL

July 2023

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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 Associate Dean of Clinical Affairs and the Clinic Committee, Infection Control Committee, and Radiation Safety 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, clinical faculty, and the Quality Assurance Committee enforce all clinic policies.

2. The process of health care will be assessed by procedural, analytical and focused audits of records.
3. The outcome of health care will be assessed by examination (Exit Examination) of all completed patients by the faculty in the fourth-year clinic course or the appropriate specialty department. Additionally, data from the Exit Examinations, remake/retreatment requests, Request For Actions, Patient Satisfaction Surveys, and Laboratory data will be analyzed for negative trends so that corrective measures can be put in place.
4. The Quality Assurance Committee is a standing committee responsible for discharging those duties required for a commitment to quality care. The committee shall be composed of faculty from clinical departments, nurse, x-ray analyst, Patient Care Coordinators, and the Associate Dean of Clinical Affairs. Student representation shall be from the third- and fourth-year dental classes and the senior dental hygiene class. Faculty members are appointed for three years with staggered terms 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 are appointed by the Dean or his designee.
5. The Committee reports its findings to the appropriate department chairperson and to the Associate Dean of Clinical Affairs whenever there is any deviation from the established Standards of Care.
6. The Committee is 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 Committee makes recommendations as needed to the Associate Dean of Clinical Affairs and/or the Clinic Committee, Infection Control Committee, and Radiation Safety Committee to ensure quality patient care.

RESPONSIBILITIES FOR IMPLEMENTATION

Dental and Dental Hygiene Students:

- Timeliness of care
- Sequence of care
- Quality of care
- Proper sterilization
- Radiation safety
- Compliance with all established clinic policies

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 Clinical Faculty:

In addition to the responsibilities listed for all clinical faculty, the team leaders 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 treatment is needed, and if treatment was 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.

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY
QUALITY ASSURANCE COMMITTEE

STANDARDS OF CARE

All patients accepted into the dental program will be provided a statement of patient rights.

All patients accepted into the dental program will be provided a comprehensive treatment plan that is approved by a faculty member.

All patients will be treated in a timely manner.

All patients will have an updated health assessment at every patient visit; students will receive a starting check from a faculty member before initiating any procedure.

All patients will be treated in a safe environment with appropriate management of medical emergencies.

All patients will receive appropriate preventive and/or periodontal services while receiving dental care at the school.

Informed consent will be obtained prior to the initiation of any care.

Patients whose treatment plans are completed will receive an exit examination before being released to private practice to ensure all treatment is clinically acceptable and no additional treatment is needed.

All patient information will be maintained in a manner to ensure confidentiality and will be provided to the patient or another authorized party upon written request of the patient.

All patients will have the ability to give feedback on their care through patient satisfaction surveys (Exhibits C, D, E).

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY

CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

DENTAL HYGIENE

- a) Patients will receive appropriate and individualized oral health information based on their risk factors and level of oral disease.
- b) Biofilm, stain, and calculus deposits will be removed safely and effectively with minimal tissue damage.
- c) Patients will be informed of their recommended recare frequency.
- d) Patients will be referred appropriately based on their needs.

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY

CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

ENDODONTICS

- a) Rubber dam isolation must be utilized during endodontic procedures.
- b) A diagnosis must be established and recorded for all teeth undergoing endodontic therapy.
- c) Following routine endodontic procedures, access preparations must be sealed with a definitive restoration, or the patient and student doctor or referring dentist must be advised that such is recommended.
- d) Following routine endodontic procedures in permanent posterior teeth, the patient and student doctor or referring dentist must be advised that a full cuspal restoration is recommended.
- e) Endodontic procedures must be documented with at least a pre-operative and a post-operative periapical radiograph.
- f) Any pathology or symptoms resulting from pulpal disease is resolved.
- g) Working length of the procedure must be verified radiographically or by apex locator, and fill must match this length and be free of voids.

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY
CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

FIXED AND REMOVABLE PROSTHODONTICS

CROWNS 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 are 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 are tightened to the appropriate torque.
- c) There are no pathologic changes around implant on radiograph.
- d) There are no open spaces between abutment and implant on the radiograph.
- e) Other standards of care for conventional fixed or removable prosthodontic treatment are achieved in the implant restoration.

COMPLETE DENTURES

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

REMOVABLE PARTIAL DENTURES

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

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY
CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

OPERATIVE DENTISTRY

AMALGAM

- 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) Restoration has optimal proximal and occlusal contacts.

COMPOSITE RESIN

- 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.
- f) Restoration has optimal proximal and occlusal contacts.

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY
CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

ORAL DIAGNOSIS

- a) Medical-Dental Questionnaire, medications, and current vital signs are entered into axiUm.
- b) Medical Summary, Medical Information Request, and ASA Risk assessment are evaluated.
- c) A Comprehensive Oral Exam with appropriate radiographs and findings is complete and accurate.
- d) A Caries Risk Assessment is complete and accurate.
- e) Non-surgical caries treatment based on caries classification and risk is included in the treatment plan.
- f) A chart note is attached to code D0603 for the provision of non-surgical caries treatment.

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY
CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

ORAL AND MAXILLOFACIAL PATHOLOGY

- a) Pathologic entities are identified and accurately documented.
- b) If the expertise of an oral and maxillofacial pathology faculty is needed, an “Oral Pathology Consult Form” is completed in the patient's axiUm chart.
- c) When necessary, re-evaluation of lesions is completed.
- d) When necessary, referral for biopsy is completed.

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY
CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

ORAL AND MAXILLOFACIAL RADIOLOGY

PERIAPICAL RADIOGRAPHS

- a) Shall record images of the crown(s), root(s), and surrounding tissues and structures on a single radiograph.
- b) Shall record images of at least 2 mm of periapical bone.
- c) Shall minimize radiographic distortion by utilizing the parallel technique or bisecting angle technique.
- d) Shall be acquired using a film holder.
- e) Shall be acquired using all infectious disease and radiation safety protocols.

BITEWING RADIOGRAPHS

- a) Shall record images of the crowns and coronal one-third of the alveolar bone of both the maxillary and mandibular posterior teeth on one image (one molar image and one premolar image).
- b) Shall record images of open interproximal contacts, or when not clinically feasible, minimal interproximal contact overlap.
- c) Shall record images of the distal half of the maxillary and mandibular canines on the premolar images.
- d) Shall be acquired using a film holder.
- e) Shall be acquired using all infectious disease and radiation safety protocols.

PANORAMIC RADIOGRAPH

- a) Shall record on one image: 1) the maxillary and mandibular dentition and supporting structures; 2) the nose and spine; 3) the mandibular body; 4) condyles and hyoid bone; 5) the spine and ramus.
- b) Shall minimize image distortion caused by improper patient positioning (ex. head rotated or tilted, patient positioned too far forward or back, patient not standing upright).
- c) Shall be acquired with reasonably avoidable artifacts (ex. lead apron, ghost images from external removable objects).
- d) Shall be acquired using all infectious disease and radiation safety protocols.

CONE BEAM COMPUTED TOMOGRAPHY (CBCT) IMAGING

- a) Should be limited only to the regions needed for diagnostic or treatment planning purposes.
- b) Shall be acquired with reasonably avoidable artifacts (ex. motion artifact, removable intra-oral appliances, external removable objects)
- c) Shall be acquired using all infectious disease and radiation safety protocols.

LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY

CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

ORAL SURGERY

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

b) LSU HEALTH NEW ORLEANS SCHOOL OF DENTISTRY

CRITERIA FOR ACCEPTABLE CARE BY DISCIPLINE

PERIODONTICS

- a) Periodontal tissue is healthy with maintainable probing depths and patient has received appropriate oral hygiene instruction.
- b) Patient is advised of maintenance period recommendations upon exit from treatment at the dental school with a Patient Release Form. (Exhibit F)
- c) Patients who decline further periodontal treatment when indicated will be asked to sign a Refusal of Treatment Form. (Exhibit G)

RECORD AUDIT PROCEDURE

1. Monitoring of the criteria for a complete chart is achieved through automated electronic alerts indicating that faculty approval or student action is needed and reports to the Quality Assurance Committee.

Criteria for a complete chart:

- Progress note or contact note added for each visit

Monitors: unapproved chart indicator, faculty approval;

- Notes, treatments approved by faculty

Monitors: unapproved chart indicator, faculty approval;

- Medical history added or reviewed

Monitors: status bar indicator (orange triangle) appears at bottom of screen and message pops up indicating that med history needs to be updated, patient signature required button, faculty approval;

- Radiographs of diagnostic quality

Monitors: Unapproved chart indicator, faculty approval;

- Treatment plan added with patient signature

Monitors: unapproved chart indicator, faculty approval and patient signature needed to complete treatment plan;

2. Faculty approvals are required at each patient visit for notes, treatments, or forms completed by the student at that visit. The criteria listed above are checked by faculty at that time and faculty approval validates that the student has successfully completed chart entries for that visit.

3. Weekly reports for unapproved treatments are generated and students are notified. Students who do not obtain faculty approval within a week are subject to having access to patient records suspended (Chart Lock in axiUm).

4. Reports for Quality Assurance Committee allow the committee to identify error patterns and take necessary action: In July of each year, reports are generated and results are presented to the committee at the next meeting. Since the monitors listed above are automated (unapproved chart indicators for faculty approvals), and the reports for unapproved charts are monitored weekly, the annual reports serve as documentation for those daily processes.

QUALITY ASSURANCE COMMITTEE REQUEST FOR ACTION FORM

When the delivery or sequence of patient treatment does not meet the school's standards of care, and the problem can't be resolved immediately, a written report/complaint can be made to the Quality Assurance Committee. Follow-up and resolution are primarily the responsibilities of the Chair. At each committee meeting, members have the opportunity to discuss any problems that may require additional input. Any treatment deficiencies that can't be resolved immediately and rise above the normal learning process must be submitted in writing on a Request for Action Form (Exhibit A) and formally addressed and referred if necessary to a Department Chair or to the Associate Dean of Clinical Affairs. (See Quality Assurance Committee minutes).

Request For Action Forms (Exhibit A) are available on the school's website in the Learning Center/Clinical Affairs section, in axiUm under Links on the top toolbar, and in all clinics. Once a "Request for Action" has been resolved, the completed form will be maintained by the Quality Assurance Committee for ten years.

MONITORING OF LABORATORY PROCEDURES

The opportunity to monitor patient care exists during the fabrication of indirect fixed and removable prostheses. 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 and 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, bite registrations, articulators, mounting rings or any other item necessary to complete the case.
3. The Lab will return any sub-standard case to the appropriate instructor or student for correction of the problem.
4. The Patient Care Coordinators play an integral part in monitoring the completion of patients care during the mini-clinic meetings. Any unreasonable delay in fabrication and delivery of indirect restorations and prostheses 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 Associate Dean of Clinical Affairs for appropriate action. A "Request for Action" will not be initiated with the Quality Assurance Committee unless the problem persists.
6. Should a pattern of deficiency be discovered involving a particular instructor or student, the Director of Laboratory services will be notified; if he/she is unable to resolve the problem, it will be referred to the Quality Control Committee and the Associate Dean of Clinical Affairs for appropriate action.

EXIT EXAMINATION

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

The patient's completed treatment will be evaluated according to the criteria for acceptable care set forth in this document. Radiographs will be recommended when appropriate to further evaluate treatment. At the conclusion of a satisfactory Exit Examination, the patient will be inactivated from the LSUSD dental clinic. Patients are advised to continue routine dental care outside the dental school (Exhibit F) 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.

An audit of the Exit Exams will be done once a year through axiUm.

The reasons for Exit Exam failures will be monitored for trends. Should a trend be identified, the problem will be referred to the Associate Dean of Clinical Affairs and the appropriate Department Chair.

Exhibit A
CLINIC FLOOR

QUALITY ASSURANCE COMMITTEE

REQUEST FOR ACTION FORM

Patient's Name: _____
(last) (first) (middle initial)

AXIUM No.: _____

Date: _____

Person requesting action: _____ faculty/student
(print) (circle one)

(signature)

Reason for request:

Q.A.C. exam results:

Decision:

Follow up:

Examiners: _____

Exhibit B 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.
Color match of treated teeth, when applicable, is esthetically acceptable.

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:

Patient has stable periodontium and is maintained on an appropriate recall interval.
If "NO", 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.

Radiographs:

Are bitewing radiographs current (taken within 6 months)?

Exit Exam Passed or Failed?

Gave patient exit letter?

Patient Completed Satisfaction Survey?

Exit letters are available with forms in front of clinic or can be printed from Exit Letter tab of this form. Survey can be found under Tools-Survey.

Use D0092 if exit exam passed, D0093 if exit exam failed.

Exhibit C
LSU School of Dentistry
SURVEY – UNDERGRADUATE PATIENT SATISFACTION
AXIUM/CLINIC FLOOR



PATIENT SATISFACTION
SURVEY

LSU School of Dentistry
 1100 Florida Avenue
 New Orleans, LA
 70119-2714

Name (optional):

QUESTION	ANSWER	
Date: _____		
Circle Yes or No		
Appointments-		
It was easy for me to get an appointment	Yes	No
Appointments were available to fit my schedule	Yes	No
If NO, then what time would work best?		
I was aware of the EMERGENCY CLINIC and its availability	Yes	No
Reception Area		
The reception area staff was courteous and informative	Yes	No
The reception area was clean	Yes	No
I was certain I was waiting in the proper reception area	Yes	No
Dental Student/ Treatment		
My student treated me respectfully	Yes	No
My student was knowledgeable about my treatment prior to the appointment	Yes	No
My student reviewed my medical history and made changes if necessary	Yes	No
My student listened to my concerns and encouraged me to ask questions	Yes	No
My students used words I could understand	Yes	No
My student explained what was going to happen before each treatment step	Yes	No
My student gave me the option to refuse treatment	Yes	No
My student was gentle while providing care	Yes	No
My student was aware if I was in pain and relieved me	Yes	No
My student used procedures that made me feel safe from infection	Yes	No
My student informed me of the time commitment required for treatment.	Yes	No
My student clearly explained how to keep my mouth healthy	Yes	No
The treatment area was clean.	Yes	No
I felt comfortable with the supervision of my student.	Yes	No
The staff in the billing office was courteous and helpful.	Yes	No
The supervising faculty were available to answer my/students questions	Yes	No
Overall, I was pleased with the care I received at the LSU School of Dentistry.	Yes	No
I would return to the LSU School of Dentistry.	Yes	No
I would recommend the LSU School of Dentistry to a friend or relative.	Yes	No
What did you feel we did well?		
What can we do to serve you better?		
Did anyone in particular make your visit enjoyable?		
In which clinic were you treated? Student PG Pedo PG Pros PG Endo PG Perio		
What reason/reasons would make you return as a patient to LSU School of Dentistry for treatment?		

01/2015

Exhibit D
LSU School of Dentistry
SURVEY – POSTGRADUATE PATIENT SATISFACTION
AXIUM/CLINIC FLOOR



Patient Survey

Please complete this survey to ensure that we are moving in the right direction to meet your needs.

1. Appointments

	Yes	No
It was easy for me to get an appointment	<input type="radio"/>	<input type="radio"/>
Appointments were available to fit my schedule	<input type="radio"/>	<input type="radio"/>
I was aware that emergency care after hours could be provided if necessary.	<input type="radio"/>	<input type="radio"/>

2. If NO, then what time would work best?

3. Reception Area

	Yes	No
The reception area staff was courteous and informative	<input type="radio"/>	<input type="radio"/>
The reception area was clean	<input type="radio"/>	<input type="radio"/>
I was certain I was waiting in the proper reception area	<input type="radio"/>	<input type="radio"/>
The staff in the billing office was courteous and helpful	<input type="radio"/>	<input type="radio"/>

4. Doctor/Treatment

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
My doctor/student treated me respectfully	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student was knowledgeable about my treatment prior to the appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student reviewed my medical history and made changes if necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student listened to my concerns and encouraged me to ask questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student used words I could understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student explained what was going to happen before each treatment step	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student gave me the option to refuse treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student was gentle while providing care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
My doctor/student was aware if I was in pain and relieved me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student used procedures that made me feel safe from infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student informed me of the time commitment required for treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My doctor/student clearly explained how to keep my mouth healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The treatment area was clean	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was pleased with the care I received at the LSU School of Dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would return to the LSU School of Dentistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the LSU School of Dentistry to a friend or relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What did you feel we did well?

6. What can we do to serve you better?

7. Did anyone in particular make your visit enjoyable?

8. What reason/reasons would make you return as a patient to LSU School of Dentistry for treatment?

9. Clinic Where you Were Treated

	Student	Postgraduate Pedo.	Postgraduate Pros	Postgraduate Endo	Postgraduate Perio.
In which clinic(s) were you treated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBMIT SURVEY



Dental Hygiene Clinic Patient Satisfaction Survey
Student please specify: Jr. Clinic _____ Sr. Clinic _____
Date of service: _____

1. Was communication with the student before your appointment respectful?
Yes No
2. Were you aware that the appointment would take longer than in a private practice setting?
Yes No
3. Were you treated courteously by the reception area staff?
Yes No
4. Did the student effectively communicate with you during the appointment?
Yes No
5. Was the student knowledgeable about the services performed?
Yes No
6. Was the student attentive to your needs?
Yes No
7. Was the interaction between the student and clinical instructor positive?
Yes No
8. Were you satisfied with the overall care received in the dental hygiene clinic?
Yes No

Thank you for taking the time to complete the survey. Your feedback will help us improve our clinic and ensure positive future patient experiences.

Please feel free to write additional comments:

Exhibit F
Exit Letter – on Clinic Floors



Date: _____

Patient Name: _____

Your dental treatment has been completed here at 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) or The Find-a-Dentist service at findadentist.ada.org can give you the names of dentists in your area.

Thank you for your confidence and cooperation.

Exhibit G
Refusal of Treatment Form
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: _____