



Health Sciences Center

NEW ORLEANS

School of Dentistry

# **QUALITY ASSURANCE MANUAL**

July 2017

## INDEX

|  | Page |
|--|------|
| I. Guidelines  | 3    |
| II. Standards of Care  | 5    |
| III. Protocols of Care by Discipline                                     |      |
| Dental Hygiene   | 6    |
| Endodontics  | 7    |
| Fixed and Removable Prosthodontics                                       | 8    |
| Operative Dentistry  | 9    |
| Oral Surgery   | 10   |
| Periodontics   | 11   |
| IV. Protocols  |      |
| 1) Procedure for record audits   | 12   |
| 2) Procedure for “Requests for Action”                                   | 13   |
| 3) Procedure for monitoring laboratory procedures                        | 14   |
| 4) Procedure for Exit/Recall Examination                                 | 15   |
| V. Appendix – Exhibits A - H   |      |
| A. Record Audit Form - axiUm   | 16   |
| B. Request For Action Form – clinic floor                                | 17   |
| C. Exit Examination Form - axiUm   | 18   |
| D. Patient Satisfaction Survey – axiUm and clinic floor                  | 19   |
| E. Pediatric Dentistry Patient Parent Satisfaction Survey – clinic floor | 20   |
| F. Dental Hygiene Patient Satisfaction Survey– clinic floor              | 22   |
| G. Patient Exit Letter – clinic floor                                    | 23   |
| H. Patient Refusal of Further Treatment Form - axiUm                     | 24   |

## **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 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 course or the appropriate specialty department.
4. The 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 Committee will report its findings to the appropriate department chairperson and to the Associate Dean of Clinical Affairs whenever there is any deviation from the established Standard of Care.
6. The 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 Committee will make recommendations as needed to the Associate 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 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 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

All patients accepted into the dental program will be provided a statement of patient rights and informed consent will be obtained prior to the initiation of any care.

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 including a starting check from a faculty member before initiating any procedure.

All patients will be treated in a safe environment including the adherence to infection control guidelines and the management of medical emergencies.

All patients of record will be appointed for regular maintenance treatment.

Emergency dental care will be available for all patients of record during and outside of normal business hours.

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

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

DENTAL HYGIENE

- a) Completed patients have accessible deposits removed with minimal tissue damage.
- b) Completed patients have received appropriate oral health care information concerning their oral health.
- c) Completed patients have been provided with a recommended time for their dental hygiene recare appointment.

LOUISIANA STATE UNIVERSITY SCHOOL OF DENTISTRY  
QUALITY ASSURANCE COMMITTEE  
PROTOCOLS OF 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.

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QUALITY ASSURANCE COMMITTEE  
PROTOCOLS OF CARE BY DISCIPLINE

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 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 space 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.



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

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  
PROTOCOLS OF CARE BY DISCIPLINE

PERIODONTICS

- a) Any LSUSD patient who has a healthy periodontium with maintainable probing depths who demonstrates appropriate 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

**1.** Monitoring of the criteria for a complete chart is achieved through automated electronic alerts indicating that faculty approval or student action is needed, random chart audits by students 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, chart audit survey questions 9-10

#### **- Notes, treatments approved by faculty**

Monitors: unapproved chart indicator, faculty approval, chart audit survey questions 13-15

#### **- Medical history added or reviewed**

Monitors: sticky note added to chart during overnight process, patient signature required button, faculty approval, chart audit survey questions 1-2

#### **- Radiographs of diagnostic quality**

Monitors: Unapproved chart indicator, faculty approval, chart audit survey question 8

#### **- Treatment plan added with patient signature**

Monitor: unapproved chart indicator, faculty approval and patient signature needed to complete treatment plan, chart audit survey question 4

**2. Chart Audit Survey (Exhibit A)** questions address each of the above criteria.

Each second year student completes a Chart Audit Survey for three patients each spring. The results of these chart audits are presented to the Quality Assurance Committee at the July meeting. If error patterns are found, clinic policy changes can be put into place before the new academic year begins.

**3. 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.

**4. Weekly reports for unapproved treatments** are generated and students are notified. Students who do not get faculty approval within a week are subject to having access to patient records revoked.

**5. Reports for Quality Assurance** allow the QAC to recognize error patterns and take necessary action: January meeting- Approved notes and treatments; April Meeting- Treatment plans approved for each patient

## **QUALITY ASSURANCE COMMITTEE REQUEST FOR ACTION FORM**

In an instance where 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 Patient Care Coordinators or the Quality Assurance Committee. Resolution and follow-up are handled by the Quality Assurance Committee Chairperson and Patient Care Coordinators. At each meeting of the Quality Assurance Committee, the members of the committee have the opportunity to discuss any problems which may warrant discussion or require additional input. Any problem identified 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 Associate Dean of Clinical Affairs. (See Quality Assurance Committee minutes).

**Request For Action Forms** are available on the school's website as well as in all clinic dispensaries and the offices of the Quality Assurance Committee Chair 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, there exists an excellent opportunity for the school to monitor the quality of the procedure being performed for our patients. 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 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 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 he/she is unable to resolve the problem, it will be referred to the QAC and the Associate 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.

An audit of the Exit Exams will be done once a year 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 the following:

- Trend in failures in one discipline.

- Trend in failures by one student

- Trend in failures involving a particular instructor.

Should a trend occur in any area, the problem will be referred to the Associate Dean of Clinical Affairs and the appropriate Department Chair.

**Exhibit A**

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

**SURVEY  
 CHART AUDIT 2015**

941-8157

| PAGE: 1 AS OF: June 15, 2017   |        |
|--|--------|
| QUESTION   | ANSWER |
| <b>Chart Audit Survey v.3</b>  |        |
| <b>Electronic Health Record- Forms tab-</b>  |        |
| 01-Is medical history signed? Button should be grey and read "Sig on File"             | ?      |
| 02-Medical history updated in last six months? (Look at change date at top of form)    | ?      |
| 03-Oral Exam filled out completely?  | ?      |
| 04-Go to Tx Plan tab- initial treatment plan approved by faculty?                      | ?      |
| 05-Was patient ever put on Medical Hold? (see Medical Alerts)                          | ?      |
| 06-If Patient was on Medical Hold, is there a release letter in Physician's Response t | ?      |
| <b>Radiographs-Open patient's chart in Schick- CDR Dicom</b>                           |        |
| 07-Does patient's chart number in Schick match axium chart number?                     | ?      |
| If No, please notify Kathy Hansel.   |        |
| 08-Are radiographs of diagnostic quality?  | ?      |
| <b>Open Patient Care module (red cross under rolodex)- in axium-</b>                   |        |
| 09-Is there a treatment entry (note or procedure) for every patient visit?             | ?      |
| 10-If No, enter date of missing chart entry:   | ?      |
| 11-Has patient been seen in last 6 months?   | ?      |
| 12-Is chart number button blue?  | ?      |
| If chart # is blue, what is unapproved?- click on aqua chart # button                  |        |
| 13-Note needs approval?  | ?      |
| 14-Form needs approval?  | ?      |
| 15-Treatment needs approval?   | ?      |
| <b>Treatment Progress:</b>   |        |
| 16-Is treatment being carried out in a reasonable time? 2-3 yrs                        | ?      |
| 17- Have there been interruptions in treatment (>3 months without treatment)?          | ?      |
| If Yes, check reasons for delay listed below, If No, skip to #19:                      |        |
| 18a- Patient finances, payhold   | ?      |
| 18b- Patient had medical problems  | ?      |
| 18c- Patient failed, rescheduled appointments  | ?      |
| 18d- Student had trouble contacting patient  | ?      |
| 18e- Don't know, needs further investigation   | ?      |
| 19-Please describe any chart discrepancies not covered in previous questions:          | ?      |
| Student name:  | ?      |

ican Academic Software Inc.





## **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:**

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**



**PATIENT SATISFACTION**  
**SURVEY**

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

Name (optional):

| QUESTION   | ANSWER           |    |
|--|------------------|----|
| Date:  | Circle Yes or No |    |
| <b>Appointments-</b>   | Yes              | No |
| 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?   | Yes              | No |
| I was aware of the EMERGENCY CLINIC and its availability   | Yes              | No |
| <b>Reception Area</b>  | Yes              | No |
| 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 |
| <b>Dental Student/ Treatment</b>   | Yes              | No |
| 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 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. Would you refer someone to our clinic?

Yes

No

11. Please write your suggestions to improve our clinic or any additional comments on the backside of this form. Thank you for completing this survey!

Optional:

Who was our dentist today? \_\_\_\_\_

What is your child's name? \_\_\_\_\_

**Exhibit F**  
**Dental Hygiene Clinic Patient Satisfaction Survey**  
**Louisiana State University School of Dentistry**  
**New Orleans and Lafayette**

|   |                            |
|---|----------------------------|
| Were you satisfied with your treatment in our clinic? If NO, why not?                               | Yes No                     |
| Were you treated courteously by the:<br>Dental Hygiene Student<br>Clinic Instructor<br>Office Staff | Yes No<br>Yes No<br>Yes No |
| I understood in advance the appointment would take longer than an appointment in a dental office.   | Yes No                     |
| Would you return to our clinic? If NO, why not?   | Yes No                     |
| I felt I received thorough care at LSUSD.   | Yes No                     |
| I understood in advance that this is an education institution.                                      | Yes No                     |
| The dental hygiene student was knowledgeable about services performed.                              | Yes No                     |
| The dental health education received was in depth and easy to understand.                           | Yes No                     |
| Were you able to locate the facility easily?  | Yes No                     |

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: \_\_\_\_\_