THREE MONTH

ORIENTATION PACKET

Information for dental officers in their first few months on the job in an Indian Health dental program

HELLO AGAIN!

By now you should be starting to feel like a normal person again. The pace of your life has probably slowed compared to the weeks surrounding your move and many of your initial questions have been answered. Undoubtedly though, there are many aspects of the dental program that you do not understand, or have not had the time to consider. The information included in this packet targets topics which you did not necessarily need to know immediately after your arrival. This does not mean that this information is any less important.

This packet is intended to remind you of some important issues that you may need to learn more about. If you have questions, refer to the sources cited at the end of the text or talk to your supervisor and/or sponsor.

Please insert these pages in your orientation notebook following the initial orientation packet.

CULTURAL ORIENTATION

Most of what you will learn about the culture of the people you serve will be related to you by co-workers on the dental staff or by service unit personnel. Many service units provide formal cross-cultural orientation to new employees. It is quite likely that by now, you have already received this formal orientation at the service unit.

COMMUNITY ATTITUDES ABOUT TREATMENT are related to patient perceptions (Dental IQ, acceptance of modern medicine), availability of transportation, access to care, number and types of providers, attitudes of providers toward the community, treatment of individual patients, and many more issues. The more you know about community attitudes about dental treatment, the more effective you can be as a provider.

COMMUNITY INFLUENCE AND INPUT ON PROGRAM Each service unit has its own unique qualities that are often dictated by geography and particular needs of individual Tribes. This requires customizing the dental program to meet the needs of the population served. This is a complex issue with input from several different sources. Most Tribes have a Tribal health board that consolidates the input and makes decisions about the best way to serve the community.

COMMUNITY PRIORITIES/COMMITMENTS The dentist is an integral member of the community health care team, and plays an important role in the relationship between providers and the Tribal health board (administration). Priorities are formalized by setting service unit objectives and goals for the dental program. Find out if

your dental program has a service unit dental plan which details the dental program's goals and objectives. **(P)**

COMMUNITY VIEW OF MODERN MEDICINE Some American Indian/Alaska Native people have traditional approaches to medicine that are different from concepts based on science but should not be taken lightly. An explanation of the Tribe's perspective of comprehensive and preventive health practices should be provided by dental staff and/or administrative personnel.

COMMUNITY VIEW OF THE DENTIST Service unit personnel should have outlined this during the first few weeks at your duty station. If not, please ask your supervisor for this information.

DENTAL DATA

The collection of reliable data is an integral part of the IHS Dental Program. Statistics related to numbers of visits, total patients served, treatment delivered, and ages of patients receiving treatment are kept and used to distribute and monitor resources, plan for construction projects, and manage individual programs among other things. A checklist is provided to ensure that you have:

____ Registered with the site manager.
____ Had your name and social security number entered in the data system.
____ Learned how data is entered into the computer and then analyzed.
____ Been given a list of procedure codes, and understand their application.

DATA ENTRY Your name needs to be added as a provider at your site. The site manager will be able to add your social security number into the system so that you will get credit for the services you provide. This should be done during your first week at the service unit. Take some time to familiarize yourself with the direct data entry process, if your clinic uses this approach.

DENTAL DATA SYSTEM The IHS dental program has a system for tracking the provision of clinical services. Data regarding the services provided at your clinic are gathered and information from each encounter is entered directly into your computer using the DDS system. This data is transmitted by modem or tapes to the Area office, and from the Area office to a data processing center in Albuquerque, New Mexico. Tribal programs may use other methods to gather and track dental encounter data. Your supervisor and the local Policies and Procedures manual should be able to provide information about your local system.

DATA REPORTS The data in the local database can be analyzed in the DDS system, and several 'canned' and customized reports can be generated. These reports provide

feedback to individual providers, dental programs, and Areas. Workload reports are generated quarterly from the Albuquerque data center and sent electronically to Headquarters and to the ADOs. Headquarters uses the reports for generating responses to inquiries from Congress as well as for the reporting required by the Government Performance Results Act (GPRA). ADOs may use the reports for monitoring and surveillance of dental programs.

GOALS AND OBJECTIVES

One of the most important aspects to understand about your clinic are the goals and objectives of the dental program. In order to help you understand what these are, you should:

____ Read the service unit prevention plan.
____ Read the service unit dental plan.
____ Understand the community oriented primary care model.
____ Determine if there are set clinical production goals.

CLINICAL PRODUCTION GOALS Some clinics set production goals, while others do not. Goals setting the number of services or service minutes to be attained quarterly or annually by each provider are usually determined by the chief of the service unit dental program or the service unit director. Clinical production goals may be written into the performance standards for your position. **(O, P)**

COMMUNITY ORIENTED PRIMARY CARE (COPC) is the model of health care that guides many of the programs in IHS and Tribal dental clinics. A basic principle of this concept is that the community should be involved in decisions regarding the health of its constituents. In order to make informed decisions, the health status of the community needs to be determined on a periodic basis. Changes in the health delivery system are made based on the ascertained needs of the population at large, and the effectiveness of the modifications are monitored and adjusted as necessary. A goal of all IHS and Tribal programs is to deliver dental services that will do the most good for the community. **(O, D)**

SERVICE UNIT DENTAL PLAN Each program should have a service unit dental plan that outlines the goals and objectives for the future. This plan is developed by the chief of the dental program with input from the service unit director and, frequently, the Tribal health board. It is important for each member of the dental team to be aware of the goals and objectives contained in this plan, so that the entire staff can be working towards the same end. **(P)**

SERVICE UNIT PREVENTION PLAN The service unit prevention plan outlines general plans regarding a variety of interventions aimed at health promotion/disease prevention (HP/DP). These activities are both clinical and community based. They

include, but are not limited to:

- water fluoridation
- sealant programs
- fluoride mouthrinsing programs
- toothbrushing programs
- community educational projects
- oral cancer screening
- baby bottle tooth decay/early childhood caries (BBTD/ECC) prevention
- tobacco cessation counseling
- periodontal disease prevention and control

Many of the programs target special population groups such as Head Start, WIC, diabetic patients, pre-natal patients, senior citizens and handicapped patients. The service unit prevention plan is broad in scope and community based. It is aimed at treating populations as opposed to individuals. **(O, P, D)**

PROFESSIONAL SUPPORT

Everyone needs help during their first year at a new site. You can turn to the following sources if you need professional support:

- mentor
- supervisor
- Area prevention officer if your Area has one
- Area dental officer, if your Area has one
- IHS specialty consultants
- colleagues within your program or at nearby locations
- providers in the private sector
- administrative personnel
- Commissioned Corps liaison
- dental labs
- discussions on the IHS dental listserver

CONTRACT HEALTH SERVICES (CHS) Each program is allocated funding to purchase dental services from providers in the private sector. Patients can be referred to specialists or general practice dentists to receive care on a fee-for-service basis, or private providers can travel to your clinic and deliver care on a fee-for-clinic basis. Treatment can include specialty care which the staff was not qualified to provide, or basic care which, because of excessive demand, the staff could not get to. Some services, such as orthodontics or TMJ therapy, may or may not be covered in your CHS contract. The fiscal intermediary (FI), perhaps Delta Dental or Blue Cross/Blue Shield, that manages your contract health services, may or may not charge an administrative fee. Additionally, your local service unit may have a managed care committee that reviews all CHS

referrals for compliance with levels of care or medical priorities prior to approving (or denying) the referral. As is true with all resources, it is important to know the total amount of your CHS budget, the manner in which it can be spent, and the way in which it is spent. It is important not to exceed your CHS budget. **(P, O)**

CONSULTATION ON DIFFICULT CASES Support is available in a number of ways:

- IHS providers in your Area may be able to provide a great deal of insight from personal experience
- consultation is available with IHS dental practice specialists (listed in the Dental Program Resource Guide)
- advice may be available from providers outside the IHS to whom you refer patients.
- The IHS dental listserver is a good medium to discuss cases with IHS consultants. **(O, P, R, C)**

LOCAL PROVIDERS Depending on the location of your clinic and the availability of dental services in the vicinity of your program, there may be occasion to use providers from the private sector from time to time. These providers may be used on a fee-for-clinic basis, in which case they would work part time at your clinic or fill-in when there is a staff shortage; they may be used to provide coverage for your clinic in the event that all the providers are away from the clinic; or they may be used to deliver contract care to IHS patients at their private clinic on a fee-for-service basis.

For a number of reasons, it is a good idea to get to know your colleagues in private practice in the region around your clinic. Local providers may make you aware of a dental study club or society that you would like to join; they may be able to give you insight into some of the dental labs or dental supply companies in the vicinity; they may provide sound advice on difficult clinical cases; and they may become a good friend. **(O, P, D)**

SPECIALTY CONSULTANTS The IHS has consultants in the areas of dental public health, oral surgery, periodontics, orthodontics, endodontics, pediatric dentistry, and prosthodontics. A listing of IHS dental specialists can be found in the back of the Dental Program Resource Directory. These consultants provide instruction and field support, as well as set direction, for the overall IHS program. **(O, P, R, C)**

SAFETY

The IHS takes every precaution to protect the welfare of its patients and employees. You will probably be required to read and sign most, if not all, of the documents related to safety. This is done to protect your welfare, along with that of your coworkers and patients. Take some time to become familiar with the:

____ emergency drug kit
____ other emergency equipment
____ exposure control plan
____ hazard communication
    ____ Material Safety Data Sheets
        ____ how to use
        ____ indexing system
    ____ radiological hazards
    ____ mercury hazards
    ____ labeling of hazardous materials
    ____ disposal of hazardous wastes
____ infection control manual
____ disaster plan
____ fire plan
____ safety manual

EMERGENCY DRUG KIT Most clinics keep an emergency kit in the dental clinic. (Some dental clinics in hospitals rely on the emergency response team to bring a crash cart.) Normally the contents of the emergency kit are checked and kept current by the pharmacy staff. Familiarize yourself with the location and contents of your medical emergency kit, and review the protocol for dealing with medical emergencies in the policies and procedures manual. **(O, P, C)**

EXPOSURE CONTROL PLAN It is essential for all new employees to read the dental program's exposure control plan. This document outlines procedures to be followed by clinical staff to reduce their risk to exposure to bloodborne pathogens. A signature stating that you understand the contents of the exposure control plan will normally be required. **(P)**

HAZARD COMMUNICATION explains dangers associated with the dental environment to employees. In some clinics the Hazard Communication is part of the Policies and Procedures Manual, and in others it is a separate document. Material Safety Data Sheets, disposal of hazardous materials, proper labeling of hazardous chemicals, environmental hazards and other items are part of this document. Each employee must read the Hazard Communication and document his/her understanding during the first week at the facility. **(O, P, S)**

INFECTION CONTROL MANUAL may be part of the Policies and Procedures Manual or it may be a separate document. This manual needs to be read by, and training in infection control must be provided to, new employees before they are allowed to handle contaminated materials. Become familiar with the infection control manual in your clinic. **(O, P, I)**

MATERIAL SAFETY DATA SHEETS Certain substances or materials used in the clinic pose a potential risk to the health or safety of workers or patients. It is an OSHA requirement that information regarding the dangers of these materials be available

to the dental staff. Material Safety Data Sheets (MSDS) outline potential hazards and detail emergency treatment to be offered in the event of an untoward incident involving one of these substances. MSDSs should be a part of every dental clinic, and these sheets should be indexed in such a way that a data sheet for any given material can be located in a timely manner. It is important that you know the location of MSDSs, and that you know how to use the index for speedy retrieval. You should also become familiar with the structure of the text on the sheets, so that necessary information can be located easily. For more about material data safety sheets and their role in the hazard communication program, refer to the Oral Health Program Guide. **(O, P, H)**

REVIEW OF DISASTER PLAN Most clinics have a written disaster plan detailing the responsibilities and actions of employees in the event of a disaster, either internal or external to the facility. The disaster plan is normally in the Policies and Procedures Manual. Review this so that you are sure of your role in the event of a disaster. **(O, P, S)**

REVIEW OF FIRE PLAN One of the things you will need to know in your new environment is the fire plan for the clinic. This can be found in your Policies and Procedures Manual. In addition, there is usually a fire evacuation plan posted on the wall. Since it is your responsibility to provide for the safety of your patients and yourself, you should become familiar with evacuation routes, the steps involved in the evacuation process (e.g. when, how, who and under what conditions do you notify), and your own responsibilities during an emergency.

For information regarding the fire plan, refer to the Policies and Procedures manual or talk to the Safety or Administrative Officer. **(O, P, S)**

SAFETY MANUAL The safety manual is a complex document dealing with many areas involving worker and patient safety. It is normally required that all employees read and sign this manual. Most service units have a safety committee to deal with these issues. Safety concerns in the dental clinic include mercury, radiation, nitrous oxide, and administration and prescription of drugs. Your clinic should also have a Hazard Communication Program to inform employees of potential dangers of chemicals and items used in the dental clinic. The Hazard Communication Program consists of four parts: 1) Labeling of containers which contain hazardous chemicals, 2) Material Safety Data Sheets for each potentially harmful item used in the dental clinic, 3) Training and information about hazardous materials, and 4) Maintenance of training and occupational injury logs. For more information about safety in the dental clinic, see section VII of the Oral Health Program Guide. **(O, P, S, H)**

BECOMING INVOLVED

The longer you are in IHS, the more you will become involved in group work of one type of another. Even as a beginning dentist, you will find yourself becoming more and more caught up in the workings of the dental program and the entire health care facility.

AREA COMMITTEES Individual Area offices in the Indian Health Service occasionally have committees that include dentists from the field. These committees may be formed to work on a specific project, such as the planning and organization of an Area-wide conference, or may be ongoing and targeted at a certain subject, such as infection control. In most cases, a new dentist at the service unit will not be involved in an Area committee. The Service Unit Director (SUD) or the Area Dental Officer (ADO) will inform the dentist if they are requested to be on an Area committee.

GOVERNING BODY MEETINGS Most service units have an overall executive committee called the governing board or body. This group meets one to four times a year to make major decisions relating to the service unit. The dental program usually has representation in this body. The Service Unit Director (SUD) or service unit dental chief can inform the individual dentist if he/she is on the governing body agenda.

HOSPITAL COMMITTEE ASSIGNMENTS Hospitals and clinics have numerous committees to improve their quality of care and maintain JCAHO or AAACH accreditation. These committees deal with infection control, safety issues, credentialing, etc., so there are many opportunities to become involved in these committees. Even as a new officer, you may be a participant on one of these. The service unit director (SUD) or clinical director (CD) usually makes the committee assignments.

PROFESSIONAL ORGANIZATIONS The new dentist should consider membership in professional organizations. The most obvious is the American Dental Association (ADA). Federal dentists only have to pay the national dues, not any state or local dues. The Federal dentist should also feel free to join other organizations such as the Academy of General Dentistry (AGD) and the American Association of Public Health Dentistry (AAPHD). The commissioned officer can join the Commissioned Officers Association (COA), the Reserve Officers Association (ROA) and the Association of Military Surgeons of the United States (AMSUS). These organizations serve to lobby for issues related to the Commissioned Corps and the officers serving in it.

CERTIFICATIONS

CPR CERTIFICATION Current CPR certification is required for privileging in most clinics and hospitals. Certification and re-certification training is usually scheduled by either the clinical coordinator or the chief nurse.

RADIOLOGY CERTIFICATION As required by the Patient-Consumer Radiation Health and Safety Act of 1981, assistants who take dental radiographs are required to be certified. Radiology certification is a two-step process, requiring the successful completion of a written and a practical test. Once an individual passes the written test with a score of at least 70%, this portion of the certification process does not have to be repeated as long as continuous employment is maintained. The practical

portion, consisting of exposing and developing at least twenty films during at least ten procedures, must be retaken each year. The practical portion must be observed by the supervising dentist because proper placement of the tube head and correct use of safety devices, such as leaded aprons is evaluated. There are four sections to the practical exam, and the assistant must successfully complete each of these with a certain percentage of correct actions in order to pass the exam.

A manual, Radiological Health and Safety: A Study Guide for the Indian Health Service Dental Program, has been developed to teach assistants about dental radiology. One of these manuals should be in every IHS clinic. In addition to this, courses in radiology are given each year. The material covered in the manual and the radiology classes prepares new dental assistants to take the written test required for radiology certification.

Once an assistant passes the written and practical portion of the exam they receive a radiology certificate which is effective for one year. When they retake the practical portion in subsequent years, they are given a radiology sticker for that particular year, and this is affixed to the original certificate in a designated location.

For more information about radiology certification, refer to the Oral Health Program Guide and the Radiology Manual. **(O, P, D, Radiology Guide)**

DENTAL ASSISTANT CERTIFICATION There is no requirement in the IHS for a dental assistant to be a Certified Dental Assistant (CDA), however individuals are encouraged to pursue and maintain certification. Some Tribal programs may require dental assistants to be certified. Applications for testing and information about certification requirements can be obtained via correspondence with:

Dental Assisting National Board, Inc.
666 North Lake Shore Drive, Suite 1136
Chicago, IL 60611
(312) 642-3368

CONTRACT HEALTH SERVICES

Because of excessive demand and the lack of clinical specialists, it is impossible for dental programs to provide all of the needed dental care. For this reason, contract health services (CHS) funds are provided to supplement direct care delivered through IHS and Tribal clinics.

CONTRACT HEALTH SERVICES (CHS) A certain amount of money is made available to each program annually for procurement of contract dental services. Contract services can be purchased in a variety of ways:

- Contract services may be delivered in an IHS or Tribal facility on a fee-for-clinic basis.

_ Contract services may be provided in a private dental office.

_ Contract services may be provided through a dental service corporation, such as a Delta Dental Plan or another Fiscal Intermediary (FI).

In situations where direct care facilities are unavailable, the only source of dental services may be contract care. In order for a person to be eligible to receive contract care, he/she must live on, or near, the reservation to which he/she is a member, or must have close economic or social ties with the Tribe or Tribes.

Contract care can be purchased on an open market basis, or can be secured via negotiated contracts or provider agreements with individual dentists or with a dental service corporation. **(O, D, P)**

DEFERRED SERVICES Funds may be distributed at a time other than the start of the fiscal year to help finance the buying of services which could not be provided directly through the clinic or with contract health services funds. Deferred services are often clinical procedures, such as periodontal surgery, endodontics, prosthodontics or orthodontics, which are impossible to furnish due to heavy demands for more basic care. It could also be basic care which could not be provided due to limited access or unavailability of providers. Deferred services funds are used to purchase care on a contract basis. Allocation of funds for deferred services are based on the number of persons who were unable to receive dental services through the service unit or Tribal dental program. Therefore, it is essential to keep accurate deferred services list, documenting names of patients along with the type of treatment which they were unable to receive. **(O, D, P)**

PROCESSING OF DENTAL CLAIMS Processing of dental claims for payment is accomplished in one of two ways:

_ The claims are processed by the dental and CHS offices at the service unit and Area level.

_ The claims are processed by a dental service corporation, such as Delta Dental.

FAMILIARIZATION

It is impossible to learn everything about your new facility and community in the first few weeks of employment. The previous packet of information listed some items that were necessary for you to familiarize yourself with at that time. Now that things are a bit less hectic, you can broaden your knowledge. If you haven't already done so already, learn about the following:

____ administrative supply storage
____ medical library
____ conference rooms
____ hospital diabetic program
____ WIC program
____ community health program
____ hospital lab
____ field stations
____ home visits

ADMINISTRATIVE SUPPLY STORAGE Each clinic and service unit has a storage area or room that contains administrative materials and supplies. The service unit administrative officer (AO), Supply technician or secretary can show the new employee where they can get any administrative materials and supplies.

AREA ORIENTATION Area offices are the main administrative component of a particular region. Each professional discipline usually is represented in the area office. The Area dental officer (ADO) or his/her designate will provide orientation to the Area. This is furnished with written materials and phone conversations. Rarely is a trip to the Area Office warranted unless it can be arranged in conjunction with other training.

CONFERENCE CALLS Conference calls are sometimes utilized to allow a group of geographically-separated people to meet and talk without the expense of travel to a single site. The administrative officer (AO) or a secretary can set up conference calls through the ATT telephone operator.

DAYS IN FIELD WITH CHN The community health nurse (CHN) often has a program that allows them to visit patients at home or at remote sites from the clinic. The dental program can often use the CHN to help with various aspects of the community dental program. The CHN can schedule orientation to the field health program and can arrange field trips.

INTRODUCTION TO HEALTH BOARD MEETINGS As mentioned earlier, most Tribes have a Tribal health board to offer input to the IHS health care delivery system. It's beneficial to meet with the health board to facilitate future communication in improving the health care of their people. The service unit director (SUD) can introduce the new dentist to the Tribal health board.

INTRODUCTION AT MEDICAL STAFF MEETING The medical staff is composed of all of the medical providers at a particular clinic or hospital. This includes direct support staff. The new dentist will be introduced at the medical staff meeting by the chief dental officer or the service unit director (SUD).

ROAD TRIP TO FIELD CLINICS Larger service units may have field clinics associated with them. A trip to these clinics is helpful in meeting other staff members in the service unit. Dental officers from one clinic may also be asked to fill in at another

clinic in the absence of the staff dental officer. The service unit dental chief can help arrange the field trip.

EVALUATION

It is important for you to understand how you will be evaluated, as these performance appraisals have a major effect on your career. Similarly, it is important to know how to evaluate others, as you will probably be asked to do this at some point in your career. Learn more about:

____ Commissioned Officer's Effectiveness Reports (COERs)
____ position (billet) descriptions
____ Performance appraisal System (PAS)
____ standards of performance

BILLET A billet is a brief description of the major duties, responsibilities, and requirements of a particular job or position. Commissioned Corps Officers are expected to be assigned to a billets that are rated at a level equal to or higher than their temporary pay grade.

COERs Each commissioned officer is evaluated annually by a process called the Commissioned Officer Effectiveness Report (COER). These forms along with instructions for their completion are mailed in May to each officer, who then has the responsibility to complete Section I and submit it to his/her supervisor by June 1. Officers who have been in their probationary period for at least six months also complete page 1 of the "Status Report on Commissioned Corps Officers During Probation" document that is included for officers on probation. The officer's immediate supervisor is the Rating Official who evaluates the commissioned officer. The Rating Official fills out Sections II, III, and IV and then delivers the COER to the Reviewing Official. The Reviewing Official, normally the immediate supervisor of the Rating Official, then examines the COER and adds comments. The COER is then sent to the Organizational COER Liaison Official, who coordinates the submission of COERs to the Division of Commissioned Personnel (DCP).

The PHS officer's evaluation must be discussed with him/her in a formal manner. The officer has the opportunity to indicate on the form whether he/she agrees with the evaluation. The Rating Official is required to provide the officer with a copy of the completed COER along with any attachments.

The COER is crucial to every officer's career. It is the primary document used by promotion and assimilation boards, and may also be reviewed for decisions regarding assignments and training, among other things. Appendix I-1 contains a copy of the COER and the instruction circular. **(O, CO)**

PAS Most dental officers will be responsible for the management and supervision of civil service employees at some point in their career. Supervisors can obtain information from the personnel office at the service unit or the area office regarding civil service employees. The Performance Appraisal System (PAS) is used to evaluate civil service employees' job performance. Certain criteria, called standards of performance, are developed for each employee depending upon the job description, and are used to measure performance. The current PAS system is basically a pass/fail system where all standards being evaluated are considered critical, and failure on one standard means failure for the entire evaluation. If you have been hired under Title 38 or the regular Civil Service system, you also will fall under the PAS.

POSITION DESCRIPTIONS Every employee in the dental office should have a position description. It details the duties that an employee in a particular position is responsible to perform. These position descriptions (PD) should be on file in the Policies and Procedures Manual or somewhere else in the dental clinic. Position descriptions are helpful when hiring personnel and formulating appraisal standards (standards of performance). **(O,P)**

QUALITY OF WORK ASSESSMENT Most clinics have periodic quality of work assessments of the primary dental care providers. Dentists new to the IHS are usually evaluated in the first year of employment. Veteran dentists are usually evaluated every three years. The dentist is usually informed several months in advance of the assessment visit. Refer to the Oral Health Program Guide section IX **(O)**

STANDARDS OF PERFORMANCE All government employees, both commissioned officers and civil service employees, are expected to serve under certain standards of performance. Civil service employees are regularly evaluated using these standards of performance (see section PAS), which are normally developed cooperatively by the employee and his/her supervisor. The commissioned officer is evaluated using the COER (see COER category). **(O, P)**

PREVENTION

Prevention activities play a vital role in public health dentistry. IHS and Tribal dental programs place a priority on delivery of preventive dental services, including the following:

____ BBTD/ECC prevention
____ fluoride mouth rinses
____ Head Start programs
____ oral health education
____ school-based programs
____ sealants
____ tobacco intervention activities
____ water fluoridation

____ periodontal disease prevention and control

BABY BOTTLE TOOTH DECAY/EARLY CHILDHOOD CARIES is a condition that affects many American Indian/Alaska Native children. Most dental programs offer interventions to combat this problem. Cooperation with the WIC and pre-natal clinics have proven helpful, inasmuch as this is an ideal way to communicate to mothers that might not access the dental clinic. Promotional items, such as tippee cups, T-shirts and photographs have been used effectively as vehicles to deliver messages about BBTD. It is important to educate mothers about the causes of rampant caries and methods of prevention. **(O,C)**

FLUORIDE MOUTH RINSES Many of the IHS and Tribal dental programs have school-based fluoride mouthrinsing programs. These normally are supervised by school personnel, with technical assistance and training provided by dental personnel. Protocols for all fluoride supplements are in the Oral Health Program Guide in Section II. **(O)**

CARIES RISK ASSESSMENT AND MANAGEMENT Several IHS and Tribal dental programs have adopted protocols for the assessment and management of dental caries in a medical model, rather than the surgical model (i.e., drilling and filling) routinely taught in dental schools. Under the medical model, caries is treated as an infectious disease, and efforts are made to attempt to reduce the causative organism so as to reduce the patients' risk of developing new carious lesions in the future. If your program is using this model, you will see extensive use of fluoride varnishes in the clinic to promote remineralization as well as the routine use of chlorhexidine mouthrinses to reduce patients' mutans streptococcal counts.

HEAD START Head Start is a federally-funded pre-school program designed to serve the needs of poorer populations. Many Indian Tribes have instituted their own Head Start programs. An inter-agency agreement exists between ACYF (Administration for Children, Youth and Families) and the IHS to provide training and technical assistance (T/TA), on-site program reviews, and technical support of the Head Start American Indian Program Branch.

Part of each Head Start's charter is a mandate to provide access to medical and dental services. Head Start centers have certain reporting requirements regarding the dental screenings and treatment received through the program. The service unit dental chief or the staff at your clinic can inform you of these requirements, as well as outline treatment protocols, scheduling, transportation, use of consent forms, patient management, and referral procedures for Head Start children. **(O, P)**

ORAL HEALTH EDUCATION is of two types:

_ Individualized oral health education includes:
- oral hygiene instructions regarding brushing, flossing, and the use of other cleaning aides.
- advice concerning orthodontic, periodontal or other treatment

needs
- nutritional counseling
- tobacco intervention activities
- stressing importance of regular dental care
- information/treatment related to harmful habits

_ Community oral health education consists, in part, of:
- technical advice and assistance regarding water fluoridation
- BBTD prevention activities
- relating benefits of pit and fissure sealants
- anti-tobacco activities
- use of mouthguards in school athletic programs
- nutritional counseling
- promotion of healthy lifestyle

SCHOOL PROGRAMS Many clinics provide school-based dental activities of one type or another, including sealant programs, fluoride mouthrinsing (FMR) programs, toothbrushing programs, and oral health education. Some programs even deliver clinical dental treatment at schools. In order for children to participate in any school-based dental activity (with the exception of oral health education and toothbrushing) a consent forms signed by the parent/guardian must be on file. Most school-based sealant programs refer students needing additional care to the dental clinic. The dental program Policies and Procedures Manual should outline any school-based program that may exist in the service unit. **(P)**

SEALANTS Sealants are a primary method of preventing pit and fissure caries in children. Because of the prevention emphasis of the Indian Health Service, sealants are a high priority service item. In addition to sealants placed in the clinic setting, school programs are often utilized to provide this service to children not frequenting the clinic. Normally certain schools are seen about the same time each year. Some clinics also have a summer sealant program or one that is open on weekends. The dental program Policies and Procedures Manual should contain information regarding the sealant program. **(O, P, C)**

TOBACCO INTERVENTION ACTIVITIES Tobacco cessation counseling is provided to those patients who abuse tobacco products and who wish to quit. Most providers received the National Cancer Institute training regarding smoking cessation strategies. Your clinic may have a smoking cessation coordinator who provides tobacco intervention education to employees. Cessation counseling may be one of the most valuable services you can offer to your patients who smoke or use smokeless tobacco. **(P)**

WATER FLUORIDATION One of the cornerstones of dental public health is water fluoridation. Perhaps the best way to reduce caries in a community, fluoridation is a cost-effective intervention, which doesn't require patient compliance. Some service

units have a water fluoridation team made up of members of the dental program, the water utility company, Office of Environmental Health (OEH) personnel, and service unit administrators or Tribal utility consultants, but it is currently the responsibility of the individual Tribes and Tribal utilities to implement and monitor water fluoridation.

CDC guidelines currently call for daily sampling and testing of fluoridated water systems. The IHS currently strives for 3 of 4 weekly samples each month within optimum range, while encouraging the Tribes to aim for daily sampling.

Service Unit dentists often have no direct, daily involvement in fluoridation activities. However, it is essential for you to be aware of the fluoridation status of the water systems in your service unit, and to actively encourage and promote fluoridation of any systems that are not currently fluoridated. Dentists are looked to as a source of scientific information and leadership with respect to fluoridation. As water fluoridation provides the foundation upon which health promotion and disease prevention activities are build, your support for this dental public health measure is vital.

Further information concerning water fluoridation is available from the national director of the health promotion / disease prevention program at Headquarters. **(O, P)**

═══ PURCHASING ═══

Depending upon the position you are in, you may have learned a considerable amount or you may know virtually nothing about the rules and paperwork that govern procurement at your clinic. The Federal Government employs three principal methods of acquisition from commercial sources: sealed bid, competitive proposals, small purchase procedures. At this point in your career, you will probably only be involved with the latter. You should be aware of:

- -- requisitions
- -- purchase orders
- -- items on government contract

REQUISITIONS Requests for purchases are made through use of a purchase/service/stock requisition, Form HHS 393. This form is completed on the computerized ARMS system.

PURCHASE ORDERS (POs) The purchase order, Form OF 347, is a document signed by a contracting officer of the Government addressed to a supplier, requesting the future delivery of supplies or the future delivery of services. Purchase orders are generated from requisitions, and are also done on the ARMS system.

ITEMS ON GOVERNMENT CONTRACT It is much easier to order items that are on an established government contract than it is to order from other commercial sources. There are several established sources used by the government, including

workshops for the Blind and Other Severely Handicapped and the General Services Administration (GSA) Federal Supply Service Stock Program. Numerous commercial dental suppliers also enter into contracts with the government to provide supplies and equipment at reduced cost. Always check with vendors to see if they have a government price for the items they sell.

PURCHASE OF CAPITAL EQUIPMENT Capital equipment are large, expensive items that are utilized in the clinic. These include chairs, carts, X-ray units, etc. Not included in capital equipment are expendable supplies and simple instruments such as surgical instruments and handpieces. These types of equipment require justification and prior approval for purchase. The purchasing department of the hospital or at the Area level can assist in preparing equipment requisitions.

VENDORS Many routine supplies are purchased through supply agencies. Those materials and supplies that cannot be purchased through government channels can be purchased through private vendors. The chief dental officer or the employee responsible for ordering should have a list of commonly used vendors.

QUALITY

The IHS is committed to quality. Reviews are conducted periodically to examine the quality of clinical care and the overall management of dental programs.

INDICATORS/MONITORS Your dental program may have identified certain problem areas which need improvement, and designed custom indicators or monitors to chart improvement. Usually the program will focus on only a handful of specific concerns at a time. Once improvement has been shown in these areas, new problems will be identified and improved. Many times progress will be shown with the help of visual aids, such as tables or charts. Your supervisor will explain any monitors or indicators that are of concern to you.

PERFORMANCE IMPROVEMENT The IHS is dedicated to performance improvement (PI). There are several types of reviews performed at service units that are aimed at improving quality and performance. These include Technical Quality of Care (both direct and indirect), Community Involvement, Program Management, and Infection Control. These reviews are not intended to be intimidating or threatening; rather, they are conducted to improve the quality of care provided to our patients.

Performance improvement in the IHS relies on external and internal reviews, as well as daily monitoring of procedures and activities. Every employee is involved in this process, as we look for ways to improve. Commitment to quality is an integral part of the IHS Dental Program. **(O, P)**

PERFORMANCE IMPROVEMENT

As was stated in the preceding section, quality is very important in the IHS. There are various ways in which we monitor quality. The ones that will affect you over the next year are:

-- Technical Quality of Care Evaluation
-- internal chart audits
-- Technical Quality of Care Using Indirect Methods
-- Infection Control review

EVALUATION OF THE TECHNICAL QUALITY OF CARE This document, found in chapter VII of the OHPG, is used in some Areas to evaluate a provider's clinical and documentation skills during the first year of his/her employment.
Both direct and indirect methods are used to evaluate:

_ oral diagnosis
- patient records, examination and diagnosis, radiographs, radiological protection, prevention

_ restorative
- restorations

_ pediatric dentistry
- treatment planning, restorative treatment in the primary dentition, pulp therapy, behavior management, space maintenance

_ endodontics
- pulp capping/pulpotomy, root canal therapy

_ periodontics
- diagnosis, adequate cleaning, patient communication

_ removable prosthodontics
- radiographs, stability, occlusion and vertical dimension, esthetics

_ fixed prosthodontics
- crowns, fixed bridges

_ oral surgery
- indirect evaluation of extractions/surgical procedures, direct observation of surgical extractions

_ orthodontics

_ adjunctive general services
- drugs, emergency care, environment, infection control practices

The dentist to be evaluated is notified in advance of the review. A copy of this form can be found near the back of the Oral Health Program Guide. **(O)**

INTERNAL CHART AUDITS Most dental programs have an internal PI program. This program usually includes periodic chart reviews done at regular intervals, usually quarterly. Providers at multi-dentist sites usually review one another's charts. Results of the internal chart audits are kept in the clinic's PI Manual and may be kept by the facility PI Coordinator as well. Chart audits usually follow the format outlined in the *"Indirect Review of Clinical Quality and Risk Management"* document found in chapter VII of the

Oral Health Program Guide. **(O, P)**

JCAHO/AAAHC STANDARDS Many IHS and Tribal health care facilities are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Some ambulatory facilities use the Accreditation Association for Ambulatory Healthcare (AAAHC) rather than JCAHO. In order to earn and maintain accreditation, minimum standards of care must be met or exceeded. Each facility will have materials from the accrediting organization that they utilize that explain the standards that must be met. **(O, P)**

TECHNICAL QUALITY OF CARE USING INDIRECT METHODS This is usually the worksheet that is used to conduct Area chart audits and may also be the format for internal chart audits. A copy of this document can be found near the back of the Oral Health Program Guide. **(O)**

INFECTION CONTROL REVIEW This is a review which may be performed by Area personnel or by dental staff. The IHS operates according to strict infection control policies in order to protect the welfare of its patients and employees. A copy of this worksheet can be found near the back of the Oral Health Program Guide. **(O, P, I)**

PI/RM COORDINATOR Most facilities have an individual called the Performance Improvement Officer (PI) or the Performance Improvement/Risk Management (PI/RM) Coordinator. This person is charged with coordinating activities aimed at meeting or improving standards of care. This person may keep the quality assurance reviews conducted at the dental clinic (and all other departments in the facility) on file. The PI/RM Coordinator is very involved with meeting and maintaining JCAHO or AAAHC accreditation.

TOTAL QUALITY MANAGEMENT (TQM) is a management philosophy adopted by the Indian Health Service. This approach, developed by Dr. W. Edwards Deming and used in Japan following World War II, stresses quality above all else. TQM employs statistics and charts to identify trends and to improve efficiency. The goal is to optimize the system and enable the worker to assume ownership of his/her position. The ultimate aim is to "delight the customer", whether the customer be a patient, a co-worker, a community entity, another organization, or with whoever else the program interacts. The service unit director (SUD) of the program or the area dental officer (ADO) will disseminate pertinent information to individual employees as needed. While the exact methodologies proposed by Deming may not be used, the philosophies of TQM form much of the basis for Performance Improvement activities.

SPECIAL POPULATIONS

Dental public health programs find it beneficial to target special population groups who either are high risk for certain diseases or who are ideal candidates for public health interventions. Among the special groups served by IHS and Tribal dental programs are:

- diabetic patients
- head start children
- handicapped individuals
- geriatric patients
- pre-natal mothers

DIABETIC PATIENTS Some Native American groups have an extremely high rate of diabetes. The majority of this is Type 2 Diabetes Mellitus. Like many other systemic diseases, diabetes places a person at risk for the development of periodontal disease. For this reason, dental programs target diabetic patients to receive care. There are several ways to encourage diabetics to access the dental clinic:

- Most IHS and Tribal medical programs have diabetic clinics. Oral screenings can identify patients in special need of dental care.
- Diabetic patients can be interviewed regarding their family members, and invitations can be sent to relatives offering a periodontal assessment at the dental clinic.
- Newly diagnosed diabetic patients should be referred to the dental clinic.

It is important to educate diabetic patients about their special needs. Persons with uncontrolled diabetes or long standing diabetes are at greatest risk for the development of periodontal disease, and uncontrolled periodontal disease complicates the control of the patient's blood sugar. **(P, PD)**

HEAD START CHILDREN Guidelines set by the Administration for Children, Youth and Families (ACYF) Head Start Program stipulate that every child is to receive a dental screening exam and necessary clinical treatment. The IHS has an interagency agreement with the ACYF to provide training and technical assistance to Head Start Centers. **(O, P)**

HANDICAPPED INDIVIDUALS can have special dental needs. There may be certain barriers which hinder or prevent these people from obtaining required treatment. Persons with handicaps are usually given special access to dental programs, where their oral health conditions are assessed and the patient is treated or referred to providers more able to meet their needs.**(P)**

GERIATRIC PATIENTS represent a growing population segment in many Tribes. These people may encounter difficulties accessing the dental clinic, so screening exams may be done in community centers or long term care facilities. Elderly

individuals are often given special consideration regarding access to dental programs. **(P)**

PRE-NATAL MOTHERS Many IHS and Tribal programs have developed a cooperative agreement with the pre-natal clinic to refer expectant mothers to the dental clinic. Here they can be counseled about some of the changes they might encounter in their own oral health during their pregnancy, as well as educated about baby-bottle tooth decay. It should be stressed that mothers need to take care of their own active decay, in order to lower their *strep mutans* levels, and thereby decrease the chance for their child to develop carious lesions. **(P)**

SUGGESTED READING

There are a number of sources that will improve your understanding of the dental program. The following may provide insight into current happenings or accepted procedures:

COMMISSIONED CORPS BULLETIN This is a newsletter for Commissioned Officers of the PHS sent out from Headquarters in Rockville. This issuance dispenses information about procedural practices, legislative changes, recent awards, and transfers/reassignments within the PHS.

CLINICAL SPECIALTIES MANUAL Treatment planning, endodontics, hospital dentistry, oral surgery, orthodontics, pedodontics, periodontics and prosthodontics are covered in this book. Many basic procedures, along with the armamentarium needed to perform them, are described in the Clinical Specialties Manual. All clinics should have a copy of this manual. If you cannot locate one at your site, the Area Dental Officer (ADO) should be able to provide a manual. **(C)**

MINUTES OF DENTAL MEETINGS Most dental programs hold regular staff meetings for which minutes are kept. Reading the minutes of previous meetings will provide you with an historical background regarding developments in your dental program.

ORAL HEALTH PROGRAM GUIDE (chapter II) Chapter II of the Oral Health Program Guide outlines basic dental public health principles. Education, sealants, fluorides and other preventative adjuncts are described in detail. It is worthwhile to study this information, as many of the guiding principles of dental public health may be quite different than what you are used to. Discuss public health principles with your supervisor, sponsor, or the prevention officer on staff in your Area. **(O)**

SERVICE UNIT DENTAL PLAN If you did not read this plan when you began your assignment, take some time to read it. Most service unit and Tribal dental programs develop an annual plan of goals and objectives for the upcoming year, and some have five-year plans as well. These are normally developed, with input from

the dental staff, by the chief of the service unit dental program, with the approval of the service unit director. These plans may be included in the Policies and Procedures Manual; if not, ask the chief of the service unit dental program or the service unit director (SUD) to provide a copy of the plan.

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