Predoctoral and Advanced Education

CLINIC MANUAL

Revised May 2010

The University at Buffalo School of Dental Medicine reserves the right to make changes in programs, policy and regulations as circumstances dictate, subsequent to publication of this manual.
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INTRODUCTION

A mission of the UB School of Dental Medicine (UB SDM) is to deliver quality, state-of-the-art, patient-centered, oral health care in a teaching environment through the cooperative efforts of students, faculty, staff, and administration. This Manual covers policies, rules, and regulations regarding the clinical delivery of patient care at the UB SDM. It is routinely updated in order to improve the clinical education of students and care of patients. Clarifications, additional information, and suggestions should be made to the Associate Dean for Clinical Affairs (DDS) or your Program Director or the Associate Dean for Advanced Education (AE).

Review and revision of patient care policies routinely occurs through the Clinic Council, the Advanced Education Program Directors, and the Clinic Management Committee. The Clinic Management Committee meets regularly and is responsible for resolving day-to-day clinic issues and developing new clinic policies for the predoctoral clinics. Changes and clarifications decided at these meetings are disseminated in the Clinic Newsletter. The Advanced Education Program Directors meet bi-weekly and are responsible for resolving day-to-day clinic issues and developing new clinic policies for the advanced education clinics. The Clinical Council meets each semester and is responsible for general policies affecting all clinics and long-range planning. Any policy changes requiring significant curricular changes are referred to the Curriculum Committee for approval.

CLINIC OPERATIONS AND POLICIES

CLINIC ORGANIZATION: PREDOCTORAL CLINICS

Third and fourth year students function in comprehensive care clinics, are assigned to one of four practice groups and have the responsibility of managing and providing oral health care for individuals in their respective patient families.

Third year students are assigned to two groups functioning in the second floor clinic on Mondays, Wednesdays and Fridays. Fourth year students are assigned in two groups and manage patients Mondays through Fridays in the first floor clinic. Each of the four Practice Groups is comprised of 40-45 students. Approximately 4.0 FTE Restorative Dentistry faculty with expertise in the areas of operative dentistry and removable and fixed prosthodontics are assigned to each group. Faculty from the Departments of Periodontics and Endodontics and Oral Diagnostic Sciences are also associated with each group. Each Practice Group is supported by a senior dental assistant, dental assistants, a Dental Care Coordinator and the Practice Manager, and is managed by a Group Director.

The current clinic arrangement described above allows use of the second floor clinic on Tuesdays and Thursdays for clinical simulation by first and second year students. Separation of the third and fourth year students also allows supervising faculty to provide enhanced education at the appropriate level.

The school’s vertical tier system involves all four classes and provides exposure to patient management early in the student’s educational experience. In the Integrated Dental Practice course each first year student is assigned to a third year student dentist approximately one clinical session per month in the Spring semester. Each second year student is scheduled with a fourth year student one clinical session per month for both the Fall and Spring semesters. First and second year students have the opportunity to assist dental procedures, interact with patients, faculty and staff, and become familiar with the School’s clinical operations, patient record documentation and computerized patient management system.

Staff

• The Senior Dental Assistant coordinates the activities of the other DAs assigned to a DDS group and Advanced Educational program.
• The Patient Manager tracks students’ patient family, assigns new patients, and for completed cases, arranges a Final Case Review, recall assignments and completion of discharge status for DDS students.
• The Dental Care Coordinator assigns new patients, assists the Group Director in tracking student accomplishments, assists DDS students with patient management and reviews all Medicaid treatment
plans for coverage determination and continually monitors all treatment plans for accuracy and timely progress.

**Individual Clinic Operatory**

- Individual clinic operatories in the 1st and 2nd floor comprehensive care clinic are assigned to students during the Spring Extension with the expectation that the student will remain in that operatory location for the entire 3rd year on the 2nd Floor and the entire 4th year on the 1st Floor (DDS) and to residents (Advanced Education).
- Changes in operatory assignment can only be made with permission from the Group Directors directly involved in the change and the Associate Dean for Clinical Affairs (DDS) and with the permission of the Program Directors (Advanced Education).
- The student/resident assigned to the clinic operatory is responsible for the cleanliness and professional appearance of that operatory.
- The student/resident is expected to use appropriate taste in the selection of all visible materials in their assigned operatory. Each operatory has been provided with a picture frame for this purpose in an effort to ensure continuity and uniformity.
- No pictures or posters may be permanently fixed to the walls.
- To facilitate cleaning and infection control no additional storage units will be allowed in the individual operatory.
- The cost of repair for broken or damaged units, walls or cabinetry is the direct responsibility of the student/resident assigned to that operatory.

**Additional information**

- Clinics normally operate from 9 AM - 12 PM and 1 PM - 4 PM, Monday through Friday. The AEGD Clinic operates 8 AM – 12 PM and 1 PM – 4 PM, Monday through Friday.
- Students/Residents are responsible for their patients under the direction of the clinical faculty.
- Patients must have a written comprehensive treatment plans prior to initiating treatment and the treatment plan sequence must be followed.
- Each student/resident is responsible for treating the emergencies of their assigned patients. If the student/resident is unavailable, the patient will be assigned to their group for emergency treatment. At least one student per clinic period is assigned to treat the group's emergencies in the DDS groups.
- DDS:
  - All new patient screening appointments occur in the Patient Screening Clinic under the direction of the Director of New Patient Screening. Exceptions to this policy (e.g. screening family members in the clinic groups) can only occur with permission from the Director of Patient Screening and the Associate Dean for Clinical Affairs.
  - New patients are available through the Dental Care Coordinator and are assigned in the order they were screened with an equitable distribution of clinical disciplines per group. New patients are assigned to a student as patients’ needs in the student’s current patient family are addressed.
  - Unassigned patients with dental emergencies are assigned equitably to the groups.
  - Scheduled Endodontic procedures occur in the centrally located clinic on the 1st floor.
  - Periodontal surgery is performed in designated privacy screened areas on the 1st floor.
- Advanced Education:
  - New patients are available from the Program Directors for future assignment to residents. All new patients are assigned in the order they were screened with an equitable distribution of clinical disciplines per group.

**CLINIC ORGANIZATION: ADVANCED EDUCATION CLINICS**

The Advanced Education clinics are organized by discipline/department with each advanced program operating in a separate unique location:
While residents provide dental care under faculty supervision, Program Directors and faculty within these programs are ultimately responsible for patient care.

PATIENT ADMISSIONS

Individuals seeking dental care are initially evaluated regarding their oral health care needs in New Patient Screening. Exceptions occur for Limited Treatment Patients (see next section).

Patient Screening

Patients are admitted as school patients by one of two types of screening:

1. Typical Screening Appointments where prospective patients contact the UB SDM to become patients.
2. Dental Student/Resident-Initiated Screening Appointments where students/residents intend to provide care to their relatives or friends.

Procedures for a Typical Screening

- An individual contacting the UB SDM to become a clinic patient is asked several questions including name, gender, address, date of birth, social security number and whether he/she a previous UB SDM patient.
- A Patient Admissions Packet (Appendix R) containing a cover letter along with forms for demographic data, consent for examination, medical history, dental history, New Patient Orientation Video on DVD, and a Pediatric Dentistry new patient brochure is mailed to the prospective patient within 5 business days.
- If the patient is unable to make his/her appointment, he/she is advised to request, complete and return an “Authorized Representative Form”. This form is available from Patient Admissions and/or their dental provider.
- Upon return of the completed information and the required deposit or Medicaid information, the prospective patient’s name is placed on a list for a screening appointment in the order of receipt.
- All personal data is reviewed and Patient Admissions will then contact the prospective patient to schedule a screening appointment when appointments are available.
- A postcard confirming the scheduled screening appointment and a parking permit are mailed to the prospective patient.

Procedures for a Student/Resident-initiated Patient Screening

- Dental students wishing to treat relatives or friends should obtain a Patient Admissions Packet containing a cover letter along with forms for demographic data, consent for examination, medical history, dental history, and a Pediatric Dentistry new patient brochure and give this to the prospective patient.
- The student/resident contacts the prospective patient and schedules an appointment for the student/resident to personally screen the patient.
- The patient should bring their completed application and required payment on the day of the screening appointment.

<table>
<thead>
<tr>
<th>Program</th>
<th>Department</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Education in General Dentistry (AEGD)</td>
<td>Restorative Dentistry</td>
<td>3rd floor, room 310</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Periodontics &amp; Endodontics</td>
<td>1st floor, room 148</td>
</tr>
<tr>
<td>Implant Dentistry</td>
<td>Restorative Dentistry</td>
<td>3rd floor, room 318</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Pathology</td>
<td>Oral diagnostic Sciences</td>
<td>3rd floor, room 355</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>1st floor, room 112</td>
</tr>
<tr>
<td>Orthodontics &amp; Dentofacial Orthopedics</td>
<td>Orthodontics</td>
<td>1st floor, room 150</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>Pediatric &amp; Community Dent</td>
<td>1st floor, room 107</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Periodontics &amp; Endodontics</td>
<td>3rd floor, room 310</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>Restorative Dentistry</td>
<td>3rd floor, room 310</td>
</tr>
</tbody>
</table>
The Screening Appointment

- Following receipt of the patient's application, the patient's chart is created.
- At the screening appointment, prospective patients receive a booklet, “UB SDM Patient Information” and are requested to initial and date the front of the patient chart indicating receipt of the booklet. The booklet includes UB SDM clinical policies, answers to frequently asked questions, the Patient’s Bill of Rights and responsibilities (Appendix S). It explicitly states that assignment for treatment is not guaranteed.
- The patient is provided with a copy of the UB SDM Notice of Privacy Practices as mandated by HIPAA and asked to acknowledge receipt of the privacy information by signature and the dental provider initials the front of the patient chart.
- A photo ID of the patient is reviewed and this is verified in the chart.
- Dental faculty and students/residents review the medical and dental history including current medications, history of illness, and allergies with the prospective patient and add any information and clarifications as needed.
- The Consent to Examination form is signed and witnessed.
- Medical Alert information including the need for pre-medication and drug and/or latex allergies are written on the Emergency Information page inside the chart.
- A cursory evaluation of the patient's oral condition is performed with the aid of a disposable mouth mirror in order to triage the patient's needs and determine general recommendations for treatment. During screening, students/residents also provide oral cancer screening and vital signs evaluation.
- A panoramic radiograph will be ordered if one has not been taken within the past 2 years.
- If during the evaluation it is determined that additional consults are required prior to the initiation of treatment, an ODS referral may be initiated and completed at the screening appointment. If an ODS faculty is not available to complete the referral at the time of screening, the consult will be completed at the very next scheduled appointment with the student/resident.

PATIENT CARE

To provide appropriate patient care, students/residents are responsible for:

- Scheduling new assigned patients within 4 weeks of assignment for examination and treatment.
- Scheduling active patients frequently enough to ensure timely treatment completion.
- Properly following the approved treatment plan sequence.
- Being prepared at each appointment with the knowledge and understanding of the indicated treatment and the proper clinical armamentarium.
- Employing accepted treatment procedures.
- Using proper infection and engineering control procedures (e.g. safety glasses, hand hygiene, PPE protocols).
- Not leaving unfinished treatment unless approved by the Group/Program Director. Certificates/Diploma may be withheld until all patient treatment is complete as determined by Group/Program Director.

All completed patients (except Limited Treatment Patients) must be seen once for recall examination and prophylaxis before being assigned to the UB SDM recall system. All patients under active treatment must receive a recall examination and prophylaxis at least annually. The actual interval is determined by the severity/history of oral disease.

Students/residents must report to their respective Group/Program Director any patient problems including insufficient numbers of patients, patient compliance with an established treatment plan, financial commitments, and appointment cancellations or disappointments. Patient problems must be fully documented in the record progress notes and co-signed by the respective Group/Program Director or faculty who sign the patient's chart.

The CARES (Counseling, Advocacy, Referral, Education, Service) Program is offered through the SDM to assist patients experiencing difficulty in accessing care due to finances, transportation or other areas of concern. If the student feels a patient needs assistance from the CARES Program they should contact the
CARES staff in Squire 260V, 260X or call 829-2698. After hour contact can be made via the CARES Referral sheet located outside their office door.

The patient family of each student/resident is periodically reviewed by Group/Program Director, Patient Manager and Dental Care Coordinator. Students/residents failing to establish approved treatment plans, make timely progress or follow the proper treatment sequence must explain such situations. Failure to satisfactorily manage assigned patients may result in a grade reduction and/or may affect timely promotion, program completion or graduation.

Patient Appointments

The initial appointment begins with a thorough review of the medical and dental health histories and a comprehensive intra and extra-oral examination (including head and neck, oral cancer screening, in-depth clinical evaluation). Additional radiographs and/or impressions for study casts may also be necessary to diagnose and develop a treatment plan for dental needs. Completion of an ODS referral, if applicable, is also completed at this appointment. Actual dental treatment usually does not begin on the first visit.

All patient appointments must be scheduled through the UB SDM’s clinical computer system (Picasso). This ensures adequate faculty coverage in the intended discipline and facilitates ordering Instrument trays and patient charts.

Students/residents should only schedule appointments for patients they actually intend to see. Scheduling fictitious appointments to reserve a time slot and later substituting another patient is unethical and prevents other students/residents from scheduling a patient. For example, a student/falsely schedules 12 appointments with a patient as soon as the appointment times are released with no real intention of seeing the patient. Instead they modify these appointments as soon as they can contact other patients or cancel them if they are unable to fill them. This approach blocks other students from working with faculty at a specific appointment time. When this behavior is observed, the student/resident loses clinic privileges and may be referred to the Judicial Council for disciplinary action.

To schedule an appointment, the appropriate clinic, student/resident and faculty must be available at the date and time specified. The scheduling software searches for potential appointment slots and provides the student with a list for selection. Scheduling an appointment reserves a slot with a supervising faculty in a clinic, schedules printing of an Activity Tracking Form (ATF), and requests a patient chart, instrument tray, and handpiece.

On the scheduling screen in Picasso, selection of the proper chart option (normal delivery, immediate pickup or don’t pull chart) is made. An instrument tray must be selected for most clinics before the appointment can be saved. A second appointment with the same patient does not require a second tray unless the procedure requires different instruments. In addition, when scheduling, the student/resident must also indicate the anticipated treatment for that appointment, in order to complete the scheduling process. The delivery of the ATF, chart and instrument tray is covered elsewhere in this manual.

Patient Withdrawal as Clinic Patient

If a patient decides not to continue with dental treatment, the student/resident should discuss this situation with his/her supervising faculty. The patient should be advised of the options, risks and expectations if treatment is discontinued. A Predoctoral Case Discharge form (Appendix A) should be completed by the student/resident with assistance from the Dental Care Coordinator. The reason for discharge should be indicated on the form as necessary for Quality Assurance monitoring. The reason for discharge will also be indicated in the ‘Notes’ feature of Picasso. In the event the patient is not available for advisement and incomplete treatment remains, an incomplete treatment letter is sent to the patient by the Patient Advocate’s Office.

If treatment will be continuing at a private practitioner, copies of dental records and radiographs will be provided upon written request of the patient. Request forms may be obtained at Patient Records. There are fees associated with duplication and 5 business days are needed for processing.
Patient Cancellations/Disappointments

To cancel, patients must call their student/resident at least 24 hours prior to an appointment or it is considered a disappointment rather than a cancellation. If they cannot reach him/her they should call the UB SDM at (716) 829-2821 (M-F 8:15am-4:45pm) to page their student/resident or to leave a message. Repeated cancellations (calling to reschedule an appointment) and disappointments (a cancellation with less than 24 hours notice or not showing up for a scheduled appointment) may result in discharging the patient. If a patient cancels appointments with less than 24 hours notice or disappoints twice, the SDM may elect to discharge the patient.

Treatment Plans

A treatment plan is a written statement of the procedures a provider, exercising professional judgment, believes necessary to restore oral health and functionality to the patient. It is the policy of the UB SDM to insure that all discipline parameters of care as well as the CPEs follow the American Dental Association formulated Dental Practice Parameters. The UB SDM discipline parameters of care and the ADA Dental Practice Parameters should be used as an aid in all clinical decision making and treatment planning. The conditions covered are found at <http://www.ada.org/1945.aspx>.

When the student/resident has developed a tentative treatment plan, it should first be discussed with the supervising faculty member along with treatment options, cost, and the estimated number of visits. The student/resident then presents this to the patient for his/her approval. Once the final treatment plan is accepted, it is entered into the computer system. At this time, consent to treat should be discussed with the patient, and only after this discussion, should signatures be secured to the consent to treat form. A printed copy of the treatment plan is generated for signature by the patient, student/resident and faculty and then inserted into the patient's chart. A signed treatment plan must be in place before any definitive treatment is started on the patient. This will give the patient an estimate of fees and the number of visits. It is advisable to give a copy of the finalized approved treatment plan to the patient. The treatment plan must be maintained and updated as necessary. Treatment plans in the predoctoral clinics which contain more than 3 units of fixed prostheses and/or estimated cost of $2500 or greater require the signature approval of two faculty members.

A DDS student is to enter the American Society of Anesthesiologists (ASA) classification for each assigned patient the Picasso patient information system. Several Advanced Education programs require diagnostic information to adequately manage resident progress and to satisfy reporting requirements set by the American Dental Association. Residents in designated programs are required to enter a diagnosis for their patients and link the appropriate treatment.

The diagnosis of a patient is to be recorded as part of developing the treatment plan and must be updated as needed. Accurate and timely entry of the patient diagnoses ensures the accuracy of the Post Graduate Production Detail reporting screen.

Patient Records

Patient records including chart, radiographs, letters, and referral information are important professional, legal documents. They must be complete, legible, current, and accurate (see Appendix B). Patient records must be accessible at all times because they are necessary for emergency care, review by authorized individuals and available to patients or their authorized representative. Students are not to interfere with accessibility to patient records. To ensure patient confidentiality, records may not be removed from the building, kept over-night or left in any location except in proper record storage areas. If the patient record must be used after chart room hours, it is the responsibility of the individual faculty, staff or student who signed out the record to safeguard it in a reasonable manner so as to protect the protected health information. Failure to comply with the UB SDM procedures regarding patient records carries serious penalties, including withdrawal of clinic privileges.
Inquiries from insurance companies and attorneys regarding patient records are to be referred to the Business Operations Manager. Students are never to respond directly to these kinds of inquiries.

Faculty and students/residents must ensure that all patient records are kept current. This includes consents, patient histories, physical evaluations, treatment plans, progress notes, and diagnostic radiographs.

**Patient Charts**

**ORGANIZATION OF PATIENT RECORDS**

**Front Jacket**
- Patient Identification tag is present and clearly states the patient name, address, date of birth, phone number. If the ID tag is missing or needs replacement, contact Patient Records
- Bar code tag is present. If missing, or needs replacement, contact Patient Records
- The area indicating "Received Patient Info Booklet" has been signed and initialed by patient. If not, distribute booklet at next appointment and have patient initial and date
- “NPP Given” has been initialed by provider upon distribution of Notice of Privacy Practice and receipt of acknowledgement form from patient

**Front Inside Pocket**
- Pocket should contain miscellaneous, non-treatment related papers (e.g.: change of address, insurance forms, correspondence, etc.)

**Section I (attached to inside of front jacket in the following order)**
- Emergency Form (red printed form which indicates current medications and emergency contacts and medical alerts)
- HIPAA Disclosure Log (as needed)
- Problem List
- Medical History Update
- Soft Tissue Exam
- Medical History Initial Assessment
- Oral and Dental History Questionnaire
- Medical History Questionnaire

**Section II (attached to front of 1st divider facing front jacket and in the following order)**
- Comprehensive Patient Exam and Findings
- Medical Clearance Letters / Medical Correspondence
- Consultations

**Section III (attached to the back of the first divider in the following order)**
- Case Completion, Case Discharge and OMFS Referral
- Treatment Plan

**Section IV (attached to front of 2nd divider)**
- Progress Notes (with most recent entries on top)

**Section V (attached to the back of 2nd divider in the following order as needed)**
- Periodontics Record
- Periodontics Recall Record
- Endodontic records
- Oral and Maxillofacial Surgery Records
- Removable / Fixed Design Records
- Treatment related loose papers with the corresponding discipline section

**Section VI (attached to inside of back jacket in the following order)**
• Radiographic Order and Exposure Record
• Agreement / Consent to Surgical Procedures
• Consent to Treatment
• Agreement / Consent to Examination and use of Patient Health Information (PHI)
• NPP acknowledgement

Back Pocket
• Film radiographs and printouts of digital radiographs - dated and labeled with patient name
• Patient file copy of Removable / Fixed laboratory scripts
• Photographs

Note:
• Copies of posted ATF /PFF should be discarded in a Confidential Recycling Bin.
• Items stored in the chart such as: arch wires, temporary crowns, etc must be in protective packaging.

Patient Electronic Oral Health Record: Stores digital images including
a. digital photographs
b. intraoral and extraoral digital radiographs.

Patient Chart Storage

All patient charts are kept in the secure central record room where there is a storage area for all records. Other patient information (e.g. student copy of the ATF, copy of treatment plan, etc.) must be kept in a secure storage area to prevent inadvertent discovery or display of protected health information.

Access to Patient Charts

When an appointment is made in the Picasso computer system, a chart request is automatically generated, unless the ‘do not pull chart’ button is selected. Each day the record room clerk produces clinic lists and pulls the charts for the next days’ appointments. Charts and ATFs are delivered to the appropriate clinic areas the morning of the appointment. Alternate policies include:

• When a patient is scheduled for an appointment on the same day that the appointment is entered into the computer, or late in the afternoon on the day prior to the appointment, a chart request is initiated and it is called an IMMEDIATE request. These charts are kept in the record room and students/residents must pick them up.

• If a student/resident or faculty member wants to review a chart in the absence of a patient, a separate out-card must be filled out completely and legibly for each chart requested. Lists are not acceptable. The reason for the chart request must be included. If reviewing a chart for research purposes, an IRB # must be included. All charts leaving the record room must have out-cards so the location of the chart is always known.

• If a chart is transferred to another person or department, an out-card must be updated immediately. Blank out-cards are available in each of the clinics and should be used to re-direct a chart that is being given to someone else. Simply complete an out-card with the new information and place it in the envelope located near the chart bins in the clinics. The out-card can also be updated by contacting the chart room at 829-2526. If the out-card is not updated, the original student signing out the chart remains responsible.

• Charts must always be returned daily to ensure patient confidentiality. Charts are NOT to be left in offices, bookbags, or in operatories. Removal of the chart from the building is strictly prohibited and will result in penalties, including suspension of clinic privileges. There are chart return carts in the clinics, where charts are collected 3 times a day and re-filed. Charts can also be returned directly to the record room until 4:30 PM. After 4:30 PM, charts must be returned to the chart room via the secure door drop slot in the chart room door.
If a patient requests a copy of his/her chart, he/she needs to contact the chart room to complete a copy request. Processing the request takes 5 business days. There are fees for making copies of notes and x-rays (radiographs). Records will not be duplicated without a signed release from the patient. It is imperative that x-rays have names and dates on them or they cannot be duplicated. X-rays (radiographs) also need to be documented on the Radiograph Record.

Progress Notes

Entries in the Progress Notes should be **complete, accurate and legible**. They are to be **signed and stamped** by the supervising faculty and the student/resident.

Radiographs

Radiographs must be taken judiciously to avoid unnecessary patient exposure to ionizing radiation (see page 13-14 for radiographic guidelines). All radiographs must be properly mounted with the patient’s name and date taken legibly written on the mounts. Guidelines for taking digital radiographs can be found on the Intranet under ‘clinic info’. Digital radiographic images including print-outs of digital images, contain the date, time, name of series, patient name, chart number, and gender.

Note: The code 00220 for intraoral periapical radiographs is for the first x-ray on any given day. Code 00230 is for subsequent periapical radiographs taken on that same day. The next time the patient has an Intraoral periapical radiograph, 00220 is charged again for the first one that day.

Chart Audits

**DDS Program**

Active comprehensive patients’ charts are audited continually as part of the Quality Assurance Plan (Appendix C - DDS). It is the responsibility of the student to correct any discrepancies seen during the chart audit.

The Patient Record is a detailed, complete record of the patient’s history, treatment plan and treatment rendered at the school. It is considered legal evidence and may be requested a court of law. Therefore each record must be properly organized, accurate, complete, and up-to-date. **As part of the School of Dental Medicine’s program of Continuous Quality Improvement (CQI), all patient records are regularly audited for several parameters** (Appendix D and E). Additionally, when warranted, more detailed audits are conducted to satisfy compliance requirements set forth by the Office’s of Inspector and Medicaid Inspector General.

**Advanced Education Program**

In the Advanced Education Clinics, there are two types of audits: 1) **Complete Chart Audits** of the entire Patient Record, and; 2) **Limited Chart Audits** of the section of the Patient Record relating to care provided in the Advanced Education Clinics.

**Complete Chart Audits** are performed for:

- Limited treatment patients accepted by the Advanced Education school programs only for specific treatment with no guarantee or obligation for subsequent treatment. This may include emergencies, endodontics, orthodontics, periodontics, and oral surgery.
- Patients whose entire care is provided in the Advanced Education clinics.

**Limited Chart Audits** are performed for:

- Patients referred from the pre-doctoral clinics for advanced care and then referred back to the pre-doctoral clinic for subsequent care

**Audit Protocol**
Residents must maintain accurate and complete patient records.

The PG Audit Assistant will audit charts of all patients when their work is completed and all active patients at least once a year.

The PG Audit Assistant will provide the Program Directors and the Associate Dean for Advanced Education and Research with copies of the audits. The audit findings will be taken into account by Program Directors as part of the practice management component of clinical grades.

The Program Directors should distribute the forms to their residents for appropriate corrective action.

The PG Audit Assistant will provide audit summaries to the respective Program Directors and the Associate Dean for Advanced Education and Research to document the program’s QA activities.

Chart Audit Summary

The PG Audit Assistant will send the completed Chart Audit Summary Form (Appendix F and G) and copies of each patient’s Chart Audit Form to the appropriate Program Director. This will enable the Program Director to review the audit with each resident and assure corrections. The summary will simply state a total for that resident. i.e. total number of charts missing bar-code labels, total number of charts with unsigned progress notes, etc. The Program Directors will then be able to identify any obvious deficiency issues for each resident and clinic-wide.

The PG Audit Assistant will also forward a Chart Audit Summary Form for each resident to the Associate Dean for Advanced Education and Research for QA purposes.

Case Completion

When all the patient care in the treatment plan is completed, a CASE COMPLETION form is completed (Appendix H - DDS), (Appendix I – Advanced Education).

Patient Referrals

All referrals and reassignments are initiated, submitted and processed electronically via Picasso (Appendix U).

Recall Program

The UB SDM has an obligation to provide timely, dental recalls to its patients in order to aid them in maintaining good oral health. To facilitate this, faculty and students/residents should encourage patients to participate in the School’s Oral Health Recall Program. The interval between recall appointments is determined individually for each patient and is related to the patient’s past history, current oral health status, oral hygiene, tobacco/alcohol usage, caries rate, and periodontitis risk, among other factors. The recall elements include:

- Update of medical and dental history.
- Head and neck examination.
- Oral soft tissue examination.
- Oral hard tissue examination including evaluation of occlusion.
- Radiographs updated as necessary.
- Caries evaluation.
- Plaque control.
- Evaluation of existing restorations.
- Scaling, root planning, and prophylaxis.
- Establishment of subsequent recall interval.
- Referral for additional treatment when necessary.

If there is additional dental treatment, the patient is informed of his/her specific needs, urgency, and recommendations and then referred for treatment. For minor treatment, the patient is referred to
Patient Services for a “one time only” appointment. (The patient does not remain part of the student's/resident’s patient family) For more extensive treatment, the patient is re-assigned.

**Recall Codes**

All comprehensive recalls for patients never having periodontal surgery include at least 2 procedures plus necessary x-rays. See the current Clinic Fee Schedule for appropriate associated fees.

- Periodic oral evaluation (D0120)+ Prophylaxis – adult (D1110)
- Periodic oral evaluation (D0120)+ Prophylaxis – adult, 6 teeth or less (U1111)
- Periodic oral evaluation (D0120+ Prophylaxis – child (D1120)

**Recall X-rays (Radiographs)**

- Bitewing, single film – BWX (D0270)
- Bitewing, 2 films – BWX (D0272)
- Bitewing, 4 films – BWX (D0274)
- Intraoral, complete series (including bitewings) – (full mouth series, FMX) (D0210)
- Intraoral periapical, first film – PA (D0220)
- Intraoral periapical, each additional film – PA (D0230)

When a recall requires more than one appointment and only involves light scaling and root planing in the 4 quadrants, the patient is billed only for 2 quadrants of scaling and root planing (all 4 quadrants are listed on the ledger, but 2 are discounted). When a recall spans 2 visits because the student is inexperienced, the second visit is listed on the ledger as a prophylaxis, but the second visit is discounted as a continuation of treatment.

**Limited Dental Treatment**

Although the UB SDM provides comprehensive care to patients to the majority of patients, some patients are accepted for LIMITED TREATMENT (Appendix J). Acceptance for limited treatment does not guarantee or obligate the UB SDM to provide additional dental care. Patients accepted for limited dental treatment must sign a form acknowledging their limited treatment status and that the UB SDM is not obligated for other treatment. Examples where limited care is offered include:

- **Endodontic Treatment**—This excludes the post-endodontic, restorative phase.

- **Oral & Maxillofacial Surgery**—This is limited to extractions of non-restorable teeth or to alleviate or prevent pain or infection. It excludes subsequent prosthodontic replacement for function or cosmetics.

- **Periodontal Treatment**—This is limited to referrals for advanced periodontal therapy.

- In some cases limited treatment for other situations may be offered. This treatment will be limited to the procedures discussed and listed in the dental record.

**Resolving Patient Complaints**

**Financial / Billing Complaints**

Business Office personnel receive calls

Business Office Manager or Assistant Manager makes an adjustment determination

Student/resident, faculty, patient advocate, and others are involved as needed to seek resolution
Letters, In-Person Complaints or complaints to the Dean's Office

Patient air complaint to patient advocate  
↓
Chart is reviewed  
↓
Information is gathered from student/resident, supervising faculty, and Practice Manager  
↓
Patient Advocate and Associate Dean for Clinical Affairs review the case (resolution most likely occurs at this time).  
↓
More complex cases are reviewed by appropriate Group/Program Directors  
↓
Director and student/resident discuss case. Additional meeting attendees may include Patient Advocate, and others at the discretion of Director.  
↓
More involved cases may include additional meetings with patient involvement.

INFECTION AND HAZARD CONTROL

The Infection and Hazard Control Manual presents guidelines and recommendations for infection control and safety in the UB SDM (http://intranet.sdm.buffalo.edu/ods/clinic/InfectionControl/). This information supplements the University at Buffalo, Office of Environment, Health & Safety (EHS), Biosafety Exposure Control Plan and Chemical Hygiene Plan. Refer to the university plans, EHS Personnel or an Infection & Hazard Control Committee representative for information not addressed in this manual.

DIGITAL and FILM RADIOGRAPHS

Radiographs must be taken judiciously on the basis of professional judgment and only after considering medical, oral and dental histories, clinical findings, and an evaluation of susceptibility to dental diseases. Information regarding digital radiography can be found at http://intranet.sdm.buffalo.edu/clinic/PicassoDR/

Clinical situations where radiographs may be indicated, but are not limited to:

A. POSITIVE HISTORICAL FINDINGS
   1. Previous periodontal or endodontic tx.
   2. History of pain or trauma
   3. Familial history of dental anomalies
   4. Postoperative evaluation of healing
   5. Remineralization monitoring
   6. Presence of implants or implant placement evaluation

B. POSITIVE CLINICAL SIGNS/SYMPTOMS
   1. Clinical evidence of periodontal disease
   2. Large or deep restorations
   3. Deep carious lesions
   4. Malposed or clinically impacted teeth
   5. Swelling
   6. Evidence of dental/facial trauma
   7. Mobility of teeth
   8. Sinus tract ("fistula")
   9. Clinically suspected sinus pathology
   10. Growth abnormalities
   11. Oral involvement in known or suspected systemic disease
   12. Positive head & neck neurologic findings
   13. Evidence of foreign objects
14. Pain and/or dysfunction of the TMJ
15. Facial asymmetry
16. Abutment teeth for fixed or removable partial prosthesis
17. Unexplained bleeding
18. Unexplained sensitivity of teeth
19. Unusual eruption, spacing or migration of teeth
20. Unusual tooth morphology, calcification or color
21. Unexplained absence of teeth
22. Clinical erosion

**Factors increasing risk for caries may include, but are not limited to:**
1. High level of caries experience or demineralization
2. History of recurrent caries
3. High titers of cariogenic bacteria
4. Existing restoration(s) of poor quality
5. Poor oral hygiene
6. Inadequate fluoride exposure
7. Prolonged nursing (bottle or breast)
8. Frequent high sucrose content in diet
9. Poor family dental health
10. Developmental or acquired enamel defects
11. Developmental or acquired disability
12. Xerostomia
13. Genetic abnormality of teeth
14. Many multisurface restorations
15. Chemo/radiation therapy
16. Eating disorders
17. Drug/alcohol abuse
18. Irregular dental care
SUMMARY OF RADIOGRAPH GUIDELINES APPROVED BY THE ADA, FDA AND ALL DENTAL SPECIALTIES:

<table>
<thead>
<tr>
<th>PATIENT TYPE</th>
<th>PATIENT AGE AND DENTAL DEVELOPMENTAL STAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patient* being evaluated for dental diseases and dental development</td>
<td>Patient: 1° Dentition</td>
</tr>
<tr>
<td>Recall patient* with clinical caries or increased risk for caries**</td>
<td>Posterior BW exam at 6-12 month intervals if proximal surfaces cannot be examined visually or with a probe</td>
</tr>
<tr>
<td>Recall patient* with no clinical caries &amp; not at increased risk for caries**</td>
<td>BW’s 12-24 month intervals if proximal surfaces cannot be examined visually or with a probe</td>
</tr>
<tr>
<td>Recall patient* with periodontal disease</td>
<td>Clinical judgment as to need for and type of radiographic images for periodontal disease evaluation. Imaging may consist of, but is not limited to, selected BW and/or PA images of areas where periodontal disease (other than nonspecific gingivitis) can be identified clinically.</td>
</tr>
<tr>
<td>Patient for monitoring of growth and development</td>
<td>Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring of dentofacial growth and development</td>
</tr>
<tr>
<td>Patient with other circumstances including, but not limited to, proposed or existing implants, pathology, restorative / endodontic needs, treated periodontal disease and caries remineralization</td>
<td>Clinical judgment as to need for and type of radiographic images for evaluation and/or monitoring in these circumstances.</td>
</tr>
</tbody>
</table>

1° = Primary Dentition; 2° = Permanent Dentition; PA = periapical radiograph; OCC = occlusal radiograph; BW = bitewing radiograph; FMX = full mouth intraoral radiographic exam; PAN = panoramic exam
DUPLICATION OF RADIOGRAPHS

Radiographs for insurance company review, other outside agencies, quality assurance review or other administrative purposes should be copies of the original radiographs. Original film radiographs must be retained in the patient’s paper chart. Patients requesting duplication of digital or film radiographs and/or records should be referred to the Patient Records personnel for proper processing.

Radiographs must be documented including a written and signed faculty order indicating the number of radiographs requested, the exposure level—and the radiographic provider’s signature. Radiology policies of Oral Diagnostic Sciences apply to all x-ray equipment, digital radiology sensors, scanners and printers, darkroom, chemicals, film, and film processors in the UB SDM.

SEDATION

New York State law restricts the use of inhalation and parenteral sedation agents to individuals who have had appropriate training for enteral sedation such as nitrous oxide or New York State certification for parenteral sedation. At present, use of these agents is limited to areas equipped to comply with State and Federal guidelines. In these areas, all operatories are equipped with an oxygen supply that can deliver high flow positive pressure ventilation via an Ambu bag. In all areas where parenteral sedation is used, the sedation policy developed by the Department of Oral and Maxillofacial Surgery must be followed.

BIOPSY PROCEDURES FOR ORAL AND MAXILLOFACIAL STRUCTURES

Tissues removed from clinic patients including extracted teeth and biopsies of hard and soft tissues should be considered infectious and handled according to infection control guidelines.

- In consultation with faculty member, determine if a biopsy should be taken and examined by conventional light microscopic examination (H&E staining) and/or by immunofluorescence.
- When a biopsy is indicated, obtain a “biopsy kit” from the Endodontics, Oral and Maxillofacial Surgery, or Periodontics clinics or from the Oral and Maxillofacial Pathology Laboratory located in the Department of Oral Diagnostic Sciences, room 355 Squire Hall. Biopsy kits for light microscopic examination (H&E) contain a tube with 10% buffered formalin, a submission form and patient information. Biopsy kits for immunofluorescence (IF) contain tubes with transfer solution, a submission form and patient information.
- Immediately after removing the tissue, fix it by immersion in the 10% buffered formalin for H&E or transfer solution for IF.
- Complete the submission form and have it signed by a New York State licensed dentist. The patient should sign and date the “patient information” form.
- Submit the biopsy kit to the laboratory.
- The laboratory will process and examine the biopsy with the biopsy report faxed, mailed, telephoned and sometimes, personally delivered to the submitting contributor.
- The biopsy report should then be filed in the patient’s chart and the diagnosis recorded in the progress notes section. Results of the biopsy report should be reported to the patient as soon as possible.

It is the responsibility of the instructor/student/resident to establish the appropriate management of the lesion.
DDS PROGRAM ROTATIONS

DENTAL ASSISTANT UTILIZATION (DAU) PROGRAM

The DAU program provides instruction and experience in utilization of a chair-side dental assistant for operative and fixed restorative procedures. Students are assigned to the DAU clinical rotation during the second year, spring semester. They are subsequently required to have two formal DAU experiences each third year semester and the fall senior year semester.

The two DAU experiences during each third year semester count as a requirement for the Operative Dentistry discipline clinic course each semester. The two DAU experiences in the fourth year fall semester count as one of the requirements for the (Fall semester) Comprehensive Care clinic grade.

Each Group Practice has one DA assigned to work with students for DAU appointments. Students must coordinate their schedules with the DAU assistants by scheduling a three-hour appointment in the DAU sign-up book located in each Group Practice. Procedures must be limited to either an operative or fixed (crown preparation or impression).

CLINIC ROTATIONS EXTERNAL TO COMPREHENSIVE CARE CLINIC

The pre-doctoral program includes external rotations to sites outside UB SDM as well as internal rotations to locations within UB SDM.

Oral Radiology Rotation (Internal Rotation)

ODS 832/833
Director: Dr. Maureen Donley
This required rotation is held in the radiology clinic (116 Squire Hall). Junior students will develop experience in taking bitewing and full mouth digital images, as well as panoramic and occlusal digital images on new, reassigned, and emergency UB SDM patients. Students will also receive an orientation on proper use of equipment and appropriate Quality Assurance (QA) procedures. Mini-seminars will also provide opportunities for clinical and radiological discussions.

- Attendance is mandatory
- Proper clinical attire includes clean scrub suit and the UB SDM I.D. tag. Students provide their own protective eyewear. Outer gowns will be supplied.
- For any absences, contact the Course Director within 24 hours. Any outstanding absences not completed prior to the end of the semester will result in a grade of Incomplete (“I”).
- Students are graded on every FMX reviewed by faculty.
- Please review Appendix

Oral & Maxillofacial Surgery (External Rotations)

OSU 833 Oral Surgery Junior Clinic I - Fall Semester
OSU 834 Oral Surgery Junior Clinic II - Spring Semester
Director Dr. Barry Boyd

These required oral surgery clinical rotations provide juniors with an introductory experience in the management of a diverse array of patients in the oral surgery hospital environment.

Parking: Public pay lots adjacent to the hospitals
- Attendance is mandatory
Mandatory clinical attire includes clean scrub suit and the UB SDM I.D. tag. Students provide their own protective eyewear. Outer gowns will be supplied.

For any unplanned absences, contact the Course Director within 24 hours. The course director must be informed two weeks prior to planned absences, which must be approved by the Department of Academic and Student Affairs and the course director. Any outstanding absences not completed prior to the end of the semester will result in a grade of Incomplete ("I").

OSU 843 Oral Surgery Senior Clinic I - Fall Semester
OSU 844 Oral Surgery Senior Clinic II - Spring Semester
Director Dr. Barry Boyd

These required oral surgery clinical rotations provide seniors with an advanced experience in the management of a diverse array of patients in the oral surgery hospital environment.

Buffalo General Hospital
Telephone: 859-7300

Erie County Medical Center
Telephone: 898-4054

Parking: Public pay lots adjacent to the hospitals

Attendance is mandatory

Mandatory clinical attire includes clean scrub suit and the UB SDM I.D. tag. Students provide their own protective eyewear. Outer gowns will be supplied.

For any unplanned absences, contact the Course Director within 24 hours. The course director must be informed two weeks prior to planned absences, which must be approved by the Department of Academic and Student Affairs and the course director. Any outstanding absences not completed prior to the end of the semester will result in a grade of Incomplete ("I").

Orthodontics (Internal Rotation)

ORT 843/844 - Seniors
Director: Dr., Stephen P. Warunek – 829-2845

Seniors are exposed to orthodontic diagnosis and treatment planning. Students perform basic orthodontic procedures and adjustments to basic orthodontic appliances. Students diagnose three orthodontic cases as an exercise.

• Attendance is mandatory.

• For any absences, contact Dr. Warunek or Ms. Diane Richards at 829-2845 ASAP

• Make up clinic sessions for legitimate excuses must be made up during the same week of each session (without exception).

• Homework is due the same day of the rotation.

Pediatric & Community Dentistry (UB-PEDO) & Women and Children’s Hospital (WCHOB) (Internal & External Rotations)

PDO 833/834 – Juniors
Director: Dr. Elias Kaufman
**PDO 843/844 – Seniors**  
**Director: Dr. Paul Creighton**

These required pediatric dentistry rotations provide juniors and seniors with experience in the management and treatment of pediatric patients both in the UB SDM and outpatient hospital environments. Juniors also have typodont assignments. Seniors also have clinical practical exams, one operative exam on a patient in the Fall semester, and 2 clinical and 2 bench exams in the Spring semester.

The UB-PEDO rotation includes assignment at dental UB SDM Pediatric Dentistry clinic and Mercy Hospital. Two seniors on UB-PEDO rotation are assigned to attend the Mercy Hospital Clinic Tuesday PM.

The WCHOB rotation includes assignment at Women and Children’s Hospital, South Buffalo Mercy Hospital Clinic, Sheehan Memorial Hospital and Smile Team Outreach Programs. Two seniors on WCHOB rotation are assigned to the South Buffalo Mercy Hospital Clinic on Mondays and Fridays. All assigned seniors participate in the Outreach Programs Wednesday AM. Individual assignments are given at the start of the rotation.

- Attendance is mandatory.
- For any absences at the School, contact the UB Pediatric Dentistry Clinic at 829-2723. For absences re: the Women and Children’s Hospital rotation call 878-7887 (speak to Marsha Krall or leave a message detailing reasons for absence) within 24 hours.
- All missed clinic sessions must be made up according to the details as provided in the course outlines. Any outstanding absences not completed prior to the Executive Council meetings in mid-January and mid-May may result in a grade of F.
- Proper professional attire should be worn as detailed in course handouts. Students should bring their safety glasses and UB SDM I.D. tag.

**QUALITY ASSURANCE PLAN (QAP) FOR CLINICAL ACTIVITIES**

The UB SDM follows a dynamic Continuous Quality Improvement (CQI) program through a Quality Assurance Plan (QAP). This manual focuses on the clinical and patient care-related activities. The school's QAP maintains a system of measuring, monitoring, reporting, and improving the six Dimensions of Patient Care Quality (appropriateness, effectiveness, efficiency, safety, satisfaction, and documentation.) The QAP incorporates requirements of the UB SDM major accrediting and regulatory bodies including the Commission on Dental Accreditation (CODA), the New York State Department of Education and the New York State Department of Health.

**QAP Goals**

- To ensure high-quality dental care delivery to all patients.
- To provide a mechanism of monitoring and data acquisition for improvement of dental services.
- To establish a system of professional accountability.
- To fulfill applicable regulatory and statutory requirements
- To assure that monitoring is utilized to implement and document changes in the Dimensions of Patient Care Quality
- To provide appropriate visibility to trends and outcomes within the UB SDM and an annual assessment of the QAP
Achievement of these goals depends on a number of factors:

- Agreement and acceptance of CQI objectives by the UB SDM community (faculty, staff, students/residents).
- Development of quality assurance measures and thresholds by all participants (including patients) in the school's clinical facilities.
- Non-intrusive, continuous, measuring, monitoring and reporting.
- Incorporation of CQI data collection into the daily treatment flow whenever possible.
- Summaries of benchmarks and follow-up actions periodically reported to faculty, staff, and students in order to provide feedback on their efforts.
- Reports on QA efforts made available to current and prospective clinic patients.
- Active involvement of students in the CQI system to enhance the student's learning experiences and incorporation of CQI into their future dental practices.

**QAP implementation**

The Dean of the UB SDM has overall responsibility for the QAP and has delegated authority to the Quality Assurance Committee (QAC) to oversee all Quality Assurance activities and to implement appropriate improvement initiatives. The Associate Dean for Clinical Affairs, who also functions as the "Medical Director" for NYS Department of Health purposes, supervises the QAC and has delegated coordination of the QAC activities to the Director of CQI.

The QAC has as its members: the Associate Deans for Academic Affairs, Advanced Education, Research, Clinical Affairs, External and Hospital Affairs, and Information Resources, the Chief Financial Officer, the Dean's Assistant, Chief Information Officer, the Assistant Chief Financial Officer, the Patient Advocate, a Group Director, a Program Director, two students, two faculty, and two staff members. In addition, various other individuals and committees may be empowered by the QAC to assist in the implementation and management of the QAP. The Dean is apprised of the QAC activities.

The School's QAP addresses:

**A. Risk Management and Loss Prevention Issues**
   1. Record Completion
   2. Chart Audits
   3. Incident reporting and investigation
   4. Trend analysis

**B. Personnel Issues**
   1. Faculty, Student, and Staff credentialing and privileging
   2. Orientation and training

**C. Patient Care Issues**
   1. Appropriateness - the probability of benefit to the patient exceeds the probability of harm.
   2. Effectiveness of services - the degree to which diagnostic, preventive, therapeutic, or other action achieves the intended result.
   3. Efficiency of services - when the desired quality of health care of is provided at the lowest cost, or when the highest quality of health care is produced at a fixed cost.
   4. Safety - when conditions are free from danger, risk, and injury.
   5. Satisfaction - obtaining and assuring desirable results and/or services.
   6. Documentation - the recording of all services and treatment in an organized manner including the supply of records and documents. The document refers to written or printed paper that bears the original, official, or legal form of something that can furnish evidence or information.

The Associate Dean for Clinical Affairs has developed Central Indicators (Appendix K). In addition, each Discipline has at least two indicators and thresholds based on the six Dimensions of Quality listed above (Appendix L). The Indicators allow evaluation of patient treatment and services on a semi-annual basis. Some Indicators are permanent while others are temporary. The QAC regularly
reviews each Discipline’s report. All significant and/or continuous variances from the thresholds are reviewed for corrective action.

PATIENT INFORMATION PRIVACY PRACTICES

The University at Buffalo, State University of New York, Notice of Privacy Practice (NPP) is in compliance with federal and state regulations, including the recent Health Insurance Portability and Accountability Act (HIPAA). This Act sets forth regulations for the protection of health information with regard to privacy standards, patient rights, and administrative requirements. The major purposes of HIPAA are:

• To protect and enhance consumer rights by providing them access to their health information and controlling its inappropriate use or disclosure.
• To improve the quality of healthcare in the US by restoring trust in the healthcare system among consumers, healthcare professionals, and the multitude of organizations and individuals committed to the delivery of healthcare.
• To improve the efficiency and effectiveness of healthcare delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems, and individual organizations and individuals.

The NPP is distributed to each prospective patient at the screening appointment. Signed acknowledgement of receipt of the NPP is obtained at the same time. Documentation of the patient’s receipt of the NPP should be noted on the chart jacket cover by provider initials. Written acknowledgement of receipt should be obtained at the same appointment and placed in the record immediately behind the consent forms.

Privacy Policy

It is the UB SDM’s policy that patient care information is private and confidential. Patient care information is the patient’s property with the UB SDM acting as caretaker of that information and owner of the storage medium. This protects patients, the clinical team, and the UB SDM from inappropriate dissemination of verbal, printed or electronic information resources whether individually controlled, shared, stand alone or networked by clinical staff, employees, vendors, volunteers, students and other members of the School.

Student/Resident, Faculty and Staff Responsibilities

• Patient information collected and/or generated within the UB SDM is restricted to those who need to know, for the purpose of treatment, payment, and/or in general day to day operations, and its release is restricted to those with a legal right to know, as mandated by State and Federal laws.
• Clinical staff members, faculty, students, residents, work study and contracted employees of the UB SDM are responsible for maintaining confidentiality of all patient care information entrusted to them.
• Students/residents are expected to exercise due care in discussion of patient information.
• Students/residents, faculty and staff will keep current with changes in HIPAA regulations. This is accomplished via the Clinic Newsletter, HIPAA Happenings and formal training sessions.

Department Responsibilities

• Determine information its members need access to in order to complete their job functions. Viewing or obtaining information not needed for job completion regardless of the medium of storage, constitutes unlawful disclosure of that information. The department must monitor and, if necessary, discipline members in all matters of information privacy and security.
• Inform its members of this policy and develop and maintain where appropriate, data confidentiality policies specific to their department.
• Inform the school of the need for new employees, trainees, volunteers, work/study, and clinical staff.
• Assure that current HIPAA policies are addressed in each orientation program and are included in any orientation “information packet” provided to new employees, trainees, volunteers, work study, and clinical staff.

Data Manager Responsibilities

• Maintain secure access to their electronic data and respond to questions regarding potential breach of confidentiality. To the extent technologically possible, audit trails must be maintained of access to both aggregate and patient-identifiable electronic data.
• Maintain lists of all people granted access to electronic databases under their stewardship.
• Annually review authorized personnel who have access to patient identifiable information to help ensure that only those with a need to know are granted access to such information.
• Store hard copy printouts of aggregate and patient identifiable electronic data in a secure area and maintain them in a confidential manner as is currently required of medical records.
• Every clinical staff member, faculty, students, residents, work study and contracted employee of the UB SDM is responsible for maintaining confidentiality of all patient care information entrusted to them.
• Every student/resident is expected to exercise due care in discussion of patient information.

Research Access to UB SDM Patient Information

• Requests for access to patient identifiable information needed for research purposes must be accompanied by IRB approval.

Unethical and Unacceptable Behavior

• Voluntarily allow or participate in inappropriate dissemination of confidential patient information.
• Interfere with the intended use of the information resources.
• Without authorization, destroy, alter, dismantle, disfigure, prevent rightful access to or otherwise interfere with the integrity of patient information and/or information resources.
• Without authorization invade the privacy of individuals or entities that are creators, authors, users, or subjects of information resources.

Infractions of this privacy policy shall be subject to disciplinary action up to and including loss of clinic privileges or dismissal. Invasion of another person’s right to privacy can have further legal consequences in addition to disciplinary action by the UB SDM.

Requests for access to patient identifiable information needed for research purposes must be accompanied by IRB approval.

Communication regarding the UB SDM privacy policies, monitoring of these policies and/or reporting of infractions should be channeled through the Office of the Associate Dean for Clinical Affairs or via email (SDM-Privacy@buffalo.edu).

SMOKING POLICY

UB is committed to providing a healthy environment for students, employees, patients and other visitors.

Smoking is strictly prohibited in all University-owned and operated buildings, stadiums and outdoor events, and in all vehicles owned and operated by the University. Doorway areas and loading docks are considered part of the building. Visitors must observe this smoke-free policy.

LABORATORY SERVICES

The UB SDM utilizes in-house dental laboratories as well as commercial laboratories to provide dental laboratory services.
Infection Control
• PPEs, gloves and masks must be removed before you exit the clinic. Lab personnel will not accept any work from any student/resident, faculty or staff wearing a PPE, mask or gloves.
• Any prosthesis being transported from the clinic to the lab must be decontaminated, disinfected and placed in a transport bag prior to exiting the clinic. Lab personnel will not accept any work from any student/resident, faculty or staff from the clinical area unless it is properly decontaminated/disinfected.
• The Infection Control Manual can be referenced at: http://intranet.sdm.buffalo.edu/ods/clinic/infectioncontrol/

Laboratory Work Authorization
The Laboratory Work Authorization Form must include:
• Student/resident signature and ID number
• Faculty signature
• Authorization stamp from the Business Office for gold/teeth issues (patients must pay 2/3 of the restorative fee before the stamp is issued).

Communication with Commercial Laboratories
Only supervising faculty may directly contact commercial or school laboratories providing support services to the school.

Completion of Lab Work
The laboratory workload varies over the course of the UB SDM school year. Check with the laboratory when submitting work requests before scheduling clinic appointments that depend upon completed laboratory processing.

Quality Control
All students (Predoctoral, PG and AEGD) must complete the Fixed/Removable Prosthodontic Technical Support Quality Control Form provided with the completed prostheses from the laboratory and return it to the senior dental assistant.

Student Lab
To expedite processing, students must perform some routine laboratory tasks i.e., trimming and polishing dentures, setting, waxing of teeth, beading, boxing, pouring of casts, pindexing, mounting of working master cast(s), along with finishing and polishing metal in the student lab, Squire Hall B54C.

Patient Emergency Assistance
Technical advice and assistance is available from technicians during regular working hours.

Fixed Prosthodontics Laboratory

Work Submission
• Submit fixed work to the Fixed Prosthodontic Laboratory in 220 Squire.
• Submissions are placed in the designated section of the front island and reviewed daily by faculty at specified times for adequacy and completeness before work is begun.
• Students/residents should track submissions on the intranet (Prosthodontic lab database login.). If the submission is not approved, students/residents should correct and resubmit the work utilizing the original Rx and noting corrections by signature and date.
• Completed cases are available for pickup on front shelves with pickup information available through the intranet (prosthodontic lab database login).

Submission Requirements:
All submitted casts (working and opposing) must be full arches, mounted on a calibrated semi-adjustable Hanau articulator. The following should be included for every case:
• Impression of the prepared tooth/teeth.
• Working cast with accurate, sectioned, trimmed, stable dies (dowel pins and Pindex machine available in the student lab in basement), and finish lines clearly marked in red pencil.
• An additional solid cast must be submitted for all crowns and FPD where there are proximal contacts.
• Metal issue card with Business Office authorization (lab will procure precious alloys and return any unused alloy to Gold Room)
• For Maryland Bridges, 2 solid unpinned casts along with the impression
• An acceptable, properly trimmed occlusal registration. This must be included when the prepared tooth is the terminal tooth in the arch or when casts cannot otherwise be accurately hand-articulated.
• Porcelain shade where applicable (Vita 3-D shade is the recommended shade reference)
• Additional diagnostic/instructional aids or information as necessary for individual cases (e.g. Cast with surveyed RPD design, diagnostic wax-up, denture tooth set-up, photos, diagrams, etc)
• When altering/modifying anterior guidance, a customized incisal table is required as well as a mounted cast of the provisional restoration.

Esthetic restorations (porcelain veneers, all ceramic crowns and ceramic and composite inlays and onlays.)
These are directed to Fourth Year students and require review and approval by one of the Group Directors or his/her designee.

RPD Abutment
When crowns are being made as RPD (removable partial denture) retainers:
• Natural teeth receiving guide planes and rests, must be prepared BEFORE an impression is made for crown(s).
• The working cast must have tripod marks (and parallel marks when possible) to permit the laboratory to locate the desired path of insertion and provide the prescribed rests and axial contours.

Case Return
• PFM restorations: glazed or unglazed as prescribed.
• PFM fixed partial denture metal frameworks for clinical try-in prior to porcelain application (Note: single tooth PFM restorations will not routinely require a metal try-in prior to porcelain application.
• All ceramic restorations glazed

Laboratory equipment availability in 220 Squire.
Students can access the sandblaster, Pindex, steam unit and scrap metal return book in the fixed lab during regular working hours under the supervision of the lab personnel.

Completion Date
Generally, the time required for completion of cases is:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casting, pattern provided</td>
<td>2-3</td>
</tr>
<tr>
<td>FCC</td>
<td>7-10</td>
</tr>
<tr>
<td>Metal framework (PFM)</td>
<td>7-10</td>
</tr>
<tr>
<td>PFM (bisque bake)</td>
<td>7-10</td>
</tr>
<tr>
<td>Targis</td>
<td>7-10</td>
</tr>
<tr>
<td>All ceramic</td>
<td>7-10</td>
</tr>
</tbody>
</table>

Receiving Completed Work
Work may be received during regular working hours of laboratory personnel.
Take your work only. (Do not disturb or remove the work of fellow students.)
Please return pans, once laboratory work has been taken to your operatory.

Removable Prosthodontics Laboratory

Reline and Rebase
• Relines, rebases and repairs will receive priority for completion.
• For complete dentures, bead the impression close to the border, box and pour in yellow castone. Trim casts to a reasonable size. Do not remove the denture from the cast at any time. Students will be paged to scribe post dam for maxillary dentures.
• For partial dentures, submit impressions to lab to pour master cast. All rebases and relines will be returned to the student for trimming and polishing.

Reparirs
• Clasp repairs require a pick-up impression poured in castone.
• Tooth replacements and additions require a cast of the opposing arch, and if the occlusion is in question, an occlusal registration.
• Clasp design and flange borders should be drawn on cast.
• Teeth to be extracted should be marked with an “X” on master cast. Repairs will be returned to student disinfected and ready for insertion.

Processing
Cases to be processed should be fully waxed up and submitted with a work order to include acrylic shades and any special instructions. Wax-ups will be reviewed by the Quality Control Committee for needed modification to prevent possible problems during and after processing. Needed alterations will be noted and returned for student modification. The Dentsply “Success” Injection System is the standard processing system used by the removable lab whenever possible. The Ivocap Injection System is also available upon request.

Tooth orders
The completed white “Tooth Order” form MUST be brought to the Business Office for authorization and to be stamped prior to being submitted to the clerk in Room B28E. Teeth will only be issued if there is a “Teeth May Be Issued” stamp on these forms from the Business Office. (This is the same policy that for all Laboratory Purchase Orders and Gold Issue on crowns, partials and bridges.)

RPD Framework
If the opposing arch has natural teeth, casts should be mounted on a Hanau Articulator prior to submission to the lab. The dental service laboratory will then mount your case on an identical instrument to prevent occlusal interferences. The following checklist must be completed prior to sending case out to chrome lab:
• Purchase order number obtained from business office
• Cases mounted as specified above
• Casts tripoded for surveyor orientation Survey lines present on all abutment teeth.
• Casting design drawn in blue.
• Retentive clasp features should be drawn in red.
• RPD designs utilizing a posts for anterior denture teeth retention should have interim teeth set and a labial silicone putty matrix included with the master cast to aid the technician in post placement.

RPD Framework Remakes
Requests for RPD framework remakes should be submitted with a new master cast and a new PO number from the business office. The new prescription should include a detailed explanatory note from your instructor as to why the original framework failed so that cost liability can be determined. Any problems with RPD frameworks should be reported on the short form entitled “Removable Prosthodontics Technical Support Quality Control” by the student and instructor. This form is available in the clinic and should be returned to the senior dental assistant.

Completed Processing
Cases may be picked up during regular working hours. Take your case only. Do not remove the prescription or the work pan from the lab.

Interim Prosthesis Procedures
Submit stone casts to the laboratory for adaptation of clasps before setting any teeth. Allow 2 or 3 days for this procedure. Casts should be designed following the same procedures listed under RPD frameworks. The laboratory will supply interim teeth for your setup. Set teeth and complete wax-up before submitting a case for processing. Take a shade for interim dentures: Kenson Shade Guides are available at the dental assistant stations in clinic. Since Kenson Teeth are used in interim situations, time spent cross-referencing tooth shades can be eliminated.
Service Hours
The service window will be open for submitting and picking up cases, interim teeth advice, help or brief demonstrations as follows:
8:45AM - 9:15AM
11:00AM - 12:00AM
1:00PM - 1:30PM
4:00 PM - 5:00PM
Compliance with these hours will greatly facilitate the completion of everyone’s lab work. The exception to this rule is submitting a clinical emergency repair.

MAINTENANCE AND REPAIR OF EQUIPMENT AND FACILITIES

Instruments and Equipment
The School of Dental Medicine supplies and maintains all instruments and laboratory equipment including those requiring sterilization. This ensures students/residents have all necessary instruments and equipment, all clinical instruments are sterile and well maintained, and costs of providing this service are minimized.

Clinical Instruments
Instruments are requested at the same time that an appointment is scheduled in Picasso, the Clinic Information System. In the Instrument Request field, click on the down pointing triangle to the right of the Tray field to display a list of trays. Select a particular tray by scrolling up or down in the same manner as selecting a clinic. A complete key to the contents of the instrument trays, handpieces, handpiece attachments and other instruments and equipment is available to assist in making requests. Each tray is associated with a specific set of instruments. For example, if you select a #2 tray you will receive high and low speed handpieces, nose cone, friction grip and a rubber dam set up in addition to the instruments on the #2 tray itself. Trays are delivered directly to student operatories for scheduled appointments, but handpieces must be picked up at the dispensary window. Any additional items needed during an appointment must be requested from the dispensary.

Instrument Pickup
- All instruments should be picked up at the “Sterilized” dispensary window.
- Make sure all items requested are received including the individual instruments within each tray. If there is a discrepancy, report it to the dispensary staff within 15 minutes after the start of the clinic period. Students/residents will be invoiced for any broken or missing items noted when trays are returned.
- All high speed handpieces must be lubricated before each use. Lubricant and instructions are available in each operatory or can be obtained from the dispensary.
- Student/resident input is necessary as to the condition of all instruments and equipment. The dispensary staff should be informed about any item that needs to be replaced.

Instrument Return
- All instruments should be returned to the “Contaminated” dispensary window.
- Before return to the dispensary, all instruments and equipment, must be free of debris including blood, tissue, cement, amalgam, wax. The washer-sterilizers, are ineffective once these materials have dried or set. Visibly soiled instruments will not be accepted.
• Before returning trays, remove gauze, cotton rolls, floss, and other disposables. Instruments must be arranged in trays in their proper sequence. If more than one tray was checked out, the instruments must be separated into their respective tray. Trays will not be accepted where instruments are not properly arranged.

• Detach contra-angles and remove burs from handpieces. Slow speed handpieces should include their green gaskets and the high speed handpieces their swivels.

• Burs must be turned into the dispensary for sterilizing in the numbered bur boxes issued to each student/resident. Allow at least one full clinic period between the time burs or other personal instruments are turned in for sterilization and when they are available.

• In order to have sufficient sterile instruments available for the next clinic period, it is necessary that instruments and trays be returned upon the completion of each patient appointment. **ALL instruments issued MUST be returned by 4:30PM each clinic day and not kept overnight.** If instruments or trays are not returned for two or more clinic periods, no additional instruments will be issued.

The success of the IMS is dependant on student cooperation. Failure to comply with IMS policies and procedures may result in penalties including revocation of clinic privileges.

**Laboratory Equipment**

Questions or problems concerning the condition or operation of clinic and laboratory equipment should be directed to a dental assistant or laboratory technician. If necessary, page an equipment repair technician and inform him of your location and the nature of the problem.

Portable laboratory equipment such as articulators and surveyors in need of repairs or adjustments (including calibration) should be brought to the dental equipment repair shop in room B40 Squire Hall. The shop hours are from 8:00 AM to 4:30 PM Monday - Friday.

Problems with dental handpieces or other hand instruments should be brought to the attention of the dispensary staff.

Any facilities or custodial issues should be reported to the Customer Service Office of the University Facilities Department by dialing 71 on a University phone.

The success of the IMS depends greatly on student cooperation. Any attempts to bypass the system by not complying with IMS policies and procedures can and will result in the assessment of penalties beginning with revocation of clinic privileges.

**Laboratory Equipment**

A series of equipment is issued to students/residents. When issued, a member of the IMS staff will go through the contents with students/residents to check for completeness and condition. Any discrepancies must be reported at this time. Once an item has been signed for by the student/resident as received the student/resident assumes full responsibility. At check-in, equipment is inventoried for completeness, condition and cleanliness. The student/resident must pay for broken or missing instruments or equipment.

The following equipment is issued to students according to year:

**1st Year Students**
- Small equipment issue that is returned at the end of the 1st year.
- A set of fully equipped laboratory station drawers for the entire 1st year.
- Students purchase an articulator.

**2nd Year Students**
- A set of fully equipped laboratory station drawers for the entire 2nd year.
• Fully equipped portable laboratory kit that is retained through the 4th year.

3rd and 4th Year Students
• Miscellaneous supplemental lab-related equipment will be available at either the clinic dispensaries or the Gold Room (B31 Squire).

Questions or problems concerning the condition or operation of clinic and laboratory equipment should be directed to a dental assistant or laboratory technician. If necessary, an equipment repair technician should be paged. Provide your location and the nature of the problem.

Portable laboratory equipment such as articulators and surveyors in need of repairs or adjustments should be brought to the dental equipment repair shop in room B40 Squire Hall. The shop hours are from 8:00 AM to 4:30 PM Monday thru Friday.

Problems with dental handpieces and components or other hand instruments should be brought to the attention of the dispensary staff.

Any facilities or custodial issues should be reported to the Customer Service Office of the University Facilities Department by dialing 71 on a University phone.

EMERGENCIES

DENTAL EMERGENCIES DURING CLINIC HOURS

Emergency appointments are scheduled in the clinical pre-doctoral groups or Advanced Education programs Monday – Friday at 9:00 AM and 1:00 PM. Patients presenting for emergency care are asked to sign the DENTAL EMERGENCY INFORMATION FOR THE PATIENT/ACKNOWLEDGEMENT OF LIMITED TREATMENT form (Appendix J).

Assigned UB SDM Patients

Students are responsible for their assigned patients’ dental emergencies. When a dental emergency arises from Monday through Friday, 9:00 am to 4:00 pm, patients contact their student / resident by calling the main switchboard or additional numbers provided to them. If the student / resident is unavailable, the patient phones the Patient Admissions phone number to schedule an emergency appointment. During regularly scheduled clinic hours, patients with dental emergencies are seen in the predoctoral practice group clinics or in the Advanced Education Program clinics, Monday through Friday at 9:30 am and 1:30 pm.

All patients in pain are seen within 24 hours when clinics are in session. Other emergency treatment during regularly scheduled clinic hours is scheduled through Patient Admissions. If a patient with a dental emergency is a patient of the School, but not currently assigned to a student / resident, he/she is seen in one of the practice groups by a student assigned to the Emergency Rotation.

Non-assigned Patients

If an individual who is not a patient of the school contacts the school with an emergency, he/she is treated according to the availability of emergency appoints and the severity of the dental emergency. Walk-in patients are assigned on a first-come, first served basis. Based on the severity of the emergent situation, a patient may be referred to one of the School's affiliated hospital dental clinics as well. The patient’s financial status will not adversely affect the management of a dental emergency.

DENTAL EMERGENCIES AFTER HOURS

During academic holidays, residents in the Advanced Education in General Dentistry Program manage dental emergencies during regularly scheduled clinic hours. Patients with dental emergencies outside of regularly scheduled dental clinic hours are instructed to contact one of the School's affiliated hospitals:
Erie County Medical Center or Women and Children’s Hospital of Buffalo. These hospitals have residents on call 24 hours a day to manage dental emergencies.

Erie County Medical Center (adults)  (716) 898-3000
Women and Children’s Hospital (children)  (716) 878-7000

IMPORTANT - Make sure to inform the patient that the UB SDM is not responsible for payment of any charges incurred from the hospital emergency treatment.

MEDICAL EMERGENCIES AND INJURIES

Despite the large number of patients, faculty, staff and students at the School, medical emergencies are rare. Depending on the type and severity of the emergency, the UB SDM has appropriate emergency supplies and protocols.

An injury or medical emergency to University personnel, students/residents, staff, faculty, patients or visitors should be immediately reported to the Associate Dean for Clinical Affairs (829-2836). In addition, all incidents must be documented using either the “Medical Emergency/First Aid/Code-5 Report Form” or the “Accident/Injury/Occupational Exposure Report Form”. (Appendix Q and Appendix O) These forms are available in all departments, clinical areas, and the main switchboard. They should be completed that day if possible, by those directly involved with the incident (i.e. witness, student/resident, faculty, and OMFS/ODS first responders if applicable). The completed form should be returned to the QA Coordinator or the Associate Dean for Clinical Affairs in 325 Squire Hall.

As part of the protocol for prevention and management of medical emergencies, all students/residents, faculty and staff in the direct provision of patient care must have continuous recognition (certification) in Basic Life Support (BLS). BLS includes cardiopulmonary resuscitation and the management of other medical emergencies. The specific actions to be taken in the event of a medical emergency are outlined below.

Emergency Supply Locations

Emergency storage locations have green and white Emergency Equipment Storage signs. Each area is equipped with oxygen, sphygmanometer, stethoscope, oropharyngeal airways, and an emergency drug kit. Emergency supply locations are listed below:

<table>
<thead>
<tr>
<th>Floor</th>
<th>Clinic</th>
<th>Room</th>
<th>Emergency-Kit Locations</th>
<th>Oxygen Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Pedo</td>
<td>107</td>
<td>DA Station, clinic</td>
<td>UDPS, Chair 1H12</td>
</tr>
<tr>
<td></td>
<td>Oral Surgery</td>
<td>120H</td>
<td>Storage Shelf, sterilizing room</td>
<td>Back wall plus Room 121F</td>
</tr>
<tr>
<td></td>
<td>Radiology</td>
<td>116</td>
<td>Wall leading to Dark Room</td>
<td>Wall leading to Dark Room</td>
</tr>
<tr>
<td></td>
<td>Endo/Ortho</td>
<td>148</td>
<td>On emergency cart</td>
<td>Chair 1F2</td>
</tr>
<tr>
<td>1st Floor Clinic</td>
<td>160</td>
<td>Under DA Station Shelf, Bay 1A</td>
<td>Under DA Station Shelf, Bay A</td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td>UDA</td>
<td>205</td>
<td>Wall by Lateral File Cabinets</td>
<td>Wall by Lateral File Cabinets</td>
</tr>
<tr>
<td></td>
<td>UDA</td>
<td>210</td>
<td>Wall in hallway</td>
<td>Wall in hallway</td>
</tr>
<tr>
<td></td>
<td>2nd Floor Clinic</td>
<td>270</td>
<td>DA Station, Bay 2A</td>
<td>Corner, by Chair 2A1</td>
</tr>
<tr>
<td>3rd</td>
<td>AEGD</td>
<td>310</td>
<td>AEGD DA Station, 3E</td>
<td>Under DA Station</td>
</tr>
<tr>
<td></td>
<td>Post Grad</td>
<td>310</td>
<td>Outside room 370</td>
<td>Outside room 370</td>
</tr>
<tr>
<td></td>
<td>Implant</td>
<td>318</td>
<td>In Storage Cabinet</td>
<td>In Room</td>
</tr>
</tbody>
</table>
A maintenance log is kept by the Facilities Compliance officer for each emergency kit to ensure completeness. Each kit is inspected quarterly and missing or expired drugs and supplies are replaced.

An expanded ACLS emergency kit including EKG, defibrillator, portable suction, endotracheal tubes, laryngoscope, IV fluids and IV infusion set is located in the Oral and Maxillofacial Surgery Clinic.

Automatic external defibrillators (AEDs) are located in 15 areas throughout the School, clinical as well as non-clinical areas.

Additional emergency equipment is available at the dispensary windows on each floor:

- Automated Defibrillator
- Chemical Spill Kit
- Mercury Spill Kit
- Emergency Eyewash Kit
- First Aid Kit
- Fire Extinguisher

Remember to fill out an incident report any time any of this equipment is used. Incident Report Forms (Medical Emergency / First Aid-Code 5 and Occupational Exposure / Accident) are located in a red folder in each operatory for quick access. These forms can also be obtained from the main switchboard operator.

Emergency Procedures

Most common emergencies include fainting and reactions to local anesthetics. These are normally managed where they occur without serious complications. The following guidelines should be followed:

- Do not leave the patient unattended.
- Immediately, but calmly, inform the nearest faculty member and any emergency personnel about the history of the emergency, steps already undertaken, and the patient's response. Be sure the patient's chart is available.
- For serious medical emergencies during normal UB SDM hours requiring additional assistance, utilize the school-wide CODE-5 emergency system and assist the emergency personnel as requested.
- There is also a campus-wide medical emergency system that can be reached 24 hours per day by dialing 645-2222.
- If an emergency occurs in one of the clinics, an accident report must be filled out and returned to the Director of QA (Appendix O)

Code 5 Emergencies

Medical emergencies that occur in the School are handled via the protocol developed by the CODE-5 (Emergency) Committee. The red colored CODE-5 phones located throughout Squire Hall are a dedicated source of communication to the central switchboard operator. All staff members working as the switchboard operator are trained to follow a specific protocol in the event of a CODE-5 emergency. A CODE-5 emergency call from one of the red CODE-5 phones triggers the following sequence of events:

- the person reporting the emergency states the nature of the emergency, its precise location and requests a CODE-5 announcement.
- the staff in the immediate vicinity retrieves the CODE-5 emergency supplies.
- the switchboard operator announces "CODE-5" and the location over the public address system three times.
- Responders hearing the announcement proceed to the announced location.
- The switchboard operator pages Oral and Maxillofacial Surgery (OMFS) and Oral and Diagnostic Sciences (ODS) faculty.
- The switchboard operator telephones the Department of Oral and Maxillofacial Surgery directly to inform them that there is a CODE-5 emergency and its specific location.
• The switchboard operator will standby ready to call Campus Police to activate a 911 Emergency call if directed to do so by emergency responders. If the emergency requires transport of the affected individual to a medical center, the operator will contact Campus Police, who will call for additional emergency personnel. Campus Police will then meet the emergency personnel at the campus entrance and escort them to the SDM.
• If a 911 Emergency call is made, School responders provide supportive and, if necessary, interventive care until additional rescue personnel arrive.
• Following the CODE-5, personnel (those directly involved, i.e., responders and witnesses) are required to complete a School of Dental Medicine Medical Emergency/First Aid/Code-5 Report Form (Appendix Q) in a timely manner.
• Response to any after-hours emergency is handled via the University at Buffalo Campus Police or the 911 emergency system. The Campus Police maintain a 24 hours and 7 days per week emergency system (716-829-2222) and respond by mobile patrols.
• A debriefing of each CODE-5 occurs at the bi-monthly meeting of the CODE-5 Committee (CODE-5 Meeting Minutes Appendix V).

Swallowed/Aspirated Objects

Immediately contact a faculty member - on observation or suspicion of a dental ‘object’ having been swallowed or aspirated.

IF EVIDENCE OF RESPIRATORY DISTRESS:
- Immediately call ‘Code 5’
- Begin BLS algorithms for partial / total airway obstruction if required
- EMS / Ambulance transport to Emergency Department at either Buffalo General Hospital or Erie County Medical Center.

IF NO EVIDENCE OF RESPIRATORY DISTRESS:
- Begin careful examination of clothing, dental unit, surrounding floor, etc. in an effort to locate the ‘object’.

If the ‘object’ is not found, follow these guidelines to make arrangements for an appropriate medical radiograph.

a. Advise the patient that because the ‘object’ cannot be found, even with a lack of respiratory distress or additional symptoms, there is a need to identify its location on a medical radiograph.

b. The faculty member associated with the patient’s care must write a prescription for the appropriate medical radiograph.
   i. Request chest x-ray (PA and lateral)
   ii. Abdominal film (flat plate / upright)
   iii. Include clinical information for the reason x-rays are being requested.
   iv. Include appropriate ICD-9 diagnostic code:
      Swallowed ‘object’ - ICD-9 938
      Aspirated ‘object’ - ICD-9 934.9

c. Arrange transportation to the BGH or ECMC. The mode of transportation will depend on the nature / severity / acuteness of the diagnosis – e.g. ambulance vs. taxi. The student may accompany the patient, but should NOT drive the patient themselves or allow the patient to drive him/herself to the hospital.

d. Notify the respective hospital dental clinic:
   ECMC 898-4054 and ask for the Oral and Maxillofacial Surgery resident and explain the situation.

Results of the radiograph(s) will be reported to the faculty member of record. It is the responsibility of the patient’s student / resident to follow up with the outcome and complete a UB School of Dental Medicine incident report.
A laminated copy of this procedure can be found at all Emergency Kit locations within the dental school.

**FIRE AND OTHER BUILDING-WIDE EMERGENCIES (RACE PLAN)**

For fire or other similar emergencies in Squire or Foster Halls immediately take the following actions:

1. **Rescue** yourself first. If you are able without placing yourself at risk, assist others or notify emergency responders about persons requiring rescue.

2. **Announce** to everyone in the area of the emergency and activate the nearest fire alarm pull station. Call Campus Police from a safe area at 645-2222 and inform them of the type of emergency, the exact location, and services needed.

3. **Contain** the fire and any hot toxic smoke being produced by closing **but not locking** the door of the room on fire as you leave. This simple action will increase time for escape by helping contain the fire and retard the smoke from entering corridors.

4. **Escape** the building on fire by following the exit signs to the nearest exit and proceed outside. Once outside, do not re-enter the building until told to do so by the fire department.

**SPECIAL NOTES:**

- When a fire alarm is activated, use caution before entering a corridor to escape. First check the door for heat and do not open it if hot to the touch. Use another escape route or simply stay where you are and phone Campus Police at 645-2222 to inform them of your location. If there is no phone in the room, go to the window and alert emergency responders of your location.

- During a fire emergency, the stairs must be used because the elevators would be inoperable. For wheelchair-bound and others unable to use the stairs, someone should assume responsibility and (1) remain with them at all times, (2) assist them to the front lobby waiting area of that floor as soon as possible, and (3) inform someone of your location and ask them to in turn inform the firefighters as to your location and the number there when they exit the building.

- During implants and oral surgery and periodontal surgeries, it may be impossible to immediately move a patient during a fire/emergency. Attending faculty will decide whether a patient can be moved. **IF THEY CANNOT BE MOVED**, then the Faculty should stay with the patient. They should immediately direct a dental assistant or student to exit the building, locate and inform a firefighter as to the location of the faculty and patient.

An easy way to remember this Action Plan is to use the acronym **RACE**: Rescue, Announce, Contain, Escape.

**Use of Portable Fire Extinguishers**

The University provides portable fire extinguishers throughout the School. Trained personnel use these quick fire suppression devices in the early stages of a fire. Unless you have received training in the use of portable fire extinguishers, do not attempt to use them. Simply follow the RACE Action Plan and exit the building.

**FINANCIAL POLICIES**

**CLINIC FEES**

All care is provided on a fee-for-service basis. Students/residents share responsibility with faculty and staff in ensuring that patients meet their financial obligations.
A Clinic Fee Schedule is distributed to each student/resident and is also accessible electronically in the clinics. Clinic fees are subject to change without notice but are normally reviewed annually for possible adjustments.

**Estimates**

Students/residents must provide patients with fee estimates when dental services or procedures are proposed and prior to their initiation. Fee estimates based on current fees are printed simultaneously with the electronically generated Treatment Plan. If services or procedures are delayed and a new fee is in effect, the fee charged may be adjusted from the original estimate.

Prior to starting a service or procedure, the provider must review the fee with the patient.

**Payments**

Clinics operate on a cash basis. Patients are expected to pay the full amount upon completion of procedures even if they have dental insurance (except Medicaid). When treatment requires multiple appointments, patients are charged in full at the initiation appointment with final payment due upon completion. Payments are accepted as cash, personal check, money order, credit cards (MasterCard, Visa and Discover), and debit cards (MasterCard and Visa). Credit and payment plans are not available. Additional fees are charged for any check returned due to insufficient funds.

Patients receive a copy of these policies in the Patient Information Booklet, however, they should be reminded of these policies prior to beginning treatment.

Patients must complete payment for all previous treatment before initiation of new treatment. Large balances and poor payment history may prevent or delay treatment and could also result in referral to a collection agency. The patient is responsible for all fees associated with the collection process.

**Special Payment Policies**

Payment for all completed treatment is due at the time of service except for Implant Surgery, Orthodontics, and Fixed/Removable Prosthodontics where treatment is either prolonged or there is extensive material costs. Billing statements are sent the first of every month for patients with a balance on their account. Payments for completed procedures are due on the 25th of the month.

**Fixed/Removable Prosthodontics**

Payments are payable in thirds with one-third at the start of the procedure, one-third before any laboratory fabrication or ordering of teeth (An authorization stamp from the cashiers indicating two thirds payment is required for all lab work.) and the final third upon completion or at the time of insertion. Additionally, all previously completed treatment must be paid in full.

**Implant Surgery**

Implant and associated surgical procedures are prepaid prior to the surgery. Additional materials or supplies required during the surgery are payable at the time of suture removal.

**Orthodontics**

Payment plans are offered in the Orthodontic Clinic.

Failure to keep an account up to date will result in the UB SDM withholding routine services until the balance is paid. Balances are only allowed on new charges for emergency care and additional procedures unknown to the patient prior to the treatment session. Otherwise, balances are not permitted.

**CHARGES AND PAYMENTS FOR DENTAL PROCEDURES**

All fees are recorded on Activity Tracking Forms (ATFs). These must be validated and processed by a cashier on a daily basis, at which time payment is collected if a fee is charged. To ensure proper
processing of the ATF and payment by your patient, escort your patient to the cashier at the end of each appointment, and remain until their transaction is completed. Once the ATF is processed, the patient will receive a receipt and the provider will be credited with any procedural accomplishments or CPUs (for dental students) connected to the services provided.

Periodically, patient records are reviewed for accuracy of the charges. Any patients with account balances greater than 60 days on completed treatment are delinquent. Their charts are flagged with a red dot on the cover and an entry in the Progress Notes. They are also made ineligible in Picasso. Students/residents must NOT schedule appointments for patients in arrears, unless it is an emergency or to complete a multi-appointment procedure that is already in progress. No clinical credit or CPUs (for dental students) will be given for new treatment on patients in arrears.

If a patient in arrears is scheduled for an appointment for ongoing treatment, the chart will be at the Business Office. The student/resident will receive a Picasso message prior to the appointment informing them of the payment that the patient will be required to provide. The student/resident must then notify the patient of this information. Payment is to be made prior to the appointment so that the patient record can be released. At the time payment is made, the cashier will inform the patient that failure to bring or keep their account current may prevent future treatment and will result in their account being turned over to a collection agency.

If an account is in arrears when a patient is discharged, the patient will receive a collections warning letter advising them that their balance must be paid in full by the 25th of the following month. If the account is not paid in full by the indicated date, the account is then referred to a collection agency. The patient may NOT receive any treatment at the UB SDM until they have paid the collection agency in full for the referred balance. At that time, the patient will be given a “second” opportunity to resume treatment at the School. If a patient account is referred to collections a second time, they are permanently discharged.

**Encounters and Evaluations**

Faculty evaluation of students/residents and their progress is a major component of grade calculations in CLD 831, 832, 841, and 842 (DDS) and clinical grades (Advanced Education). An encounter is generated each time a faculty member signs an Activity Tracking Form (ATF) that indicates progress on a treatment code. Treatment codes indicate that the patient was seen as opposed to codes like the Patient Disappoint code.

**Activity Tracking Form (ATF) and Patient Financial Form (PFF)**

An Activity Tracking Form (ATF) or Patient Financial Form (PFF) are completed at the end of each appointment for several purposes:

- Billing and collecting of payments from patients for services provided.
- Updating the patient’s ledger.
- Updating the progress of the treatment plan.
- Updating the student’s/resident’s patient care experiences.
- Updating clinical productivity units (CPUs) or clinical experiences.
- Student/resident attendance.

When scheduling a patient appointment in Picasso, an ATF, chart and instrument tray(s) should also be requested. Additional ATFs are necessary for a patient who is to be treated in more than one clinic or when more than one faculty member supervises the treatment. The ATF will be delivered to the operatory at the date and time of the scheduled appointment.

**Processing of the ATF**

At each appointment, the ATF should be accurately, completely and legibly filled out. The printed ATF includes demographic information, a sequenced list of the most recent treatment plan, and recent adjunctive (unplanned) procedures. Those items already completed include dates treatment was provided. To complete the ATF:
• In the top section of the ATF, complete the Faculty Name field in the heading. **Don't cross out any preprinted information at the top of the ATF.** This could lead to crediting the wrong student/resident with clinical accomplishments (CPUs for dental students), encounters listed with wrong faculty, or charges applied to wrong patient.

• In the middle section of the ATF, locate the listed procedure performed at that appointment and enter the appropriate sub-code for stage of treatment. (Sub-codes are listed on the back of each ATF). For terminated treatment (TT) or modified (mod) treatment next to the procedure, enter an "x" in the appropriate box.

• The bottom section of the ATF is for adding procedures not in the treatment plan or modifying/terminating a planned procedure. Print the correct item onto a line and include the diagnostic code (ICD-9), CDT Code, sub-code, brief description, tooth number and surface(s) or quadrant. **Failure to enter these items results in an error in the computer and NO CREDIT will be earned until the corrections are made.** Do **NOT** enter fees for items written in the bottom unless there is a fee range. For procedures with a fee range, it is the student/resident's responsibility to enter the fee to be charged. The cashier enters these when the ATF is processed.

• Any treatment circled in the middle or written onto the bottom of the ATF must be dragged from adjunctive treatment in the treatment plan in Picasso into the treatment plan within 14 calendar days.

• **Have the supervising faculty verify and sign the ATF upon completion.** ATFs will **NOT** be processed nor credit received until the signature is obtained.

• The ATF multiple copies are distributed as follows:
  - White and Yellow copies – given to patient for submission to cashier.
  - Pink copy – retained by clinic
  - **Golden copy** – retained by student/resident

• All ATFs must be processed by a cashier or returned to the Student Help desk to be destroyed if incorrectly generated.

• Students/Residents should accompany patients to the Cashier with the white and yellow copies of the ATF and remain until the ATF is processed to ensure the ATF is turned in and any problems corrected. The cashier will collect payment, post it to the ledger, note any remaining balance on the ATF, and remind the patient of the payment policies.

• ATFs should be returned daily to the Cashiers. Providers can access a list of their outstanding ATFs via Picasso. Outstanding ATFs should be completed and returned immediately. Any ATF not processed by the last business day of the month will result in deactivation. ATFs not turned in within 10 business days of the patient appointment will result in either revocation of clinical accomplishments (CPU credits) or reduction in clinical grade (DDS Program) or loss of clinical privileges (DDS/AE Programs).

PFFs are preprinted forms for correcting treatment codes that have been already charged to the patient. They are also used for treatment omitted on the original ATF.

**CLINICAL PRODUCTIVITY UNITS (CPU) (DDS PROGRAM)**

Clinical productivity is a quantitative measure of predoctoral student accomplishment and is recorded using Clinical Productivity Units (CPU's). All diagnostic and treatment procedures have been assigned a relative value and are tracked using CDT codes defined by the American Dental Association’s or UB internal codes. Students receive credit for patient procedures performed after documenting the procedures on an ATF and having it processed by a cashier. Clinical experience is a major component of student evaluation. Students should book appointments for every assigned period; arrive at clinic prepared and on time; and by seeking out an emergency or Patient Service patient in the event of a patient disappointment. **CPU requirements and minimums** are listed in the Clinical Performance Evaluation handout (CLD 831/2-841/2 syllabus). Students are expected to monitor their CPU Detail for any procedures that need to be treatment planned. If procedures are not treatment planned within 14 calendar days, the CPUs are revoked. Any treatment with a red letter next to it is added into the total as a 0. It is the student's responsibility to monitor this report and take proper action to assure the correct credit for the procedures completed. **(Procedures completed in Pediatric Dentistry, Oral and Maxillofacial Surgery, and Oral Diagnostic Science rotations are not included in grading for CLD 831/32 or CLD 841/42.)**
STUDENT FINANCIAL RESPONSIBILITIES

As part of practice management, students/residents play a role in the billing and collection of patient fees by ensuring patient compliance with established procedures for fee collection. Case completion is achieved when both the patient’s dental care is completed and the student/resident has assisted in payment collections. Students/residents who submit charges for a patient’s dental treatment after the treatment has been completed or who fail to submit charges, may not receive academic credit (or CPUs for dental students). To accomplish this, students/residents must:

- Be aware of the patient’s account balance printed at the bottom of the ATF (box labeled BOCW) and remind them of any balances before each appointment.
- Accurately document treatment provided on the ATF. Failure to do so may result in Judicial Council review.
- Obtain the patient’s signature on all documents that assure payment for services rendered.
- Not provide treatment to delinquent patients. Delinquency is evident by a red dot on the cover of the chart, near the address label, ineligibility noted on the Treatment Plan in Picasso, and a warning when trying to schedule an appointment in Picasso. Unpaid balances of assigned patient accounts and/or delinquent patient accounts will prevent a student from providing future treatment to the patient and it could also lead to revocation of clinical accomplishments (CPUs for dental students).
- Escort patients to the cashier at the end of each appointment.

PATIENT FINANCIAL RESPONSIBILITIES

Patients must keep their accounts current at all times as noted in the agreement they initially signed. No future appointments will be made until the account is brought up to date. Patients unable to meet their financial obligations or have financial concerns should contact the Business Office as soon as possible (Monday-Friday, 8:30-4:30) at (716) 829-3226. Failure of a patient to make a payment for three months will result in a patient being discharged from UB SDM and referral to a collection agency. Patients are responsible for all fees associated with the collections process including late fees and attorney fees.

These policies are described in the Patient Information booklet that all patients receive at their New Patient Screening appointment and they should be reminded of this. Routine treatment will be stopped if a patient fails to meet payment obligations. A billing statement is sent out on the first of every month for patients with a balance on their account. The monthly Billing Statements indicate that payment is due by the 25th of each month.

ACCOUNT REFUNDS

Patients who believe they are entitled to a refund usually make their student/resident aware of the circumstances (see Handling of Patient Complaints under Patient Care). Students/Residents are not to comment or make promises to the patient until the issues are discussed with the Group/Program Director. If the Group/Program Director determines an adjustment or refund is appropriate, he/she will note and sign this in the progress notes. The chart is then returned to the Business Office, which forwards the refund request to the UB Accounts. Generally, refunds are not issued to patients in active treatment, rather an adjustment is made and credit funds applied to future treatment received.

DENTAL INSURANCE

Medicaid Dental Insurance

Patients eligible for Medicaid should inform the UB SDM of their status when they are screened. Patients later obtaining coverage or losing Medicaid coverage must notify the Business Office immediately as Medicaid does not permit retroactive claims. Therefore, patients not informing the UB SDM of prior Medicaid eligibility or loss of Medicaid status are financially responsible for treatment performed without authorization. Medicaid does not cover all dental procedures. In addition, patients residing in a county other than Erie may not be covered at the UB SDM.
A. Daily Procedures for Medicaid Patients

- Medicaid Patients are to make contact with at the Business Office cashier **before each** visit to verify eligibility and when requesting authorization for future treatment. (Medicaid patients have a red stamp on the front of the chart indicating “Scan Ins. Card”). Possession of a Medicaid card issued by the Department of Social Services does not guarantee eligibility.

- The Business Office scans the Medicaid cards for current eligibility through the Electronic Medicaid Eligibility Verification System (EMEV). The patient receives a white EMEVS receipt indicating they are eligible for Medicaid services that day.

- Students/residents must confirm their patient’s Medicaid eligibility on the appointment day prior to initiating any treatment. This is accomplished by students/residents collecting the white EMEVS eligibility receipt from the patient at the beginning of each appointment and attaching it to the ATF. Patients unable to present the receipt must return to the cashier with the student/resident and have the Medicaid card scanned for eligibility in order to obtain the EMEVS receipt.

- Patients **not eligible** that day can personally pay for the scheduled treatment or re-schedule the appointment. Patients must address eligibility concerns directly with their caseworkers. The Business Office staff will not call caseworkers to verify eligibility.

- Patients should be informed **each time** a non-covered procedure will be performed so they are prepared to pay at the time of the appointment. If the treatment plan changes, it must again be reviewed by the Dental Care Coordinator (DCC) to ensure new procedures are reviewed for coverage.

- Upon treatment completion, ATFs must be completely filled out with data on tooth number, surface, quadrant, diagnostic codes, etc. The white EMEVS receipt must be attached to the top two yellow and white copies of the ATF and turned in to the cashier. **DO NOT** give a Medicaid patient any copies of the ATF.

Medicaid patients that have used up all of their annual Medicaid dental visits need to have a Threshold Override Authorization (TOA) submitted. If your patient needs to have a TOA submitted, you will be contacted by the Business Office and asked to fill out a form that the Business Office will submit to Medicaid, authorizing additional visits. **PLEASE NOTE:** TOA’s are time sensitive and must be returned immediately upon completion.

B. Approval of Treatment Plans

- **Treatment plans for Medicaid patients MUST be reviewed by a DCC prior to beginning treatment to determine the extent of Medicaid coverage.**

- The Dental Care Coordinator (DCC) reviews the treatment plans and determines Medicaid coverage based upon a review of the chart and the Medicaid guidelines.

- The treatment plan should then be reviewed with the patient including what procedures are covered and what they would be financially responsible. When approved by the patient he/she must sign the treatment plan in all designated locations.

- Most patients have only 3 dental visits per year allocated to them so additional appointments must be approved by Medicaid prior to treatment. These additional visits are referred to as an ‘override’. If you determine that your patient may require an override, forms can be obtained from the Business Office.

- The provider must then review the treatment plan and all financial responsibilities with the patient. Upon acceptance, the patient, student/resident and faculty sign the treatment plan.
Also, a note is placed in the Progress Notes that “Treatment Plan has been reviewed and patient accepts financial responsibility.” This is signed and dated by the student/resident and faculty. A copy of the approved and signed treatment plan should be given to the patient.

C. Other Dental Insurance

The UB SDM does not participate in any dental insurance plan except for Medicaid. Patients with other dental insurance are responsible for payments at the time dental care is provided. As a courtesy, the UB SDM provides a summary of the procedures completed for the patient to submit to their insurance company after payment is made in full to UB SDM. While patients may have dental insurance, their particular insurance plan may not pay for treatment performed in a student clinic. The patient should check with his/her employer, union or insurance carrier.

- The UB SDM does not accept direct payment from insurance companies. If the patient has dental insurance, they are still required to make payment at the time of service. Upon the patient’s request and once a group of procedures are completed, we will provide an insurance form that they can submit to their insurance company for direct reimbursement. NOTE: Due to staffing, we will issue one insurance form mid-semester and one at the end of the semester. Please do not request insurance forms at the completion of each procedure.

- The Business Office will contact the student/resident currently treating a patient if a claim form and/or pretreatment estimate needs to be completed. This includes all clinical treatment performed for the time period requested regardless of which student(s)/resident(s) provided the care.

- Complete all claims on the standard ADA Uniform Claim Form and not on insurance forms from the patient’s insurance company.

- After completing the form as instructed by the Business Office, forms are reviewed prior to being released.

STUDENT/RESIDENT INFORMATION

ID BADGES

UB SDM ID badges must be worn and visible when in Squire Hall. New York State Department of Health guidelines mandate wearing School of Dental Medicine ID Badges in areas of patient contact at all times. The badges may be worn under the Personal Protective Equipment (PPE).

Student/resident ID Badges are available from the Office of Student Affairs. Faculty and staff ID Badges are available from departments. See the Assistant Director for Clinical Operations immediately for replacement of lost badges.

UB SDM HOURS

Students/residents have access to the basement level of Squire Hall 20 hours a day, 7 days a week via a swipe card through the Squire Hall parking lot entrance. Although access is available, certain basement areas may remain closed during early morning hours for safety reasons. Students in unauthorized areas may have their clinical and didactic privileges suspended.

ADVANCED EDUCATION STUDENT/RESIDENT CLINIC ATTENDANCE

Student/resident attendance at all assigned clinics and rotations is mandatory. While attending clinic, students/residents are expected to use the time productively. Absences for illness, religious holidays, and attendance at meetings should be reported and approved by the Group/Program Director.
The Senior Dental Assistant will monitor student/resident attendance. The Group/Program Directors will review monthly attendance reports and report any problems to the Associate Dean for Clinical Affairs/Advanced Education.

Only a limited number of absences will be permitted for DDS students. A total of 16 clinic sessions over the Third and Fourth Years may be taken for personal business, short-term illness, and religious holidays. All absences in excess of the maximum allowed must be remediated on a 2-for-1 basis. That is, two clinic sessions will have to be attended to make up for every clinic session exceeding the 16-session limit. All such make-up clinical time will occur during the Spring extension following the Fourth Year. Students will not be eligible to graduate until this requirement is met.

An unlimited number of absences will be available to senior students only for the purpose of attending advanced education or other professional interviews.

- An excused absence will be granted for the day of the interview only. Travel time, if necessary, to and from an interview will be deducted from the 16-session general absence category.
- **Notification**: One-week advance notice prior to the first date of absence is required for students when the date(s) involve an assignment to a Rotation (Emergency, WCHOB, Pediatric Dentistry, OMFS, etc.). The permission of the Rotation Director, or in the case of Emergency Rotation, the Senior Dental Assistant in your Group, is required and should not be assumed to be automatic. Advanced notification is not required when the entire time of absence falls during regularly scheduled patient time in your Group.
- **Documentation**: No PFF is required. Either a legible copy of the letter/email inviting you to the interview or a signed letter obtained at the time of the interview itself is the documentation necessary.
  - **Missed Group**: Submit document to your Senior Dental Assistant no later than one week (seven days) prior to the end of the semester. **No exceptions will be allowed for submissions after that date.**
  - **Missed Rotation**: Contact the Rotation Director immediately. Absences may be subject to remediation as per the policy of each Rotation. Concerning Emergency Rotation, obtain permission from the Senior Dental Assistant in your Group before submitting the document to your Senior Dental Assistant.
  - **Missed Both Group and Rotation**: Follow both of the above procedures.
- All clinical and rotation requirements remain in force. **No adjustments will be made to quantitative or qualitative educational standards and no compromise to patient care will be tolerated because of interviews.**

**Example**: Senior student J. Doe has two out of town interviews scheduled, one on Tuesday and one on Thursday. J. Doe manages patients in the SDM clinic on Monday morning (9:00AM-12:00PM) and leaves for the interviews on Monday at 1:00PM. J. Doe attends both interviews and returns to Buffalo Friday morning. J. Doe then manages patients in the SDM clinic on Friday afternoon (1:00-4:00PM). The absences would be recorded as 4 sessions (2 days) from the general absence category (Monday PM, Wednesday AM/PM and Friday AM) and 4 sessions from the interview absence category (Tuesday AM/PM and Thursday AM/PM).

Personal days of absence only apply to the comprehensive care clinics and not the external clinical rotations. Students must notify the individual rotations of any planned absence (e.g. interview, etc.) at least one week in advance. Any unplanned absence (e.g. illness, etc.) must be reported directly to the rotation as soon as possible. Any absence from a rotation must be made up per the policy of the respective rotation.

Students may be permitted to attend dental conventions or other external meetings as official representatives of the School without it counting as an absence. Students who wish to be considered for such activities must be in good academic standing and must submit a written request.
to their respective Group Director describing the activity. The request will be reviewed and acted on by the Group Director and the Associate Dean for Academic Affairs and Clinical Affairs.

Students with problematic attendance will be required to receive counseling from the Office of Student Affairs.

Note: Students cannot schedule and treat patients when they are not assigned to clinic. The only exception is when an assigned patient requires emergency or follow-up care that cannot be managed by another student or within the student's assigned clinic time. When this is necessary, only the emergency (e.g. recement a provisional crown) or the follow-up treatment (e.g. transitional denture adjustment) may be performed. Such occurrences should be rare. Students must get permission from the Group Director and report the extra clinic session to their Senior Dental Assistant before the appointment. Students who violate this rule will be reported to their respective Group Director for appropriate action.

Alternatives to Assigned Patient Care (DDS PROGRAM)

When assigned patients cannot be scheduled, predoctoral students are still required to productively use available clinic time. The alternative activity with the highest priority is the treatment of emergency patients. One 3rd year and one 4th year student per group per session will be scheduled to manage emergency patients. Students who experience disappointments, cancellations, or who cannot schedule an assigned patient must follow this protocol:

- Report their availability to their Senior Dental Assistant at the start of a clinic session (9:00AM/1:00PM) and be prepared to assist with emergency or patient service patients.

Other acceptable alternatives include:
- assisting in New Patient Screening
- assisting a fellow student performing a restorative procedure (operative or fixed prosthetics only).
- assisting periodontal surgery
- performing limited laboratory procedures under the supervision of a faculty member.

- If all clinical coverage is met for that session, the student must sign out with the Senior Dental Assistant, remain in Squire Hall and be responsive if paged by the overhead paging system. When paged the student must report to the Senior Dental Assistant immediately. If a clinic emergency arises and you cannot be reached and/or are unresponsive to the page, you will be marked absent.
- Uncooperative students will be reported to their respective Group Director and may receive an unsatisfactory (“U”) summative assessment that will be factored into their semester-end final CLD grade.

In summary, students are expected to be active in clinic when assigned, whether or not their own patients are available for treatment.

VIOLATIONS OF CLINIC RULES AND POLICIES

Violations of clinic procedures, rules or policies should be reported to the Associate Dean for Clinical Affairs and/or the Group Directors. These reports of infractions should be in writing and include the date, time of the infraction, and other relevant details.

Charges may be resolved informally by a reduction in CPU numbers, a reduction in the final CLD grade or suspension of clinical privileges. Charges may also be resolved formally through referral to the Judicial Council of the UB SDM (see Student Handbook).

PERSONAL DRESS, APPEARANCE AND CLEANLINESS IN CLINICS AND LABORATORIES

A student's appearance contributes to both the establishment and maintenance of a good dentist-patient
relationship. Thus, appearance must be neat and clean and in accordance with public expectations of professional dress in order to contribute positively to this relationship. Violations of this code will result in dismissal from the clinics by the faculty or Clinic Director, and may result in a failing grade.

Two distinct but related sets of guidelines have been developed to meet state and federal requirements and to create the professional atmosphere expected of all health care offices and institutions. These guidelines are for (1) clinical areas during direct patient care clinical and (2) non-clinical areas (laboratories, hallways, offices, etc.) while not involved in direct patient care. Guidelines for clinical areas during direct patient care also apply to clinical and preclinical areas during simulation exercises.

(1) Personal Protective Equipment (PPE)

PPE is required when there is a reasonable expectation of encountering an exposure-prone procedure but is not necessary, in most instances, when passing through or visiting the clinics. While caring for patients, all personnel are required to wear PPE. These include gowns, gloves, masks and eyewear. Refer to the UB SDM Infection and Hazard Control Manual for specific details: [http://intranet.sdm.buffalo.edu/ods/clinic/InfectionControl/contents.html](http://intranet.sdm.buffalo.edu/ods/clinic/InfectionControl/contents.html)

Gowns, gloves, and masks are provided by the UB SDM and are available in all clinical areas. Students must provide their own protective eyewear.

A. Gowns

Gowns are provided by the School and available in all clinical areas. Only those gowns provided by the UB SDM may be worn and shall be discarded when visibly soiled and at the end of each day. White laboratory coats are not acceptable as a substitute for gowns. It is unacceptable to wear the gown outside of clinical areas such as waiting rooms, basement laboratories, bathrooms, offices, elevators, chart and billing areas. If one must travel to these areas, the gown is to be removed and left in the operatory or on one of the hooks located within the clinic.

B. Gloves

Gloves are provided by the School and available in all clinical areas. Gloves shall be worn during all procedures involving patient contact. Upon completion of patient contact, they shall be removed and properly disposed in waste receptacles. It is unacceptable to make an entry in the chart or computer or walk away from the operatory wearing gloves.

C. Masks

Masks are provided by the School and available in all clinical areas. Masks shall be worn whenever one can reasonably expect to encounter an exposure-prone procedure or when using a handpiece. They shall be discarded when visibly soiled, upon completion of patient contact and at the end of the day.

D. Protective Eyewear

Safety glasses are a matter of both infection control and safety. Glasses with appropriate side shields shall be worn when one can reasonably expect to encounter an exposure-prone procedure. It is recommended that they be worn during all clinical and laboratory procedures. The student is responsible for providing appropriate eyewear. Protective eyewear must be provided to patients when a procedure might result in eye injury.

For further information on infection control, refer to the Infection Control Manual.

(2) Clinical and Non-Clinical Areas When Not Involved in Direct Patient Care

Personal Protective Equipment (PPE) is required when there is a reasonable expectation of encountering
an exposure-prone procedure but is not necessary, in most instances, when passing through or visiting
the clinics. The following guidelines have been established for garments worn under PPE and garments
worn when passing through or visiting the clinics. Three options are possible:

**Surgical Scrubs.** Each student may purchase sets of surgical scrubs through the School and be
responsible for their laundering. It is recommended that at least three sets be purchased in the currently
available colors. If tops and bottoms are worn together, they must be worn as a same color set. A clean,
plain white T-shirt or white turtleneck may be worn under the top. If scrubs are worn outside the building,
a long white lab coat shall be worn over them. Scrub pants are not to be rolled down to reveal the midriff.

**Personal Clothing.** If a student elects to wear personal clothing, it shall be clean, neat, profession and
conservative. The following are examples of acceptable clothing:
- Dress slacks or khakis. Denim pants or jeans of any style are not allowed.
- Long sleeve dress shirts may be worn with or without a tie. Polo shirts are also acceptable.
- Skirts of modest length that allow ease and comfort in an operator’s position during patient care.
- Blouses or shirts with modest necklines are appropriate for females.
- Clean, neat footwear should be worn in clinic. Clean athletics shoes or surgical “crocs” are
acceptable.

**Scrub top with Slacks.** Students may also elect to wear a scrub top over a plain t-shirt with slacks or
khakis, adhering to the guidelines above.

The following articles of clothing **are not acceptable:**
- Jeans or shorts
- T-shirts (except as noted above)
- Sweatshirts
- Any top with revealing necklines
- Hiking boots or dirty, soiled athletic shoes
- Any open-toed shoes, especially sandals

There shall be no visible tattoos in clinic; that is, any tattoo shall be covered by clothing. Jewelry is to be
kept to a minimum. No facial or intra-oral jewelry (i.e., piercings) is allowed in clinic. Hair shall be clean
and well-groomed at all times. Well-groomed mustaches and beards are acceptable. Identification tags
are required by law and shall be worn at all times in the clinics. Tags should appear on the outermost
garment and placed in such a way as to be visible but not in the way of treatment. Fingernails shall be
kept short, clean and smooth.

Forearms, hands and fingernails shall be scrubbed thoroughly before treatment of any patient. Hands
shall be washed again when leaving the field of operation. Special care should be taken to avoid cross-
contamination from patient records, pencils, one’s person, etc. (Refer to Infection Control Guidelines for
further information).

Body odors must be controlled, including avoidance of perfumes and aftershaves that could aggravate
patient allergies or be considered noxious at close range.

Surgical scrubs or personal clothing under a clean white laboratory coat shall be worn in the preclinical
laboratories during the school day (8 am to 5 pm).

**PARKING FOR STUDENTS**

- Students should only park in student designated lots with University-issued, parking hang tags. Vehicles with student hang tags that are parked in designated patient, faculty and staff parking areas will be ticketed and may be towed.
- Students illegally displaying patient parking permits and parking in patient designated parking areas during regular patient hours will be ticketed and may be towed. In addition, such activities may result in loss of clinic privileges or other sanctions.
- For additional information, call the University Office of Campus Parking and Transportation Services at 645-2516 or visit their website at [www ub-parking.buffalo.edu](http://www ub-parking.buffalo.edu)
TELEPHONE USE BY STUDENTS/RESIDENTS

Each clinic has three types of phones installed: phones for calling patients; phones for answering overhead pages; and Code-5 phones. The comprehensive clinics on the first and second floors each have two phones for calling patients. These phones are restricted to calling within the 716 area code. Long distance calls may be arranged through the staff or Office Manager, assigned to the clinic. In specialty clinics and AEGD, calls to patients may be arranged by contacting the Scheduler in the appropriate clinic. Personal calls are not permitted on these phones.

VoIP phones located throughout the school are used for answering overhead pages. When paging, the switchboard operator will announce a name and "* (star)" and a three digit number. The individual can retrieve their call by entering * and the three digit number. Every effort should be made to keep these calls short to allow others to use these phones.

Code 5 phones (red in color) are ONLY to be used in the event of a medical emergency. The caller must wait for the operator to pick up and clearly identify the location of the emergency.

PATIENT INFORMATION

As part of the screening appointment, patients receive the PATIENT INFORMATION booklet that contains the PATIENT BILL OF RIGHTS (Appendix S).

IMPORTANT SCHOOL TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Office</td>
<td>829-3226</td>
</tr>
<tr>
<td>C.A.R.E.S Office</td>
<td>829-2698</td>
</tr>
<tr>
<td>Dental Emergency (clinic hours only)</td>
<td>829-2732</td>
</tr>
<tr>
<td>Emergency dental care after clinic hours:</td>
<td></td>
</tr>
<tr>
<td>Erie County Medical Center</td>
<td>898-3000</td>
</tr>
<tr>
<td>Women and Children's Hospital</td>
<td>878-7000</td>
</tr>
<tr>
<td>Endodontics</td>
<td>829-3847</td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery</td>
<td>829-2722</td>
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<td>Orthodontics</td>
<td>829-2845</td>
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<td>829-2390</td>
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<td>Patient Records</td>
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<td>Pediatric Dentistry</td>
<td>829-2723</td>
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<td>Post Graduate Clinics and AEGD</td>
<td>829-3552</td>
</tr>
<tr>
<td>Recall (Oral Health Recall Program)</td>
<td>829-3846</td>
</tr>
<tr>
<td>Switchboard</td>
<td>829-2821</td>
</tr>
</tbody>
</table>

PATIENT PARKING / NFTA ACCESS

Limited patient parking is available immediately adjacent to the School of Dental Medicine in the Squire Hall Lot. Additional parking is available in the Tower Lot directly across Hayes Road and in the Michael Lot near Bailey Avenue. Designated spaces for those with official handicapped hangtags are available in all patient parking lots. Parking in the circle adjacent to the main entrance to the School of Dental Medicine is NOT allowed. This area needs to remain clear for emergency vehicles to access the building.

Patients must display an official UB School of Dental Medicine parking permit on the dash of the vehicle to park legally in any of the clinic patient designated lots on campus. Parking permits are given to a patient in advance by his/her student dentist/resident to be valid for the next scheduled appointment, or may be obtained at the front desk located in the main lobby of the School of Dental Medicine. This permit must be accurately marked for the date and time of the appointment. A new permit is required for each visit.
Patients are cautioned not to park on campus in any but these designated areas. Parking regulations are strictly enforced; illegally parked cars are ticketed and may be towed and the owner of the vehicle will be liable for any resulting fees. Patients are advised to verify with your assigned student dentist/resident or clinic if there is a question regarding legal parking locations.

For additional clinic parking information or for clarification of designated clinic patient parking areas on campus, please refer to:

http://www.sdm.buffalo.edu/patient/location.html
APPENDIX A: CASE DISCHARGE FORM

PRE-DOCTORAL
CASE DISCHARGE FORM

COMPLETION OF THIS FORM WILL DISCHARGE PATIENT FROM THE SCHOOL OF DENTAL MEDICINE.

PATIENT: _____________________________   CHART # _____________________

STUDENT: ____________________________   PROVIDER # __________________

GROUP : A B C D           PEDO          OHR

Circle the patient’s status prior to discharge:      Recall          Comprehensive         Limited

1. Reason for discharge: (Check one that best applies)

[ ] Financial   [ ] Deceased   [ ] Moved   [ ] NATC
[ ] Medical   [ ] Refused Treatment   [ ] Limited Treatment
[ ] Seeking Private DDS care   [ ] Lost insurance (Medicaid coverage)
[ ] Patient requested (no longer interested)
[ ] Cannot contact (phone disconnect, no forwarding address)
[ ] No Response (left messages/sent postcard)
[ ] Availability (job, school interferes with time)   [ ] Many disappoints/canc
[ ] Transportation issues

Student Signature : ______________________________________ Date: ____________

***********************FOR OFFICE USE ONLY*******************************

2. Is any treatment in progress?  YES       NO

   Explain: __________________________________________________________

3. Financial adjustments required?  YES       NO

   Identify: __________________________________________________________
APPENDIX B: THE PATIENT CHART

The School of Dental Medicine Patient Chart

It is the responsibility of all faculty and students to ensure that the patient record is kept up to date and accurately documents all diagnosis, consultation and treatment. Our patient record has had numerous revisions and contains both required information and optional information as needed by some patients. At a minimum, every patient’s record will contain the following: chief complaint; history of present illness; a data base which includes the past medical history, social and dental history and a medical risk assessment (we use the ASA Classification); clinical examination and results of diagnostic tests or medical consultations and recommendations; a problem list, diagnosis and prognosis; a sequential treatment plan; a treatment record (progress note) and comments; and a radiology exposure log. Other information may be required depending on the complexity of the patient’s needs. On the following pages of this appendix are instructions on how to complete selected pages in our patient record.

Comprehensive Patient Examination and Findings Page

Purpose: To chart and record findings relative to the patient’s current dental and oral health. Findings to be recorded include decayed, missing, and filled teeth, periodontal health and pertinent supplementary and complimentary data necessary to formulate a problem list and ultimately a treatment plan.

When Used: At the ‘diagnosis’ appointment for all newly assigned or reassigned patients.

When Updated: Annually, or sooner when there are significant new findings that should be recorded.

Related Forms: The Medical History (or Medical History Update) and the Soft Tissue Examination forms must also be completed if there are any related findings to be recorded.

Description Of Each Column / Feature

File #: Patient’s file number as assigned by Picasso when patient demographics were entered into the computer.

Patient Name: Obvious.

Medical History / Summary: Derived from a review of the positive findings from the in-depth long form patient history.

General Health: Brief statement based on the pertinent medical history.

Medical Alert: A record of the specific ‘Medical Alert’ condition(s)

Medical Consult Required: If yes, then a “medical letter” needs to be composed and an Authorization to Release Health Information form must be signed by the patient. A release form must accompany the medical consult letter to the physician or health care facility. A clear reason for requesting the medical consult must be detailed in the Progress Notes for the period in which the consult is requested.

Existing Illness: Brief statement based on medical history.

Current Medicine / Drugs: As identified from a thorough patient interview or communication with the patient’s physician or refer to medical history questionnaire.

Chief Dental Complaint: Record the patient’s perception of their primary dental concern and expectations.

The Tooth Chart

Pulp Status: Pulp test any teeth suspected of being non-vital and in particular, all potential RPD abutment teeth and/or teeth to be restored with a cast restoration. Record Electronic Pulp Test (EPT) results and readings for
suspected tooth or teeth and adjacent and/or contralateral ‘control teeth’. Enter ‘V’ if vital, or ‘NV’ if non-vital. Also include EPT recordings. (e.g. V/20, NV/62)

Mobility: Record individual tooth mobility as either ‘A’, ‘B’, or ‘C’, where A = less than 1 mm. Mobility in a facial-lingual direction, B = 1 to 2 mm. Mobility in a facial-lingual direction, and C = more than 2 mm. Mobility in a facial-lingual direction or if the tooth is depressable.

Restorative Material: Record material existing restorations are composed of according to the standard dental school notation. (see key)

Tooth Form Chart: • Numbered 1 to 32 and divided into sextants. • Record surfaces occupied by existing restorations in blue. • Record missing teeth with an ‘X’. • Record obvious caries and defective restorations in red. • Record all initial exam findings in accordance with standard dental school notation which is available in all bays. (see key)

Soft Tissues Summary: Record any positive or potential soft tissue lesions or other findings from the Soft Tissue Examination form including T.M.J. evaluation. Positive soft tissue findings become an item for the problem list when there is need for treatment, referral, or observation.

Radiographic Anomalies: Any unusual area of radiodensity, radiolucency, or other uncommon radiographic findings may require an interpretation by a radiologist or oral pathologist to ascertain their significance.

Diagnostic Cast Required: Note here if diagnostic casts are required.

Occlusal Function & Observations Record occlusal relationship according to Angle’s Class I, II, or III and record open bites, Cross-bites, and the extent of any attrition or destructive habits.

Orthodontic/Other Findings: Note here if orthodontic or any other problems exist about which the patient should be informed. Also note here if there are significant periodontic or endodontic findings and reference to respective pages in the patient chart.

Student Signature: Signature of Assigned/Examining student.
Faculty Signature: Signature of supervising faculty member.
Date: Date of examination.

The Problem List Page

Purpose: The purpose of the problem list page is to provide a summary listing of the patient’s complaints, lesions, or conditions that require additional diagnostic evaluation or treatment. The generally recognized order of the components in the problem list is chief complaint, current medical conditions, general medical problems, general dental problems, and specific dental lesions. The items enumerated in the problem list are gleaned from all the findings in order to develop an overall goal of treatment that is compatible with our ability to provide the treatment. All problems should be listed on the assumption that guidance for the resolution of each problem will be supplied on the treatment plan including the referral of the patient to another ‘in-house’ clinic or referral to the private sector, in those instances where the likelihood for timely treatment is not optimistic (i.e. not during the time anticipated for remaining treatment or within the next 12-month period).

When Used: At the end of the ‘diagnosis’ appointment or preferably, as soon as the Initial Examination and Findings page has been completed.

When Updated: Whenever any significant new problems become evident.

How Updated: On the next available line of the Problem List page (no blank lines are to be left between entries) the next available problem number is written in the Problem # column, and the problem itself is identified in the Problem Description column. Additional problems are added on subsequent lines until there are no more new
problems to list. Should there be a need for a new Problem List page, the current page would simply be left in place as a reference to past problems and a new form would be obtained for insertion over top of the old Problem List form.

Related Forms: Reference must first be made to the Initial Examination and Findings page (including the soft tissue examination form on the back of the page) as well as the patient’s most recent Medical History Findings to insure that all findings are addressed in the treatment plan. The Consultation Page is used by all consultants who are asked to render an opinion regarding the presence, or identity, of a specific problem and all such consultations must be recorded in the Progress Notes, as well as the Consultation Page.

Description Of Each Column / Feature

File #: Patient’s file number as assigned by Picasso.

Patient Name: Obvious.

Problem Number: Assign each individual “problem” a separate number.

Problem Code: This column not yet in use. Please leave it blank.

Tooth Number: To be used when appropriate.

Problem Description: Use only problems and terms that appear on the ‘Problem List Categories’ page (Appendix E). A few additional descriptive words may be used to identify the nature of a problem, its location, etc. If no listed problem term appears to fit, use ‘Miscellaneous’ and the appropriate discipline with a few descriptive words. (e.g. Miscellaneous endo – internal root resorption) Examples are offered on the following page. Problems are generally listed in a recognized order. First should be the patient’s chief complaint, then general medical conditions and problems, followed by general dental conditions and problems and lastly, specific dental problems on a tooth-by-tooth basis.

Goals of Treatment: Not presently used.

The Treatment Plan Page & Phases

Purpose: Having compiled a problem list and reached an understanding with the patient and responsible faculty member about the overall goals of treatment, a line item treatment plan, prioritized and sequenced, is recorded on the Treatment Plan page. (Although there are many advantages to the new format of the treatment plan page, perhaps the three most important advantages include: 1) the listing of all proposed treatment including referrals, 2) the requirement for the acceptance of referrals by the receiving clinic such as Grad Perio, Grad Endo, etc. with the default decision being referral to the private practice system.

When Used: During the ‘treatment plan’ appointment and for subsequent treatment plan modifications. Also used to direct proposed referrals.

When Updated: Whenever any item of treatment is added, deleted, or modified the Treatment Plan page must be updated and a Progress Note entered.

How Updated: Deletions are noted by drawing a single line through the treatment plan item to be deleted, writing the work ‘deleted’ (or simply the letter ‘D’) in the Start Date column and recording the date on which the item was deleted in the Date Completed/Revised column.
Additions are placed on the next available line of the Treatment Plan page. (No blank lines are to be left between entries.) The next available Treatment Line Number is written in the appropriate column, along with the problem number, priority-sequence number, and the other elements of the new treatment line. Additional treatment plan lines may be added on subsequent lines until there are no more new (or replacement) treatment plan entries to record. The patient, student and supervising faculty member, must then sign and date the Treatment Plan page by using the stamp provided. (e.g. Joe Patient, Jane Student, Dr. Comfort, 9/24/92).

Modification of a previously entered item is accomplished by the deletion of the old item and the adding of a replacement entry. The phrase ‘See item xx’ should be written in the final two date columns, where xx is the treatment line number of the replacement or modified treatment entry.

How Replaced: When a new treatment planning page is needed, the old plan should be kept in the chart, marked with a large ‘X’ from corner to corner, and the ‘not yet completed’ treatment items should be transferred to a clean Treatment Planning page along with any new items that are being added. This way there will always be the possibility of obtaining a clean, updated Treatment Plan page when necessary.

Description Of Each Column / Feature:

File #: Patient’s file number as assigned by the school’s computer when patient demographics were entered.

Patient Name: Obvious.

Medical Alert: A restatement of that which is listed on the Initial Examination and Findings page, or a subsequent update of that page.

Treatment Line #: This number automatically is assigned by Picasso to the line item treatment on a sequential basis.

Problem Number: This number refers to the problem enumerated on the Problem List page and the treatment that addresses that problem.

Priority: All treatment plans are organized into five phases or categories: Data Gathering and Records, Urgent Care, Disease Control, Restoration of Form, Function and Esthetics and Recall and Maintenance. With certain exceptions that must be faculty approved, all work must be completed in one phase before the student can progress to the next phase. Within each phase there is an order of treatment that should follow a logical sequence. These treatments receive a priority number within that phase. The sequence can vary within a given phase based on outside influences and do not have to be strictly adhered to. The numbers in a phase are only a suggestion of the sequence a student should follow. Time constraints, faculty availability, patient preference, etc. may alter the sequence. However, a student can-not progress to the next phase without first completing all work in the previous phase. A description of the five Phases follows:

Phase I - Data Gathering and Records:

All procedures in this phase should be prioritized and listed sequentially.

All procedures in this phase are related to the patient examination and include clinical oral evaluations, patient risk assessment, diagnostic casts, radiographs/diagnostic imaging, other tests and laboratory examinations. Please note that all indirect prosthetic restorations (single crowns, fixed partial...
dentures and removable partial dentures) require a completed patient risk assessment, upper and lower mounted diagnostic casts and PA radiographs of all the abutment teeth.

The procedures in this phase are selected and executed to gather the information needed to formulate a problem list and subsequent treatment plan. Their inclusion on the treatment plan is an important quality assurance measure.

**Phase II - Urgent Care:**

All procedures in this phase should be prioritized and listed sequentially.

Treatment is “problem oriented” and addresses specific, immediate needs, such as pain (e.g. acute pulpitis), esthetic embarrassment (e.g. fractured anterior tooth), and medical conditions which have to be addressed before treatment can proceed (e.g. seriously elevated blood pressure).

Treatment may also be “investigative” to determine the full extent of a problem (e.g. removal of caries to determine restorability of a tooth).

*All needs in this phase must be resolved before any treatment in Phase III may begin.*

**Phase III - Disease Control:**

All procedures in this phase should be prioritized and listed sequentially.

Treatment in this phase has the objective of eliminating all active disease and/or dysfunction.

General categories of treatment include:

1. Control of etiology (e.g. oral hygiene instruction, diet counseling)
2. Control of periodontal pathology (e.g. scaling and prophylaxis, surgical pocket elimination)
3. Surgical procedures (e.g. extraction of periodontally hopeless or nonrestorable teeth)
4. Caries elimination (operative dentistry)
5. Elimination of endodontic pathology (endodontic therapy)
6. Management of functional disorders (e.g. occlusal guard to manage bruxing habit)

Treatment sequencing is based on the extent to which active disease is disrupting normal function or threatening periodontal integrity or pulpal vitality (e.g. extensive subgingival calculus should be removed before a tooth with minimal decay is restored).

*All needs in this phase must be resolved before any treatment in Phase IV may begin.*

**Phase IV - Restoration of Form, Function, Esthetics:**

All procedures in this phase should be prioritized and listed sequentially.

Treatment in this phase has the objectives of establishing improved tooth form, improved function (including mechanical protection of heavily restored teeth) and improved dental appearance.

General categories of treatment include:

1. Replacement of defective restorations
2. Restoration of individual teeth with cast (including esthetic) restorations
3. Replacement of missing teeth with fixed partial dentures
4. Replacement of missing teeth with removal prostheses

Treatment sequencing is bases on the following:
1. Clinical urgency (e.g. the need to perform a clinical procedure to prevent a probable future problem placing a crown on an endodontically treated posterior tooth to prevent fracture).
2. Clinical efficiency (e.g. the need to perform a clinical procedure before the next – placement of a crown on an abutment tooth before providing an RPD).
3. Patient’s desires (when those desires do not conflict with factors of clinical urgency or clinical efficiency).
4. Treatment sequencing should accomplish the desired treatment outcome(s) in the fewest possible steps.

Remember than any treatment that includes completion of laboratory work also requires extra time. Plan for lab time when discussing treatment completion with your patient. In addition, many factors (time constraints, financial considerations, etc.) may require that some, or all, treatment in Phase IV be deferred for later management. Under those circumstances, patient care could move to Phase V.

Phase V - Recall and Maintenance:

Upon completion of active treatment (at a minimum after all urgent care and active disease has been addressed), patient should be placed on an appropriate interval for periodic examination with the objective of providing environmental and mechanical maintenance.

Tooth Number: Use one to thirty-two numbering system (two digits in each case, e.g. 01 – 32, and A – T for primary teeth).

Quadrant: Use the following single digit description for quadrants when they are used. (1 = upper right, 2 = upper left, 3 = lower left, 4 = lower right)

Surface: Mesial, Occlusal, Distal, Facial, Lingual, Incisal, Cervical (MODFLIC) according to standard dental school notation.

ADA Procedure Code/ Treatment Description/ Estimated Fee: When either the CDT code or treatment description are entered into Picasso, the software will automatically print the code, description and estimated fee.

Date Started (MM/DD/YY) Obvious.

Date Completed: Obvious, and also entered as MM/DD/YY.

Assigned/Referred Provider: Picasso will automatically default to the person entering the treatment plan unless the treatment is specifically referred to another student or clinic (click asterisk to get a list of clinics).

Estimate of Patient Responsibility: Estimated total fee of patient’s treatment. To be signed by the patient and dated.

Treatment Plan Estimate: These three signatures signify agreement among the three parties that all aspects of a properly informed consent has occurred and that a dental-legal contract has been made. They are to be placed across the next available treatment plan line and dated (lines provided automatically by Picasso). At the time of signing it is recommended that the patient receive a copy.
APPENDIX C: DDS CHART AUDIT FORM

UB SCHOOL OF DENTAL MEDICINE
PREDOCTORAL CHART AUDIT

CHART#__________________DATE________________REMETRIED________________

PT. NAME _________________________ASSIGNED TO: ______________________

Checked items require student remediation.

Please return chart and form to Patrice once remediation has been completed.

PATIENT INFORMATION BOOKLET
[ ] Distribute and have patient initial jacket cover

NPP [ ] provider initial on front cover
[ ] form signed and placed in last section of chart

MEDICAL HISTORY
Signatures: [ ] patient [ ] student or faculty [ ] Dated
[ ] Complete history required if original form > 1 yr old

EMERGENCY INFORMATION FORM
[ ] Completed [ ] Dated [ ] Any meds?
[ ] Medical Alerts / Allergies transferred (if no alerts or allergies write NONE in box )
[ ] Dental Implications completed

COMPREHENSIVE PATIENT EXAMINATION & FINDINGS
[ ] complete [ ] dated
Signatures: [ ] student [ ] Faculty

TREATMENT PLAN
Signatures: [ ] patient [ ] student [ ] Faculty [ ] Dated
Treatment plan needed [ ]

PROGRESS NOTES
Signatures: [ ] student [ ] Faculty
Stamp: [ ] student [ ] Faculty
Entries require date [ ]
Tooth # required [ ] see page no.(s)

_______________________________________________
Department required [ ] see page
no.(s)
_______________________________________________
Vital Signs recorded at every appointment. [ ] Yes[ ] No

CONSENT FORM - EXAM
Signatures: [ ] patient [ ] student or faculty [ ] Date

CONSENT FORM - TREAT
Signatures: [ ] patient [ ] student or faculty [ ] Date

Revised 8.2009
APPENDIX D: ADVANCED EDUCATION PROGRAMS CHART AUDIT FORM

DATE _______ CHART # _____________

ASSIGNED TO: _____________________ ADV ED PROGRAM

AUDITOR _____________________

Items checked require resident remediation. Please return chart and form to your PG Chart Audit Assistant

PERSONAL DATA LABEL on chart cover
☐ Updated, complete information
☐ Barcode label attached

MEDICAL HISTORY
☐ Signed/dated by patient
☐ Signed/dated/stamped by student and
☐ Signed/dated/stamped by faculty
☐ Medical history completed within past year or updated annually
☐ Medical alerts copied onto Emergency Information Form
☐ Emergency Form (red printed form) completed with current meds, MD name and telephone, person to contact in event of an emergency, and dated. If no alerts or allergies, write NONE in box.

CONSENT FORM TO EXAMINE
☐ Signed/dated by patient
☐ Signed/dated/stamped by student and
☐ Signed/dated/stamped by faculty

CONSENT FORM TO TREAT
☐ Signed/dated by patient
☐ Signed/dated/stamped by student and
☐ Signed/dated/stamped by faculty

COMPREHENSIVE PATIENT EXAMINATION FINDINGS (updated when change in program assignment)
☐ Form completed and dated
☐ Signed/dated/stamped by student and
☐ Signed/dated/stamped by faculty

TREATMENT PLAN (updated to include Advanced Education Program Treatment)
☐ Signed/dated by patient
☐ Signed/dated/stamped by student and
☐ Signed/dated/stamped by faculty

PROGRESS NOTES (complete signatures after 11/2002)
☐ Signed/dated/stamped by student
☐ Signed/dated/stamped by faculty
☐ Each entry dated
☐ Patient name and File # on each consecutive page

RADIOGRAPHS
☐ Mounted radiographs are dated and labeled with patient name
☐ No dated and identified radiographs are in coin envelopes but are mounted
☐ Loose, unidentified radiographs are in envelope and labeled-- Undocumented Radiographs

PATIENT INFORMATION BOOKLET
☐ Distribute- patient initial jacket cover

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APPENDIX E: ORTHODONTICS CHART AUDIT FORM

DATE _______ CHART # _____________ PATIENT NAME__________________________

ASSIGNED TO: _____________________ AUDITOR______________________

Items checked require resident remediation. Please return chart and form to PG Chart Audit Assistant

PERSONAL DATA LABEL on chart cover

☐ Updated, complete information   ☐ Barcode label attached

MEDICAL HISTORY

☐ Signed/dated by patient   ☐ Signed/dated/stamped by student and   ☐ Signed/dated/stamped by faculty
☐ Medical history completed within past year or updated annually
☐ Medical alerts copied onto Emergency Information Form
☐ Emergency Form (red printed form) completed with current meds, MD name and telephone, person to contact in event of an emergency, and dated. If no alerts or allergies, write NONE in box.

CONSENT FORM TO EXAMINE

☐ Signed/dated by patient   ☐ Signed/dated/stamped by student and   ☐ Signed/dated/stamped by faculty

CONSENT FORM TO TREAT

☐ Signed/dated by patient   ☐ Signed/dated/stamped by student and   ☐ Signed/dated/stamped by faculty

ORTHO TREATMENT PLAN

☐ Signed/dated by patient   ☐ Signed/dated/stamped by student and   ☐ Signed/dated/stamped by faculty

PROGRESS NOTES

☐ Signed/dated/stamped by student and   ☐ Signed/dated/stamped by faculty
☐ Each entry dated
☐ Patient name and File # on each consecutive page

RADIOGRAPHS

☐ No dated and identified radiographs are in coin envelopes but are mounted
☐ Loose, unidentified radiographs are in envelope and labeled-- Undocumented Radiographs
☐ Mounted radiographs are dated and labeled with patient name

PATIENT INFORMATION BOOKLET

☐ Distribute- patient initial jacket cover
APPENDIX F: ADVANCED EDUCATION CHART AUDIT SUMMARY

RESIDENT: ___________________ PROGRAM: _______________________

#/CHARTS AUDITED: _____ DATE: _____ AUDITOR: _________________

The following is a summary of the number of chart audit items requiring remediation.

<table>
<thead>
<tr>
<th>Category</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSONAL DATA LABEL, on chart cover</td>
<td>incomplete or old info</td>
</tr>
<tr>
<td>Medical History</td>
<td>not signed/dated by patient</td>
</tr>
<tr>
<td></td>
<td>not signed/dated/stamped by faculty</td>
</tr>
<tr>
<td></td>
<td>Medical history not completed within past year or updated annually</td>
</tr>
<tr>
<td></td>
<td>Medical Alerts not on Emergency Information Form</td>
</tr>
<tr>
<td></td>
<td>Emergency Form (red) not completed and/or dated</td>
</tr>
<tr>
<td>Consent Form to Examine</td>
<td>not signed/dated by patient</td>
</tr>
<tr>
<td></td>
<td>not signed/dated/stamped by faculty</td>
</tr>
<tr>
<td>Consent Form to Treat</td>
<td>not signed/dated by patient</td>
</tr>
<tr>
<td></td>
<td>not signed/dated/stamped by faculty</td>
</tr>
<tr>
<td>Comprehensive Patient Examination Findings</td>
<td>form is incomplete/not dated</td>
</tr>
<tr>
<td></td>
<td>not signed/dated/stamped by faculty</td>
</tr>
<tr>
<td>Treatment Plan</td>
<td>not signed/dated by patient</td>
</tr>
<tr>
<td></td>
<td>not signed/dated/stamped by faculty</td>
</tr>
<tr>
<td>Progress Notes</td>
<td>not signed/dated/stamped by resident</td>
</tr>
<tr>
<td></td>
<td>not signed/dated/stamped by faculty</td>
</tr>
<tr>
<td></td>
<td>patient name and file number is not on each consecutive</td>
</tr>
<tr>
<td>Radiographs</td>
<td>mounted radiographs are not dated and/or labeled with the patient’s name</td>
</tr>
<tr>
<td></td>
<td>there were loose, unmounted and unidentifiable radiographs in the chart</td>
</tr>
<tr>
<td>Patient Information Booklet</td>
<td>patient has not received and signed for Patient Information Booklet</td>
</tr>
</tbody>
</table>
APPENDIX G: ORTHODONTICS CHART AUDIT SUMMARY

RESIDENT: _________________ PROGRAM: ________________________

#/CHARTS AUDITED: _____ DATE: _____ AUDITOR: _________________

The following is a summary of the number of chart audit items requiring remediation

PERSONAL DATA LABEL, on chart cover
   ____ incomplete or old information  ____ barcode label missing

MEDICAL HISTORY
   ____ not signed/dated by patient  ____ not signed/dated/stamped by resident
   ____ not signed/dated/stamped by faculty
   ____ medical history not completed within past year or updated annually
   ____ Medical Alerts not on Emergency Information Form
   ____ Emergency Form (red) not completed and/or dated

CONSENT FORM TO EXAMINE
   ____ not signed/dated by patient  ____ not signed/dated/stamped by resident
   ____ not signed/dated/stamped by faculty

CONSENT FORM TO TREAT
   ____ not signed/dated by patient  ____ not signed/dated/stamped by resident
   ____ not signed/dated/stamped by faculty

STATEMENT FROM GENERAL DENTIST
   ____ letter not enclosed

ORTHO TREATMENT PLAN
   ____ not signed/dated by patient  ____ not signed/dated/stamped by resident
   ____ not signed/dated/stamped by faculty

PROGRESS NOTES
   ____ not signed/dated/stamped by resident  ____ each entry is not dated
   ____ not signed/dated/stamped by faculty
   ____ patient name and file number is not on each consecutive page

RADIOGRAPHS
   ____ mounted radiographs are not dated and/or labeled with the patient’s name
   ____ there were loose, unmounted and unidentifiable radiographs in the chart

PATIENT TRANSFER CHECKLIST
   _____ not signed by current resident  _____ not signed by receiving resident  _____ not signed by faculty and chair

ORTHO SCREENING FORM
   _____ not signed by resident

STUDY MODEL ANALYSIS
   ____ four forms not present

DEBANDING CHECKLIST (if applicable)
   ____ not signed/dated/stamped by resident  ____ not signed/dated/stamped by faculty

PATIENT INFORMATION BOOKLET
   ____ patient has not received and signed for Patient Information Booklet

rev 6/04
APPENDIX H: PRE-DOCTORAL CASE COMPLETION FORM

PRE-DOCTORAL CASE COMPLETION FORM

PLEASE USE INK AND PRESS FIRMLY

PATIENT: ___________________________ CHART # ___________________________

PROVIDER: __________________________ PROVIDER # ______________________

SUPERVISING FACULTY: _______________ CLINIC: __________________________

Circle the patient’s status prior to completion:          Comprehensive                 Limited

1. Has all treatment identified in treatment plan been completed?            YES   NO
   If not, explain:_____________________________________________________

2. If treatment is incomplete, are any financial adjustments needed on patient’s account?
   YES    NO
   If yes, identify: ____________________________________________________

3. Does the patient have any unresolved treatment needs, concerns, or questions?  YES   NO
   If yes, explain:_____________________________________________________

4. Is the patient satisfied with the care that was provided?       YES   NO
   If not, explain: ___________________________________________________

5. Should the patient be placed on recall?         YES    NO
   If yes, fill out recall setup below.
   If not, explain:_____________________________________________________

6. Is this patient suitable for Sophomore Perio Recall?             YES    NO

   RECALL SETUP

   □ Oral Health Recall  □ 6 mos  □ Other: ________
   □ Denture Recall     □ 1-2 yrs □ Other: ________
   □ Endo Recall        □ 1 yr    □ Other: _______
   □ Esthetic Recall    □ 1 yr    □ Other: _______
   □ Implant Recall     □ 1 yr    □ Other: _______
   □ Oral Medicine Recall □ 6 mos □ Other: ________
   □ Orthodontics Recall □ 6 mos □ Other: ________
   □ Periodontics Recall □ 3 mos □ Other: ________
   □ Prosthodontics Recall □ 6 mos □ Other: _______

Student Signature: _________________________________________________ Date: ________

Faculty Signature and Stamp: ______________________________ __________ Date: ________

Pink-Patient Chart          White-QA  5/07
## ADVANCED EDUCATION
### POST GRADUATE
#### CASE DISCHARGE FORM

COMPLETION OF THIS FORM WILL **DISCHARGE** PATIENT FROM THE SCHOOL OF DENTAL MEDICINE.

**PATIENT:** _____________________________  **CHART #** _____________________

**RESIDENT:** ____________________________  **RESIDENT #** __________________

**CLINIC:**  AEGD / EDEC  ENDO  PERIO  PROSTH

Circle the patient’s status prior to discharge:  
- Comprehensive
- Limited

1. **Reason for discharge:**  (Check the **one** that best applies)
   - [ ] Financial
   - [ ] Deceased
   - [ ] Moved
   - [ ] NATC
   - [ ] Medical
   - [ ] Refused Treatment
   - [ ] Limited Treatment
   - [ ] Seeking Private DDS care
   - [ ] Lost insurance (Medicaid coverage)
   - [ ] Patient requested  (no longer interested)
   - [ ] Cannot contact  (phone disconnect, no forwarding address)
   - [ ] No Response  (left messages/sent postcard)
   - [ ] Availability (job, school interferes with time)
   - [ ] Many disappoints/canc
   - [ ] Transportation issues

2. **Has all treatment been completed?**  
   - YES  
   - NO  
   
   If not, explain: __________________________________________________________

3. **If treatment is incomplete, are there any financial adjustments needed on patient’s account?**  
   - YES  
   - NO

   If yes, identify: __________________________________________________________

4. **Is patient aware of discharge status?**  
   - YES  
   - NO

5. **Cancel any future appointments scheduled in Picasso.**

Resident Signature: _____________________________  Date: ____________

Clinic Director  Signature: ________________________________

Yellow- Patient Chart  White-QA  7/05

---

*Appendix 2.28*
APPENDIX J: ACKNOWLEDGEMENT OF LIMITED TREATMENT

DENTAL EMERGENCY INFORMATION FOR THE PATIENT
ACKNOWLEDGEMENT OF LIMITED TREATMENT

The University at Buffalo School of Dental Medicine (UBSDM) is an educational facility. Treatment provided during the emergency appointment is typically limited to evaluating your urgent need and/or relieving pain. Student dentists under faculty supervision and dental auxiliaries provide the treatment you are to receive.

If your emergency treatment requires a referral to a specialty clinic (e.g., Oral Surgery or Endodontics [root canal therapy]), treatment will be limited to the referred procedure only and may take more than one appointment to complete. Acceptance or completion of limited treatment in no way guarantees or obligates the UBSDM to provide additional treatment. Treatment limited to Endodontics (root canal therapy) does NOT include the final restoration after the root canal has been completed. Additionally, patients are advised to have the endodontically treated tooth fully restored as soon as possible following the completion of the root canal therapy. In the event the final restoration is not placed, there is a possibility the tooth could fracture, decay, and/or become infected, which could result in retreatment of the root canal or the loss of the tooth.

If you have other dental needs and wish to become a registered patient of the UBSDM to have additional care provided by a student dentist, you will be required to proceed through our New Patient Screening process. The UBSDM will not continue to perform episodic care. If you are interested in becoming a UBSDM patient for all of your dental care, please tell the student dentist treating your emergency. Additional screening and admissions information can be obtained from Patient Admissions, which is located on the first floor of the UBSDM, or by phoning 716-829-2732. You can also visit our website at: www.sdm.buffalo.edu/patient

The fee for an emergency visit for new or non-active patients is $70. You will not be charged this fee if you are an ACTIVE PATIENT OF RECORD at the time of the emergency appointment. This fee will NOT be waived should a patient become active in the future. Additional costs may be incurred through the examination and treatment of your current emergency. Payment is due at the time of service. Balances that remain unpaid after three billing statements will be sent to a collection agency. You will be responsible for all charges incurred through the collections process, including but not limited to late fees and attorney costs.

Medicaid eligible individuals: It is your responsibility to inquire whether recommended treatment will be covered by your insurance. Eligibility does not guarantee coverage. If you are not eligible at the time of service or if you have a non-covered procedure, you are responsible for any charges incurred.

I, ____________________________________, have read the above information and understand its content. I consent to all examination procedures, tests, x-rays, premedication, local anesthesia and dental treatment ordered as indicated by sound and prudent dental practices. I acknowledge the LIMITED nature of my emergency treatment and accept the responsibility for any necessary follow-up care.

Patient ______________________________________________ Date ___________

Witness ______________________________________________ Date ___________
## APPENDIX K: CENTRAL QA INDICATORS

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>THRESHOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Patients</strong></td>
<td></td>
</tr>
<tr>
<td>Patients who return their admissions paperwork with deposit (Medicaid eligible patients are not required to submit a deposit) scheduled for a screening appointment within 4 weeks of receipt</td>
<td>80%</td>
</tr>
<tr>
<td>Individuals accepted as patients assigned to a student within 4 weeks of acceptance</td>
<td>80%</td>
</tr>
<tr>
<td>Assigned patients scheduled with their student within 3 weeks of assignment</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Continuous Care</strong></td>
<td></td>
</tr>
<tr>
<td>Assigned patients have an approved comprehensive treatment plan in place</td>
<td>80%</td>
</tr>
<tr>
<td>No definitive treatment (Phase 3,4, or 5) provided to a patient until a finalized, accepted treatment plan is in place</td>
<td>100%</td>
</tr>
<tr>
<td>Patients receive treatment within the threshold number of visits as defined per procedure for completion</td>
<td>80%</td>
</tr>
<tr>
<td>Patients with a completed treatment plan scheduled for a recall appointment within one year of case completion</td>
<td>80%</td>
</tr>
<tr>
<td>A patient’s treatment plan approved by September 1 will be completed by April 30 of the following year</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
</tr>
<tr>
<td>Patients requesting an emergency appointment, and reporting to be in pain evaluated within one business day</td>
<td>100%</td>
</tr>
<tr>
<td>Patients not in pain evaluated within 3 business days</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Case Completion &amp; Discharge</strong></td>
<td></td>
</tr>
<tr>
<td>Patients discharged with incomplete treatment advised of risks and possible complications</td>
<td>(Letter sent and/or chart noted)</td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td></td>
</tr>
<tr>
<td>A chart review and audit will be completed on active patient records</td>
<td>100%</td>
</tr>
</tbody>
</table>
### APPENDIX L: DEPARTMENTAL QA INDICATORS

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>INDICATOR</th>
<th>THRESHOLD</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endodontics</strong></td>
<td>Few endodontically treated teeth required re-treatment or extraction within 12 months of completion.</td>
<td>&lt;15%</td>
<td>Picasso</td>
</tr>
<tr>
<td></td>
<td>Few endodontically treated teeth had irreversible or iatrogenic complications (e.g. perforation, instrument separation, fracture, calcified canals)</td>
<td>&lt;10%</td>
<td>Picasso</td>
</tr>
<tr>
<td><strong>Oral &amp; Maxillofacial Surgery (OMFS)</strong></td>
<td>Each patient record had an updated entry on vital signs.</td>
<td>100%</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td>Each patient record had an appropriate signed surgical consent.</td>
<td>100%</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td>Each patient record had an appropriate dated surgical consent.</td>
<td>100%</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td>Non-surgical extractions infrequently required more than one post-surgical examination or treatment. (Pre doctoral Indicator)</td>
<td>&lt;5%</td>
<td>Chart Review</td>
</tr>
<tr>
<td><strong>Orthodontics</strong></td>
<td>Active Orthodontic patients had radiographs, photographs (extra-oral) and study models.</td>
<td>100%</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td>Active Orthodontic patients had radiographs taken at six-month intervals.</td>
<td>100%</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td>Few active Orthodontic patients screened at six-month intervals had radiographic signs of iatrogenic damage.</td>
<td>&lt;5%</td>
<td>Chart Review</td>
</tr>
<tr>
<td></td>
<td>Completed Orthodontic cases had a grade of B+ or higher, based on the Andrew’s six keys to occlusion grading system.</td>
<td>100%</td>
<td>Grading Sheets</td>
</tr>
<tr>
<td><strong>Pediatric &amp; Community Dentistry</strong></td>
<td>Patients age 6-10 were treatment planned for and received sealants.</td>
<td>80%</td>
<td>Chart review</td>
</tr>
<tr>
<td></td>
<td>Patients treatment planned for operative services had the treatment completed or were contacted within 6 weeks of initial exam.</td>
<td>90%</td>
<td>Chart review</td>
</tr>
<tr>
<td></td>
<td>Patients placed on preventive therapy (recall) returned or had been contacted for service no later than 2 months after they are due.</td>
<td>85%</td>
<td>Chart review</td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td>Each active comprehensive patient received maintenance/preventive care (recall) at least once every six months.</td>
<td>90%</td>
<td>Picasso</td>
</tr>
<tr>
<td><strong>Radiology/Oral Diagnostic Services (ODS)</strong></td>
<td>Records of active patients had an updated medical history at each appointment</td>
<td>85%</td>
<td>Chart audit</td>
</tr>
<tr>
<td></td>
<td>Records of active patients had a signed and dated consent to treatment form.</td>
<td>100%</td>
<td>Chart audit</td>
</tr>
<tr>
<td><strong>Restorative Dentistry (Fixed)</strong></td>
<td>Final cementation for bridge or crown took place no later than 6 weeks after final impression.</td>
<td>80%</td>
<td>Picasso</td>
</tr>
<tr>
<td></td>
<td>Fixed restorations required re-fabrication within 2 years following delivery</td>
<td>&lt;15%</td>
<td>Picasso</td>
</tr>
<tr>
<td><strong>Restorative Dentistry (Removable)</strong></td>
<td>Few completed removable partial and complete denture prosthodontic cases required refabrication within two years of delivery</td>
<td>10%</td>
<td>Picasso</td>
</tr>
<tr>
<td></td>
<td>Patients treatment planned for removable partial denture prosthesis were completed in all phases of treatment in a two year period</td>
<td>85%</td>
<td>Picasso</td>
</tr>
<tr>
<td></td>
<td>Complete denture patients after completion of treatment received 4 or less sore spot adjustments within 1 year following completion</td>
<td>90%</td>
<td>Picasso</td>
</tr>
<tr>
<td><strong>Restorative Dentistry (Operative)</strong></td>
<td>Few operative restorations required replacement within 3 years of placement</td>
<td>&lt;15%</td>
<td>Picasso</td>
</tr>
</tbody>
</table>
APPENDIX M: EMERGENCY PATIENT INFORMATION

DENTAL EMERGENCY INFORMATION FOR THE PATIENT
ACKNOWLEDGEMENT OF LIMITED TREATMENT

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I, _______________________, have read the above information and understand its content. I consent to all examination procedures, tests, x-rays, premedication, local anesthesia and dental treatment ordered as indicated by sound and prudent dental practices. I acknowledge the LIMITED nature of my emergency treatment and accept the responsibility for any necessary follow-up care.

Patient __________________________ Date________

Witness __________________________ Date________
APPENDIX N: EMERGENCY PATIENT ASSESSMENT

Name: ____________________________ Date: ________________

Patients please complete this section:

1. Briefly describe the nature of your emergency:

2. Circle your pain score:

   0 = pain free  2 = mild  4 = tolerable  6 = distressful  8 = severe  10 = totally disabling

   *******************************************************************************
   FOR STUDENT / FACULTY USE ONLY
   1. See your Senior Dental Assistant for faculty assignment and proceed with patient assessment.
   2. Review medical history and list Significant Findings:

3. BP: ______________ Pulse: ______________

4. Radiographic findings:

5. Diagnosis (include consults if indicated):

6. Treatment Plan for emergency:

7. Begin treatment A.S.A.P.

Student: ______________________________________________________________
Faculty: ______________________________________________________________
OCCUPATIONAL EXPOSURE / NEEDLE-STICK ACCIDENT / INJURY REPORT FORM

WHAT?       [  ] Accident     [  ] Injury    [  ] *Occupational Exposure   [  ] *Needle-stick
[  ] Endo related (*see back of this form)

WHEN?      Date ________________   TIME__________________ a.m       p.m.

WHO?  Details of person involved
Name_____________________________ Date of Birth ________ Male / Female
Home Address ____________________________________________________
Home Telephone __________________________________________________

[  ] Patient   Chart # ____________     [  ] DDS Student         [  ] PG/AEGD Resident
[  ] Staff                     [  ] Faculty                       [  ] Visitor
If event occurred during treatment, and patient’s name is listed above, please state dental provider’s name

WHERE?   [  ] Clinic ;   Floor and operatory #   __________________________
[  ] Other area (stairs, office, hall, etc.)  ______________________
[  ] Outside of building (location)  ___________________________

WHAT HAPPENED?  Description of event(s) including injury if any.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If Occupational Exposure / Needle-stick, did individuals report to Student Health?
[  ] Yes    [  ] No      If No – please explain_______________________________

REPORT COMPLETED BY:

NAME _____________________________________         DATE _________________

SUPERVISING FACULTY _______________________________________________________

Please forward completed form to: Dr. Jude Fabiano or Robin Comeau, 325 Squire Hall
Rev. 8.2009
APPENDIX P: OCCUPATIONAL EXPOSURE/NEEDLE-STICK FOLLOW-UP

Occupational Exposure and Needle-stick Follow-Up

As always, emphasis should be placed on preventing accidental injuries and exposures with work practice and engineering controls. However, if an exposure occurs, immediately:

1) Administer first aid including washing the site thoroughly with soap and water.
2) Faculty / staff - notify your supervisor
3) Student / resident – notify a Senior Dental Assistant

The supervisor or Senior Dental Assistant must both contact Environment Health and Safety Services at 829-3751 to report the incident and complete the front side of this form. Please give the patient the hand out on Occupational Exposure from the Senior Dental Assistant.

If the incident occurs between the hours of 9 a.m. and 4 p.m. Monday - Friday, proceed to the Student Health Clinic at Michael Hall with the source patient if possible. At the Student Health Center, please tell the front desk staff that you are from the School of Dental Medicine and you have an occupational exposure / needle-stick injury.

If the incident occurs at any other time, proceed to a local emergency room such as Sister's Hospital, ECMC, Millard Fillmore Suburban, once again with the source patient if possible. In any case, you will need to provide the name and phone number of your primary care physician for follow – up.

You will receive a bill for the testing services, and upon receipt forward the statement to your primary health insurance provider for payment. (e.g. student health insurance). In some cases your insurance provider may not cover the entire charges for the testing services. In this case, drop off the original statement received from your insurance provider showing the non-covered charges to:

Matt Deck
Assistant Director of Clinical Operations

Be assured that all personal and medical information collected by the UB School of Dental Medicine and Student Health Services in association with this incident will remain confidential.
APPENDIX Q: MEDICAL EMERGENCY/FIRST AID/CODE-5 REPORT FORM

MEDICAL EMERGENCY/FIRST AID/Code-5 REPORT FORM
SCHOOL OF DENTAL MEDICINE
UNIVERSITY AT BUFFALO
STATE UNIVERSITY OF NEW YORK

Name of Injured Person __________________________

Date of Emergency ____________

Chart # ____________

Time ____________ AM/PM

Location ________________________________________________________________________

Medical Alerts re: injured person
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Cause of Emergency (if known) ____________________________________________________________
__________________________________________________________________________________

Personnel Responding (list all) __________________________________________________________
__________________________________________________________________________________

Answer the following questions:

1) Code-5 called? Yes (Time ____________)
No

2) Airway open? Yes (use Head tilt/Chin lift)
No (use Rescue breaths)

3) Breathing? Yes (rate ______ BPM/Time ______)
No (use Rescue breaths)

4) Oxygen used? Yes (rate L/6 H/12 L/Min/Time ______)
No

5) Pulse? Yes (rate ______ BPM/Time ______)
No (attach AED)

6) BP taken? Yes (BP= _______/Time ______)
No

7) Glucometer reading Yes ______ mg/dl/Time ______
No

8) AED applied? Yes (Time ______)
No

9) AED shock used? Yes (Time ______ # of times)
No

10) CPR? Yes (Time ______)
No

11) E-kit drugs used? Yes (record details below)
No

12) First Aid applied? Yes (record details below)
No

13) UB Police arrived? Yes (Name ______)
No

14) EMT arrived? Yes (Time ______)
No

15) Person transported? Yes (record details below)
No

Notes re: Emergency
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Person Completing this form __________________________ Date ____________________

Turn in completed form to Dr. Jude Fabiano or Robin Comeau (Dean’s Office)

Yellow copy to Ambulance (if necessary)

Version 1.5 (02/2009)
Thank you for your interest in becoming a patient at the University at Buffalo School of Dental Medicine (SDM). As a patient you will make an important contribution to the education of our student dentists. Prior to acceptance we require prospective patients to fill out an application and proceed through a ‘New Patient Screening Appointment.’

Application and screening do not guarantee acceptance. Many factors influence your acceptance into our educational program including but not limited to: the current condition of your oral health and your availability.

HOW MUCH IS THE SCREENING AND WHY IS ONE REQUIRED?
A non-refundable fee of $49.00 has been set to cover the cost of establishing a patient record, processing the information, the initial evaluation and a panoramic radiograph (x-ray). Individuals with Medicaid insurance are NOT required to include the fee with your application; however, you must provide us with enough information to determine your Medicaid eligibility*. Fees are subject to change at any time, so timely return of your application is encouraged. [*The SDM DOES NOT participate in the Family Health Plus Insurance program.]

WHAT WILL HAPPEN AT THE SCREENING APPOINTMENT?
Your screening appointment will consist of the following: 1) A student dentist and faculty member will review your medical and dental health history forms that are to be completed by you prior to your appointment. 2) A preliminary assessment of your current dental condition will be completed. 3) A panoramic radiograph (x-ray) will be ordered if you have not had one taken within the past 2 years. 4) If you have x-rays from your previous dental provider, please bring them to this appointment and they will be reviewed by our clinical faculty. 5) Photo I.D. will be required at the screening appointment, and may also be requested at any other time. Please remember to bring this document with you to your scheduled appointment. This is in accordance with the Federal Trade Commission Red Flags Rule (16 CFR 681.2). 6) You will receive a complimentary toothbrush and floss.

Patients who do not qualify to participate in our clinical educational program will be notified in writing. We regret that all patients screened cannot be accepted for dental care. Your treatment may be too complex for student dentists and may be best managed by a private dentist or your availability may not match that of our clinic schedule.

DENTAL TREATMENT FEES: HOW MUCH WILL IT COST?
The fees charged are substantially less than the cost of care from a private dentist. The fees for treatment being provided by students are 1/3 to 2/3s lower than in private practice. For patients with advanced dental needs, it may become necessary to refer all or some of your treatment to one of the post-graduate or specialized clinics. Fees for treatment in the advanced clinics are higher than those offered in the student (pre-doctoral) dental clinics, because the providers are graduate dentists working either toward a specialized degree or gaining additional experience in a general dentistry setting. You will be informed if all or part of your dental care requires referral to one of these clinics. Your estimated fees will be presented to you along with a treatment plan before any substantial treatment is begun. Because the SDM is a New York State educational institution, payment plans cannot be offered and payment is required at time of service.

Continued on back ---
If you are a Medicaid recipient, please be aware that Medicaid does not cover all dental procedures. Once accepted as a registered patient, you should discuss all planned treatment with your assigned student so that Medicaid coverage can be determined before treatment begins.

HOW LONG ARE APPOINTMENTS?
Since the SDM is a teaching facility, the length of your appointments and overall treatment will likely take longer than it would from a private dentist. High standards are required of our student dentists, and our clinical faculty continually evaluate their abilities and skills. Treatment at the SDM typically progresses more slowly and requires more frequent visits. You should therefore expect to spend between 2 to 3 hours per appointment. This attention to detail requires more of your time, but assures you of quality dental care.

If your schedule is such that it is difficult for you to come frequently and stay for the rather lengthy appointments often required, then you should consider seeking care from another dental provider.

MY CHILDREN NEED DENTAL CARE, WHO CAN I CONTACT?
The UB School of Dental Medicine has a Pediatric Dental Department, which specializes in dental care for toddlers, children and adolescents (ages 0-17). This department handles their own screening appointments and you may contact them directly for additional information at (716) 829-2723. The UB School of Dental Medicine is not a participant in the CHP (Child Health Plus) Insurance Program but does accept patients with traditional Medicaid coverage.

MY CHILDREN MAY NEED BRACES, WHO CAN I CONTACT?
The School of Dental Medicine has an Orthodontic Department, which specializes in correcting problems associated with spacing and crowding of teeth. This department offers screening at various times of the year. For acceptance into their clinics, you may contact them directly for additional information at (716) 829-2845.

CLINIC HOURS
Clinic hours are 9:00 AM to 12:00 PM and 1:00 to 4:00 PM Monday through Friday. Clinics are closed weekends and some holidays that are recognized by the University.

HOW DO I APPLY?
Complete the enclosed forms and return them with the screening fee or Medicaid information in the envelope provided. Please make sure check or money order is made out to School of Dental Medicine. DO NOT SEND CASH. Please respond within 21 days. Following the return of your completed forms and screening fee you will be contacted by phone or post card to schedule a screening appointment. Due to an increased demand at various times of the year, there may be a delay before screening can take place.

FAILURE TO COMPLETE AND RETURN ALL ENCLOSED FORMS ALONG WITH YOUR DEPOSIT WILL DELAY PROCESSING.

Questions regarding the application process can be directed to Patient Admissions at (716) 829-2732.
APPENDIX S: PATIENT RIGHTS AND RESPONSIBILITIES

As a patient of the University at Buffalo (UB) School of Dental Medicine, you have rights and responsibilities. Students, faculty and staff are interested in providing the best care available and ask that you participate in your own health care by being an active and informed patient.

As a patient of the UB School of Dental Medicine, you have both rights and responsibilities.

YOU HAVE THE RIGHT TO:

1. Understand and use these rights. If for any reason you do not understand or need help, the school will provide assistance.

2. Be treated with dignity and respect, regardless of your race, religion, age, sex, beliefs, lifestyle, national origin, disability, or sexual orientation.

3. Receive confidential treatment in a clean and safe environment, free of unnecessary restraints.

4. Receive continuous care to completion of planned treatment with knowledge of anticipated cost.

5. Receive emergency, incremental and total care consistent with the standard of care in the profession.

6. Receive education, counseling and explanations to your questions.

7. Know the names, positions and functions of any personnel involved with your care.

8. Receive complete information about your diagnosis, treatment and prognosis.

9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include possible risks and benefits of the procedure or treatment and of not receiving treatment.

10. Refuse or change your mind regarding examination and treatment and be told what effect these actions may have on your health.

11. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

12. Privacy and confidentiality of all information and records regarding your treatment.

13. Participate in all decisions about your treatment.

14. Review your record with a clinician and obtain a copy of your record for which the School of Dental Medicine can charge a reasonable fee.

15. Receive an itemized bill and explanation of all charges.

16. Complain without fear of reprisals about the care and services you are receiving.

17. Have access to a patient advocate.

YOU HAVE A RESPONSIBILITY TO:

1. Provide to the best of your knowledge, accurate and complete information about present medical and dental history, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report changes in your health status.

2. Follow the treatment plan agreed upon by you, your student dentist and their supervising faculty. This may include following instructions of other dental health providers as they carry out the coordinated plan.
3. Make known to your dental care provider that you understand and accept the treatment plan and that you know what is expected of you.

4. Comply with the rules and regulations of the UB School of Dental Medicine, the State University of New York at Buffalo, and the State of New York.

5. Be on time and available for your appointments.

6. Have a working phone number in order for your dental provider to be able to contact you to schedule appointments.

7. Be considerate and respectful of the rights of other patients and UB School of Dental Medicine personnel. You are responsible for being respectful of the property of other persons at the University at Buffalo. Patients are expected to treat UB faculty, students and staff with courtesy and respect. Inappropriate behavior or comments of a cultural, ethnic or sexual nature will not be tolerated and will result in you being discharged as a patient.

8. Provide proper childcare while you are being treated at the SDM clinics. Children are not to be left unattended and are not permitted to accompany an adult patient who is receiving treatment.

9. Pay for service at the time it is provided.
# FINAL CASE REVIEW (FCR)
## QUALITY ASSURANCE PROGRAM

<table>
<thead>
<tr>
<th>ORAL HEALTHCARE EVALUATION</th>
<th>Y</th>
<th>N</th>
<th>NA</th>
<th>RECOMMENDATION</th>
<th>DATE ASSIGNED</th>
<th>STUDENT ASSIGNED</th>
<th>DATE Tx COMPLETED</th>
<th>FACULTY SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All documentation in Patient Record is complete.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. No untreated lesions or problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Treatment completed in a timely fashion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Patient is satisfied and comfortable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. TMJ symptom free.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Extraoral structures WNL.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Intraoral soft tissue WNL.</td>
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FCR Complete: Faculty Signature___________ Date___________
APPENDIX U: REFERRAL-REASSIGNMENT REQUEST

THE BIG PICTURE

With the introduction of online referrals, the referral paper has been replaced by a computer. There has been no change in the way the referrals are made.

The following diagram demonstrates the process of referral submission.

1. PROVIDER CREATE A NEW REFERRAL AND SUBMITS TO YOUR CLINIC

2. REVIEWER TRACKS THE REFERRALS USING THE REFERRAL SUMMARY SCREEN

3. REVIEWER ACCEPTS/REJECTS THE REFERRAL USING THE REFERRAL DETAIL SCREEN

4. REVIEWER ASSIGNS THE TX IN THE REFERRAL TO ONE OR MORE PROVIDERS. THIS IS DONE USING THE REFERRAL DETAIL SCREEN TOO.

5. REVIEWER CLOSING THE REFERRAL AFTER TX IS COMPLETED.