CENTER DENTIST

Pre-Program Compliance Assessment Questions

Please provide responses to the following questions **1 week prior** to the health specialists’ arrival on center for the Health & Wellness Program Compliance Assessment (PCA). **Responses should be typed.**

Complete the questionnaire in collaboration with the other oral health personnel (OHP) including the dental registered dental hygienist and dental assistant as well as the Heath and Wellness Director.

The purpose of the PCA is to **verify** and **clarify** compliance with PRH requirements and applicable laws, as well as to highlight program qualities and strengths. Please coordinate with the Health and Wellness Manager to ensure all information (e.g., data, forms, materials, logs, surveys, specific student health records) necessary to support your responses is available for the review.

|  |  |
| --- | --- |
| **Name of Center Dentist** |  |
| **Dental Subcontractor Agency (note if self-held or agency name)** |  |
| **Oral health services are delivered** |  ☐ On Center ☐ Off Center |
| **Off Center facility name and address (if applicable)**  |  |
| **Dentist Phone number** |  |
| **Dentist E-mail** |  |
| **Dentist schedule (days/hours)** |  |
| **Dentist date of hire or subcontract** |  |
| **Dental Hygienist schedule (days/hours)** |  |
| **Hygienist date of hire or subcontract** |  |
| **Hygienist E-mail** |  |
| **Dental Assistant schedule (days/hours)** |  |
| **Dental Assistant date of hire** |  |
| **Dental Assistant E-mail** |  |
| **Dental Assistant radiography certification** | ☐ Yes ☐ No |

Name and title of person completing the form:

1. Please complete the table below

|  |  |
| --- | --- |
| 1. Number of applicant files reviewed by center dentist in the last 12 months
 |  |
| 1. Number of students scheduled weekly for diagnosis on average
 |  |
| 1. Number of students seen weekly for diagnosis on average
 |   |
| 1. Number of students scheduled weekly for treatment on average
 |   |
| 1. Number of students seen weekly for treatment on average
 |  |
| 1. Number of students scheduled weekly for hygiene services on average
 |   |
| 1. Number of students seen weekly for hygiene services on average
 |  |
| 1. Current number of P1 students on center
 |  |
| 1. Current number of P2 students on center
 |  |
| 1. Percentage of students in the last 12 months consented to receive elective oral examinations
 |  |
| 1. Number of students that received an elective oral examination in the last 12 months (utilization statistics)
 |  |
| 1. Number of students sent to off center specialists for care for conditions beyond the expertise of the center dentist in the last 12 months
 |  |
| 1. Wait time for oral examination
 |  weeks |
| 1. Wait time for basic oral care
 |  weeks |
| 1. Number of students seen during open hours for urgent/emergent oral health conditions in the last 12 months
 |  |
| 1. Number of students placed on medical separations with reinstatement rights (MSWR) for oral health conditions in the last 12 months
 |  |
| 1. Who makes oral health presentations to student groups?
 |  |

1. Who conducts the dental readiness inspection (DRI) at your center?

[ ]  Dental Assistant [ ]  Nurses [ ]  Dental Hygienist [ ]  Dentist

1. Is anyone else trained and authorized to conduct the DRI?

[ ]  Yes. Who: [ ]  No

1. Describe the HWC process for serious oral health conditions referrals to the center dentist.
2. How do students make oral health appointments for examinations and treatment?
3. Describe the informed consent process for both exams and treatment. Include minor students.
4. What is the approval process for specialty care referrals? Describe your referral agreements and include information on the payment arrangement.

1. Describe how students are taught about dental hygiene, a good diet promoting dental health, and the importance of oral health
2. How are dental appointment no-shows handled?
3. Describe the x-ray process. Who takes the x-rays? Where are x-rays stored? Is film or digital used for x-rays?
4. When does x-ray inspection expire? What your State’s process for inspection?
5. Check the priority classifications you treat:

[ ]  P1 [ ]  P2 [ ]  P3 [ ]  P4

1. Describe how the center tracks students’ priority classifications
2. List the oral health procedures that students receive in the scope of Oral Health and Wellness Program’s basic oral care:

[ ]  anterior and posterior restorations

[ ]  extraction of pathological teeth

[ ]  root canal therapy on anterior/other strategic teeth

[ ]  replacement of missing upper anterior teeth with a removable prosthesis

[ ]  dental hygiene treatment and the prevention of periodontal disease

[ ]  other:

1. List any dental equipment/instruments that are insufficient in quantity or unusable, faulty or require frequent repairs due to their age or condition.
2. List any dental equipment/supplies you are lacking in order to perform basic oral health care.
3. How often is spore testing on the autoclave done? Please have the log available for review during the assessment.
4. Do you have an amalgam separator installed?

[ ]  Yes [ ]  No. Please review JC Information Notice 16-22.

1. Are students surveyed on their opinions about the quality of and/or satisfaction with the oral health and wellness program?

[ ]  Yes.

[ ]  No.

1. Do you have a written Dental Unit Water Line Safety Operating Procedure?

☐ Yes ☐ No

1. How many water line tests have been done in the past year?
2. Describe any unique or innovative aspects of the Oral Health and Wellness Program.
3. Do any OHP perform teledentistry? If yes, for what reasons and how is it done?
4. Describe how the Oral Health and Wellness Program works with other center programs.
5. Over the last 12 months, how many Oral Health Personnel teleconference calls have Oral Health and Wellness calls have been attended by the:
	1. Center Dentist:
	2. Dental Hygienist:
	3. Dental Assistant: