

**STANDARD 5:
Patient Care Services**

5-1 The dental school must have a published policy addressing the meaning of and commitment to patient-centered care and distribute the written policy to each student, faculty, staff, and patient.

A. Description:

1. Describe how the statement of patients' rights will be distributed to students, faculty, staff and to each patient.

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this standard:

A. Professionalism

D1: Apply recognized ethical and regulatory standards, as well as principles of risk management, in the clinical environment.

B. Practice Management and Informatics

F1: Describe, evaluate and apply contemporary and emerging information pertaining to practice management and technological resources.

The WLHSDM has developed a document entitled Statement of Patients' Rights and Responsibilities (Appendix 5-1A[1]) in English and Spanish, and it will be provided to the patients in the language of their choice. This policy applies to all patients treated in the predoctoral student clinical programs. This written statement details patients' rights to considerate and respectful treatment, to information about the recommended dental treatment, and to a clear explanation of any associated risks, benefits, costs, and duration of treatment. In this document, patients are also advised of their rights to accept or refuse treatment and be informed of the potential consequences of their decisions.

Students will receive formal instruction on patients' rights in the following courses: Dental Skills 1 and 7 (Appendix 2-3F[2]) Masters Colloquium 7 (Appendix 2-3E[3])

A written copy of the Statement of Patients' Rights and Responsibilities (Appendix 5-1A[1]) will be distributed to all patients and discussed with them during the screening and admissions processes in the predoctoral clinics. It will also be distributed to all students, faculty, and staff as a component of the WLHSDM Clinic Operations Manual, which will be reviewed and revised annually and requires acknowledgement of review. Once the clinical program is operational, the Statement of Patients' Rights and Responsibilities will also be distributed to all appropriate faculty and staff at their initial employment orientation at the WLHSDM. The document will be posted for distribution in prominent locations in the patient care areas. Students, faculty, and staff will also be able to access the document on the WLHSDM website.

Revised Appendices:

[2] Appendix 5-1B - TTUHSC El Paso - WLHSDM Clinic Operations Manual

5-2 Patient care must be evidenced-based, integrating the best research evidence and patient values.

A. Biomedical Knowledge

A2: Demonstrate skills in accessing, evaluating, and applying the best scientific evidence to

solve clinical problems.

B. Patient Care

B2: Interpret and synthesize patient information from a variety of sources (diagnostic data, patient records, scientific evidence, faculty consultation, etc.) to develop a comprehensive, individualized treatment plan for each patient, including the management of specialty consultation and referrals for treatment.

D. Professionalism

D4: Identify the strengths and limitations of one's knowledge, skills, and attitudes to promote continual personal and professional development.

F. Practice Management and Informatics

F1: Describe, evaluate and apply contemporary and emerging information pertaining to practice management and technological resources.

In the first year (D1), WLHSDM students will complete a course entitled Society, Community, and the Individual (Appendix 2-3D[1]), where they will learn fundamental principles of research design and how to critically and methodically appraise the biomedical literature. They will also complete a Patients/Population-Intervention-Comparison-Outcome (PICO) exercise in each of the courses entitled Dental Skills (Appendix 2-3F[2]). Students will also develop and present clinical cases in years three and four which will include discussions of challenging patient care issues and an appraisal of the available research findings pertinent to treatment options.

All WLHSDM faculty will receive training to reinforce the use of scientific evidence in their didactic and clinical courses, as well as in the patient care arena. This will be a particular focus of the faculty development program.

The Committee on Clinical Affairs (Appendix 3-3B[3]) will be charged with making recommendations regarding the acquisition of contemporary clinical equipment, instruments and materials. These recommendations will follow a review of the best available evidence, which will include the peer-reviewed professional literature, patient care outcomes, and the recommendations of the Council of Scientific Affairs of the American Dental Association (Appendix 5-2A[4]).

Goal #3 of the WLHSDM Institutional Outcomes Assessment Plan is to "Enhance Access to Quality Oral Health Care". This goal has established measurable goals regarding such issues as quality of care, clinical safety, and patient centered care (Appendix 1-2A[7]). A sub-committee on Clinical Quality Assurance and Safety (Appendix 3-3B[3]) will be charged with the continual evaluation of quality and safety in the WLHSDM clinics, based on the Standards of Care. It will continually incorporate scientific evidence when it reviews and updates the Standards of Care (Standard 5-3A). These are:

Standard 1: Patients' Rights

All patients will be advised of their rights and responsibilities at the WLHSDM clinics.

Standard 2: Examination, Diagnosis, Treatment Planning

Each patient will receive a thorough examination, diagnosis, and treatment plan that is customized and sequenced to their approval.

Standard 3: Excellent Oral Health Care

Quality, comprehensive oral health care will be provided in a timely manner.

Standard 4: Clinical Environment

Patients in the WLHSDM's clinics will be treated in an environment that is safe, satisfactory, and provided in a confidential manner. An outcomes review sheet for clinical monitoring is available in Appendix 5-3H[6].

Revised Appendices:

1. Appendix 5-1B[4]:WLHSDM Clinic Operations Manual
- [4] Appendix 5-2A – TTUHSC El Paso WLHSDM Request Form, Committee on Clinical Affairs
- [6] Appendix 5-3H - TTUHSC El Paso – WLHSDM Clinical Monitoring Outcomes Sheet
- [7] Appendix 1-2A: TTUHSC El Paso – WLHSDM Institutional Outcomes Assessment Plan

5-3 The dental school must conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:

- a. standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
- b. an ongoing review and analysis of compliance with the defined standards of care;
- c. an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
- d. mechanisms to determine the cause(s) of treatment deficiencies; and
- e. implementation of corrective measures as appropriate.

A. Description:

1. *Describe the school's planned quality assurance plan.*

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this standard:

B. Patient Care

B5: Accurately evaluate the outcomes of clinical treatment, including recall strategies and prognosis.

C. Communication and Interpersonal Skills

C3: Apply patient-centered approach to promote, maintain, and improve oral health in the context of overall health.

D. Professionalism

D1: Apply recognized ethical and regulatory standards, as well as principles of risk management, in the clinical environment.

D2: Demonstrate self-assessment skills, accountability, and the ability to receive and incorporate constructive feedback

F. Practice Management and Informatics

F1: Describe, evaluate and apply contemporary and emerging information pertaining to practice management and technological resources.

F4: Apply strategies for continuous quality improvement.

The WLHSDM will establish and conduct a formal system of quality assurance that is based on the school's clinical standards of care. This system will regularly and continuously review clinical patient care will include record audits, patient surveys, and an analysis of several indices of clinical care. These indices will include:

- Formal review of patient records
- Reports of percutaneous injuries
- Reports of unusual clinical incidents
- Review of measures of clinical quality and safety
- Review of measures of patient satisfaction

The WLHSDM's Standards of Care (Appendix 5-3A[1]) will monitor and address deficiencies for the following patient care issues:

- Patients' rights and responsibilities (Appendix 5-1A[2])
- Informed consent
- Examination, diagnosis, and treatment planning
- An emphasis on comprehensive care, delivered in a timely manner
- Patient satisfaction
- Review of clinical safety measures that include faculty, staff, and students.

The associate dean for clinical affairs will initially serve as chair of the sub-committee on Clinical Quality Assurance and Safety (Appendix 3-3B[3]). (S)he will be responsible for implementation and continual monitoring of the WLHSDM's clinical quality assurance program, including the implementation of any corrective actions and the subsequent re- evaluation of these interventions.

2. Describe the development and planned implementation of the school's standards of care. Describe how these standards of care will be used to review the quality of patient care.

The WLHSDM Standards of Care (Appendix 5-3A[1]) appear below:

- All patients will be advised of their rights and responsibilities at the WLHSDM clinics;
- Each patient will receive a thorough examination, diagnosis, and treatment plan that is customized and sequenced to their approval,
- Quality, comprehensive oral health care will be provided in a timely manner, and
- patients in the WLHSDM's clinics will be treated in an environment that is safe, satisfactory, and Provided in a confidential manner

These standards were developed by the initial development team after reviewing current standards of care and the standards and clinical protocols of other dental education programs. They are patient-centered and emphasize comprehensive care. They have measurable criteria which will facilitate review and analysis. Once the clinical program has been implemented, they will be regularly evaluated by the Office of Clinical Affairs and Patient Care and the sub-committee on Clinical Quality Assurance and Safety.

The use of these standards in the review of the quality of patient care is described in the answer

to Question 1.

1. Describe the school's planned process for review of patient records. How often will records be audited? Who will perform the audits? How will corrective actions be monitored?

Patient Record Audits (Appendix 5-3B)[4]

This Standards of Care will be evaluated by semi-annual record audits conducted by faculty and students. At each audit, approximately 10 percent of student records will be randomly selected and evaluated by a student and the clinical master. Satisfactory completion of record audits are required for the students to successfully complete the curriculum. The record audits will review the following components of the patient record to confirm they are recorded:

- Chief complaint
- Medical history / list of medications / vital signs Charting of teeth
- Periodontal data
- Appropriate radiographs
- Medical consultations
- Treatment plan (approved by faculty and signed by patient)
- Signed patient consent forms
- Appointments within past two months (timeliness of care);
- Appropriate attending faculty approvals
- Case completion

Within two weeks of the record audits, all data gathered by students and faculty will be tabulated and submitted to the associate dean for clinical affairs. This information will then be reviewed at the next meeting of the sub-committee on Clinical Quality Assurance and Safety. Meanwhile, all deficiencies that have been identified by the record audits will be corrected, where possible, within a designated time period and approved by the clinical master.

Student deficiencies and errors in recordkeeping, as well as the timeliness of their resolution, will be noted by the clinical master and will become a component of the "professionalism assessment" of each student. Attending faculty will also be expected to assist in the resolution of all deficiencies or errors. Students whose recordkeeping demonstrates multiple deficiencies or errors will be counseled and remediated as necessary. Other corrective actions may include reduction in clinical privileges. Similarly, faculty who are deficient in their oversight of clinical record-keeping will be counseled by the assistant dean for clinical affairs. The school will also provide focused student seminars and faculty in-service training workshops to communicate patterns of error and reduce record keeping deficiencies.

During the record audits, clinical masters will also review the timeliness of treatment for each active comprehensive care patient to ensure that they have had an appointment at least every 2 months. Students with patients who have not been appointed in this manner will be counseled and appropriately remediated by the clinical master. Continual deficiencies will be referred to the assistant dean for clinical affairs for additional corrective actions, which may include loss of clinical privileges. Evaluation of the time to complete care for patients is a component of this quality review.

3. Describe how the school will determine patient treatment deficiencies.

All students will treat patients under the direct supervision of attending faculty, who will be under the leadership of a clinical master. Faculty will continually assess patient treatment for overall quality and will identify treatment deficiencies. These assessments will occur as each procedure is completed. Quality of treatment will also occur at the completion of patient disease removal, and at the treatment completion examination.

At each clinic session, students will utilize written criteria to self-assess the quality of care they provide. Attending faculty will use the same criteria to assess the quality of care that was rendered. Treatment deficiencies will be identified and corrected at that time or as soon as possible, depending on the nature of the deficiency. To prevent deficiencies in treatment, attending faculty will be encouraged to assume an active role in the treatment process when it is appropriate.

Treatment Deficiencies

Four areas, explained below, will help identify and/or evaluate treatment deficiencies in the WLHSDM clinics:

1. Redo/remake data from clinical cases
2. Post-disease removal evaluation
3. Post-treatment evaluation
4. Patient concern form
5. Clinical adverse event form

1. Redo/Remake Data from Clinical Cases

Some dental prostheses and indirect restorations will be fabricated by commercial dental laboratories in the El Paso area. Others will be fabricated onsite. In order to ensure quality, the following protocols will be established:

- Following standard infection control protocols, students will submit faculty-approved clinical cases to a designated area for review by an assigned case reviewer. All cases must include a prescription that has been signed/authorized by attending faculty. Cases will then be directed for milling or printing, or to a commercial dental laboratory for fabrication.
- The case reviewer will carefully assess all aspects of the outgoing clinical case. Tooth preparations, impressions, quality of records, infection control measures, and the laboratory prescription will be noted on a Dental Laboratory Quality Review Form (Appendix 5-3C[5]) and entered into an electronic record form/database. This will enable quality assurance personnel to analyze trends in the quality of these areas of the student clinics.
- Cases with identified deficiencies are logged into the form/database, and the case is returned to the student for correction and re-submission. The attending faculty will also be alerted. If no deficiencies are noted, the case will be submitted to the mill, printer, or commercial dental laboratory for completion.
- All cases containing newly fabricated prostheses or restorations will be similarly inspected by designated personnel upon arrival from the commercial dental laboratory. All aspects of the case will be logged into the spreadsheet, including marginal integrity, stability, proximal contacts, esthetics, etc. If any deficiencies are noted, the case will

be returned to the dental laboratory or student/faculty for corrections. If no deficiencies are noted, the dental student will be notified prior to the patient appointment for delivery of the prosthesis, if not a same-day delivery case. The delivery time and notes on patient satisfaction will be subsequently communicated to the dental laboratory, and this will also be entered into the spreadsheet.

All data for each dental prosthesis will be analyzed by manufacturer to determine if there are any indications of substandard quality. If substandard quality is consistently identified, the WLHSDM will identify and work with a different external laboratory, or work with the milling or printing unit for quality improvement, which may include additional training.

This protocol will enable faculty to track individual student performance and any trends that may point to the use of incorrect clinical techniques or the inappropriate use of materials. Once analyzed and confirmed, these will be rectified by scheduled review sessions by clinical faculty. Additional reevaluations of the clinical teaching program will occur as needed through continual evaluation of this data.

2. Post-Disease Removal Evaluation of Patient Care

Upon completion of the disease removal phase of a patient's treatment, clinical attending faculty will assess the patient's oral condition by conducting a disease removal treatment evaluation (Appendix 5-3D[6]). This will ensure that the chief complaint has been addressed; that the soft and hard tissue disease has been resolved or stabilized; that no additional carious teeth require treatment; and that the patient is satisfied with the treatment rendered and can perform any necessary oral hygiene/maintenance measures. At this time, faculty will also evaluate the patient record to ensure that all documentation has been satisfactorily completed. The patient will then be invited to either continue further treatment at the school, participate in the school's recall/re-care program, or be referred to a dentist in the community for further care and/or maintenance.

If certain trends in patient treatment deficiencies are identified, the associate dean for clinical affairs will be notified to consider if appropriate changes to the curriculum (through the Committee on Curriculum and Educational Policy) and/or clinical protocols should be implemented. In this fashion, quality assurance protocols will have multiple monitoring and assessment components to determine the occurrence of patient treatment deficiencies as defined by the WLHSDM quality of care indicators. The clinical teaching program will also benefit from this type of feedback, since immediate changes and updates can be incorporated into the teaching program.

3. Post-Treatment Evaluation of Patient Care

Upon completion of the active phase of a patient's treatment, clinical attending faculty will assess the patient's oral condition by conducting a post-treatment evaluation (Appendix 5-3D[6]). This will ensure that the chief complaint has been addressed, soft and hard tissue disease has been resolved or stabilized, no additional restorative treatment needs remain, and the patient is satisfied with treatment and can perform any necessary oral hygiene/maintenance measures. At this time, faculty will also evaluate the patient record to ensure that all documentation has been satisfactorily completed. The patient will either be assigned to the school's recall/re-care program or referred to a dentist in the community for further maintenance.

If certain trends in patient treatment deficiencies are identified, the associate dean for clinical

affairs will be notified to consider if any changes to the curriculum (through the Committee on Curriculum and Educational Policy) and/or clinical protocols should be implemented. In this fashion, quality assurance protocols will have multiple monitoring and assessment components to determine the occurrence of patient treatment deficiencies as defined by the WLHSDM quality of care indicators. The clinical teaching program will also benefit from this type of feedback, since immediate changes and updates can be incorporated into the teaching program.

Patients of the WLHSDM clinics will be encouraged to discuss their concerns regarding any aspect of their treatment experience. Any patient complaint that cannot be resolved on the phone or in person will be entered on a Patient Concern Form (Appendix 5-3E[7]) by WLHSDM personnel. The clinic manager will interview the involved parties and resolve any remaining issues. All such issues will be reported to the Committee on Clinical Quality Assurance and Safety, which will consider a summary of the issues at their monthly meeting. Feedback regarding any areas of concern will be communicated to the clinic manager and the associate dean for clinical affairs for corrective action. This feedback will also be communicated to the clinical faculty.

4. Clinical Adverse Event Report

A Clinical Adverse Event Form (Appendix 5-3F[8]) will be required by the Office of Clinical Affairs within 24 hours of the occurrence of any adverse event involving a patient. Upon receipt of a completed report, an investigation into the events of the occurrence will begin. A follow-up will be completed within 24 hours of the time the report was received. These activities will be coordinated by the clinic manager and reported at the next meeting of the sub-committee on Clinical Quality Assurance and Safety.

The Clinic Manager and Associate Dean for Clinical Affairs will conduct regular trend analyses of the incident reports. If it is determined that further investigation is required for an incident, it will be completed by a faculty member of the Committee on Clinical Quality Assurance and Safety. Trends will be analyzed by the committee, which will make recommendations for corrective action to the faculty and the Associate Dean of Clinical Affairs.

Infection Control Measures (Safety)

Students receive didactic information regarding contemporary infection control procedures in the course entitled Dental Skills (Appendix 2-3F[9]). They also learn practical clinical procedures, and are evaluated for competency in infection control measures by means of a written examination and an Objective Structured Clinical Examination (OSCE) exercise, each of which will have "critical errors" identified and utilized in the competency evaluation. Faculty who supervise students in the pre-clinical simulation area will pay special attention to safety during initial procedures that utilize sharp instruments such as needles and handpiece burs. Close monitoring will be employed to prevent injury during these formative sessions.

Students will undergo daily evaluation of infection control measures at each appointment by attending faculty as a component of the "Professionalism Evaluation" (Appendix 2-21A[10]). Students will also provide a self-assessment at this time.

Additionally, students and attending faculty will be evaluated by designated clinical staff who will conduct regular, unannounced infection control evaluations during clinical sessions. Immediate feedback will be provided to faculty and students, and all infractions will be reported to the assistant/ associate dean for clinical affairs. Summary reports of these unannounced infection

control evaluations will be provided to the subcommittee on Clinical Quality Assurance and Safety. Trends will be analyzed, and individual counseling and remediation will be provided through the office of the associate dean for clinical affairs. Continued infractions by either students or faculty will be considered serious enough to result in a range of punitive actions, which may include loss of clinical privileges and/or dismissal from the program.

Patient Satisfaction Survey

A patient satisfaction survey (Appendix 5-3G[11]) has been developed to gather feedback on various aspects of each clinical appointment. The WLHSDM intends to deliver this survey electronically, in English or Spanish, and to include questions related to the following issues:

- Ease of making the appointment
- Wait times
- Quality of patient interactions offered by students and attending faculty
- Degree of compassion and respect demonstrated by students and attending faculty
- Assessment of the cleanliness of the facility
- Ease of parking and clarity of signage Assessment of staff courtesy and friendliness
- Assessment of attention to infection control measures
- Assessment of measures related to patient privacy
- Overall assessment of the quality of dental care delivered

Patient Confidentiality and Privacy

Students will receive didactic information regarding patient confidentiality, privacy, and the 1996 Health Insurance Portability and Accountability Act (HIPAA) in the Dental Skills series (Appendix 2-3F[9]). In this course, they also receive a formal orientation to the clinical setting, which includes instruction in the appropriate use of patient records and methods of patient communication. Students will be evaluated for competency in managing the issues of patient confidentiality by means of a written examination and an OSCE, each of which will have "critical errors" identified and utilized in the competency evaluation.

Revised Appendices:

1. Appendix 5-1B[12]: Clinic Operations Manual

5-4 The use of quantitative criteria for student advancement and graduation must not compromise the delivery of comprehensive patient care.

A. Description:

1. Describe the school's philosophy on comprehensive patient care. How will patients be assured of receiving comprehensive care?

2. Describe how patients will be assured of best practices care and not care related to quantitative requirements

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this standard:

B. Patient Care

B4: Perform diagnostic, therapeutic, and preventive clinical procedures safely and efficiently, with appropriate informed consent.

The comprehensive care philosophy in the WLHSDM clinics will be to focus on the patient's needs, to deliver care with efficiency, and to achieve and maintain the patient's oral health in a manner that reflects the standard of care and the latest scientific evidence.

There will be no procedural or discipline-based numerical requirements for graduation. However, a student's eligibility for graduation will be based in part on the successful completion of each of the clinical competencies designated by the WLHSDM. Each clinical competency will necessitate the successful completion of certain "threshold experiences" prior to being eligible for an evaluation of competency. This will ensure that students have demonstrated a mastery of the clinical experiences that have prepared them to demonstrate competency. The WLHSDM competencies appear in Appendix 2-1B[1]. A chart that summarizes the WLHSDM clinical competency examinations appears in Appendix 5-4A[2].

Comprehensive care will be made available to all patients who desire and agree to receive comprehensive care and who have dental needs that are manageable by predoctoral dental students. Patients will be assigned to predoctoral students based on the patient's needs, availability, and the student's skill level and experience. Patient assignments will be made to (a) to provide a profile of experience and level of competency necessary to prepare the student for independent practice; and (b) expedite and facilitate patient care. Each student will serve as a primary care provider for his or her family of patients and, under the guidance of faculty, will also coordinate appropriate internal and external referrals. This philosophy and its implementation will be communicated to students, faculty, and staff through such mechanisms as the WLHSDM Clinic Operations Manual (Appendix 5-1B[3]), and during Dental Skills courses in the first (D1) and second (D2) years (Appendix 2-3F[4]). All courses in this series will include diagnosis and treatment planning, which will highlight comprehensive patient care with a focus on multidisciplinary treatment planning and coordination of all phases of treatment.

Comprehensive care will consist of examining and evaluating each patient, identifying and recording the presenting medical and dental problems, and recommending a customized treatment plan that can be completed by a predoctoral student. This comprehensive care philosophy includes the need to refer patients to appropriate dental specialists if the scope of the required treatment is beyond the capability of the predoctoral student.

Secondary student providers may occasionally be assigned by the team coordinator to complete certain identified procedures in a patient's treatment plan. These assignments are intended to facilitate completion of care for individual patients – for example, to facilitate the completion of care for a patient with special needs. When they occur, these cases will be limited to the sharing of clinical experiences within clinical teams. In all cases, patients will be informed and will give their consent to be treated by a secondary student provider. The primary student provider will remain responsible for the overall comprehensive treatment plan and for coordinating any treatment provided by another student, with the oversight and approval of the clinical team leader. There is a minimum requirement for each student to complete care for three patients, which further encourages students to finish treatment. As the program matures, patients of graduating seniors will be reassigned to other predoctoral students to ensure that timely treatment continues uninterrupted.

The WLHSDM will also offer limited dental care in certain, special circumstances. This care may be referred from the urgent care clinic or from private practitioners in the community. The patients will be informed that their care in these circumstances will be limited to certain procedures and will therefore be asked to provide their consent for these limited procedures. Examples of limited care would be endodontic therapy with definitive restoration, or completion of care that only includes disease removal because of limiting medical and/or dental factors. Once the limited treatment has been completed, these patients will be referred back to their primary dental care provider for continued treatment. Student assignments for limited care will be made by the clinical master, in coordination with attending faculty and the associate dean for clinical affairs.

The WLHSDM will have a robust patient monitoring program supported by the clinical master and the electronic Clinic Information System (axiUm). The clinical master, clinical attending faculty, and designate clinical staff will monitor and review patient care activity on an ongoing basis and assist students with patient management as appropriate. The electronic health record (EHR) will generate specific reports that can be reviewed by the clinical master and clinical staff on a regular basis to ensure the timely completion of all services rendered and also ensure that students are adhering to the philosophy of comprehensive care. The CIS will enable the clinical master and attending faculty to review treatment plans and the timely management of all assigned patients. Clinical attending faculty can also review planned and completed treatment at each clinical encounter to ensure continuity of care.

During the record review process and as needs arise, the status of some patients will be reevaluated by the clinical master in consultation with the individual student. Reasons for re-evaluation may include patient non-compliance, lapses in treatment, and/or inability to contact or schedule an appointment. Other considerations may include financial concerns, transportation difficulties, or impatience with the relatively slow pace of care that may occur in the educational setting. Additionally, a patient may request to be placed in a treatment-deferred status because of ongoing medical or personal reasons.

Completed comprehensive care assessments for all patients will be coordinated by the clinical masters to ensure that treatment plans have been completed and the treatment has been rendered in an acceptable manner.

While the WLHSDM will not have quantitative procedural requirements for graduation, there are minimal experiences required prior to challenging a competency assessment. When this experiential threshold has been met, the student will require the approval of the clinic master to challenge for competency. Recommendations for graduation will be based on the successful completion of all clinical competency assessments and clinical rotations, as well as the consistent demonstration of professional behavior.

Revised Appendices:

[3] Appendix 5-1B - TTUHSC El Paso - WLHSDM Clinic Operations Manual

5-5 The dental school must ensure that active patients have access to professional services at all times for the management of dental emergencies.

A. Description:

1. Describe the school's planned policy and procedures for providing emergency services, including after-hours care for patients.

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this standard:

A. Biomedical Knowledge

A1: Identify, discuss, and/or describe biomedical concepts and apply them to the practice of dentistry, while utilizing contemporary scientific principles and mechanisms that describe health and disease.

A2: Demonstrate skills in accessing, evaluating, and applying the best scientific evidence to solve clinical problems.

B. Patient Care

B1: Accurately gather essential patient information through medical history, clinical examination, appropriate imaging, and other pertinent information.

B2: Interpret and synthesize patient information from a variety of sources (diagnostic data, patient records, scientific evidence, faculty consultation, etc.) to develop a comprehensive, individualized treatment plan for each patient, including the management of specialty consultation and referrals for treatment.

B3: Accurately summarize and clearly present patient data in written and oral formats.

B4: Perform diagnostic, therapeutic, and preventive clinical procedures safely and efficiently, with appropriate informed consent.

B5: Accurately evaluate the outcomes of clinical treatment, including recall strategies and prognosis.

C. Communication and Interpersonal Skills

C3: Apply patient-centered approach to promote, maintain, and improve oral health in the context of overall health.

D. Professionalism

D1: Apply recognized ethical and regulatory standards, as well as principles of risk management, in the clinical environment.

D2: Demonstrate self-assessment skills, accountability, and the ability to receive and incorporate constructive feedback

D3: Demonstrate compassion, integrity, altruism, and respect for others, including individuals from diverse populations.

D4: Identify the strengths and limitations of one's knowledge, skills, and attitudes to promote continual personal and professional development.

E. Health Promotion

E3: Contribute to the improvement of oral health beyond those served in traditional practice settings.

General Information

All patients presenting to the WLHSDM clinics will have access to emergency dental services. Active patients will receive information on emergency services during their initial screening appointment and will receive a new patient brochure that describes the types of services available and access to emergency/urgent care (Appendix 5-5A[1]). The telephone number for emergency or urgent dental care will also be listed on the Patients' Rights and Responsibilities document that

will be given to all patients (Appendix 5-1A[2]).

Once the patient is assigned to a student, it will be the student's responsibility to be the initial means of communication with the patient needing emergency or urgent care. Students will be responsible for the emergency treatment of patients in their portfolio, and will be expected to treat the patient personally in their clinical practice team. If the student is unavailable, the patient may be seen by another student within the same clinical team, with transfer of care coordinated by the clinical master or designee. If there are no available appointments within the clinical team, the student will make arrangements for the patient to be seen promptly in the Urgent Care Clinic. Students will be responsible for any follow-up care for all emergency treatment that they provide, including patients they treat as part of their urgent care rotations.

The urgent care clinic will provide walk-in and unassigned patients with emergency care during regular clinic hours. Students will rotate through this clinic during their clinical year.

Patients of Record

In the event of an after-hour dental emergency for a patient of record (a patient currently in treatment with the WLHSDM clinics), an answering service will be available to contact the WLHSDM clinics. Whenever it is feasible, students will be expected to participate in the after-hours care of their patients. Individual students and attending faculty will be contacted after hours by conference call by the answering service regarding their patient's chief complaint. The faculty is responsible for use of VPN to safely access WLHSDM clinical records regarding the patient of record. The student will be expected to obtain all information relevant to the problem. The patient is then informed of their treatment options. If the student is not available, the answering service will contact the scheduled on-call attending faculty or alternate who will be clinical faculty members of the WLHSDM. The on-call attending faculty will speak with the patient to offer suggestions to address the acute nature of their problem until they can be seen the next workday. The person making this call will be required to make written documentation as to the date, time, reported symptoms/complaint, recommendations or suggestions made, and patient's understanding of the recommendation. This information will be entered into the patient's record as soon as possible. All discussions with patients will either be from the TTUHSC El Paso phone system or from a device utilizing masking, whether number blocking, or a call-forwarding application going to a different number.

Clinical faculty will be expected to provide after-hour emergency care on a rotational basis. An after-hours call schedule will be created to provide adequate coverage for patients experiencing an acute episode, or who may have post-operative questions (Appendix 5-5B[3]). An after-hours cart will be available in the faculty practice area of the WLHSDM clinics for items necessary to urgent care. No after-hours urgent care patient will be seen by a single provider.

The WLHSDM plans to develop an affiliation for referrals with one of the local hospitals that provides emergency dental care. When the WLHSDM is fully-operational, it will employ two or three year-four dental (D4) students when the clinic is not in session to provide emergency services to WLHSDM patients under the supervision of attending faculty. This will occur during official holidays or other breaks throughout the academic year. Clinical faculty will also be responsible for providing emergency/urgent care services prior to students reaching this level in their clinical education.

5-6 All students, faculty and support staff involved in the direct provision of patient care must be continuously certified in basic life support (B.L.S.), including cardiopulmonary resuscitation, and be able to manage common medical emergencies.

A. Description:

1. Identify and describe the location of the emergency materials and equipment that will be available for use in the dental clinic and for instruction in the management of dental office emergencies. Describe plans for additional emergency equipment and supplies that may be accessible to the clinic and the planned location.

2. Describe how the emergency equipment will be monitored to assure it is functional.

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this standard:

A. Biomedical Knowledge

A1: Identify, discuss, and/or describe biomedical concepts and apply them to the practice of dentistry, while utilizing contemporary scientific principles and mechanisms that describe health and disease.

A2: Demonstrate skills in accessing, evaluating, and applying the best scientific evidence to solve clinical problems.

B. Patient Care

B1: Accurately gather essential patient information through medical history, clinical examination, appropriate imaging, and other pertinent information.

B2: Interpret and synthesize patient information from a variety of sources (diagnostic data, patient records, scientific evidence, faculty consultation, etc.) to develop a comprehensive, individualized treatment plan for each patient, including the management of specialty consultation and referrals for treatment.

B3: Accurately summarize and clearly present patient data in written and oral formats.

B4: Perform diagnostic, therapeutic, and preventive clinical procedures safely and efficiently, with appropriate informed consent.

B5: Accurately evaluate the outcomes of clinical treatment, including recall strategies and prognosis.

C. Communication and Interpersonal Skills

C3: Apply patient-centered approach to promote, maintain, and improve oral health in the context of overall health.

D. Professionalism

D1: Apply recognized ethical and regulatory standards, as well as principles of risk management, in the clinical environment.

D2: Demonstrate self-assessment skills, accountability, and the ability to receive and incorporate constructive feedback

D3: Demonstrate compassion, integrity, altruism, and respect for others, including individuals from diverse populations.

D4: Identify the strengths and limitations of one's knowledge, skills, and attitudes to promote continual personal and professional development.

E. Health Promotion

E1: Demonstrate prevention, intervention, and educational strategies for a diverse patient population.

E2: Collaborate with dental team members and other health care professionals in the management and health promotion of all patients.

E3: Contribute to the improvement of oral health beyond those served in traditional practice settings.

F. Practice Management and Informatics

F1: Describe, evaluate and apply contemporary and emerging information pertaining to practice management and technological resources.

F2: Describe, evaluate and apply current models of oral health care management and delivery.

F3: Describe and evaluate effective business, financial management, and human resource skills.

F4: Apply strategies for continuous quality improvement.

F5: Identify the components of a catastrophe preparedness plan for the dental practice.

The WLHSDM clinics will have contemporary equipment that is appropriate for the management of medical emergencies in the clinical areas, including the area used to treat after-hours patients with urgent care needs. These will include emergency supplies, portable oxygen delivery systems, and automatic external defibrillators (AED's). A commercially available product (such as Stat Kit® 750-M), will provide essential medications that are clearly labeled and categorized for use in a medical emergency. For an annual fee, the company monitors and replaces any expiring medications. This ensures that the kit is up-to-date and ready to be deployed in the event of an emergency. Each clinical area will have immediate access to these emergency medications and an AED unit. The Office of Clinical Affairs will oversee the monthly maintenance and availability of all emergency carts, AED's, and oxygen bottles.

All students, faculty, and staff involved in the provision of patient care will receive annual training in the management of common medical emergencies. It is the responsibility of the faculty, students and staff to be competent to effectively manage common medical emergencies and to take appropriate steps to stabilize the situation until the arrival of the emergency medical response team. These emergency situations may include, but not be limited to:

- Altered or loss of consciousness
- Respiratory distress
- Seizures
- Allergies/drug related emergencies
- Chest pain
- Cardiac Arrest
- Myocardial infarction
- Stroke

In the event of a medical emergency in the clinical areas, clinical personnel (faculty, staff, and students) will be trained to do the following:

1. Remain with the patient;
2. Alert the nearest attending faculty;
3. Alert the attending oral and maxillofacial surgeon and/or activate the emergency response system by calling 911 from a clinic phone, as appropriate for the emergency. (The nearest EMS station is less than four minutes from the WLHSDM.)
4. Participate in patient management, as appropriate;
5. Initiate cardiopulmonary resuscitation, if indicated

3. Describe the dental school's planned policy regarding basic life support recognition (certification) for students, faculty and support staff who are involved in the direct provision of patient care.

Describe how the dental school will ensure that recognition of these individuals is obtained and does not lapse.

All student providers, clinical attending faculty, and clinical staff who work in patient care areas will be officially credentialed through the Office of Clinical Affairs. Credentialing records, including evidence of appropriate dental licensure, dental assistant radiology training, and certifications in Basic Life Support and Cardio-pulmonary Resuscitation (BLS/CPR) or a higher level, will be maintained and monitored in the office of the associate dean for clinical affairs. Lack of credentialing, or lapses thereof, will result in suspension from clinical duties. BLS/CPR credentialing records of predoctoral students will be monitored by the office of the associate dean for clinical affairs to ensure that all students are currently certified through the TTUHSC El Paso Office of Safety services.

WLHSDM students, attending faculty, and appropriate staff will complete CPR/BLS instruction and certification from certified instructors who are employees of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso). The WLHSDM will require all incoming students to present with BLS/CPR certification at the time of their matriculation. Instruction and recertification BLS/CPR or higher level courses will be provided to students every two years thereafter to maintain up-to-date certification throughout their clinical years at the WLHSDM. Additionally, the prevention and management of medical emergencies will be discussed in course entitled Dental Skills 1 and 2 (Appendix 2-3F[1]). Students will be required to demonstrate competency in managing common medical emergencies prior to initiating patient care procedures in the WLHSDM clinics. Additionally, as part of the required annual credentialing process, the WLHSDM will provide annual training in the prevention and management of medical emergencies to clinical faculty, students and staff.

4. Does the school plan exceptions to this policy for persons who are medically or physically unable to perform such services? If so, how will these records be maintained by the program?

Students, faculty, or clinical staff who cannot complete the BLS/CPR certification because of physical limitations or medical conditions, must submit a written request for exemption to the associate dean for clinical affairs, stating the reason for the request, who will make the decision to approve or disapprove. In certain cases, the associate dean for clinical affairs may request a verification of the petitioner's condition(s) by a physician. All related exemption documents will be maintained in the office of clinical affairs. Exempted personnel will still be required to document their attendance at BLS provider classes every two years, to enable them to assist and/or direct others in an emergency. In lieu of a BLS certification card, a letter verifying attendance will be issued to these participants.

Revised Appendices:

[1] Appendix 5-1B - TTUHSC El Paso - WLHSDM Clinic Operations Manual

5-7 Written policies and procedures must be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice.

A. Description:

1. Describe the school's policy on the use of ionizing radiation. Describe the planned procedures to be used when working with ionizing radiation.

2. Describe how the school plans to ensure safe use, application, and exposure of ionizing radiation for patients.

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this standard:

A. Biomedical Knowledge

A1: Identify, discuss, and/or describe biomedical concepts and apply them to the practice of dentistry, while utilizing contemporary scientific principles and mechanisms that describe health and disease.

A2: Demonstrate skills in accessing, evaluating, and applying the best scientific evidence to solve clinical problems.

B. Patient Care

B2: Interpret and synthesize patient information from a variety of sources (diagnostic data, patient records, scientific evidence, faculty consultation, etc.) to develop a comprehensive, individualized treatment plan for each patient, including the management of specialty consultation and referrals for treatment.

B4: Perform diagnostic, therapeutic, and preventive clinical procedures safely and efficiently, with appropriate informed consent.

B5: Accurately evaluate the outcomes of clinical treatment, including recall strategies and prognosis.

C. Communication and Interpersonal Skills

C3: Apply patient-centered approach to promote, maintain, and improve oral health in the context of overall health.

D. Professionalism

D1: Apply a recognized ethical and regulatory standards, as well as principles of risk management, in the clinical environment.

E. Health Promotion

E1: Demonstrate prevention, intervention, and educational strategies for a diverse patient population.

E2: Collaborate with dental team members and other health care professionals in the management and health promotion of all patients.

F. Practice Management and Informatics

F1: Describe, evaluate and apply contemporary and emerging information pertaining to practice management and technological resources.

F2: Describe, evaluate and apply current models of oral health care management and delivery.
F4: Apply strategies for continuous quality improvement.

Policy on the Use of Ionizing Radiation in the Woody L. Hunt School of Dental Medicine Clinics

The WLHSDM clinics are committed to delivering the highest quality of care to each of its patients. All clinic areas will select and use the most modern, evidence-based technologies available in order to develop the highest levels of oral health for the citizens in the greater El Paso and West Texas region. They are also committed to the safety of all persons involved in the use of ionizing radiation in its clinics, including patients, students, staff, faculty and others.

The policies and procedures outlined below and in the WLHSDM Clinic Operations Manual (Appendix 5-1B[1]) adhere to both U.S. and Texas state regulations of radiation protection. They are also consistent with the written guidelines for dental radiographic examinations originally developed by the Food and Drug Administration (FDA) (Appendix 5-7A[2]). Prescribed procedures are based upon ADA-approved Patient Selection Criteria Panel (CDRH/FDA) and the individual needs of the patient.

Dental radiographs must be of the highest quality, maximize the benefit, and minimize any risk to the patient. Since ionizing radiation presents some degree of risk to those exposed, all efforts will be made to restrict the dose of radiation to the smallest amount necessary to meet the diagnostic needs of the patient. This is consistent with the "ALARA" concept ("As Low As is Reasonably Achievable") with regard to radiation exposure. The use of radiographs will be based upon the needs of the patient, and not for administrative purposes (e.g., third party request). Radiographs are also a useful adjunct for examining the adequacy of endodontic, restorative and/or surgical procedures.

Students will only expose radiographs under supervision of attending faculty and/or dental radiology technicians. They will not be permitted to expose radiographs on patients without direct supervision until they have demonstrated competency in radiographic imaging policy and techniques. Authorization from supervising attending faculty is required prior to the exposure of any radiographic images, and only after attending faculty have completed an oral examination of the patient. Final images must be authorized and saved to the patient file. This assists in tracking the number of radiographs exposed by the student, and in assuring that the student is in accordance with the approved protocol. Failure to comply with the protocol would not only affect the student's professionalism evaluation, but might rise to the level of an honors violation. The need for re-taking images is based upon established written WLHSDM image criteria, which appear in the WLHSDM Clinic Operations Manual (Appendix 5-1B[1]). Students are not permitted to retake images without the guidance and approval of faculty and/or dental radiology technicians.

All radiographic images generated by students will be reviewed for diagnostic quality by clinical faculty and/or dental radiology technicians. Imaging procedures and exposure parameters are documented in the patient's record. While students must provide initial diagnostic assessments of images for their patients of record as part of their clinical education process, final diagnostic interpretation will be performed by attending faculty, and these findings are documented in the patient record.

Additionally, it shall be considered the obligation of all who are involved in diagnostic radiologic

procedures to:

- Adhere to accepted protocols for the safe operation of radiologic equipment, for their own protection, and for the protection their patients.
- Follow accepted radiological health practices and report any suspected unsafe practices and/or health hazards to the proper administrative authority.
- Maintain all infection control standards of the WLHSDM during radiographic procedures.

Procedures for the Use of Ionizing Radiation in the Woody L. Hunt School of Dental Medicine Clinics

Specific and detailed procedures for the use of ionizing radiation in the WLHSDM clinics are outlined in the Radiation Safety section of the WLHSDM Clinic Operations Manual (Appendix 5-1B[1]), which will be available to all faculty, staff and students via the WLHSDM intranet.

Revised Appendices:

[1] Appendix 5-1B - TTUHSC El Paso - WLHSDM Clinic Operations Manual

5-8 The dental school must establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste, consistent with accepted dental practice.

A. Description:

1. Describe the policy for handling and disposing of hazardous waste. Explain how the school will enforce this policy.

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this standard:

A. Biomedical Knowledge

A1: Identify, discuss, and/or describe biomedical concepts and apply them to the practice of dentistry, while utilizing contemporary scientific principles and mechanisms that describe health and disease.

A2: Demonstrate skills in accessing, evaluating, and applying the best scientific evidence to solve clinical problems.

B. Patient Care

B5: Accurately evaluate the outcomes of clinical treatment, including recall strategies and prognosis.

C. Communication and Interpersonal Skills

C3: Apply a patient-centered approach to promote, maintain, and improve oral health in the context of overall health.

D. Professionalism

D1: Apply recognized ethical and regulatory standards, as well as principles of risk management, in the clinical environment.

E. Health Promotion

E1: Demonstrate prevention, intervention, and educational strategies for a diverse patient population.

E2: Collaborate with dental team members and other health care professionals in the management and health promotion of all patients.

F. Practice Management and Informatics

F1: Describe, evaluate and apply contemporary and emerging information pertaining to practice management and technological resources.

F2: Describe, evaluate and apply current models of oral health care management and delivery.

F3: Describe and evaluate effective business, financial management, and human resource skills.

F4: Apply strategies for continuous quality improvement.

The WLHSDM will provide a clean and safe environment for its patients, providers, students and staff. Accordingly, it will adhere to the guidelines established by the Centers for Disease Control and Prevention (CDC) for infection control and asepsis. All instruments of any size which enter the oral cavity and are heat-tolerant, including handpieces, must be sterilized. All non-heat tolerant instruments should be sterilized using the low heat sterilizer or kept to a minimum inventory and bagged or wiped with tuberculocidal wipes. Disposable and single-use items are never to be cleaned and re-used. The sterilization area adjacent to the clinical area has pre-cleaning, packaging, state-of-the-art steam sterilization, and instruments will be moved to dispensaries from separated clean and unclean negative-pressure rooms (clinical drawing available on site). The WLHSDM will also implement and follow established policies and protocols of the Occupational Safety and Health Administration (OSHA) and recommendations of the Texas Department of State Health Services (DSHS), and the Texas Administrative Code (TAC) #96 (Bloodborne Pathogen Control; #97 (Communicable Diseases), and #99 (Occupational Diseases). These are in conformance with TTUHSC El Paso Operating Policy and Procedure 75.11, "Health Surveillance Program for TTUHSC El Paso Institutional Health Surveillance and Infection Control Program" (Appendix 5-8A[1]).

The WLHSDM has a comprehensive policy for handling and disposing of hazardous waste as outlined in the WLHSDM Clinic Operations Manual (Appendix 5-1B[2]). This document details the regulatory requirements for infection control, and includes policies and procedures for the disposal of hazardous waste, such as sharps, bloodborne items, human tissues, dental amalgam, and any other regulated or unregulated items that may carry a risk for bloodborne pathogens. These procedures will be reviewed annually as part of the school's mandatory infection control update. All students, attending faculty, clinical staff, and any other individuals at the WLHSDM with an exposure risk category other than "none" are required to attend.

Students will be evaluated by attending faculty at every clinical session relative to their adherence to infection control policies. This will be a component of their Professionalism Evaluation, and will also involve a self-assessment of their performance. Attending faculty will carefully monitor student compliance with this important aspect of patient care. Continued lapses in compliance will be immediately remediated and reported to the office of the associate dean for clinical affairs. Punitive actions may include individual remediation procedures, clinical restrictions, and possible removal from the WLHSDM program.

Similarly, attending faculty and clinical staff will also be monitored for their adherence to infection control policies. Infractions will be immediately remediated by their respective supervisor, and

continual infractions may result in sanctions ranging from suspension to loss of employment.

2. Describe the school's policy for preclinical/clinical/laboratory asepsis and infection and biohazard control. Explain how the school will enforce this policy.

The purpose of the WLHSDM's Infection Control Compliance Program is to: 1) ensure that the WLHSDM's faculty, students, and staff receive training in the school's infection control policies and procedures; 2) provide for a monitoring system that ensures that the infection control procedures are routinely followed in the delivery of patient care; and, 3) define the remedial steps that will be taken if problems with compliance are identified.

The chair of the Committee on Quality Assurance and Safety will serve as the WLHSDM's infection control compliance officer. He/she will support the implementation of policy and will take a leadership role in the Infection Control Compliance Program. The Committee on Clinical Quality Assurance and Safety will be responsible for the development of infection and exposure control guidelines and will provide additional recommendations for compliance monitoring to the associate dean for clinical affairs.

The WLHSDM's Infection Control/Exposure Control Protocol conforms to the laws governing the practice of dentistry in the state of Texas, the accreditation standards established by the Commission on Dental Accreditation, and the WLHSDM Standards of Care. The infection control section of this protocol addresses supervision of patient care, infection and exposure control plan, training, standard precautions, exposure determination, Hepatitis B vaccination, personal protective equipment, work practices and engineering controls, housekeeping, post-exposure evaluation and follow-up, medical records, and biohazard management. These topics are described in the WLHSDM Clinic Operations Manual (Appendix 5-1B[2])

The WLHSDM is in compliance with the protocols established by the Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) (Appendix 4-11C[3]) for managing percutaneous injuries and exposure to blood/body fluids. The University Medical Center (UMC) Employee Health Clinic, located in close proximity to the WLHSDM clinic, will provide services for percutaneous injuries and non-intact skin exposure to blood/body fluids that occurs in the WLHSDM clinic. If an exposure incident does occur, the incident will be reported immediately to the supervising faculty member, who will ensure completion of a Bloodborne Pathogens Exposure Report Form (Appendix 5-8B[4]). If consent is obtained, the patient (or the source instrument if available), and the exposed person will be referred for bloodborne disease testing at the Employee and/or Student Health Clinic.

All students, faculty and staff will receive appropriate training regarding the WLHSDM's infection and exposure control policies and procedures. Faculty and staff will participate annually in a review of the infection control guidelines through orientation processes or online review and assessment programs. D1 students will receive formal instruction in the WLHSDM's infection control protocol and policies beginning in Dental Skills 1-2 (Appendix 2-3F[5]) that will include a clinical competency assessment. Students must exhibit not only a theoretical understanding of the principles and policies, but also demonstrate competency to implement infection control protocols before providing patient care. Additionally, students will be expected to utilize proper infection control equipment and techniques during the exercises and activities in the simulation laboratory.

Clinical staff in each clinical practice team will maintain infection control supplies for their

respective areas. Attending faculty will monitor student compliance with infection control policies and procedures, and this will be part of their evaluation of professionalism at the end of every patient encounter (Appendix 2-21A[6]). A student who exhibits a lack of compliance with infection control policies in the clinic will be initially counseled by the supervising attending faculty, and this will be factored into the professionalism evaluation. In more serious cases, or with repeated lapses, the provider will be reported to the associate dean for clinical affairs for further corrective actions, as outlined in the WLHSDM Clinic Operations Manual (Appendix 5-1B[2]), which may include retraining, restriction from clinical activities, or termination.

The subcommittee on Clinical Quality Assurance and Safety, in coordination with the Office of Clinical Affairs, will designate and empower clinical staff, such as a dental hygienist, to conduct unannounced, periodic infection control evaluations. These will include evaluations for general safety, chemical safety, radiation safety, waste management, and the handling of instruments, handpieces, and disposables. These evaluations will be used to monitor compliance in the WLHSDM clinical treatment areas (Appendix 5-8C[7]). If noncompliance is observed, the student, faculty member, and/or staff will receive immediate feedback from the monitor. Infractions observed during the clinical quality assurance walk-through inspections will be halted and corrected, where possible, and reported to the associate dean for clinical affairs. This report will be passed on to the supervising clinical faculty for counseling of the individual(s) involved and follow-up monitoring. The Committee on Quality Assurance and Safety will assess compliance with control protocols and will make recommendations to the Associate Dean for Clinical Affairs to modify and improve overall compliance. Clinical staff will report any observed violations of infection control and safety to the Associate Dean for Clinical Affairs. These will include the handling of instruments, function of sterilizer, waterline cleansing and monitoring, waste handling, etc.

Use and disposal of hazardous/ infectious materials will be monitored in accordance with federal, state and OSHA standards. Chemicals used in the WLHSDM will be labeled with safety data sheets (SDS) and maintained in the dispensaries and within the central sterilization room. This information is also available online.

The dental units in the simulation lab and the clinics are closed systems which will use a continuous chemical treatment protocol (ICX ADEC). Initially, water from each unit will be tested at each dental unit, and water will be monitored monthly at a minimum. Units that do not meet this requirement will receive "shock treatment" using a cleanser such as Sterilex Ultra. Water samples will be obtained monthly to assure compliance with the standard of 500 CFU/ml.

Revised Appendices:

1. Safety Data Sheets (SDS) (Available on Site)

[2] Appendix 5-1B - TTUHSC El Paso - WLHSDM Clinic Operations Manual

5-9 The school's policies and procedures must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

A. Description:

1. Describe how confidentiality will be maintained for each patient.

The following Woody L. Hunt School of Dental Medicine (WLHSDM) competencies address this

standard:

C. Communication and Interpersonal Skills

C3: Apply a patient-centered approach to promote, maintain, and improve oral health in the context of overall health.

D. Professionalism

D1: Apply recognized ethical and regulatory standards, as well as principles of risk management, in the clinical environment.

E. Health Promotion

E2: Collaborate with dental team members and other health care professionals in the management and health promotion of all patients.

F. Practice Management and Informatics

F1: Describe, evaluate and apply contemporary and emerging information pertaining to practice management and technological resources.

F2: Describe, evaluate and apply current models of oral health care management and delivery.

F3: Describe and evaluate effective business, financial management, and human resource skills.

F4: Apply strategies for continuous quality improvement.

F5: Identify the components of a catastrophe preparedness plan for the dental practice.

The WLHSDM has implemented and maintained protocols in accordance with the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA). Every WLHSDM student, staff, and faculty receives instruction regarding the confidentiality of information pertaining to a patient's health status and treatment.

In addition to instruction during the onboarding process, all TTUHSC El Paso faculty, staff, students, volunteers, or others who work in areas "involving the exchange of any sensitive information" are required to sign a "Confidentiality Agreement" (Appendix 4-1E[1]) on an annual basis. This includes TTUHSC El Paso Policy 52.02, Privacy and Security of Health Information (Appendix 5-9A[2]), which outlines "compliance with provisions of HIPAA and state laws and regulations for privacy and security of health information". An online training module entitled "Annual HIPAA Privacy and Security Training" provides up-to-date, applicable state and federal health care requirements relative to the privacy and security of health information for the TTUHSC El Paso workforce and students. Furthermore, this TTUHSC El Paso policy mandates the following:

- All new TTUHSC El Paso workforce members must complete training with first 30 days of employment.
- Annual training must be completed within 90 days of notification from the Office of Institutional Compliance.
- Training not completed within 90 days may be subject to having access removed from TTUHSC El Paso network or electronic health record.

Students will receive didactic instruction on HIPAA and other pertinent issues related to privacy and security of protected (federal) and personal (state) health information (PHI) and on WLHSDM confidentiality policy and protocols during their D1 course entitled Dental Skills (DS) (Appendix 2-3F[3]). Safe handling of personally identifiable information (PII) is also reviewed. Discussions will include the document entitled WLHSDM Notice of Privacy Practices, which will be distributed to all patients in the WLHSDM clinic and are printed in English (Appendix 5-9B[4])

and in Spanish (Appendix 5-9C[5]). These policies and protocols are reinforced during discussions of patient confidentiality in the informational series titled Masters Colloquium (MC) (Appendix 2-3E[6]).

In subsequent years (D2, D3, and D4), all students will be required to successfully complete an online module regarding patient confidentiality and PHI on an annual basis. They will also receive continual reminders to treat all patient health-related information in a confidential manner during their interactions with patients, attending faculty, and clinical staff. Discretion in verbal conversations in public areas, and mindfulness of necessary disclosures is required of all faculty, staff and students. No publication of patient information in unencrypted email, media, or social media is allowed without specific patient prior approval in writing.

Attending faculty and clinical staff will receive training and reinforcement during scheduled faculty development sessions and other meetings throughout the year. At the conclusion of these educational sessions, all participants will sign a document signifying that they have completed HIPAA related training sessions. Any student who is not compliant will lose access to the electronic health record. Attendance logs and other related documents will be maintained in the Office of Clinical Affairs.

The WLHSDM will maintain all information pertaining to a patient's health status in the electronic patient record. Access to electronic patient information will only be available during clinic hours by authorized individuals with unique security passwords. Anyone using the clinic information system must receive training and agree to maintain the confidentiality of patient information. As noted previously, they must annually sign a document signifying that they have completed HIPAA training and will comply with the provisions outlined in HIPAA and in state laws and regulations mandating the privacy and security of health information.

Student access to patient information will be restricted to patients who are assigned to them. Computer screens in the clinical area will be set to automatically turn off after periods of non-use, and a user must re-enter his/her password to regain access to the system. Screen masking will be used in shared areas which utilize protected information. Shredder bins will be located in appropriate clinical administration areas to facilitate disposal of printed confidential material. File rooms will remain locked, with access restricted through IT permissions. Printers and other items with facsimile capabilities in the clinical areas will be restricted to secure locations. Destruction or media sanitization of any electronic device is proportional to the sensitivity of data as outlined in the TTUHSC El Paso Data Handling and Data Classification guidelines.

Data access, protection, and retention policies for all TTUHSC El Paso components will be in effect at WLHSDM, in compliance with retention rules specified by Texas laws outlined in Texas Administrative Code (TAC 202) and HIPAA CFR. Attending faculty and students will not be authorized to use personal cell phones to record clinically-related images or discussions for any reason. Use of cell phones by patients will be kept to a minimum and monitored by all providers and staff for inappropriate use.

The WLHSDM follows the TTUHSC El Paso policies for access, contingency planning, data classification, data handling, data retention (unless Texas law overrides time limits for patient retention of data), data use, disaster recovery, identification and authorization, incident response, media protection, personnel security, physical and environmental protection, resources use, security and privacy, and social media (Appendix 5-9D[7]) (Appendix 5-9E[8]) (Appendix 5-9F[9])

(Appendix 5-9G[10]) (Appendix 5-9H[11]) (Appendix 5-9I[12]) (Appendix 5-9J[13]) (Appendix 5-9K[14]) (Appendix 5-9L[15]) (Appendix 5-9M[16]) (Appendix 5-9N[17]) (Appendix 5-9O[18]) (Appendix 5-9P[19]) (Appendix 5-9Q[20]) (Appendix 5-9R[21]).

Revised Appendices:

- [7] Appendix 5-9D - TTUHSC El Paso - Access OP 56.50
- [8] Appendix 5-9E - TTUHSC El Paso - Contingency Planning OP 56.50
- [9] Appendix 5-9F - TTUHSC El Paso - Data Classification OP 56.50
- [10] Appendix 5-9G - TTUHSC El Paso - Data Handling OP 56.50
- [11] Appendix 5-9H - TTUHSC El Paso - Data Retention 56.50
- [12] Appendix 5-9I - TTUHSC El Paso - Data Use OP 56.50
- [13] Appendix 5-9J - TTUHSC El Paso - Disaster Recovery OP 56.50
- [14] Appendix 5-9K - TTUHSC El Paso - ID and Authorization OP 56.50
- [15] Appendix 5-9L - TTUHSC El Paso - Incident Response OP 56.50
- [16] Appendix 5-9M - TTUHSC El Paso - Media Protection OP 56.50
- [17] Appendix 5-9N - TTUHSC El Paso - Personnel Security OP 56.50
- [18] Appendix 5-9O - TTUHSC El Paso - Physical and Environmental Protection 56.50
- [19] Appendix 5-9P - TTUHSC El Paso - Acceptable Use of IT Resources OP 56.50
- [20] Appendix 5-9Q - TTUHSC El Paso - Security and Privacy OP 56.01
- [21] Appendix 5-9R - TTUHSC El Paso - Social Media OP 67.03