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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA

JESSE HERNANDEZ et al., on behalf of themselves and all others similarly situated,

Plaintiffs,

v.

COUNTY OF MONTEREY; MONTEREY COUNTY SHERIFF'S OFFICE; CALIFORNIA FORENSIC MEDICAL GROUP, INCORPORATED, a California corporation; and DOES 1 to 20, inclusive,

Defendants.

Case No. CV 13 2354 BLF

EXHIBITS 40 TO 45 TO THE DECLARATION OF CARA E. TRAPANI IN SUPPORT OF PLAINTIFFS' MOTION TO ENFORCE THE SETTLEMENT AGREEMENT AND WELLPATH IMPLEMENTATION PLAN

Judge: Hon. Beth Labson Freeman
Date: August 24, 2023
Time: 9:00 a.m.
Crtrm.: 3

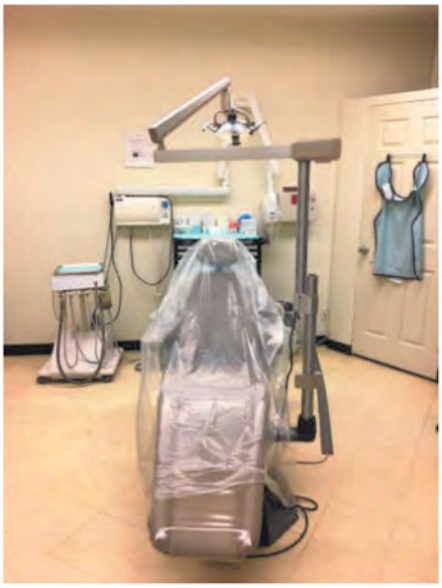
Exhibit 40

Monterey County Jail & California Forensic Medical Group

Dental Neutral Court Monitor - Draft Report #3

Dental Tour #3 - December 6-7, 2017 with Re-Evaluation on May 8-9, 2018

Jesse Hernandez et al v.
County of Monterey;
Monterey CountySheriff's Office;
California Forensic Medical Group



Case No. 5:13-cv-02354-PSG

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Introduction

Purpose and Objective for the December 6-7, 2017 Dental Tour #3

Weekly monitoring since the last dental tour in May 2017 identified continuing and ongoing issues with non-compliance due to excessive rescheduling of patients. Reviewing the final reports from the Dental Tour #1 & #2 will highlight the significant challenges Monterey County Jail (MCJ) and California Forensic Medical Group (CFMG) and have had with bringing their dental program into compliance.

In particular, patients were scheduled with urgent dental needs from Intake, 14 Day Exam and Sick Calls and were rescheduled without being called in for a triage to have their dental problems addressed, diagnosed or treated. Some of these patients were rescheduled repeatedly and for months, in some instances rescheduled over 9 times.

On many days, in excess of 50 patients were scheduled for triage and treatment for one dentist, one dental chair and one dental assistant. Management, aware of this shortage of dental days, reported that until contract negotiations were concluded, MCJ and CFMG would not provide additional contracted dental services, limiting the number of dental days the dentist was approved to work. At the time of our site visit on December 6th and 7th, 2017, CFMG, Monterey County Jail's contracted provider of health care services, was still in negotiations pending a finalized contract.

Thankfully and on a positive note, we were advised shortly after our dental tour #3 that the contract was ratified on December 12, 2017. We were informed that an additional dental day would be added to the schedule, for a total of three (3) dental days per week, and would start on January 1st, 2018. Additionally we were informed that the new Electronic Medical Record (EMR) was slated to go live on April 25th, 2018.

Re-Evaluation of Dental Tour #3 Occurred May 8-9, 2018

The decision was made to re-evaluate the dental program in May 2018 rather than start a new dental tour. My report #3 would have been essentially unchanged from report #2, with the added issues of excessive reschedules. I didn't want to beat a dead horse but instead wanted to focus on the improvements the dental program would hopefully soon experience with the additional dental day granted in the ratified contract and the implementation of the new EMR.

The number of dental days for the dentist and the dental assistant increased from 2 days a week to 3 days a week beginning January 1st, 2018. The dental assistant was given one additional day, a 4th day, to perform the necessary preparations for a successful dental week. The dental assistant needed the additional time for ordering dental supplies, cleaning and organizing the clinic, filling out various logs, updating Safety Data Sheets (SDS), performing infection control duties, assisting with the dental compliance logs and performing other duties necessary for a smoothly running, safe and effective dental clinic.

The re-evaluation of the dental program on May 8 - 9, 2018 would also assist us in evaluating if the increase in the number of dental days, following the ratified contract, would be enough to supply the current dental care needs of the inmate-patients (I-Ps) at MCJ.

Since the EMR was to be instituted on April 25th, 2018, ongoing issues with legibility, missing signatures, missing progress notes, spaces between progress notes and other issues with documentation, including handling of the large dental charts, would be alleviated using the EMR.

I also wanted to see if the new EMR would allow for the elimination of the paper dental compliance logs. For example, can a report be generated which would automatically and easily identify if the patients who were previously triaged and had a current dental priority code, were seen for dental treatment within the timeframes outlined in the Implementation Plan? Will the utilization of the EMR and the changes in the contract create enough time for the dental staff to complete both episodic and comprehensive examinations and provide treatment including periodontal treatment in a timely manner? Although no dental electronic health record (EHR) and digital x-rays are currently planned, would the purchase of a dental software program and an interfaced digital x-ray system add additional value and support for a more effective dental day?

Therefore, I thought it best to focus on possible new improvements such as evaluating if an additional dental day will eliminate the excessive patient reschedules, and evaluate if the dental clinic facility can improve its delivery of patient care in a safe and infection controlled environment, rather than identify the same issues as in prior reports.

Site Overview

In Attendance for Dental Tour #3 in December 6-7, 2017

We were welcomed and given a lovely lunch during both our site audit and our re-evaluation visit. In attendance on December 6th and 7th, 2018 were [redacted], Program Manager

for CFMG; [redacted], Regional Nurse Executive, [redacted], Certified Nursing Assistant/Clerk for CFMG, who will be replaced by [redacted] MA when [redacted] starts her new position; [redacted], Medical Records Supervisor and Administrative Assistant for CFMG; Dr. [redacted], Dentist for CFMG; [redacted], Dental Assistant for CFMG; Captain Jim Bass, Custody Captain for Monterey County Jail; Jodel Jencks, Regional Vice President for Central to Southern California for CFMG; myself, Dr. Viviane G. Winthrop, Dental Neutral Court Monitor, and assisted by Dr. Andre G. Metcalf.

Staffing Updates at the May 8 & 9, 2018 Re-evaluation Site Visit

- John Thornburn, Professional Standards Commander greeted us on arrival until Captain Bass was free to join us.
- Dr. [redacted] is fulfilling all three (3) dental days per week since the new contract became effective on 1/1/18.
- [redacted] Dental Assistant, is now allotted 4 dental days to include 3 clinical days working chair side with Dr. [redacted] and 1 day of administrative work. [redacted] has progressively been given new responsibilities and has risen to the occasion. In addition to her dental assistant duties, she will take over from [redacted] the task of entering dental compliance, now onto an Excel spreadsheet. This will supplement the data found in the new EMR, until a solution can be found to track compliance in a more effective way.
- [redacted] RN was newly hired as the Program Manager.
- [redacted] was promoted from Program Manager to Implementation Plan Administrator to address the significant needs of the Implementation Plan and the audits and requests of the multiple monitors.
- Dr. [redacted] joined us briefly to review the chronic care process.
- There is an open position for a Dental Hygienist for 4 hours per week.
- George McKnight LVN Director of Operations replaced Jodel Jencks, who left CFMG for new endeavors in Oregon.

In attendance for our exit interview was [redacted], Captain Bass, Dr. [redacted] George McKnight, [redacted] RN, Dr. Metcalf and myself. I requested for [redacted] to lead the exit interview to make sure that we were all on the same page and she did an excellent job.

MCJ Capacity and the Number of Bookings

Monterey County Jail (MCJ) has a maximum capacity of 825. It houses both men and women and is a Type II and III facility built in 1972. On December 6th, 2017, there were 870 inmate-patients in custody. On May 7th, 2018 there were 896. Captain Bass indicated that the average length of stay remains approximately 30 to 33 days.

There were 10,916 total inmate-patients booked and incarcerated at Monterey County Jail in 2016 and 9820 bookings in 2017. For 2018, there were 3433 bookings as of May 8th. 59% of the inmate-patients currently are not sentenced, 41% are sentenced, 26% (sentenced and not sentenced) are here long term with historically approximately 10% of those sentenced having over a year of incarceration remaining on their sentence. Those patients are eligible for comprehensive dental care including a cleaning specific to their gum condition. There were 112, approximately 13% in December, who have been incarcerated for greater than one year.

Existing Dental Clinic and the Anticipated New Dental Facility

Within MCJ, there is one dental chair, one x-ray unit, an x-ray developer, a restroom, a clean and dirty area for processing, sterilizing and storing dental instruments, and on either side of the dental clinic, a separate waiting area for the inmate-patients and an office space for the dental staff. As of 01/01/2018 the dental clinic is open Tuesday, Wednesday, Thursday from 7:30 am to 4:00 pm.

The new electronic health record is COREMR 5, which is an internet based electronic medical record, and whose go live date was April 25th, 2018. Wireless and wired computer connections were completed for this to occur and dental staff now have access to internet and shared programs as well. Much of the re-evaluation in May was spent learning the ins and outs of the EMR and which reports could be used for monitoring compliance. TrackNet is still used to locate patients, monitor movement and communicate with Deputies; i.e., requesting a wheelchair for an appointment. Telmate is the program used for processing sick calls and grievances. There is no interface with COREMR, therefore the sick call request and the information in Telmate is not directly linked to the sick call appointment made on COR.

In regard to the new dental clinic construction, Dr. [redacted] reported he was asked to choose the color for the new dental chair. I highly recommend that MCJ provide a dentist and a dental assistant chair, in addition to the delivery system, for proper ergonomic function for the dental staff. Dr. [redacted] has had no further request from MCJ for input into the new dental clinic nor has he been invited to any meetings regarding the new dental construction. Per Susan K. Blitch, Senior Deputy County Counsel for the County of Monterey,"The jail expansion is estimated to be completed toward the end of 2019"[1]. I recommend that Dr. [redacted] be fully informed regarding the new construction to prevent problems in the future.

The new clinic is to have a plumbed dental delivery system and I advised them that it is a requirement in Monterey County for an amalgam separator to be installed with any plumbed vacuum system. Dr. [redacted] stated that his current mobile dental delivery cart lacks power

[1] Email communication 3/14/18

and torque when he performs surgical extractions and [redacted] indicated that Henry Schein will be contacted for maintenance on the unit.

There is no dental software management system in place which can track and generate the needed reports for compliance. The current method of manually tracking compliance, even on an Excel spreadsheet, is unfortunately inefficient and cumbersome due to the complexity of the information needed for accurate monitoring. This tracking sheet was to be a temporary solution however it's become a long term nightmare.

There are also no digital x-rays or a panoramic x-ray to visualize the entire mouth in a single image, planned at this time, either for the current dental clinic or for the new construction. A full mouth series with conventional x-rays takes approximately 45-50 minutes while only 15-20 minutes with digital x-rays. See the example below of a normal FMX, a PA/BWX showing periapical pathology at the root apex, and a panoramic x-ray showing a left horizontally impacted wisdom tooth.

Full Mouth X-rays (FMX) Periapical X-ray (PA) Panoramic X-rays



Currently with the new EMR there are no dental charting capabilities to accommodate x-rays. The dental staff are placeing x-rays in accordion files for right now until a solution can be determined. In the meantime, I recommend an x-ray chart, as there are no digital x-rays, to house x-rays, dental charting, periodontal measures, consent forms, dental treatment plan form, etc. George McKnight stated he will research and evaluate the feasibility of purchasing a dental software program such as Dentrix Enterprise which can interface with both COREMR and digital x-rays.

Executive Summary

Since the re-evaluation in May 2018, I have rewritten this report to reflect the improvements found since the addition of the new dental day and the EMR. [redacted] proudly stated that Dr. [redacted] has been doing very well using the EMR. The use of COREMR has improved issues with legibility, signatures and SOAPE notes.

And Dental was painted! The dental clinic space has improved tremendously. It was a joy to see the improvements provided by both MCJ and CFMG. They are now working on policies and procedures which should be completed by October 1st, 2018.

I understand that the EMR use is in its infancy, that the scanning of the paper charts is still ongoing, and that many of the forms have yet to be updated to the system. During the 4th Dental Tour, a clearer picture of the strengths and weaknesses of this particular EMR will become more evident.

There remains unfortunately many ongoing issues from prior reports. These are outlined throughout the report, with recommendations to rectify each issue. Some examples are:

- Floss loops still have not been added to the "fish kit". Please rectify this omission immediately.
- There are still no general consent forms approved by CFMG or in use at MCJ. Patients are still not signing and dating their informed consent to dental examinations, x-rays, referral to specialists, palliative and restorative care.
- A full comprehensive care program is still not in place although some comprehensive dental exams are being done using makeshift forms. There are no dental charting forms for comprehensive care, including a periodontal charting form which lists periodontal probings, furcation involvements, and recession. The episodic dental care form is used to list the dental treatment plan although there is no DPC listed or a place for it to show completed when the dental treatment is performed.
- No hand washing or the use of an alcohol-based hand sanitizer, was observed being used prior to gloving up or after the patient's treatment. Multiple type appointments were observed, including extractions, in both December 2017s audit tour and May 2018s re-evaluation site visit. "Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol"[2].
- The x-ray unit is still not registered.
- There are no current radiation badges and no access to previous dosimetry reports for either Dr. [redacted] or [redacted]

Should COR be unable to accommodate dental's needs, then I suggest a dental software management program such as Dentrix Enterprise from Henry Schein. As a side note, I do not have any affiliations or financial interests with this program, it is the one I am most familiar with, it is highly rated and is being incorporated on the adult side of CDCR. I find the reports well organized and easy to read and the data is easy to process, understand and evaluate. Digital x-rays also interface well with Dentrix Enterprise. COREMR and Dentrix Enterprise would need to be contacted to see if they can interface proficiently.

[2] https://www.cdc.gov/handhygiene/science/index.html

Here are a list of current issues we observed with the EMR, which hopefully can will be corrected shortly.

- The "Problem List" is not always current. At this time both EMR and charts are needed for each appointment. This will be transitioned into a paperless system over the next few months as scanning the charts into COREMR continues to occur.
- The pregnant patient was not referred to dental although orders were written for referrals. When reviewing the EMR it was difficult to ascertain what trimester the pregnant patient was in, at time of booking.
- Blood work and laboratory results are not incorporated in COR at this time. BioReference Lab will be uploading labs to COR however I was not told when this would occur. Medically compromised patients and those with chronic care issues will have baseline blood work taken, although baselines will not be done for everyone.
- Both Dr. [redacted] Medical Director and Dr. [redacted] Dentist, stated there is good collaboration between medical and dental. This included obtaining consultations when treating medically compromised patients. I would recommend that any consultation request, discussion and outcome be documented in the progress notes.
- When scheduling a referral to dental from Intake, 14 Day Exam or Sick Call, the patient's chief dental complaint is difficult to determine as Telmate, who processes the Sick Calls, is not interfaced with COR. The RN or health care professional must enter this information manually into the created appointment, "task", when the patient is scheduled.
    - I recommend Nursing/Healthcare staff uniformly write in the comment area of each upcoming dental appointment - What is the pain/problem; Where and When did it start; How much pain are they in, What is the referral classification, Dental Level 1 (DL 1) scheduled for next dental day or Dental Level 2 (DL 2), schedule within 14 calendar days.
    - If the nursing staff do not write in their paper referral logs or in the appointment section that the patient was categorized as a DL 1 or DL 2, dental cannot track if the patients were scheduled within timeframe and consequently if they were seen in dental as scheduled.
    - When a patient is seen for sick call by the RN, the RN then creates a task. The task is completed by Dr. [redacted] when the patient is seen as scheduled for his/her dental triage.
    - Dr. [redacted] must then create a task for a follow-up treatment appointment and places a Dental Priority Code (DPC) 1A, 1B, 1C, 2 in the progress notes. He schedules the patient at the half way point of the DPC. For example if the patient has a DPC of 1B and needs to be seen within 30 days, Dr. [redacted] schedules the patient in 2 weeks, schedule permitting.
    - The EMR should have an automatic request for DL classification and subsequently have the ability to schedule per the parameters of this classification.

- COREMR is unable to track dental compliance. There is no location in which to place a Dental Priority Code (DPC) for each patient encounter and have the computer schedule the patient accordingly within the required timeframe. Once a triage appointment has been completed and a diagnosis and treatment plan has been determined, Dr. [redacted] must initiate a sick call appointment and himself schedule the treatment appointment within the DPC's timeframe. This administrative task could be performed by an ancillary staff.
- Dental compliance logs will have to continue being manually inputed, but in an Excel spreadsheet, now that dental is now equipped with computers. I highly suggest someone proficient in Excel enhance this form to be more atomic so the data can be used more efficiently.
- The EMR also has only one type of dental progress note and is found under the "Dental Sick Call" tab, there is no current option for a comprehensive dental care progress note. Although there is an option for a chart note, this appears to be rarely used in dental and does not have a chronological note interfaced with the dental sick call progress note. Perhaps this has changed since we were there.
- Dental does not have its own triage form in the EMR although there was discussion that this would be uploaded during an update.
- Dr. [redacted] and [redacted] only have one computer monitor each for their computers. I suggest they have two monitors each, so one monitor views COR and the other has the Excel spreadsheet tracking each dental visit and the patient's compliance stats.
- There is no Odontogram in the 14 Day Exam computer format. After consultation with the computer specialist for COR, it was determined that if an Odontogram is available, it can only be used as reference and cannot be filled in. This must be corrected immediately as the 14 Day Exam is part of the process to provide patients with access to care. The Implementation Plan clearly states that the health care provider will perform numerous evaluations in order to refer to dental when appropriate.
    - Nursing training on the Odontogram has not yet occurred although I understand that it should be completed in June 2018.
    - I requested the PowerPoint presentation but have yet to receive it.
    - When comparing data from the Intake and Sick Call referrals to Dental, there are minimal referrals to dental which have occurred at the 14 Day Exam. There are multiple reasons why this is occurring but I believe it is the lack of training and the lack of the Odontogram being fully filled in which misses key parameters for the health care professionals to correctly refer patients to dental from the 14 Day Exam.
- The EMR does not have a consent form the patient and dentist can review, sign and date for general consent, extraction consent and other dental procedure consents.
    - The current paper extraction consent form is lacking in multiple layers of information.
- Since the focus of the EMR appears to be only on episodic care, comprehensive care and continuity of care is not being addressed within this system.

- Inmate-patients not only have the option to have a comprehensive dental examination after one (1) year of incarceration but they also have the right to have a specific cleaning based on their diagnosis of their periodontal condition.
  - COR has no dental charting capabilities for episodic or comprehensive care. Has no periodontal forms to chart any periodontal measurements. Has no form for placing a sequenced / phased treatment plan with an area for a DPC.
  - There rarely is any indication that an oral cancer examination was performed and any evidence of pathology is evaluated.
    - If there is a need for a biopsy, I recommend the pathology lab at UCSF be utilized to provide a report. The specific information is listed in the body of the report under quality of care.
  - The EMR does not have a form the patient can review and sign acknowledging the receipt of a Dental Material Facts Sheet (DMFS).
  - Comprehensive dental care cannot be currently charted through COREMR, nor does the dental program have any paper forms for recording the dental examination and periodontal charting to establish a treatment plan which includes the prescription of the right type of cleaning needed.
    - Hence, the dentist cannot provide an accurate periodontal diagnosis without all of the objective findings required for an accurate diagnosis. And conversely, cannot provide a diagnosis until the dental examination is completed and recorded.
- A hygienist has not been hired as recommended in the Implementation Plan. Please tell me I have not read this accurately, but it appears that the hygienist has only been allocated 4 hours per week.
  - Dr. [redacted] is then tasked with doing the cleanings and deep cleanings himself. This takes away from his allocated time to provide episodic and comprehensive dental care including triages, comprehensive care, oral surgery, palliative care, restorative care and so on.
  - Since approximately 10% (13% in December 2017) of the inmate-patients at MCJ are incarcerated with over one year remaining on their sentence. If each patient were to receive a comprehensive dental examination and then treatment planned for 4 quadrants of scaling and root planing (deep cleaning) because they have not had access to dental care on the outside, that's 5 appointments to address only their periodontal issues. Should they need restorative and oral surgery in each of their 4 quadrants, then you can imagine how many appointments will be needed for each inmate-patient to receive their constitutionally mandated dental care?
  - Let's only look at the 4 appointments the hygienist will need to perform a quality periodontal deep cleaning and then a re-evaluation appointment to make sure the treatment has been effective, that's 5 appointments for the hygienist. At 112 patients x 5 one hour appointments = 560 hours of the hygienist's time to address only the diagnosed periodontal needs of the patients incarcerated for more than a year. At 8

hours a day, the hygienist will need 70 days to complete this portion of the treatment plan for this group of patients. If the hygienist is only hired for 4 hours a week, 208 hours per year, this will take the hygienist 2.7 years to complete 112 patients, whose treatment plan is to be completed in 120 days.

- If you imagine that the patients with chronic care issues who are also eligible for comprehensive exams because they need a correct periodontal diagnosis, prior to being seen by the hygienist for their cleaning, then at this rate, how many years will it take the hygienist to complete these patients?
  - Therefore, more dental staff is needed to fully implement the comprehensive care and subsequent periodontal care program at MCJ.

- With only one dental chair, the hygienist and dentist cannot work at the same time.
  - "Essentially, an RDH may perform "general supervision" duties on patients of record. "Patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist. "General supervision" means based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures. General supervision duties include oral prophylaxis, sealant application and scaling and root planing, except when local anesthetic is necessary to perform a procedure. The administration of local anesthetic is a "direct supervision" duty."[3]
  - As local anesthesia is generally given for a deep cleaning (scaling and root planing), the issue was brought up if the MD can provide direct supervision to a dental hygienist. At this time the answer is no, but I am awaiting further communication from the dental board.
- Refusals for any dental procedure must have discussion of the risks, benefits, alternatives and consequences of not having the prescribed dental care and a signature and date of both the dentist and the inmate-patient. The procedure being refused must be indicated on the form. The dentist is the only one licensed to have this informed refusal discussion.
  - "Patients who are insistent in their refusing to report shall not be subject to cell extraction or use of force to gain compliance with the priority health care ducat. In these instances, a dentist must respond to the patient's housing unit, at a time that does not interfere with patient care, to provide the necessary education regarding the refusal. Custody staff cannot accept refusals on behalf of the patient."[4]
  - The dentist must write a progress note in the dental record for each refusal, in addition to the signed and dated refusal form being uploaded to the EMR.

[3] https://www.cda.org/NewsEvents/Details/tabid/146/ArticleID/3450/What-a-hygienist-can-do-while-the-dentist-is-away.aspx

[4] https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf

- Additionally, the dentist must write a progress note if a patient is scheduled but is not seen for any reason, i.e., not in custody (NIC), rescheduled, refused, transferred, out to court, out to medical.
    - Unless you look at the compliance data, one would have no way of knowing that the patient wasn't seen as scheduled for an evaluation of his/her dental pain or complaint, at the triage appointment. Or seen for dental treatment. The dental compliance logs have identified some patient rescheduled over 7-9 times and many were never seen for their initial problem to even receive a triage.
- The reports the EMR can produce at this time were not well condensed or organized for dental's needs, and were extensive and lengthy in order to find trends in analyzed data.
    - Reports do include the appointments canceled by staff, canceled by system, rescheduled, and refusal.
    - D1 or D2 timeframes for compliance are not included in any report.
    - DPC timeframes for any dental treatment is not included in any report.
- There appears to be a barrier to access to dental care. The Dental clinic opens at 0730. There is a dedicated, assigned dental officer position filled on a rotational basis, however there are times when the officer is redirected to another position or if absent, an another officer is not quickly reassigned to that position. The reason for this issue has not been fully evaluated but if it can be rectified immediately, then this will be greatly beneficial for the dental program.
- Continuity of care appears to need additional attention, especially for patients returning from outside specialty care dental appointments. The data indicated there were only 2 DPC 5 which are for patient's going for outside specialty appointments, but there were more patients referred out then the data indicated.
    - There was a report, loose in the dental chart, dated 03/23/2018 with patient referred on 02/08/2018. The patient had not been seen in dental since she was seen by the outside specialist.
- EMR can now show when and if pt received medication is received on time and taken by the inmate-patient. Although detailed study did not occurred during this dental tour, on brief evaluation, Med Orders appears to have improved in providing inmate-patients with on time delivery of dental medication following an extraction. Previously, pain medication and antibiotics were not always delivered until later in the evening following an extraction.
- The retrieval of grievances was a cumbersome process. Telmate currently does not communicate with COREMR 5. The system does not allow for us to easily identify dental grievances or follow through with COR when the answered grievances instructed the patient to fill out a sick call slip.
- There is no monthly dental meeting where the minutes are forwarded to the Quality Assurance meeting for identification of quantitative and qualitative data. There is no dashboard with monthly data to identify the health of the dental program.

What is my solution to these problems you ask? I can provide recommendations, but ultimately there will come a time when the monitor should not have to be auditing the program, and the problems should be discovered, reviewed and solutions provided and implemented by having a system in place for the dental department to monitor itself. Please refer to the section in the dental management portion of this report for my recommendations of the mandatory implementation of the monthly Dental Subcommittee meeting, whose minutes and any supporting documentation is to be provided to the Quality Assurance meeting for review.

I reviewed with [redacted] and Dr. [redacted] during the re-evaluation site visit, how to coalesce data into the Excel spread sheet to better monitor compliance since the EMR is still not programmed to handle dental compliance. Several scenarios were discussed and changes to the spreadsheet were made. Although a dental management software would better manage the data, until this is implemented, I strongly suggest a person experienced in Excel enhance the spreadsheet to better address the needs of the data collection. **It is paramount for a DPC to be issued at the triage and the comprehensive dental examination appointment, so the timeframe for compliance of the prescribed dental treatment and its completion can be evaluated, verified and monitored.**

The next dental audit is scheduled for November 6 - 7, 2018. At this time I will assess for compliance in all areas using the available reports from the EMR and Dental's Excel compliance logs. **Therefore, a solution must be provided as to how the monitor will be able to access records using the EMR.** I will also review the minutes and PowerPoint presentations of the QA meetings as they relate to dental, review the monthly Dental Subcommittee meeting minutes and supporting documentation, review the nurse training and the implementation of the odontogram, evaluate if appropriate referrals are made to dental, review the policies and procedures including the local operating procedures, the SB198 and the IIPP.

Section I - Access to Care

Intake Form Used on Day of Booking & Assessment for Dental Referral

RNs at intake, refer any new inmate-patient's at the time of booking to the dental department if the patient exhibits urgent or emergent dental issues. Prior to the implementation of the EMR, MCJ and CFMG combined their intake form into onto one. This form is now uploaded into the EMR and is used at intake as well. As mentioned previously, please review the Final Reports for Dental Tour #1 & #2 for additional information.

No training by the dentist has yet been given to date, to the health care professionals in order for them to accurately and confidently perform a dental oral screening. The standardized nursing procedures are to be implemented in June 2018 and may assist staff in providing guidelines for dental pain and subsequent dental referrals.

The RNs have been logging in their referrals to dental on paper logs. There are no available logs within COREMR to trace the referrals made to dental at this time, therefore until further notice, please have the nursing staff continue logging in each referral, noting when the patient was seen for their sick call triage, when they were scheduled for dental and if they are referred to dental as a Dental Level 1 (DL 1 - to be scheduled the next dental day) or Dental Level 2 (DL 2 - scheduled within 14 calendar days). I look forward to hearing that the nursing training has occurred and that follow up training is available if and when it's needed.

Pacific interpreters is the service used to provide translation services to the newly booked inmate-patients. The County provides a Sign Language Interpreter (SLI) proficient in American Sign Language (ASL) when needed. In dental, [redacted] speaks Spanish and interprets for Spanish speaking inmate-patients.

There is currently no effective communication program in place at intake to evaluate the inmate-patient's ability and level of proficiency to read, write and/or understand both the verbal or written communications given to them.[5][6]

Recommendations:

- Can [redacted] be certified as an interpreter for MCJ so that no problems with liability can occur with her interpreting in the dental clinic?

Implementation Plan requirements

"Screening for all inmates: A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings; perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma,

[5]Effective Communication, Armstrong v Davis to prevent violations against the civil rights of inmates with disabilities including visual impairment, deafness, speech, cognitive and developmental disabilities, learning disabilities and psych US Code Section 12102 disability

[6] Clark v State of CA - Disabilities 14th amend and 8th amend. Evaluate level of disability to protect from exploitation and abuse as well as provide equal access to programs and activities.

infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. All screening findings will be documented on the health inventory form including the odontogram. Follow up referral and/or consultation with onsite or on call medical provider and /or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation".[7]

Recommendations:

- Continue to provide and improve dental services per the Implementation Plan.

Inmate Orientation Handbook

The updated Inmate Orientation Handbook is at the printing press, therefore I am unable to review it at this time. There is no indication that inmate-patients at Intake are evaluated for their ability to read and understand the Inmate Orientation Handbook.

Recommendations:

- It should highlight the new availability of dental care three (3) days a week. Dental clinic hours are 7:30 am to 4:00 pm.
- It should indicate that if the inmate-patient wants dental care, they must ask for it by filling out a sick call slip.
- Explanation that inmate-patients having over one (1) year of incarceration, patient are eligible to receive a free **comprehensive dental examination and a treatment plan**. Each dental treatment, from the treatment plan (i.e. cleaning, filling, extraction), will be seen according to the assigned Dental Priority Code and is to pay a $3.00 copayment at the time of each visit.
- It should list available dental services, what is not covered
- There should be an explanation of Dental Level 1 and 2.
    - When you see the nurse during Intake, the 14 Day Exam or for a dental Sick Call, the RN or a healthcare profession will schedule you for a dental exam with the dentist depending on the severity of your condition.
        - Dental Level 1 - Scheduled next dental day
        - Dental Level 2 - Scheduled within 14 calendar days
- There should be an explanation of the Dental priority Code (DPC) - You will receive dental services on a priority basis. The dentist will decide the priority of your dental problem by doing a dental exam (triage) or comprehensive dental examination (exam) and assigning you a Dental Priority Code (DPC).
        - **For Episodic & Comprehensive Dental Care:**
          (1) **Emergency Care (Immediate Treatment).....To Be Seen Immediately**

[7] Implementation Plan

(2) Treatment within 1 calendar day / 24 hrs....DPC **1A - Emergent**
(3) Treatment within 30 calendar days.....DPC **1B - Urgent**
(4) Treatment within 60 calendar days.....DPC **1C - Unusual hard/ soft tissue pathology**
(5) Treatment within 120 calendar days.....DPC **2 - Interceptive Care**
(6) Special needs care or referrals.....DPC **5 - Outside Specialist or Referral**.

- An explanation of consent for dental treatment should be included
- An explanation of how to brush and floss with pictures to further enhance their ability to follow the recommended guidelines of brushing at least 2x/day, preferably after eating and flossing at least 1x/day, preferably before bed.

Access to Oral Hygiene Supplies

Floss loops continue to not be part of the "fish kit". The toothpaste is ADA Accepted and the toothbrush is a brand considered safe by correctional standards. Dental supplies are available through the canteen. See Appendix 1 for the list of available items.

Recommendations:

- Please rectify this issue immediately and provide correctional safe floss loops to each "fish kit".
- Indigent patients should be eligible for toothbrush, toothpaste, floss loops, and denture adhesive at no cost.

14 Day Exam - Odontogram

The review of dental problems, the charting of these problems in the form, the odontogram and in the progress note have not been fully occurring as mandated in the Implementation Plan. When reviewing the dental compliance data, the 14 Day Exam has the least amount of referrals to dental than from Intake and Sick Call. I would imagine that there would be fewer Sick Call slips for dental if the evaluation at the 14 Day Exam would be formalized.

Recommendations:

- Provide training and upload the form for a chartable odontogram in the EMR.

Dentist On Call System / Physician On Call

There is a system in place, with the Physician On Call (POC) taking calls for any after hours dental emergency. Additionally, a higher level of care to an emergency department is also available should the need arise.

Recommendations:

- I am unable to determine at this time how the Dentist On Call (DOC) system, using a POC, will perform with the new EMR. Currently, there are no separate logs for patients referred to dental from the after hours POC. I am unable to track if the patient was referred to dental and scheduled with either a Dental Level (1 or 2). Also if a patient is sent out for a broken jaw, there is no record that the patient is scheduled with dental for the next dental day.

Access to Care in Regards to Outside Specialists

No dental emergencies were reported as being sent to an outside hospital for a higher level of care in 2017 and none from 1/1/18 to 5/9/18.

There were referrals to outside specialists such a endodontists and even to a general dentist for care through Western Dental. There were no referrals to Dr. [redacted] Oral Surgeon for specialty oral surgery care, although one patient was sent for implant supported denture consultation to Dr. [redacted] There were no logs of these outside referrals although information could be sifted through the compliance logs. There were no logs showing patients seen the next dental day following an outside referral. In one case, there was an appointment with the outside specialist and the report was in the chart, but the patient was never reappointed for follow up care in the dental department.

Recommendations:

- Increased communication between medical, outside scheduling, and dental, is necessary so patients do not fall through the cracks in the system.

Custody Movement, Dental Appointments & Refusals

All movement is controlled and it appears that no inmate-patients are walk alone. Therefore if any broken or failed appointments occur, a review of custody's ability to bring the patients to the dental clinic is also in order. Broken appointments lowers the amount of dental care that can be provided at MCJ. It also prevents other inmate-patients from accessing care and interferes with timely dental treatment in general.

There also appears to be no movement sheet available to examine and schedule from, of inmate-patients returning to MCJ following their offsite appointments.

Recommendations:

- A movement sheet indicating returns from outside specialty appointments given to dental could assist the dental department in scheduling patients to be seen the next dental day.

Refusals, No Shows & Broken Appointments

These appointment types will all be considered refusals as all patients are escorted to the dental clinic. See the refusal section in the Executive Summary regarding refusal information.

Inmate-patients are entitled to refuse an appointment but inmate-patients are also wards of the state. The liability of not having a face to face discussions to explain the risks of not having a tooth extracted, for example due to an abscess, is part of a clinicians responsibility per our licensing board and the Dental Practice Act. We as dentists, are licensed to have a discussion of care with our patients and in this environment to have a signed informed refusal.

I certainly would not ask Custody to perform a cell extraction and I also would not put the responsibility of having an RN obtain a refusal as they are not licensed to have this discussion. If possible, at this time, if Custody can ask the patients to come and sign the refusal in person and have the discussion with the dentist, then that would be wonderful.

Refusals for any dental procedure must have discussion of the risks, benefits, alternatives and consequences of not having the prescribed dental care and a signature and date of both the dentist and the inmate-patient. The procedure being refused must be indicated on the form. The dentist is the only one licensed to have this informed refusal discussion. The dentist must write a progress note in the dental record for each refusal, and what they are refusing, in addition to the signed and dated refusal form being uploaded to the EMR.

Recommendations:

- Additional information from the Dental Board is being requested regarding refusals however at this time it is the dentist's responsibility to have, discuss, note and chart an informed refusal.

Reschedules

Reschedules are highly discouraged.

Recommendations:

- Patients are to be seen as scheduled.

Section II - Timeliness of Care

Dental Level 1 and 2 vs Dental Priority System (DPC)

Dental Level 1 and 2 are used for determining the level of urgent dental problems and their subsequent referral to dental when the inmate-patients are seen in Intake, 14 Day and Sick Call. Emergent dental care is either sent to the dental clinic that same day or transferred to an emergency department for a higher level of care. Nursing and other health care professionals assess the urgent or emergent dental needs of the patient and assign a DL 1 to have the patient scheduled in dental within the next business day or DL 2 to be scheduled within 14 calendar days.

Once the patients are scheduled in the dental department, then Dental Priority Codes/DPCs are used in denoting timelines for all aspects of dental care in determining compliance once the patient is triaged and diagnosed.

For Episodic & Comprehensive Dental Care:
(1) Emergency Care (Immediate Treatment).....**To Be Seen Immediately**
(2) Treatment within 1 calendar day / 24 hrs....DPC **1A - Emergent**
(3) Treatment within 30 calendar days.....DPC **1B - Urgent**
(4) Treatment within 60 calendar days.....DPC **1C - Unusual hard/soft tissue pathology**
(5) Treatment within 120 calendar days.....DPC **2 - Interceptive Care**
(6) Special needs care or referrals.....DPC **5 - Outside Specialist or Referral**

Dr. [redacted] in addition to all of his other duties, is scheduling his own patients per the DPC he assigns them. For effectiveness and increased compliance, he schedules them earlier, preferably at the halfway point of their assigned DPC.

Section III - Quality of Care

Review Health/Medical History

Review of medical history, allergies, lab work, dental history, chronic care is still a long, complex task for dental even with the EMR. The problem list is not completely updated. Patients with complex medical histories have some of their consultations in the new EMR and others in the paper chart.

BP is only taken for extractions. BP should be taken prior to any dental appointment, to alert the dentist of any hypertensive issue prior to any dental treatment.

Recommendations:

- Use the UOP Protocols as a guideline to assist the dentist when dealing with medically compromised patients.
  - http://sfdental.pacific.edu/docs/patientProtocol/Medically_Complex17.pdf
  - http://sfdental.pacific.edu/docs/patientProtocol/HIV.pdf

Biopsies

If biopsies are to be performed at MCJ, I recommend CFMG establish a contract with UCSF Derm/Pathology lab for biopsies to be read and the diagnosis reported back to CFMG.

Recommendations:

UCSF Dermatopathology Service
1701 Divisadero Street, Suite #280
San Francisco, CA 94115

Telephone: 415-353-7546, 800-487-0244
Fax: 415-353-7543
http://dermpath.ucsf.edu/forms.html

Hygienist for the Periodontal Program

Since the new ratified contract, a hygienist position for 4 hours per week is approved. No hygienist is currently contracted with CFMG for MCJ. See the discussion in the Executive Summary.

Recommendations:

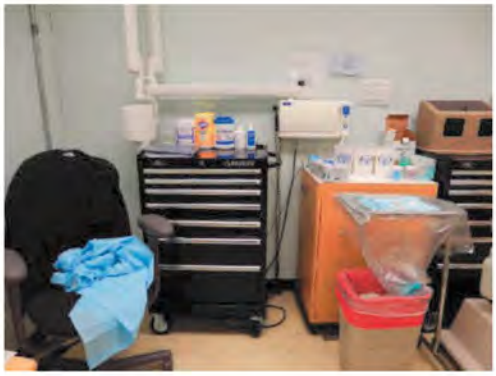
- Make sure that prior to patients receiving periodontal care, that they have a documented periodontal diagnosis supported by the patient's objective findings.
- For chronic care patients, set a periodontal maintenance recall schedule following periodontal treatment (i.e. scaling and root planing) of 3mrc, 4mrc, 6mrc, etc. and document in the progress notes.

Section IV - Infection Control & Regulatory Compliance

Dental Clinic Facility Audit

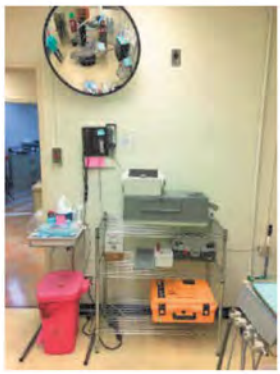
There have been numerous improvements in the dental clinic and in the concept of limiting cross contamination.

Before



Currently the x-ray machine registration is expired and there are no dosimetry badges for the dental staff.

After





#	Subject	Description	SC	PC	NC	NA	Comments
1	Housekeeping	Counters appear uncluttered and clean		X			Recommend changing cardboard box which is currently holding the tools for transport to the sterilizer, to a plastic tub with a cover. Otherwise the area looks improved and well maintained.
2	Housekeeping	Floors appear uncluttered and clean	X				Floors still dirty and dusty behind the tool cabinets but less dusty than at the last visit in December 2017.
3	Housekeeping	Sinks appear uncluttered and clean	X				Sink old and stained but clean.
4	Housekeeping	Food - Staff aware no food storage, no eating, drinking, applying cosmetics or handling contact lenses in occupational exposure areas	X				Office adjacent to the dental clinic so both dentist and dental assistant have a place to work outside of the clinical area. Food in the office area but none found in the dental clinic.
5	Housekeeping	General appearance appears clean and clutter free	X				Dental clinic was painted! Recommend laminating remaining items posted on wall.
6	Biohazard Waste/Haz Mat Procedures	Separate waste container for non-infectious/general waste in place	X				
7	Biohazard Waste/Haz Mat Procedures	Biohazard Waste containers have lids	X				
8	Biohazard Waste/Haz Mat Procedures	Biohazard Waste containers labeled on the top and sides of the container so as to be visible from any lateral direction		X			Not labeled on all sides. Missing label on back of container.
9	Biohazard Waste/Haz Mat Procedures	Biohazard Waste containers lined with Red Bag	X				
10	Biohazard Waste/Haz Mat Procedures	Biohazard Waste Red Bag removed regularly based on clinic need		X			Staff state this is occuring. No policy in place to address removing Biohazard Waste.
11	Biohazard Waste/Haz Mat Procedures	Chemical Spill Kit in place	X				

#	Subject	Description	SC	PC	NC	NA	Comments
12	Biohazard Waste/Haz Mat Procedures	Mercury Spill Kit in place				X	No mercury spill kit in place. To be discussed further as no amalgam currently used in the dental clinic.
13	Biohazard Waste/Haz Mat Procedures	Eyewash Station in good working order connected to tepid water		X			Temporary eyewash in place although the solution is away from the eyewash display and is located on the counter. Either place an appropriately sized eyewash solution in the temporary eyewash holder, have an eyewash installed or label where eyewash solution is located and make sure all staff know the location.
14	Biohazard Waste/Haz Mat Procedures	Sharps container (Approved type)	X				
15	Biohazard Waste/Haz Mat Procedures	Sharps container (Located as close as feasible to area where disposable item used)	X				
16	Biohazard Waste/Haz Mat Procedures	Sharps container (Secured)	X				
17	Biohazard Waste/Haz Mat Procedures	Sharps container (No more than 3/4 full before container removed)	X				
18	Biohazard Waste/Haz Mat Procedures	Pharmaceutical Waste container in place and labeled for incineration only	X				Pharmaceutical waste container present although not easily accessible under sink.
19	Biohazard Waste/Haz Mat Procedures	Pharmaceutical Waste container labeled with start date of accumulation - expires 1 year from initial date of use			X		Label start date of accumulation. This may be changing to 90 days from initial date of use.
20	Biohazard Waste/Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet)			X		No fireproof cabinet. It is used for medication storage. No inventoried list of flammable hazardous materials. Make sure chemicals are included in SDS binder.

#	Subject	Description	SC	PC	NC	NA	Comments
21	Biohazard Waste/Haz Mat Procedures	Amalgam Separator filter (date of installation posted)				X	Amalgam Separator mandates are exempt for mobile delivery carts. Amalgam Separator will need to be in place for new construction.
22	Biohazard Waste/Haz Mat Procedures	Amalgam Separator filter (Checked routinely and documented in housekeeping log)				X	Amalgam Separator mandates are exempt for mobile delivery carts.
23	Biohazard Waste/Haz Mat Procedures	Contact Amalgam commercial container in place	X				
24	Biohazard Waste/Haz Mat Procedures	Non-contact Amalgam commercial container in place	X				
25	Sterilization And Equipment	Amalgamator (Safety cover in place)				X	Dr. [redacted] stated that they do not use amalgam and do not have an amalgamator for any restorations at this time although they have a contact and non contact amalgam containers. To be discussed as amalgam is considered a valid dental material per the American Dental Association
26	Sterilization And Equipment	Handpieces cleaned and lubricated prior to sterilization		X			Cleaned but not routinely lubricated prior to sterilization
27	Sterilization And Equipment	Ultrasonic Unit (Used to clean contaminated instruments prior to sterilization)	X				Note, no there are no policies and procedures in place at this time to address infection control and sterilization protocol in the dental clinic.
28	Sterilization And Equipment	Sterilization Clean and Dirty Areas (Demarcations clearly marked)	X				
29	Sterilization And Equipment	Sterilized dental instruments (Bags/Pouches intact)	X				
30	Sterilization And Equipment	Sterilized dental instruments (Bags/Pouches labeled with sterilizer ID#, sterilization date and operator's initials)	X				

#	Subject	Description	SC	PC	NC	NA	Comments
31	Sterilization And Equipment	Unsterilized instruments prepackaged if overnight storage required				X	Per staff, instruments are sterilized prior to leaving for the day.
32	Sterilization And Equipment	Dental Lab Lathe (In separate lab / not with sterilizer)				X	Per staff, no dental lab lathe used in this clinic.
33	Sterilization And Equipment	Dental Lab Lathe / Model Trimmer (Securely mounted and eye protection available for use)				X	Per staff, no dental lab lathe used in this clinic
34	Sterilization And Equipment	Dental Lab Burs / Rag Wheels (Changed after each patient, sterilized after use, stored in Bags / Pouches)		X			The acrylic bur is crusted as seen through the sterilization bag. Recommend ordering pressure indicating paste to assist with locating high spots during denture adjustments.
35	Sterilization And Equipment	Pumice Pans (Pumice and disposable plaster liner changed after each patient				X	Pumice pans are not used in this clinic.
36	Sterilization And Equipment	Water Lines (Flushed at least 2 minutes at beginning and end of each shift)	X				
37	Sterilization And Equipment	Water Lines (Flushed a minimum of 20 to 30 seconds between patients		X			Practice consistency with flushing of lines in between patients.
38	Sterilization And Equipment	Vacuum System (Manufacturer's recommendations followed for cleaning, disinfection and maintenance)		X			No biohazard sticker on container.
39	Emergency Procedures	Emergency #'s prominently posted in clinic		X			Emergency numbers not clearly posted but phone and other numbers more clearly posted. No written protocol for emergencies in dental clinic.
40	Emergency Procedures	Evacuation Plan prominently posted in clinic			X		Not posted
41	Emergency Procedures	Fire Extinguishers (All staff aware of location)	X				Make sure the housekeeping log reflects the monthly examination of the fire extinguisher.

#	Subject	Description	SC	PC	NC	NA	Comments
42	Emergency Procedures	Emergency Medical Response protocol in place			X		No written protocol in place at this time but IIPP has anticipated completion date of October 1st, 2018.
43	Emergency Procedures	Emergency Kit (Zip tied)	X				
44	Emergency Procedures	Emergency Kit drugs current		X			The emergency kit mostly has first aid material and no drugs per se. Please have Dr. [redacted] and Dr. [redacted] discuss the drug content of the emergency kit and, then write it in the policy. Also make sure that the emergency kit is inspected monthly and that drugs are replaced prior to expiration and that the monthly inspection is reflected in the housekeeping logs.
45	Emergency Procedures	Oxygen tanks, masks, tubes and keys present	X				
46	Emergency Procedures	Oxygen tank charged	X				
47	Emergency Procedures	Ambu-Bag (Bag-valve-mask present and in working order)			X		No bag-valve-mask present.
48	Emergency Procedures	One-way pocket mask present and in working order		X			Did not visualize it, please make sure it is available next to the emergency kit.
49	Emergency Procedures	Blood pressure cuff and Stethoscope present and in working order		X			Wrist cuff present. Stethoscope present with regular cuff but missing thigh cuff.
50	Emergency Procedures	Plastic evacuators (2) - Large diameter suction tips		X			Did not visualize it, please make sure it is available in the emergency kit.
51	Emergency Procedures	2 Sterile, 2 cc disposable syringes with 18 or 21 gauge needles		X			Did not visualize it, please make sure it is available in the emergency kit.
52	Emergency Procedures	AED Accessible	X				
53	Emergency Procedures	AED in working order and pads are current and not expired	X				

#	Subject	Description	SC	PC	NC	NA	Comments
54	Safety	Dental Board Regulations on Infection Control posted			X		Regulations were not posted.
55	Safety	Sterile Water used for invasive oral surgical procedures		X			Available in dental clinic but did not observe its use during surgical procedure.
56	Safety	Hand Hygiene (Observed staff)			X		Procedures observed and hand washing or use of alcohol based sanitizer not observed prior to or after procedures from either the dentist or dental assistant.
57	Safety	PPE - Worn and correctly disposed of; observed staff	X				
58	Safety	Barriers used to cover environmental surfaces replaced between patients	X				
59	Safety	Saliva Ejector (Staff aware that patients must not close lips around tip to evacuate oral fluids)		X			No saliva ejectors used or available. High volume suction used. To be discussed further.
60	Safety	Radiation Safety Program in place / Dental radiographic unit inspection date			X		Dentist or DA not wearing X-ray badges. No policy in place to radiation safety program.
61	Safety	Caution X-ray Sign (Placed where all permanent radiographic equipment installed)	X				
62	Safety	Lead Shields (Thyroid collar, hanging, free from tears or holes inspected regularly)	X				
63	Safety	Is an area dosimeter posted no more than 6 ft from source of beam?			X		Dosimeter badge expired.
64	Safety	Dental staff wearing dosimeters at chest level or higher (i.e. new x-ray equipment; x-ray unit moved and reinstalled)			X		Dr. [redacted] and DA did not have, nor were wearing dosimeter badges.
65	Safety	Dosimeter Badge (For pregnant staff working within the vicinity of radiographic equipment)				X	No pregnant dental staff at this time.

#	Subject	Description	SC	PC	NC	NA	Comments
66	Safety	Material Dates (Check expiration dates)	X				
67	Safety	Dental Impressions Materials / Waxes (Stored in secure location)				X	Denture fabrication performed at outside dental facility (Western Dental Services)
68	Safety	Gloves		X			Latex gloves are used, recommend change to nitrile to have a latex free office. Also recommend purchase non-latex prophy heads.
69	Clinic Administration and Logs	Written infection prevention policies and procedures specific for the dental setting available, current & based on evidence-based guidelines?			X		No CFMG HQ or local MCJ policies and procedures completed although process has begun. Anticipated policies by October 2018.
70	Clinic Administration and Logs	Annual Training (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)			X		No evidence of annual training.
71	Clinic Administration and Logs	Did employees receive job or specific training on infection prevention policies and procedures and the OSHA blood borne pathogens standard?			X		There were no local training records for either Dr. [redacted] or [redacted] [redacted] has taken the infection control courses outlined in the Dental Board of California's requirements.
72	Clinic Administration and Logs	Facility has an exposure control plan that is tailored to specific requirements of the facility?			X		Some of the Illness & Injury Prevention Plan is beginning to be in place with an anticipated completion date of October 1st, 2018.
73	Clinic Administration and Logs	Personal Protective Equipment (PPE) and other supplies necessary for adherence to Standard Precautions are readily available?	X				Please ensure that side shields are available.
74	Clinic Administration and Logs	Spore Test Log Weekly Testing			X		Spore test log is present and in a binder. However, the week of March 12-16, April 2-6 are missing and these are automatic failure. Patients were seen during the weeks listed above.

#	Subject	Description	SC	PC	NC	NA	Comments
75	Clinic Administration and Logs	Housekeeping Log Up-to-Date		X			Much improved! Some logs not consistently performed.
76	Clinic Administration and Logs	Eyewash Log Up-to-Date		X			Eyewash log not in place.
77	Clinic Administration and Logs	Tool Control Log (Complete enteries)		X			Handpieces were not included in count. Only DA doing count.
78	Clinic Administration and Logs	Sharps Logs		X			27 guage, 30 gauge and extra short needles were well logged. Scalpels/Blades and Sutures were not included in count.
79	Clinic Administration and Logs	Sharps injury log and other employee exposure events is maintained according to state and federal requirements?		X			No sharps injury log and policy and procedure completed and signed by staff, although no incidents were reported.
80	Clinic Administration and Logs	Post injury protocol in place?			X		Local Illness and Injury Prevention Plan being completed at this time with anticipated completion date of October 1, 2018.
81	Clinic Administration and Logs	Pharmaceutical Log		X			Several stock medication bottles of analgesics and antibiotics present. Tylenol was expired.
82	Clinic Administration and Logs	SDS Binder (Accessible and current for materials used in clinic)		X			File folder labeled MSDS. Loose sheets with no system to easily find SDS information in case of an emergency. Incomplete list of all chemicals in dental office.
83	Clinic Administration and Logs	Dentist On Call posted		X			Sick call process in place with physician on call available for after hours. No logs available to see follow through of calls received pertaining to dental and shown to be scheduled with dental.

#	Subject	Description	SC	PC	NC	NA	Comments
84	Clinic Administration and Logs	Dental Forms (Only most current, approved forms in clinic)			X		No general consent form to include exam or x-rays or restorative, no health form with patient and dentist signature, no comprehensive dental exam form, extraction form has limited consent information. No forms explaining post extraction information. No periodontal screening or periodontal charting form.
85	Clinic Administration and Logs	Radiographic Certificate, Rules and Regulations posted			X		Last registered with the CDPH March 16, 2015, and expired March 2017.
86	Clinic Administration and Logs	Staff aware of equipment repair protocol		X			Patterson services the dental equipment
87	Regulatory Compliance	Postings per Regulatory Compliance		X			

Sources:

Centers for Disease Control and Prevention (CDC), Guidelines for Infection Control in Dental Health-Care Settings - 2003 [MMWR December 19, 2003 / 52 (RR17);1-61],

Occupational Safety and Health Administration (OSHA), Blood Borne Pathogens Standard, Code of Federal Regulations (CFR), Title 29, Occupational Safety and Health Standards, Part 1910.1030

OSHA, Title 8 Section 3203(a)(4) Injury and Illness Prevention Program;
Title 8 Section 5193 Bloodborne Pathogens

CDCR, CCHCS, September 2014 Inmate Dental Services Program (IDSP), Policies and Procedures (P & P),

California Code of Regulations, Title 8, Division 1, Chapter 4, Subchapter 4, Article 3, Section 1512 Emergency Medical Services

Department Operations Manual, Chapter 9, Article 3, Section 91030.27

Inmate Medical Services Policies and Procedures, Volume 9, Chapter 11

https://www.dir.ca.gov/title8/5193.html

California Health & Safety Code, Division 10, Chapter 4, Article 1, Section 11150

California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005

Equipment and Instruments

The dental clinic was inspected. There is one full dental operatory with a mobile delivery unit. There is no plumbed suction or compressor. The dental chair has a large hole in the seating portion. I was advised that a new dental chair will be forthcoming to replace this dental chair. A large plastic barrier is used to cover the chair for every patient. The instruments were well labeled and in good condition. No expired dental expendable supplies were found. The flow and handling of instruments is markedly improved. The clinic is substantially cleaner and well organized. Wheelchair accessible. Policy and standard operating binders are still being worked on at both the corporate and local level.

There are multitudes of extra instruments in the tool cabinet that are counted every day but are never used.

Recommendations:

- Determine if instruments have already been purchased for the new dental clinic, if not, then allocated the overflow of existing, serviceable dental instruments to the new dental clinic.

Case Review [redacted]

A case review of [redacted] case was begun however additional material is required.

Section V - Dental Program Management

Management Structure and Organizational Chart

Due to several staff changes this past year locally and at the corporate level, the organizational chart for MCJ and CFMG is outdated.

Recommendations:

Please provide an updated organizational chart by the next dental audit tour, including demarcations for whom staff report to, both clinically and administratively.

Dental Policies and Procedures

Per [redacted], the corporate CFMG dental policies and procedures (P & Ps) as well as the local operating procedures (LOPs) for CFMG should be completed by October 1st.

A draft copy of "Oral Care" P & P was submitted for review. The policy section does not address dental oral care for inmate-patients with over one year of incarceration. It also does not address the periodontal care program as outlined in the Implementation Plan.

Recommendations:

- Address and update the oral care policy for inmate-patients with over one year of incarceration. Include the periodontal care access for patients as well.
- Dental P & Ps spans multiple areas. The following link to the California Correctional Health Care Services Inmate Dental Services Policies and Procedures can be used as reference.
  https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf
- To prevent problems, improve patient safety and improve the quality of care, as well as to be part of the current patient identification process, I recommend a "Time Out" protocol be written and implemented at CFMG and MCJ for any irreversible procedure.
  - The American Dental Association[8] as well as Joint Commission "recommend that the dental record include a review of the patient's medical history, laboratory findings, dental chart, progress notes and review of radiographs, including making sure the x-rays are properly oriented, reviewed and visually confirm that the correct teeth or tissues have been correctly reviewed and charted, **prior to any irreversible procedures performed**".
  - The LOP should include a process for verifying the patient, the procedure, and the location of the procedure. A process for reconciling differences among team members should also be included so that there is interactive, spoken communication among the dental team.
  - A confirmation of the Time Out protocol should then be documented in the patient record.

Dental Staff Credentials

Dentist: Dental License, BLS/CPR, DEA, NPI, Hepatitis B vaccination form, Insurance liability, CURES 2.0 registration confirmation are all missing from my records.
Dental Assistant: Hepatitis B vaccination are missing from my records. I do have [redacted] BLS/CPR card and her 8 hour Infection Control course required from the Dental Board.

Recommendations:

- Please provide the missing documentation noted above as soon as possible.

[8] California Code of Regulations Title 15, Div 3, Chapter 1, Section 3019

Illness and Injury Prevention Plan (IIPP)

Per [redacted], the IIPP should be completed by October 1st,

Recommendations:

- No new recommendations at this time other than to complete the SB198 requirements for an IIPP prior to the next dental audit tour which is scheduled for November 6-7, 2018.
  - I - IIPP - Exposure Control Plan, Hazard Communication, Fire Emergency, General Office Safety and Ergonomics - quarterly drills to know how to evacuate staff and inmates and work with custody on these drills, ensure areas free of clutter, good signage, eyewash station, fire extinguisher, rules, disposal, PPE, med emergency kit, etc.
  - II. Waste Disposal - 1. Medical waste (sharps, biohazardous waste and pharmaceutical waste), 2. Hazardous waste, 3. Universal waste
  - III. Radiation Safety - Dentist and staff responsibilities, radiographic machine requirements/registration and Patient/Employee/Operator Protection.

Grievances

Telmate is the system MCJ /CFMG uses to address grievances and sick calls. It is not linked to COREMR. I am unable to access it directly and must go through [redacted] for access. To receive the list of grievances, for both the December 2017 dental tour and the re-evaluation in May 2018, [redacted] had to enter a list of problems for the program to respond with the dental grievances. She put in words such as dentist, dental, dental pain, toothache, teeth, dental abscess. However should an inmate-patient not have worded their dental grievance in such as manner, for example my jaw is sore or broken, then the grievance would not have been found under dental and I would not have been given this information.

[redacted] stated they receive approximately 200 grievances/month. Broken down into grievances for dental and after filtering for dental words as stated above and after removing duplicates, there were 35 dental grievances with a date range of 05/02/17 thru 09/02/2017 and 48 dental grievances identified with the above mentioned words with a date range of 12/03/2017 thru 5/6/2018 given during the May 2018 re-evaluation tour. The Program Manager and the Implementation Plan Administrator usually responded to the grievances. Many were repeated requests for dental care and Sick Calls were recommended as resolution to their grievances.

I find this grievance process cumbersome. I could not identify all of the dental grievances easily and effortlessly. Nor could I easily, without significant research, find the corresponding

sick call slips that the patients were recommended to fill out as a response to their grievance. Additional research is then needed to see if the patient was scheduled for dental and if they had their dental complaints addressed and treated from the original grievance.

Recommendations:

- Interface Telmate with COREMR for communication and the ability to assess continuity of care.

Peer Review

There continues to not be a peer review performed on Dr. [redacted] nor an established peer review committee, nor any policies and procedures for performing the peer review of the dentist at MCJ.

Recommendations:

- Establish a Peer Review committee to perform a peer review at least once every 6 months on the dentist at MCJ, using dentist peers from other CFMG facilities or hire a contracted Peer Review examiner.
- Peer Review is to be considered confidential. Any deficiencies and the resulting corrective action plan and training are to be noted in the minutes.
  - "Section 1157 of the California Evidence Code provides, in pertinent part, that "[n]either the proceedings nor the records of . . . a peer review body, as defined in Section 805 of the Business and Professions Code, . . . having the responsibility of evaluation and improvement of the quality of care, shall be subject to discovery." Moreover, except as otherwise provided in this section, "no person in attendance at a meeting of any of those committees shall be required to testify as to what transpired at that meeting." This section of the Evidence Code protects peer review records from discovery in a civil action but does not preclude committee members from testifying voluntarily about proceedings of the committee. Therefore, CDA has taken steps to close this loophole by requiring peer review committee members and staff to hold such information in confidence. Thus, it is CDA policy that neither records nor testimony may be provided in a civil action, unless ordered by a court after a hearing has been held concerning the protection afforded by this section."[9]
- Create a peer review audit tool/worksheet to be completed for each selected dental chart. A minimum of 10 charts are to be pulled at random for the most recent 6 month period and will include charts relating to Examination and

[9] https://www.cda.org/Portals/0/pdfs/peer_review/cda_pr_manual.pdf

Diagnosis (Annual exam and Triages), Restorative, Oral Surgery and Periodontal Treatment.

- The audit tool is to include at a minimum, the following sections:
  - Health History
    - Is the medical history and review of problem list signed by both the patient and the dentist and noted in the progress notes?
    - Are allergies, vitals, review of labs if indicated, reviewed and noted?
  - Consent
    - Is a general consent for examination, x-rays, palliative and restorative care signed, witnessed and dated?
    - Is there an extraction consent form with all pertinent information relating to the extraction signed, witnessed and dated, when applicable.
  - Clinical Examination
    - Are objective findings/diagnostic assessments performed (i.e. swelling, pain to cold and/or hot, pain to percussion, palpation, fever, blood pressure)
    - Is the soft and hard tissues and intra-oral exam completed and noted
    - Are periodontal measurements; (i.e., probing depths, recession, furcations, bleeding on probing), performed and charted during a periodontal examination as part of the comprehensive exam completed, signed and dated and properly charted on an appropriate form either in a paper form or in an electronic version as found in a dental software?
    - Is the oral cavity charting complete, on the appropriate form, for either a comprehensive examination and/or for episodic care?
    - Is a current Dental Materials Fact Sheet given to the patient and a signed and dated acknowledgement in the chart?
  - Radiographs
    - Are radiographs of diagnostic quality, mounted correctly, labeled with correct patient name, DOB, booking number, date, tooth number, clinic?
    - Are the radiographs present for the condition being evaluated; i.e., Full Mouth Series/FMX and panoramic x-ray for comprehensive exam; PA(s) and BWX(s), pano if indicated, for a triage exam?
    - Are the radiographs of archival quality?
  - Diagnosis
    - Is diagnosis noted and supported by objective findings?
    - Is a periodontal diagnosis also included as identified during the comprehensive oral examination?
    - Is a differential diagnosis present if applicable?
  - Treatment Plan

- Is a written treatment plan dated, sequenced/phased and logical and reviewed with the patient?
- Is a DPC code included in each treatment planned item?
- Ia a completed treatments noted in the progress notes, marked and dated on the dental treatment plan?
- Is a change in the treatment plan charted and noted appropriately?

- Continuity of Care
  - Is the patient seen within timeframe mandated by the implementation plan?
  - Is an appropriate referral performed if applicable?
  - Is the patient scheduled and seen in dental, the following dental day after the patient's encounter with the outside specialist?
  - Is the discussion of risks, benefits, alternatives and consequences of the importance of following through, or not going through, with the patient's dental treatment plan noted in the progress notes?
- Progress Notes
  - Is the progress noted in a SOAPE format?
  - Is there an entry identifying the reason for the visit, or why patient is not here for the visit, for every scheduled patient, regardless if they are out to court, not in custody, rescheduled, refused, out to medical, sick, etc?
  - Is the health history reviewed, with any allergies, any significant condition such as the need for premedication flagged in the chart and written in the progress notes?
  - If pt needs to be premeditated, is the reason, type and amount of premedication given, noted in the progress notes?
  - Is there a consent on file and or listed in the progress notes?
  - Is the tooth number, area to be addressed and/or location of the problem noted?
  - Do the progress notes reflect which x-rays were taken and that the radiographs are reviewed and interpreted?
  - Are the objective findings noted appropriately?
  - Is the diagnosis supported by the objective findings?
  - Is the plan appropriated for the diagnosis?
  - When local anesthesia given, is the type and amount of anesthesia used noted in the progress notes?
  - Is the type of material is used indicated?
  - If there are any complications during the procedure, and/or if follow up appointments are necessary, is this indicated?
  - Was a time out protocol performed and noted?

- Was a prescription indicated, if so, what is the type, amount and duration of the medication prescribed?
- Is the next visit listed?
- Is the education which the patient received, noted in the E portion of the SOAPE note, i.e. was the patient given oral hygiene instruction, were both verbal and written post op instructions given and noted?
- Is there a documented discussion with the patient regarding the diagnosis and the proposed treatment noted and the acceptance of the treatment?
- Is the progress note legible, with printed name, signature and credentials of the clinician included?

- Quality of Care
  - Does "the degree to which healthcare services for individuals.....increase the likelihood of desired health outcomes and are consistent with current professional knowledge"?[10]
- Outcome of Treatment
  - Is the chief complaint addressed and is the condition resolved / improved?

- Submit the peer review minutes to the monthly Dental Subcommittee. Do not include the confidential audit tool worksheets but do include in the minutes if there are any deficiencies and what if any training were given, If no peer review was conducted that month, then state this information in the Peer Review minutes.
- Have the written policy and procedure and Peer Review system in place and operational by October 1st.

Monthly Dental Subcommittee

There are currently no monthly dental meetings occurring in the dental department at MCJ. The purpose is to involve the Dentist, Dental Assistant, administrative staff who assist in dental, Custody, Pharmacy, Medical, your Program Manager, the Implementation Plan Administrator and anyone else deemed necessary to collaborate on ongoing issues the dental department is trying to solve. The meeting minutes of the Dental Subcommittee should reflect each agenda topic with the discussion and conclusion of the agenda topic clearly outlined.

Recommendations:

[10] http://www.ada.org/~/media/ADA/Science%20and%20Research/Files/DQA_2016_Quality_Measurement_in_Dentistry_Guidebook.pdf?la=en, page 4

- The meeting minutes of each monthly Dental Subcommittee meeting, with any supporting documentation as well as the respective dashboard information is to be submitted to the Quality Assurance (QA) Chair for inclusion in the QA meeting.

- The Dental Subcommittee should address the following agenda topics.
  1. Roll call with member list and sign in sheet
  2. Approval of prior meeting minutes
  3. Open/Pending Action Items
  4. Personnel (Vacancies/Recruitment/Vacation Coverage)
  5. Access to care issues
  6. Timeliness of care issues
  7. Quality of care issues
  8. Continuity of care issues
  9. Regulatory compliance issues (x-ray unit registration, postings, infection control, etc)
  10. Dental grievances, # & resolution
  11. Incidences including dental medication errors, sharps exposure and including the root cause analysis and sentinel events.
  12. Audits & Trainings
  13. Operational Policies and Procedures
  14. Peer Review
  15. Dental Supplies/Dental Equipment
  16. New dental clinic update
  17. Dashboard/Compliance minimum reports (Monthly)
      a. # Hospital admissions due to dental/dental emergency and date seen by dentist for follow up upon patient return.
      b. #Outside specialty referrals (including endodontist, oral surgeon, etc), when patient was seen by the specialist and the date the patient was seen by dentist for next dental day follow up.
      c. # of biopsies & medical consultations, was the patient informed of the outcome of the biopsy and/or consultation and was this documented in the patient progress notes.
      d. # of patients referred from Intake, broken down by Dental Level (DL) 1 and 2 and if they were seen in dental as scheduled.
      e. # of patients referred from 14 Day Exam, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
      f. # of patients referred from Sick Call, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
      g. # of patients scheduled (including hygienist).

h. # of patients seen for their appointment
i. # of patients rescheduled.
j. # of patients refused.
k. # of patients transferred, out to court, out to medical, NIC.
l. # of patients cancelled due to custody.
m. # of comprehensive dental exams (annual exam)
n. # of triages
o. # of dental treatments (i.e. exams, extractions, fillings, periodontal treatment)
p. Of the dental treatments, # seen within DPC timeframe and number seen out of compliance.

18. Other business / open forum / update Action Item List
19. Announce date/time next meeting

Quality Management Meeting Minutes and Power Point

Request for the last 2 quarters of the Quality Assurance minutes with their respective PowerPoint presentations was temporarily declined. Staff requested they contact defendant's counsel for approval to submit both items to this monitor. I have not received the requested QA minutes nor the PowerPoint presentations at this time.

Of the previous minutes received, the QA minutes have lacked content and meaningful data. The dental component of the QA meeting has had little in terms of structure and there have been no ongoing studies conducted to improve quality and quantity of dental care.

Performance data and performance monitoring is a critical element to improving care. Performance measurements are necessary to identify problems and to find their subsequent solutions for continuous improvements.

Recommendations:

- Have available the last 4 most recent QA meeting minutes and their respective PowerPoint presentations for the next dental audit scheduled for November 6 & 7, 2018.
- Effective immediately, implement the monthly Dental Subcommittee and forward the meeting minutes of the Dental Subcommittee to the chair of the QA committee, along with any supporting documentation.
- I recommend a dashboard where the collection of data, including outcome measures, can be easily displayed and referred to upon request.

Conclusions

Both Dr. [redacted] and [redacted] work hard to take care of their inmate-patients and manage their dental clinic, but without the time, help and resources they need for success, they cannot easily achieve substantial compliance.

It is important to set parameters to measure, quantify and improve the quality of the dental program at Monterey County Jail. This must include identifying and correcting issues with compliance, quality of care, timeliness of care, reducing any barriers to access to care, and making sure there is OSHA compliance. It is also important to use the peer review, subcommittee and quality assurance functions to assess the condition of the dental program by performing internal audits to highlight court requirements, standard of care and the health of the dental program.

Per the 2016 Quality Measurement in Dentistry Guidebook[11], they recommend a six point approach to dental care:
"**Timely** — reducing waits and sometimes harmful delays for both those who receive and those who give care.
Effective — providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
Efficient — avoiding waste, including waste of equipment, supplies, ideas, or energy.
Equitable — providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
Patient-centered — providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
Safe — avoiding injuries to patients from the care that is intended to help them."

Due to the ongoing issues mentioned throughout this report, monitoring will continue weekly in the hopes that local and corporate management will themselves address the issues evident in the weekly dental compliance logs which they send to me weekly. I will begin providing detailed reports on each weekly compliance logs and the resulting data, beginning the second week in July 2018. I truly hope another cost effective means of data analysis is found instead. With the advent of the detailed weekly analysis, I may request charts on particular entries found in the compliance logs and may request copies of these chart's dental x-rays as well.

[11] http://www.ada.org/~/media/ADA/Science%20and%20Research/Files/DQA_2016_Quality_Measurement_in_Dentistry_Guidebook.pdf?la=en

Risk Elimination - Correction Action Plan (CAP)

Although it is disappointing that repeat deficiencies prevent MCJ and CFMG from achieving substantial compliance at this time, I am pleased to announce that with the implementation of the EMR, several items that were on my original report, are no longer here. Although there are several factors which continue to affect the quality, access, timelines and continuity of dental care for the inmate-patients incarcerated at MCJ, there also appears to be some improvement towards building a safer and more effective dental program. I believe that MCJ and CFMG, can continue to make significant strides towards improving their dental department.

Any remaining issues discussed in this report and the two previous reports, which are not rectified, will become a CAP item if not resolved by the following 4th Dental Tour.

Exhibit 41

Monterey County Jail

&

California Forensic Medical Group (Now Wellpath)

Dental Neutral Court Monitor – Final Report #4

Dental Tour #4
December 5 - 6, 2018 and Re-Evaluation May 21-22, 2019

Jesse Hernandez et al

v.

County of Monterey;
Monterey County Sheriff's Office;
California Forensic Medical Group, Incorporated

Case No. 5:13-cv-02354-PSG

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Introduction

Purpose and Objective for Dental Tour #4

Purpose: Please refer to the previous reports #1, 2, 3, in order to review the improvements and ongoing challenges continuing to hinder the attainment of substantial compliance for the Dental Department at the Monterey County Jail (MCJ). The purpose for MCJ and California Forensic Medical Group (CFMG), now Wellpath, is to put into practice the recommendations from this and previous reports.

The purpose is for MCJ and Wellpath to self-assess and self-monitor their dental program through data collection and analysis of outcome measures. Recognizing the necessary steps, followed by taking the necessary actions, is the way to achieving and maintaining substantial compliance without oversight.

Objective: Dental compliance monitoring of all aspects of the dental department at MCJ. This includes, at a minimum, adhering to the mandates of the Implementation Plan and Settlement Agreement, focusing on Access to Care, Timeliness of Care, Quality of Care, Chronic Care, and Continuity of Care.

MCJ and Wellpath have implemented the use of an electronic health record (EHR) for medical and mental health to "help providers more effectively diagnose patients, reduce medical errors, and provide safer care. Improving patient and provider interaction and communication as well as health care convenience"[1]. Dental however does not currently have an electronic dental record system (EDRS). See Appendix 7 & 8 for emails regarding and recommending an EDRS.

Rather, there is an excel spreadsheet which is used to track each scheduled dental appointment's dental care metrics. The basic excel spreadsheet, although primordial, does provide a system of measures, capable of tracking some areas of compliance. It also makes it possible to assess the dental department with a format they can use to self-audit themselves and continue to grow and improve their processes. Using an excel spreadsheet to monitor all aspects of the dental program is labor intensive, cumbersome, time consuming, with data dependent on the ability of the staff to enter it.

An EDRS (i.e. Dentrix Enterprise) would provide, among many other attributes, an audit trail, a HIPAA sanctioned program and a way to more precisely and easily track

[1] https://www.healthit.gov/faq/what-are-advantages-electronic-health-records

all aspects of the dental clinical care and metrics at MCJ. An EDRS is the standard of care in the community at large, at the California Department of State Hospitals and in the California Department of Corrections and Rehabilitation (CDCR).

Therefore, included in the objective for MCJ is to commit to an EDRS which will monitor reliably all aspects of the dental clinical care provided at MCJ.

December 5 - 6, 2018 & the Re-evaluation on May 20-21, 2019:

Following the December dental tour, not enough improvement was noted since the previous report #3. Due to the lack of improvement, the following report would have subsequently resulted in another assessment of non-compliance. The objective was then to give the dental program additional time to implement the previous recommendations. Since that tour, we did have some conference calls regarding the improvement and standardization of the excel spreadsheet.

On May 20-21, 2019 we performed a re-evaluation of the dental program. There were improvements noted. Although there was significant pushback during the exit interview in our request for standardization of clinical diagnoses and progress notes, it appears that there is improvement as seen in the June 2019 data. We do recommend additional conference calls to continue improving the consistency and standardization of the data.

Standard of Care - AB109

When AB109 was signed in 2011, eligible inmate/patients (I/Ps) serving longer sentences at California Department of Corrections and Rehabilitation (CDCR), were transferred to the local county jails to finish out the terms of their incarceration. The expectation was, and continues to be, that the standard of care will continue from CDCR to the jail system. Due to the mandates of AB109, the standard of care at MCJ is based not only by the community at large, but also from the level of dental care delivered at CDCR and the California Correctional Health Care Services (CCHCS) Dental Program.

Subsequently, the standard of care becomes based on and is referenced by the current, November 2017 Inmate Dental Services Program (IDSP), and Policies and Procedures (P & Ps). The link to the IDSP Policies and Procedures is provided below:
https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf

Site Overview

The assessments for the quality of the dental care were made primarily through chart reviews and by site visit evaluations. There was limited observation of clinical care directly provided by Dr. [redacted] and [redacted].

No I/Ps were interviewed and no I/Ps were clinically examined during any part of dental tour #4. Please note: we reserve the right to interview and/or clinically evaluate patients at the next dental tour. A total of 30 charts were reviewed using the Implementation Plan parameters spanning May 2018 to June 2019.

Although we attempt to provide a broad overview, each audit tour focuses on a particular aspect of the dental care provided at MCJ. Now that the facility and systems of dental care are better established, the evaluation of the individual parts of each clinical component can be examined more effectively. There are now measurable quantitative and qualitative aspects of each area of dental care ready for review.

In Attendance for Dental Tour #4 - December 5 - 6, 2018

In attendance for both entrance and exit interviews were:

- [redacted], Medical Records Supervisor and Administrative Assistant for CFMG;
- [redacted], Implementation Plan Administrator for CFMG;
- Dr. [redacted], Dentist for CFMG;
- [redacted], Dental Assistant for CFMG;
- Captain Jim Bass, Custody Captain for Monterey County Jail;
- Commander John Thornburg, Professional Standards Commander;
- George McKnight, Director of Operations;
- Dr. Andre G. Metcalf, Dentist;
- Dr. Viviane G. Winthrop, Dental Neutral Court Monitor.

In Attendance for Dental Tour #4 - Re-evaluation May 20-21, 2019

In attendance during the entrance and exit interviews were:

- [redacted], Dental Director, Wellpath. It is my understanding that Dr. [redacted] has been the Dental Director for Wellpath for the past 8 years. Currently and clinically, each dentist at Wellpath reports to him. In the future, he is planning on having 4 Regional Dental Directors to relieve the direct reporting. Administratively, each dentist reports to the local jail's Program Manager.
- [redacted], Implementation Plan Administrator for Wellpath;

- [redacted], RN for Wellpath;
- [redacted], DON Wellpath;
- Dr. [redacted], Dentist for Wellpath;
- [redacted], Dental Assistant for Wellpath;
- Chief Jim Bass, for Monterey County Jail;
- Captain John Thornburg for Monterey County Jail;
- George McKnight, Director of Operations for Wellpath;
- Dr. Andre G. Metcalf, Dentist;
- Dr. Viviane G. Winthrop, Dental Neutral Court Monitor.

MCJ Capacity and the Number of Bookings

- On December 5th, 2018 and May 21st there were 825 and 832 I/Ps respectively.
- Average length of stay was approximately: 30 to 33 days in December 2018 but decreased to 18 days as of May 2019.
- There were 4953 total inmate/patients booked from Jan 1st thru May 21st, 2019.
- Of the average number of I/Ps incarcerated per month, there are approximately 10% to 13% of both sentenced and non-sentenced I/Ps in for longer incarceration terms, with greater than one year remaining on their sentence.
    - Generally, patients with chronic care conditions and those with over one year of incarceration are eligible for comprehensive dental care (as opposed to episodic care which addresses only one issue at a time).
    - For 2019, 34 inmate/patients had received a comprehensive dental exam, which is approximately 32% of this eligible group.
    - I/Ps requesting cleanings through the Periodontal Care Program may require a comprehensive examination to include a full mouth series of x-rays prior to their cleaning in order to provide them with their periodontal diagnosis and subsequent individualized periodontal treatment plan.
    - TracNet, the program used by the Sheriff's Department, now automatically schedules all patients 12 months out for their comprehensive dental care. If the I/Ps are still in the system, they are seen as scheduled. If they have left custody, then their dental appointment falls off the appointment list. <u>This ensures that all patients with over one year of incarceration remaining on their sentence have access to comprehensive dental care.</u>

Anticipated New Dental Facility at MCJ

There is only one operatory being built in the new facility, which includes one (1) dental chair with a dental delivery system. The plumbed system will require an amalgam separator per state and county requirements. As mentioned in the previous report,

having only one dental operatory is prohibitive to having a Dental Hygienist, which is a staffing position recommended in the Implementation Plan. We were informed that the new facility will be in operation by fall of 2019.

Statistical Parameters to Assess for Compliance

Grading parameters:
Substantial Compliance (SC) = 86% - 100%
Partial Compliance (PC) = 75% - 85%
Non-Compliance (NC) = 74% and below

For grading purposes:
SC = a grade of "1" is given on the audit tool when all parameters of the audit question has been fully and completely answered.
PC = a grade of "0.5" is given on the audit tool when one or more areas of the audit tool question is not fully answered.
NC = a grade of 0 is given on the audit tool when the question is not answered.

Weight of each question:
All questions carry equal weight and a total is given following each of the graded sections. A grand total compiling all data is found at the end of the report to establish final compliance measures. An overall compliance score has been determined by the average. Averaging does not take into account individual incidents that is problematic and could be a risk to patient health.

Time Period for Statistical Reports and Chart Review Report #4:
May 2018 - June 2019

Risk Elimination - Corrective Action Plan (CAP)
A CAP is attached to this final report. The CAP is to be addressed with a plan to be in place prior to the next dental tour on January 8th and 9th, 2020.

Time Period to be Measured for Next Planned Dental Audit Tour #5
July, August, September, October, November, December 2019

Proposed Dental Tour for Report #5
January 8-9, 2020

Executive Summary

There have been numerous improvements made by MCJ and Wellpath since the initial baseline examination of the dental clinic. Although the overall assessment remains Non-Compliance, we are happy to report that an assessment of Partial Compliance was obtained for the dental facility audit portion.

Clinically there are multiple improvements as well.

- The diagnoses are more in alignment with the objective findings.
    - The objective findings must substantiate the dental diagnosis / assessment.
- There is routinely a progress note or chart note for every scheduled dental patient.
- Although an electronic dental record system is not in use, the excel spreadsheet's data is more consistently entered and recorded. This increased consistency makes it possible to gather information necessary for monitoring compliance.

There remain several systemic programs yet to be initiated or fully implemented by MCJ and Wellpath. These include but are not limited to:

- A filled Odontogram and assessment for each patient at the 14-day exam, peer review, monthly subcommittee meetings, relevant quality assurance meetings in regards to dental, Wellpath dental policies and procedures and local MCJ policies and procedures.
- Due to the lack of integration of Telmate and TracNet, not all data is visible through CorEMR.
    - Grievances and the nursing evaluation of the 24-hour triage of patient's sick call requests are not easily accessible.

A few of the old issues not yet corrected have been placed in the Corrective Action Plan (CAP) portion of the Risk Elimination, Section VII. It is mandatory that these items are corrected within the timeline stated in the CAP.

The following points were discussed at the exit interview on May 22nd, 2019:

- Per the Dental Practice Act of California, the dentist is responsible for identifying any disease process within the entire x-ray even if the patient presents only for episodic care. The dentist can then inform the patient of the issue and advise the patient to put in a sick call request to address other items not diagnosed at the episodic dental care appointment.
- The x-rays should be of diagnostic quality, which includes capturing the apex of the teeth. This includes capturing the apex of wisdom teeth in x-rays prior to extraction.

  - We continue to recommend purchasing or leasing a panoramic x-ray unit to capture the apex of wisdom teeth used for diagnosis.
- Scan x-ray films into CorEMR.
- Include the Dental Priority Code (DPC) in the chart and in progress notes for each recommended dental procedure.
- In regards to HIPAA compliance and to ensure x-ray accountability, use individual patient charts for comprehensive care patients, include the patient's x-rays and their written treatment plan. Also include the DPC for each diagnosed and proposed procedure.
- To make sure the dental treatment plan is completed, add the treatment plan to the excel spreadsheet and cross it out as it is being completed.
- Be mindful of the right and left arch when charting teeth for extractions, restorations, etc.
- Be mindful of entering the correct dates in the spreadsheet. For example, there were 13 patients incorrectly entered. This will be sent in a separate email for correction.
- We recommend periodontal probings, mobility, attachment loss due to recessions and other periodontal findings as stated in the American Dental Association (ADA), CDT code D0180, to be charted by the dental assistant at the time of the periodontal examination.
- Give a periodontal diagnosis during the comprehensive dental examination[2].
- Give pulpal diagnosis when appropriate during episodic/sick call dental appointments.
- Outside referrals still require further monitoring. Although I still do not have access to the "task list" in COR, it appears a patient was rescheduled on 02-14-19 and 03-04-19 for a tongue biopsy and may not have received the care prior to paroling.
- Dental Level (DL) 1 & 2 are not consistently identified by nursing at the time of triage. This necessitates the Dental Assistant (DA) place a DL 1 which affects their statistics.
  - DL 1 patients for Intake, 14-Day Exam and Sick Call were not routinely seen as scheduled.
- Chronic care patients should be referred to dental at the time of the physician's evaluation for chronic care problems (on the 7th day following booking) for HIV, Diabetes, Seizures and Pregnancy.
  - These patients are to be seen for comprehensive dental examinations within 90 days from the date of referral.

[2] https://www.perio.org/2017wwdc?_ga=2.9518838.291147220.1566148308-654512126.1566148308 https://www.perio.org/sites/default/files/files/2017%20World%20Workshop%20on%20Disease%20Classification%20FAQs.pdf

  - During the December 2018 audit there was one pregnant patient and two during the May 2019 audit. None of these patients were referred to dental for a comprehensive dental examination. Studies show, lack of good oral hygiene with periodontal disease can affect the unborn fetus and cause a low birth weight baby.[3]
- Requests locks on the dental cabinet. The fire cabinet should house flammable materials and currently pharmaceuticals are stored in that cabinet. Update – this was completed on May 21st.
- Every scheduled appointment requires an entry in the progress note or in the chart note 100% of the time. Update – as of June 2019 this appears to be consistently done now! Excellent! Please continue this practice.
- A DPC must be assigned to every recommended treatment planned procedure.
- The "problem list" in CorEMR is not always accurate and some medical conditions are not consolidated into this area. I understand that this has been a work in progress and will be evaluated more thoroughly at the next audit.

Lastly, this audit for report #4 also evaluated the need for an EDRS. Dentrix Enterprise continues to be recommended. It is the system used by CDCR and has already been converted for use in a correctional setting. It can track and monitor treatment plans needing to be completed, according to the patient's Dental Priority Code (DPC).

Please see Appendix 7 for an email regarding the proposed EDRS. Additionally, the current excel spreadsheet still has potential for failure as there is no audit trail and no mechanisms against data corruption. See Appendix 8 for additional reasons an electronic dental record system is necessary to comply with the standard of care.

Although data entry rests on the staff, there are failsafe's in an EDRS. Lack of specificity can be caught earlier and can prevent it from affecting the data, vs using the spreadsheet which does not have failsafe measures, nor an audit trail.

Inaccuracies in the date, for example as when a patient is rescheduled and a procedure is listed as completed in column S & T of the spreadsheet, creates inconsistent data. In this case, the comprehensive exam is shown as completed when in fact the appointment was rescheduled and therefore the exam was not completed.

[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3941365/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5075444/

Another example that can easily happen with lack of specificity in the spreadsheet is regarding duplicate patients. For example, the patients were listed as having been seen on 05/09/18, but were actually seen on 09/05/18. An EDRS would not allow this type of error. Also, an EDRS would question scheduling 33 patients on 05/09/18 yet this is what the spreadsheet reflected. Additionally, the EDRS would not let the entry happen in the log for a day four months in advance.

Therefore, I continue to recommend an EDRS such as Dentrix Enterprise, due to the multiple internal controls capable of organizing and monitoring the administrative and clinical needs of each patient's dental encounter. Just as there is an electronic health record for medical and mental health, an electronic dental record system is an equally important tool for making sure every patient has access to care, receives timeliness of care, quality of care and continuity of care.

Summary of Findings – Dental Tour #4

Section	SC, PC, NC or N/A	% Compliant	Comments
I - Access to Care	Non-Compliance (NC)	47.7%	17 questions, 4 NA, 13 usable questions dental tour #4. See Appendix #1
II - Timeliness of Care	Partial Compliance (PC)	77.3%	14 questions, 2 NA and 12 usable this tour. See Appendix 2
III - Quality of Care	Non-Compliance	43.8%	See Appendix 3
IV - Infection Control and Regulatory Compliance	Partial Compliance (PC)	79.3%	59.5 points/75 questions. See Appendix 4.
V - Dental Program Management	Non-Compliance (NC)	41.7%	5/12 questions. See Appendix 5.
OVERALL TOTAL	Non-Compliance	58%	

Section I. Access to Care

Dental uses *two* main systems for monitoring compliance with access to care and timeliness of care. For access to care, the nurses who triage a patient at the time of Intake, 14-Day Exam or Sick Call, will use the Dental Level (DL) to assess the patient's severity of his/her dental problem(s). The DL assessment is used to refer the patient to the dental clinic within a prescribed time period as explained in the section below. Dental Levels are also used as the basis for identifying if patients were seen as scheduled in the dental clinic.

Outcome (Audit too) questions are numbered for each section. See Appendix.

Dental Levels (DL)

Dental Levels are provided by the nursing staff following an assessment of the inmate/patient's reported dental problem at the time of Intake, 14-Day Exam and Sick Call, as well as during a patient's physician visit where a dental problem can also be reported. The DL1 and DL2 classification are then used to appropriately schedule the patient with the dentist.

DL 1 – Scheduled for the next dental day – urgent/emergent problem
DL 2 – Scheduled within 14 calendar days – non-urgent problem

Dental Priority System (DPC)

The second system for monitoring compliance is used to assess timeliness of care. The Dental Priority Code (DPC) is assigned by the dentist. (Nursing staff assign a DL). This information is placed in the access to care section so that one can understand the difference between a DL and a DPC, whenever a patient is assessed for a dental problem.

Once the patient has been scheduled in dental by nursing staff using a DL, the dentist will assess/triage the patient in the dental clinic. This is done by taking an x-ray and performing a limited examination (episodic care) or a comprehensive dental examination (comprehensive care) if/when appropriate.

The dentist will then provide a diagnosis with a recommended dental treatment. The recommended treatment is placed on the treatment plan. Then a DPC is issued to assist the dentist in denoting the urgency and timeline of a particular treatment, making sure the I/P's are seen in a clinically responsible period of time. This is done to alleviate the patient's pain and/or address their dental problems.

For Episodic & Comprehensive Dental Care

DPC	Triage/Treatment	Time
Immediate	Emergency Care	To be treated Immediately
DPC 1A	Treatment within 1 calendar day/24 hours	Emergent
DPC 1B	Treatment within 30 calendar days	Urgent
DPC 1C	Treatment within 60 calendar days	Unusual hard/soft tissue pathology
DPC 2	Treatment within 120 calendar days	Interceptive Care
DPC 4	Comprehensive dental treatment is completed	Patient is on periodic/annual recall exam schedule
DPC 5	Special needs care or referrals	Referral to Outside Specialist

In addition to all of Dr. [redacted] other duties, he is relegated to scheduling his own patients per the DPC he assigns them. This should be done by an ancillary staff who should schedule the I/Ps preferably at the halfway point of the assigned DPC.

Intake

Outcome #1:

Is the Dental Section of the Intake Form completely filled out at the time of Intake and is a dental referral completed when appropriate?

Note that the intake form is congruent with the EMR's intake form.

Intake	904	221	491	968	865	407	541	818	389	459	Total	%
Score	0	0	0	0	0	1	1	1	0	0.5	3.5/10	35%
Comments: The questions are "Dental problem, Pain, Pain scale, Caries, Dentures, Comments, Special diet". There are many blanks. 968 info filled out, states dental pain but no referral to dental. 459 sick call one month later, "hopeless" tooth but caries not indicated on form.												

Outcome #2:

Of the Dental Level 1 (DL1) patients referred to Dental from Intake, were they scheduled within the DL1 parameters? (Next Dental Day)

Note that in the EMR, cannot tell if the patient is a Dental Level 1 or 2 unless the RN places the information in the appointment notes and in the log. It will be an automatic failure if the DL1 or DL2 is not listed in the appointment as it will be difficult to determine compliance in each case.

Month	Total # of Dental Days Per Month	# Patients Scheduled	# Intake DL1 - Total	# Intake DL1 - Seen on Time	# Intake DL1 - Not Seen on Time	% Intake Compliance DL 1 Scheduling Seen on Time
2018-05	15	241	9	5	4	56
2018-06	11	172	2	0	2	0
2018-07	12	182	5	4	1	80
2018-08	14	207	27	16	11	59
2018-09	12	208	11	7	4	64
2018-10	14	185	10	6	4	60
2018-11	12	174	9	4	5	44
2018-12	11	148	6	2	4	33
2019-01	15	181	3	3	0	100
2019-02	11	163	2	2	0	100
2019-03	12	155	4	3	1	75
2019-04	13	191	4	1	3	25
2019-05	14	180	3	0	3	0
2019-06	11	161	0	0	0	NA
TOTAL	177	2548	95	53	42	55.8%

Outcome #3:
Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL2 parameters? (14 days)
Note that in the EMR, cannot tell if the patient is a Dental Level 1 or 2 unless the RN places the information in the appointment notes and in the log. It will be an automatic failure if the DL1 or DL2 is not listed in the appointment as it will be difficult to determine compliance in each case.

Description	Total # of Dental Days	# Patients Scheduled	# Intake DL2 - Total	# Intake DL2 - Seen on Time	# Intake DL2 - Not	% Intake Compliance DL 2

	Per Month				Seen on Time	Scheduling Seen on Time
2018-05	**15**	**241**	**15**	**13**	**2**	**87**
2018-06	**11**	**172**	**5**	**5**	**0**	**100**
2018-07	**12**	**182**	**11**	**11**	**0**	**100**
2018-08	**14**	**207**	**7**	**7**	**0**	**100**
2018-09	**12**	**208**	**8**	**8**	**0**	**100**
2018-10	**14**	**185**	**8**	**7**	**1**	**88**
2018-11	**12**	**174**	**5**	**5**	**0**	**100**
2018-12	**11**	**148**	**5**	**5**	**0**	**100**
2019-01	**15**	**181**	**8**	**8**	**0**	**100**
2019-02	**11**	**163**	**5**	**4**	**1**	**80**
2019-03	**12**	**155**	**2**	**2**	**0**	**100**
2019-04	**13**	**191**	**6**	**5**	**1**	**83**
2019-05	**14**	**180**	**10**	**3**	**7**	**30**
2019-06	**11**	**161**	**3**	**3**	**0**	**100**
TOTAL	177	2548	98	86	13	87.8%

14 Day Exam:

Health Inventory & Communicable Disease Screening (HICDS)

The HICDS (14-Day Exam) is to be completed within 14 days of booking. As with Intake, the RN at the 14-Day Exam identifies any I/P's urgent/emergent dental conditions as a Dental Level 1. Dental Level 2 or non-urgent/emergent dental conditions are seen within 14 calendar days.

Per the Implementation Plan, *"Screening for all inmates: A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings; perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. All screening findings will be documented on the health inventory form including the odontogram. Follow up referral and/or consultation with onsite or on call medical provider and /or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation".*

Outcome #4: Measured as one question.

a. Was the Health Inventory & Communicable Disease Screening (14 Day Exam) completed within 14 days of booking?

b. Per the Implementation Plan A & A.2., was the general condition of the patient's condition noted in the Dental Section of the form?

- Dentition,
- Missing or broken teeth,
- Evidence of gingival disease,
- Mucosal lesions,
- Trauma,
- Infection,
- Facial swelling,
- Exudate production,
- Difficulty swallowing, chewing and/or other functional impairment

c. Was the Odontogram completely filled out?

14 Day	904	221	491	968	865	407	541	818	389	459	Total	%
	0	0	0	0	0	0	0	0	0	0	0/10	0%
• 14-Day Exam has not routinely been filled out within 14 days of booking. • The form is not completely filled out per the Implementation Plan. • There is no area on the form to answer the Implementation screening question. • There is no Odontogram in COR to be filled out for each patient encounter.												

Outcome #5:

Was "Dental Sick Call" on the 14-Day Exam form checked if appropriate and was the referral to Dental completed and scheduled per the Dental Level assignment?

Refer to DDS	904	221	491	968	865	407	541	818	389	459	Total	%
	0	0	0	0	0	0	0	0	0	0	0/10	0%
Unable to determine if the Dental Sick Call should be checked because there is no information relating to dental at the 14-Day exam per the Implementation Plan and no odontogram.												

Outcome #6:
Of the Dental Level 1 patients referred to Dental from the 14-Day Exam, were they scheduled within the DL1 parameters? (Next dental day)

Description	Total # of Dental Days Per Month	# Patients Scheduled	# 14 Day Exam DL1 - Total	# 14 Day Exam DL1 - Seen on Time	# 14 Day Exam DL1 - Not Seen on Time	% 14 Day Exam Compliance to DL 1 Seen on Time
2018-05	**15**	**241**	**5**	**2**	**3**	**40**
2018-06	**11**	**172**	**0**	**0**	**0**	**NA**
2018-07	**12**	**182**	**0**	**0**	**0**	**NA**
2018-08	**14**	**207**	**8**	**2**	**6**	**25**
2018-09	**12**	**208**	**0**	**0**	**0**	**NA**
2018-10	**14**	**185**	**4**	**3**	**1**	**75**
2018-11	**12**	**174**	**0**	**0**	**0**	**NA**
2018-12	**11**	**148**	**0**	**0**	**0**	**NA**
2019-01	**15**	**181**	**0**	**0**	**0**	**NA**
2019-02	**11**	**163**	**0**	**0**	**0**	**NA**
2019-03	**12**	**155**	**3**	**2**	**1**	**67**
2019-04	**13**	**191**	**0**	**0**	**0**	**NA**
2019-05	**14**	**180**	**8**	**6**	**2**	**75**
2019-06	**11**	**161**	**2**	**2**	**0**	**100**
TOTAL	177	2548	30	17	13	***56.7%

***Please note that there were no Dental Level 1s in Nov and Dec 2018, as well as Jan, Feb and Apr 2019. Although I gave these an NA, there should have been 14 Day Exams performed and a zero score should have been given which would have lowered the score further. Please have the 14 Day Exams completed for each booked patient. Please make sure that if there are dental problems i.e. grossly decayed teeth, pain, etc., have the patient referred to dental with the appropriate DL.

Outcome #7:
Of the Dental Level 2 patients referred to Dental from the 14-Day Exam, were they scheduled within the DL2 parameters? (Within 14 days)

Date of Monthly Totals	Total # of Dental Days Per Month	# Patients Scheduled	# 14 Day Exam DL2 - Total	# 14 Day Exam DL2 - Seen on Time	# 14 Day Exam DL2 - Not Seen on Time	% 14 Day Exam Compliance to DL 2 Scheduling
2018-05	**15**	**241**	**10**	**10**	**0**	**100**
2018-06	**11**	**172**	**1**	**1**	**0**	**100**
2018-07	**12**	**182**	**1**	**1**	**0**	**100**
2018-08	**14**	**207**	**5**	**5**	**0**	**100**
2018-09	**12**	**208**	**0**	**0**	**0**	**NA**
2018-10	**14**	**185**	**1**	**1**	**0**	**100**
2018-11	**12**	**174**	**3**	**3**	**0**	**100**
2018-12	**11**	**148**	**1**	**1**	**0**	**100**
2019-01	**15**	**181**	**0**	**0**	**0**	**NA**
2019-02	**11**	**163**	**0**	**0**	**0**	**NA**
2019-03	**12**	**155**	**0**	**0**	**0**	**NA**
2019-04	**13**	**191**	**0**	**0**	**0**	**NA**
2019-05	**14**	**180**	**10**	**10**	**0**	**100**
2019-06	**11**	**161**	**6**	**6**	**0**	**100**
TOTAL	177	2548	38	38	0	***100%

***There were no Dental Level 2s for 14-Day Exam for Sept 2018 and Jan-Apr 2019. Although I gave these an NA, there should have been 14 Day Exams performed and a zero score should have been given which would have lowered the score further. Please have the 14 Day Exams completed for each patient._Please make sure that if there are dental problems i.e. grossly decayed teeth, pain, etc., have the patient referred to dental with the appropriate DL.

Sick Call

Inmate/patients use the sick call process to request dental services. MCJ uses Telmate to process the sick call requests. We do not have direct access to this system; therefore, it is unknown at this time if the sick calls are processed within 24 hours. Following the nurse review, the dental sick call requests are then scheduled for nurse triage into CorEMR. The nurse then triages the dental sick call requests and assigns them a DL1 or DL2.

Outcome #8:
Were Dental Sick Calls addressed by Nursing within 24 hours of Dental compliant?
Note: *Telmate system tracks this area of compliance and there is no communication with COREMR at this point.*

Refer to DDS	904	221	491	968	865	407	541	818	389	459	Total	%
	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0/10	NA
Unable to determine fully at this time, as we do not have direct access to Telmate. Ideally this data should be entered into the dental Excel spreadsheet for comprehensive review. Will track this during the next audit.												

Outcome #9:
Of the Dental Level 1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next Dental Day)

Date of Monthly Totals	Total # of Dental Days Per Month	# Patients Scheduled	# Sick Call DL1 - Total	# Sick Call DL1 - Seen on Time	# Sick Call DL1 - Not Seen on Time	% Sick Call Compliance DL 1 Scheduling Seen on Time
2018-05	15	241	42	16	26	38
2018-06	11	172	59	27	32	46
2018-07	12	182	70	30	40	43
2018-08	14	207	83	32	52	39
2018-09	12	208	87	27	60	31
2018-10	14	185	55	29	34	53
2018-11	12	174	71	24	47	34
2018-12	11	148	28	15	13	54

2019-01	**15**	**181**	**81**	**40**	**41**	**49**
2019-02	**11**	**163**	**73**	**29**	**44**	**40**
2019-03	**12**	**155**	**66**	**26**	**40**	**39**
2019-04	**13**	**191**	**86**	**30**	**56**	**35**
2019-05	**14**	**180**	**59**	**20**	**39**	**34**
2019-06	**11**	**161**	**29**	**14**	**15**	**48**
TOTAL	177	2548	889	359	539	40.4%

All months were non-compliant to DL 1 scheduling for dental sick calls. This may be due to several factors, such as:

- Are nursing staff triaging correctly for urgent/emergent issue versus non-urgent issues?
- Does dental need to provide nursing staff need to be their schedule so as to make sure the patients are scheduled within DL parameters?
- Is there not enough dental staff to accommodate DL1 urgent/emergent issues?

Outcome #10:
Of the Dental Level 2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 calendar days).

Date of Monthly Totals	Total # of Dental Days Per Month	# Patients Scheduled	# Sick Call DL2 - Total	# Sick Call DL2 - Seen on Time	# Sick Call DL2 - Not Seen on Time	% Sick Call Compliance DL 2 Scheduling Seen on Time
2018-05	**15**	**241**	**104**	**98**	**6**	**94**
2018-06	**11**	**172**	**61**	**58**	**3**	**95**
2018-07	**12**	**182**	**52**	**52**	**0**	**100**
2018-08	**14**	**207**	**31**	**29**	**2**	**94**
2018-09	**12**	**208**	**34**	**28**	**6**	**82**
2018-10	**14**	**185**	**52**	**52**	**0**	**100**
2018-11	**12**	**174**	**38**	**37**	**1**	**97**
2018-12	**11**	**148**	**51**	**47**	**4**	**92**
2019-01	**15**	**181**	**49**	**45**	**4**	**92**
2019-02	**11**	**163**	**36**	**35**	**1**	**97**
2019-03	**12**	**155**	**18**	**18**	**0**	**100**

2019-04	**13**	**191**	**51**	**47**	**4**	**92**
2019-05	**14**	**180**	**42**	**42**	**0**	**100**
2019-06	**11**	**161**	**57**	**52**	**5**	**91**
TOTAL	177	2548	676	640	36	94.7%

Specialty Care Referrals / Outside Specialists

It is noted that Dr. [redacted] brings extensive oral surgery experience to the Dental Program at the Monterey County Jail. Due to this factor, fewer outside specialty referrals are made to the oral surgeon, saving the county financially, including transportation costs.

Outcome #11:
Were the I/Ps who were referred to an outside specialist, seen by the specialist within 30 days of referral?

#11	**927**	**171**	**898**	**491**	**012**	**089**	**505**	**647**	**338**	**926**	**Total**	**%**
	0	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**1**	**2/10**	**20%**
There were 3 inmate/patients during this time period who were returned from Specialty Care.												

Outcome #12:
Were the I/Ps who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist?

#12	**927**	**171**	**898**	**491**	**012**	**089**	**505**	**647**	**338**	**926**	**Total**	**%**
	0	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**1**	**3/10**	**30%**

Outcome #13:
For those I/Ps listed above, was the report available to be reviewed by the dentist for the follow up appointment?

#13	**927**	**171**	**898**	**491**	**012**	**089**	**505**	**647**	**338**	**926**	**Total**	**%**
	NA	**NA**	**NA**	**NA**	**1**	**NA**	**NA**	**1**	**NA**	**1**	**3/3**	**100%**

Chronic Care Referrals to Dental

Outcome #14: NC

Are patients with chronic care problems (Diabetes, HIV, Seizures, Pregnancy) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination? **We spoke with Dr. [redacted] who stated he will begin referring these patients to dental from the date of the May 2019 re-evaluation.**

Comprehensive vs Episodic Dental Care

Outcome #15: NA. Not measured, therefore NA for this report. To be reviewed at the next audit.

Please note that not all clinical outcome measures could be fully and logistically tracked until after the re-evaluation tour on May 20-12, 2019, i.e., initiated and completed dental treatment plans are now being tracked more effectively from the excel spreadsheet. Dental staff list all treatment plan and corresponding DPC from the date of the initial comprehensive care and then cross out what has been completed. The remaining treatment plan items are shown for the next set of appointments.

Periodontal Program / Cleaning

Outcome #16: Not measured, therefore NA for this report. To be reviewed at next audit.

Note: when a patient requests a cleaning, from which they are entitled to according to the Implementation Plan, the dentist cannot perform a cleaning without fully diagnosing the patient's periodontal (gum and surrounding bone) condition.

Therefore, the dentist must perform a comprehensive dental examination, take a full set of x-rays and perform the periodontal examination. The periodontal examination includes gingival probe readings and charting of recession, attachment loss and furcation involvement.

Grievances

Outcome #17: Were the grievances handled within guidelines? NA.

Not measured completely, therefore NA for this report. To be reviewed with patient follow-up at the next audit.

Also see Dental Program Management, Section V.

Telmate system tracks this area of compliance and there is currently no communication with CorEMR. During the December 2018 dental tour, it was found that grievances for

all disciplines were together. When searching for dental grievances specifically, key words had to be used to differentiate them from other disciplines.

As of the May re-evaluation dental tour, it appears that the dental grievances are now divided between dental, medical and mental health. After eliminating duplicates, there were approximately 32 grievances. Then the next phase was to differentiate between true grievances and those who were requesting dental services.

There was an improvement during the May 2019 re-evaluation as the grievances are to be differentiated by disciple. Therefore, this area will be more fully reviewed during the next tour to provide a more complete assessment.

Chart Review – Sample of Continued Issues

DATE	CHART NOTE for #[redacted]	COMMENT
04/16/2019	Booked on this day. Intake form completed by RN.	Intake form reports "Dental Problems" – Yes". States broken teeth right side bottom. Dental pain – No but a pain scale of 4/10 reported. Caries reported. States patient not on a special diet. **Referral to dental not checked but it should have been, with a DL2 assigned.**
04/26/2019	It states on the task that the 14 Day Health Appraisal was completed but there is no form available for viewing.	The form is not available for viewing. Where can I find this 14-Day Exam form if it is not the Initial Health History. See below, the Initial Health History form which was completed on 05/21/2019.
04/30/2019	14 Day Exam should be completed by 04/30/2019.	Completed on 5/21/2019. Did not meet 14-day exam mandate. **There is no dental section, no Odontogram and none of the mandated Implementation questions documented at the Initial Health History and dental not checked at the end of the form even though during Intake it was reported that patient had dental problems and some dental pain and**

		caries. Patient was seen in dental for a sick call on 05/09/2019. **The lack of a dental portion and the lack of dental review of the patient's dental condition is a barrier to care.**
05/06/2019	Nursing triage for dental sick call request.	Unable to visualize when the sick call request was entered into Telmate. **Therefore, unable to verify if patient's sick call request was triaged by nursing within 24 hours.**
05/09/2019	Teeth pain #28, 29, 32. Necrotic pulps w/ remaining root and periapical lesion #32. DPC 1C given.	**Not seen within DL1 parameters.** Patient should have been seen in dental on 05/07/2019. Dentist gave patient recommendation of extraction #28, 29, 32 and also a DPC of 1C. This was found in the progress notes and easily available for review. For a DPC of 1C, the patient should have teeth extracted within 60 days, which is before 07/07/2019.
05/29/2019	Seen by nursing for 05-29-2019 0000 **Access:** **Note:** PT IS SCHEDULED TO SEE THE DENTIST, RENEWED IBUPROFEN TO COVER PT UNTIL DENTAL APPT. **Related Problems** (none)	Patient scheduled for 06/06/2019 with dental.
06/06/2019	Pt refused DSC extractions 28,29 and 32 chairside. Refusal signed and scanned.	Refusal form filled out and scanned. Initialed by dentist on line where description is refused but not on witness line. Progress note or chart note does not have details of what specifically was discussed at the informed refusal discussion in regards to the extractions of the above mentioned teeth.
06/09/2019	"Pt states she has a dental abscess" (rescheduled) by RN.	Auditor not given access to task notes. Assuming that this is from another sick call slip? No referral to dental.

06/10/2019	**Author:** RN [redacted] **Highlight Note?:** No **Date:** 06-10-2019 0000 **Related Problems** **Access:** **Note:** Rescheduled Appointment (none)	Rescheduled by RN. Is this the nursing appointment from the above reported dental abscess? No referral to dental.
06/11/2019	**Author:** RN [redacted] **Highlight Note?:** No **Date:** 06-11-2019 0000 **Related Problems** **Access:** **Note:** Rescheduled Appointment (none)	Rescheduled by RN for reported dental abscess. No referral to dental.
06/12/2019	Sick call dental form completed by RN. Patient given a	06/09/19 was original request by patient. Form and patient not seen until 06/12/2019 where a referral to dental was done and patient scheduled with dental on 06/13/2019.
06/13/2019	Patient states she wants prophylactic antibiotics, Rx given.	No objective findings noted in SOAPE although RN form for dental on 06/12/2019 states "swollen gums, right lower". No evaluation in SOAPE if extraoral or intra oral swelling present. No lymphadenopathy stated in RN evaluation.
06/26/2019	Chart note: Refused DSC today.	Refusal form for refusal of extraction #28, 29,32 signed by patient and dental assistant. Dentist initialed adjacent to dental assistant but not on witness line. This appears to be a cellside refusal with the dental assistant going Cellside to obtain refusal. Dental assistant not licensed to provide informed refusal, nor licensed to discuss risks, benefits, alternatives and consequences of refusing the extractions of #28, 29, 32.

07/19/2019	Task: Severe pain left lower, dental area of decay (Completed). Task: K-P Worker: Severe pain/swelling left face to left ear, thinks dental, severe to (completed).	Unable to account fully as do not have access to "Tasks", however patient not seen in dental until 07/24/2019. No referral to dental appears to have been completed. Dental was open on 07/19/2019.
07/20/2019	**Author:** RN [redacted] **Highlight Note?:**No **Date:** 07-20-2019 1000 **Access:** This note is for Medical Staff only **Note:** PT CONCERNED C SWELLING LT LOWER JAW. AREA NOTEABLY SWOLLEN. MED TX IN PLACE. AIRWAY-INTACT.RESP EVEN, NL. EDUCATED ABOUT ABX THERAPY. INST TO CALL IMMED FOR CHANGE IN STATUS. VERBALIZES UNDERSTANDING. DENIES ALL OTHER NEEDS/COMPLAINTS. **Related Problems** (none)	Pt prescribed antibiotic and analgesic.
07/24/2019	Left lower #20. Diagnosed with necrotic pulp. Pt informed of interproximal decay and treatment recommendation of tooth #21. Nv is extraction #20 1B	Dentist is responsible to advise patient of other areas on the x-ray that will require diagnosis. This was documented for adjacent tooth #21. Patient was given a DPC of 1B for #20, the patient is to have tooth extracted before 08/24/2019.
08/01/2019	Extraction #20 completed.	Extraction of tooth #20 was completed within DPC timeframe. Suggest a time out protocol be initiated and documented prior to extractions.
08/15/2019	Patient released.	

Section II. Timeliness of Care

The table of data and percentages below are a composite view of the various "no show" reasons patients were not seen as scheduled. The goal is for patients to be seen as scheduled over 85% of the time to achieve substantial compliance. Small changes can make this portion of the audit attainable.

Also, please see Section I, Access to Care as it relates to the DPC. Each item in the dental treatment plans must be listed with a corresponding DPC so it is clear if treatment was completed within timeframe, is still open, or truly refused. This information must be relayed into the excel spreadsheet as well so monitoring guidelines for comprehensive care can be completed. As of May 2019, this is now routinely accomplished but is still dependent on [redacted] to enter the data in several places.

Dentrix Enterprise can calculate this automatically and can tell the auditor and clinician in real time who is or isn't in compliance and who needs to be scheduled immediately to achieve compliance.

Refusals, Reschedules and other Broken Appointments

Outlined in report #3 are several refusal recommendations. An example of things to include are specific treatments being refused on the refusal form. By doing this, all who review the chart and the form are clear what is refused. This is now occurring more routinely and is an improvement as compared to December's evaluation.

It is also important that an individualized discussion of risks, benefits, alternatives and consequences are discussed with the patient and listed on the refusal form or in the progress note. It is also recommended that policies and procedures are in place to address how refusals are obtained. The policy and procedure should include the following: the dentist's responsibility in obtaining the refusal if the patient refuses at his/her cell and is unwilling to come to dental.

Ideally, and for best practices, it is best for refusals (chairside and cellside combined) and reschedules to be under 10% and 5% respectively.

In regard to reschedules, you will see an improvement from 2017 where on occasion 50 patients were scheduled for one dental day. The data shows that an average of 10.6 patients are seen per day for triage and treatment.

Unfortunately, the dental staff appeared to be unaware of the scheduled arrival of the dental audit team for both dental tour #4 in December 2018 and the re-evaluation in May 2019. This caused an increase in the number of rescheduled patients. Otherwise, patients were generally seen as scheduled more routinely than last year.

Timeliness of Care – Data

Date	Total # of Dental Days Per Month	# Patients Scheduled	# Patients Seen	# OTC	# OTM	# Refusals - Cellside	# Refusals - Chairside	# Rescheduled by Dental	# Not Seen Due To Custody	# Not Seen Due To NIC	Other
May 2018 Totals	15	241	168	17	4	45	0	1	0	6	0
June 2018 Totals	11	172	135	8	0	23	0	2	0	2	2
July 2018 Totals	12	182	152	1	0	21	0	4	0	3	1
August 2018 Totals	14	207	151	4	0	38	0	10	0	4	1
September 2018 Totals	12	208	146	9	2	26	0	14	4	1	6
October 2018 Totals	14	185	140	2	0	36	1	5	0	0	1
November 2018 Totals	12	174	112	5	0	19	0	16	1	1	1
December 2018 Totals	11	148	104	3	1	11	4	25	0	0	0
January 2019 Totals	15	181	143	5	4	23	4	0	0	0	2
February 2019 Totals	11	163	121	4	1	9	7	18	0	1	2
March 2019 Totals	12	155	116	4	0	19	4	5	1	4	2
April 2019 Totals	13	191	148	7	3	10	4	15	2	1	1
May 2019 Totals	14	180	116	3	1	26	8	21	1	4	0
June 2019 Totals	11	161	124	2	3	19	7	10	1	1	1
TOTALS	177	2548	1876	74	19	325	39	146	10	28	20

Timeliness of Care – Percentages

Date	Average # Patients SCHEDULED per Day	Average # SEEN per Day	% Seen as Scheduled	% OTC	% OTM	% Refusals - Cellside	% Refusals - Chairside	% Rescheduled by Dental	% Not Seen Due To Custody	% Not Seen Due To NIC	% Other
May 2018 Totals	16.1	11.2	69.7	7.1	1.7	18.7	0.0	0.4	0.0	2.5	0.0
June 2018 Totals	15.6	12.3	78.5	4.7	0.0	13.4	0.0	1.2	0.0	1.2	1.2
July 2018 Totals	15.2	12.7	83.5	0.5	0.0	11.5	0.0	2.2	0.0	1.6	0.5
August 2018 Totals	14.8	10.8	72.9	1.9	0.0	18.4	0.0	4.8	0.0	1.9	0.5
September 2018 Totals	17.3	12.2	70.2	4.3	1.0	12.5	0.0	6.7	1.9	0.5	2.9
October 2018 Totals	13.2	10.0	75.7	1.1	0.0	19.5	0.5	2.7	0.0	0.0	0.5
November 2018 Totals	14.5	9.3	64.4	2.9	0.0	10.9	0.0	9.2	0.6	0.6	0.6
December 2018 Totals	13.5	9.5	70.3	2.0	0.7	7.4	2.7	16.9	0.0	0.0	0.0
January 2019 Totals	12.1	9.5	79.0	2.8	2.2	12.7	2.2	0.0	0.0	0.0	1.1
February 2019 Totals	14.8	11.0	74.2	2.5	0.6	5.5	4.3	11.0	0.0	0.6	1.2
March 2019 Totals	12.9	9.7	74.8	2.6	0.0	12.3	2.6	3.2	0.6	2.6	1.3
April 2019 Totals	14.7	11.4	77.5	3.7	1.6	5.2	2.1	7.9	1.0	0.5	0.5
May 2019 Totals	12.9	8.3	64.4	1.7	0.6	14.4	4.4	11.7	0.6	2.2	0.0
June 2019 Totals	14.6	11.3	77.0	1.2	1.9	11.8	4.3	6.2	0.6	0.6	0.6
TOTALS	14.4	10.6	73.6	2.9	0.7	12.8	1.5	5.7	0.4	1.1	0.8

Refusals - Request for Comment/Discussion

Per the Dental Board of California and per my own liability company, The Dentists Insurance Company (TDIC), it is the dentist's responsibility to have the informed discussion directly with the patient. Should this discussion occur with a non-licensed

dentist, such as a RN or Physician, then they may be having an informed consent discussion outside of their scope of practice.

The question is, legally can a refusal discussion at the time of the comprehensive dental care examination be sufficient, in addition to the refusal form, be enough informed refusal information if the patient refuses to come for the appointment. See appendix 9.

A refusal done within the DPC timeline closes the appointment. There does appear to be occasional patterns around refusals. Patients were rescheduled numerous times and then refused their dental procedure close to their compliance due date. This is to be evaluated to see if this pattern is a barrier to care.

Challenges to the Excel Spreadsheet Used for Dental Compliance

See the audit tool, outcome questions below. When sorting for compliance following either DL scheduling and following DPC, it is noted that several issues prevent an easy to find answer to the outcome questions below.

For example, between April 02, 2019 to June 30, 2019 there were 532 dental appointments scheduled and 388 patients were seen. Of the 388 patients seen, 7 appointments were for comp exam (1.8% of the practice) and 6 follow ups (which were not used in any calculations but still constituted1.5% of the practice).

This left 375 appointments as patient's seen. Of the 375, 81 were treatment appointments and 27 were triage and treatment appointments, which combined = 108 treatments (28.8% of the practice). There was a total of 260 triages (69.3% of the practice). Therefore, constitutes a ratio of approximately 2.4 triages to 1 dental treatment.

The excel spreadsheet is not an electronic dental health record such as Dentrix Enterprise, which has already been modified to handle correctional situations, including monitoring of the DPC timelines. The data was routinely inconsistent. Please keep in mind that MCJ has an incredible dental team with an amazing Dental Assistant who has no one to help her maneuver through multiple, complex dental scenarios and is tasked with entering all of this in a temporary and basic excel spreadsheet.

Her main duty is to take care of assisting the Dentist with patient care. She also orders dental supplies, performs OSHA and infection control requirements, maintains logs, monitors sterilization, cleans, performs monthly maintenance on such things as the sterilizer, and enters all the data in the excel spreadsheet.

The "lack of resources" is used on many occasions as the reason for rescheduling patients. "Lack of resources" translates to lack of staff. I highly recommend that the Implementation Plan Program Manager focus on dental to address daily issues with access to care, including overcoming barriers to care, timeliness of care and the management of the dental program. This is not the Dental Assistant's responsibility.

As mentioned in previous audit reports and during multiple exit interviews, this spreadsheet was created as a **temporary** method to monitor some aspects of compliance. **More work is necessary**, including several more sessions with the dental assistant and dentist, to more effectively enter completed compliance data without having to research every chart. It is necessary for MCJ and Wellpath to make a definitive decision in regards to purchasing an electronic dental record system.

Therefore, please schedule a 2-3-hour block on Fridays for [redacted] [redacted] (Dr. [redacted] should be present for these calls to contribute to solving the logistics of the spreadsheet. Otherwise, the issues will continue), Counsel, Dental Director and Monitor, as we have done previously, to continue to iron out discrepancies in entering data and calculation of compliance. A thorough explanation regarding DL and DPC compliance will be evident during the demonstration of the issues, as we visually work through solving the problems in the excel spreadsheet.

Compliance Monitoring for Timeliness of Care

We used all patients scheduled for April 18th, 2019 as chart review to evaluate the following questions. See table below.

Chart review showed that patients were seen within timeframe Dental Priority Code (DPC 1A, 1B, 1C, 2(no data)) timeframe. Congratulations!
Chart review showed that patients who were seen for a dental triage, following a DL 1 referral (DL 2 was not evaluated) from Intake, Sick Call and 14-Day Exam (no data available), had their diagnosed dental treatment completed within timeframe. Congratulations!

See next page for tables.

Timeliness of Care Table:

Outcome	1: DPC 1A	2: DPC 1A	3: DPC 1A	4: DPC 1A	5: Intake DL1	6: Sick Call DL1	7: 14-Day DL1	Comment
[redacted]	NA	NA	NA	NA	NA	1	NA	1C, Refused within timeframe
[redacted]	NA	NA	NA	NA	NA	1	NA	1C, Refused within timeframe
[redacted]	NA	NA	1	NA	NA	NA	NA	FU completed within timeframe
[redacted]	NA	NA	NA	NA	NA	1	NA	1C ???
[redacted]	NA	NA	1	NA	NA	NA	NA	Refused within timeframe
[redacted]	NA	NA	NA	NA	NA	1	NA	No treatment prescribed
[redacted]	NA	1	NA	NA	NA	NA	NA	Ext completed within timeframe
[redacted]	NA	NA	1	NA	NA	NA	NA	Rest completed within timeframe
[redacted]	1	NA	NA	NA	1	NA	NA	TR & TX. Ext within timeframe
[redacted]	NA	NA	NA	NA	NA	NA	NA	SC DL2 - NA
[redacted]	NA	NA	NA	NA	NA	NA	NA	SC DL2 - NA
[redacted]	NA	NA	1	NA	NA	NA	NA	Refused within timeframe
[redacted]	NA	NA	NA	NA	NA	1	NA	1B, Ext within timeframe
[redacted]	NA	1	NA	NA	NA	NA	NA	Ext within timeframe
Total	1/1 = 100%	2/2 = 100%	3/3 = 100%	NA	1/1 = 100%	4/4 = 100%	NA	

The spreadsheet component of these outcome measures could not be completely measured due to lack of specificity and received a partial compliance – See Part II below.

Outcome #1: SC

Were the patients who were triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?

Outcome #1 - Part II: PC
Due to data inconsistencies, compliance cannot be fully measured at this time. Therefore, partial compliance is issued for this section and will be reviewed again during the next audit. The recommendation is to have several conference calls to rectify the areas of inconsistencies as we have done previously. It is recommended that the dental staff, Dental Director, myself and counsels attend.

Outcome #2: SC
Were patients who were triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?

Outcome #2 - Part II: PC
Due to data inconsistencies, compliance cannot be fully measured at this time. Therefore, partial compliance is issued for this section and will be reviewed again during the next audit. The recommendation is to have several conference calls to rectify the areas of inconsistencies as we have done previously. It is recommended that the dental staff, Dental Director, myself and counsels attend.

Outcome #3: SC
Were patients who were triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?

Outcome #3 - Part II: PC
Due to data inconsistencies, compliance cannot be fully measured at this time. Therefore, partial compliance is issued for this section and will be reviewed again during the next audit. The recommendation is to have several conference calls to rectify the areas of inconsistencies as we have done previously. It is recommended that the dental staff, Dental Director, myself and counsels attend.

Outcome #4: NA – No data available from this chart pull
Were patients who were triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?

Outcome #4 - Part II: PC
Due to data inconsistencies, compliance cannot be fully measured at this time. Therefore, partial compliance is issued for this section and will be reviewed again during the next audit. The recommendation is to have several conference calls to rectify the areas of

inconsistencies as we have done previously. It is recommended that the dental staff, Dental Director, myself and counsels attend.

Outcome #5: SC
Of the patients who were referred to Dental with a **DL1 from Intake** and who were triaged (with diagnosis given) in Dental, were they subsequently treated for their dental diagnosis within DPC timeframes?

Outcome #5 - Part II: PC
Due to data inconsistencies, compliance cannot be fully measured at this time. Therefore, partial compliance is issued for this section and will be reviewed again during the next audit. The recommendation is to have several conference calls to rectify the areas of inconsistencies as we have done previously. It is recommended that the dental staff, Dental Director, myself and counsels attend.

Outcome #6: SC
Of the patients who were referred to Dental with a **DL1 from the Sick Call Exam** and who were triaged (with diagnosis given) in Dental, were they subsequently treated for their dental diagnosis within DPC timeframes?

Outcome #6 - Part II: PC
Due to data inconsistencies, compliance cannot be fully measured at this time. Therefore, partial compliance is issued for this section and will be reviewed again during the next audit. The recommendation is to have several conference calls to rectify the areas of inconsistencies as we have done previously. It is recommended that the dental staff, Dental Director, myself and counsels attend.

Outcome #7: NA – No data available from chart pull
Of the patients who were referred to Dental with a **DL1 from 14-Day Exam** and triaged (with diagnosis given) in Dental, were they subsequently treated for their dental diagnosis within DPC timeframes?

Outcome #7 - Part II: PC
Due to data inconsistencies, compliance cannot be fully measured at this time. Therefore, partial compliance is issued for this section and will be reviewed again during the next audit. The recommendation is to have several conference calls to rectify the areas of inconsistencies as we have done previously. It is recommended that the dental staff, Dental Director, myself and counsels attend.

Section III. Quality of Care

Due to inconsistencies in the data provided in the excel spreadsheet, an accurate breakdown of data and percentages cannot be made available at this time. Just as in timeliness of care, several conference calls will be necessary to resolve issues regarding the ability to provide qualitative and quantitative analysis.

Episodic Dental Care - Triage

Outcome #1: PC. I believe that not having the DPC assigned for each treatment planned item and not having a definitive diagnosis, has been corrected following the exit interview in May 2019. This should result in a higher score at the next audit.

- Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
- Has a review of the health history been completed?
- Is a diagnostic radiograph(s) taken?
- Is the diagnosis supported by the objective findings?
- Has the risks, benefits and alternatives been discussed in regards to the recommended treatment?
- Is a progress note written in SOAPE format?
- Is an appropriate DPC assigned for each recommended treatment?

Comprehensive Dental Care

Outcome #2: NA. Not measured during this audit. There is currently no straightforward method to obtain this measurement, other than using the roster on the date of the audit and the excel spreadsheet as the outcome measurement tool.

Were patients with 1 year of incarceration scheduled and seen for their comprehensive dental examination within 30 days of their initial date of booking?

Outcome #3: PC. Not having both the DPC assigned for each treatment planned item and a definitive diagnosis, has been corrected following the exit interview in May 2019. I believe that this will result in a higher score at the next audit.

- Have these inmate/patients with over one year of incarceration received a comprehensive dental oral examination?
- Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
- Has a review of the health history been completed?
- Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?

- Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
- Have the risks, benefits and alternatives been discussed?
- Is a progress note written in a SOAPE format?
- Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
- Is meaningful oral hygiene instruction given?

Chronic Care

Outcome 4: Pregnancy: NC. We spoke with Dr. [redacted] who stated he will begin referring these patients to dental from the date of the May 2019 re-evaluation. I believe this outcome measure can easily achieve substantial compliance at the next audit.

- Were pregnant patient(s) referred to dental from the 7-day chronic care appointment?
- Were the pregnant patients scheduled and seen in dental for a comprehensive dental examination and periodontal examination (which includes periodontal charting and diagnosis) within 90 days of the 7-day chronic care appointment? Was a DPC given for each treatment planned item? Was meaningful oral hygiene instruction given?
- Was cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis?

Outcome 5: HIV, Seizures, Diabetes. NC. We spoke with Dr. [redacted] who stated he will begin referring these patients to dental from the date of the May 2019 re-evaluation. I believe this outcome measure can easily achieve substantial compliance at the next audit.

- Were patients with HIV, Seizures and Diabetes referred to dental from the 7-day chronic care appointment?
- Were these patients scheduled and seen in dental for a comprehensive dental examination, periodontal examination (which includes periodontal charting and diagnosis) and treatment plan within 90 days of the 7-day chronic care appointment? Was a DPC given for each treatment planned item? Was meaningful oral hygiene instruction given?
- Was cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis?

Psych Meds

Outcome 6: NA. Not measured during this audit.

- Were patients with 4 or more psych meds referred to dental from the 7-day chronic care appointment?

- Were these patients scheduled and seen in dental for a comprehensive dental examination, periodontal examination (which includes periodontal charting and diagnosis) and a treatment plan within 90 days of the 7-day chronic care appointment? Was a DPC given for each treatment planned item? Was meaningful oral hygiene instruction given?
- Was cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis?

Periodontal Program / Periodontal Treatment (Cleaning)

See Section I on Access to Care Periodontal Program.

Outcome 7: NA. Not measured during this audit.

Were patients who requested a cleaning scheduled for a comprehensive dental examination, periodontal examination (which includes periodontal charting and diagnosis) and a treatment plan within 90 days of the 7-day chronic care appointment? Was a DPC given for each treatment planned item? Was oral hygiene instruction given? Was cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis?

Restorative and Palliative Care

Outcome 8: PC. The current Dental Material Fact Sheet (DMFS) was not used and there is no signed acknowledgment of receipt of the DMFS. Please also include objective findings in the SOAPE note such as pain to cold, hot, palpation, percussion to substantiate the assessment/diagnosis.

- Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care?
- Has a review of the health history been completed?
- Did the examination include a diagnostic x-ray(s)?
- Is the diagnosis for each restorative procedure supported by the objective findings?
- Was Dental Priority Code (DPC) prescribed at the time of the exam?
- Is the current Dental Material Fact Sheet (DMFS) and acknowledgment of receipt signed.
- Have the risks, benefits and alternatives been discussed?
- Is a progress note written in a SOAPE format?
- Was the restorative material used listed in the SOAPE note?

Oral Surgery

Outcome 9: SC. Please also include objective findings in the SOAPE note such as pain to cold, hot, palpation, percussion to substantiate the assessment/diagnosis. Also, for other charts not used in this outcome measure, some x-rays reviewed for third molars/wisdom teeth were not always diagnostic due to the missing apex.

- Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant?
- Has a review of the health history been completed?
- Was Blood Pressure (BP) taken before the procedure?
- Did the examination include a diagnostic x-ray(s)?
- Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings?
- Was a Dental Priority Code (DPC) prescribed at the time of the exam?
- Have the risks, benefits and alternatives been discussed?
- Was an analgesic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely?
- Are verbal and written post op instructions given to the patient.
- Is the progress note written in a SOAPE format?

Endodontic Care

Outcome 10: NA, not measured during this audit.

Prosthodontic Care

Outcome 11: NA, not measured during this audit.

Progress Notes (SOAPE Format)

Subjective, Objective, Assessment, Plan, Evaluation

Outcome #12: NC. This was addressed during previous audits and at the May 2019 exit interview. I believe that now all scheduled patients, whether seen or not seen, have a progress note or chart note associated with each scheduled appointment.

Are progress notes written for all scheduled patients, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM), etc.?

Outcome #13: SC. Since the activation of CorEMR, the progress note is in the SOAPE format.

Are progress notes for exams and all treatments written in a SOAPE format?

Medication Management

Outcome #14: NA. Not measured during this audit.

Issues such as stock medications, dispensing, timely provision of the medication, administration of dental medication and documentation of medication, will be evaluated at next audit.

Time Out Protocol

Although MCJ is not under the prevue to the Joint Commission, it is still a good practice to do the following as there are several instances where teeth have been misidentified between arches. To prevent the incorrect tooth from being extracted we recommend the following Time Out Protocol to be used and documented prior to an extraction.

"Review the dental record including the medical history, laboratory findings, appropriate charts, and dental radiographs. Indicate the tooth number(s), or mark the tooth site or surgical site on the odontogram or radiograph to be included as part of the patient record.
Ensure that radiographs are properly oriented, and visually confirm that the correct teeth or tissues have been charted.
Conduct a time out to verify patient, tooth, and procedure, with assistant present at the time of the extraction." - Joint Commission.

In addition, the following has related information on Time Out Protocols:
https://www.dentalclinicmanual.com/4-admin/sec1-04.php

Section IV. Infection Control & Regulatory Compliance

Dental Clinic Facility Audit

Listed below are the Categories for the Dental Facility Audit Tool.

- Housekeeping
- Biohazard/Hazmat Procedures
- Sterilization and Equipment
- Emergency Procedures
- Safety
- Clinical Administration and Logs
- Regulatory Compliance

Dec 2018
88 Questions – 13 not applicable questions = 75 usable questions.
32 SC points, 27 PC which is 13.5 points and 18 NC (0 points);
all = 45.5 points/75 = **60.7% = Non-Compliance**

May 2019
88 Questions – 13 not applicable questions = 75 usable questions.
55 SC points, 9 PC is 4.5 points and 11 NC (0 points);
all = 59.5 points/75 = **79.3% = Partial Compliance**

Therefore, from December 2018 to May 2019, there was an improvement from noncompliance to partial compliance. You are not far from substantial compliance in this area! Keep improving and well done!

Section V. Dental Program Management

Management Structure and Organizational Chart

- Was the organizational chart redone since Wellpath acquired CFMG? Please send a copy.

Interpreter Services

Outcome #1 - SC

- Sign language interpreter services are available when needed.
- Certified language translator services are available by telephone. This information is posted in the dental clinic.

Inmate Orientation Handbook

Outcome #2 - PC

- Dental hours Tues, Wed, Thursday
- 7:00 am - 3:30 pm, with first patient at 8:00 am.
- The handbook's most recent revision is 02/16/2018.
- There is limited information about what dental services are offered.
- There is currently no evaluation at the time of booking for assessing the patient's ability to read and comprehend the written inmate orientation handbook.
    - The handbook is given out with no verbal review of the available dental services or their eligibility for comprehensive care.

Access to Oral Hygiene Supplies

Outcome #3 - PC

- Flossers not available as part of the original fish kit.
- The flossers are available for purchase.
- No formal policy and procedure to address oral hygiene supplies for homeless and indigent inmate/patients.
- Toothbrush and floss should be available without a fee for each inmate/patient on a monthly basis.

Dental Policies and Procedures

Outcome #4 – NC

Are the Wellpath corporate dental policies and procedures as well as the LOPs for MCJ dental completed, approved and signed by the dental staff at MCJ? No

- Per [redacted] in December 2018 and Dr. [redacted] in May 2019, the corporate Wellpath dental policies and procedures as well as MCJ's local operating

procedures (LOPs) should have already been completed by October 1st, 2018 however, as of May 21, 2019 these were not completed.

- A draft copy of "Oral Care" P & P was submitted for review. The policy section did not address dental oral care for inmate/patients with over one year of incarceration. It also does not address the periodontal care program as outlined in the Implementation Plan.

Dentist On-Call System/Physician on Call

Outcome #5: SC

Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ? – **Yes, they use the Physician on Call (POC) - SC**

The physician on call handles dental/medical emergencies after hours. The Implementation Plan states "*In the case of a dental/medical emergency, in which a licensed dentist is not present, the patient will be seen, treated and managed immediately by medical provider staff.*"

- If the dental issue is life threatening, then the inmate/patient is to be transported to hospital or an urgent care facility. Per the Program Manager, no inmate/patient was sent out on an emergency basis in 2019.
- If the dental issues are emergent, then the inmate/patient's pain is managed by the medical provider/licensed health care provider. If the POC is called, it is not yet automatic for the POC to schedule the patient on the next dental day.

Outcome #6: PC

Is the Dentist at MCJ notified the next dental day when there is a dental emergency? Did the POC, as there is no DOC, provide a provisional diagnosis, list what medication was ordered, if any, and schedule the patient for the next dental day? **PC – see below**.

- This is difficult to assess due to the absence of an after-hour call log for the POC regarding dental emergencies (including date, time and nature of the dental after hours emergency). There is no log, subsequently there is no current way to know if the inmate/patient was actually seen in dental following an emergency call.

Dental Staff Credentials & Hepatitis B Vaccination Record

Outcome #7 – PC

- **Dentist:**
  - Dental License, BLS/CPR, DEA - all confirmed.

- Hepatitis B vaccination – only 1 shot in the series of 3 documented. Please have either the series of 3 Hepatitis B vaccinations completed, a signed declination or the titer done to confirm immunity.
- CURES 2.0 registration – was confirmed.
  - Please refer to the links below. Beginning October 2nd, clinicians, including dentists are to participate in this state mandated program.
  - https://oag.ca.gov/cures
  - https://oag.ca.gov/sites/all/files/agweb/pdfs/pdmp/cures-mandatory-use.pdf?
  - https://oag.ca.gov/sites/all/files/agweb/pdfs/pdmp/cures-advisory-memo.pdf?

- **Dental Assistant:**
  - Hepatitis B vaccination form declination completed.
  - Dental license – confirmed.
  - California Board of Dental Examiners mandated infection control classes – confirmed.

Illness and Injury Prevention Plan (IIPP)

Outcome #8 – PC

- The SB198 is partially completed.
- Complete the evacuation plan.
- I - IIPP - Exposure Control Plan, Hazard Communication, Fire Emergency, General Office Safety and Ergonomics
  - Complete and post the evaluation plan.
  - Provide training records of quarterly drills.
- II. Waste Disposal - 1. Medical waste (sharps, biohazardous waste and pharmaceutical waste), 2. Hazardous waste, 3. Universal waste
- III. Radiation Safety - Dentist and staff responsibilities, radiographic machine requirements/registration and Patient/Employee/Operator Protection.

Grievance System

Outcome #9 – PC

- Telmate is the system MCJ /CFMG uses to address grievances and sick calls. It is not linked to COREMR. We are unable to access it directly and must go through Christina, the Implementation Plan Administrator for access. To receive the list of grievances, for the December 2018 dental tour, she had to enter a list of words identifying dental problems for the program to respond with the dental grievances.

  - To find the dental grievances, particular dental words were searched such as dentist, dental, dental pain, toothache, teeth, gums, dental abscess. Should an I/P not have worded their dental grievances in a manner which includes these dental words, then the grievance would not have been found under dental and we would have missed this grievance.
- As of May 2019, the grievances are now divided separately so that the dental grievances are tagged specifically for dental.
- The Implementation Plan Administrator typically responds to the grievances. Between December 1, 2018 and May 21, 2019 there were approximately 32 grievances after eliminating the duplicates.
  - Many were repeated requests for dental care. Filling out a Sick Call was the most frequent recommendation as resolution for the I/P's grievances.
- Following the grievance trail is still a grievance laborious process and we could not identify all of the dental grievances easily and effortlessly. Nor could we easily, without significant research, find the corresponding sick call slips that patients were recommended to fill out as a response to their grievance. This could not be accomplished due to our lack of access to Telmate. Additional research is then needed to see if the patient was scheduled for dental and had their dental complaints addressed and treated from the original grievance.

Peer Review

Outcome #10 – NC

- There continues to be a lack of a peer review system and its corresponding policy and procedure.
- There has not been a peer review performed on Dr. [redacted] nor an established peer review committee, nor any policies and procedures for performing the peer review of the dentist at MCJ.
- See the peer review recommendations in Report #3.

Monthly Dental Subcommittee

Outcome #11 – NC

- There are currently no monthly dental meetings occurring in the dental department at MCJ. The purpose of the Dental Subcommittee is to involve the Dentist, Dental Assistant, administrative staff who assist in dental, Custody, Pharmacy, Medical, your Program Manager, the Implementation Plan Administrator and anyone else deemed necessary to collaborate on ongoing issues the dental department is trying to solve.

- The meeting minutes of the Dental Subcommittee should reflect each agenda topic with the discussion and conclusion of the agenda topic clearly outlined. Any action items should be completed by the next monthly meeting.
- Monthly meeting minutes of the Subcommittee along with any supporting documentation and respective dashboard information should be submitted to the Quality Assurance (QA) Chair for inclusion in the QA meeting.
- See monthly dental subcommittee recommendations and address the following agenda topics as recommended in Report #3.

Quality Assurance Meeting Minutes with PowerPoint Presentation

Outcome #12 – NC

- Of the previous QA minutes received, the minutes lacked content and meaningful data. More information was available on the PowerPoint presentations which should be included in the minutes.
- The dental component of the QA meeting has little in terms of structure and content.
- There is no dental Quality Improvement Team (QIT), with ongoing studies conducted to improve the quality and quantity of dental care at MCJ .
- We were informed by defendant's counsel that the QA meetings are privileged, and the monitors are not to attend unless they are giving a formal presentation. Performance data and performance monitoring is a critical element to improving care. Performance measurements are necessary to identify problems and to find their subsequent solutions for continuous improvements.
- This monitor reserves the right to present information at the QA meetings as well as at the Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content (as recommended in the above-mentioned sections).

Other areas not fully addressed in this report but available for review with Report #1-3:

- Purchase or lease a panoramic x-ray. See Appendix 9 for an example of a lesion which can be missed when only taking a full mouth set of x-rays and not supplementing a dental triage or a comprehensive dental exam with a panoramic x-ray.
- Nurse Training
- Provide a true 14-Day exam with an Odontogram and address the questions as stated in the Implementation Plan.
- Staffing including a Hygienist Position

- Increase the number of dental days to full time so that the full complement of dental benefits can be offered to the inmate/patients at MCJ, i.e. periodontal program.
- Dashboard
- Electronic Dental Record System, i.e., Dentrix Enterprise

Section VI. Risk Elimination - Correction Action Plan (CAP)

Repeat deficiencies as seen in this and the three previous reports, prevent MCJ and Wellpath from achieving substantial compliance at this time. Although there are several factors which continue to affect the quality, access to care, timelines of care and the continuity of dental care for the inmate/patients incarcerated at MCJ; there also appears to be some improvement towards building a safer and more effective dental program.

We are placing only one (3) item on the CAP. Although the other areas are all important, addressing and correcting the many issues surrounding the 14-Day Exam/ Health Inventory & Communicable Disease Screening (HICDS) will also identify how many more dental days are needed to triage and treat screened dental disease MCJ.

Corrective Action Plan – Mandatory. Plan due by January 2nd, 2020.

Ref #	Proposed Corrective Action Plan	Responsibility	Date of Expected Completion
1.	Per the Implementation Plan: A. Fill out an Odontogram for each patient during the 14-day exam. (Page #17-18) B. Update the 14-day exam EMR form to include the evaluation of the patient's dental condition. (Page #17-18) C. Every referral to dental from Intake, 14-Day exam, and Sick Call are to reference a Dental Level 1 or 2 classification and an appropriate description and location of the problem. Fill out the referral logs to dental for every patient until a solution can be found in COREMR.	MCJ and Wellpath Management	• Plan due by January 2, 2020. • Completion by February 27th, 2020.

Note: We will screen 10-20 patients, following I/P's Intake, 14-day exam and Sick Call referrals to Dental, to measure the calibration of the nurse training by Dental.

Section VII. Conclusions & the Future of Dental Care at MCJ

Dr. [redacted] and [redacted] work hard to take care of the inmate/patients and manage their dental clinic, but without the time, help and resources they need for success, they cannot easily achieve substantial compliance. Having a consistent manner in which to monitor dental timeframe compliance will assist the dental department in working towards achieving this goal. At this time, however, the overall program is still in non-compliance, although some areas have achieved partial compliance.

It is important to set parameters to measure, quantify and improve the quality of the dental program at Monterey County Jail. This must include identifying and correcting issues with compliance including but not limited to: quality of care, timeliness of care, reducing barriers to access to care, making sure there is OSHA compliance including a safe clinical facility, chronic care referrals and continuity of dental care. It is also important to use the peer review, subcommittee and quality assurance functions to assess the condition of the dental program by performing internal audits to highlight court mandates, standard of care and the health of the dental program.

Per the June 2019 Quality Measurement in Dentistry Guidebook[4], they recommend a six-point approach to dental care:

1. **Timely** — reducing waits and sometimes harmful delays for both those who receive and those who give care.
2. **Effective** — providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
3. **Efficient** — avoiding waste, including waste of equipment, supplies, ideas, or energy.
4. **Equitable** — providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
5. **Patient-centered** — providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
6. **Safe** — avoiding injuries to patients from the care that is intended to help them."

We have concluded that the new EMR does not allow for the elimination of the paper dental compliance logs. There are no easily available reports which can be generated in

[4] https://www.ada.org/~/media/ADA/DQA/2019_Guidebook.pdf?la=en

the EMR at this time which will automatically identify if the patients who were previously triaged and had a current dental priority code, were seen for their dental treatment within the timeframes outlined in the Implementation Plan. All this is still only partially accomplished with the excel spreadsheet.

We truly hope another cost-effective means of data analysis is found instead of using the Excel spreadsheet, however we commend the dental team for their daily dedication to improving the dental program. Due to the ongoing issues mentioned throughout this report, monitoring will continue weekly in the hopes that local and corporate management will themselves address the issues evident in the upcoming enhanced weekly dental compliance logs. With the advent of a detailed weekly analysis, we may request charts on particular entries found in the compliance logs and may request copies of these chart's dental x-rays as well.

As a temporary measure, we also recommend several conference calls to resolve some of the complex issues regarding compliance measures as seen in the excel spreadsheet.

For MCJ and Wellpath to continue to make significant strides towards improving their dental department and addressing the issues outlined in this report, we recommend beginning with these three items below:

- provide additional dental staff to create the structure recommended in the dental management section,
- provide additional dental days to fully implement comprehensive dental care to inmate/patients with over one year of incarceration and for those with chronic care disease, as well as to fully implement the periodontal program,
- purchase an electronic dental record system linked to the existing electronic health system, and utilize a dashboard where the collection of data, including the outcome measures, can be easily displayed and referred to upon request. This will assist MCJ and Wellpath in providing dental care that is capable of being audited easily and for the staff to self-monitoring their dental program. This will also correct the issue relating to the 14-Day exam's lack of an Odontogram and a dental evaluation by nursing staff as mandated in the Implementation Plan.

Identifying, addressing and rectifying clinical, compliance, administrative, logistical and systemic issues outlined in this and the previous reports, will surely propel MCJ into achieving and maintaining success.

APPENDIX

APPENDIX 1. Access to Care – (Protective Order)

ACCESS TO CARE	Audit Tool Questions – Outcome Measures	Source & Score
Intake	1. Is the Dental Section of the Intake Form completely filled out at the time of Intake and is a dental referral checked when appropriate? *Note that the new intake form is congruent with the EMR's intake form.* 2. Of the Dental Level 1 (DL1) patients referred to Dental from Intake, were they scheduled within the DL 1 parameters? (Next dental day). 3. Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL 2parameters? (14 days).	Chart Review 35% Spreadsheet 55.8% Spreadsheet 87.8%
14-Day Exam	4. **A.** Was the Health Inventory & Communicable Disease Screening (14 Day Exam) completed within 14 days of booking. **B.** Per the Implementation Plan A & A.2., was the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, evidence of infection, recent trauma, infection, facial difficulty swallowing, chewing and /or other functional impairment noted in the Dental Section of the form? **C.** Was the Odontogram completely filled out? 5. Was "Refer to: DDS" on the 14-Day Exam form checked if appropriate and was the referral to Dental completed and scheduled per the Dental Level assignment? 6. Of the DL1 patients referred to Dental from the 14 Day Exam, were they scheduled within the DL 1 parameters? (Next dental day). 7. Of the DL2 patients referred to Dental from the 14 Day Exam, were they scheduled within the DL 2 parameters? (Within 14 days).	Chart Review 0% Chart Review 0% Spreadsheet 56.7% Spreadsheet 100%
Sick Call	8. Were Dental Sick Calls addressed by Nursing within 24 hours of Dental complaint? 9. Of the Dental Level 1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next dental day). 10. Of the Dental Level 2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 days).	Telmate NA Spreadsheet 40.4% Spreadsheet 94.7%

ACCESS TO CARE	Audit Tool Questions – Outcome Measures	Source & Score
Specialty Care Referrals	11. Were the inmate/patient who were referred to an outside specialist, seen by the specialist within 30 days of referral? 12. Were the inmate/patients who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist? 13. For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?	Chart Review 20% Chart Review 30% Chart Review 100%
Chronic Care Referrals to Dental for Comprehensive Dental Examinations (Diabetes, HIV, Seizures, Pregnancy)	14. Are patients with chronic care problems (Diabetes, HIV, Seizures, Pregnancy) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination?	Chart Review 0%
Comprehensive Dental Care	15. Comprehensive Dental Examinations for patients with over 1 year of incarceration.	Spreadsheet NA
Periodontal Program/Cleaning	16. Periodontal Program/Cleaning	Spreadsheet NA
Grievances	17. Grievance	Telmate NA
TOTAL	**17 total questions** **620.4 average** **% divided by 13 useable questions = 47.7%**	**47.7% - NC**

APPENDIX 2. Timeliness of Care – (Protective Order)

TIMELINESS OF CARE	Audit Tool Questions – Outcome Measures	Source & Score
Dental Level Assessment and DPC Timelines	1. Were the patients who were triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?	Chart Review SC (1) Spreadsheet PC (0.5)
	2. Were the patients who were triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?	Chart Review SC (1) Spreadsheet PC (0.5)
	3. Were the patients who were triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?	Chart Review SC (1) Spreadsheet PC (0.5)
	4. Were the patients who were triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?	Chart Review NA Spreadsheet PC (0.5)
	5. Of the patients who were referred to Dental with a **DL1 from Intake** and who were triaged (with diagnosis given) in Dental, were they subsequently treated for their dental diagnosis within DPC timeframes?	Chart Review SC (1) Spreadsheet PC (0.5)
	6. Of the patients who were referred to Dental with a **DL1 from the Sick Call** and who were triaged (with diagnosis given) in Dental, were they subsequently treated for their dental diagnosis within DPC timeframes?	Chart Review SC (1) Spreadsheet PC (0.5)
	7. Of the patients who were referred to Dental with a **DL1 from 14-Day Exam** and who were triaged (with diagnosis given) in Dental, were they subsequently treated for their dental diagnosis within DPC timeframes?	Chart Review NA Spreadsheet PC (0.5)
TOTAL	**Part I Chart Review:** **7 total questions** **2 NA questions** **Total of 5 usable questions 5/5=100%.** **Part II Spreadsheet:** **7 total questions** **3.5/7 = 50%** **Overall 8.5/12 = 77.3%**	**77.3% = PC**

APPENDIX 3. Quality of Care – (Protective Order)

QUALITY OF CARE	Audit Tool Questions – Outcome Measures	Source & Score
Triage	1. **A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history been completed? Is a diagnostic radiograph(s) taken? **C.** Is the diagnosis supported by the objective findings? **D.** Has the risks, benefits and alternatives been discussed in regards to the recommended treatment? **E.** Is a progress note written in SOAPE format? **F.** Is an appropriate DPC assigned for each recommended treatment?	Chart Review PC (0.5)
Comprehensive Dental Care	2. Were patients with 1 year of incarceration scheduled and seen for their comprehensive dental examination within 30 days of their initial date of booking? 3. **A.** Have these inmate/patients with over one year of incarceration received a comprehensive dental oral examination? **B.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **C.** Has a review of the health history been completed? **D.** Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? **E.** Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? **F.** Have the risks, benefits and alternatives been discussed? **G.** Is a progress note written in a SOAPE format? **H.** Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? **I.** Is meaningful oral hygiene instruction given?	Chart Review NA. Not measured this time. Chart Review PC (0.5)
Chronic Care – Pregnancy, HIV, Seizures, Diabetes	4. **A.** Were pregnant patient(s) referred to dental from the 7-day chronic care appointment? **B.** Were the pregnant patients scheduled and seen in dental for a comprehensive dental examination and periodontal examination (which includes periodontal charting and diagnosis) within 90 days of the 7-day chronic care appointment? **C.** Was a DPC given for each treatment planned item? **D.** Was meaningful oral hygiene instruction given?	Chart Review NC (0)

	E. Was a cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis? 5. Were patients with HIV, Seizures and Diabetes referred to dental from the 7-day chronic care appointment? Were these patients scheduled and seen in dental for a comprehensive dental examination, periodontal examination (which includes periodontal charting and diagnosis) and treatment plan within 90 days of the 7-day chronic care appointment? Was a DPC given for each treatment planned item? Was meaningful oral hygiene instruction given? Was cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis?	Chart Review NC (0)
Psych Meds	6. Were patients with 4 or more psych meds referred to dental from the 7-day chronic care appointment? Were these patients scheduled and seen in dental for a comprehensive dental examination, periodontal examination (which includes periodontal charting and diagnosis) and a treatment plan within 90 days of the 7-day chronic care appointment? Was a DPC given for each treatment planned item? Was meaningful oral hygiene instruction given? Was cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis?	Chart Review NA. Not measured this audit.
Periodontal Care	7. Were patients who requested a cleaning scheduled for a comprehensive dental examination, periodontal examination (which includes periodontal charting and diagnosis) and a treatment plan within 90 days of the 7-day chronic care appointment? Was a DPC given for each treatment planned item? Was oral hygiene instruction given? Was cleaning or scaling and root planning (SRP) given; SRP for those diagnosed with periodontitis?	Chart Review and Spreadsheet NA. Not measured this audit.
Restorative and Palliative Care	8. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? Has a review of the health history been completed? Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Was Dental Priority Code (DPC) prescribed at the time of the exam? Is the current Dental Material Fact Sheet (DMFS) and acknowledgment of receipt	Chart Review PC (0.5)

	signed. Have the risks, benefits and alternatives been discussed? Is a progress note written in a SOAPE format? Was the restorative material used listed in the SOAPE note?	
Extractions/Oral Surgery	9. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Has a review of the health history been completed? Was Blood Pressure (BP) taken before the procedure? Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings? Was a Dental Priority Code (DPC) prescribed at the time of the exam? Have the risks, benefits and alternatives been discussed? Was an analgesic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? Is the progress note written in a SOAPE format?	Chart Review SC (1)
Endodontics	10. TBD	Chart Review NA. Not measured at this audit.
Prosthodontics	11. TBD	Chart Review NA. Not measured at this audit.
Progress Notes (SOAPE Format0	12. Are progress notes written for all scheduled patients, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM), etc.? 13. Are progress notes for exams and all treatments written in a SOAPE format?	Chart Review NC (0) Chart Review SC (1)
Medication Management	14. TBD	Chart Review NA. Not measured at this audit.
TOTAL	14 Questions, 6 not measured this audit, for a total of 8 usable questions. 3.5/8=43.8%	43.8%

APPENDIX 4. Dental Facility Audit Tool – (Protective Order)

#	Subject	Description	SC	PC	NC	NA	Comments
1	Housekeeping	**Counters appear clean**	1				
2	Housekeeping	**Floors appear clean**	1				
3	Housekeeping	**Sinks appear clean**	1				
4	Housekeeping	**Food/Personal Items** (Staff aware no food storage, eating, drinking, applying cosmetics or handling contact lenses in occupational exposure areas)	1				
5	Housekeeping	**Clinical areas free of clutter, well organized, with good computer cable hygiene**	1				
6	Biohazard Waste/ Haz Mat Procedures	**Separate waste container for non-infectious (general) waste in place**	1				
7	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers have lids**	1				
8	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers labeled on the top** and sides of the container so as to be visible from any lateral direction	1				
9	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers lined with Red Bag**	1				
10	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste Red Bag removed regularly based on clinic need**	1				
11	Biohazard Waste/ Haz Mat Procedures	**Chemical Spill Kit in place** (staff aware of location)	1				

12	Biohazard Waste/ Haz Mat Procedures	**Mercury Spill Kit in place** (staff aware of location)	1				
13	Biohazard Waste/ Haz Mat Procedures	**Eyewash Station in good working order connected to tepid water (60 - 100 degrees F)** to meet ANSI requirements		0.5			Temporary eyewash station in place but it is not attached to water supply. New clinic make sure installed. Was informed they will order eyewash station. May sure that it is the type where one can still have of handwashing if eyewash station in place.
14	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Approved type)	1				
15	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Located as close as feasible to area where disposable item used)	1				
16	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Mounted securely; not easily accessible to patients)	1				
17	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (No more than 3/4 full before container removed)		0.5			Key could not be found.
18	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container in place and labeled for incineration only**	1				
19	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container** labeled with accumulation start date - expires 275 calendar days from initial date of use or when 3/4 full	1				
20	Biohazard Waste/ Haz	**Commercial amalgam disposal/recycling**				NA	They have a mobile cart. Amalgam separator mandatory in 2020.

	Mat Procedures	**container in place** (for all amalgam)					
21	Biohazard Waste/ Haz Mat Procedures	**Flammable Hazardous Materials** (Inventoried and stored in fireproof locked cabinet)	1				
22	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** (date of installation posted)				NA	They have a mobile cart. Amalgam separator mandatory in 2020.
23	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** (Checked weekly and documented in housekeeping log)				NA	They have a mobile cart. Amalgam separator mandatory in 2020.
24	Biohazard Waste/ Haz Mat Procedures	*Contact Amalgam commercial container in place	1				
25	Biohazard Waste/ Haz Mat Procedures	*Non-contact Amalgam commercial container in place	1				
26	Sterilization & Equipment	**Handpieces cleaned and lubricated prior to sterilization**	1				
27	Sterilization & Equipment	**Ultrasonic Unit tested monthly** (Used to clean contaminated instruments prior to sterilization)			0		Aluminum test not performed
28	Sterilization & Equipment	**Sterilization Clean and Dirty Areas** (Demarcations clearly marked)	1				
29	Sterilization & Equipment	**Staff places appropriate amount of instruments in sterilization pouch** (not overfilled)	1				
30	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches intact)		0.5			5 pouches not sterilized
31	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches legibly labeled with sterilizer		0.5			5 pouches not labelled

		ID#, sterilization date and operator's initials)??					
32	Sterilization & Equipment	**Unsterilized instruments ready for sterilization and prepackaged if overnight storage required**	1				
33	Sterilization & Equipment	**Amalgamator** (Safety cover in place with no cracks/damage)				NA	They are currently not using amalgam
34	Sterilization & Equipment	**Dental Lab Lathe** (In separate lab / not with sterilizer)				NA	They do not have or use a dental lab lathe.
35	Sterilization & Equipment	**Dental Lab Lathe / Model Trimmer** (Securely mounted and eye protection available for use)				NA	They do not have or use a dental lab lathe.
36	Sterilization & Equipment	**Dental Lab Burs / Rag Wheels** (Changed after each patient, sterilized after use, stored in Bags / Pouches)				NA	They do not have or use a dental lab lathe.
37	Sterilization & Equipment	**Pumice Pans** (Pumice and disposable plaster liner changed after each patient				NA	They do not have or use a dental lab lathe.
38	Sterilization & Equipment	**Water Lines** (Flushed at least 2 minutes at beginning and end of each shift)	1				
39	Sterilization & Equipment	**Water Lines** (Flushed a minimum of 20 to 30 seconds between patients	1				
40	Sterilization & Equipment	**Water Lines** (Cleaned and maintained according to manufacturer's recommendations)	1				
41	Sterilization & Equipment	**Vacuum System** (Manufacturer's recommendations followed for cleaning,		0.5			Infected waste disposed of in toilet but cleaning, disinfection and maintenance not logged

		disinfection and maintenance)					or performed on mobile unit.
42	Emergency Procedures	**Emergency #'s** (Prominently posted near telephone in clinic)	1				
43	Emergency Procedures	**Evacuation Plan** (Prominently posted in clinic)			0		No evacuation plan posted.
44	Emergency Procedures	**Fire Extinguishers** (All staff aware of location)	1				
45	Emergency Procedures	**Emergency Medical Response protocol in place** (Proof of practice of annual EMR training and annual EMR dental drill)			0		Not currently in place.
46	Emergency Procedures	**Emergency Kit** (Zip tied) Staff aware of location	1				
47	Emergency Procedures	**Emergency Kit drugs current**				NA	Crash cart is called during an emergency.
48	Emergency Procedures	**Oxygen tanks, masks, tubes and keys present**	1				
49	Emergency Procedures	**Oxygen tank charged** (Dentist monthly review documented on inventory sheet attached to outside of Emergency Kit)	1				
50	Emergency Procedures	**Ambu-Bag** (Bag-valve-mask) Latex free: present and in working order	1				
51	Emergency Procedures	**One-way pocket mask** Latex free; present and in working order	1				
52	Emergency Procedures	**Blood pressure cuff & Stethoscope or Blood Pressure machine** Latex free: present and in working order	1				
53	Emergency Procedures	**2 Plastic evacuators** (Large diameter suction tips)				NA	In crash cart.

54	Emergency Procedures	**2 Sterile, 2 cc disposable syringes with 18 or 21 ga needles;** or 2 sterile, 3 cc disposable syringes with 22 gauge needles				NA	In crash cart.
55	Emergency Procedures	**AED Accessible** (staff aware of location)	1				
56	Emergency Procedures	**AED in working order and pads / batteries are current / not expired**	1				
57	Safety	**Dental Board Regulations on Infection Control posted**			0		CMGC has become Wellpath but not corresponding paperwork.
58	Safety	**Sterile Water** Containers unopened; not expired (Used for invasive oral surgical procedures)			0		Recommend using for OS procedures.
59	Safety	**Hand Hygiene** (Observed staff)	1				
60	Safety	**PPE** (Worn and correctly disposed of; observed staff)	1				
61	Safety	**Barriers used to cover environmental surfaces replaced between patients**	1				
62	Safety	**Saliva Ejector** (Staff aware that patients **MUST NOT** close lips around tip to evacuate oral fluids)	1				
63	Safety	**Radiation Safety Program in place / Dental radiographic unit inspection date**			0		Not posted.
64	Safety	**Caution X-ray Sign** (Placed where all permanent radiographic equipment installed)	1				
65	Safety	**Lead Shields** (Thyroid collar, hanging, free from tears or holes inspected regularly)	1				

66	Safety	**Is an area dosimeter posted no more than 6 ft from source of beam?**	1				
67	Safety	**Dosimeter Badge** (For pregnant staff working within the vicinity of radiographic equipment)				NA	
68	Safety	Dental staff wearing dosimeters at chest level or higher (i.e. new x-ray equipment; x-ray unit moved and reinstalled)		0.5			Dr. [redacted] needs a dosimeter badge.
69	Safety	**Material Dates** (Check expiration dates)	1				
70	Safety	**Dental Impressions Materials / Waxes** (Stored in secure location)	1				
71	Safety	Gloves	1				Nitrile used.
72	Clinic Administration and Logs	**Housekeeping Log Up-to-Date**	1				
73	Clinic Administration and Logs	Written infection prevention policies and procedures specific for the dental setting available, current & based on evidence-based guidelines?			0		Not completed yet.
74	Clinic Administration and Logs	Did employees receive job or specific training on infection prevention policies and procedures and the OSHA blood borne pathogens standard?			0		No documentation available.
75	Clinic Administration and Logs	Facility has an exposure control plan that is tailored to specific requirements of the facility?		0.5			Not dental specific.
76	Clinic Administration and Logs	Personal Protective Equipment (PPE) and other supplies necessary for adherence to Standard	1				

		Precautions are readily available?					
77	Clinic Administration and Logs	**Eyewash Log Up-to-Date**	1				
78	Clinic Administration and Logs	**Spore Test Log Weekly Testing**	1				
79	Clinic Administration and Logs	**Tool Control Log (Complete enteries)**	1				
80	Clinic Administration and Logs	**Pharmaceutical Log** (CDCR 7438 complete entries)		0.5			Needs to be accurate.
81	Clinic Administration and Logs	**SDS Binder** (Accessible and current for materials used in clinic)	1				Continue to improve it.
82	Clinic Administration and Logs	**Dentist On Call posted**				NA	Physician on Call system in place.
83	Clinic Administration and Logs	**Radiographic Certificate, Rules and Regulations posted**			0		Not posted.
84	Clinic Administration and Logs	**Annual Training** (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)			0		Not signed
85	Clinic Administration and Logs	**Staff aware of equipment repair protocol?**	1				Recommend having a written protocol.
86	Clinic Administration and Logs	Sharps injury log and other employee exposure events is maintained according to state and federal requirements?	1				
87	Clinic Administration and Logs	Post injury protocol in place?			0		
88	Regulatory Compliance	Postings per Regulatory Compliance		0.5			Update to current the Dental Materials Fact Sheet and acknowledgment. Update dental board of

							Califonia mandatory postings.
	13 NA (Not applicable) questions	**75 usable questions.** **55 SC, 9 PC, 11 NC** **55 + 4.5 + 0 = 59.5/75 = 79.3%**					**79.3% = Partial Compliance**

Sources:
CDCR Facility audit tool.

Centers for Disease Control and Prevention (CDC), Guidelines for Infection Control in Dental Health-Care Settings - 2003 [MMWR December 19, 2003 / 52 (RR17);1-61],

Occupational Safety and Health Administration (OSHA), Blood Borne Pathogens Standard, Code of Federal Regulations (CFR), Title 29, Occupational Safety and Health Standards, Part 1910.1030

OSHA, Title 8 Section 3203(a)(4) Injury and Illness Prevention Program;

Title 8 Section 5193 Bloodborne Pathogens

CDCR, CCHCS, November 2017 Inmate Dental Services Program (IDSP), Policies and Procedures (P & P),

California Code of Regulations, Title 8, Division 1, Chapter 4, Subchapter 4, Article 3, Section 1512 Emergency Medical Services

Department Operations Manual, Chapter 9, Article 3, Section 91030.27

Inmate Medical Services Policies and Procedures, Volume 9, Chapter 11

https://www.dir.ca.gov/title8/5193.html

California Health & Safety Code, Division 10, Chapter 4, Article 1, Section 11150

California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005

APPENDIX 5. Dental Program Management – (Protective Order)

Section VI	Audit Tool Questions – Outcome Measures	Compliance	Score
Dental Management	• Interpreter Services	SC	1
	• Inmate Orientation Handbook	PC	0.5
	• Access to Oral Hygiene Supplies	PC	0.5
	• Dental Policies and Procedures	NC	0
	• Dentist On Call (DOC) System/Physician on Call (POC)	SC	1
	• DOC Part II	PC	0.5
	• Dental Staff Credentials & Hepatitis B Vaccination Record	PC	0.5
	• Illness and Injury Prevention Plan (IIPP)	PC	0.5
	• Grievance System		
	• Peer Review	PC	0.5
	• Monthly Dental Subcommittee	NC	0
	• Quality Assurance Meeting Minutes with PowerPoint Presentation	NC	0
		NC	0
TOTAL	**12 questions. 5/12 = 41.7%**		**41.7%**

APPENDIX 6. CDT 2019: Dental Procedure Codes

It is essential to provide what is recommended by the ADA for dental care, in addition to the Implementation Plan requirements.

- **D0120: Periodic Oral Evaluation-Established Patient.**
  Evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation. This includes an oral cancer evaluation and periodontal screening where indicated and may require interpretation or information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately.

- **D0140: Limited Oral Evaluation-Problem Focused**
  An evaluation limited to a specific oral health problem or complaint. This may require interpretation of information acquired through additional diagnostic procedures. Report additional diagnostic procedures separately. Definitive procedures may be required on the same date as the evaluation.
  Typically, patients receiving this type of evaluation present with a specific problem and/or dental emergencies, trauma, acute infections, etc.

- **D0150: Comprehensive Oral Evaluation-New or Established Patient**
  Used by a general dentist and/or specialist when evaluating a patient comprehensively. This applies to new patients; established patients who have had a significant change in health conditions or other unusual circumstances, by report, or established patients who have been absent from active treatment for three or more years. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. Additional diagnostic procedures should be reported separately.

  This includes an evaluation for oral cancer where indicated, the evaluation and recording of the patient's dental and medical history and a general assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, existing prostheses, occlusal relationships, periodontal conditions (including periodontal screening and/or charting), hard and soft tissue anomalies, etc.

- **D0160: Detailed and Extensive Oral Evaluation-Problem Focused by Report**

A detailed and extensive problem focused evaluation entails extensive diagnostic and cognitive modalities based on the findings of a comprehensive oral evaluation. Integration of more extensive diagnostic modalities to develop a treatment plan for a specific problem is required. The condition requiring this type of evaluation should be described and documented.

Examples of conditions requiring this type of evaluation may include dentofacial anomalies, complicated perio-prosthetic conditions, complex temporomandibular dysfunction, facial pain of unknown origin, conditions requiring multi-disciplinary consultation, etc.

- **D0170-Re-Evaluation-Limited problem focused (established patient; not post-operative visit)**
  Assessing the status of a previously existing condition. For example:
  - A traumatic injury where no treatment was rendered but patient needs follow up monitoring;
  - Evaluation for undiagnosed continuing pain;
  - Soft tissue lesion requiring follow-up evaluation.

- **D0171: Re-Evaluation-Post Operative Office Visit**

- **D0180- Comprehensive Periodontal Evaluation-new or established patient**
  This procedure is indicated for patients showing signs or symptoms of periodontal disease and for patients with risk factors such as smoking or diabetes. It includes evaluation of periodontal conditions, probing and charting, evaluating and recording of the patient's dental and medical history and general assessment. It may include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships and oral cancer evaluation.

APPENDIX 7. Email - Reasons for an EDRS, i.e. Dentrix Enterprise

From: Viviane Winthrop <[redacted]
Sent: Friday, February 8, 2019 3:02 PM
To: Peter Bertling
Cc: x5161 Blitch, Susan K.; Van Swearingen; Ben Rice; Eckhardt Rachel; [redacted] McKnight George; Hughes Kerry; Barnett Bruce; [redacted]; Verner-Crist Dylan; Peter Bertling; Stephanie Aguiniga
Subject: Re: Solutions for Compliance, Regulatory and Care Management for Inmate Care [IWOV-DMS.FID43916]

Good afternoon Pete:

Thank you for your email. I am concerned that not fully exploring Dentrix Enterprise as a viable option for an electronic dental record system (EDRS), is premature. The spreadsheet I created is solely an evaluation tool. It is not an EDRS. It only collects part of the data which is necessary to evaluate the dental program and does not improve the process. The spreadsheet does not provide accountability and **it does not have an audit tool built into it.** There is no way to see if the data has been corrupted or if changes have been made without significant analysis of past spreadsheets.

An EDRS will control and monitor access to records, provide authorizations and tracks who makes entries or even who reviews records. It is HIPAA compliant. It locks in data for risk management. An EDRS automates systems and processes for increased efficiency. It can create reports easily and effortlessly unlike the spreadsheet. It tracks dental treatment plans, completed treatments and referrals. It can code exams to populate in the next re-care appointment for those eligible for comprehensive care. It has automatic medical warnings to assist in the prevention of medical errors. An EDRS cannot lose a patient in the system. It provides scheduling tools for continuity of care. **There are instant reports to make sure patients are not lost if they are rescheduled, out to court or out to medical.**

There is a vast difference between being a neutral court monitor and a dental director. I previously only looked at the data without commenting on it except in the reports to see what changes MCJ was taking to correct their issues and implement my recommendations. It was recommended that the spreadsheet be updated and enhanced by MCJ/CFMG to meet the needs of the dental department. This has not occurred as there is little oversight given to the dental staff from management, since there is no dental director, nor dental policies to address day to day challenges.

I have now actively started enhancing and monitoring the spreadsheet, communicating my questions for every entry so that concerns can be addressed weekly. This role now is bordering on a dental director function. I am concerned that without administrative time being given to both Dr. [redacted] and [redacted] that these continuing issues, seen in yellow on the spreadsheet will continue unaddressed because they do not have the time to deal with the logistics of improving their dental program. With an EDRS, there is less administrative time required, as the software prevents administrative errors. Thankfully [redacted] is a smart, proactive Dental Assistant and is able to understand how to work this spreadsheet. I can only hope that she stays on to continue her work with MCJ.

Financially, now that I am actively monitoring and auditing the spreadsheet, it takes me 4-6 hours to review and research the information so that I can communicate with [redacted] There are so many issues that I have yet to tackle, as I am only now starting to work on a weekly dashboard for data and metrics to be recordable. This is

a labor intensive task and not cost effective. **I believe an electronic dental record can address data reports, compliance and dashboards automatically and accurately far into the future.**

These are but only a small sampling of the issues of staying with a paper dental system. Much as I appreciate read-only access to COR, and Telmate for sick call and grievance access to care, I am concerned that other basic functions of running a dental program including access, timeliness of dental care, filling out the odontogram, charting, using consent forms, scheduling dental care, following up with care, tracking compliance, all things Dentrix Enterprise addresses easily and effortlessly, is not fully feasible with staying with this spreadsheet.

Finding data and closing the loop on the data, within the spreadsheet, is a truly difficult and inefficient job. One of the goals of MCJ should be to eliminate the need for a neutral court monitor, by being in and maintaining substantial compliance. The dental department should become self-sufficient and monitor itself without cutting corners to improve on its quality and processes. An EDRS, such as Dentrix Enterprise which is already geared towards corrections, can assist in achieving this goal.

I highly suggest that Dentrix give you a bid so that you may make your decision based on the above mentioned factors as well as in the cost effectiveness of an EDRS. Therefore Pete, please send the names, phone numbers and emails of the representatives for COR, Telmate and TracNet by close of business Friday, February 15th so that Andrea can at the very least give you a quote for Dentrix Enterprise along with a quote for 2 digital x-rays sensors. Then, we can review the logic and reasoning as to why MCJ and WellPath does not want to move forward with an EDRS.

Best regards,

Viviane G. Winthrop, DDS

APPENDIX 8. Email - Reasons for an EDRS, i.e. Dentrix Enterprise – Additional Email from March 25, 2019 @ 8:48 am

Hi Van:
The following is a draft. Please comment.
In your email dated March 20th at 8:59 pm you requested, for the benefit of all parties, a re-statement of how CFMG is out of substantial compliance with respect to the Dentrix-proposed solutions, and explain how the Dentrix system can potentially assist CFMG into coming into substantial compliance as opposed to the methods it currently relies upon?
The Health Information Technology (HIT) mandate alleviates many issues involved with traditional, paper-based medical records[11]. **There are many reasons why paper dental records are an issue:**

- Data can only be viewed/used by one person at a time.
- Data may be illegible, misinterpreted, or not readily structured.
- Data can be lost—pages can fall out of the files— and charts can be misplaced.
- Data can be difficult to locate in large charts/files and difficulty with cross-referencing across charts.
- Data does not easily support point-of-care decision logic.
- Important and often subtle patterns in the data are not apparent.
- Availability of electronic connectivity to other technologies and databases does not exist.
- Data is not secure and not widely available.

Electronic dental records can improve the quality of dental care for the following reasons[11]:

- Data/record accuracy for doctor and patient protection
- Improved treatment standards and quality of treatment
- Complete records supporting better point-of-care decision making
- Sharing/cross-referencing of data by consulting doctors
- Realize higher levels of efficiency
- Drastic reduction of administrative costs
- Improved security
- Improved data access
- Improved connectivity to other technologies and devices
- Can be the bridge between medicine and dentistry - oral surgeons, etc.
- Improved ability to provide continuity of care
- Improved detection of data patterns
- Improved ability to monitor compliance and study outcomes

The use of an electronic dental record system (EDRS) such as Dentrix Enterprise, would bring Monterey County Jail (MCJ) and California Forensic Medical Group (CFMG/WellPath) into substantial compliance for the following reasons:

1. **Timeliness of Care**: The ability to automatically track and trace patients from initiation of intake, sick call, 14-day exam, re-schedules, periodontal program and annual comprehensive dental care through to the completion of triages, exams and treatment plan(s) using the Dental Priority Codes (DPC).

2. **Quality of Care:**
    a. Compliance to Annual Comp Exam (ACE), especially if there are multiple treatments required.
        i. Inmate [redacted] requested a teeth cleaning and was seen on 6/8/18, seen again on 8/15/18 for a requested cleaning and partial dentures. On 10/18/18, the ACE, Full Mouth X-rays (FMX)/exam was completed months after initial request.
        ii. Inmate [redacted] requested ACE on 10/10/18, was rescheduled on 12/5/18, 12/12/18, 12/20/18, and on 12/27/18 the ACE FMX/exam was completed.

iii. Dentrix Enterprise can track, visually show completed treatment through an odontogram, as well as schedule treatment plans using the DPC in such a manner that monitoring compliance is done through an automatic report.

b. Follow up from referrals (intake, sick calls, 14 day exams, comprehensive care, periodontal program, grievances, outside referrals, return from specialist, etc) on a timely basis, as well as being able to bridge medical and dental treatments between Core EMR and Dentrix.
   i. The current paper charting method and the current Excel system is time consuming and a method does not easily exist to close the loop on the outside referrals. Dentrix would provide this automatically and provide a report when requested.
   ii. 14 day exams requires the RN to fill out the odontogram and answer a list of screening questions which can be entered into Dentrix and available to the dental staff.

c. Post-Op follow up where Dentrix can automatically create a report for patients requiring post-op follow up. This eliminates having to rely on the patient to put in a sick call and reduces risk of potential post-op complications.

d. Patient history of treatment, especially if incarcerated more than once at MCJ.

e. Dentrix when linked to TrackNet can automatically calculate the estimated length of incarceration and therefore what services the patient is entitled to per the Dental Services Implementation Plan.

f. Chronic Care patients can be treated appropriately and timely because the patient history will be in the database.

g. Managing the comprehensive dental program, including the periodontal care program would be in place with Dentrix.

3. **Staff Efficiency:** The dental assistant works 4 days/week, and much of her time on the 4th day is spent entering data into the spreadsheet. This time doesn't include when the court monitor reviews the data and she is required to re-review and adjust the data in the spreadsheet accordingly. The dental assistant has several required tasks for the dental clinic such as organizing the clinic, filling out various logs, updating the Safety Data Sheets (SDS), performing infection control duties, etc.

4. **Improved tracking** of inmates that are out to court (OTC), out to medical (OTM), upcoming not in custody (NIC) would allow other patients to be scheduled and increased adherence to compliance.

5. **Statistics** are required for the monthly dental sub-committee meeting, in addition to the quarterly QA meeting. With Dentrix, these statistics and reports can be generated quickly without having to enter formulas and calculations by hand.
   a. Daily, weekly and monthly monitoring reports that can be generated quickly to track various aspects of inmate/patient's dental care at MCJ.
      i. Trends and patterns therefore can be studied to improve dental care.

6. **Accuracy**-Eliminates human error such as transposing dates, incorrect, incomplete patient information on the spreadsheet can be minimized using Dentrix.
   a. On 5/9/18, the date was transposed on 12 patients and were seen on 9/5/18 instead of 5/9/18.
   b. On 12/5/18, patients were rescheduled due to the dental audit. Had the time been blocked out on the Dentrix schedule in anticipation of the audit, the patients would not have had to be rescheduled. Advanced scheduling of the clinician's meetings, schedule, etc is tracked with Dentrix.
   c. Dentrix eliminates multiple entries onto the paper logs and excel spreadsheet for the same patient, thus eliminating the chance for error.

i. Currently, the patient task list is printed from Core EMR for the patients seen each dental day. Patient data is then handwritten in the Dental Compliance Log, followed by entering the data manually in the spreadsheet so that compliance can be measured.

d. Integrity of the spreadsheet - The spreadsheet is password protected, but integrity of the data can be compromised because of multiple users and data can be manipulated, which cannot be as easily done on Dentrix.
   i. Dentrix provides an audit trail tracking system with reporting capabilities.

e. Accuracy of diagnosis, treatment plan and tracking of completion of treatment.
   i. Dentrix has complete dental charting for both episodic and comprehensive dental care in the database, which allows for the appropriate dental treatment plan and DPC to be selected and subsequently tracked. In addition, treatment plans are printable, easily tracked so that treatment plans can be completed within timelines.
      1. If a patient's treatment plan is not completed, this can be easily called out in the database prior to being out of compliance.

f. Complete chart entries-Dentrix will show incomplete chart entries and ensure all patient entries and progress notes are completed for each scheduled patient.

7. **Legal and Liability**- The Dentrix software will reduce the legal and liability issues. According to Title 49 Pa. Code §33.209(b) "...A patient's dental record shall be retained by a dentist for a minimum of five (5) years from the date of the last dental entry." However, the American Dental Association (ADA) recommends patient dental records be kept indefinitely. With approximately 10,000 to 11,000 inmates booked yearly at the MCJ, storage of paper dental records creates issues with storage, lost files, etc.
   a. In addition, since MCJ no longer has paper charts for medical records, the dental records currently are not kept in individual charts, the patient's records are kept in notebooks creating a potential HIPPA issue since there are no individual charts.
   b. This software will also offer data protection because it has a self-contained network and audit trail, especially if the ADA recommends that dental records be kept indefinitely. In addition, the integrity of the data is less likely to be compromised because it is part of the Microsoft SQL network. The spreadsheet can be more susceptible to computer viruses, can be easily shared without consent and the data can be easily manipulated and/or compromised.
   c. The chronic care patients are identified and treated accordingly.
   d. In addition, the consent or refusal forms are automatically generated by Dentrix eliminating the exposure and liability of not having patient consent and/or refusal.

8. **All county jails are subject to AB109** and therefore access, quality, timeliness and adequate dental care per the 8th amendment must be in place as compared to the California Department of Corrections and Rehabilitation (CDCR). Dentrix Enterprises was rolled out at all CDCR facilities.
   a. Per Andrea Hight of Dentrix Enterprise, "We have any number of corrections across the country using Dentrix Enterprise. I have to get permission from the customer to share them as a reference though. It's not allowed unless: a. public knowledge or b. they give approval."

Dentrix Enterprise addresses each of these above listed critical factors and can be used to achieve and maintain substantial compliance, as Dentrix Enterprise has the DPC and other correctional requirements already programmed into its core applications.
Monitoring and auditing reports to proactively identify and rectify deficits would be easily available. Dentrix would also provide an automated process with an Enterprise solution that can span multiple sites and be accessed remotely, especially important as the new dental clinic will be online in the latter part of 2019. Lastly, Dentrix assures a records system that manages HIPAA and security requirements as well as effectively

and efficiently standardizes and automates clinical care documentation. Please let me know should you have any further questions.

Best regards,

Dr. Winthrop

References:

1. https://www.healthit.gov/faq/how-will-adopting-electronic-health-records-improve-my-ability-care-patients
2. https://www.cdc.gov/nchs/data/hestat/emr_ehr_09/emr_ehr_09.htm
3. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms
4. https://www.ncbi.nlm.nih.gov/books/NBK37988/
5. https://www.healthit.gov/faq/what-are-advantages-electronic-health-records
6. https://www.adsc.com/blog/benefits-of-implementing-electronic-health-records-in-correctional-facilities
7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539806/
8. https://www.emrsystems.net/blog/importance-of-correctional-health-ehr/
9. http://www.jhconnect.org/wp-content/uploads/2013/09/Health-Information-Technology-and-the-Criminal-Justice-System.pdf
10. https://healthinformatics.uic.edu/blog/emr-program-in-texas-prisons-saves-taxpayers-1-billion-improves-inmate-health/
11. https://www.aaoms.org/images/uploads/pdfs/2008_04_pmn.pdf
12. https://californiahealthline.org/news/la-county-aims-to-transform-health-care-with-new-ehr-system/

APPENDIX 9. Email – Correspondence regarding refusals

Hi Dr. Winthrop,
Thank you for raising this concern with us. We agree with Pete and suggest that you send the draft report to the parties. We will address your question within the parties' comment period. We may also have follow-up communications with you, and will copy Pete to emails and work with both of your schedules to the extent any calls are necessary. In the meantime, can you please forward an exemplar refusal form operative at CDCR? Pete, will you please forward a blank exemplar refusal forms currently operative at the Jail?

Thank you.
Van

From: Viviane Winthrop [redacted]
Sent: Monday, June 3, 2019 9:37 PM
To: Van Swearingen <VSwearingen@rbgg.com>
Cc: Bertling Peter <peter@bertlinglawgroup.com>
Subject: Re: Hernandez

Hi Van:

As the inmate-patients are granted rights to dental care under the 8th amendment, the standard of care in regards to a dentist providing a one on one informed refusal to an inmate-patient at the time of the refusal is different than that of patients refusing dental care in private practice.

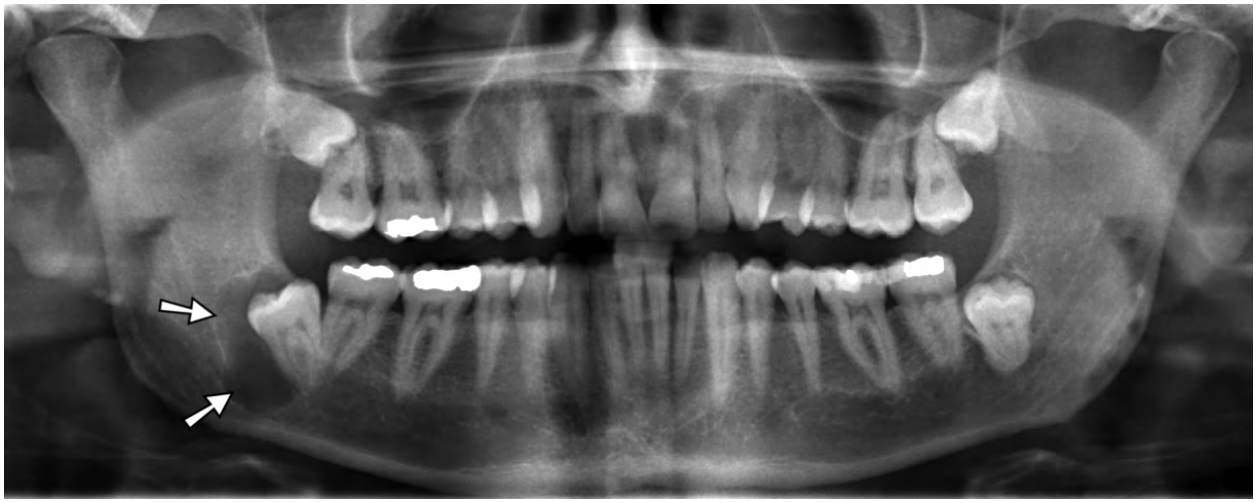
Dr. [redacted] recommendation of having a documented informed refusal discussion with a generic refusal formed signed (prior to a refusal) and at the time of either a dental triage for episodic care or at the comprehensive exam, although practical, is currently not consistent with CDCR's dental policies and procedure.

1. https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf
   Chapter 5.7 Patient's Right to Refuse Treatment 134

The current issue is that Dr. [redacted] refuses to go cell side and have a one on one discussion with the inmate-patient on the day of the refusal, explaining the consequences, risks, benefits and alternatives of not having the prescribed dental treatment performed. Currently, the inmate-patient is refusing the prescribed dental treatment most often times at his/her cell side and there is no licensed dentist to provide the informed refusal. The signature is obtained by either the dental assistant, custody officer or other medical staff, but not by the licensed dentist. Dr. [redacted] then co-signs the form but was not present.

Although I believe Dr. [redacted] recommendation has some practical applications, I want to make sure that going down this road is legally viable. Can you provide an analysis of this situation please and let me know if you want to provide this analysis prior to or following the draft report?
Thank you, Viviane G. Winthrop, DDS

APPENDIX 10. Panoramic X-rays sample[5] showing lesion (cyst) and third molars hard to diagnose with full mouth series of x-rays alone.



[5] From Wikipedia. https://en.wikipedia.org/wiki/Cysts_of_the_jaws

Exhibit 42

Monterey County Jail

&

California Forensic Medical Group (Now Wellpath)

Dental Neutral Court Monitor – Final Report #5

Dental Tour #5
June 15 - 16, 2020

Jesse Hernandez et al

v.

County of Monterey;
Monterey County Sheriff's Office;
California Forensic Medical Group, Incorporated

Case No. 5:13-cv-02354-PSG

Table of Contents

Introduction

Purpose and Objective for Dental Tour #5 – June 15-16, 2020

Dental compliance monitoring of all aspects of the dental department at Monterey County Jail (MCJ) is the objective for the Dental Tour #5. This includes, at a minimum, adhering to the mandates of the Implementation Plan and Settlement Agreement by focusing on access to care, chronic care, timeliness of care, quality of care, continuity of care, infection control, regulatory compliance, quality assurance, dental management, as well as case reviews. This also includes the expectation that Wellpath's Chief Dental Officer (CDO) will provide supervisory and clinical oversight to this dental department.

The purpose for MCJ and the California Forensic Medical Group (CFMG), now Wellpath, is to put into practice the recommendations from this and previous dental audit reports. The recommendations are indicated by a * and are identified with an outcome measure number corresponding to each section of the audit tool. Individualized assessments of each section of the audit tool is available for review in the *Section IX. Appendix / Data and Recommendations* of this report. The outcome measures are used as reference in the corrective action plan.

Corrective Action Plan (CAP) for Dental Tour #5

A corrective action plan (CAP), following the draft report for dental tour #5, was to be generated by Wellpath using the starred recommendations as outlined within this report. Wellpath submitted their CAP on October 11th, 2020 however it was incomplete and a new CAP was then generated by this monitor. This updated CAP is found in *Section IX. Appendix / Data and Recommendations. Appendix 15* and will be used to assess and track actionable items which are to be completed and implemented. The CAP includes target timelines for rectifying the identified deficiencies.

Previously, in the dental report #4, a small CAP was issued with a response requested by January 2nd, 2020, for a decision on the purchase of Dentrix Enterprise, an electronic dental record system (EDRS), and digital x-rays. The defendants did not respond within timeline to the CAP at that time. Note that Medical and Mental Health already have an electronic health record for their health care plans. Dental has been requesting an EDRS for several years.

To assist MCJ and Wellpath in understanding the need for an EDRS, a second demonstration of Dentrix Enterprise occurred on August 11, 2020. The first was on January 23, 2019. Pursuant to the second demonstration, another request for a decision on the purchase of the EDRS and digital x-rays was made, prior to the submission of the draft report. The decision was postponed by Wellpath, stating they will review following the release of the final report for the dental audit tour #5. The remainder of the information requested for the June 15-16, 2020 audit was provided on 08/20/2020 and 08/25/2020. The draft report was submitted on August 31, 2020. The response to the draft report was given by the plaintiffs on September 30, 2020. The CAP submitted by Wellpath was submitted, as previously discussed above, on October 11th. Due to the new CAP being generated, an extension was granted by the plaintiffs to November 2nd, 2020 for this final report #5.

Dashboard and the Dental Excel Spreadsheet

To assist in identifying issues and trends for the dental tour #5, this monitor created a dashboard using the data entered within the dental excel spreadsheet and placed the dashboard within the spreadsheet on the MCJ SharePoint. By doing this, the dental spreadsheet can be reviewed directly by all the involved parties, without being emailed. Although it does not eliminate the HIPAA compliance mandates, it slightly decreases the risks to Wellpath/MCJ and their inmate/patients.

Implementing an EDRS such as Dentrix Enterprise, which is used by the California Department of Corrections and Rehabilitation (CDCR), contracted for by the Indian Health Services and the U.S. Department of Defense and adopted by "a plethora of state and county correctionals across the country", would solve the issue of HIPAA compliance.[1]

A conference call occurred to educate the staff, management and related parties of the information within the spreadsheet and the dashboard. As mentioned in many previous reports and re-stated on this call, it is importance that every scheduled and added on patients, seen or not seen by dental, is to receive a documented line item of data for the spreadsheet to be relevant and reliable and for it to act as a temporary management tool until the EDRS can be purchased. It was also stated during the call that multiple inaccuracies continue to occur in the spreadsheet with no failsafe measures to prevent ongoing errors.

Repeated requests up to 08/25/2020 for *who wants to receive read-only access to the dental spreadsheet on the SharePoint* had yet to be answered. This indicated to me a continued lack of interest in identifying, rectifying and managing problems at Wellpath/MCJ. This lack of interest on the part of the staff and management at Wellpath/MCJ is a systemic, continuing issue bordering on deliberate indifference and must be rectified immediately.

Non-Compliance for MCJ and Wellpath's Dental Tour #5

During this round of dental audits, which occurred on June 15-16, 2020, the program achieved Non-Compliance. Continuing issues were presented and related to the staff of MCJ, Wellpath and their corresponding councils during the exit interview. This information appeared to be well received and this monitor was led to believe that the implementation of many of the preliminary findings discussed would occur, in particular the issue at the 14-Day Exam. As of the submission of this final report #5, most inmate/patients (I/Ps) are still not receiving an intraoral evaluation (looking inside the patient's mouth and noting findings) and none of the I/Ps are receiving their dental screening and evaluation at the 14-Day Exam as mandated by the Implementation Plan.

It was identified during the dental tour that the RN at the 14-Day Exam only performed an intraoral evaluation if the patient reported pain. The RN was then clearly instructed by myself and the Health Services Administrator (HSA) that all patients must receive an intraoral screening, evaluation with written intra and extraoral findings, as well as given a referral to Dental when indicated, using the mandates set forth in the Implementation Plan.

One month following the identification of this issue and discussion at the exit interview, there was only one (1) patient referred to dental with a Dental Level 2 and none (0) with a Dental Level 1 from the 14-Day Exam respectively. However, if one reviews patient sick call requests, there are multiple patients who asked for a dental sick call, for issues soon after incarceration which would have been identified at the 14-Day Exam. This must be rectified immediately. The implementation of Dentrix Enterprise would correct this deficiency.

Many changes are occurring within Wellpath. I am hopeful that with the promotion of [redacted] RN to HSA and acting Director of Nursing (DON), and of [redacted] to Operations Specialist, that Dental will receive the much-needed resources and directed attention it deserves moving forward.

[1] Andrea Hight, see email in Appendix 11 sent August 5, 2020

I reiterate that the goal for MCJ and Wellpath is to self-assess their dental program, by self-auditing and self-monitoring through data collection, analysis of the identified and reported outcome measures and by performing chart audits. "If you can't measure it, you can't improve it".[2] Recognizing the necessary steps, followed by taking the necessary actions, such as purchasing a true electronic dental records system such as Dentrix Enterprise and integrating digital x-rays within it, must occur to alleviate these and other constant issues, as identified throughout this report. This is the way to achieving and subsequently maintaining substantial compliance without oversight.

It is my belief that with the recent establishment of ex parte communication, MCJ and Wellpath are in a favorable position to choose to move forward towards future substantial compliance by implementing the items listed in the October 30th, 2020 Corrective Action Plan.

Standard of Care & AB109

When AB109 was signed in 2011, eligible inmate/patients (I/Ps) serving longer sentences at the California Department of Corrections and Rehabilitation (CDCR), were transferred to the local county jails to finish out the terms of their incarceration. The expectation was, and continues to be, that the standard of care will continue from CDCR to the jail system. Due to the mandates of AB109, the standard of care at MCJ is based not only by the community at large, but also from the level of dental care delivered within CDCR and the California Correctional Health Care Services (CCHCS) Dental Program.

Subsequently, the standard of care becomes based on and is referenced by the current CCHCS, November 2017 Inmate Dental Services Program (IDSP), and Policies and Procedures (P & Ps). The link to the IDSP Policies and Procedures is provided below:
https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf

Site Overview – Covid-19 Precautions

Due to Covid-19 precautions for safety, this audit was conducted entirely via Zoom, as well as by email, text, telephone and read only access to the EHR. The assessment for quality of dental care was made primarily through chart reviews; the review of the Dental Excel Spreadsheet, which acts as a recording location for each dental encounter's metrics and a management tool; the new formation of the dashboard highlighting data within the dental spreadsheet; as well as patient interviews and a virtual facility evaluation. There was limited observation of direct clinical dental care provided by Dr. [redacted] and [redacted], Registered Dental Assistant (RDA) as they only had triage exams available during the clinical portion of this audit tour.

No inmate/patients were clinically examined by me during any part of dental tour #5, although some photographs of one of the I/P's gingival condition were taken, with the patient's approval, for this report. The charts reviewed using the Implementation Plan parameters, spanned July 1, 2019 to June 30, 2020.

Dental directives were given to the MCJ dental staff by Dr. [redacted] Chief Dental Officer for Wellpath for Phase 1and Phase 2 Covid-19 precautions. Due to the resurgence of the virus a return to Phase I occurred. The directives themselves are available in Appendix 13 & 14.

Phase 1: 05/18/2020 - 05/31/2020
Phase 2: 06/01/2020 - 07/12/2020
Phase 1: 07/13/2020 – current (draft report 08/25/2020 and for final report 10/30/2020)

[2] Peter Drucker quote

Anticipated New Dental Facility at MCJ (Protective Order)

The new, additional dental clinic was not in operation at the time of the audit and was not evaluated in this report. Per Chief Bass, both dental clinic locations (Rotunda Dental & New Dental Facility) will be used once opened. I was informed that the new facility will be in operation by fall of 2020. There is only one dental operatory built in the new facility, which includes one (1) dental chair with a dental delivery system. The plumbed system will require an amalgam separator per state and county requirements.

As mentioned in the previous reports, having only one dental operatory will create scheduling challenges to having an independent Dental Hygienist, which is a staffing position recommended in the Implementation Plan. Anesthetizing, with a local anesthetic, an inmate/patient will necessitate the dentist to travel between dental clinics to provide direct supervision during this portion of the dental procedure. It will also be important for safety and efficiency that a Dental Assistant is hired to work with the Dental Hygienist.

In Attendance for Dental Tour #5 – June 15-16, 2020

Zoom was utilized to interview dental, administrative, custody and nursing staff as well as used to interview inmate/patients, perform the clinical facility audit, observe clinical dental care and attend the exit interview. The following individuals were involved with the dental audit tour:

- [redacted], Operations Specialist for Wellpath;
- Dr. [redacted], Dentist for Wellpath;
- [redacted] Registered Dental Assistant for Wellpath;
- Chief Jim Bass, for Monterey County Jail;
- George McKnight, Director of Operations for Wellpath;
- [redacted] Chief Dental Officer for Wellpath;
- [redacted] RN, HSA and DON(A) for Wellpath;
- [redacted], Administrative Assistant for Wellpath;
- Van Swearingen, Council for Plaintiffs;
- Cara Trapani, Council for Plaintiffs;
- Peter Bertling, Council for Defendants;
- Susan Blitch, Council for Monterey County;
- Rachel Eckhardt, Paralegal for Wellpath;
- Alisha Stottsberry, Regional Operations Director, VP(A) from Wellpath;
- Dr. Viviane G. Winthrop, Dental Neutral Court Monitor.

MCJ/Wellpath Dental Department Logistics

Dental Levels (DL)

- Dental Levels (DL) are provided by the nursing staff following an assessment of the inmate/patient's reported dental problem at the time of Intake, 14-Day Exam and Sick Call, as well as during a patient's physician visit where a dental problem can also be reported.
- The DL1 and DL2 classifications are then used to appropriately schedule the I/P with the dentist.

DL 1 – Scheduled for the next dental day – urgent/emergent problem
DL 2 – Scheduled within 14 calendar days – non-urgent problem

Dental uses *two* main systems, Dental Level and Dental Priority Code (DPC), for monitoring compliance which are assessed in the Access to Care (DL) and Timeliness of Care sections respectively. The nurses who triage a patient at the time of Intake, 14-Day Exam or Sick Call, use the Dental Level classification to assess the severity of a patient's dental problem(s). The DL assessment is used to refer the patient to the dental clinic within a prescribed time period as explained in the section above. The DL is also used as the basis for identifying if patients were seen as scheduled in the dental clinic. The Dental Priority Code is explained below.

Dental Priority System – Dental Priority Code (DPC)

- The DPC is the system for monitoring compliance and is used to assess timeliness of care. The DPC is assigned by the dentist for each dental treatment planned item. (Nursing staff assigns a DL).
- DPC Guidelines below are for both Episodic & Comprehensive Dental Care:

DPC	Triage/Treatment	Time
Immediate	Emergency Care	To be treated Immediately
DPC 1A	Treatment within 1 calendar day/24 hours	Emergent
DPC 1B	Treatment within 30 calendar days	Urgent
DPC 1C	Treatment within 60 calendar days	Unusual hard/soft tissue pathology
DPC 2	Treatment within 120 calendar days	Interceptive Care
DPC 4	Comprehensive dental treatment is completed	Patient is on periodic/annual recall for their dental exam schedule
DPC 5	– Special needs dental care or referrals to outside specialists, seen by the outside specialist within 30 days of the referral from Dental – To be seen by Dental the next dental day following the appointment with the outside specialist.	Referral to Outside Specialist

Statistical Parameters for Assessment of Compliance

Grading parameters:
Substantial Compliance (SC) = 86% - 100%
Partial Compliance (PC) = 75% - 85%
Non-Compliance (NC) = 74% and below

For grading purposes:
SC = a grade of "1" is given on the audit tool when all parameters of the audit question has been fully and completely answered.
PC = a grade of "0.5" is given on the audit tool when one or more areas of the audit tool question is not fully answered.
NC = a grade of 0 is given on the audit tool when the question is not answered or not clinically favorable.

Weight of each question:
- All questions carry equal weight at this time and a total is given following each of the graded sections. A grand total compiling all data is found in the following Summary of Findings section.
- An overall compliance score has been determined by averaging the scores. Averaging does not take into account individual incidents that are problematic and therefore averaging could be a risk to patient health.

Time Period audited for Chart Review and Statistics for Dental Tour #5:
July 1, 2019 - June 30, 2020

Time Period to Assess for Compliance for the Next Planned Dental Audit Tour #6
Audit chart records from July thru December 2020, with the proposed Dental Tour for Report #6 on January 12-13, 2020.

Risk Elimination - Corrective Action Plan (CAP)
This monitor indicated, in the draft report, that the CAP for report #5 would be formulated by MCJ/Wellpath by providing an effective plan by the end of September 2020. Wellpath provided a CAP in mid-October, however it was incomplete. Please note that the CAP for the 4th Dental Report which was due on January 2nd, 2020 was unanswered.

The recommendations for this report are found throughout the Appendix, are starred, and are to be included in the CAP. Due to the incomplete formulation of the Wellpath's CAP, an updated CAP was completed by this monitor and is included in Appendix #15 of this report.

Summary of Findings – Dental Tour #5

Section	# of Questions	% Compliant	SC, PC, NC
I - Access to Care	32 questions	32.8%	Non-Compliance
II - Timeliness of Care	15 questions	28.6%.	Non-Compliance
III - Quality of Care	13 questions	12.5%	Non-Compliance
IV - Infection Control and Regulatory Compliance	88 questions	79.6%	Partial Compliance
V - Dental Program Management	17 questions	26.5%	Non-Compliance
VI – Case Reviews	6 case reviews	38.4%	Non-Compliance
OVERALL TOTAL		**36.4%**	**Non-Compliance**

Executive Summary

The overall assessment remains Non-Compliance. There continues to be multiple, systemic issues which must be corrected in order to achieve substantial compliance. The initial roadmap to substantial compliance was identified during the first evaluation of MCJ's Dental Department in February 2017. The consequence of continued non-compliance is increased liability to Monterey County and decreased quality of care to the inmate/patients being served. This is evidenced by a decrease in overall compliance from 58% to 36.4%. Specifically, Quality of Care and Timeliness of Care dropped from 43.8% compliance to 12.5% compliance and 77.3% compliance to 28.6% compliance respectively. Simple solutions are available, but must be committed to, for improvement and sustainability to occur.

The statistics quoted from the dental excel spreadsheet are only as good as the data being entered. Besides data entry errors and the omission of data from not always including information about each scheduled and unscheduled patient, seen or not seen, many of Dr. [redacted] procedures were not fully captured in the original spreadsheet. This was due in part to the formatting of the spreadsheet. Additionally data issues were present due multiple points of data within each cell and the complexity of tracking dental treatment variables through an excel program.

To provide more accurate data for this report, rather than manually excavating for it, the spreadsheet was upgraded to provide the data in a dashboard. Note that a dashboard is a location for compiling data and is not an enterprise system used to run a clinical dental program. Regarding Quality of Care, the increased accuracy may explain the decrease in compliance, i.e. placing individual points of data in one cell rather than having multiple points of data in one cell. Additionally, several areas of dental clinical care; i.e. endodontics, were not measured during the fourth audit but were measured in this dental report #5. The previously unmeasured areas were deficient in several areas during this audit, driving down the overall percentages.

Prior to the implementation of the dental excel spreadsheet in September 2017, excessive numbers of rescheduled patients, were unaccounted for with no indication that the patients were ever rescheduled for another day. There was no written documentation in the patient's chart that the dental appointment was even made and that it was rescheduled. This practice is egregious and all scheduled patients seen and unseen must receive a progress note or chart entry.

This practice unfortunately returned during the Covid-19 pandemic. All scheduled and added on patients, seen or not seen must receive a line of data within the spreadsheet as well as receive a progress note or chart note in order to track the patient's dental health care visits. A next visit recommendation must also be identified so the patients are not lost and ignored. Tracking a rescheduled patient, especially if rescheduled multiple times is more than the dental excel spreadsheet can track reliably without spending money for it to be upgraded. This is where an electronic dental record system (EDRS) would be capable of tracking and accounting for the patients. The number of rescheduled patients without an indication of the rescheduled appointment may be a reason for a decrease in the Timeliness of Care compliance.

The dental excel spreadsheet was to be a temporary, two to three months solution at best, to capture data while waiting for an EDRS such as Dentrix Enterprise to be purchased. Rather, the dental excel spreadsheet, was created by this monitor's limited excel abilities because no one stepped up to create it within CFMG as requested at the time. It was implemented on 09/06/2017 to track key performance indicators, as there were no other methods of data management utilized by the new dentist at the time.

CorEMR, MCJ/Wellpath's electronic health record (EHR) is not a dental clinical program nor does it capture the data necessary to track compliance or to run a competent clinical dental program. The spreadsheet, as a temporary solution, continues to hinder MCJ/Wellpath's progress towards substantial compliance. It is like an airplane attempting to take off and fly without an engine. The purchase and proper implementation of an EDRS with digital radiographs is paramount to the future success of this dental program.

The overall program areas of non-compliance affect Dr. [redacted] efforts and abilities to provide access to care, timeliness of care and quality of dental care to the inmate/patients of the Monterey County Jail. I recommend that Dr. [redacted], Chief Dental Officer (CDO) for Wellpath becomes an integral part of the solution for MCJ's Dental Department and fully participates in its future success. This can be achieved by his review and implementation of recommendations within this report and through the corrective action plan (CAP). It can also be achieved through the monthly auditing of multiple charts, providing feedback to the dental staff of MCJ, being available to assist with complex dental cases as well as providing routine, weekly supervisory oversight and attending the monthly dental subcommittee meeting, which has yet to be implemented. Dr. [redacted] is listed as the responsible individual throughout the CAP.

Dr. [redacted] is charged with overseeing 286 dental clinics throughout the United States and he is also tasked with 3 days of patient care per week. How is this logistically possible? I highly recommend that immediately Dr. [redacted] be given a new duty statement focusing his time on overseeing the dental clinics under his purview, in particular MCJ.

Giving Dr. [redacted] and Dr. [redacted] appropriate time to review the dental statistics and metrics found in the dashboard on the SharePoint at MCJ, will assist them in identifying trends and rectify deficiencies quickly. For example, it was found during this dental tour that if an inmate/patient during his/her 14-day examination did not report dental pain to the RN, that an intraoral evaluation, a visualization inside the patient's mouth, did not occur as per the mandates of the Implementation Plan, section XI.A.

The Implementation Plan clearly mandates in that specific questions about the patient's oral condition are answered, with the results of the full evaluation, documented both written and on an Odontogram occur during the 14-day exam. It is important to have a documented Odontogram in order to visualize the area(s) of concern for current and future concerns. Subsequently, without the RN visualizing any potential problems within the patient's mouth, a referral to Dental does not occur.

The metrics of the 14-Day Exam are located on the dashboard. Only 0.1% and 1.5% of patients are referred to dental from the 14-Day Exam with a Dental Level 1 (DL1) and a Dental Level 2 (DL2) assessment respectively from July 2019 to June 2020. This percentage is compared to the number of patients scheduled in dental. The percentage as compared to the number of patient's booked at MCJ is even lower.

The percent of dental sick calls is 1.7% and 53.1% respectively for DL1 and DL2 referrals as compared to the number of patients scheduled in dental. Many of the dental sick calls are seen shortly after the patients have become incarcerated. The 14-Day Exam would have caught many of these issues thus preventing pain to patients and excess work for the Sick Call system. Protocols, policies and procedures must improve immediately and Dr. [redacted] should be given administrative time to provide repeated training, feedback and retraining to the RN's in this and other areas.

Upon identification of this deficiency, I was assured, that at a minimum, the intraoral screening and subsequent documentation of the inmate/patients (I/P's) dental problems would occur immediately during the 14-day examination. This has not occurred as of yet. For July 2020, only 0.0% and 0.8% for DL1 &

DL2 assessments and referrals respectively occurred from the 14-Day Exam. Alternatively, patients requesting dental sick calls occurred 0% of the time for DL1 concerns but occurred 51.7% of the time for DL2 problems. Inmate/patients are then tasked to request a dental sick call a month or two after booking, when a screening of their dental problems and a referred to dental could have averted their dental pain.

Consistent, clear systems need to be established to address these and other continuing, basic problems which can easily be fixed with applied resources such as purchasing an EDRS such as Dentrix Enterprise. For the amount of time and energy placed in creating, maintaining and improving the excel spreadsheet and dashboard in order to provide a meaningful audit, Dentrix Enterprise with multiple licenses could have already been purchased both locally and at the corporate level. This issue has been addressed in multiple reports. This ultimately could have been a major saving to the taxpayers! Turning a blind eye to the basic problems which continue to occur year after year, and which can be rectified with planning, implementing, training and monitoring, is to me, **deliberate indifference**.

There are myriad of these types of systemic problems. Another example, there are currently no referrals to Dental occurring for I/Ps with chronic care issues. Last year, I discussed directly with Dr. [redacted] the need to refer chronic care patients with HIV, seizures, diabetes and pregnancy to the dental clinic. These patients are to be scheduled and seen in dental within 90 days of the referral from chronic care. This has yet to occur and this issue needs to be rectified immediately. It is time that Dental receives a solid investment of time and effort by the clinical and administrative staff of Wellpath and MCJ.

Per the Dental Practice Act of California, x-rays should be of diagnostic quality, which includes capturing the root apex of third molars as well as any pathology. Removing teeth without full radiographic visualization increases the possibility of jaw fracture, root fracture, damage to the mandibular nerve as well as increased liability to MCJ. Therefore, I recommend that MCJ/Wellpath invest in a panoramic unit in addition to an EDRS such as Dentrix Enterprise and include digital x-rays as well. Digital x-rays reduce radiation to the patient and if retakes are necessary, can be visualized immediately, taken immediately without waiting another 6 to 7 minutes out of the schedule of the only, already busy, Dental Assistant.

MCJ and Wellpath have implemented the use of an EHR for Medical and Mental Health to "help providers more effectively diagnose patients, reduce medical errors, and provide safer care, improving patient and provider interaction and communication as well as health care convenience"[3]. Dental however, does not currently have an electronic dental record system (EDRS). Nor does it have digital x-rays conveniently linked to an EDRS. Dental must be included in this triad of health care.

Also, note that the dental excel spreadsheet does not have an audit trail, there is no HIPAA compliance, no quality assurance, no dental charting mechanism, no odontogram to track ongoing 14-Day Exam issues or episodic and comprehensive care, no mechanism to chart objective findings and their subsequent diagnosis, treatment recommendations and DPC. The spreadsheet does not adequately follow the periodontal program mandates from the Implementation Plan. There is no currently no way in CorEMR to identify, without the dental excel spreadsheet, when a dental treatment plan needs to be completed.

The paper dental chart and full mouth radiographs used for comprehensive dental care are stored with other inmate/patient's dental, periodontal charts and x-rays. This is a HIPAA violation and needs to be corrected immediately by having individual charts.[4] This does not provide effective, timely, efficient, equitable,

[3] https://www.healthit.gov/faq/what-are-advantages-electronic-health-records
[4] https://www.hhs.gov/hipaa/filing-a-complaint/index.html

patient-centered and safe dental care[5]. The purchase of Dentrix Enterprise and digital x-rays would rectify this deficiency moving forward. I continue to recommend the immediate purchase of an EDRS such as Dentrix Enterprise with digital x-rays and a panoramic radiographic unit immediately. Dentrix Enterprise has the ability to do all that was stated above and schedule within Dental Priority Code timeframes and to report compliance.

Additionally, an EDRS is the standard of care in the community at large, and Dentrix Enterprise is the EDRS for many county jails through the United States, is the contracted EDRS for the Department of Defense and the Indian Health and is the EDRS dental enterprise system for all of the California Department of Corrections and Rehabilitation's (CDCR's) 34 facilities.

An EDRS would provide, among many other attributes, an audit trail, a HIPAA sanctioned program and a way to more precisely and easily track all aspects of the dental clinical care program and metrics at MCJ. It would also assist with tracking access to care, timeliness of care, quality of care, chronic care referrals and continuity of care. The Chief Dental Officer would also be able to easily supervise, audit charts as well as have a management tool for identifying trends, outcome measures and key performance metrics, with easy to access reports from his office in Tennessee.

I observed a PowerPoint presentation on ERMA, which is another program used by some of the 286 dental clinics run nationwide by Wellpath and although it has an odontogram, does not have many of the features an electronic dental record system has, nor does it have the ability to track any of the metrics that the dental excel spreadsheet currently tracks. Due to the multiple internal controls capable of organizing and monitoring the administrative and clinical needs of each patient's dental encounter, it is time MCJ and Wellpath commit to the purchase Dentrix Enterprise including digital x-rays and a panoramic unit, in order to reliably monitor all aspects of the dental clinical care, including tracking the DPCs and the overall health of the dental department.

I reiterate **again** that the goal for MCJ and Wellpath is to self-assess their dental program, by self-auditing and self-monitoring through data collection, analysis of the identified and reported outcome measures and by performing chart audits. "If you can't measure it, you can't improve it".[6] Recognizing the necessary steps, followed by taking the necessary actions, such as purchasing a true electronic dental records system such as Dentrix Enterprise and integrating digital x-rays within it, must occur to alleviate these and other constant issues, as identified throughout this report. This is the way to achieving and subsequently maintaining substantial compliance without oversight.

Lastly, I recommend additional monitoring until it becomes evident that MCJ and Wellpath are committed to addressing the deficiencies, completing their CAP timely and improving their outcome measures in order to improve their overall dental program. Weekly monitoring of the completion of the dental excel spreadsheet occurs but the content of the spreadsheet and dashboard and its accuracy and subsequent chart auditing is not part of the current monitoring.

Based on the decrease in the overall compliance, I now recommend auditing the content of the spreadsheet and dashboard by performing a weekly chart audit of a minimum of 10 charts, reviewing x-rays, treatment plans, diagnoses and outcome measures; providing weekly statistics and improving the dental spreadsheet so that Dr. [redacted] becomes responsible for entering his patient's data following each patient encounter.

[5] https://www.ada.org/~/media/ADA/DQA/2019_Guidebook.pdf?la=en
[6] Peter Drucker quote

I recommend this weekly chart audit be followed by a conference call and feedback with the Chief Dental Officer, this monitor, the onsite Dentist and Registered Dental Assistant as well as with the HSA and councils if interested in joining the conference call. This weekly audit and dental staff conference call is to start following the first CAP report due 11/15/2020. I also recommend that the Chief Dental Officer perform a monthly chart audit whereby the results are discussed with this monitor, to establish a mutual clinical baseline, before the CDO provides documented feedback to the Dentist.

All these issues discussed above and throughout the body of this report are all implementable and actionable. All that is needed is the commitment and the accountability to doing so.

Statistics:

These are taken from the updated dental excel spreadsheet and dashboard. See the dashboard in the SharePoint for ongoing statistics. Anyone wanting read only access can request it. Notice that some of the data is corrupted and/or is not entered correctly, and this will be rectified by conference calls with the dental, administrative and supervisory staff.

Table 1. # of Dental Appointment Types per Month:

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
Total # Dental Days/Month	12	14	12	15	12	11	14	12	10	14	11	13	**150**
***(Column J)* # Patients Scheduled**	172	175	176	260	185	157	176	149	122	103	101	122	**1898**
# Patients Seen	128	128	132	169	134	116	134	108	105	71	78	89	**1392**
***(Column M)* # Out to Court (OTC)**	6	4	6	7	5	5	4	1	1	1	1	2	**43**
# Out to Medical (OTM)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
# Refusal - Cellside	18	24	21	24	21	22	26	27	6	18	12	20	**239**
# Refusal - Chairside	4	3	5	4	6	5	3	3	1	3	5	1	**43**
# Rescheduled by Dental (R/S)	11	13	10	52	15	4	8	9	8	8	4	9	**151**
# Not Seen due to Custody	1	0	0	0	0	0	0	0	1	0	0	0	**2**
# Not Seen due to NIC	3	2	1	2	2	2	1	0	0	1	0	1	**15**
Other	1	1	1	2	2	3	0	1	0	1	1	0	**13**
***(Column L)* # Triage**	97	99	97	132	111	83	84	82	77	58	59	69	**1048**
# Triage & Treatment	6	10	5	4	7	8	7	9	1	4	12	6	**79**
# Treatment	59	47	29	47	44	40	54	29	14	28	21	28	**440**
# Referral to Specialist	0	0	0	0	0	0	0	0	0	0	0	0	**0**
# Return from Specialist	0	2	1	0	0	1	0	1	1	0	1	0	**7**
#Comp Exam	6	11	40	71	20	16	23	25	23	8	6	18	**267**
# Perio Exam	0	0	0	0	0	0	0	0	0	0	0	0	**0**
#Follow Up	4	6	4	6	3	9	8	3	6	5	2	1	**57**

Table 2. Average # Dental Appointments per Day:

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June
Avg # Pts Scheduled/day	14.3	12.5	14.7	17.3	15.4	14.3	12.6	12.4	12.2	7.4	9.2	9.4
Avg # Pts Seen/day	10.7	9.1	11.0	11.3	11.2	10.5	9.6	9.0	10.5	5.1	7.1	6.8

Table 3. Percentage of Reasons Patients not Seen for Dental Appointments:

(Column M)

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL Avg %
% Out to Court (OTC)	3.5	2.3	3.4	2.7	2.7	3.2	2.3	0.7	0.8	1.0	1.0	1.6	**2.1%**
% Out to Medical (OTM)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0	0.0	**0%**
% Refusal - Cellside	10.5	13.7	11.9	9.2	11.4	14.0	14.8	18.1	4.9	17.5	11.9	16.4	**12.9%**
% Refusal - Chairside	2.3	1.7	2.8	1.5	3.2	3.2	1.7	2.0	0.8	2.9	5.0	0.8	**2.3%**
% Rescheduled	6.4	7.4	5.7	20.0	8.1	2.5	4.5	6.0	6.6	7.8	4.0	7.4	**7.2%**
% Not Seen due to Custody	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	**0.2%**
% Not Seen due to (NIC)	1.7	1.1	0.6	0.8	1.1	1.3	0.6	0.0	0.0	1.0	0.0	0.8	**0.8%**
% Other	0.6	0.6	0.6	0.8	1.1	1.9	0.0	0.7	0.0	1.0	1.0	0.0	**0.7%**

Table 4. Reschedules for Various Dental Reasons:

This is from Column L and it does not match with the data as referenced above. This will be rectified with conference calls with RDA and Dentist.

(Column L)

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
R/S from Triage	0	0	0	0	0	0	0	0	0	0	0	0	**0**
R/S from Treatment	0	0	0	0	0	0	0	0	0	0	0	0	**0**
R/S from Comp Exam	0	0	0	0	0	0	0	0	0	0	0	0	**0**
R/S from Perio Exam	0	0	0	0	0	0	0	0	0	0	0	0	**0**
R/S from OTC	0	0	0	0	0	0	0	0	0	0	0	0	**0**

R/S from OTM	0	0	0	0	0	0	0	0	0	0	0	0	**0**
R/S from Custody	0	0	0	0	0	0	0	0	0	0	0	0	**0**

Table 5. % of Exams, Treatments, Referrals, and Follow ups Seen per Month:
Compare with Table 1 for the # of appointments vs percentages as seen here. Notice that the number of returns from the Specialist is larger than the # of Referrals to the Specialist. This will be rectified with training with RDA and Dentist.
(Column L)

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL Avg %
% Triage	56%	57%	55%	51%	60%	53%	48%	55%	63%	56%	58%	57%	**55.8%**
% Triage & Treatment	3%	6%	3%	2%	4%	5%	4%	6%	1%	4%	12%	5%	**4.6%**
% Treatment	34%	27%	16%	18%	24%	25%	31%	19%	11%	27%	21%	23%	**23.0%**
% Referral to Specialist	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	**0%**
% Return from Specialist	0%	1%	1%	0%	0%	1%	0%	1%	1%	0%	1%	0%	**0.5%**
% Comp Exam	3%	6%	23%	27%	11%	10%	13%	17%	19%	8%	6%	15%	**13.2%**
% Perio Exam	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	**0%**
% Follow Up	2%	3%	2%	2%	2%	6%	5%	2%	5%	5%	2%	1%	**3.1%**

Table 6. Total # of Dental Level (DL) Appointments Referred to Dental per Month:
(From Column F & I)

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
Intake DL1	0	1	0	0	0	0	0	0	0	1	0	0	**2**
Intake DL2	7	6	7	8	9	13	14	0	5	0	5	1	**75**
14 Day Exam DL1	0	0	1	0	0	0	0	0	0	0	0	0	**1**
14 Day Exam DL2	6	12	8	6	1	1	0	0	0	0	0	0	**34**
Sick Call DL1	0	0	5	7	8	1	0	2	0	1	4	4	**32**
Sick Call DL2	94	89	81	113	98	76	77	90	73	59	63	70	**983**
Physician on Call	0	0	0	0	0	0	0	0	0	0	0	0	**0**

Table 7. % of Dental Level (DL) Appointments Referred to Dental per Month:

- There are currently no logs tracking Physician on Call referrals to dental.
- 14-Day Exam DL2 referrals have become non-existent since Jan 2020, see Table 6.
- # of Sick calls have increased since Feb 2020.

(From Column F & I)

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
Intake DL1	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	**0.13%**
Intake DL2	4.1	3.4	4.0	3.1	4.9	8.3	8.0	0.0	4.1	0.0	5.0	0.8	**3.8%**
14 Day Exam DL1	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1%**
14 Day Exam DL2	3.5	6.9	4.5	2.3	0.5	0.6	0.0	0.0	0.0	0.0	0.0	0.0	**1.5%**
Sick Call DL1	0.0	0.0	2.8	2.7	4.3	0.6	0.0	1.3	0.0	1.0	4.0	3.3	**1.7%**
Sick Call DL2	54.7	50.9	46.0	43.5	53.0	48.4	43.8	60.4	59.8	57.3	62.4	57.4	**53.1%**
Physician on Call	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0%**

Table 8. % Compliance for DL Scheduling by RN in Dental within Timeframe:

(Column K)

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June
Intake DL1	none	100%	none	none	none	none	none	none	none	100%	none	none
Intake DL2	100%	100%	100%	100%	100%	100%	100%	none	100%	none	60%	100%
14 Day Exam DL1	none	none	0%	none	none	none	none	none	none	none	none	none
14 Day Exam DL2	100%	100%	100%	100%	100%	100%	none	none	none	none	none	none
Sick Call DL1	none	none	80%	0%	38%	100%	none	0%	none	0%	0%	0%
Sick Call DL2	97%	100%	99%	98%	100%	100%	100%	100%	100%	98%	98%	99%
Physician on Call	none	none	none	none	None	none	none	none	none	none	none	none

Table 9. % Compliance for DL Seen in Dental as Scheduled:
(Column N)

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June
Intake DL1	none	100%	none	none	none	none	none	none	none	100%	none	none
Intake DL2	57%	83%	43%	50%	78%	31%	71%	none	80%	none	80%	0%
14 Day Exam DL1	none	none	0%	none	none	none	none	none	none	none	none	none
14 Day Exam DL2	83%	42%	88%	100%	100%	100%	none	none	none	none	none	none
Sick Call DL1	none	none	100%	71%	75%	100%	none	100%	none	100%	50%	75%
Sick Call DL2	74%	83%	84%	73%	74%	83%	84%	79%	89%	71%	81%	76%
Physician on Call	none	none	none	none	none	none	none	none	none	none	none	none

Table 10. # of DPC seen per Month:
(Column V). See 2nd line and compare with DPC 1A. This discrepancy is an example where the data entry needs to be reviewed with RDA and Dentist.

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
DPC 1A	6	10	8	4	9	10	7	7	2	4	12	8	**87**
Triage & Treatment	*10*	*5*	*4*	*7*	*8*	*7*	*9*	*1*	*4*	*12*	*6*	*1*	*74*
DPC 1B	19	29	22	27	12	16	26	27	27	18	15	34	**272**
DPC 1C	51	34	49	63	50	32	34	32	43	20	24	14	**446**
DPC 2	1	4	8	14	15	10	9	3	0	0	0	1	**65**
DPC 4	0	0	0	0	0	0	0	0	0	0	0	0	**0**
DPC 5	1	1	0	1	2	2	0	1	1	0	0	0	**9**
Post Op 1 Week	0	0	0	0	0	0	0	0	0	1	0	0	**1**
Recall 3 Months	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Recall 6 Months	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Recall Yearly	2	0	8	6	3	3	11	6	6	0	0	0	**45**
Per Patient Request	54	51	36	52	42	41	47	32	24	28	27	31	**465**
N/A	38	46	45	93	52	43	42	41	19	32	23	34	**508**

Table 11. # of Dental Procedures completed per Month:

This table is an accumulation of *Column S & T* (completed procedures) minus the refusals cellside and chairside. May need to add a 3rd column of treatment as some treatment such as prophy did not get calculated.

(*Column S & T)*

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
Triage Exam	80	89	85	102	90	68	75	72	69	45	58	54	**887**
Comp Exam (Annual) + FMX	6	2	2	0	0	0	0	0	0	0	0	0	**10**
Comp Exam (Annual)	0	3	29	32	13	10	23	16	15	4	4	12	**161**
FMX	1	3	14	19	4	7	10	8	10	4	4	12	**96**
Perio Exam	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Perio Exam, FMX	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Gross Debridement	1	0	0	0	0	0	0	0	0	0	0	0	**1**
Prophy	1	0	0	0	0	0	0	0	0	0	0	0	**1**
SRP UR	0	0	0	0	0	0	0	0	0	0	0	0	**0**
SRP UL	0	0	0	0	0	0	0	0	0	0	0	0	**0**
SRP LR	0	0	1	0	0	0	0	0	0	0	0	0	**1**
SRP LL	0	0	0	0	0	0	1	0	0	0	0	0	**1**
SRP UR/LR	3	0	0	3	0	2	0	0	0	0	0	0	**8**
SRP UL/LL	2	4	0	1	2	0	0	0	0	0	0	0	**9**
SRP UR/LR/UL/LL	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Perio Re-Eval	0	1	1	3	3	1	2	1	1	0	0	0	**13**
Perio Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Desensitizer Placed	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Palliative/Temporary	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Restorative	7	3	2	5	7	6	7	2	3	0	0	6	**48**
Stainless steel Crown	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Recement	1	0	1	0	0	0	0	0	1	0	0	0	**3**
Pulp Cap - Indirect	0	0	0	0	0	0	0	0	0	0	0	0	**0**

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
Pulp Cap - Direct	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Endo-Pulpal debridement (Anterior teeth only)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Endo-RCT (Anterior)	0	0	0	1	0	1	0	1	0	0	0	1	**4**
Extraction - Simple	25	20	10	19	11	15	14	10	6	7	9	9	**155**
Extraction - Surgical	6	13	8	8	6	3	8	4	4	7	3	6	**76**
Partial Bony Extraction	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Full Bony Extraction	0	0	0	0	0	0	0	0	0	0	0	0	**0**
I & D	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Open & Med	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Dry Socket Treatment	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Post op	0	1	0	0	1	0	1	1	1	2	2	0	**9**
Follow Up	7	10	8	10	9	16	8	5	10	8	5	3	**99**
Pre-prosthetic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Denture Adj	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Denture Other - Describe	0	0	0	0	0	0	0	0	0	1	0	0	**1**
Occlusal Adj	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Ortho Bands/Brackets Removed	0	0	0	0	0	0	0	0	0	0	0	0	**0**
No Tx Prescribed	9	11	13	15	16	15	17	7	7	5	10	8	**133**
No Tx; Prescription Only	0	6	4	2	3	2	0	0	0	4	1	1	**23**
Treatment To Be Done NV	69	60	58	102	72	43	59	52	57	33	33	36	**674**
Tx to be done when released	2	2	0	0	0	0	0	0	0	0	0	0	**4**
Referral to Physician/Medical	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Referral Oral Surgeon	1	1	0	0	0	1	0	1	0	1	0	0	**5**

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
Referral Orthodontist	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Referral Endodontist	0	0	0	0	1	0	0	0	0	0	0	0	**1**
Referral Prosthodontist/ Full Denture(s)	0	0	0	0	0	1	0	0	0	0	0	0	**1**
Referral Prosthodontist/ Partial Denture(s)	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Referral Western Dental/ Outside General Dentist	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Referral Other	0	0	0	0	0	0	0	0	1	0	0	0	**1**
Not Completed/Rescheduled	18	17	16	59	24	10	12	10	10	10	6	11	**203**
Not completed/Refused Chairside	4	3	7	5	8	6	4	2	0	3	6	1	**49**
Not completed/Refused Cellside	21	24	21	25	19	22	26	29	7	18	11	20	**243**
Refusal Concludes Appointment Reason	34	32	31	34	28	31	34	37	10	25	18	22	**336**
Triage to be done NV	8	11	12	26	13	9	6	6	9	6	4	10	**120**
Episodic Tx Completed	30	28	16	34	29	30	30	23	15	18	24	30	**307**
Comprehensive Tx Plan Completed	3	0	8	6	3	3	11	8	6	0	0	0	**48**
Other	5	1	3	2	0	4	0	2	0	1	2	0	**20**
N/A	0	5	2	6	8	8	4	1	2	4	2	2	**44**

Things to consider:

- More than one dental treatment can be done per visit.
- Due to logistics within the spreadsheet many of Dr. [redacted] procedures are not counted. See the email in Appendix 7.

Table 12. MCJ Bookings and Capacity:

Description	2019	2020 (until 06/15/2020)
# of Bookings	10388 males 2321 Females Total = 12709 (Avg 35/day)	3471 males 742 females Total = 4213 Covid-19 has had a big impact.
# Inmate/patients with over 365 days of incarceration (as of 06/15/2020)	165	53
# Comprehensive Dental Exams	51	48
Capacity	832	832
Average Length of Stay (ALS)	27 days	28 days

Generally, patients with over one year of incarceration and those with chronic care conditions are eligible for comprehensive dental care (as opposed to episodic care which addresses only one issue at a time).

TracNet, the program used by the Sheriff's Department, now automatically schedules all patients 12 months out for their comprehensive dental car appointment. If the I/Ps are still in the system, they are seen as scheduled. If they have left custody, then their dental appointment falls off the appointment list. This ensures that all patients with over one year of incarceration remaining on their sentence have access to comprehensive dental care.

The automatic one-year comprehensive dental examination appointment function started consistently approximately a year after CorEMR's implementation. Therefore, there are patients who were not given an automatic one-year dental appointment following their date of incarceration. These patients (approximately 20-30) will need to be manually inputted to create a dental appointment to satisfy this requirement.

Of the average number of I/Ps incarcerated per month, there are approximately 10% to 13% of both sentenced and non-sentenced I/Ps in for longer incarceration terms, with greater than one year remaining on their sentence. For the time period of July 2019 to June 2020 there were 171 possible comprehensive dental examinations possible. 48 comprehensive dental examination's treatment plans were completed, therefore 48/171 = 28% completion rate. There is room for improvement in this area.

Table 13. # of Sick calls per year & # Dental Sick Calls:

Intelmate (also known as Telmate for short) is the program on the tablet used by the inmate/patients to file a Sick Call or Grievance. The oral hygiene videos will also be placed on the tablet for the I/Ps to have "anytime access" to brushing and flossing.

Intelmate is not accessible to the dental monitor at this time as it is not integrated with CorEMR, therefore, it is difficult to report and to verify compliance without going through the nursing staff for information. Therefore, I do not have verifiable data in regards to the number of dental sick call requests and if they match the number of dental sick call triages.

Also, Dental Sick Call requests are currently not triaged and seen by the nurses within 24 hours of the I/P requests as per the mandates of the Implementation Plan. The Dental Sick Call requests are frequently

rescheduled and this was visualized by searching in the Tasks in CorEMR and searching through the scanned documents from Intelmate in CorEMR.

Table 14. Grievances:

Timeframe	# of Dental Grievances
July 2019 thru June 15, 2020	20 (although one is congratulatory which is refreshing)
June 2018 thru May 2019	35

Grievances are located in Intelmate as mentioned in Table 13. Grievances are not accessible to the neutral dental monitor as it is not integrated within CorEMR. This makes reviewing the data challenging and dependent on nursing staff.

Grievances are answered mostly by the HSA and are mandated to be addressed with 10 days. In reviewing Appendix 1.32, the grievances were addressed 52.6% of the time. Many of the grievances related to pain following a dental procedure, therefore it is recommended that grievances are reviewed daily to direct those inmate/patients who filed grievances post operatively, to dental sick calls.

Section I. Access to Care

The following evaluates if there are any barriers to dental care at MCJ.

Summary Table of Compliance - Access to Care - (Protective Order):

ACCESS TO CARE Outcome Measure #	Audit Tool Questions	Source	Comp	Score
1.1 – Interpreter Services	Are interpreter services available to I/Ps including sign language interpreters?	Facility Review	SC	1
1.2 – Oral Hygiene Supplies	Are the oral hygiene supplies available and carry the American Dental Association (ADA) seal of approval?	Facility Review	PC	0.5
1.3 – Oral Hygiene Education	Is oral hygiene instruction (OHI) given to patients upon arrival as well as when they are ready to view the education, i.e. on their computer tablet?	Facility Review	PC	0.5
1.4 – Inmate Handbook	Is the inmate handbook with dental information viable and is dental services reviewed verbally at the time of intake?	Facility Review	PC	0.5
1.5 – Intake Form	Is the dental section of the Intake Form completely filled out at the time of Intake and is a dental referral box checked and the referral to dental completed when appropriate?	Chart Review	NC	0
1.6 – Intake – DL1	Of the Dental Level 1 (DL1) patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).	Spreadsheet	SC	1
1.7 – Intake – DL1	Of the DL1 patients above, were they seen as scheduled in dental?	Spreadsheet	SC	1
1.8 – Intake – DL2	Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 days).	Spreadsheet	SC	1
1.9 – Intake – DL2	Of the DL2 patients above, were they seen as scheduled in dental?	Spreadsheet	NC	0
1.10 – 14-Day Exam Form	**a.** Is the dental section of the Health Inventory & Communicable Disease Screening (14 Day Exam now named Health Appraisal/IMQ) completed within 14 days of booking? **b.** Per the Implementation Plan A & A.2., is the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and /or other functional impairment noted in the Dental Section of the form? **c.** Is the Odontogram completely filled out? **d.** Is the "Dental Sick Call" checked on the 14-Day Exam form when appropriate? Was the referral to dental completed and scheduled per the Dental Level assignment?	Chart Review	NC	0

1.11- 14-Day Exam	Of the DL1 patients referred to dental from the 14 Day Exam, were they scheduled within the DL1 parameters? (Next dental day).	Spreadsheet	NC	0
1.12- 14 Day Exam	Of the DL1 patients above, were they seen as scheduled in dental?	Spreadsheet	NC	0
1.13- 14 Day Exam	Of the DL2 patients referred to Dental from the 14 Day Exam, were they scheduled within the DL2 parameters? (Within 14 days).	Spreadsheet	SC	1
1.14 - 14 Day Exam	Of the DL2 patients above, were they seen as scheduled in dental?	Spreadsheet	SC	1
1.15- Sick Call	Is the dental Sick Call seen and scheduled for a nurse triage within 24 hours of the dental complaint reported by the patient in Intelmate? Was the dental Sick Call assigned an appropriate DL and referred to dental when appropriate?	Intelmate & Chart Review	NC	0
1.16- Sick Call	Of the DL1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next dental day).	Spreadsheet	NC	0
1.17- Sick Call	Of the DL1 patients above, were they seen as scheduled in dental?	Spreadsheet	PC	0.5
1.18- Sick Call	Of the DL2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 days).	Spreadsheet	SC	1
1.19- Sick Call	Of the DL2 patients above, were they seen as scheduled in dental?	Spreadsheet	PC	0.5
1.20 - Physician on Call (POC)	Of the patients reported to the POC, were their dental emergencies addressed, were they given the appropriate DL, scheduled in dental the next dental day and seen in dental as scheduled?	Logs & Chart Review	NC	0
1.21- Specialty Care	Were the inmate/patients who were referred to an outside specialist, seen by the specialist within 30 days of the referral?	Chart Review	NC	0
1.22 - Specialty Care	Were the inmate/patients, who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist?	Chart Review	NC	0
1.23 - Specialty Care	For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?	Chart Review	SC	1
1.24 - Chronic Care (HIV)	Are patients with chronic care problems (HIV) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination?	Chart Review	NC	0

1.25 - Chronic Care (Seizures)	Are patients with chronic care problems (Seizures) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	0
1.26 - Chronic Care (Diabetes)	Are patients with chronic care problems (Diabetes) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	0
1.27 - Chronic Care	Are patients with chronic care problems (Pregnancy) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	0
1.28 - Psych Patients on 4 or more psych medications	Are patients with chronic care problems (patients on 4 or more psych medications) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	0
1.29 - Comp Dental Care	Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?	Chart Review & Spreadsheet	NC	0
1.30 - Comp Dental Care	Of those receiving a comprehensive dental examination at their 1 year of incarceration, are they placed on an appropriate recall schedule and are they seen in dental per their recall schedule?	Chart Review & Spreadsheet	NC	0
1.31 - Periodontal Program	Are requests for a cleaning referred to dental with the appropriate DL? Are cleanings addressed per the Implementation Plan's Periodontal Program? Are patient's request for a cleaning seen in dental for a triage and subsequent appointment for a comprehensive and periodontal examination, radiographs, diagnosis and treatment plan, commensurate with their diagnosis and given an appropriate DPC?	Chart Review & Spreadsheet	NC	0
1.32 - Grievances (Intelmate)	Where Grievances addressed and resolved within 10 calendar days of the request in Intelmate?	Intelmate	NC	0
TOTAL	**32 Total Questions** **10.5 Overall Score** **32.8 % - Total score divided by 32 questions** **NC Overall Compliance**		**NC**	**32.8%**

Section II. Timeliness of Care

This section evaluates if there are any timeliness issues in regard to dental care at MCJ.

Summary Table of Compliance - Timeliness of Care – (Protective Order):

TIMELINESS OF CARE Outcome Measure #	Audit Tool Questions	Source	Comp	Score
2.1 – DPC 1A	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	SC	1
2.2 – DPC 1B	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	SC	1
2.3 – DPC 1C	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	NC	0
2.4 – DPC 2	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	NC	0
2.5 – Chronic Care (HIV)	Are patients with chronic care problems (HIV) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	NC	0
2.6 – Chronic Care (Seizure)	Are patients with chronic care problems (Seizures) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	NC	0
2.7 – Chronic Care (Diabetes)	Are patients with chronic care problems (Diabetes) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	NC	0
2.8 – Chronic Care (Preg)	Are patients with chronic care problems (Pregnancy) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	NC	0
2.9 – Patients on 4 or more psych medications	Are patients with chronic care problems (patients on 4 or more psych medications) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	NC	0
2.10 – Comp Dental Care	Were patients with 1 year of incarceration seen as scheduled for their comprehensive dental examination, within 15 days either way of their one-year anniversary date of their initial date of booking?	Chart Review & Spreadsheet	NC	0

TIMELINESS OF CARE Outcome Measure #	Audit Tool Questions	Source	Comp	Score
2.11 – Perio Program	Are treatments from a request for a cleaning seen as scheduled within DPC timeframe?	Chart Review & Spreadsheet	NC	0
2.12 – Refusals	Are refusals maintained under 10% during the scheduled dental month?	Spreadsheet	N/A	N/A
2.13 - Refusals	Are the refusals (cellside or chairside) given the appropriate informed discussion, obtained and documented by the licensed dentist on the day of the informed refusal occurred?	Chart Review	PC	0.5
2.14 – (R/S) Reschedules	Are reschedules maintained under 10% during the scheduled dental month? Are the rescheduled patients scheduled again and their appointment seen and completed?	Chart Review	PC	0.5
2.15 - No Shows due to Custody	Is custody available for patient transport to the dental department?	Chart Review	SC	1
TOTAL	**Total of 15 questions 1 Question N/A 4/14 = 28.6%.**		**NC**	**28.6%**

Section III. Quality of Care

This section evaluates the quality of care delivered at MCJ.

Summary Table of Compliance - Quality of Care – (Protective Order):

QUALITY OF CARE Outcome Measure #	Audit Tool Questions – Outcome Measures	Source	Comp	Score
3.1 – Triage	**A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? **C.** Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? **D.** Is the diagnosis supported by the objective findings? **E.** Have the risks, benefits, alternatives and consequences been discussed in regards to the recommended treatment? **F.** Is a progress note written in SOAPE format? **G.** Is an appropriate DPC assigned for each recommended treatment?	Chart Review	PC	0.5
3.2 – Comprehensive Dental Care – for patients with 1 year of incarceration.	**A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? **C.** Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? **D.** Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? **E.** Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? **F.** Have the risks, benefits and alternatives been discussed? **G.** Is a progress note written in a SOAPE format? **H.** Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? **I.** Is meaningful oral hygiene instruction given?	Chart Review	NC	0
3.3 – Chronic Care – for patients with HIV	**A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? **C.** Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?	Chart Review	N/A	N/A

	D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? **E.** Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? **F.** Have the risks, benefits and alternatives been discussed? **G.** Is a progress note written in a SOAPE format? **H.** Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? **I.** Is meaningful oral hygiene instruction given?			
3.4 – Chronic Care – for patients with Seizures	**A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? **C.** Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? **D.** Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? **E.** Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? **F.** Have the risks, benefits and alternatives been discussed? **G.** Is a progress note written in a SOAPE format? **H.** Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? **I.** Is meaningful oral hygiene instruction given?	Chart Review	N/A	N/A
3.5 – Chronic Care – for patients with Diabetes	**A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? **C.** Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? **D.** Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? **E.** Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? **F.** Have the risks, benefits and alternatives been discussed? **G.** Is a progress note written in a SOAPE format? **H.** Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? **I.** Is meaningful oral hygiene instruction given?	Chart Review	N/A	N/A

3.6 – Chronic Care – for patients with Pregnancy	**A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? **C.** Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? **D.** Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? **E.** Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? **F.** Have the risks, benefits and alternatives been discussed? **G.** Is a progress note written in a SOAPE format? **H.** Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? **I.** Is meaningful oral hygiene instruction given?	Chart Review	N/A	N/A
3.7 – Chronic Care – for patients taking 4 or more Psych Meds	**A.** Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? **C.** Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? **D.** Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? **E.** Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? **F.** Have the risks, benefits and alternatives been discussed? **G.** Is a progress note written in a SOAPE format? **H.** Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? **I.** Is meaningful oral hygiene instruction given?	Chart Review	N/A	N/A
3.8 - Periodontal Treatment	**A.** Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? **C.** Was the diagnosis given? Was the diagnosis commensurate with the objective findings? **D.** Was the treatment plan commensurate with the diagnosis? **E.** Was the next visit/recall identified – periodontal re-evaluation or periodontal maintenance given with the appropriate recall frequency?	Chart Review	NC	0

	F. Is a progress note written in a SOAPE format?			
3.9 - Restorative and Palliative Care	**A.** Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? **C.** Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. **D.** Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? **E.** Have the risks, benefits, alternatives and consequences been discussed? **F.** If palliative care, is a follow up appointment made to place a permanent filling if indicated? **G.** Is a progress note written in a SOAPE format? Was the restorative material used listed in the SOAPE note? Were post-operative instructions given if indicated?	Chart Review	NC	0
3.10 - Extractions/Oral Surgery	**A.** Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? **H.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? **B.** Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? **C.** Was a Dental Priority Code (DPC) prescribed at the time of the exam? **D.** Have the risks, benefits, alternatives and consequences been discussed? **E.** Was a time out procedure completed prior to extraction? **F.** Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? **G.** Was hemostasis achieved prior to releasing the patient? Were post-operative instructions given written and verbally? **H.** Is the progress note written in a SOAPE format?	Chart Review	PC	0.5
3.11 - Endodontics	**A.** Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? **B.** Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a	Chart Review	NC	0

	medical consult was requested, was it completed if indicated? Are the medical provider's notes available? **C.** Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? **D.** Was a Dental Priority Code (DPC) prescribed at the time of the exam? **E.** Have the risks, benefits, alternatives and consequences been discussed? **F.** Was a rubber dam utilized for the procedure? **G.** Was working length x-rays taken, length of the files noted? **H.** Was the type of irrigant noted? **I.** Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? **J.** Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? Was a post op radiograph taken? Were post-operative instructions given written and verbally? **K.** Is the progress note written in a SOAPE format and the materials used, written into the progress note?			
3.12 - Prosthodontics	**A.** Was a patient with requiring prosthodontic care appropriately referred to an outside specialist? **B.** Was a DPC 5 given for this referral during the examination? Was an exam completed in order to discuss the case appropriately with the specialist? **C.** Did the patient receive treatment from the specialist? Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day? **D.** Is the progress note written in a SOAPE format? Is the appropriate continuity of care listed for this patient?	Chart Review	NC	0
3.13 - Progress Note and Chart Note for Every Patient Not Seen	**A.** Is a progress note or chart notes written for all scheduled and unscheduled patients, who were not seen, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM)?	Chart Review	NC	0
TOTAL	**13 Questions, 5 N/A** **1/8 = 12.5%**		NC	**12.5%**

Section IV. Infection Control & Regulatory Compliance

This section evaluates the quality of infection control and regulatory compliance at MCJ.

Summary Table of Compliance - Facility Dental Audit Tool – (Protective Order):

#	Subject	Description	SC	PC	NC	NA	Recommendations
4.1	Housekeeping	**Counters appear clean**	1				
4.2	Housekeeping	**Floors appear clean**	1				
4.3	Housekeeping	**Sinks appear clean**	1				
4.4	Housekeeping	**Food/Personal Items** (Staff aware no food storage, eating, drinking, applying cosmetics or handling contact lenses in occupational exposure areas)	1				
4.5	Housekeeping	**Clinical areas free of clutter, well organized, with good computer cable hygiene**	1				
4.6	Biohazard Waste/ Haz Mat Procedures	**Separate waste container for non-infectious (general) waste in place**	1				
4.7	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers have lids**	1				
4.8	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers labeled on the top** and sides of the container so as to be visible from any lateral direction	1				
4.9	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers lined with Red Bag**	1				
4.10	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste Red Bag removed regularly based on clinic need**	1				
4.11	Biohazard Waste/ Haz Mat Procedures	**Chemical Spill Kit in place** (staff aware of location)	1				
4.12	Biohazard Waste/ Haz Mat Procedures	**Mercury Spill Kit in place** (staff aware of location)	1				
4.13	Biohazard Waste/ Haz Mat Procedures	**Eyewash Station in good working order connected to tepid water (60 - 100 degrees F)** to meet ANSI requirements	1				
4.14	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Approved type)	1				
4.15	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Located as close as feasible to area where disposable item used)	1				

4.16	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Mounted securely; not easily accessible to patients)	1				
4.17	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (No more than 3/4 full before container removed)		0.5			**Key could not be found.**
4.18	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container in place and labeled for incineration only**	1				
4.19	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container** labeled with accumulation start date - expires 275 calendar days from initial date of use or when 3/4 full	1				
4.20	Biohazard Waste/ Haz Mat Procedures	**Commercial amalgam disposal/recycling container in place** (for all amalgam)				NA	They have a mobile cart. Amalgam separator mandatory in July 2020.
4.21	Biohazard Waste/ Haz Mat Procedures	**Flammable Hazardous Materials** (Inventoried and stored in fireproof locked cabinet)		0.5			**Need to inventory.**
4.22	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** (date of installation posted)				NA	They have a mobile cart. Amalgam separator mandatory July 2020.
4.23	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** (Checked weekly and documented in housekeeping log)				NA	They have a mobile cart. Amalgam separator mandatory in 2020.
4.24	Biohazard Waste/ Haz Mat Procedures	Contact Amalgam commercial container in place	1				
4.25	Biohazard Waste/ Haz Mat Procedures	Non-contact Amalgam commercial container in place	1				
4.26	Sterilization & Equipment	**Handpieces cleaned and lubricated prior to sterilization**	1				
4.27	Sterilization & Equipment	**Ultrasonic Unit tested monthly** (Used to clean contaminated instruments prior to sterilization)			0		**Aluminum test not performed. Repeatedly requested.**
4.28	Sterilization & Equipment	**Sterilization Clean and Dirty Areas** (Demarcations clearly marked)	1				
4.29	Sterilization & Equipment	**Staff places appropriate amount of instruments in sterilization pouch** (not overfilled)	1				
4.30	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches intact)	1				
4.31	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches legibly labeled with sterilizer ID#, sterilization date and operator's initials)??	1				
4.32	Sterilization & Equipment	**Unsterilized instruments ready for sterilization and prepackaged if overnight storage required**	1				
4.33	Sterilization & Equipment	**Amalgamator** (Safety cover in place with no cracks/damage)				NA	They are currently not using amalgam. Recommend they use it.

4.34	Sterilization & Equipment	**Dental Lab Lathe** (In separate lab / not with sterilizer)				NA	They do not have or use a dental lab lathe.
4.35	Sterilization & Equipment	**Dental Lab Lathe / Model Trimmer** (Securely mounted and eye protection available for use)				NA	They do not have or use a dental lab lathe.
4.36	Sterilization & Equipment	**Dental Lab Burs / Rag Wheels** (Changed after each patient, sterilized after use, stored in Bags / Pouches)				NA	They do not have or use a dental lab lathe.
4.37	Sterilization & Equipment	**Pumice Pans** (Pumice and disposable plaster liner changed after each patient				NA	They do not have or use a dental lab lathe.
4.38	Sterilization & Equipment	**Water Lines** (Flushed at least 2 minutes at beginning and end of each shift)	1				
4.39	Sterilization & Equipment	**Water Lines** (Flushed a minimum of 20 to 30 seconds between patients	1				
4.40	Sterilization & Equipment	**Water Lines** (Cleaned and maintained according to manufacturer's recommendations)	1				
4.41	Sterilization & Equipment	**Vacuum System** (Manufacturer's recommendations followed for cleaning, disinfection and maintenance)		0.5			**Infected waste disposed of in toilet, and cleaning, disinfection and maintenance not logged or performed on mobile unit.**
4.42	Emergency Procedures	**Emergency #'s** (Prominently posted near telephone in clinic)	1				
4.43	Emergency Procedures	**Evacuation Plan** (Prominently posted in clinic)			0		**No evacuation plan posted.**
4.44	Emergency Procedures	**Fire Extinguishers** (All staff aware of location)	1				
4.45	Emergency Procedures	**Emergency Medical Response protocol in place** (Proof of practice of annual EMR training and annual EMR dental drill)			0		**Not currently in place.**
4.46	Emergency Procedures	**Emergency Kit** (Zip tied) Staff aware of location	1				
4.47	Emergency Procedures	**Emergency Kit drugs current**				NA	Crash cart is called during an emergency.
4.48	Emergency Procedures	**Oxygen tanks, masks, tubes and keys present**	1				
4.49	Emergency Procedures	**Oxygen tank charged** (Dentist monthly review documented on inventory sheet attached to outside of Emergency Kit)	1				
4.50	Emergency Procedures	**Ambu-Bag** (Bag-valve-mask) Latex free: present and in working order	1				
4.51	Emergency Procedures	**One-way pocket mask** Latex free; present and in working order	1				
4.52	Emergency Procedures	**Blood pressure cuff & Stethoscope or Blood Pressure machine** Latex free: present and in working order	1				

4.53	Emergency Procedures	**2 Plastic evacuators** (Large diameter suction tips)				NA	In crash cart.
4.54	Emergency Procedures	**2 Sterile, 2 cc disposable syringes with 18- or 21-gauge needles;** or 2 sterile, 3 cc disposable syringes with 22-gauge needles				NA	In crash cart.
4.55	Emergency Procedures	**AED Accessible** (staff aware of location)	1				
4.56	Emergency Procedures	**AED in working order and pads / batteries are current / not expired**	1				
4.57	Safety	**Dental Board Regulations on Infection Control posted**			0		**CMGC has become Wellpath but not corresponding paperwork.**
4.58	Safety	**Sterile Water** Containers unopened; not expired (Used for invasive oral surgical procedures)			0		**Recommend using for OS procedures. They are not using sterile water or sterile saline for surgical procedures. Must implement immediately.**
4.59	Safety	**Hand Hygiene** (Observed staff)			0		**Witnessed 2/3 times**
4.60	Safety	**PPE** (Worn and correctly disposed of; observed staff)	1				
4.61	Safety	**Barriers used to cover environmental surfaces replaced between patients**		0.5			**X-ray unit not covered nor disinfected between patients.**
4.62	Safety	**Saliva Ejector** (Staff aware that patients **MUST NOT** close lips around tip to evacuate oral fluids)	1				
4.63	Safety	**Radiation Safety Program in place / Dental radiographic unit inspection date**			0		**Not posted although has been ordered.**
4.64	Safety	**Caution X-ray Sign** (Placed where all permanent radiographic equipment installed)	1				
4.65	Safety	**Lead Shields** (Thyroid collar, hanging, free from tears or holes inspected regularly)	1				
4.66	Safety	**Is an area dosimeter posted no more than 6 ft from source of beam?**	1				
4.67	Safety	**Dosimeter Badge** (For pregnant staff working within the vicinity of radiographic equipment)	1				
4.68	Safety	Dental staff wearing dosimeters at chest level or higher (i.e. new x-ray equipment; x-ray unit moved and reinstalled)	1				
4.69	Safety	**Material Dates** (Check expiration dates)	1				
4.70	Safety	**Dental Impressions Materials / Waxes** (Stored in secure location)	1				

4.71	Safety	Gloves	1				Nitrile used.
4.72	Clinic Admin and Logs	**Housekeeping Log Up-to-Date**	1				
4.73	Clinic Admin and Logs	Written infection prevention policies and procedures specific for the dental setting available, current & based on evidence-based guidelines?			0		**Not completed yet.**
4.74	Clinic Admin and Logs	Did employees receive job or specific training on infection prevention policies and procedures and the OSHA blood borne pathogens standard?			0		**No documentation available.**
4.75	Clinic Admin and Logs	Facility has an exposure control plan that is tailored to specific requirements of the facility?		0.5			**Not dental specific.**
4.76	Clinic Admin and Logs	Personal Protective Equipment (PPE) and other supplies necessary for adherence to Standard Precautions are readily available?	1				
4.77	Clinic Admin and Logs	**Eyewash Log Up-to-Date**	1				
4.78	Clinic Admin and Logs	**Spore Test Log Weekly Testing**	1				
4.79	Clinic Admin and Logs	**Tool Control Log (Complete entries)**	1				
4.80	Clinic Admin and Logs	**Pharmaceutical Log** (CDCR 7438 complete entries)		0.5			**Needs to be accurate.**
4.81	Clinic Admin and Logs	**SDS Binder** (Accessible and current for materials used in clinic)	1				
4.82	Clinic Admin and Logs	**Dentist on Call posted**				NA	Physician on Call system in place.
4.83	Clinic Admin and Logs	**Radiographic Certificate, Rules and Regulations posted**			0		**Not posted but ordered.**
4.84	Clinic Admin and Logs	**Annual Training** (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)			0		**Not signed, not documented.**
4.85	Clinic Admin and Logs	**Staff aware of equipment repair protocol?**	1				**Recommend having a written protocol.**
4.86	Clinic Admin and Logs	Sharps injury log and other employee exposure events is maintained according to state and federal requirements?	1				
4.87	Clinic Admin and Logs	Post injury protocol in place?			0		**Not completed yet.**
4.88	Regulatory Compliance	Postings per Regulatory Compliance - https://www.osha.gov/Publications/OSHA3187/osha3187.html		0.5			**Review CA regulations** https://www.cda.org/Home/Practice/Practice-Support/Regulatory-Compliance
	13 NA (Not applicable) questions	**88 questions, 12 N/A for 76 usable questions** **57 SC, 7 PC, 12 NC, 12 N/A** **57 + 3.5 + 0 = 60.5/76** **= 79.6%**					**79.6% = Partial Compliance**

Sources:

- CDCR Facility audit tool.
- Centers for Disease Control and Prevention (CDC), Guidelines for Infection Control in Dental Health-Care Settings - 2003 [MMWR December 19, 2003 / 52 (RR17);1-61],
- Occupational Safety and Health Administration (OSHA), Blood Borne Pathogens Standard, Code of Federal Regulations (CFR), Title 29, Occupational Safety and Health Standards, Part 1910.1030
- OSHA, Title 8 Section 3203(a)(4) Injury and Illness Prevention Program;
- Title 8 Section 5193 Bloodborne Pathogens
- CDCR, CCHCS, November 2017 Inmate Dental Services Program (IDSP), Policies and Procedures (P & P),
- California Code of Regulations, Title 8, Division 1, Chapter 4, Subchapter 4, Article 3, Section 1512 Emergency Medical Services
- Department Operations Manual, Chapter 9, Article 3, Section 91030.27
- Inmate Medical Services Policies and Procedures, Volume 9, Chapter 11
- https://www.dir.ca.gov/title8/5193.html
- California Health & Safety Code, Division 10, Chapter 4, Article 1, Section 11150
- California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005

Section V. Dental Program Management

This section evaluates the dental program management at MCJ.

Summary Table of Compliance - Dental Program Management – (Protective Order):

Dental Program Management - Outcome Measures	Audit Tool Questions	Source	Comp	Score
5.1 Management Structure and Chief Dental Officer	Is there an involved, accessible, supervisory chain of command and appropriate available resources for the dental department, both clinically and administratively?	MCJ & Wellpath	PC	0.5
5.2 Dashboard & Documented, Qualitative Self Review Process	Are viable statistics utilized for self-auditing and self-monitoring using a documented, qualitative process?	MCJ & Wellpath	NC	0
5.3 Electronic Dental Record System (EDRS)	Is there a viable electronic dental record system utilized for self-auditing, self-monitoring and compliance using a documented, qualitative process which is HIPPA compliant and operationally sound?	MCJ & Wellpath	NC	0
5.4 Digital X-rays	Are digital radiographs utilized to minimize radiation to the patient and to provide diagnostic x-rays?	MCJ & Wellpath	NC	0
5.5 Panoramic x-ray unit	Is a panoramic radiograph utilized to visualize third molars and other areas of the jaw?	MCJ & Wellpath	NC	0
5.6 Equipment and Supplies	Are the necessary resources available for dental to operate within OSHA parameters?	MCJ & Wellpath	PC	0.5
5.7 Nurse Training by DON, HSA and Dentist	Does the dentist provide thorough and ongoing training, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-day exam, Sick Call and Physician evaluation? Is there a clear understanding of DL1 and DL2 parameters? Are referrals to dental made per the Implementation Plan? Do the nurses at a minimum include in the referral the chief complaint, history of the dental problem(s), location of the problem(s), an appropriate dental level?	MCJ & Wellpath	PC	0.5
5.8 Staffing – Administrative and Clinical	Are the staffing positions filled? Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement?	MCJ & Wellpath	PC	0.5
5.9 Illness and Injury Prevention Plan (IIPP)	Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly and documented in the QA minutes?	MCJ & Wellpath	PC	0.5
5.10 Policies and Procedures, Including Dental, Corporate and Local	Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental complete, completed, approved and signed by the dental staff at MCJ?	MCJ & Wellpath	PC	0.5

Dental Program Management - Outcome Measures	Audit Tool Questions	Source	Comp	Score
5.11 Licenses, Cred, CURES & Job Performance	Are licenses, credentials and job performances current and maintained?	MCJ & Wellpath	PC	0.5
5.12 OSHA Review and Infection Control Training	Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?	MCJ & Wellpath	NC	0
5.13 Hepatitis B Vaccination Record	Has a Hepatitis B vaccination been offered and taken or a declination form been completed?	MCJ & Wellpath	PC	0.5
5.14 Pharmacy & Medication Management	Is there a pharmacy onsite? Is medication delivered timely, safely and appropriately to the patient following a prescription? Does the Pharmacy communicate effectively with Dental to provide information regarding the prescription(s)? Are stock medications pre-packaged and accounted for, for each patient?	MCJ & Wellpath	PC	0.5
5.15 Peer Review	Is there a peer review system with a written protocol in place? Was the dentist at MCJ peer reviewed 1x every 6 months by a peer?	MCJ & Wellpath	NC	0
5.16 Monthly Dental Subcommittee	Is the monthly Dental Subcommittee occurring monthly with associated minutes? Is the agenda being followed, documented and statistics enclosed and discussed?	MCJ & Wellpath	NC	0
5.17 Quality Assurance Meeting with PowerPoint Presentation	Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the statistics from dental and the dental monthly subcommittee minutes included in the QA meeting? Is Dental represented and present?	MCJ & Wellpath	NC	0
TOTAL	**17 questions** **4.5/17 = 26.5%**		**NC**	**26.5%**

Section VI. Case Reviews

This section evaluates individual overall dental case reviews at MCJ.

Summary Table of Compliance - Case Reviews – (Protective Order):

Section VI Outcome Measure	Audit Tool Questions	Compliance	Score
6.1	Case Review 1 – Class	NC	64.7%
6.2	Case Review 2 - Class	NC	47.7%
6.3	Case Review 3 - Class	NC	70.8%
6.4	Case Review 4 - Class	NC	22.2%
6.5	Case Review 5 - Restorative	NC	25%
6.6	Case Review 6 - Anticoagulant	NC	0%
6.7	Case Review 7 - Interview	N/A	N/A
6.8	Case Review 8 - Interview	N/A	N/A
TOTAL	**6 case reviews.**	**NC**	**38.4%**

Section VII. Conclusion

Dr. [redacted] and [redacted] work hard to provide dental care for the inmate/patients of Monterey County Jail. Without MCJ/Wellpath's necessary investment of time, assistance, staff and resources, the dental staff cannot manage the clinic, perform dental care, provide training and feedback to the nursing staff and easily achieve and maintain successful substantial compliance. Having a consistent manner in which to monitor all aspects of compliance will assist the dental department in working towards achieving this goal. At this time, however, the overall program is still in non-compliance.

It is important to set parameters to identify, measure, quantify and improve the quality of all aspects of the dental program at Monterey County Jail. Besides reducing barriers to access to care, increasing the timeliness and quality of dental care, making sure there is OSHA compliance in a safe clinical facility, chronic care referrals, continuity of care, management support, it is also important to use the peer review, dental subcommittee and quality assurance functions to assess the conditions of the dental program. Performing internal audits to highlight court mandates, achieve the standard of care and increase the health of the dental program is paramount.

Per the June 2019 Quality Measurement in Dentistry Guidebook[7], they recommend a six-point approach to dental care:

1. **Timely** — reducing waits and sometimes harmful delays for both those who receive and those who give care.
2. **Effective** — providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
3. **Efficient** — avoiding waste, including waste of equipment, supplies, ideas, or energy.
4. **Equitable** — providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
5. **Patient-centered** — providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
6. **Safe** — avoiding injuries to patients from the care that is intended to help them."

CorEMR is not a dental enterprise, electronic dental record system. It does not yet allow for the elimination of the paper dental compliance logs. There are no easily available reports which can be generated in the EMR at this time which will automatically identify if the patients, who were previously triaged and had a current dental priority code, were seen for their dental treatment within the timeframes outlined in the Implementation Plan. All this is still only partially accomplished with the excel spreadsheet. An immediate solution for the purchase of an EDRS must be committed to in order for the dental program to move forward into compliance.

Due to the ongoing issues mentioned throughout this report, monitoring will continue weekly in the hopes that local and corporate management will themselves address the issues evident throughout this report and report it within the CAP. Additional monitoring is suggested below. Please review the executive summary for additional details.

- This monitor now recommends providing a detailed weekly analysis of the data as well as a 10-chart audit of the week's patients, focusing each week on a particular section needing improved compliance.

[7] https://www.ada.org/~/media/ADA/DQA/2019_Guidebook.pdf?la=en

- To provide feedback on the above-mentioned weekly chart audit and analysis, I recommend a weekly conference call with the dental staff, CDO, HSA, councils if available, and a minute taker provided by Wellpath or MCJ, with minutes available within 24 hours of the weekly meeting for revision and distribution.
- This monitor will also provide a review of the monthly dental subcommittee report, whose minutes are to be made available to this monitor and councils within a week of the monthly meeting, where it will be necessary to see that the action items also involve the resolution of the issues addressed in the dental report #5.
- Lastly, I recommend a bimonthly meeting with the CDO and the Director of Operations to review the CDO's own monthly supervisory audit results and to work towards solving issues identified in the CAP and this dental report #5.

For MCJ and Wellpath to continue making significant strides towards improving their dental department and addressing the issues outlined in this report, it is recommended beginning with the following issues:

- Provide additional dental staff to create the structure recommended in the dental management section;
- Provide additional dental days, to full time dental care, to fully implement comprehensive dental care to inmate/patients with over one year of incarceration, those with chronic care diseases, as well as to fully implement the Periodontal Program;
- Purchase an electronic dental record system with digital x-rays such as Dentrix Enterprise and link and integrate it with the existing electronic health system, CorEMR. Utilize the dental dashboard where the collection of data, including the outcome measures, can be easily displayed and referred to upon request. The data can be exported from Dentrix to the Dashboard.
    - This will assist MCJ and Wellpath in providing dental care, capable of being audited easily and for the staff to self-monitor their dental program. This will also correct the issue relating to the nursing staff's 14-Day exam's lack of an Odontogram and a dental evaluation as mandated in the Implementation Plan.

Identifying, addressing and rectifying clinical, compliance, administrative, logistical and systemic issues outlined in this and the previous reports, will surely propel MCJ into achieving and maintaining success.

Section VIII. Risk Elimination and the Corrective Action Plan (CAP)

Repeated deficiencies as seen in this and the four previous reports, prevent MCJ and Wellpath from achieving substantial compliance at this time. Although there are several factors which continue to affect the access, timelines, quality, management and continuity of dental care for the inmate/patients incarcerated at MCJ; there also appears to be some improvement in the Infection Control and Regulatory Compliance section, moving towards building a safer and more effective dental program.

As mentioned previously, the CAP provided by Wellpath was incomplete, therefore **an updated CAP addressing the deficiencies found throughout this report was completed by this monitor and is attached to Appendix 15. A working Excel spreadsheet of the CAP is included in the emailed report #5. It is the responsibility of Wellpath and MCJ to provide updates to the CAP, with the first report expected on 11/15/2020.**

History: The CAP below was proposed to MCJ/Wellpath in report #4 and was due by January 2nd, 2020. No response was issued, even after repeated requests for compliance.

Ref #	Proposed Corrective Action Plan	Responsibility	Date of Expected Completion
1.	Per the Implementation Plan: A. Fill out an Odontogram for each patient during the 14-day exam. (Page #17-18) B. Update the 14-day exam EMR form to include the evaluation of the patient's dental condition. (Page #17-18) C. Every referral to dental from Intake, 14-Day exam, and Sick Call are to reference a Dental Level 1 or 2 classification and an appropriate description and location of the problem. Fill out the referral logs to dental for every patient until a solution can be found in COREMR.	MCJ and Wellpath Management	• Plan due by January 2, 2020. • Completion by February 27th, 2020.

Section IX: Appendix / Data and Recommendations

THE FINAL CAP IS ATTACHED TO APPENDIX 15

NOTE: All * indicate a recommendation to be used in the CAP

APPENDIX 1. Access to Care - Data & Recommendations

This section evaluates for any barriers to access to care.

Outcome 1.1: Interpreter Services – SC

Are interpreter services available to I/Ps including sign language interpreters?

- Sign language interpreter services are available when needed through the Sherriff's office.
- Certified language translator services are available by telephone. This information is posted in the dental clinic.

Outcome 1.2: Oral Hygiene Supplies – PC

Are the oral hygiene supplies available and carry the American Dental Association (ADA) seal of approval?

- Indigent pack toothpaste and floss.
    - Response from Chief Bass, "I got the response back from our commissary vendor today and the toothpaste in the indigent pack is not ADA approved so we will be switching to the Fresh Mint ADA approved toothpaste in the indigent pack".
    - * 1.2.1 – Recommend confirmation that all the toothpaste carries the ADA seal of approval.
    - * 1.2.2 – Recommend indigent pack of toothpaste and floss is available cost free to the indigent patients.
- Indigent denture adhesive
    - * 1.2.3 – Recommend it is available cost free to the full and partially edentulous indigent patients.
- Toothbrush, Toothpaste and Floss:
    - Confirm all toothpaste issued to all inmate/patients carries the ADA seal of approval.
    - Correctionally approved Flossers are not currently available as part of the original fish kit.
    - The flossers are available for purchase. Although not part of the Implementation Plan:
        - * 1.2.4 – Recommend the correctionally approved flossers are part of the original fish kit, along with oral hygiene instruction, which will become located on the inmate/patient's tablet.
        - * 1.2.5 – Recommend all toothbrush, toothpaste and correctionally approved flossers be made available, without a fee, for each inmate/patient on a monthly basis.
- Policy and Procedure:
    - There is no formal policy and procedure to address oral hygiene supplies, denture adhesive, i.e., Fixodent, and the delivery of meaningful oral hygiene instruction for all booked I/P including for indigent I/P.
    - * 1.2.6 – Recommend a formal policy and procedure to address oral hygiene supplies, including denture adhesive, for all booked patients including for indigent patients.
- See Appendix 9 for the current commissary list.

Outcome 1.3: Oral Hygiene Education – PC

Is oral hygiene instruction (OHI) given to patients upon arrival as well as when they are ready to view the education, i.e. on their computer tablet?

- Oral Hygiene Instruction:
    - Currently not available on the I/P tablet.
    - A solution is given by Chief Bass – "I understand you mentioned something about wanting an ADA video on the tablets for the inmates to view. Here is a link to one possible video, they also have the same one in Spanish https://www.youtube.com/watch?v=xm9c5HAUBpY just

click on the link. I'm not sure if it can be put on the tablet but if you think this is sufficient, I'll work with our tablet provider and see what we can do".

- * 1.3.1 – Recommend oral hygiene instruction, both **brushing and flossing videos from the American Dental Association (ADA)** are available on the inmate/patient's tablet.
- * 1.3.2 – Recommend oral hygiene instruction is given to every I/P during the 14-day exam as well check the box in the Health Appraisal Questionnaire (IMQ) upon completion of this verbal and written instruction.

Outcome 1.4: Inmate Handbook – PC

Is the inmate handbook with dental information viable and is dental services reviewed verbally at the time of intake?

- Update the Inmate Handbook:
  - The handbook is given out with no verbal review of the available dental services nor of their eligibility for comprehensive care.
    - * 1.4.1 – Recommend that a verbal overview of dental services with the Inmate Handbook is given at Intake, with a separate sheet highlighting the dental update to the Inmate Handbook until the new one is published.
    - * 1.4.2 – Recommend using effective communication techniques to make sure inmate/patients understand both the verbal and written information provided and are able to repeat back their understanding of their dental services, using their own words.
  - Amend the Inmate Orientation Manual, Health Services, C.3.d. This dental section is under medication administration.
    - * 1.4.3 – Recommend create C.4.a for dental information.
  - Dental exams and treatments are generally conducted on a weekly basis inside the facility.
    - * 1.4.4 – Recommend listing the available treatments available as outlined in the Implementation Plan for those under and over 12 months of incarceration.
    - * 1.4.5 – Recommend that those with chronic care diseases (HIV, Seizures, Diabetes, Pregnancy, Pts on more than 4 psych meds) are eligible for comprehensive care within 90 days of their referral from dental from the physician's chronic care appointment.
    - * 1.4.6 – Recommend include updates that the inmates incarcerated for 12 months or more are eligible to receive a comprehensive dental exam and treatment.
  - Periodontal Program:
    - * 1.4.7 – Recommend that per the Implementation Plan, inmate/patients can request a cleaning and receive a cleaning per the Periodontal Program section of the Implementation Plan.
  - Refusals:
    - * 1.4.8 – Recommend can educate patient that they can reinstate care if they previously refused dental care, by placing another sick call.
  - The co-pay is no longer charged at CDCR.
    - * 1.4.9 – Recommend the removal of the $3.00/dental examination and/or treatment fee. Inmate Orientation Manual, Health Services, B.1.
- Sick Call Slips still have the CFMG logo and information.
  - * Recommend updating the hard copy sick call forms to indicate Wellpath's information.

Outcome 1.5: Intake Form - NC

Is the dental section of the Intake Form completely filled out at the time of Intake and is a dental referral box checked and the referral to dental completed when appropriate?

I/P	Score	Comment
[redacted]	**0**	Booked 01/22/2020. Incomplete form, did not address dentures or special diet.
[redacted]	**0**	Booked 03/20/2020, released 04/02/2020. Incomplete form, did not address dentures or special diet.
[redacted]	**0**	Booked 04/19/2020, released 05/06/2020. Dental section of screening filled out, patient reports toothache right upper. No dental referral made on form. Dental appointment 05/05/2020 with a DL2 for a "toothache" from sick call.
[redacted]	**1**	Booked 01/31/2020, released 06/24/2020. Form filled out.
[redacted]	**1**	Booked 02/22/2020, released 04/13/2020. Formed filled out. Patient given KOP Fixodent/denture adhesive for an upper denture. No lower denture.
[redacted]	**0.5**	Booked 1/5/2020, released 1/7/2020. Form filled out completely but no referral to dental indicated on the intake form. Patient was referred for right upper molar broken and given a DL2, seen in the tasks rather than listed on the receiving screening form.
[redacted]	**1**	Booked 12/10/2019, released 02/17/2020. Pain scale not filled out.
[redacted]	**0**	Booked 01/30/2020, released 02/13/2020. Lower molar pain with drinking fluids noted at intake. Referral not marked in intake form, rather a task created and a referral was made to dental, no DL reported on task. Patient reported pain upper right at dental appointment.
[redacted]	**0**	Booked 01/20/2020, released 04/23/2020. Denture question not answered.
[redacted]	**0**	Booked 2/13/2020. Noted patient has "multiple broken teeth". No question asked if it's from trauma or decay. Decay box not checked. No referral to dental made. Sick call on 04/01/2020 for "missing and broken teeth to upper and lower quadrants". Patient on Plavix.
[redacted]	**0**	Booked on 02/05/2020. Form not completely filled out. Denture question not answered.
[redacted]	**0**	Booked 05/05/2020. Form not completely filled out. Denture question not answered.
Total	**3.5/12**	**= 29.2% NC**

Outcome 1.5: Intake Form Recommendations

- Yes and no questions are often not answered.
  - * 1.5.1 – Recommend fully answering all questions in the Intake "Receiving Screening" form Dental section.
  - * 1.5.2 – Recommend add "Full" as the other option for Dentures, in addition to "Partial".
- The referral box on the intake form is not always checked when indicated, instead a task is created without showing the referral to dental. Unless someone knows where to look, it does not appear the patient is referred to Dental when in fact they are.
  - * 1.5.3 – Recommend every referral to dental when indicated, must be checked in the refer to dental portion of the Receiving Screening form and also entered into the dental log to make sure the referrals from intake to dental are not lost
    - Unless another method can be found within CorEMR to track all the referrals to dental from Intake, then the RN's must write the referral to dental on the dental log.
  - * 1.5.4 – Recommend every dental referral from intake should list the date of referral, the dental problem/chief complaint, the DL, pain level, history of the problem, location and description of the dental problem(s), the date referred to dental and the date scheduled in dental.
- Dental Level - Often times dental must guess and place a dental level 1 if the DL is not listed. This also takes the Dental Assistant extra time to comb through the intake appointment to locate information. It is an automatic failure if the DL1 or DL2 is not listed in the task appointment. Often

- *1.5.5 – Recommend update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.
- * 1.5.6 – Recommend in the meantime that the RN place the DL information in the appointment notes in both the task box and in the dental log.

- If a dental problem is found and noted in the form, i.e., multiple broken teeth, have the patient referred to dental for an evaluation.
  - * 1.5.7 – Recommend following through with the referral to dental for listed single or multiple problems.
  - * 1.5.8 – Recommend determine if a problem is from trauma or from decay. Check the decay box if indicated. Write in if it is from trauma. Note the DL with the referral.
  - * 1.5.9 – Recommend Dentist provide nurse training, retraining, feedback and monitoring.
- If the patient refuses the referral to dental from Intake:
  - * 1.5.10 – Recommend still check the box for the referral to dental and then obtain the refusal and write the explanation in the notes.

For the following outcome measures 1.6 – 1.9, see Statistical Tables 6. 7, 8, 9.

Outcome 1.6: Intake DL 1 Scheduled within timeframe - SC

Of the Dental Level 1 (DL1) patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).

- Only two (August 2019 and April 2020) out of the 12 months were patients referred to dental from Intake and given a Dental Level 1. These two months were in **100% in compliance** for being scheduled within timeframe.
- Dental Level 1 is for urgent and emergent cases, not just emergent.
  - * 1.6.1 – Recommend patients with "pain or hurt with a pain scale of ≥ 6/10, toothache, infection, swelling" receive a DL 1, no matter in Intake, 14-Day Exam or Sick Call.

Outcome 1.7: Intake DL 1 Seen as Scheduled – SC

Of the DL1 patients above, were they seen as scheduled in dental?

- Only two (August 2019 and April 2020) out of the 12 months were patients referred to dental from Intake, given a Dental Level 1 and were seen as scheduled. These two months were in **100% compliance.**

Outcome 1.8: Intake DL 2 Scheduled within timeframe – SC

Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 days).

- In 9 out of 12 months, patients were scheduled within timeframe 100% of the time. Feb and April 2020 did not have any Intake DL2 referrals to dental. Only one month received 60% but when averaged out, equals **96% compliance** for an overall grade of SC.

Outcome 1.9: Intake DL 2 Seen as Scheduled – NC

Of the DL2 patients above, were they seen as scheduled in dental?

- Feb and April 2020 did not have any Intake DL2 referrals to dental. Of the remaining 10 months **57.3% compliance** were seen as scheduled for an overall of NC.

Outcome 1.10: 14-Day Exam Form – NC

Health Inventory & Communicable Disease Screening (HICDS) now Health Appraisal (IMQ) form.

Outcome 1.10: 14-Day Exam Form

Measured as one question.

a. Is the dental section of the Health Inventory & Communicable Disease Screening (14 Day Exam now named Health Appraisal/IMQ) completed within 14 days of booking?
b. Per the Implementation Plan A & A.2., is the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and /or other functional impairment noted in the Dental Section of the form?
c. Is the Odontogram completely filled out?
d. Is the "Dental Sick Call" checked on the 14-Day Exam form when appropriate? Was the referral to dental completed and scheduled per the Dental Level assignment?

I/P	Score	Comment
[redacted]	**0**	Booked 01/22/2020. IMQ on 01/22/2020. Incomplete form, did not address the Implementation plan questions, no odontogram. Oral hygiene education not given. Has a sick call on 02/04/2020 with a DL2 for a "cracked & decaying, very painful tooth in the back on the bottom". Should have been DL1. No surgical consent form on 2/13/2020 for extraction #18.
[redacted]	**0**	Booked 03/20/2020, released 04/02/2020. Incomplete form, did not address the Implementation plan questions, no odontogram. Oral hygiene education not given. Has a sick call on 04/02/2020 with a DL2 for "tooth pain in molar", w/ hole in crown #19. Should have been a DL1. Partial view of x-ray noted in notes to have additional x-ray at time of appointment. Noted as #19 however appears to be #O.
[redacted]	**0**	Booked 04/19/2020, released 05/06/2020. Reports dental issues on IMQ. Did not address the Implementation plan questions, no odontogram. Oral Hygiene education provided. No referral to dental made. Dental appointment 05/05/2020 with a DL2 for a "toothache" from sick call and not from 14-Day exam. (x-ray has no open contact).
[redacted]	**0**	Booked 01/31/2020, released 06/24/2020. Form filled out. Reports dental issues on IMQ. Did not address the Implementation plan questions, no odontogram. Oral Hygiene education not provided. Has sick call appointment 06/03/2020 stating remaining root tips bilaterally. These root tips would have been seen during the 14-day exam if an oral inspection would have been performed.
[redacted]	**0**	Booked 02/22/2020, released 04/13/2020. Oral hygiene education not provided. Did not address the Implementation plan questions, no odontogram. Patient given KOP Fixodent/denture adhesive for an upper denture at intake. No lower denture. At 14-Day patient not referred to dental for lack of lower denture.
[redacted]	**0**	Booked 1/5/2020, released 1/7/2020. Denies dental at 14-day exam even though at intake, an hour earlier, patient was referred to dental for a broken right upper molar. Oral hygiene education given did not address the Implementation plan questions and no odontogram.
[redacted]	**0**	Booked 12/10/2019, released 02/17/2020. Oral hygiene education provided. Did not address the Implementation plan questions, no odontogram. Sick call on 12/27/2020 DL2, seen in dental on 01/02/2020 for requesting tooth to be pulled" and no dental problems reported on 14-day exam.
[redacted]	**0**	Booked 01/30/2020, released 02/13/2020. Lower molar pain with drinking fluids noted at intake. No dental issues checked on IMQ even though on same day at intake, patient was referred to dental for pain lower molar. Did not address the Implementation plan questions, no odontogram. Oral hygiene education not given.
[redacted]	**0**	Booked 01/20/2020, released 04/23/2020. Oral hygiene education not given. Did not address the Implementation plan questions, no odontogram. Patient had sick call appointment on 03/08/2020 with multiple decayed and broken teeth which would have been visible on a dental screening but were not identified at the 14-day evaluation.
[redacted]	**0**	Booked 2/13/2020. IMQ on 02/14/2020. On receiving screened, patient noted to have "multiple broken teeth" at intake. No referral to dental made at 14-day exam. Did not

		address the Implementation plan questions, no odontogram. Sick call on 04/01/2020 for "missing and broken teeth to upper and lower quadrants". Patient on Plavix.
[redacted]	**0**	Booked on 02/05/2020. IMQ on 02/06/2020. Oral hygiene education not given. Did not address the Implementation plan questions, no odontogram. Sick call on 05/05/2020 states "decay can be seen on side of tooth". Note sick call states education on #5 instead of #12. No BWX, possible distal decay.
[redacted]	**0**	Booked 05/05/2020. IMQ on 05/05/2020. Oral hygiene education not given. Did not address the Implementation plan questions, no odontogram. Sick call on 06/04/2020 which could have been seen during 14-day exam due to extensive decay #4. Side note: Has a periapical lucency, recommend 1b instead of 1c.
Total	**0/12**	**= 0% NC**

Outcome 1.10: 14-Day Exam Form Recommendations

- Spoke with the RN performing the 14-Day exam and he routinely did not do an oral evaluation if the patient reported no pain.
- As of July 15, 2020 – one month following the identification of this issue, there is only 1 patient referred to dental with a DL2 and none with a DL1. However, if you review patient's sick call requests, there are multiple patients who asked for a dental sick call, for issues soon after incarceration which would have been identified at the 14-Day exam. As yet, no one other than [redacted] myself and the programmer have requested access to the dental spreadsheet. This indicates to me that no one is interested in managing problems. **This is a systemic, continuing issue and must be rectified immediately.**
    - * 1.10.1 – Recommend the RNs perform an intraoral screening and evaluation on every inmate/patient during their 14-Day Exam per the Implementation Plan.
- Oral Hygiene Education is not routinely given, not checked on the 14-Day Exam form.
    - * 1.10.2 – Recommend giving a verbal review of brushing and flossing as well as placing an Oral Hygiene Instruction (OHI) video on the I/P tablet (see outcome measure 1.3) and give the I/P an oral hygiene pamphlet, from the American Dental Association (ADA), which includes both brushing and flossing.
    - * 1.10.3 – Recommend checking the Oral Hygiene Education box on the IMQ form once OHI is given.
- 14-Day Exam (Initial Health History IMQ) continues not to have a dental section. Only dental question is "Dental issues" in personal and family history.
    - * Recommend a separate dental section or a separate sheet of paper with an odontogram showing both the teeth and surrounding tissues as well as a questionnaire fully answered per the Implementation Plan. Scan the form into CorEMR or make it part of the program.
        - Per the Implementation Plan, *"Screening for all inmates: A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings; perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. All screening findings will be documented on the health inventory form including the odontogram. Follow up referral and/or consultation with onsite or on call medical provider and /or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation".*

- When a referral to Dental is appropriate, check the box for "Dental Sick Call" or rename it to Refer to Dental.
    - * 1.10.4 – Recommend the RN note every referral on the handwritten dental log (Intake, 14-Day, Sick Call) unless another solution can be found. It is important that all referrals to dental are tracked so that all referrals to dental receive the appropriate dental appointment and is seen in dental.
        - Every dental referral from the Intake, 14-Day Exam and Sick Call should list the date of referral, the dental problem/chief complaint, the DL, pain level, history of the problem, location and description of the dental problem(s), the date referred to dental and the date scheduled in dental.
        - It is an automatic failure if the DL1 or DL2 is not listed in the task appointment. Often times dental must guess and places a dental level 1 if the DL is not listed. This also takes the Dental Assistant extra time to comb through the intake appointment to locate information.
    - * 1.10.5 – Recommend update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.
    - * 1.10.6 – Recommend if the patient refuses the referral to dental, still check the box for the referral to dental and then obtain the refusal, inform the patient regarding the risks, benefits, alternatives and consequences of refusing care, write the explanation in the notes and scan the form into CorEMR,

For the following outcome measures 1.11 – 1.14, see Statistical Tables 6. 7, 8, 9.

Outcome 1.11: 14-Day Exam DL 1 Scheduled within timeframe - NC

Of the DL1 patients referred to dental from the 14 Day Exam, were they scheduled within the DL1 parameters? (Next dental day).

- 1 (Sept 2019) out of the 12 months had referrals to dental from the 14-day exam. Sept 2019 had a **0% compliance** for that month and an overall score of non-compliance.
- If we were to average the number of bookings for time period July1, 2019 thru June 30, 2020, this would be approximately 8416 inmate/patients.
    - There was one (1) inmate/patient referred to dental within this timeframe with a DL1 from 14-day exam which accounts for 0.012% of the total number of inmate/patients having an urgent/emergent issue following a dental screening.
    - * 1.11.1 – Recommend patients with "pain or hurt with a pain scale of $\geq$ 6/10, toothache, infection, swelling" receive a DL 1, no matter in Intake, 14-Day Exam or Sick Call.

Outcome 1.12: 14-Day Exam DL 1 Seen as Scheduled – NC

Of the DL1 patients above, were they seen as scheduled in dental?

- 1 (Sept 2019) out of the 12 months had referrals to dental from the 14-day exam. Sept 2019 had a **0% compliance** for that month as they were not seen in dental as scheduled. This is an overall score of non-compliance.
    - * See Section 5.8 – Recommend increasing the number of dental days to be able to handle the workload when the 14-day exam begins to refer patients from their dental screenings, per the Implementation Plan, for every booked patient.

Outcome 1.13: 14-Day Exam DL 2 Scheduled within timeframe – SC

Of the DL2 patients referred to Dental from the 14 Day Exam, were they scheduled within the DL2 parameters? (Within 14 days).

- July 2019 thru Dec 2019, some patients were referred from the 14-day exam to dental and they were scheduled within timeframe for **100% compliance**. However, this number is deceptive as no patients were referred to dental from January 2020 thru June 20th, 2020.
    - If we were to average the number of bookings for time period July1, 2019 thru June 30, 2020, this would be approximately 8416 inmate/patients.
        - There were 34 inmate/patient referred to dental within this timeframe with a DL2 from the 14-day exam, which accounts for 0.4% of the total number of inmate/patients having a routine issue following a dental screening.
        - After seeing the number of sick calls for issues requested shortly after a 14-day exam and issued a DL2 and after speaking with the RN at the 14-day exam, that dental screenings/evaluations need to occur for every booked patient at the 14-day examination.
- * 1.13.1 - Recommend that per the Implementation Plan every booked patient receive their dental screening at the 14-day exam and the RN is to fill out the odontogram, answer the questions as listed in the Implementation Plan and refer the patients to dental.

Outcome 1.14: 14-Day Exam DL 2 Seen as Scheduled – SC

Of the DL2 patients above, were they seen as scheduled in dental?

- Only 6 out of the 12 months (July 2019 thru Dec 2019) were patients referred to dental from the 14-day exam. Of those referred, dental saw an average of **85.5% compliance** as scheduled. However, this number is deceptive as no patients were referred to dental from January 2020 thru June 20th, 2020.
- * See Section 5.8 - Recommend increasing the number of dental days to be able to handle the workload when the 14-day exam begins dental screenings, per the implementation plan, for every booked patient.

Outcome 1.15: Sick Call Seen by Nursing within 24 hours - NC

Is the dental Sick Call seen and scheduled for a nurse triage within 24 hours of the dental complaint reported by the patient in Intelmate? Was the dental Sick Call assigned an appropriate DL and referred to dental when appropriate?

I/P	Score	Comment
[redacted]	0.5	Appointment rescheduled multiple times by nursing. Originally on 06/12/2019 for cracked feet but rescheduled and on 06/14/2019 says cracked feet and toothache. Then rescheduled by nursing again for 06/15/2019 and then seen by nursing on 06/16/2019. Sick call slip not scanned into documents. No DL given and says "req extr rt lower molar". Seen by Dr. [redacted] on 06/19/2019. Sick call again on 07/01/2019 and seen by nursing within 24 hours and scheduled and seen by dentist 07/02/2019. Treatment completed 07/30/2019.
[redacted]	1	SC requested 5/4/2020. Nurse seen on 05/05/2020 within 24 hours. DL2. Patient seen in dental 5/6/2020.
[redacted]	1	Sick call request 12/18/2019, seen by nurse on 12/19/19 and seen in dental on 01/23/2020.
[redacted]	0	SC request not scanned. Nurse seen on 09/28/2019. Seen in dental on 10/01/2019.
[redacted]	0	SC 10/30/2019 with swelling and not scanned into documents. Seen 11/05/2019, given a DL2 instead of DL1. Seen again for SC 11/11/19 by nursing and scheduled 11/19/2020 with no DL although says 9/10 pain and swelling. Not seen within DL1 timeframe.
[redacted]	0	Sick call 11/28/2019 seen in dental 12/03/2019. SC slip not scanned into documents.
[redacted]	0	SC created 09/14/2019 by nursing, seen in dental 09/19/2019. Wisdom teeth #17 & #32 and cannot see apex of teeth on radiograph. Sick call not scanned into Cor.

[redacted]	**0**	Created 01/24/2020 by nursing and seen in dental 01/29/2020 but cannot find scanned sick call request. Requested cleaning and denied by dental. SC requested on 10/14/2019 but not seen within 24 hours until 10/17/19 by nursing. Seen dental 10/22/2019.
[redacted]	**1**	SC request 12/28/2019, seen by nursing on 12/29/2019, DL2 given, seen in dental 01/02/2020
[redacted]	**0**	SC slip request 02/06/2020 and not seen by nurse within 24 hours, until appt created 02/10/2020 seen in dental L2 on 02/11/2020. Pt reports "excruciating pain".
[redacted]	**0**	SC created 4/14/2020, seen by nursing 04/15/2020 given DL2 but no sick call slip scanned into documents to see date of request. Seen by dental 04/16/2020
[redacted]	**0**	Sick call slip scanned requesting dental 02/15/2020. Not seen within 24 hours of request. Saw nurse on 02/21/2020. Seen in dental on 02/26/2020.
Total	**3.5/12**	**= 29.2% NC**

Outcome 1.15: Sick Call seen by nursing within 24 hours of request Recommendations

- Inmate/patients use the sick call process to request dental services. MCJ uses Intelmate to process the sick call requests.
- As Monitor, I do not have direct access to this system; therefore, it is not easily known at this time if the sick calls are processed within 24 hours. It is a maze to find the scanned copy of the sick call, then following the nurse triage, then look up the dental sick call requests to see if they are scheduled within the 24-hour timeframe mandated in the Implementation Plan. Then make sure that the nurses then triage the dental sick call requests, assigns them a DL1 or DL2 and schedules them within timeframe.
    - Note: *Intelmate system tracks this area of compliance and there is no communication with CorEMR at this point.*
    - Ideally this data should be entered into the dental Excel spreadsheet accurately from Intelmate for comprehensive review.
    - * 1.15.1 – Recommend inmate generated dental sick call requests are processed and seen by nursing within 24 hours of the request, per the Implementation Plan.
    - * 1.15.2 – Recommend additionally, that nursing staff receive from the dentist and DON training, feedback and monitoring to see the patients within 24 hours of their dental sick call request, correctly triage for urgent/emergent issues versus non-urgent issues, assign the appropriate Dental Level and schedule within DL timeframe.

For the following outcome measures 1.16 – 1.19, see Statistical Tables 6. 7, 8, 9.

Outcome 1.16: Sick Call DL 1 Scheduled within timeframe - NC

Of the DL1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next dental day).

- 8 out of the 12 months had patients referred to dental from sick call with a DL 1 and were scheduled within timeframe for **compliance of 27.3%.**
- This appears to indicate that there are not enough dental days available for the RN's to schedule the patients in dental's schedule.
    - * See Section 5.8 – Recommend increasing the number of dental days to be able to handle the workload.
    - * 1.16.1 – Recommend patients with "pain or hurt with a pain scale of ≥ 6/10, toothache, infection, swelling" receive a DL 1, no matter in Intake, 14-Day Exam or Sick Call.
        - Dental Level 1 is for urgent and emergent cases, not just emergent.

Outcome 1.17: Sick Call DL 1 Seen as Scheduled – PC

Of the DL1 patients above, were they seen as scheduled in dental?

- Of the 8 out of 12 months where patients were scheduled in dental from a SC DL1**, 83.9% compliance** occurred were the referrals from sick call were seen in dental as scheduled.

Outcome 1.18: Sick Call DL 2 Scheduled within timeframe – SC

Of the DL2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 days).

- The majority of the inmate/patients access Dental through this route. If we average the 2019 and half of 2020 number of bookings, the average number of bookings for this time period is approximately 8416 bookings.
    - There were 983 dental sick calls for July 2019 thru June 16, 2020 which indicates that 11.6% of booked patients were scheduled for a dental triage due to a sick call request and were scheduled with a dental level 2. The 983 inmate/patients were scheduled by the nursing staff within timeframe with a **99% compliance.** Well done!

Outcome 1.19: Sick Call DL 2 Seen as Scheduled – PC

Of the DL2 patients above, were they seen as scheduled in dental?

- Conversely, **79.3% compliance** of the patients referred to dental from a sick call with a DL2 were seen in dental as scheduled.
    - * See Section 5.8 – Recommend increasing the number of dental days to accommodate the workload.

Outcome 1.20: Physician on Call (POC) Logs - NC

Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ? Of the patients reported to the POC, were their dental emergencies addressed, were they given the appropriate DL, and scheduled with a DL1 and seen in dental as scheduled?

- There are no logs maintained by the POC for after-hours dental emergencies.
    - This is difficult to assess due to the absence of an after-hour call log for the POC regarding dental emergencies (including date, time and nature of the dental after hours emergency). There is no log, subsequently there is no current way to know if the inmate/patient was actually seen in dental following an emergency call.
    - The physician on call handles dental/medical emergencies after hours.
    - The Implementation Plan states "*In the case of a dental/medical emergency, in which a licensed dentist is not present, the patient will be seen, treated and managed immediately by medical provider staff."*
- If the dental issue is life threatening, then the inmate/patient is to be transported to hospital or an urgent care facility. Per the Program Manager, no inmate/patient was sent out on an emergency basis from July 2019 thru June 2020 although there are no records to substantiate this.
    - If the dental issues are emergent, then the inmate/patient's pain is managed by the medical provider/licensed health care provider. If the POC is called, it is not yet automatic for the POC to schedule the patient on the next dental day.
- * 1.20.1 – Recommend creating and maintaining logs showing if/how patients with after-hours dental emergencies are treated or shipped out to Natividad Hospital and if seen by dental the next dental day following emergency care.

Outcome 1.21: Specialty Care Referrals / To Outside Specialists - NC

Were the inmate/patients who were referred to an outside specialist, seen by the specialist within 30 days of the referral?

I/P	Score	Comment
[redacted]	0	Booked 04/08/2019 and released 10/15/2019. Seen 05/29/2019 in dental, given DPC 1C for extraction #17. Apex of tooth not seen in x-ray. Should have been referred then. Seen for extraction #17 07/24/2019 but referred to OS. No referral slip, no follow up, patient not seen by specialist within 30 days of referral. Patient was not released for 2 ½ months from date of referral so would have had time to be seen by specialist.
[redacted]	NA	Booked 07/29/2019 and released 08/20/2019. Seen on 07/02/2019 from a previous booking. Seen 08/05/2019 and scheduled for extraction #32 with a DPC 1C. Seen again 08/15/2019 and given outside referral DPC 5. Released prior to referral deadline. Was rebooked and seen in dental on 11/16/2019 with no continuity of referral from previous booking number although patient has the same inmate ID.
[redacted]	0	Booked 09/27/2019 and released 02/27/2020. Seen in dental 10/23/2019 and given outside referral for #2 however with a DPC 1C which is outside of the 30-day requirement to be seen by the specialist. Should be a DPC 5. Patient not referred #2 but advised to "request to medical for an outside referral to local dentist to fabricate another crown on tooth 2". Patient seen in dental 11/14/2019 for referral #3 however patient refused extraction, given a DPC 5 and was seen by outside dentist 11/19/2019.
[redacted]	0	Booked 12/11/2019 and released 02/19/2020. Seen in dental on 12/26/2019. Referred to outside specialist for new upper and lower dentures. Patient not seen within 30-day timeframe although had enough time to be seen before released. Patient returned to MCJ and no follow-up was issued or discussed. No continuity of care evident from one incarceration to the next.
[redacted]	0	Booked 11/22/2019 and released 12/27/2019. Patient seen in dental from sick call with a DL2 on 11/25/2019. A horizontal impaction is identified, with the radiograph unable to visual the apex of the tooth #32. Patient scheduled for an evaluation of #32 with a DPC 1C issued. This horizontal impaction will not straighten out and was evaluated on 11/25/2019. This is when the referral to the OS should be completed. However, the patient returns for another sick call on 12/03/2019 with a complain of "unresolved tooth pain despite Motrin". Patient was again scheduled for an "evaluation #32 for extraction" this time given a DPC of 1B and not referred to the oral surgeon. Patient returns for evaluation of #32 on 12/27/2019 with chief complaint "Tooth still hurts me". Patient is referred to the OS on this day, given a DPC 5 in the excel spreadsheet but given a DPC 1C in the notes for follow up visit to the oral surgeon. The patient was released on this day and did not see the specialist for his tooth pain. The timeframe is that the patient is to be seen by the outside specialist with 30 days of the referral. Care was delayed and recommend be referred to oral surgeon much sooner than three appointments later. Patient paroled and unknown if received care on the outside.
[redacted]	1	Booked on 09/01/2018 and currently incarcerated at MCJ. Patient referred by sick call DL2 for an "abscess" and was seen in dental on 02/19/2020. #32 referred to oral surgeon for a fully impacted tooth with a coronal/apical surrounding cyst. Patient was seen within timeframe on 03/17/2020 with Dr. [redacted] Note patient not seen for 03/24/2020 for a 1-week post-operative visit following extraction #32, therefore patient was not seen the next dental day by the dentist following the extraction, although patient was seen by the physician but not the next day following extraction. See outcome 1.22.
[redacted]	0.5	Booked 02/22/2020 and released 04/13/2020. Referred to ER on 3/24/2020 for removal infected lip piercing. Patient was not sent to ER. Returned to see Dr. [redacted] on 04/01/2020 and he removed lip piercing. Post op 04/08/2020. Patient was not referred to ER as indicated and patient returned to dental and had it done there instead. Gave partial credit since patient had treatment.

[redacted]	**0.5**	Booked 02/12/2020 and currently remains incarcerated at MCJ. Seen 03/10/2020 for pain upper left molars with #15 diagnosed with irreversible pulpitis. Note: cannot see apex of root. Pt refused extraction and RCT with local dentist while incarcerated. Refusal signed. On 04/16/2020 patient requesting extraction. Referral to OS, given DPC 1C. This should be a DPC 5 for the patient to be seen by OS within 30 days. Due to COVID restrictions, oral surgeon office closed. Referral should have still been forwarded and a note indicating closure would have been for referral department to complete. On 05/06/2020 patient seen for pain and stated oral surgeon office remains closed. On 06/03/2020 patient offered referral to OS as Dr. [redacted] states office now open but patient refused. Patient signed refusal for outside OS but the witness appears to be a custody officer with no printed name or credential. The refusal must be signed with the consequences, risks, benefits and alternatives discussed by the dentist with the patient.
[redacted]	**0**	Booked 10/09/2019 and released 03/20/2020. Seen 10/22/2019 and referral to outside dentist for RCT #10. Seen 11/19/2019 but patient reported couldn't get custody to transport patient to outside dentist. Seen again 12/27/2019 and states "patient still in communication with sheriff to arrange dental visit to outside dentist for rct tx". Seen 01/09/2020 and patient requested an approval for outside visit. Said appt is for January 24, 2020. Post op check for RCT #10 was given a 1C when should have been scheduled for next dental day. On 01/22/2020 RN speaks to Dental RDA searching for custody approval for outside root canal procedure. On 01/23/2020 Dr. [redacted] left message for custody Captain "concerning my approval of pt seeking root canal therapy at a local dentist". No other explanation. Does not appear that patient received treatment. On 02/06/2020 chart note states patient refused PO check outside referral RCT and this is signed or discussed by the dentist. There was another refused visit for follow-up dds visit on 02/13/2020, also not signed or reviewed by dentist.
[redacted]	**N/A**	Booked 02/19/2019 and released 10/21/2019. Found this chart incidentally therefore am not including in the score. This patient was not given a DPC 5, therefore would not know that this is a referral to outside specialist. Extraction #32 outside of audit range, completed 06/27/2019.
[redacted]	**N/A**	Booked 02/13/2020 and released 06/19/2020. Am not including this in the score but wanted to show this as s continued issue. This patient also not given a DPC 5 and found incidentally. Patient given a 1C for outside referral to the orthodontist rather than a DPC 5 as the patient was told he needs to make arrangements for the outside referral. On 05/05/2020 "I have not followed up with nurses or sheriff to make arrangements for outside orthodontic appt". Patient rebooked and saw dentist on 07/28/2020 and was again told/advised to connect with custody and medical to coordinate transportation and scheduled orthodontic visit.
X	**X**	X
Total	**2/8**	**= 25.0% NC**

Outcome 1.21: Specialty Care Referrals / To Outside Specialists Recommendations

- It is noted that Dr. [redacted] brings extensive oral surgery experience to the Dental Program at the Monterey County Jail. Due to this factor, fewer outside specialty referrals are made to the oral surgeon, saving the county financially, including transportation costs.
- **However, due to lack of a panoramic x-ray, many of the radiographs taken with individual films miss the apex of the wisdom teeth roots. Cases that need to be sent from day one to the oral surgeon are delayed unnecessarily with often the patients returning multiple times for antibiotics and pain medications when the patients could have been referred on their first visit to have the offending tooth causing pain/infection removed.**
    - * 1.21.1 – Recommend that patients are not delayed in the referral to the oral surgeon and/or other outside specialists.

- * 1.21.2 – Recommend if the apex of a tooth cannot be achieved radiologically on the first visit, then refer to the OS for a panoramic x-ray without delaying care.
- * 1.21.3 – Recommend if a patient's medical history prevents the dentist from completing care in a timely basis, do not delay in referring the patient to the outside specialist. See Case Review #6.

- * 1.21.4 – Recommend that referrals to outside providers must be given a DPC 5 in the dental spreadsheet and need to be seen by the outside specialist within 30 days of the dentist's referral.
- * 1.21.5 – Recommend that the dentist must see the patient the next dental day after the patient was seen and/or treated by the outside provider. The report must be available to the dentist for this appointment.
- * 1.21.6 – Recommend there is a written procedure and protocol for referrals to outside specialists and returns from the outside specialist.
  - There must be a manner in which patients which are referred from dental to the outside specialist are tracked, so these referrals can occur and are not lost in the system.
  - If a patient cannot be seen by the dentist the next dental day following an oral surgery appointment because they are away on vacation, then arrangements with the physician must be made to see the patient for follow-up, followed by a dental visit upon return of the dentist.

Outcome 1.22: Specialty Care Referrals / Return from Outside Specialists - NC

Were the inmate/patients, who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist?

Note: Of the patients listed above, there were 2 inmate/patients during this time period who were returned from Specialty Care.

I/P	Score	Comment
[redacted]	**N/A**	Patient not seen by specialist.
[redacted]	**N/A**	Patient not seen by specialist.
[redacted]	**0**	Patient seen 11/19/2019 but not seen back in dental until 12/04/2019 which is not within timeframe of the next dental day.
[redacted]	**N/A**	Patient not seen by specialist.
[redacted]	**N/A**	Patient not seen by specialist.
[redacted]	**0.5**	Note patient not seen until 03/24/2020 for a 1-week post-operative visit following extraction #32 on 03/17/2020, therefore patient was not seen the next usual and customary dental day by the dentist following the extraction because they were away from the office on vacation. They did see the patient on their next dental day which was approximately on week following the appointment with the oral surgeon. The patient was then not seen by the physician the following day on 3/18/2020 although patient was seen by the physician on 03/22/2020 for irrigation of the extraction site.
[redacted]	**N/A**	Patient not seen by specialist.
[redacted]	**N/A**	Patient not seen by specialist.
[redacted]	**N/A**	Patient not seen by specialist.
[redacted]	**N/A**	Not graded.
[redacted]	**N/A**	Not graded.
X	**X**	X
Total	**0.5/2**	**= 25.0% NC**

Outcome 1.23: Specialty Care Referrals / Outside Specialists Reports - SC

For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?

I/P	Score	Comment
[redacted]	N/A	
[redacted]	N/A	
[redacted]	1	Report scanned on the date of the procedure 11/19/2019.
[redacted]	N/A	
[redacted]	N/A	
[redacted]	1	The report was scanned on the date of the procedure with the oral surgeon.
[redacted]	N/A	
[redacted]	N/A	
[redacted]	N/A	
[redacted]	N/A	
[redacted]	N/A	
X	X	
Total	2/2	= 100% SC

Outcome 1.24: Chronic Care (HIV) Referred to Dental - NC

Are patients with chronic care problems (HIV) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	0	Booked 05/13/2020. Not referred to dental.
[redacted]	N/A	Booked 04/05/2020 and released 04/05/2020 as well as [redacted] 06/28/2020 and released 06/29/2020. Does not meet timeframe for this outcome.
[redacted]	N/A	Booked 03/05/2020 and released 03/06/2020. Does not meet timeframe for this outcome.
[redacted]	0	Booked 03/04/2020 and released 04/17/2020. Seen for chronic care on 03/10/2020. Not referred to dental.
[redacted]	0	Booked 02/23/2020 and released 03/06/2020. Seen for chronic care on 03/03/2020. Not referred to dental.
[redacted]	N/A	Booked 02/23/2020 and released 02/24/2020. Does not meet timeframe for this outcome.
[redacted]	0	Booked 02/02/2020 and released 03/25/2020. Seen for chronic care on 03/24/2020. Not referred to dental.
[redacted]	0	Booked 02/06/2020 and released 02/28/2020. Seen for chronic care on 02/12/2020. Not referred to dental.
[redacted]	0	Booked 02/05/2020. Seen for chronic care 02/06/2020 and 07/20/2020. Not referred to dental. Was seen separately for sick call for tooth #12 on 05/05/2020 and 07/02/2020. Note says given instruction tooth #5 but was for tooth #12. Labs not reviewed. Recommend review labs prior to dental care.

[redacted]	**0**	Booked 01/27/2020. Seen for chronic care 02/26/2020. Not referred to dental. On 02/17/2020 refused dental but no refusal form signed.
[redacted]	**0**	Booked 01/02/2020 and released 01/11/2020. Previously booked 10/22/2019 and released 11/16/2019. Seen for sick call and not chronic care. Both times not referred to dental.
X	**X**	N/A
Total	**0/8**	**= 0% NC**

Outcome 1.25: Chronic Care (Seizures) Referred to Dental - NC

Are patients with chronic care problems (Seizures) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 11/06/2019 and released 01/27/2020 as well as 06/08/2020 & released 07/10/2020. Patient seen for chronic care on 07/08/2020 and not referred to dental.
[redacted]	**N/A**	Booked 05/31/2020 and released 06/03/2020. Does not meet timeframe for this outcome.
[redacted]	**0**	Booked 05/23/2020 and released 07/11/2020. Seen for chronic care on 06/17/2020. Not referred to dental.
[redacted]	**N/A**	Booked 05/16/2020 and released 05/17/2020. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Booked 04/26/2020 and released 05/02/2020. Appointment with PA-C on 04/28/2020 however seizures not listed in problem section. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Unable to find patient, only have booking number.
[redacted]	**0**	Booked 03/06/2020 and 04/13/2020. Seen for chronic care 04/02/2020. Not referred to dental.
[redacted]	**0**	Booked 02/16/2020 and released 03/20/2020 as well as booked 09/26/2019 and released 10/18/2019. Seen for chronic care 03/12/2020. Not referred to dental.
[redacted]	**N/A**	Unable to find patient, only have booking number and not the patient ID.
[redacted]	**0**	Booked 04/14/2020 and released 05/17/2020. Also booked 02/22/2020 and released 04/09/2020. Seen for med sick call on 02/26/2020 where meds reviewed. Seizure not listed on summary/problem list although takes Levetiracetam. Was not referred to dental.
[redacted]	**N/A**	Booked 01/04/2020 and released 01/09/2020. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Booked 12/30/2019 and released 01/02/2020. Does not meet timeframe for this outcome.
Total	**0/5**	**= 0% NC**

Outcome 1.26: Chronic Care (Diabetes) Referred to Dental - NC

Are patients with chronic care problems (Diabetes) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Booked 06/28/2020 and released 07/01/2020. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Booked 06/20/2020 and released 06/21/2020. Does not meet timeframe for this outcome.
[redacted]	**0**	Booked 05/28/2020 and released 06/02/2020. Also booked 10/25/2019 and released 11/24/2019. Seen for chronic care 11/04/2019 and 06/01/2020. Both occurrences patient not referred to dental.
[redacted]	**N/A**	Booked 05/01/2020 and released 05/02/2020. Does not meet timeframe for this outcome.

[redacted]	**N/A**	Booked 04/18/2020 and released 04/21/2020. Does not meet timeframe for this outcome.
[redacted]	**0**	Booked 02/25/2020 and released 03/25/2020. Seen for chronic care 03/18/2020. Not referred to dental.
[redacted]	**N/A**	Booked 02/01/2020 and released 02/01/2020. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Booked 01/16/2020 and released 01/18/2020. Does not meet timeframe for this outcome.
[redacted]	**0**	Booked 12/29/2019 and released 05/27/2020. Seen for chronic care on 01/16/2020 and 04/08/2020. Not referred to dental.
[redacted]	**N/A**	Booked 12/17/2019 and released 12/21/2019. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Booked 12/14/2019 and released 01/09/2020. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Booked 12/13/2019 and released 12/13/2019. Does not meet timeframe for this outcome.
Total	**0/3**	**= 0% NC**

Outcome 1.27: Chronic Care (Pregnancy) Referred to Dental - NC

Are patients with chronic care problems (Pregnancy) referred by the NP, PA or MD (Nurse practitioner, physician Assistant or physician) at the establish pregnancy care appointment, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Booked 06/23/2020 and released 06/23/2020. Does not meet timeframe for this outcome.
[redacted]	**0**	Booked 05/31/2020 and released 06/10/2020. Establish pregnancy care appointment seen on 06/02/2020. Not referred to dental.
[redacted]	**0**	Booked 02/25/2020 and released 03/26/2020. Establish pregnancy care appointment seen on 02/26/2020. Not referred to dental. Note - Pregnancy not listed under problem list.
[redacted]	**N/A**	Booked 03/04/2020 and released 03/05/2020. Does not meet timeframe for this outcome.
[redacted]	**N/A**	Booked 02/17/2020 and released 02/17/2020. Does not meet timeframes for this outcome.
[redacted]	**0**	Booked 02/14/2020 and released 03/04/2020. Establish pregnancy care appointment seen on 02/17/2020. Not referred to dental.
[redacted]	**N/A**	Booked 02/05/2020 and released 02/08/2020. Does not meet timeframes for this outcome.
[redacted]	**N/A**	Booked 01/06/2020 and released 01/09/2020. Does not meet timeframes for this outcome.
[redacted]	**N/A**	Booked 12/12/2019 and released 12/13/2019. Does not meet timeframes for this outcome.
[redacted]	**N/A**	Unable to find patient, only have booking number and not the patient ID.
[redacted]	**N/A**	Booked 09/07/2019 and released 09/13/2019. Does not meet timeframes for this outcome.
[redacted]	**N/A**	Booked 09/02/2019 and released 09/08/2019. Does not meet timeframes for this outcome.
Total	**0/3**	**= 0% NC**

Outcome 1.28: Chronic Care (Pts on ≥4 Psych Meds) Referred to Dental - NC

WHEN ESTABLISHED AS MENTAL HEALTH SPECIAL NEEDS OR CHRONIC CARE: Are patients with chronic care problems (patients on 4 or more psych medications) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	0	Booked 02/07/2020. Also booked 07/06/2019 and released to 01/12/2020. Established with Mental Health-Special Needs on 03/09/2020. Was not referred to Dental. Was only seen by dental for one appointment of episodic care on 04/22/2020 for multiple broken teeth.
[redacted]	0	Booked 04/23/2020. Previously booked 01/31/2020 and released 04/08/2020. Established with Mental Health-special needs on 03/09/2020 although note not found. Was not referred to Dental.
[redacted]	0	Booked 06/24/2020 and released 07/25/2020. Also booked 02/03/2020 and released 03/17/2020. Assessed as Mental Health – Special needs on 06/30/2020. Not referred to Dental.
[redacted]	N/A	Booked on 11/19/2019. Pt on less than 4 psych meds. Not considered for this outcome measure.
[redacted]	0	Booked 06/27/2020 and released 07/04/2020. Also booked 02/13/2020 and released 03/02/2020. Established with Mental Health – Special Needs on 06/28/2020. Not referred to Dental.
[redacted]	0	Booked 11/14/2019. Established with Mental Health – Special needs on 03/09/2020. Not referred to Dental.
[redacted]	0	Booked 06/25/2018. Established with Mental Health – Special needs on 03/09/2020. Not referred to Dental. Also was not offered comprehensive care at one-year appointment.
[redacted]	0	Booked 05/22/2019 and released 07/29/2020. Established with Serious Mental Illness (SMI) on 06/03/2019. Not referred to Dental. Also was not offered comprehensive care at one-year appointment.
[redacted]	0	Booked 07/15/2019. Established with Mental Health – Special needs on 03/09/2020. Not referred to Dental. Also was not offered comprehensive care at one-year appointment.
[redacted]	N/A	Booked on 06/05/2020 and 10/16/2019 and released 01/26/2020. Pt on less than 4 psych meds. Not considered for this outcome measure.
X	**X**	
X	**X**	
Total	**0/8**	**= 0% NC**

Chronic Care Referrals to Dental - Recommendations

- In May 2019, we spoke with Dr. [redacted] who stated he will begin referring these patients (HIV, Seizures, Diabetes, Pregnancy, Patients on more than 4 psych medications) to dental from the date of the May 2019 re-evaluation. This has not occurred.
- * 1.28.1 - Recommend when a patient is identified at the chronic care appointment to have HIV, Seizures, Pregnancy and Diabetes, or to be on more than 4 psych meds, they are to be referred to the dental clinic at the time of the chronic care appointment. They are to be scheduled to be seen in dental within 90 days. If the patient is no longer at the facility, then the appointment will fall off the schedule automatically but if the patient is there, then the patient is brought in for comprehensive dental care. Patients with active dental disease or periodontal involvement can be scheduled earlier than 90 days at the discretion of the referring physician i.e. pregnancy.

Outcome 1.29: Comprehensive Dental Care - NC

Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?

I/P	Score	Comment
[redacted]	0	Booked 11/07/2016. Annual dental exam scheduled 05/27/2021. No previous dental appointments including no comprehensive care offered or refused for 2017, 2018, 2019.

[redacted]	**0**	Booked 12/22/2016. No comp exam in Dec 2017 however was completed in 03/14/2018. No annual exam for 03/14/2019 nor for 03/14/2020. On Annual exam in 2018, recall was stated as next visit but did not occur in 2019 or 2020.
[redacted]	**0**	Booked 02/01/2017. Annual comp exam on 05/09/2019. No recall schedule stated for next visit and no annual exam occurred for 05/2020. Yearly recall not set.
[redacted]	**0**	Booked 03/29/2017. Never seen in dental. No refused dental appointments. No future appointment scheduled.
[redacted]	**0.5**	Booked 04/27/2017. Not seen in 2018 however seen for annual exam 10/01/2019 (FMX) and 10/13/2019 for annual dental exam. 1-year dental recall scheduled for 10/13/2020.
[redacted]	**0**	Booked 07/04/2017. No dental visits. No refused dental appointments. No future scheduled annual dental exam.
[redacted]	**1**	Booked 07/31/2017. Annual exam 11/15/2018 completed. Annual exam on 11/26/2019 completed. Recall scheduled for 11/26/2020 for annual dental exam.
[redacted]	**0.5**	Booked 09/18/2017. No annual exam for Sept 2018 or 2019. FMX taken 03/18/2020, not evaluated. Due to Covid-19 completion of annual dental exam scheduled for 08/11/2020, using FMX from 03/18/2020. However, patient could have been seen in Phase 2 of Covid-19. Please remember to determine type of maintenance and set recall appointment.
[redacted]	**0.5**	Booked 11/29/2017. No annual exam for Nov 2018. Annual exam on 06/27/2019. Patient had FMX on 07/08/2020 and scheduled for annual exam and perio charting 09/01/2020. Attempt to perform both radiographs and dental exam on same appointment or if FMX taken first, then evaluate it in progress notes and attempt to bring patient back within one week maximum.
[redacted]	**0**	Booked 12/24/2017. No annual exam. No scheduled dental recall appointment. Patient seen 06/13/2019 and not scheduled for annual exam.
[redacted]	**0.5**	Booked 01/10/2018. FMX (x-rays) completed on 12/26/2019. 01/16/2020 annual dental exam and perio charting completed. Continue comprehensive dental treatment scheduled for 08/19/2020. No recall of cleaning scheduled.
[redacted]	**0.5**	Booked 01/13/2018. FMX completed 09/05/2019 with annual exam completed 09/12/2019. Annual dental exam recall scheduled for 09/12/2020.
Total	**3.5/12**	**= 29.2% NC**

Outcome 1.30: Comprehensive Dental Care – NC

Of those receiving a comprehensive dental examination at their 1 year of incarceration, are they placed on an annual examination schedule and are they seen in dental per their annual recall? *Note that a periodontal recall (cleaning recall) is different than the annual comprehensive dental examination recall.*

I/P	Score	Comment
[redacted]	**N/A**	See outcome measure 1.29
[redacted]	**0**	See outcome measure 1.29
[redacted]	**0**	See outcome measure 1.29
[redacted]	**N/A**	See outcome measure 1.29
[redacted]	**1**	See outcome measure 1.29. Scheduled for next recall.
[redacted]	**N/A**	See outcome measure 1.29
[redacted]	**1**	See outcome measure 1.29
[redacted]	**N/A**	See outcome measure 1.29. Initial FMX taken 03/18/2020 but exam not completed due to Covid and not brought back in when phase 2 opened.
[redacted]	**0.5**	See outcome measure 1.29. Recall exam started but not completed.
[redacted]	**N/A**	See outcome measure 1.29

[redacted]	**0.5**	See outcome measure 1.29. Please set recall schedule.
[redacted]	**1**	See outcome measure 1.29
Total	**4/7**	**= 57.1% NC**

Outcome 1.29 & 1.30: Comprehensive Dental Care - Recommendations

- * 1.29.1 – Recommend that those individuals who did not receive the automatic comprehensive dental care appointment scheduled one year from their date of booking, have their appointment manually entered.
    - Pull a roster of those here from longest to shortest and see who is missing an appointment. I assume that it is only for approximately 50 inmate/patients who did not receive their appointment as it coincided with implementation of CorEMR.
- * 1.30.1 – Recommend that the dental department differentiate between the annual comprehensive dental examination (yearly) vs a periodontal recall (cleaning) which can be at 3 months recall (3MRC), 4 months recall (4MRC), or 6 months recall (6MRC).

Outcome 1.31: Periodontal Program / Cleaning Requests – NC

Are requests for a cleaning referred to dental with the appropriate DL? Are cleanings addressed per the Implementation Plan's Periodontal Program? Are patients' request for a cleaning seen in dental for a triage and subsequent appointment for a comprehensive and periodontal examination, radiographs, diagnosis and treatment plan, commensurate with their diagnosis and given an appropriate DPC?

- All patients are eligible for a cleaning per the Implementation Plan. Multiple triage appointments where patients are requesting cleanings are told they are not eligible. This practice of denying patient's their rights to a cleaning must cease.
    - * 1.31.1 – Recommend that per the Implementation Plan all patients are eligible, through the Periodontal Program, for a cleaning.
- When a patient requests a cleaning, from which they are entitled to according to the Implementation Plan, the dentist cannot perform a cleaning without fully diagnosing the patient's periodontal (gum and surrounding bone) condition.
    - * 1.31.2 – Recommend therefore that I/Ps requesting cleanings through the Periodontal Care Program will require a periodontal evaluation; take a full mouth series of x-rays; evaluation of the radiographs; full mouth periodontal charting, including probe readings, recession, attachment loss and furcation involvement; a periodontal diagnosis; and a subsequent individualized periodontal treatment plan.
    - * 1.31.3 – Recommend that an appropriate treatment plan for the patient to obtain the completed cleaning (prophy or deep cleaning/SRP) is completed within 90 days from the original date of the request for a cleaning.
- There is no separate consent form for prophy and SRP. A gross debridement is not a prophy nor is it a scaling and root planning/SRP/deep cleaning.
    - * 1.31.4 – Recommend creating a new periodontal informed consent form, separate from the general informed consent form.

Outcome 1.32: Grievances - NC

Where Grievances addressed and resolved within 10 calendar days of the request in Intelmate?

Inmate ID	Grievance #	Date Opened	Comments from Inmate/Patient	Date Closed	Timeline
[redacted]	51179123	06/07/19	Went yesterday to dentist for infected tooth and he says I'll be prescribed antibiotics by last night, still haven't gotten	06/09/19	SC (1)
[redacted]	58401883	08/08/19	Extreme tooth pain emergency action requested…third request	08/28/19	SC (1)
[redacted]	59065063	08/13/19	I've been here for almost 3 months im in excruciating pain with my teeth I keep writing sick calls and making complaints about same thing and nothing is getting its almost like they are ignoring my request people that's been in here for 2 weeks are gettng seen before me and iam so tired of it something should be done immediately all they keep saying is that iam on the list to see the provider that's bs	09/02/19	NC (0)
[redacted]	62909303	09/15/19	I have a bad molar and it is hard to eat. I would like to request a dental soft diet for a couple of weeks if possible thank you.	09/25/19	SC (1)
[redacted]	63169493	09/17/19	Had seen dental for the fowling, that was occurring with my teeth and gums. Today, however noted, dental stated that gums and teeth still look good. However, that's not the case, gums are still irritated.	10/01/19	NC (0)
[redacted]	72509663	12/06/19	When is my tooth coming out? I want to go home. It hurts bad.	12/16/19	SC (1)
[redacted]	73706523	12/17/19	I was hoping to get my bad tooth pulled. I was told it was going to happen. That was 2 weeks ago. Can I please see the dentist?	01/03/20	NC (0)
[redacted]	74011263	12/19/19	My dentures were lost in RR in MCJ and I have been instructed to contact you for replacement please assist. Thank you.	01/03/20	NC (0)
[redacted]	74267233	12/22/19	Las muelas y los dientes infection y Dolores	01/06/20	NC (0)
[redacted]	75872473	01/06/20	What's the status of getting my dentures (lost by MCJ) replaced? It is not possible for me to eat the fresh vegetables (carrots, celery, i.e.) just tearing my gums up! Please let me know the status. Thank you.	01/07/20	SC (1)
[redacted]	78605073	01/28/20	The right side of my jaw is in allot of pain due to the pulling of my tooth medication would be appreciated and highly needed at the moment as soon as possible	02/10/20	NC (0)
[redacted]	80009723	02/08/20	My tooth pain is nearly unbearable	02/18/20	SC (1)
[redacted]	80740153	02/14/20	2nd Grievance for my extreme tooth pain	02/21/20	SC (1)

Inmate ID	Grievance #	Date Opened	Comments from Inmate/Patient	Date Closed	Timeline
[redacted]	80787223	02/14/20	The pain is unbearable I need to be seen now for my tooth pain please someone see me for this immediately	02/21/20	SC (1)
[redacted]	81138903	02/18/20	Have a really bad toothache I'm in pain	02/27/20	SC (1)
[redacted]	82335933	02/27/20	Severe tooth pain	04/02/20	NC (0)
[redacted]	87454093	04/16/20	Severe dental infection and pain	04/30/20	NC (0)
[redacted]	87471293	04/16/20	Tooth pain!! I had a tooth extracted a few hours ago and was given a 800 mg Motrin however the pain is excruciating & the bleeding won't stop.	04/30/20	NC (0)
[redacted]	89471673	05/07/20	Teeth Cleaning	05/15/20	SC (1)
[redacted]	93000473	06/16/20	"Awsome dentist great dental assistant"	Not replied yet	N/A
			TOTAL: 10/19 =	**52.6%**	NC

Outcome 1.32: Grievances - Recommendations

- There were 19 grievances and 1 compliment.
  - Most of the grievances were requesting sick call type resolution to their pain and wanted to see the dentist.
  - Many were repeated requests for accessing dental care. Filling out a Sick Call was the most frequent recommendation as resolution for the I/P's grievances.
  - Additional research is needed to see if the patient were scheduled for dental and had their dental complaints addressed and treated from the original grievance.
  - * 1.32.1 - Recommend patient's grievances are **screened daily** and responded to daily in case there are patients requesting attention to their dental pain, and that they can be quickly redirected to the sick call system so as their dental pain is not unnecessarily extended.

- Intelmate is the system MCJ/Wellpath uses to address grievances and sick calls. It is not linked to COREMR. Unable to access it directly and must go through [redacted] or [redacted] for the information.
  - As of May 2019, grievances are now supposed to be separated by discipline, Dental, Medical and Mental Health, so that dental grievances are no longer are sorted by words such as pain, toothache and so forth but rather are tagged as dental.
  - * 1.32.2 - Recommend integration of Intelmate so grievances and dental sick calls are visible through CorEMR

APPENDIX 2. Timeliness of Care - Data & Recommendations

Outcome 2.1: DPC 1A Treated in Dental within Timeframe - SC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
[redacted]	1	Scheduled 07/03/2019, received triage and treatment with extraction same day.
[redacted]	1	Scheduled 07/31/2019, received triage and treatment with extraction same day.
[redacted]	1	Scheduled 09/04/2019, received triage and treatment with extraction same day.
[redacted]	1	Scheduled 10/03/2019, received triage and treatment with recement bridge same day.
[redacted]	1	Scheduled 11/06/2019, received triage and treatment with extraction same day. Not given credit for extraction in spreadsheet.
[redacted]	1	Scheduled 12/03/2019, received triage and treatment with extraction same day. Not given credit for extraction in spreadsheet.
[redacted]	1	Scheduled 01/14/2020, received triage and treatment with extraction same day. Not given credit for extraction in spreadsheet.
[redacted]	1	Scheduled 02/06/2020, received triage and treatment with extraction same day. Not given credit for extraction in spreadsheet.
[redacted]	1	Scheduled 03/10/2020, received triage and treatment with extraction same day. Not given credit for extraction in spreadsheet.
[redacted]	1	Scheduled 04/16/2020, received triage and treatment with extraction same day. Not given credit for extraction in spreadsheet.
[redacted]	1	Scheduled 05/05/2020, received triage and treatment with extraction same day. Not given credit for extraction in spreadsheet.
[redacted]	1	Scheduled 06/02/2020, received triage and treatment with extraction same day. Previously scheduled for treatment in April but due to Covid was not seen. When scheduled in June 2020 treatment completed same day. Full credit as this was outside of Dentist's control. Note, not given credit for extraction in spreadsheet.
Total	**12/12**	**= 100% SC**

Outcome 2.2: DPC 1B Treated in Dental within Timeframe - SC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
[redacted]	1	Scheduled 07/24/2019. Diagnosed for extraction #20. Scheduled 08/01/2019 and had treatment within timeframe.
[redacted]	1	Scheduled 08/01/2019. Diagnosed #14 for extraction. Scheduled 08/15/2019 and had treatment within timeframe.
[redacted]	1	Scheduled 08/29/2019. Diagnosed extraction #13 & #20. Scheduled 09/12/2019 for extraction #13. Scheduled 09/25/2019 and had treatment within timeframe.
[redacted]	1	Scheduled 10/01/2019. Diagnosed #1 for extraction. Scheduled 10/07/2019 and had treatment within timeframe.
[redacted]	1	Scheduled 11/05/2019. Diagnosed #2 for extraction. Scheduled 11/13/2019 and had treatment within timeframe.
[redacted]	1	Scheduled 12/05/2019. Diagnosed #19 fill. Scheduled 12/18/2019 and had treatment within timeframe.

[redacted]	**1**	Scheduled 01/02/2020. Diagnosed #30 for extraction. (Be mindful of noting correct tooth #30, not #19). Scheduled 01/15/2020 and had treatment within timeframe.
[redacted]	**1**	Scheduled 02/04/2020. Diagnosed for extraction #18. Scheduled 02/13/2020 and had treatment within timeframe.
[redacted]	**1**	Scheduled 03/02/2020. Diagnosed for extraction #30, 31. Scheduled 03/11/2020 and had treatment within timeframe.
[redacted]	**0**	Scheduled 03/31/2020. Diagnosed for fill #3. Rescheduled due to Covid on 04/21/2020, no chart or progress note. Rescheduled to 05/04/2020 but not seen due to Covid. No chart or progress note. No future appointment. ***Every scheduled patient must have a progress note or chart note explaining the circumstances of the missed appointment. Patient paroled 05/21/2020.
[redacted]	**1**	Scheduled 05/07/2020. Diagnosed for extraction #17. Scheduled 05/28/2020 and had treatment within timeframe.
[redacted]	**1**	Scheduled 06/03/2020. Diagnosed for extraction #18 & #30. Scheduled 06/17/2020 and had treatment within timeframe.
[redacted]	**1**	Scheduled 07/01/2019. Diagnosed for extraction #32. Scheduled 07/17/2019 and had treatment within timeframe.
Total	**11/12**	**= 91.7% SC**

Outcome 2.3: DPC 1C Treated in Dental within Timeframe - NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
[redacted]	**1**	Scheduled 07/02/2019. Diagnosed for extraction #17. Scheduled 07/30/2019 and had treatment within timeframe.
[redacted]	**N/A**	Scheduled 08/01/2019. Diagnosed for fill #4. Scheduled 09/25/2019 but NIC on 08/13/2019.
[redacted]	**1**	Scheduled 09/03/2019. Diagnosed for extraction #4. Extraction completed 10/23/2019 within timeframe.
[redacted]	**N/A**	Scheduled 10/01/2019. Diagnosed for #8 fill. Scheduled for 10/22/19. NIC 10/05/2019. Rebooked multiple times and was not re-appointed to continue treatment.
[redacted]	**N/A**	Scheduled 11/05/2019. Diagnosed for extraction #1 & #2. Scheduled 01/03/2020 but patient NIC on 11/23/2019.
[redacted]	**1**	Scheduled 12/03/2019. Diagnosed for extraction #29 & #2. Extractions completed 01/07/2020 within timeframe.
[redacted]	**1**	Scheduled 01/02/2020. Diagnosed #1 for extraction, completed 01/16/2020 within timeframe.
[redacted]	**N/A**	Scheduled 02/04/2020. Diagnosed #1, 2, 3 extraction. NIC on 02/13/2020.
[redacted]	**0**	Scheduled 03/12/2020. Diagnosed for fillings #14 & #15. Due to Covid, rescheduled 04/23/2020, 05/07/2020, 06/04/2020. No progress notes or chart notes. Every scheduled appointment must have a progress note or chart note. Additionally, these appointments were not listed in the excel spreadsheet. Due to this continued issue of not writing a progress note and patient still in custody, had to assign a zero score for this outcome since there is no progress note or chart note.
[redacted]	**0**	Scheduled 04/07/2020. Diagnosed for RCT #11. Seen 06/11/2020 for FMX and exam not completed. Scheduled 06/25/2020 and patient asked for RCT #11 to be seen sooner, RCT completed. Treatment not completed within timeframe. No chart note or progress note (task note is not a progress note) to indicate rescheduled due to Covid. Rescheduled not listed in excel spreadsheet either.
[redacted]	**1**	Scheduled 05/05/2020. Diagnosed for filling #12, completed 07/02/2020 within timeframe.

[redacted]	**N/A**	Scheduled 06/04/2020. Diagnosed for extraction #4. Patient refused on 07/15/2020.
Total	**5/7**	**= 71.4% NC**

Outcome 2.4: DPC 2 Treated in Dental within Timeframe – NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
[redacted]	**1**	Scheduled 06/12/2019 for comp exam. Completed SRP on 09/11/2019 within timeframe.
[redacted]	**0**	Scheduled 10/01/2019 and diagnosed with pericoronitis #32 although unable to visualize apex of tooth on x-ray for full diagnosis. Patient requested an extraction. Patient was not referred to oral surgeon and was scheduled for a re-evaluation and new x-ray in 4 months. Patient was released 11/27/2019 and would have had time to have the consultation with the oral surgeon and even the extraction if indicated.
[redacted]	**1**	Scheduled 11/05/2019 for triage and diagnosed with necrotic pulp and root canal #7. Patient returned on 02/05/2020 for RCT which was completed within timeframe.
[redacted]	**N/A**	Scheduled 01/07/2020 and diagnosed for extraction #5. Patient released same day.
[redacted]	**0.5**	Scheduled 10/29/2019 and diagnosed with periodontal disease from comprehensive exam with need for deep cleaning. SRP UL/LL completed on 10/29/2019. SRP UR/LR completed within timeframe. Next visit for fillings scheduled with another DPC 2. Note that all DPC 2 treatments must be completed within DPC 2 timeframe, not one visit and then another visit. This unnecessarily extends the dental treatment. Patient refused perio re-eval and prophy but not the filling. Patient returned on 02/17/2020 had the prophy and requesting to have filling completed however it was not completed. The filling would have had to be completed by Feb 28, 2020 and patient never re-appointed. Patient still in custody.
[redacted]	**0.5**	Scheduled 11/14/2019 for comp exam. Patient received exam and cleaning on that day. Was scheduled with DPC 2 for extraction #17. Scheduled 01/07/2020 for fillings #12 & #29 and given a DPC 2 for extraction #17 again which extends the timeframe for a DPC 2. Patient released 02/24/2020. Note that #17 unable to get tooth within radiograph, nor able to get apex. If a panoramic x-ray had been available, then this would have been clearly identified. Since #17 not able to get diagnostic radiograph, then this should have been referred to oral surgeon for evaluation and extraction and patient could have had this treatment completed within timeframe.
[redacted]	**0**	Scheduled on 02/26/2020 for comprehensive exam. Diagnosed for fillings with DPC 2. Seen 07/02/2020 which is outside of timeframe. All DPC 2 treatment must be completed within timeframe, not only some procedures. Was issued another DPC 2 on 07/02/2020 for additional fillings. This extends the time frame of the dental priority code and extends treatment time.
[redacted]	**N/A**	Scheduled 12/05/2019 and received comp exam. Given DPC 2 for fillings. Patient released 01/03/2020 and therefore not enough time to evaluate this outcome measure.
[redacted]	**N/A**	Scheduled on 01/30/2020 and diagnosed for fillings with a DPC 2. Released 03/02/2020 therefore not in custody long enough to evaluate timeframe.
[redacted]	**1**	Scheduled 11/20/2019 had SRP UL/LL completed that visit and diagnosed for SRP UR/LR with a DPC 2. Patient seen 01/23/2020 and had procedure completed within timeframe.
[redacted]	**0.5**	Scheduled 07/18/2019 to complete fillings for a comprehensive exam started on 02/14/2019. Patient was diagnosed with numerous cavities and most accomplished within timeframe. However, the DPC 2 timeframe is continuing to be extended past the 4 months from the comprehensive exam. This practice must stop and the dental department must understand that all DPC 2 procedures must be completed within timeframe.

[redacted]	**0**	Scheduled 01/15/2020 and had UR/LR SRP completed with DPC 2 issued for SRP UL/LL Patient should have been seen by 05/14/2020 to be within timeframe. A task note is not a progress note or chart note and patient was rescheduled due to Covid on 03/18/2020, 04/01/2020, 04/14/2020, 05/05/2020, which would have been a valid reason. However, due to no progress note or chart note indicating patient was rescheduled and no entry in the spreadsheet either, this outcome measure was scored at 0.
Total	**4.5/9**	**= 50% NC**

Outcome 2.5: Chronic Care (HIV) seen as scheduled - NC

Are patients with chronic care problems (HIV) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
X	**X**	
Total	**0/12**	**= 0% NC**

Outcome 2.6: Chronic Care (Seizures) seen as scheduled - NC

Are patients with chronic care problems (Seizures) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	

[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
Total	**0/5**	**= 0% NC**

Outcome 2.7: Chronic Care (Diabetes) seen as scheduled - NC

Are patients with chronic care problems (Diabetes) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**N/A**	
Total	**0/3**	**= 0% NC**

Outcome 2.8: Chronic Care (Pregnancy) seen as scheduled - NC

Are patients with chronic care problems (Pregnancy) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**N/A**	
[redacted]	**N/A**	

[redacted]	**N/A**	
[redacted]	**N/A**	
Total	**0/3**	**= 0% NC**

Outcome 2.9: Chronic Care (Pt on ≥4 psych meds) seen as scheduled - NC

Are patients with chronic care problems (patients on 4 or more psych medications) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**0**	Not referred, not scheduled.
[redacted]	**N/A**	
X	**X**	
X	**X**	
Total	**0/8**	**= 0% NC**

Outcome 2.10: Comprehensive Dental Care – NC

Were patients with 1 year of incarceration seen within 15 days (before or after) of their one-year anniversary date of their initial date of booking?

I/P	Score	Comment
[redacted]	**0**	Booked 11/07/2016. Annual dental exam scheduled 05/27/2021. No previous dental appointments including no comprehensive care offered or refused for 2017, 2018, 2019.
[redacted]	**0**	Booked 12/22/2016. No comp exam in Dec 2017 however was completed in 03/14/2018. No annual exam for 03/14/2019 nor for 03/14/2020. On Annual exam in 2018, recall was stated as next visit but did not occur in 2019 or 2020.
[redacted]	**0**	Booked 02/01/2017. Annual comp exam on 05/09/2019. No recall schedule stated for next visit and no annual exam occurred for 05/2020. Yearly recall not set.
[redacted]	**0**	Booked 03/29/2017. Never seen in dental. No refused dental appointments. No future appointment scheduled.
[redacted]	**0**	Booked 04/27/2017. Not seen in 2018 however seen for annual exam 10/01/2019 (FMX) and 10/13/2019 for annual dental exam. 1-year dental recall scheduled for 10/13/2020.
[redacted]	**0**	Booked 07/04/2017. No dental visits. No refused dental appointments. No future scheduled annual dental exam.
[redacted]	**0**	Booked 07/31/2017. Annual exam 11/15/2018 completed. Annual exam on 11/26/2019 completed. Recall scheduled for 11/26/2020 for annual dental exam.

[redacted]	**0**	Booked 09/18/2017. No annual exam for Sept 2018 or 2019. FMX taken 03/18/2020, not evaluated. Due to Covid-19 completion of annual dental exam scheduled for 08/11/2020, using FMX from 03/18/2020. However, patient could have been seen in Phase 2 of Covid-19. Please remember to determine type of maintenance and set recall appointment.
[redacted]	**0**	Booked 11/29/2017. No annual exam for Nov 2018. Annual exam on 06/27/2019. Patient had FMX on 07/08/2020 and scheduled for annual exam and perio charting 09/01/2020. Attempt to perform both radiographs and dental exam on same appointment or if FMX taken first, then evaluate it in progress notes and attempt to bring patient back within one week maximum.
[redacted]	**0**	Booked 12/24/2017. No annual exam. No scheduled dental recall appointment. Patient seen 06/13/2019 and not scheduled for annual exam.
[redacted]	**1**	Booked 01/10/2018. FMX (x-rays) completed on 12/26/2019. 01/16/2020 annual dental exam and perio charting completed. Continue comprehensive dental treatment scheduled for 08/19/2020. No recall of cleaning scheduled.
[redacted]	**0**	Booked 01/13/2018. FMX completed 09/05/2019 with annual exam completed 09/12/2019. Annual dental exam recall scheduled for 09/12/2020.
Total	**1/12**	**= 8.3% NC**

Outcome 2.11: Perio Program – NC

Are treatments from a request for a cleaning seen as scheduled within DPC timeframe?

- See Section I, Outcome measure 1.31.

Outcome 2.12: Refusals (Chairside & Cellside) – Informational, N/A

Are refusals maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
% Refusal - Cellside	10.5	13.7	11.9	9.2	11.4	14.0	14.8	18.1	4.9	17.5	11.9	16.4	**12.9 %**
% Refusal - Chairside	2.3	1.7	2.8	1.5	3.2	3.2	1.7	2.0	0.8	2.9	5.0	0.8	**2.3 %**

Outcome 2.13: Refusals (Chairside & Cellside) - PC

Are the informed refusals with the appropriate discussion obtained by the licensed dentist on the day the refusal occurred? Is a progress note written detailing the risks, benefits, alternatives and consequences of refusing dental care?

- Giving 50% credit as:
  - The patients who refuse chairside are receiving the informed refusal discussion from the dentist, i.e. risks, benefits, alternatives and consequences.
  - The patients who refuse cellside are not receiving the informed refusal discussion from the dentist on the day of the refusal, i.e. risks, benefits, alternatives and consequences.

Outcome 2.14: Reschedules (R/S) - PC

Are reschedules maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month? Are the rescheduled patients scheduled again and their appointment seen and completed?

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
% R/S due to Dental	6.4	7.4	5.7	20.0	8.1	2.5	4.5	6.0	6.6	7.8	4.0	7.4	**7.2%**

Outcome 2.15: No Shows due to Custody - SC

Is custody available for patient transport to the dental department? Are reschedules or not seen due to custody maintained under 5% SC, 5-10% PC, >10% NC?

Description	2019 July	2019 Aug	2019 Sept	2019 Oct	2019 Nov	2019 Dec	2020 Jan	2020 Feb	2020 Mar	2020 Apr	2020 May	2020 June	TOTAL
% Not Seen due to Custody	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	**0.2%**
R/S due to Custody	0	0	0	0	0	0	0	0	0	0	0	0	**0**

Timeliness of Care - Recommendations

Outcome Measure 2.1 thru 2.4 - DPC

- Dental Priority Code (DPC):
  - * 2.1 thru 2.4.1 – Recommend that each line item in the dental treatment plans must be listed with a corresponding DPC so it is clear if treatment is completed within timeframe.
  - * 2.1 thru 2.4.2 – Recommend that the DPC information must be relayed into the dental excel spreadsheet for every treatment appointment, so monitoring guidelines for comprehensive and episodic care can be completed, as well as it is a method to address dental problems in a timely manner.
  - * **See Section 5.3** – Recommend the purchase of Dentrix Enterprise. Dentrix Enterprise which can calculate this automatically and can tell the auditor and clinician in real time who is or isn't in compliance and who needs to be scheduled immediately to achieve compliance.
- Continuity of Care:
  - * 2.1 thru 2.4.3 – Recommend that if a patient has an open treatment plan and is re-incarcerated, the patient should be able to continue his or her treatment plan and be scheduled upon re-booking. An EDRS such as Dentrix Enterprise would show a previously unperformed treatment plan as open and can be scheduled at intake to continue treatment.

Outcome Measure 2.5 thru 2.9 – Chronic Care

- Chronic care patients should be referred to dental at the time of the physician's evaluation for chronic care problems (on the 7th day following booking) for HIV, Diabetes, Seizures, Pregnancy and for those taking 4 or more psych medications.
  - * 2.5 thru 2.9.1 – Recommend chronic care patients are referred to dental and scheduled in dental within 90 days from their chronic care appointment 7 days from their date of booking.
  - * See outcome measure 1.28.1 – Recommend if the physician wants the patient to be seen sooner, i.e. pregnancy, then schedule the patient sooner than 90 days. Studies show, lack of good oral hygiene with periodontal disease can affect the unborn fetus and cause a low birth weight baby.[8]
  - * 2.5 thru 2.9.2 – Recommend chronic care patients are to be seen for comprehensive dental examinations within 90 days from the date of referral.

Outcome Measure 2.10 – Comp Dental Care

- The comprehensive dental examination includes a full set of radiographs/full mouth x-rays (FMX) amongst many other requirements as seen in the D0150 of the CDT Codes for dentistry.[9]

[8] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3941365/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5075444/
[9] https://www.ada.org/en/publications/cdt

  - * 2.10.1 – Recommend that patients are seen within 15 days (before or after) their one year anniversary of the date of their booking date.
- The FMX portion of the comprehensive dental examination are generally started within timeframe at MCJ but not analyzed, and the exam and periodontal charting is scheduled and completed sometimes month later. This is not acceptable and must be rectified immediately.
  - * 2.10.2 – Recommend - If they take the FMX without the exam and perio charting on the same day, that any radiographic pathology is documented in the progress note. See the patient within 7 days to complete the comprehensive dental examination and periodontal charting.
  - * 2.10.3 – Recommend - Or take the FMX and perform the comprehensive dental examination including the periodontal charting, diagnosis, treatment plan and assignment of the DPC, per line item of treatment, on the same day.
  - * 2.10.4 – Recommend follow the California Dental Board guidelines which state the dentist is responsible for identifying any disease process within the entire x-ray even if the patient presents only for episodic care. The dentist can then inform the patient of the issue and advise the patient to put in a sick call request to address other items not diagnosed at the episodic dental care appointment.

Outcome Measure 2.11 – Perio Program

- See Section I, outcome measure 1.31.

Outcome Measure 2.12 thru 2.13 – Refusals

- There are multiple reasons for the high rate of cell-side refusals for dental triage or treatment. Some reasons are listed below. Although all or none may apply to MCJ, these reasons and others should be examined and evaluated by the CDO for improvement in the process.
  - The patients are not encouraged nor instructed in the importance of their dental visit.
  - The dental staff can negatively influence the patient's desire to return to the dental clinic.
    - A survey of dental services may be in order to examine the reasons for refusals and/or track the reasons of cell-side refusals as found on the refusal form which is to be signed by the Dentist and the patient on the day of the refusal.
    - Are patient's gender identity taken into account?
  - Custody does not encourage the patients to come to their dental appointments or does not give them enough time to prepare to attend their appointment.
  - The patient may have a physical or developmental disability and feels is unable to verbalize adequately and chooses to refuse a dental appointment instead of attending.
  - The patient is truly sick and wants to come on a different day. Is the patient instructed that they can reinstate their dental appointment by filling out a dental sick call request?
  - Did a communication interrupt occur between dental staff and patient so that the patient does not think they need to come back to dental when in fact they do?
  - The patients are unprepared emotionally for their dental appointment.
    - Fear of the Dentist, the dental clinic, prior post traumatic event related to or unrelated to a dental appointment or past sexual abuse.
    - Was effective communication used with patients so they understand the risks, benefits, alternatives and consequences of not attending their dental appointment.
    - May need consultation with their Mental Health provider in coping skills to attend their dental appointment. Was a referral to Mental Health completed?
  - Patients are medicated, i.e. on 4 or more psych meds and are unable to attend their appointments, advocate for themselves or communicate their dental needs or concerns.
  - The initial pain is no longer active, although the pathology may still be present and the patient is not understanding the importance of completing/attending their dental appointment.

- If the co-pay is still present, patients may not be able to afford or are unwilling to pay the $3.00 copay for their dental services.

- Per the Dental Board of California and my own liability insurance company, The Dentists Insurance Company (TDIC), it is the dentist's responsibility to have the informed refusal discussion directly with the patient. Should this discussion occur with a non-licensed dentist, such as a RN or Physician, then these clinicians may be having an informed refusal discussion outside of their scope of practice.
  - * 2.12 thru 2.13.1 – Recommend it is important that an individualized discussion of risks, benefits, alternatives and consequences are discussed with the patient, signed by the patient and the dentist and the informed refusal discussion listed on the refusal form and in the progress note on the day of the refusal.
  - * 2.12 thru 2.13.2 – Recommended that policies and procedures are in place to address how refusals are obtained. The policy and procedure should include the following: the dentist's responsibility in obtaining the refusal if the patient refuses at his/her cell and is unwilling to come to dental.
  - * 2.12 thru 2.13.3 – Recommend the refusal form should have a printed name of witness as well as a signature, in the signature block section for refusals.
- The current issue is that Dr. [redacted] refuses to go cell side and have a one on one discussion with the inmate-patient on the day of the refusal, explaining the risks, benefits, alternatives and consequences of not having the prescribed dental treatment performed.
  - Currently, the inmate-patient is refusing the prescribed dental treatment most often times at his/her cell side and there is no licensed dentist to provide the informed refusal. The signature is obtained by either a custody officer or other medical staff, but not by the licensed dentist. Dr. [redacted] then co-signs the form but is not present.
  - The standard of care in the California Department of Corrections and Rehabilitation policy and procedure document is shown in Chapter 5.7 Patient's Right to Refuse Treatment pg. 134.
  - https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf
  - * 2.12 thru 2.13.4 – Recommend, since the standard of care indicates, that Dr. [redacted] is to provide an informed refusal discussion with the I/P on the day it occurs and have the signature be of the I/P and of the Dentist. Not a custody officer, nor a Registered Dental Assistant nor a medical clinician.
  - * 2.12 thru 2.13.5 – Recommend Dr. [redacted] and/or any other dentist hired as a dentist at MCJ shall obtain the informed refusal, and will document the informed refusal discussion on the form and in the progress note, on the day it occurs at cellside or chairside.

Outcome Measure 2.14 – Reschedules (R/S)

- * 2.14.1 – Recommend, for best practices, that reschedules are under 5% and that the reason is included for the reason for the reschedule. A "lack of resources" needs more detailed explanation. Which resource is lacking? Make sure to indicate this so that Wellpath and MCJ can assist the dental department in obtaining the necessary resources.
- *2.14.2 – Recommend that a rescheduled patient is tracked in the spreadsheet and within CorEMR to ensure the patient is seen within timeframe for their dental complaint.

Outcome Measure 2.15 - No Shows due to Custody

- Officers are currently assigned on a rotational basis to dental and on straight 12-hour days. The

APPENDIX 3. Quality of Care – Data & Recommendations

Outcome 3.1: Dental Triage - PC

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality?
D. Is the diagnosis supported by the objective findings?
E. Have the risks, benefits, alternatives and consequences been discussed in regards to the recommended treatment?
F. Is an appropriate medication prescribed if indicated?
G. Is a progress note written in SOAPE format?
H. Is an appropriate DPC assigned for each recommended treatment?

I/P	Score	Comment
[redacted]	**1**	07/16/2019. States intermittent pain, recommend identify in progress notes why pain meds not prescribed or needed. See recommendations and same issues which must be corrected.
[redacted]	**1**	08/01/2019. See recommendations and same issues which must be corrected.
[redacted]	**1**	08/29/2019. States intermittent pain, recommend identify in progress notes why pain meds not prescribed or needed. See recommendations and same issues which must be corrected.
[redacted]	**1**	10/01/2019. See recommendations and same issues which must be corrected.
[redacted]	**1**	11/05/2019. Medication given was Amoxicillin 500 mg 2 capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg 1 tab (or capsule) 3 times per day. See recommendations and same issues which must be corrected.
[redacted]	**0**	12/05/2019. **In this case due to being a filling, a BWX is standard of care with the PA.** See recommendations and same issues which must be corrected.
[redacted]	**1**	01/02/2020. Medication given was Amoxicillin 500 mg 2 capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg 1 tab (or capsule) 3 times per day. • **Please amend chart on 01/15/2020 as it states diagnosis #19 necrotic pulp when performing extraction #30.** See recommendations and same issues which must be corrected.
[redacted]	**1**	02/04/2020. See recommendations and same issues which must be corrected.
[redacted]	**1**	03/02/2020. Medication given was Amoxicillin 500 mg 2 capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg 1 tab (or capsule) 3 times per day. See recommendations and same issues which must be corrected.
[redacted]	**0**	03/31/2020. **In this case due to being a filling, a BWX is standard of care with the PA.** See recommendations and same issues which must be corrected.
[redacted]	**1**	05/07/2020. Medication given was Amoxicillin 500 mg 2 capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg 1 tab (or capsule) 3 times per day. See recommendations and same issues which must be corrected.
[redacted]	**1**	06/03/2020. Medication given was Amoxicillin 500 mg 2 capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg 1 tab (or capsule) 3 times per day. See recommendations and same issues which must be corrected

[redacted]	10/12	= 83.3% PC

Outcome 3.2: Comprehensive Dental Care - NC

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	1	07/01/2019. FMX, Annual Comp Exam (ACE), Perio Exam (PE), Perio diagnosis, Treatment Plan, DPC given. • **Be mindful of the radiographs moving forward. The BWX currently don't always capture upper and lower bone level. #5 looks to have mesial caries but we can't see the mesial #5 to the bone level in the bitewing. There is also overlap. Consider using a Rinn or Snap-a-ray. The images are sometimes overdeveloped or underdeveloped or have artifacts because of a bend in the film. #32 is horizontally impacted and unable to see apex. Need panoramic x-ray. These are all reasons to get digital x-rays.** • **Need to the get periodontal diagnosis updated from 1999 guidelines to see update 2017 perio diagnosis guidelines. Listed as moderate periodontitis on the chart but called it Type 2 in the progress notes. From now on, please type out the diagnosis, i.e. generalized adult moderate periodontitis. See update 2017 perio diagnosis guidelines.** • **Perio re-evaluation needs to be done within 4-8 weeks of the completion of the SRPs, please adjust accordingly. And remember that the dental priority code is from the date of diagnosis.** • **Can set perio recall as 3 months, 4 months, 6 months or yearly. Not limited to yearly** See recommendations and same issues which must be corrected.
[redacted]	1	08/02/2019. FMX, Annual Comp Exam (ACE), Perio Exam (PE), treatment Plan, DPC given. • Perio diagnosis not stated in the progress notes but referenced to the chart. The chart has gingivitis and slight periodontitis as diagnosis. Cannot have one and the other. **It's one or the other as gingivitis indicates no attachment loss from the bone and mild periodontitis indicates slight bone loss.** The diagnosis should state the more severe case so in this case should be listed as generalized adult slight periodontitis. You may have inflammation and this can be indicated in the chart and progress note with the periodontal diagnosis. • If possible, use blue to chart existing problems. And when perform extraction or filling fill in odontogram afterwards and enter dates as you are doing and rescan.

		• Patient has a previous history of jaw fracture as can see bone plate on FMX. It is noted in chart. Same as above regarding radiographs. See recommendations and same issues which must be corrected.
[redacted]	**1**	09/03/2019. FMX, Annual Comp Exam (ACE), Perio Exam (PE), Perio diagnosis, treatment plan and DPC given. Same as above regarding radiographs, etc. See recommendations and same issues which must be corrected.
[redacted]	**0**	09/24/2019. FMX 10/02/2019. Annual Comp Exam (ACE), Perio Exam (PE), treatment Plan, DPC given. - **Chart and perio charting not scanned.** - **Make sure in the excel spreadsheet that you don't state that the comprehensive dental is completed with only FMX taken. Otherwise getting credit for 2 comp exams.** - Period debridement on informed consent is not a prophy. Also Dr. [redacted] needs to sign consent form. Need to update periodontal consent form to include prophy and deep cleaning (separate from general consent form). Same as above regarding radiographs. See recommendations and same issues which must be corrected.
[redacted]	**1**	10/15/2019. FMX 11/07/2019. Annual Comp Exam (ACE), Perio Exam (PE), Treatment Plan, DPC given. - Period debridement on **informed consent** is not a prophy. Also Dr. [redacted] needs to sign consent form. Need to update periodontal consent form to include prophy and deep cleaning (separate from general consent form). - Perio diagnosis not checked on form. Please fill out the form completely. - When perform extraction or filling fill in odontogram afterwards and enter dates as you are doing and rescan. - **Same as above regarding radiographs. Cannot see apex of radiograph for third molars. Need panoramic x-ray.** See recommendations and same issues which must be corrected.
[redacted]	**0**	11/21/2019. FMX 12/05/2019. Annual Comp Exam (ACE), Perio Exam (PE), Treatment Plan, DPC given. - **Chart and perio charting not scanned.** Same as above regarding radiographs and comments. See recommendations and same issues which must be corrected.
[redacted]	**N/A**	See case review.
[redacted]	**0**	02/19/2020. FMX 02/19/2020. Annual Comp Exam (ACE), Perio Exam (PE), Treatment Plan, DPC given. - **No consent for prophy.** - **Radiographs overall too overlapped to be diagnostic.** Same as above regarding radiographs and comments. See recommendations and same issues which must be corrected.
[redacted]	**0.5**	02/27/2020. FMX 03/12/2020. Annual Comp Exam (ACE), Perio Exam (PE), Treatment Plan, DPC given. - States "patient will reach out to custody to arrange transportation for a "pt to pay" Crown and bridge tx for 15 at a local dental office while incarcerated". **It is the dental department's responsibility to place the referral, DPC 5, then the referral department will work with the patient to organize his transportation.** Patient has over one year of incarceration and is considered under the 8th amendment as a ward of the state, therefore for continuity of care, refer the patients to outside specialists or outside dentist so you can track the dental care. - There is radiographic calculus. **#20 distal recurrent decay needs to be reviewed and added to treatment plan.**

		Same as above regarding radiographs and comments. See recommendations and same issues which must be corrected.
[redacted]	**N/A**	See case review.
[redacted]	**0**	05/28/2020. FMX. - **Patient scheduled for annual exam on 09/16/2020 and FMX not evaluated and dental condition on the radiograph not stated in progress notes. Even with Covid 19, patients were seen during phase II opening and patient could have been called to finish comp exam before went back to phase I.** - **In Tasks patient rescheduled 06/25/2020, 07/23/2020.** - If had an electronic dental record system could quickly find who is unscheduled and who can be brought in to continue treatment or finish an exam. - **This also is not listed in the excel spreadsheet correctly, it states patient had comp exam completed in Column T and this is not the case. EVERY scheduled and added on patient must have an entry in the excel spreadsheet and an entry in either the progress notes or the chart note.** - Same as above regarding radiographs and comments. See recommendations and same issues which must be corrected.
[redacted]	**0**	06/02/2020. FMX. - **Patient scheduled for annual exam on 09/09/2020 and FMX not evaluated and dental condition on the radiograph not stated in progress notes. Even with Covid 19, patients were seen during phase II opening and patient could have been called to finish comp exam before went back to phase I.** - **In Tasks patient rescheduled 06/30/2020, 07/28/2020, 08/18/2020.** - If had an electronic dental record system could quickly find who is unscheduled and who can be brought in to continue treatment or finish an exam. - **This also is not listed in the excel spreadsheet correctly, it states patient had comp exam completed in Column T and this is not the case. EVERY scheduled and added on patient must have an entry in the excel spreadsheet and an entry in either the progress notes or the chart note.** Same as above regarding radiographs and comments. See recommendations and same issues which must be corrected.
Total	**4.5/10**	**= 45.0% NC**

Outcome 3.3: Chronic Care (HIV) – N/A since patients not scheduled.

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? Have labs and viral load been reviewed and documented in the progress notes?
C. For comprehensive dental examination, did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits, alternatives and consequences been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care. 05/05/2020. Triage and treatment 07/02/2020. Same issues as listed which must be corrected. • In this case due to being a filling, a BWX is standard of care with the PA. Possible distal decay, possibly more than just a class V lesion, but not able to visual diagnostically as there is no BWX radiograph.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care. 11/07/2019 triage seen under 1910481. • For a diagnosis of irreversible pulpitis, please note objective findings such as if sensitive to hot or cold and if it lingers.
X	**X**	N/A
Total	**0/11**	**= N/A**

Outcome 3.4: Chronic Care (Seizures) - N/A since patients not scheduled

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	1/14/2020 Triage. Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.

[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
Total	**0/12**	**= N/A**

Outcome 3.5: Chronic Care (Diabetes) - N/A since patients not scheduled

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is a progress note written in a SOAPE format?
H. Is an appropriate medication prescribed if indicated?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.

[redacted]	N/A	Not scheduled for comprehensive dental care.
Total	**0/12**	**= N/A**

Outcome 3.6: Chronic Care (Pregnancy) - N/A since patients not scheduled.

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
Total	**0/12**	**= N/A**

Outcome 3.7: Chronic Care ($\geq$4 Psych meds) - N/A since patients not scheduled.

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?

D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
[redacted]	N/A	Not scheduled for comprehensive dental care.
X	X	N/A
X	X	N/A
Total	**0/12**	**= N/A**

Outcome 3.8: Periodontal Treatment - NC

Measured as one question.

G. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant?
H. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
I. Was the diagnosis given? Was the diagnosis commensurate with the objective findings?
J. Was the treatment plan commensurate with the diagnosis?
K. Have the risks, benefits, alternatives and consequences been discussed?
L. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency?
M. Is an appropriate medication prescribed if indicated?
N. Is a progress note written in a SOAPE format?

I/P	Score	Comment
[redacted]	0.5	07/03/2019 Comprehensive dental examination started. 07/31/2019 SRP UL/LL & SRP UR/LL **Informed consent was signed for periodontal debridement but should be for deep scaling and root planning (SRP). The informed consent forms must be corrected and updated immediately.** 08/29/2019. Enter blood pressure. Perio Re-eval completed within 4-8 weeks. Recall set. See recommendations and same issues which must be corrected

[redacted]	**N/A**	Incorrect booking number, assigned to another individual. I/P ID located and not a periodontal treatment patient.
[redacted]	**0.5**	09/10/2019 **Comprehensive dental examination and periodontal charting not scanned into chart.** 09/25/2019 SRP UR/LR. Informed consent was signed for periodontal debridement but did mention deep scaling and root planning (SRP). The informed consent forms must be corrected and updated immediately. 10/23/2019 SRP UL/LL. Recall not set. See recommendations and same issues which must be corrected
[redacted]	**0.5**	09/26/2019 FMX taken. 10/03/19 Comp Exam & perio charting (enter blood pressure) scanned & SRP UR/LR. **Informed consent was signed for periodontal debridement but should be for deep scaling and root planning (SRP). The informed consent forms must be corrected and updated immediately.** 11/06/2019 SRP UL/LL. Note perio re-eval set incorrectly – should be between 4-8 weeks. 01/15/2020 Perio re-evaluation and recall set to yearly. If patient not brushing his teeth, refer to MH for assistance with daily routine. See recommendations and same issues which must be corrected
[redacted]	**0.5**	10/21/2019 FMX taken. 10/29/2019 Comp dental exam and perio charting completed as well as SRP UL/LL **Informed consent was signed for periodontal debridement but should be for deep scaling and root planning (SRP). The informed consent forms must be corrected and updated immediately.** 12/26/2019 SRP UR/LR completed. Perio re-eval set but given DPC 2. In future give 1c as should be completed between 4-8 weeks. 02/17/2020. Prophy completed and perio re-eval again put off for another 4 months. This should be called a 4-months recall instead of a perio re-eval since the perio re-eval was completed on 02/17/2020. See recommendations and same issues which must be corrected
[redacted]	**0.5**	06/19/2019. FMX, Comp exam and perio charting completed. SRP UR/LR no anesthetic given. **Informed consent was signed for periodontal debridement but should be for deep scaling and root planning (SRP). The informed consent forms must be corrected and updated immediately.** 08/28/2019. SRP UL/LL. Perio re-eval set but given DPC 2. In future give 1c as should be completed between 4-8 weeks. 10/31/2019. Perio re-eval and prophy given. Recall set for yearly. **NOTE: Showed completed treatment on the original comp exam form and rescanned with updated information. Excellent!** See recommendations and same issues which must be corrected
[redacted]	**0.5**	11/07/2019. FMX 11/20/2019. Comp Exam, Perio charting, SRP UL/LL. **Informed consent was signed for periodontal debridement but should be for deep scaling and root planning (SRP). The informed consent forms must be corrected and updated immediately.** 01/23/2020. SRP UR/LR. Perio re-eval set but given DPC 2. In future give 1c as should be completed between 4-8 weeks. 03/12/2020. Perio re-eval. Annual recall set. See recommendations and same issues which must be corrected
[redacted]	**1**	07/02/2019. FMX. Comp Exam, perio charting. Be mindful of capturing upper and lower bone levels in bitewings. If had digital x-rays can have done the re-take right away. 07/17/2019. Prophy (cleaning). Set as yearly recall. Informed consent was signed for periodontal debridement and did mention cleaning. The informed consent forms must be corrected and updated immediately.

		See recommendations and same issues which must be corrected
X	**X**	
X	**X**	
X	**X**	
X	**X**	
Total	**4/7**	**= 57.1% NC**

Outcome 3.9: Restorative - NC

Measured as one question.

A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed.
D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives and consequences been discussed?
F. Is an appropriate medication prescribed if indicated?
G. If palliative care, is a follow up appointment made to place a permanent filling if indicated?
H. Is a progress note written in a SOAPE format? Was the restorative material used listed in the SOAPE note? Were post-operative instructions given if indicated?

I/P	Score	Comment
[redacted]	**1**	05/16/2019. Triage. X-ray taken, diagnosis and DPC given. Have consent form signed by dentist as well. Identify all issues visualized in the radiograph in the chart and progress note. 07/03/2019. #9 MLFI. State type of restorative material used in progress notes. See recommendations and same issues which must be corrected
[redacted]	**0**	06/13/2019. Triage. X-ray taken (**BWX radiograph needed in addition to the PA for diagnosis),** diagnosis and DPC given. Have consent form signed by dentist as well. 08/01/2019. Filling #3 MO, removed ortho bracket #3 and band #30. Have consent form signed by dentist as well. **Need to have an informed consent for ortho brackets and band removal.** State type of restorative material used in progress notes. See recommendations and same issues which must be corrected
[redacted]	**1**	08/14/2019. FMX, annual comp exam, perio charting, prophy. X-ray taken, diagnosis and DPC given. Have consent form signed by dentist as well. Identify all issues visualized in the radiograph in the progress notes, please review #29. 09/11/2019. Fillings #12 DO, #28 DO. Have consent form signed by dentist as well. Identify type of restorative material used in progress notes. See recommendations and same issues which must be corrected
[redacted]	**0**	08/07/2019. Triage. PA x-ray taken, **No BWX taken.** diagnosis and DPC given. Have consent form signed by dentist as well. Identify all issues visualized in the radiograph in the progress notes, review #2. 10/02/2019. Filling #3 surfaces not listed. Have consent form signed by dentist as well. Identify type of restorative material used in progress notes. See recommendations and same issues which must be corrected

[redacted]	**0**	9/25/2019 & 10/30/2019. #15 & #3 respectively. Triage. PA x-ray taken, but **BWX not taken.** diagnosis (radiograph shows open margins both mesial and distal #3, not only DL) and DPC given. Have consent form signed by dentist as well. 11/06/2019. Filling #15 Buccal class V, #3 DL crown repair using Fuji. 12/17/2019. Filling #15 redo with bonded composite. Identify type of restorative material used in progress notes. See recommendations and same issues which must be corrected
[redacted]	**0**	11/14/2019. Triage. PA x-ray taken, difficult access, crown not fully seen and **BWX not taken,** diagnosis and DPC given. Have consent form signed by dentist as well. 12/03/2019. Filling #17 OB. State that post op instructions given. See recommendations and same issues which must be corrected
[redacted]	**1**	10/21/2019. FMX. 11/14/2019. Annual comp exam, perio charting, prophy. X-ray taken, diagnosis and DPC given. 01/07/2020. #12 MF, #29 DO. Identify type of restorative material used in progress notes. Have consent form signed by dentist as well. See recommendations and same issues which must be corrected
[redacted]	**0**	02/18/2020. Triage. PA x-ray taken. **Decay appears into pulp from PA. No BWX taken. Diagnosis of irreversible pulpitis given** and DPC given. 03/02/2020. Temporary filling #2 with indirect pulp cap on a tooth with **irreversible pulpitis. Should be treatment planned for extraction as implementation plan does not cover posterior root canals.** Have consent form signed by dentist as well. See recommendations and same issues which must be corrected
[redacted]	**0.5**	05/06/2020. Triage. PA x-ray taken. No BWX taken but in this case the periapical is straight enough and not too angulated. Diagnosis and DPC given. Identify all issues visualized in the radiograph in the progress notes, review #14. Since #14 has a large periapical lucency and gross decay visible on the radiograph, as discussed previously, discuss with patient and in this case enter on treatment plan. If patient refuses extraction, then have patient fill out refusal for extraction #14 and continue with treatment #15. 06/10/2020. Filling #15 on existing SSC. Have consent form signed by dentist as well. See recommendations and same issues which must be corrected
X	**X**	
X	**X**	
X	**X**	
Total	**3.5/9**	**= 38.9% NC**

Outcome 3.10: Extractions/Oral Surgery - PC

Measured as one question.

A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form?

I. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?

B. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note?

C. Was a Dental Priority Code (DPC) prescribed at the time of the exam?

D. Have the risks, benefits, alternatives and consequences been discussed?

E. Was a time out procedure completed prior to extraction?

F. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely?

G. Was hemostasis achieved prior to releasing the patient? Were post-operative instructions given written and verbally?

H. Is the progress note written in a SOAPE format?

I/P	Score	Comment
[redacted]	**1**	06/13/2019. Triage. X-ray taken, diagnosis and DPC given. 07/01/2019. Extraction #1, 2. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**0.5**	07/03/2019. Triage. X-ray taken but **elongated and apex #2 not visualized and any other attempt not stated in progress notes**, diagnosis and DPC given. 08/28/2019. Appointment rescheduled by dental due to "lack of resources". Please explain what lack of resource. 08/29/2019. Surgical extraction #2. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**1**	08/27/2019. Triage. X-ray taken, diagnosis and DPC given. 09/03/2019. Extraction #14. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**0.5**	10/23/2019. Triage. X-ray taken but **apex not visualized and any other attempt not stated in progress notes**, diagnosis and DPC given. 10/31/2019. Surgical extraction #32. Patient already on pain medication, state this in notes as to why no other prescription for pain following an extraction. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**1**	10/08/2019. Triage. X-ray taken, diagnosis and DPC given. 11/05/2019. Extraction #17. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**0.5**	10/29/2019. Triage. X-ray taken (**apex visualized but crown not visualized and any other attempt not stated in progress notes**), diagnosis (if tooth is sensitive to hot and cold, pulp not yet necrotic, more irreversible pulpitis) and DPC given. 12/11/2019 treated outside of DPC timeframe. Surgical extraction #17. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**1**	03/03/2020. Triage. X-ray taken, diagnosis and DPC given. 04/15/2020. Extraction #10 & #16. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**1**	02/17/2020. Triage. X-ray taken, diagnosis and DPC given. 02/26/2020. Surgical extraction #12. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. **State other issues as identified in radiograph.** See recommendations and same issues which must be corrected
[redacted]	**1**	02/18/2020. Triage. X-ray taken, diagnosis and DPC given. 03/02/2020. Extraction #16. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**1**	04/23/2020. Triage. X-ray taken, diagnosis and DPC given. 04/30/2020. Surgical extraction #14. Patient already on pain medication, state this in notes as to why no other prescription for pain following an extraction. Perform time out

		procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. **State other issues as identified in radiograph.** See recommendations and same issues which must be corrected
[redacted]	**1**	04/08/2020. Triage. X-ray taken (can see apex but not distal of tooth), diagnosis and DPC given. 05/06/2020. Extraction #12, 13, 14, 15, 16. Extractions done outside of timeframe due to Covid-19 reschedules however chart note not written. Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. See recommendations and same issues which must be corrected
[redacted]	**0.5**	05/26/2020. Triage. X-ray taken, diagnosis and DPC given. 06/10/2020. Surgical extraction #31. **Dentist needs to sign the informed consent form (removed 0.5 due to this).** Perform time out procedure and state in notes. State hemostasis achieved. State that post op instructions given both written and verbal. • **Please amend chart on 06/10/2020 as it states diagnosis #19 necrotic pulp when performing extraction #31.** See recommendations and same issues which must be corrected
Total	**10/12**	**= 83.3% PC**

Outcome 3.11: Endodontics - NC

Measured as one question.

A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note?
D. Was a Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives and consequences been discussed?
F. Was a rubber dam utilized for the procedure?
G. Was working length x-rays taken, length of the files noted?
H. Was the type of irrigant noted?
I. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely?
J. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? Was a post op radiograph taken? Were post-operative instructions given written and verbally?
K. Is the progress note written in a SOAPE format and the materials used written into the progress note?

I/P	Score	Comment
[redacted]	**1**	10/08/2019. #9. Use separate consent form for endodontics which has the RBAs and consequences listed. Note blood pressure in the future. Rubber dam placed. Slightly short of apex. Note type of irrigant. Note post op instructions given. See recommendations and same issues which must be corrected.
[redacted]	**0**	12/112019. #10. No consent for root canal (**cannot do treatment without consent** – took off point due to this). Use separate consent form for endodontics which has the RBAs and consequences listed. Note blood pressure in the future. Rubber dam placed. Slightly short of apex. Note type of irrigant. Note post op instructions given. Note decay in all radiograph in the future. See recommendations and same issues which must be corrected.
[redacted]	**0**	02/05/2020. #7. No consent for root canal (**cannot do treatment without consent** – took off point due to this). Use separate consent form for endodontics which has the RBAs and

		consequences listed. Note blood pressure in the future. Rubber dam placed. Slightly short of apex. Note type of irrigant. Note post op instructions given. See recommendations and same issues which must be corrected.
[redacted]	**0**	06/25/2020. #11. No consent for root canal (**cannot do treatment without consent** – took off point due to this). Use separate consent form for endodontics which has the RBAs and consequences listed. Note blood pressure in the future. Rubber dam placed. Note type of irrigant. Note post op instructions given. See recommendations and same issues which must be corrected.
[redacted]	**N/A**	05/08/2019 & 05/23/2019. Outside of dental audit timeframe.
X	**X**	
X	**X**	
X	**X**	
X	**X**	
X	**X**	
X	**X**	
X	**X**	
Total	**1/4**	**= 25% NC**

Outcome 3.12: Prosthodontics - NC

Measured as one question.

A. Was a patient with requiring prosthodontic care appropriately referred to an outside specialist?
B. Was a DPC 5 given for this referral during the examination? Was an exam completed in order to discuss the case appropriately with the specialist?
C. Did the patient receive treatment from the specialist? Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day?
D. Is the progress note written in a SOAPE format? Is the appropriate continuity of care listed for this patient?

I/P	Score	Comment
[redacted]	**0**	12/26/2019. Triage for missing full dentures, "My dentures were lost during transfer and intake". Says next visit "Referral to outside dentist to fabricate upper and lower dentures". Patient should have been referred this visit.
[redacted]	**0**	02/27/2020. Comp exam completed. Recommended full mouth extractions and immediate denture placement. No next visit given, no DPC given. Patient is still in custody at MCJ.
[redacted]	**0.5**	04/29/2020. Repaired flipper #8 & 9. Patient here since 07/16/2018 and needs to be offered comprehensive dental exam (never had it) but progress note says next visit per patient request. Patient was not referred to the outside specialist for evaluation and treatment. Patient has over one year of incarceration.
[redacted]	**N/A**	Outside of this audit timeframe parameter.
[redacted]	**1**	07/01/2019. Triage for denture repair.
[redacted]	**1**	07/17/2019. Triage for repair upper stay plate #9 and extraction #19. 1b given 07/19/2019 for repair stay plate. NOTE: Issue of Continuity of Care. Now #[redacted] 0n 07/19/2019 patient issued extraction #19 1b at time of repair stayplate. Patient released and returned to have same issue 03/11/2020 with #19 and then issued a 1c. Patient released again and is back but not reappointment to have #19 addressed.
X	**X**	

X	**X**	
X	**X**	
X	**X**	
X	**X**	
X	**X**	
Total	**2.5/5**	**= 50% NC**

Outcome 3.13: Progress and Chart Notes for I/Ps scheduled but not seen - NC

Is a progress note or chart notes written for all scheduled and unscheduled patients, who were not seen, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM)?

I/P	Score	Comment
[redacted]	**0**	05/28/2020. FMX. - **Patient scheduled for annual exam on 09/16/2020 and FMX not evaluated and dental condition on the radiograph not stated in progress notes. Even with Covid 19, patients were seen during phase II opening and patient could have been called to finish comp exam before went back to phase I.** - **In Tasks patient rescheduled 06/25/2020, 07/23/2020. Not written in progress notes.** - If had an electronic dental record system could quickly find who is unscheduled and who can be brought in to continue treatment or finish an exam. - **This also is not listed in the excel spreadsheet correctly, it states patient had comp exam completed in Column T and this is not the case. EVERY scheduled and added on patient must have an entry in the excel spreadsheet and an entry in either the progress notes or the chart note.** Same as above regarding radiographs and comments. See recommendations and same issues which must be corrected.
[redacted]	**0**	06/02/2020. FMX. - Patient then scheduled for annual exam on 09/09/2020 and FMX not evaluated and dental condition on the radiograph not stated in progress notes. Even with Covid 19, patients were seen during phase II opening and patient could have been called to finish comp exam before went back to phase I. - In Tasks patient rescheduled 06/30/2020, 07/28/2020, 08/18/2020. - If had an electronic dental record system could quickly find who is unscheduled and who can be brought in to continue treatment or finish an exam. - **This also is not listed in the excel spreadsheet correctly, it states patient had comp exam completed in Column T and this is not the case. EVERY scheduled and added on patient must have an entry in the excel spreadsheet and an entry in either the progress notes or the chart note.** Same as above regarding radiographs and comments. See recommendations and same issues which must be corrected.
N/A	**N/A**	There are multiple examples of these but it is time consuming and if need additional data, let me know and I will find examples within each category. See below for recommendations.
Total	**0/2**	= 0% NC

Quality of Care – Recommendations

- **The following must be corrected as they are recurrent issues in many charts:**
- * 3.0.1 – Recommend updating the General Informed Consent form to include examination and medications. It must also have a section for occlusal adjustment and denture adjustment. It must be in at least Arial font size 12 and have a print and signature block for the Patient, Dental Assistant and Dentist.
    - (A separate informed consent form must be used for periodontics, endodontics and oral surgery, see the individual sections for the recommendation of separate informed consent forms).
- * 3.0.2 – Recommend that the general informed consent form is reviewed and signed prior to the examination and prior to taking radiographs.
- * 3.0.3 – Recommend take blood pressure at every appointment and note in progress note.
- * 3.0.4 – Recommend amending the following prescription practice. Most charts are showing as medication given is Amoxicillin 500 mg two (2) capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg one (1) tab (or capsule) three (3) times per day.
    - * 3.0.5 – Recommend using the current edition of *"The Little Dental Drug Booklet, Handbook of Commonly Used Dental Medications"* by Peter L. Jacobsen, PhD, DDS
    - * 3.0.6 – Recommend stating in progress notes as to why no prescription for pain following an extraction or other procedure is given, i.e. if patient is already on pain medication.
- * 3.0.7 – Recommend make sure to fill out the education portion of the SOAPE note as given to the patient.
- * 3.0.8 – Recommend that meaningful oral hygiene instruction is given to the patient focusing on the patient's individual oral hygiene needs.
- * 3.0.9 – Recommend the "problem list" in CorEMR is updated and accurate. Review of medical history is paramount to the safety of the patient. Dentist must be assured all medical conditions are listed and reviewed which may impact surgical treatment.
- * 3.0.10 – Recommend, so as not to delay care, if a patient has a complex medication history in which the Dentist needs assistance, have the Dentist request a medical consult.
- * 3.0.11 – Recommend utilizing the following resources to assist with more complex cases or contact your supervising Chief Dental Officer for assistance.
    - Protocols for the Dental Management of Medically Complex Patients by Peter Jacobsen for treating medically compromised patients including those with HIV.[10]
        - https://dental.pacific.edu/a/2907
    - "The Ultimate Cheat Sheets by Dr. Leslie S.T. Fang
        - https://www.docseducation.com/catalog/ultimate-cheat-sheets-practical-guide-dentists
        - https://ucsbook.com/
- * 3.0.12 – Recommend Wellpath must be committed to providing Dr. [redacted] the support he needs to provide quality dental care. In many instances he lists "lack of resources" for the reason patients are rescheduled. The commitment to Dr. [redacted] must begin with a robust rapport with his direct supervisor, the Chief Dental Officer.
- * 3.0.13 – Recommend accuracy in charting left and right quadrants and placing the correct tooth or area in the progress notes.

[10] https://www.ada.org/en/member-center/oral-health-topics/hiv

- * 3.0.14 – Recommend in regards to HIPAA compliance and to ensure x-ray and chart accountability, use individual patient charts or labeled envelops for each individual patient and his/her radiographs. For comprehensive care patients, include the patient's x-rays and their written treatment plan form, which will have a DPC for each diagnosed and proposed line item of treatment, and the periodontal charting form. [11]
- * 3.0.15 – Recommend every scheduled and unscheduled patient, seen or not seen, must receive a line item identifying the reasons for the visit in the dental excel spreadsheet.
- * 3.0.16 – Recommend. Although this is done most of the time, when a line of treatment is completed, enter the date the completed procedure was done in the comprehensive dental exam form and rescan with new information. Enter the date the procedure was completed in the dental excel spreadsheet as well to account for compliance.
- * 3.0.17 – Recommend that there is continuity of care so that if a patient is rebooked, the items on their treatment plan restart when re-incarcerated. This is when an EDRS such as Dentrix Enterprise would be able to keep track of existing treatment plans.
    - NOTE: # [redacted] 0n 07/19/2019 patient issued extraction #19 1B at time of repair stayplate. Patient released and returned to have same issue 03/11/2020 with #19 and then issued a 1C. Patient released again and is back but not reappointment to have #19 addressed.

Outcome Measure 3.1 – Triage (where diagnosis occurs for episodic care)

- * 3.1.1 – Recommend implementing immediately, taking a periapical (PA) and a bitewing x-ray (BWX) for each inmate/patient seen for episodic care, (not just a PA, stated in previous reports). Use this objective finding with other objective findings to provide an accurate assessment and diagnosis for the patient's chief complaint.
- * 3.1.2 – Recommend listing the Objective findings in the SOAPE notes so they are used to substantiate the Assessment/diagnosis, i.e. pain or sensitivity, lingering or not, to hot, cold, percussion, palpation; swelling; exudate; diagnostic radiographs, etc.
    - * 3.1.3 – Recommend give the pulpal diagnosis when appropriate during episodic/sick call dental appointments using the following resource:
    - https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf
- * 3.1.4 – Recommend if unable to obtain the apex of a tooth radiographically, such as molars/wisdom teeth, that an immediate plan is noted so care is not delayed, i.e. refer patient for evaluation of wisdom teeth with the use of a panoramic radiograph. State how many attempts were done to try and obtain a diagnostic x-ray and how you propose to obtain the apex for accurate diagnosis and subsequent treatment.
- * 3.1.5 – Recommend if no medication is prescribed for a patient's chief complaint, state the reason, especially if a patient states pain in his/her chief complaint.
- * 3.1.6 – Recommend to follow through with all referrals so patient obtains their constitutionally mandated dental care.

Outcome Measure 3.2 - Comprehensive Dental Care

- * 3.2.1 – Recommend that the objective findings must substantiate the dental diagnosis / assessment.
- * 3.2.2 – Recommend take the Full Mouth X-rays (FMX) at the same time as the annual comp exam (ACE). This was discussed in a prior recommendation.
- *** 3.2.3 – Recommend that in the excel spreadsheet that you don't state that the comprehensive dental is completed with only FMX taken. Otherwise getting credit for 2 comp exams.**

[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3009547/

- * 3.2.4 – Recommend scanning the FMX as a whole rather than piecemeal if possible.
- * 3.2.5 – Recommend obtaining diagnostic radiographs. Many x-rays have overlap, are foreshortened or elongated, are overdeveloped or underdeveloped or have artifacts because of a bend in the film. Purchase digital x-rays and enter them in an EDRS such as Dentrix Enterprise. Obtain the apex of wisdom teeth prior to extractions by purchasing or leasing a **panoramic x-ray.**
- * 3.2.6 – Recommend give the periodontal diagnosis in the assessment portion of the SOAPE note during the comprehensive dental examination[12].
- See the Periodontics section below.
    - Use the updated 2018 periodontal guidelines and criteria as opposed to the 1999 guidelines.
    - Perio re-evaluation needs to be done within 4-8 weeks of the completion of the SRPs, please adjust accordingly. And remember that the dental priority code is from the date of diagnosis.
    - Can set perio recall as 3 months, 4 months, 6 months or yearly. Not limited to yearly.

Outcome Measure 3.3 thru 3.7 - Chronic Care

- * 3.3 thru 3.7.1 – Recommend that at the Chronic Care Medical Appointment:
    - Refer patients with chronic care issues to Dental during the chronic care appointment.
    - HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.
        - Schedule the following patients in dental within 90 days - HIV, Seizures, Diabetes, Patients with over 4 psych medications - for a comprehensive dental examination and treatment as indicated.
            - If a patient's condition warrants an earlier appointment, please schedule accordingly.
        - Schedule Pregnant patients in Dental within 7 days for a comprehensive dental exam and treatment as indicated. If patient already has a dentist, list the dentist's name and last dental appointment relating to the pregnancy.

Outcome Measure 3.8 - Periodontal Treatment

- * 3.8.1 – Recommend making a separate consent form for periodontics to include Prophy (cleaning) and Scaling and Root Planing/SRP (deep cleaning) and gingivectomy. Note that periodontal debridement is not part of periodontics as it is used to remove excess supragingival calculus for the clinician to perform periodontal probings and this can stay in the general consent form.
- * 3.8.2 – Recommend periodontal probings, mobility, attachment loss due to recessions and other periodontal findings as stated in the American Dental Association (ADA), CDT code D0180, to be charted by the dental assistant at the time of the periodontal examination.
- * 3.8.3 – Recommend that Periodontal re-evaluation is to be scheduled and completed between 4-8 weeks following deep cleanings/ SRPs (not a DPC 2 which is 4 months and too long for a periodontal re-evaluation).
- * 3.8.4 – Recommend to set a periodontal maintenance recall as 3 months recall (3MRC), 4 months recall (4MRC), 6 months recall (6MRC) or yearly. Perio recall is not limited to yearly.
- * 3.8.5 – Recommend updating to the new periodontal classifications, from the 1999 to 2018 classification and using the following for periodontal diagnosis.
    - https://www.perioimplantadvisory.com/clinical-tips/article/16412257/the-new-classification-of-periodontal-disease-that-you-your-patient-and-your-insurance-company-can-understand (2018)
    - https://www.ada.org/~/media/JCNDE/pdfs/Perio_Disease_Classification_FAQ.pdf?la=en

[12] https://www.perio.org/2017wwdc?_ga=2.9518838.291147220.1566148308-654512126.1566148308 https://www.perio.org/sites/default/files/files/2017%20World%20Workshop%20on%20Disease%20Classification%20FAQs.pdf

- https://www.perio.org/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf
- https://loveperio.com/2012/08/31/ada-classification/

ADA Class	Description
Type I Gingivitis	No loss of attachment Bleeding on probing may be present
Type II Early Periodontitis	Pocket depth or attachment loss: 3-4mm Bleeding on probing may be present Localized area of gingival recession Possible grade I furcation involvement
Type III Moderate Periodontitis	Pocket depths or attachment loss 4-6 mm Bleeding on probing Grade I or II furcation involvement Class I mobility
Type IV Advanced Periodontitis	Pocket depths or attachment loss >6 mm Bleeding on probing Grade II or III furcation involvement Class II or III mobility
Type V Refractory & Juvenile Periodontitis	Periodontitis not responding to conventional therapy or which recurs soon after treatment. Juvenile forms of periodontitis.

Outcome Measure 3.9 - Restorative and Palliative Care

- * 3.9.1 – Recommend updating, with **current language,** the acknowledgment of receipt of the DMFS with the current Dental Material Fact Sheet (DMFS).
- * 3.9.2 – Recommend discussing with the Chief Dental Officer the clinical use of amalgam as a restorative agent, which is still considered a viable posterior restoration and which is not as technique sensitive as a posterior composite.

Outcome Measure 3.10 - Extractions/Oral Surgery

- * 3.10.1 – Recommend that a "time out" protocol is used and documented prior to an irreversible procedure is performed.
  - **Time Out Protocol**
    - Although MCJ is not under the purview of the Joint Commission, it is still a good practice to perform a time out protocol, especially as there several instances where teeth have been misidentified between arches.
    - To prevent the incorrect tooth from being extracted and used for any irreversible procedure) we recommend the following Time Out Protocol to be used and documented prior to an extraction.
      - "Review the dental record including the medical history, laboratory findings, appropriate charts, and dental radiographs. Indicate the tooth number(s), or mark the tooth site or surgical site on the odontogram or radiograph to be included as part of the patient record. Ensure that radiographs are properly oriented, and visually confirm that the correct teeth or tissues have been charted. Conduct a time out to verify patient, tooth, and procedure, with assistant present at the time of the extraction." - Joint Commission.

    - In addition, the following has related information on Time Out Protocols: https://www.dentalclinicmanual.com/4-admin/sec1-04.php
- * 3.10.2 – Recommend that the progress notes include that hemostasis is achieved when it is achieved and that post op instructions given are both written and verbal.
- * 3.10.3 – Recommend, actually **mandating**, that when performing a surgical extraction and cutting on tooth or bone, that it is done with an irrigant such as sterile saline or sterile water.
- * 3.10.4 – Recommend purchasing at least 2 surgical handpieces in order to prevent an air embolism when high speed cutting of tooth or bone during a surgical extraction.

Outcome Measure 3.11 - Endodontics

- * 3.11.1 – Recommend making a separate informed consent form for endodontics and dentist is to review and sign with the patient prior to the start of a root canal. Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.

Outcome Measure 3.12 - Prosthodontics

- * 3.12.1 – Recommend that referrals for the fabrication of partial and full dentures is tracked by dental so that the appointments with the outside specialist is completed within 30 days of the referral. Also making sure that the patient is seen back in the dental department after every appointment with the outside specialist and noted in the progress notes and in the excel spreadsheet.

Outcome Measure 3.13 - Progress and Chart Notes for I/Ps scheduled but not seen

- * 3.13.1 – Recommend - EVERY scheduled and added on patient, seen or not seen i.e. Refusal, Rescheduled, Not in Custody (NIC), Out to Court (OTC), Out to Medical (OTM), must have an entry in the excel spreadsheet and an entry in either the progress notes or the chart note.
    - For chronological purposes, it is easier to follow sequential progress notes rather than chart notes and go back and forth to see the event.
- Tracking rescheduled patients is oftentimes challenging as they are not always listed on the excel spreadsheet or in the progress notes and fall behind the radar. Rescheduled by dental are shown in the tasks but this is not the legal chart and the information must be written in a progress note nor a chart note as well as in the excel spreadsheet. **All scheduled or unscheduled (added on patients), seen or not seen must have a progress note or chart note.**

APPENDIX 4. Infection Control Data & Regulatory Compliance

Recommendations:

- When the new dental clinic opens in the new facility, that there will be a facility audit performed on that dental clinic as well.
- Amalgam separator required as of July 2020 in the new dental clinic, as it is a plumbed dental operatory unit.
- COVID-19 procedures are being used. See Site Overview – Covid Precautions on pg. 8.
    - At the time of the audit in June, MCJ Dental was in the Phase II of Covid precautions, however they are back to Phase I guidelines. See Appendix #13 & #14.
    - Review CDC, CDPH, CDA for current updates
        - https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html
- *** Recommend** that the following are rectified:
    - * 4.0.1 - Dental staff are fit tested for the N95.
    - * 4.0.2 - Explore "Fogging" the dental clinic to provide added layer of protection. This can be a separate discussion in conjunction with ADA monitor.
    - * 4.0.3 - Infection control binder needs to be updated because it says 2018.
    - * 4.0.4 - Radiation safety binder be updated as it says – 2013.
    - * See Outcome Measure 4.88 - Post all regulatory compliance and required postings in the appropriate location.
        - https://www.cda.org/Home/Practice/Practice-Support/Regulatory-Compliance
        - https://www.cda.org/Home/Practice/Practice-Support/Resource-Library/regulatory-compliance-regulatory-compliance-manual-required-postings-in-a-dental-office-appendix-4
        - https://www.osha.gov/SLTC/dentistry/
        - https://govt.westlaw.com/calregs/Document/I4704B0705F7B11DF976784F95795F04E?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
        - https://www.osha.gov/Publications/OSHA3187/osha3187.html
    - * 4.0.5 - Review recapping techniques to perform this task safely. Use the cardboard protectors.
        - https://oshareview.com/2014/09/safe-needle-handling-during-dental-treatment-infection-control/
        - https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm

See Section IV for the audit tool and areas of non-compliance.

- *** Recommend** correcting the following from the audit tool:

#	Subject	Description	SC	PC	NC	NA	Recommendations
4.17	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (No more than 3/4 full before container removed)		0.5			**Key could not be found.**
4.21	Biohazard Waste/ Haz Mat Procedures	**98**		0.5			**Need to inventory.**

4.27	Sterilization & Equipment	**Ultrasonic Unit tested monthly** (Used to clean contaminated instruments prior to sterilization)			0		**Aluminum test not performed. Repeatedly requested.**
4.41	Sterilization & Equipment	**Vacuum System** (Manufacturer's recommendations followed for cleaning, disinfection and maintenance)		0.5			**Infected waste disposed of in toilet, and cleaning, disinfection and maintenance not logged or performed on mobile unit.**
4.43	Emergency Procedures	**Evacuation Plan** (Prominently posted in clinic)			0		**No evacuation plan posted.**
4.45	Emergency Procedures	**Emergency Medical Response protocol in place** (Proof of practice of annual EMR training and annual EMR dental drill)			0		**Not currently in place.**
4.57	Safety	**Dental Board Regulations on Infection Control posted**			0		**CMGC has become Wellpath but not corresponding paperwork.**
4.58	Safety	**Sterile Water** Containers unopened; not expired (Used for invasive oral surgical procedures)			0		**Recommend using for OS procedures. They are not using sterile water or sterile saline for surgical procedures. Must implement immediately.**
4.59	Safety	**Hand Hygiene** (Observed staff)			0		**Witnessed 2/3 times**
4.61	Safety	**Barriers used to cover environmental surfaces replaced between patients**		0.5			**X-ray unit not covered nor disinfected between patients.**
4.63	Safety	**Radiation Safety Program in place / Dental radiographic unit inspection date**			0		**Not posted although has been ordered.**
4.73	Clinic Admin and Logs	Written infection prevention policies and procedures specific for the dental setting available, current & based on evidence-based guidelines?			0		**Not completed yet.**
4.74	Clinic Admin and Logs	Did employees receive job or specific training on infection prevention policies and procedures and the OSHA blood borne pathogens standard?			0		**No documentation available.**
4.75	Clinic Admin and Logs	Facility has an exposure control plan that is tailored to specific requirements of the facility?		0.5			**Not dental specific.**
4.80	Clinic Admin and Logs	**Pharmaceutical Log** (CDCR 7438 complete entries)		0.5			**Needs to be accurate.**
4.83	Clinic Admin and Logs	**Radiographic Certificate, Rules and Regulations posted**			0		**Not posted but ordered.**
4.84	Clinic Admin and Logs	**Annual Training** (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)			0		**Not signed, not documented.**
4.87	Clinic Admin and Logs	Post injury protocol in place?			0		**Not completed yet.**

4.88	Regulatory Compliance	Postings per Regulatory Compliance - https://www.osha.gov/Publications/OSHA3187/osha3187.html		0.5			**Review CA regulations** https://www.cda.org/Home/Practice/Practice-Support/Regulatory-Compliance

APPENDIX 5. Dental Management - Data & Recommendations

Outcome 5.1: Management Structure & Chief Dental Officer – PC

Is there an involved, accessible, supervisory chain of command and appropriate available resources for the dental department, both clinically and administratively?

- The organizational chart is now completed under Wellpath, formally CFMG. See Appendix 10.
- It is my understanding that Dr. [redacted] has been the Dental Director for Wellpath for the past 8-9 years. He became involved at MCJ last year for the dental tour #4.
    - In the future, Dr. [redacted] has stated he is plans to hire four Regional Dental Directors to relieve the number of direct reports.
    - The dentist at MCJ reports clinically to the Chief Dental Officer of Wellpath and reports administratively to the local jail's Health Services Administrator.
    - Dr. [redacted] oversees 286 dental clinics throughout the United States, including MCJ. He also sees patients 3x/week.
        - * 5.1.1 – Recommend that Dr. [redacted], is given the time, by his management, to focus on overseeing the MCJ dental clinic in all of its functions which includes monitoring compliance, attending the monthly Dental Subcommittee, reviewing statistics, auditing charts, reviewing workflow, making sure Dr. [redacted] has the resources he needs to assist with eliminating barriers to access to care, timeliness of care, quality of care, training of nurses and so forth.
        - On Monday August 10th, Dr. [redacted] emailed Dr. [redacted] indicating that he will audit 10 charts monthly. I have not received any report of this auditing process nor of the results of this monthly audit.
            - *** 5.1.2 – Recommend that this supervisory audit report is due to this monitor by the 15th of each month, going back to the beginning of July 2020** and is to include a variety of dental procedures such as triages and diagnoses, comprehensive dental examinations, periodontics, restorative, oral surgery, endodontics, as well as reviewing the charts and the dental excel spreadsheet. Include as well, a separate review of refusals, reschedules, OTM, OTC and NIC.
            - *** 5.1.3 – Recommend that the format of this supervisory audit report uses the peer review format shown in section 5.15.**
            - * 5.1.4 – Recommend a bimonthly meeting for the first 2 months, then a monthly meeting between CDO, MCJ Dentist, MCJ RDA, MCJ HSA and this monitor to review the results of the audit report and the dental report #5 so feedback can be given and followed through by the CDO.

Outcome 5.2: Dashboard & Documented, Qualitative Self Review Process – NC

Are viable statistics utilized for self-auditing and self-monitoring using a documented, qualitative process?

- "If you can't measure it, you can't improve it".[13]
- A data dashboard was created using the data within the Dental Excel spreadsheet.
    - Currently the dashboard measures Jan 2019 forward.
        - When reviewing the charts and the dashboard, it is apparent that there are multiple inaccuracies due to the nature of the spreadsheet. Since it is not an EDRS, the

[13] Peter Drucker quote

spreadsheet does not capture all completed procedures performed, as well as many other issues.
    - *5.2.1 – Recommend that Dr. [redacted] enter his portion of the completed dental procedures and next visit parameters into the dental excel spreadsheet after every patient.
- As of the writing of this report, multiple requests to defendants' counsel for a list of who will want read-only access to the dashboard has been unanswered. Gives the appearance of indifference, as the spreadsheet acts as the main dental record system for the overall management of the dental clinic.

Outcome 5.3: Electronic Dental Record System (EDRS) – NC

Is there a viable electronic dental record system utilized for self-auditing, self-monitoring and compliance using a documented, qualitative process which is HIPPA compliant and operationally sound?

- There is no Electronic Dental Record System (EDRS), i.e., Dentrix Enterprise at MCJ/Wellpath at this time.
- The dental program's metrics are entered into an Excel spreadsheet which contains multiple errors and was only to be used for a few months at the very latest in 2017. **It is now August 2020 and we are at the same point, including an abysmal and criminal lack of HIPAA compliance.**
- Please see Appendix 7 for an email regarding the reason for an EDRS from March 2019. Additionally, the current excel spreadsheet continues to be set for failure as there is no audit trail and no mechanisms against data corruption, even with the introduction of the dental excel spreadsheet into the SharePoint.
- On Monday August 10, 2020, it was finally agreed to a review Dentrix Enterprise demonstration.
    - A demonstration of Dentrix Enterprise was given by Andrea Hight of Henry Schein showing George McKnight, Dr. [redacted], Pete Bertling, Caroline Jackson, Rachel Eckhardt the capabilities including HIPAA compliance, an audit trail, reporting capabilities, and a full charting module capable of fully charting episodic and comprehensive dental care, tracking continuity of dental care as well as having the ability to track dental priority codes (DPC), referrals and procedures within compliance deadlines.
    - Received an email on Friday August 14, 2020 from Pete Bertling, attorney for the defendants indicating that "The issue is still being evaluated and no decision has been made".
    - There was a lot of pushback in requesting and obtaining the demonstration of Dentrix Enterprise as the defendants wanted to know which other correctional systems utilized Dentrix Enterprise. Andrea Hight of Henry Schein provided an email with this information and can be referred to in Appendix 11.
- COR and ERMA are not electronic dental record systems and are not enough to fully run MCJ's dental program nor are they capable of running reports and statistics to assess the health of the dental department.
- * 5.3.1 – Recommend until an electronic dental record system such as Dentrix Enterprise and digital x-rays are in place, all dental radiographs and charts must be individualized, see also quality of care recommendations.
- *** 5.3.2 thru 5.3.3 – Recommended and paramount that Dental, just as with Medical and Mental Health, obtain an EDRS such as Dentrix Enterprise for the reasons listed throughout this report. Commit to this purchase, then commit to implementation.**

- The excel spreadsheet is not an electronic dental health record. Dentrix Enterprise, which has already been modified to handle correctional situations, including monitoring of the DPC timelines is a cost savings.
- Although data entry rests on the staff, there are failsafe's in an EDRS. Lack of specificity can be caught earlier with an EDRS and can prevent it from affecting the data, vs using the spreadsheet which does not have failsafe measures, nor an audit trail.
- Please keep in mind that MCJ has an incredible dental team with an amazing Dentist and Dental Assistant who has no one to help her maneuver through multiple, complex dental scenarios and is tasked with entering all of this data in a temporary and basic excel spreadsheet.
- Recommend the purchase of Dentrix Enterprise. Dentrix Enterprise which can calculate the parameters within the spreadsheet automatically and can tell the auditor and clinician in real time who is or isn't in compliance and who needs to be scheduled immediately to achieve compliance.

Outcome 5.4: Digital X-rays - NC

Are digital radiographs utilized to minimize radiation to the patient and to provide diagnostic x-rays?

- The new dental clinic has not opened yet. Anticipated opening is September 2020.
- Currently within the rotunda dental clinic, the dental department captures radiographic images with analog, called traditional, film x-rays.
  - "While traditional X-rays are considered safe, digital X-rays produce 80% less radiation than traditional. The cost effectiveness of using digital radiography rather than film comes down to the fact that film is expensive. If you have ever owned a film camera, you will know that back in the height of Kodak film it was costly to purchase, and then costly to develop as well. With film, it is difficult to store and then retrieve images as they degrade over time, but digital images can be saved and easily accessed without image degradation later on."[14]
  - "When you're relying on your doctor to make an accurate diagnosis, image quality is everything. Not only do you get results within seconds, but the image can also be easily resized to enlarge hard-to-see potential issues without distorting or degrading the quality of the image."[15]
- * 5.4.1 – Recommend that MCJ/Wellpath purchase digital x-rays for both clinics which will directly integrate into an EDRS, as seen in the demonstration with Dentrix Enterprise, and can be visualized from various locations, including Tennessee where the CDO's office resides.

Outcome 5.5: Panoramic X-ray - NC

Is a panoramic radiograph utilized to visualize third molars and other areas of the jaw?

- There is currently no panoramic radiographic unit at MCJ.
  - "Panoramic radiography, also called panoramic x-ray, is a two-dimensional (2-D) dental x-ray examination that captures the entire mouth in a single image, including the teeth, upper and lower jaws, surrounding structures and tissues. Panoramic dental x-ray uses a very small dose of ionizing radiation to capture the entire mouth in one image. A panoramic x-ray is a commonly performed examination by dentists and oral surgeons in everyday practice and is an important diagnostic tool".[16]

[14] https://www.independentimaging.com/digital-x-rays-vs-traditional-x-rays/
[15] https://www.independentimaging.com/digital-x-rays-vs-traditional-x-rays/
[16] https://www.radiologyinfo.org/en/info.cfm?pg=panoramic-xray

- In the case of an inmate/patient complaining of pain with a wisdom tooth and a diagnostic radiograph is unable to be obtained, then the referral to the outside oral surgeon specialist for diagnosis and care is part of the standard of care.
    - * 5.5.1 – Recommend the purchase or lease of a digital panoramic x-ray unit. See Appendix 8 for an example of a lesion which can be missed when only taking a full mouth set of x-rays and not supplementing a dental triage or a comprehensive dental exam with a panoramic x-ray.[17]

Outcome 5.6: Space, Dental Equipment and Supplies - PC

Are the necessary resources available for dental to operate within OSHA parameters?

- * 5.6.1 - Recommend purchase, as the aluminum test was not performed upon multiple requests, a new ultrasonic cleaner to clean the dental instruments after each patient encounter. Also see Section 4.
- * 5.6.2 - Recommend [redacted] and Dr. [redacted] both receive two monitors each so they can have one for CorEMR and the other for the spreadsheet (requested multiple times).
- Will evaluate both dental clinics in more detail for supplies and equipment once the new dental clinic is open in late September/October 2020.

Outcome 5.7: Nurse Training by DON, HSA and Dentist – PC

Does the dentist provide thorough and ongoing training, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-day exam, Sick Call and Physician evaluation? Is there a clear understanding of DL1 and DL2 parameters? Are referrals to dental made per the Implementation Plan? Do the nurses at a minimum include in the referral the chief complaint, history of the dental problem(s), location of the problem(s), an appropriate dental level?

* 5.7.1 – Recommend nurse training, feedback and monitoring be provided by the DON, HAS, Dr. [redacted] and overseen by Dr. [redacted]. Nurse training, in regards to DL1 and DL2 for Intake, Sick Call and 14-Day exam and referrals to dental, remains incomplete due to some missing staff education.
* 5.7.2 – Recommend providing the following training quarterly:
    - DL1 vs DL2 training to Intake, Sick Call, 14-Day Exam nurses as well as to physicians, nurse practitioners and physician assistants.
        - DL1 is used for both urgent and emergent conditions, not only for emergent dental problems. Therefore, pain or hurt >6/10, toothache, swelling, trauma, infection, unexplained bleeding are all DL1 conditions.
    - RNs report the referrals to dental on the dental logs for Intake, Sick Call and 14-Day Exam.
        - There is the possibility of not needing the dental logs with the use of Dentrix Enterprise as shown in the demonstration.
    - Have a complete roster of all clinical staff who need to receive this training and show sign off from the roster so can tell who still needs to receive the training.
- * 5.7.3 – Recommend a one on one training when needed, such as with the 14-Day Exam RN. Per the audit interview with the RN usually performing the 14-Day exam, he stated he does not routinely see inside the patients mouth unless they report pain. **Per the Implementation Plan all patients are to receive a screening and answer the questions stated in the plan as well as fill out an odontogram.**
    - This monitor was assured that this lack of patient was rectified as of June 16th, 2020. A look at the dashboard indicates otherwise. The majority of the patients referred to Dental

[17] https://www.ada.org/~/media/ADA/Member%20Center/FIles/Dental_Radiographic_Examinations_2012.ashx

are receiving a DL2 from a Sick Call request, when often they complain of pain, toothache, swelling, infection, bleeding soon after intake.

- * 5.7.4 – Recommend to keep the odontogram and for the nurses to receive additional training and feedback in using the odontogram which is to be made into a form with the questions as listed in the Implementation Plan questions.
    - The EDRS Dentrix Enterprise has an odontogram which can be updated specifically for each patient and used if a patient is rebooked and re-examined. This would make sure that continuity of care is in place and that the patient continues dental care when first referred to dental and if re-incarcerated.
- *** 5.7.5 – Recommend** create the 14-Day Exam form as soon as possible and if need assistance, let me know and will assist you in making the form. Have the form ready for approval before the final report.

Outcome 5.8: Staffing - Administrative and Clinical – PC

Are the staffing positions filled? Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement?

- The "lack of resources" is used on many occasions as the reason for rescheduling patients. "Lack of resources" appears to translate to lack of staff.
- Dental Level 1 patients are not scheduled within timeframe due to lack of available dental staff.
- 14-Day Exam is not referring patients to Dental as per the Implementation Plan.
- [redacted] main duty is to take care of assisting the Dentist with patient care. She also orders dental supplies, performs OSHA and infection control requirements, maintains logs, monitors sterilization, cleans, performs monthly maintenance on such things as the sterilizer, and enters all the data in the excel spreadsheet.
- In addition to all of Dr. [redacted] many other duties, he is relegated to scheduling his own patients per the DPC he assigns them. Although he is doing very well in achieving compliance for 1A and 1B DPC's, this should be done by an ancillary staff who should schedule the I/Ps preferably at the halfway point of the assigned DPC.
    - * 5.8.1 – Recommend increasing the number of dental days to full time and adding another Dental Assistant/Registered Dental Assistant so that the full complement of dental services are offered to the inmate/patients at MCJ, i.e. periodontal program, per the Implementation Plan.
    - * 5.8.2 – Recommend hiring a Hygienist position as recommended in the Implementation Plan. Due to working in a correctional facility, the Hygienist is not to work without a Dental Assistant, therefore hire a Dental Assistant/Registered Dental Assistant to work with the Hygienist.
    - * 5.8.3 – Recommend that a contract registry service be made available, when the Dentist, Hygienist and Dental Assistants are away, (i.e. on vacation, continuing education, long term sick), such that the Dental Clinic continues to operate without interruption.
    - * 5.8.4 – Recommend Dr. [redacted] be granted a half day per week, other than on his patient days, to:
        - Provide nurse training and feedback for RN's at Intake, Sick Call, 14-Day Exam and for Physicians, Nurse Practioners and Physician Assistants.
        - Follow up with referrals so that they are understood and executed correctly.
        - Chair the Monthly Dental Subcommittee and participate fully in QA and in the annual management review.
        - Work with Dr. [redacted] to bring the dental program into substantial compliance.

Outcome 5.9: Illness and Injury Prevention Plan (IIPP) - PC

Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly and documented in the QA minutes?

- * 5.9.1 – Recommend the SB198 is partially completed and needs to be updated, this should be reflected in the QA minutes.
    - I. IIPP - Exposure Control Plan, Hazard Communication, Fire Emergency, General Office Safety and Ergonomics
    - II. Waste Disposal - 1. Medical waste (sharps, biohazardous waste and pharmaceutical waste), 2. Hazardous waste, 3. Universal waste
    - III. Radiation Safety - Dentist and staff responsibilities, radiographic machine requirements/registration and Patient/Employee/Operator Protection.
    - Complete and update Section I, II, III and post where applicable.

  - Include finding a place to post the evacuation plan which will not interfere with correctional safety.
- * 5.9.2 – Recommend providing training records of quarterly emergency drills and education of the IIPP.

Outcome 5.10: Policies and Procedures Including Dental, Corporate and Local - PC

Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental complete, completed, approved and signed by the dental staff at MCJ?

- Received MCJ dental policy and procedure but not Wellpath's corporate Statewide policy.
- MCJ dental's policy is 4 pages long and there are missing and inaccurate items. It also does not address the periodontal care program as outlined in the Implementation Plan.
  - * 5.10.1 – Recommend that there is a standardized statewide/corporate policy and procedure (P & P) and a local operating procedure (LOP). It also needs to be revised yearly and the minutes to reflect the updated revision. Also it must address various issues as recommended within this report such as referrals, dental levels, dental priority codes, how to handle orthodontic braces, infection control, the periodontal program and the services as listed in the Implementation Plan.
  - * 5.10.2 – Recommend Wellpath management refer to the section Standard of Care on pg. 8 and review the link below when they formulate the updated P & P.
    - https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf

Outcome 5.11: Licenses, Credentials, CURES and Job Performance – PC

Are licenses, credentials and job performances current and maintained?

- **Dentist:**
  - Dental License – confirmed.
  - BLS/CPR – confirmed.
  - DEA – confirmed.
  - Cures 2.0 Registration – confirmed.
    - Please refer to the links below. Beginning October 2nd, 2018 clinicians, including dentists are to participate in this state mandated program.
    - https://oag.ca.gov/cures
    - https://oag.ca.gov/sites/all/files/agweb/pdfs/pdmp/cures-mandatory-use.pdf?
    - https://oag.ca.gov/sites/all/files/agweb/pdfs/pdmp/cures-advisory-memo.pdf?
- **Dental Assistant:**
  - Register Dental Assistant license – confirmed.
    - Congratulations on achieving your Registered Dental Assistant license!
  - BLS/CPR - needed
- **Outside Specialists Credentials, Licenses**
  - * 5.11.1 - Recommend:
    - Have a system and policy and procedure to make sure whom you refer to as outside specialists or outside dentists are current with an unrestricted license from the state of California.
    - Have a credentialling process for outside clinicians in the policies and procedures.
    - Have a referral system in place to track referrals to outside specialists.
- **Job Performance Reviews**
  - Dentist
    - No yearly job performance completed clinically and administratively.

        - * 5.11.2 - Recommend have a clinical and administrative job performance review completed yearly.
    - Dental Assistant
        - No yearly job performance completed clinically and administratively.
        - * 5.11.2 - Recommend have a clinical and administrative job performance review completed yearly.

Outcome 5.12: OSHA review and Infection Control Training - NC

Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?

- * 5.12.1 – Recommend yearly documented OSHA and Infection Control training for the dental staff.
    - OSHA Review is a good source of information and provides this training with monthly trainings and updated information.
    - https://oshareview.com/
- **Dentist:**
    - Please submit
- **Dental Assistant:**
    - Please submit

Outcome 5.13: Hepatitis B Vaccination Record – PC

Has a Hepatitis B vaccination been offered and taken or a declination form been completed?

- * 5.13.1 – Recommend documented Hepatitis B vaccination form filled out for the dental staff.
- **Dentist:**
    - Hepatitis B vaccination – only 1 shot in the series of 3 documented. Please have either the series of 3 Hepatitis B vaccinations completed, a titer completed to confirm immunity or a signed declination on file.
- **Dental Assistant:**
    - Hepatitis B vaccination form - declination given and is on file.

Outcome 5.14: Pharmacy and Medication Management – PC

Is there a pharmacy onsite? Is medication delivered timely, safely and appropriately to the patient following a prescription? Does the Pharmacy communicate effectively with Dental to provide information regarding the prescription(s)? Are stock medications pre-packaged and accounted for, for each patient?

- CorEMR has a system in place to monitor when patients do and don't take their medication as well as when the medications are given.
- Stock medications within Dental:
    - * 5.14.1 – Recommend the stock medications should be fully accounted for including to whom they are prescribed in both the on-site log and in CorEMR.
    - * 5.14.2 – Recommend to only have medications given for pre-operative medication management:
        - Analgesics:
            - Ibuprofen
            - Acetaminophen for those allergic to NSAIDS
        - Antibiotics
            - Amoxicillin
            - Clindamycin for those allergic to Amoxicillin.

- * 5.14.3 – Recommend review of the dosages by referencing the most up to date version of "*The Little Dental Drug Booklet, Handbook of Commonly Used Dental Medications*" by Peter L. Jacobsen

Outcome 5.15: Peer Review - NC

Is there a peer review system with a written protocol in place? Was the dentist at MCJ peer reviewed 1x every 6 months by a peer?

- There has not been a peer review performed on Dr. [redacted] nor is there an established peer review system, peer review committee, nor any policies and procedures for performing the peer review of the dentist at MCJ.
- * 5.15.1 – Recommend establish a peer review system with a peer review committee to perform a peer review at least once every 6 months on the dentist at MCJ, using dentist peers from other Wellpath facilities or hire a contracted Peer Review examiner.
- * 5.15.2 – Recommend Peer Review is to be considered confidential. Any deficiencies and resulting corrective action plan and training is to be noted in the peer review minutes.
  - "Section 1157 of the California Evidence Code provides, in pertinent part, that "[n]either the proceedings nor the records of . . . a peer review body, as defined in Section 805 of the Business and Professions Code, . . . having the responsibility of evaluation and improvement of the quality of care, shall be subject to discovery." Moreover, except as otherwise provided in this section, "no person in attendance at a meeting of any of those committees shall be required to testify as to what transpired at that meeting." This section of the Evidence Code protects peer review records from discovery in a civil action but does not preclude committee members from testifying voluntarily about proceedings of the committee. Therefore, CDA has taken steps to close this loophole by requiring peer review committee members and staff to hold such information in confidence. Thus, it is CDA policy that neither records nor testimony may be provided in a civil action, unless ordered by a court after a hearing has been held concerning the protection afforded by this section."
- * 5.15.3 – Recommend create a peer review **audit tool/worksheet** to be completed for each selected dental chart. A minimum of 10 charts are to be pulled at random for the most recent 6-month period and will include charts relating to Examination and Diagnosis (Annual Exams and Triages), Periodontal Treatment Restorative, Oral Surgery, and Endodontics.
- * 5.15.4 – Recommend the audit tool is to include at a minimum, the following sections and must be kept, with the minutes, for a minimum of three (3) years.
  1. Health History
     a. Is the medical history and review of problem list signed by both the patient and the dentist and noted in the progress notes?
     b. Are allergies, vitals, review of labs if indicated, reviewed and noted?
  2. Consent
     a. Is a general consent for examination, x-rays, palliative and restorative care signed, witnessed and dated?
     b. Is there an extraction consent form with all pertinent information relating to the extraction signed, witnessed and dated, when applicable?
  3. Clinical Examination
     a. Are objective findings/diagnostic assessments performed (i.e. swelling, pain to cold and/or hot, pain to percussion, palpation, fever, blood pressure)?
     b. Is the soft and hard tissues and intra-oral exam completed and noted?
     c. Are periodontal measurements; (i.e., probing depths, recession, furcations, bleeding on probing), performed and charted during a periodontal examination as part of the

comprehensive exam completed, signed and dated and properly charted on an appropriate form either in a paper form or in an electronic version as found in a dental software?
   d. Is the oral cavity charting complete, on the appropriate form, for either a comprehensive examination and/or for episodic care?
   e. Is a current Dental Materials Fact Sheet given to the patient and a signed and dated acknowledgement in the chart?
4. Radiographs
   a. Are radiographs of diagnostic quality, mounted correctly, labeled with correct patient name, DOB, booking number, date, tooth number, clinic?
   b. Are the radiographs present for the condition being evaluated; i.e., Full Mouth Series/FMX and panoramic x-ray for comprehensive exam; PA(s) and BWX(s), pano if indicated, for a triage exam?
   c. Are the radiographs of archival quality?
5. Diagnosis
   a. Is diagnosis noted and supported by objective findings?
   b. Is a periodontal diagnosis also included as identified during the comprehensive oral examination?
   c. Is a differential diagnosis present if applicable?
6. Treatment Plan
   a. Is a written treatment plan dated, sequenced/phased and logical and reviewed with the patient?
   b. Is a DPC code included in each treatment planned item?
   c. Is a completed treatment noted in the progress notes, marked and dated on the dental treatment plan?
   d. Is a change in the treatment plan charted and noted appropriately?
7. Continuity of Care
   a. Is the patient seen within timeframe mandated by the Implementation Plan?
   b. Is an appropriate referral performed if applicable?
   c. Is the patient scheduled and seen in dental, the following dental day after the patient's encounter with the outside specialist?
   d. Is the discussion of risks, benefits, alternatives and consequences of the importance of following through, or not going through, with the patient's dental treatment plan noted in the progress notes?
8. Progress Notes
   a. Is the progress noted in a SOAPE format?
   b. Is there an entry identifying the reason for the visit, or why patient is not here for the visit, for every scheduled patient, regardless if they are out to court, not in custody, rescheduled, refused, out to medical, sick, etc?
   c. Is the health history reviewed, with any allergies, any significant condition such as the need for premedication flagged in the chart and written in the progress notes?
   d. If patient needs to be premeditated, is the reason, type and amount of premedication given, noted in the progress notes?
   e. Is there a consent on file and or listed in the progress notes?
   f. Is the tooth number, area to be addressed and/or location of the problem noted?
   g. Do the progress notes reflect which x-rays were taken and that the radiographs are reviewed and interpreted?
   h. Are the objective findings noted appropriately?
   i. Is the diagnosis supported by the objective findings?

j. Is the plan appropriate for the diagnosis?
k. When local anesthesia given, is the type and amount of anesthesia used noted in the progress notes?
l. Is the type of material used indicated?
m. If there are any complications during the procedure, and/or if follow up appointments are necessary, is this indicated?
n. Was a time out protocol performed and noted?
o. Was a prescription indicated, if so, what is the type, amount and duration of the medication prescribed?
p. Is the next visit listed?
q. Is the education which the patient received, noted in the E portion of the SOAPE note, i.e. was the patient given oral hygiene instruction, were both verbal and written post op instructions given and noted?
r. Is there a documented discussion with the patient regarding the diagnosis and the proposed treatment noted and the acceptance of the treatment?
s. Is the progress note legible, with printed name, signature and credentials of the clinician included?

9. Quality of Care
   a. Does "the degree to which healthcare services for individuals…..increase the likelihood of desired health outcomes and are consistent with current professional knowledge"?
10. Outcome of Treatment
   a. Is the chief complaint addressed and is the condition resolved/improved?
   b. Submit the peer review minutes to the monthly Dental Subcommittee. Do not include the confidential audit tool worksheets but do include in the minutes if there are any deficiencies and what if any training were given. If no peer review was conducted that month, then state this information in the Peer Review minutes.
   c. Have the written policy and procedure and Peer Review system in place and operational by October 1st, 2018.

Outcome 5.16: Monthly Dental Subcommittee – NC

Is the monthly Dental Subcommittee occurring monthly with associated minutes? Is the agenda being followed, documented and statistics enclosed and discussed?

There are currently no monthly dental meetings occurring in the dental department at MCJ.

- * 5.16.1 – Recommend the immediate formation of the Monthly Dental Subcommittee. It is to include the Dentist, Dental Assistant, CDO, administrative staff who assist in Dental, Custody, Pharmacy, Medical, the HSA, the Operations Specialist when possible, and anyone else deemed necessary to collaborate on ongoing issues the Dental Department is trying to solve.
- * 5.16.2 – Recommend the meeting minutes of the Monthly Dental Subcommittee reflect each agenda topic with the discussion and conclusion of the agenda topic clearly outlined. Any action items should be completed by the next monthly meeting.
- * 5.16.3 – Recommend monthly meeting minutes of the Dental Subcommittee along with any supporting documentation and respective dashboard information should be submitted to the Quality Assurance (QA) Chair for inclusion in the QA meeting.
- * 5.16.4 – Recommend that the dental subcommittee document issues and bring it to the attention of the QA meeting where it will also be documented in the minutes. Issues brought forward to the QA meeting from the dental subcommittee need to be identified, resolved and improvements made which may include revisions to policy and procedures.

- * 5.16.5 – Recommend the Dental Subcommittee address the following agenda topics.
    1. Roll call with member list and sign in sheet
    2. Approval of prior meeting minutes
    3. Open/Pending Action Items
    4. Personnel (Vacancies/Recruitment/Vacation Coverage)
    5. Access to care issues
    6. Timeliness of care issues
    7. Quality of care issues
    8. Continuity of care issues
    9. Regulatory compliance issues (x-ray unit registration, postings, infection control, etc)
    10. Dental grievances, # & resolution
    11. Incidences including dental medication errors, sharps exposure and including the root cause analysis and sentinel events.
    12. Audits & Trainings
    13. Operational Policies and Procedures
    14. Peer Review
    15. Dental Supplies/Dental Equipment
    16. New dental clinic update
    17. Dashboard/Compliance minimum reports (Monthly)
        a. # Hospital admissions due to dental/dental emergency and date seen by dentist for follow up upon patient return.
        b. #Outside specialty referrals (including endodontist, oral surgeon, etc), when patient was seen by the specialist and the date the patient was seen by dentist for next dental day follow up.
        c. # of biopsies & medical consultations, was the patient informed of the outcome of the biopsy and/or consultation and was this documented in the patient progress notes.
        d. # of patients referred from Intake, broken down by Dental Level (DL) 1 and 2 and if they were seen in dental as scheduled.
        e. # of patients referred from 14 Day Exam, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
        f. # of patients referred from Sick Call, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
        g. # of patients scheduled (including hygienist).
        h. # of patients seen for their appointment
        i. # of patients rescheduled.
        j. # of patients refused.
        k. # of patients transferred, out to court, out to medical, NIC.
        l. # of patients cancelled due to custody.
        m. # of comprehensive dental exams (annual exam)
        n. # of triages
        o. # of dental treatments (i.e. exams, extractions, fillings, periodontal treatment)
        p. Of the dental treatments, # seen within DPC timeframe and number seen out of compliance.
    18. Other business / open forum / update Action Item List
    19. Announce date/time next meeting
    20. Meeting concluded, note time.

Outcome 5.17: Quality Assurance Meeting w/ PowerPoint Presentation – NC

Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the statistics from dental and the dental monthly subcommittee minutes included in the QA meeting? Is Dental represented and present?

- Of the previous QA minutes received, the minutes lacked content and meaningful data. More information was available on the PowerPoint presentations which should be included in the minutes.
- The dental component of the QA meeting minutes has little in terms of structure and content.
- There is no dental Quality Improvement Team (QIT), with ongoing studies conducted to improve the quality and quantity of dental care at MCJ.
    - * 5.17.1 – Recommend develop key performance indicators.
- We were informed by defendant's counsel that the QA meetings are privileged, and the monitors are not to attend unless they are giving a formal presentation.
    - * 5.17.2 – Recommend this monitor reserves the right to present information at the QA meetings as well as at the Monthly Dental Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content (as recommended in the above-mentioned sections).
- In the 1st quarter QA 2020 minutes, Dental was not listed as providing updates.
    - * 5.17.3 – Recommend even if dental representation is not present, the QA minutes should have a standard reporting structure which include Dental. Dental must participate and if unable to be present then must provide a statement as well as provide data and the minutes from the monthly Dental Subcommittee.

APPENDIX 6. Case Reviews – Data & Recommendations

Outcome 6.1: Case Review #1 – NC

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
12/11/2019	Booked.	N/A
12/11/2019	Intake	PC (0.5)
At Intake, the denture question remained blank.		
12/12/2019	14-Day Exam.	NC (0)
• *Looking at the radiograph on 02/25/2020, this tooth is decayed and would have been visualized during the 14 Day Exam.* • *A referral to Dental did not take place although it was indicated.* • *There were no questions answered or an odontogram filled out as per the Implementation Plan.* • *At the sick call appointment on 02/19/2020 the medical progress notes states "dental caries". At the 02/21/2020 appointment the patient received intramuscular antibiotics for the size and potentially dangerous infection reaching under his eye.* • ***This dental problem would have been seen during the 14-Day Exam and referred to Dental (see radiograph), which could have prevented this type of situation for the patient who also had to go 7 days before seeing the dentist due to the dental schedule.***		
02/19/2020	Sick Call requested by patient. Scanned into CorEMR.	SC (1)
02/19/2020	Seen by nursing for dental sick call, given originally a DL2 but changed to a DL1- "Severe left facial swelling extending from left cheek to eyelids 02/21/20. Antibiotics IM and PO given".	PC (0.5)
02/25/2020	Scheduled by nursing in Dental within timeframe (they changed their dental days to Mon, Tues, Wednesday that week rather than Tues, Wed, Thurs). *Waiting 7 days to see the dentist for a large swelling such as this is concerning.*	PC (0.5)
Recommend: *1. At Intake:* *a. The nurses must perform an intraoral evaluation and fill out the intake questionnaire completely.* *b. Refer to Dental when appropriate and check the box for referral. Schedule within Dental Level parameters.* *c. The following, <u>at a minimum</u>, must be included in the dental referral.* *i. Description of the problem(s)* *ii. History of the current dental condition and chief complaint.* *iii. Duration of the problem(s),* *iv. Location of the dental problem(s),* *v. Pain level.* *vi. An appropriate Dental Level (DL)* *vii. Schedule in Dental within the appropriate DL.* *d. Dr. [redacted] be present at the Intake location during the quarterly training to make sure that referrals to Dental are done by the RN as indicated in the Implementation Plan and as per the standard of care and that feedback is given to the RN from the Dentist.* *2. At Chronic Care Appointment:*		

a. Refer patients with chronic care issues to Dental during the chronic care appointment.
b. HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.
i. Schedule the following patients in dental within 90 days - HIV, Seizures, Diabetes, Patients with over 4 psych medications - for a comprehensive dental examination and treatment as indicated.
1. If a patient's condition warrants an earlier appointment, please schedule accordingly.
ii. Schedule Pregnant patients in Dental within 7 days for a comprehensive dental exam and treatment as indicated. If patient already has a dentist, list the dentist's name and last dental appointment relating to the pregnancy.

3. *14-Day Exam:*
   a. *Every patient must have an oral evaluation and all questions answered from the Implementation Plan as well as the Odontogram filled out (the Odontogram must stay a requirement as indicated in the Implementation Plan).*
      i. *Until Dentrix Enterprise is purchased, make a separate paper form, which will be scanned into CorEMR upon completion, which will include:*
         1. *An appropriate Odontogram which includes teeth and surrounding soft tissue.*
         2. *Below this Odontogram, place all the questions asked in the Implementation Plan and provide room for an answer.*
            a. *If there is no condition to list, place "none",*
            b. *If you need help making this form, let me know and I will make it for you.*
   b. *Provide meaningful oral hygiene instruction.*
      i. *Install American Dental Association (ADA) brushing and flossing video on the inmate/patient tablet.*
   c. *Nurse training must take place quarterly at the 14-Day Exam, the Dentist must be present, this training must be documented, must have documented feedback from the dentist and must have a signature indicating that all nurses have been trained. This sign in sheet must include all nurses, so the monitor can see who still needs to receive the training.*
4. *When looking at this patient's case review and others throughout the report, as well as evaluating the level of dental care needed such as the provision of the 14-Day examination, requests for cleanings, chronic care referrals, completion of comprehensive care, performance of oral hygiene/periodontal care, the opening of the new dental clinic, etc.,* ***Dental must increase its number of dental days to full time, add another Dental Assistant, and add a Hygienist and a Dental Assistant as the Hygienist (male or female) cannot work by themselves in a correctional environment.***

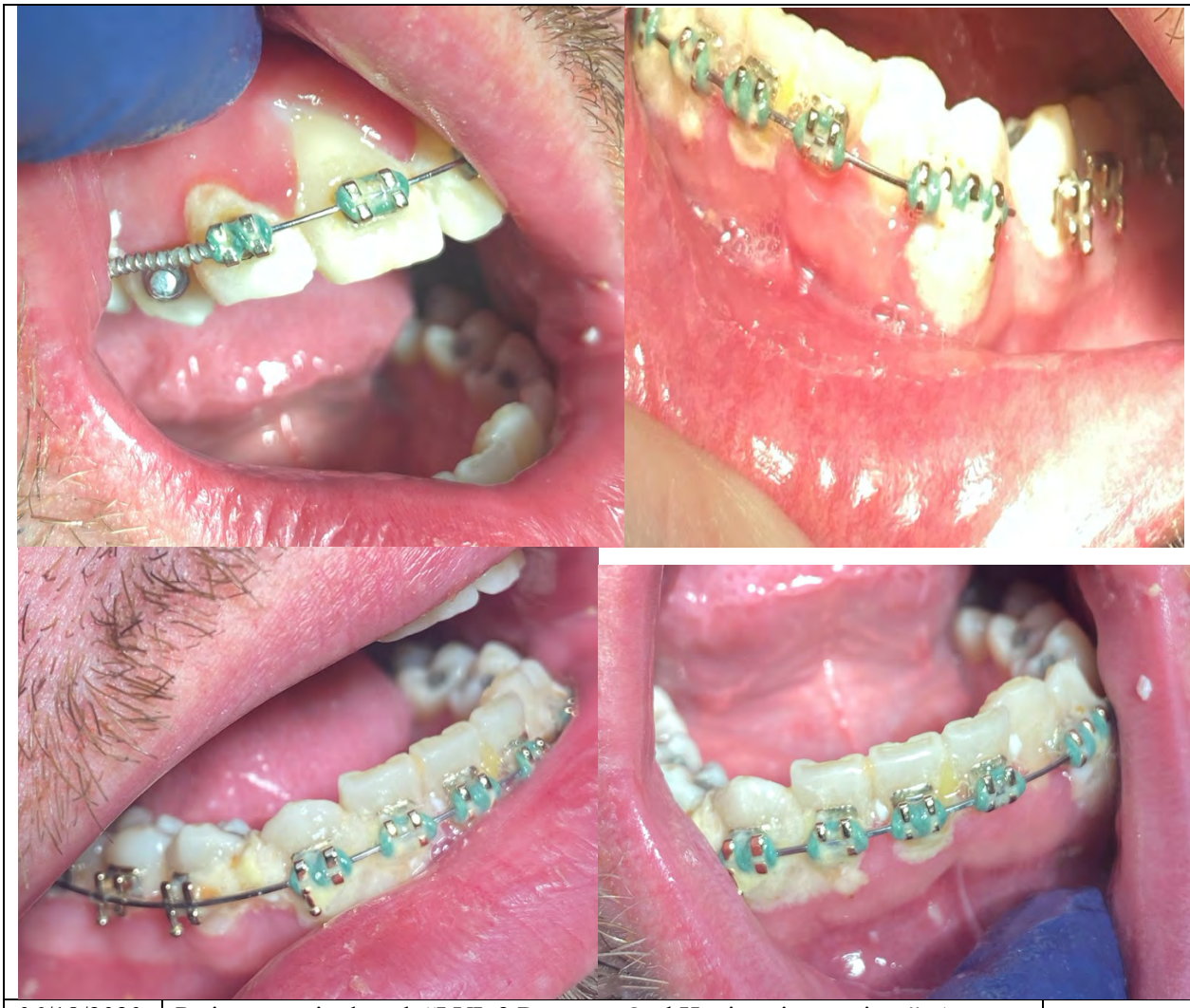
02/25/2020	Seen as scheduled for Dental Triage. Diagnosed with #14 unrestorable due to necrotic pulp and recommended extraction #14. Given a DPC 1B to be scheduled no later than 03/26/2020.	SC (1)
Review issues and recommendations regarding general informed consent forms.		
03/03/2020	Seen in Dental within DPC 1B timeframe for extraction #14. Medication given and received by the patient.	SC (1)
Review issues and recommendations regarding oral surgery informed consent forms.		
03/26/2020	Released.	N/A
	TOTAL 4.5/7 entries =	**64.3% NC**

Outcome 6.2: Case Review #2 – NC

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
11/29/2018	Booked	N/A
11/29/2018	Intake	NC (0)
Not completely filled out and other issues as discussed in case review #1. Patient came into the jail with braces and was not referred to the dental department.		
12/09/2018	Seen by RN for Dental Sick Call. Patient scheduled for 12/12/2018. Was not seen as scheduled and rescheduled to 12/18/2018.	NC (0)
Did not find scanned sick call request. No DL given so dental had to assign DL1. Patient not seen as scheduled. No reason as to why rescheduled by dental.		
12/18/2018	Dental Triage for "have braces on and need a cleaning or braces might need adjust".	NC (0)
Patient diagnosed with gingivitis but no objective findings performed such as periodontal measurements taken or radiographs obtained. Per Implementation Plan's periodontal program, patient is eligible for a cleaning. Patient was not given an examination, radiographs and periodontal charting to determine the type of cleaning recommended. Nor was he given a cleaning per his chief complaint.		
01/01/2019	Seen by RN for Dental sick call. "C/O Gums growing over braces". Appt scheduled for 01/03/2019.	NC (0)
No Dental Level (DL) given, in those cases, is given a DL1 from dental. Patient not scheduled within DL1 parameter.		
01/03/2019	Dental Triage for sick call seen as scheduled. DPC 5 given for referral to Orthodontist. To be seen by specialist by 02/02/2019.	SC (1)
02/06/2019	Dental sick call requested by Dr. [redacted] for "Ortho referral follow up. Pt requesting braces be removed". Scheduled for 03/26/2019.	PC (0.5)
• *No dental appointment for follow up within timeframe of 02/02/2019. No chart note indicating the status of the patient's referral. Referrals are to be seen by the specialist within 30 days, and seen in the dental clinic on the next dental day following when the patient is seen by the specialist.* • *This request is not entered into the spreadsheet, was only found in the "task". There is no chart note or progress note for this update.* • *A referral has not taken place, the referral now is outside of the timeframe for his DPC 5 referral to the orthodontist. Receives partial credit for attempting to have continuity of care.*		
03/26/2019	Dental Triage to follow up for ortho follow up.	NC (0)
No treatment is prescribed although patient could have had received a cleaning since his 12/18/2018 request for a cleaning. Patient did not receive confirmation for outside visit to orthodontist at this visit. Pt is no longer shown as a DPC 5 and is stated as "per patient request" which means that they are no longer following the patient for referral to the orthodontist.		
05/01/2019	Sick call request, seen by nursing "PT c/o swelling to gums".	SC (1)
Scheduled within DL1 timeframe although DL not listed in the dental sick call referral.		
05/02/2019	Chart note by Dr. [redacted] states "Pt refused DSC call 5-2-19".	PC (0.5)
Refusal obtained at cellside and signed by possibly a custody officer. There is no printed name only a signature of the witness. Dr. [redacted] did not speak with the patient but initialed the form, and did not discuss risks, benefits, alternatives or consequences with the patient.		
08/05/2019	14-Day Exam (IMQ)	NC (0)
Not filled out within timeframe and other issues as seen in case review #1. Patient came into the jail with braces and was not referred to the dental department.		

09/03/2019	Seen by RN for Dental Sick Call, given a DL2. "Slightly swollen gums upper/lower, braces intact, patient states he has had braces for a little over a year." Scheduled by nursing in Dental within timeframe.	SC (1)
09/17/2019	Seen as scheduled in Dental for a Triage. Diagnosed with a loose bracket #23. No treatment was recommended, no prescription given and next visit is "per patient request" as "pt states he will be released soon. No tx prescribed".	NC (0)
Since the dental department does not know the date of release, it is important to continue with providing care as if the patient is to remain at MCJ. In this case, the patient was not released and the patient still has not received an appointment with the orthodontist. Nor did he get care for his "loose bracket #23".		
11/29/2019	Booked 11/29/2018, patient eligible for one-year comprehensive dental exam (Annual comp exam – ACE). Date flagged to schedule patient.	SC (1)
12/04/2019	Comp exam refused cellside. Chart note states "Annual Dental Exam DSC Refusal".	PC (0.5)
Refusal obtained at cellside and signed by possibly a custody officer. There is no printed name only a signature of the witness. Dr. [redacted] *did not speak with the patient but initialed the form, and did not discuss risks, benefits, alternatives or consequences with the patient regarding his informed refusal. Refusal scanned into chart documents.*		
12/04/2019	RN created new appointment for Annual Dental Exam later that day. Scheduled for 12/11/2019.	SC (1)
Unknown if patient or dental requested the comp exam but patient was scheduled for appointment.		
12/11/2019	Comp Dental Exam appointment. FMX /x-rays only taken that day. Was given credit for Comp exam but only FMX taken. Was given a DPC 2 to be seen no later than 04/09/2020 but scheduled for 01/02/2020.	NC (0)
Patient scheduled for his comp exam/annual comp exam within 15 days of his anniversary date however only received full mouth series of radiographs (FMX) and not the full exam. Therefore, the completion of the comp exam is outside of the 15 days of the anniversary date of booking.		
01/02/2020	Seen in Dental for completion of his comprehensive dental exam (AE) and perio charting (PE). Treatment plan given. No decay noted and diagnosed with gingivitis. Prophy given. Stated yearly recall for 1-year - appointment scheduled for 01/02/2021	PC (0.5)
• *Patient has complained of swollen gums on multiple occasions and has braces on. I would recommend that patient's recall be every 3 months rather than yearly.* • *There appears to be a small dentigerous cyst #17. Apex not visible. This would warrant a referral for evaluation with the oral surgeon, which would include a panoramic radiograph.* • *Individually scanned radiographs are tedious to review. Be mindful of obtaining the apex for diagnostic x-rays. Recommend digital x-rays in an electronic dental record system.* • *Patient previously referred to orthodontist. There is no status of previous referral or new referral to orthodontist at this visit. There is no indication of loose bracket from previous appointment.*		
2/27/2020	Seen by RN for Dental Sick Call, given a DL2. 1)Gum tissue pain related to braces needing adjustment. States multiple requests. *Scheduled by nursing in Dental within timeframe.*	SC (1)
03/02/2020	Seen as scheduled in Dental for a Triage. Diagnosed with Class 2, Division 2 orthodontic class. No recommended treatment given. No treatment prescribed. No prescription given. States next visit "Per Patient Request".	PC (0.5)
• *Sick call request from patient on 02/27/2020 is asking for assistance with his referral. "Over a year, its been. And issue still occurring. It was told by Dental that he would check into transportation for western dental. So I could get my brace's adjusted. But that never happened, nor I heard anything*		

about the response I put in. Due to the brace's not being adjusted, it has caused me severe pain. Cut gums. Swollen gums. And irritation to gums. This request is being put in again to get treated for my issue I am having". • *Again, no referral to the orthodontist is made.* o ***Recommend a policy and procedure identifying the steps necessary for both the clinician and the patient to obtain a referral and for it to occur.*** o ***If the dentist recommended removal of the braces, then a discussion with the orthodontist who placed the braces is indicated. Make sure to document the discussion.*** o ***Use a DPC 5 to identify and track the referrals to the outside specialist.*** • ***Another option to removing braces is a more frequent cleaning/recall schedule, especially since patient is pre-diabetic as well as reinforcing oral hygiene instruction.***		
05/05/2020	Seen by RN for dental sick call request, given a DL2. "Gum issue. Same a previous issue. Seen by dental. LVL 2". Scheduled for 05/06/2020 in dental.	SC (1)
05/06/2020	Seen as scheduled in Dental for a Triage. Diagnosed "loose orthodontic wire". No recommended treatment, no treatment prescribed although it states that "cut orthodontic wire on the lower left side to last attachment bracket on tooth". No prescription given. States next visit "Per Patient Request".	PC (0.5)
• *Please refer this patient and follow through that this patient sees the orthodontist. Or call the orthodontist and discuss options for the patient. Do no keep ignoring this issue.* • ***Recommend the staff dentist write or call his Chief Dental Officer for assistance when needing additional resources or assistance with a patient situation.***		
06/16/2020	• Interviewed by this dental monitor who requested that patient return to dental for oral hygiene instruction and a triage to evaluate his gum condition. o Patient stated his acceptance of being interviewed, understanding that this is not an evaluation, diagnosis, treatment, or a second opinion. Patient states he has an "infection" in his gums because they bleed when brushing, his braces are loose. States he started braces 2 years ago in Salinas and it has been 1.5 years since he's last seen his orthodontist. States he doesn't want his braces taken off. o Generalized heavy food impaction with hyperplasia of lower anterior arch visualized during the Zoom call. o States did not receive the Inmate Handbook at Intake. o Patient stated that he did receive his comprehensive dental examination but is not aware of his periodontal diagnosis. States does not understand why he still has problems with his gums and denies receiving meaningful oral hygiene instruction. o Stated he wants to see the orthodontist but cannot receive transportation to his orthodontist. Stated that Dr. [redacted] "says out of his hands". o Stated that he was denied floss threaders at the security window.	N/A
• *Pictures were taken with patient's verbal approval witnessed by DON and RDA of this patient's oral cavity, focusing on lower anterior gums and upper recession. Note heavy food impaction and areas of hyperplasia and inflammation seen from Zoom.* • ***I recommend a patient should have the opportunity of using a floss threader at the nurse's station where he can be visualized to use it and then hands it back to be discarded.***		



06/18/2020	Patient seen in dental. "LVL 2 Requests Oral Hygiene instructions". A Triage exam was completed by the dentist and diagnosed with "minor gingivitis". No recommended treatment, no treatment prescribed, no prescription given. States next visit "Per Patient Request".	PC (0.5)

- *Hyperplasia not described.*
- *Diagnosis not aligned with clinical presentation.*
- *Another lost opportunity to refer the patient and track his progress towards receiving an offsite orthodontic visit.*
- ***I recommend that a policy and procedure be specifically updated to include all the necessary steps the clinician and patient will need to both facilitate and achieve the appointment to the offsite specialist and the associated fees for each step.***

N/A	Released – not yet.	N/A
	TOTAL: 10.5/22 entries =	**47.7% NC**

Outcome 6.3: Case Review #3 – NC

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
08/10/2019	Booked. *Previous incarceration under a different number. Should you need an analysis of that portion, please let me know.*	N/A
08/10/2019	Intake.	SC (1)
08/10/2019	14-Day Exam	NC (0)
See case #1 above, same issues.		
11/09/2019	Sick call request scanned into CorEMR. States on sick call slip seen by nursing 11/10//2019, however "task" shows rescheduled to 11/11/2019 and patient refused sick call on 11/11/2019. Sick call slip scanned into CorEMR.	PC (0.5)
Implementation Plan states patient to be seen by RN and triaged within 24 hours.		
11/12/2019	Then seen by RN for dental sick call and given a DL2. "Upper RT wisdom tooth rubbing and causing irritation. Cavity lower rt molar. Pain 7/10".	PC (0.5)
This should have been called a Dental Level 1 (DL1) and scheduled for the next dental day. This requires additional training from Dr. [redacted]		
11/14/2019	Dental Triage. Seen as scheduled. #29 distal decay, only PA taken, no BWX taken and states reversible pulpitis, recommended treatment filling next visit and issued a DPC 1C.	SC (1)
Be mindful of taking a PA and a BWX as recommended in this and previous reports. Same issues as listed before such as update the informed consent and so forth.		
11/17/2020	Dental sick call request scanned into CorEMR.	SC (1)
11/17/2019	Seen by RN for dental sick call and given a DL2. "Level 2-PT has turned in 2 paper sick calls since last appointment. C/O pain and sharp molar & has 12/12/19 dental appt."	PC (0.5)
This should have been called a Dental Level 1 (DL1) and scheduled for the next dental day. This requires additional training from Dr. [redacted] *See sick call section on identification of DL1 parameters.*		
11/20/2019	Dental Triage. Seen as scheduled. #32 irreversible pulpitis, recommend extraction #32 and given a 1C and a prescription for Ibuprofen.	SC (1)
12/12/2019	Dental Treatment. #29 filling. Seen as scheduled. Given the DMFS and signed acknowledgment.	SC (1)
- *I recommend updating the acknowledgment form and making sure to have the latest DMFS from the dental board.* - *I recommend taking bitewing x-rays (BWX) for diagnosis prior to performing fillings.* - *In this case, next visit (NV) information should be identified for extraction of #32, not prn. MCJ needs a chart form for episodic and comprehensive care.*		
01/16/2020	Dental Treatment. Extraction #32. Seen as scheduled.	SC (1)
See other recommendations in quality of care such as updating the consent form.		
01/19/2020	Seen by RN for dental sick call. "C/O pain post-extr".	NC (0)
Please place a DL in the referral to dental as per multiple dental audit reports indicates.		
01/21/2020	Dental Triage. Post op pain #32.	SC (1)
02/03/2020	Released	N/A
	TOTAL: 8.5/12 entries =	**70.8% NC**

Outcome 6.4: Case Review #4 – NC

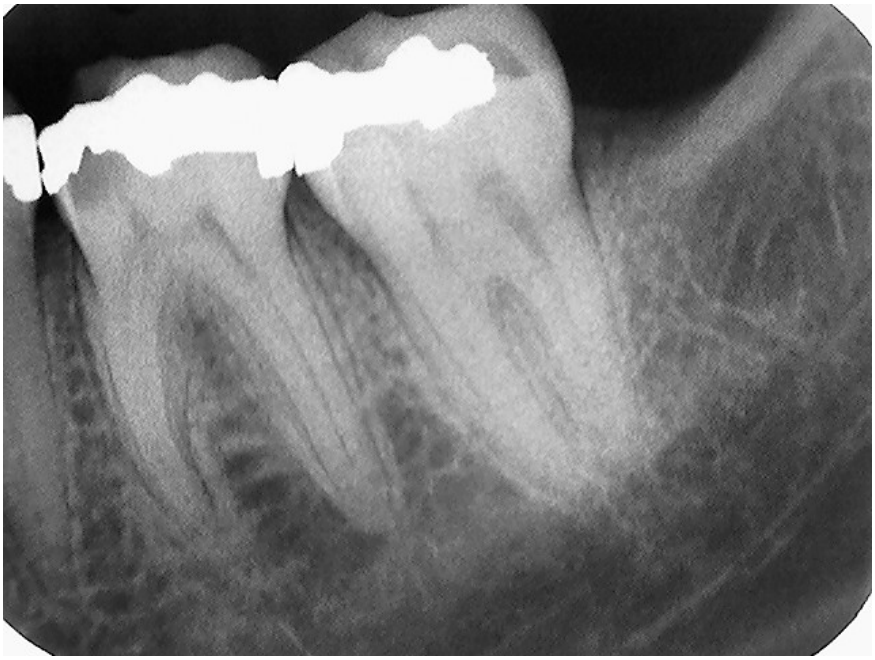
DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
09/27/2019	Booked.	N/A
Previous incarcerations under a different number. If an analysis of that portion is needed, please let me know. See Appendix 12 for more detailed information.		
09/27/2019	Intake form completed by RN.	SC (1)
10/01/2019	14 Day Exam.	NC (0)
Seen within timeframe however see case #1 for similar issues.		
10/19/2019	Nursing sick call for "Crown fallen off, painful". Scheduled with dental 10/22/2019.	PC (0.5)
No dental level given for the referral to dental although scheduled for the next dental day.		
10/21/2019	Rescheduled by dental. Not seen by dental due to "Lack of resources due to power outage 10-16". Rescheduled to 10/23/2019.	NC (0)
Does not state what resources lacking as there is no progress notes or chart note written for this reschedule. Noted however in the dental excel spreadsheet.		
10/23/2019	Seen by RN for dental sick call. "L2- Crown fell off, painful. **Pt has entered multiple request for dental pain**	PC (0.5)
This was for a sick call request 10/19/2019. Patient given a dental level 2 but now scheduled same dental day.		
10/23/2019	Seen by dental. "I bit down on carrot 2 weeks ago and crown came off, I do not have it: Pt points to 2". PA #2, "dislodged crown". "Pt informed of apical infection 3 and root canal/crown tx recommendations".	NC (0)
Same issues regarding need to update informed consent to include examination. No BWX taken. Outside referral given a DPC 1C (60 days) rather than a DPC 5 (30 days). Referral is dental department responsibility. No determined treatment decided for #3. Only option for #3 at MCJ, as no posterior root canals are a covered benefit, is extraction. If patient refuses extraction, then a refusal form should be filled out with a discussion of the informed refusal documented on the form and in the chart.		
10/31/2019	Chart note, "Phone call from Diego (LVN). Pt requests pain med refill for tooth discomfort". Rx Ibuprofen 600 mg 1tab bid x 10days.	N/A
11/05/2019	"PT C/O PAIN FROM TOOTH. HAS IBUPROFEN EXPIRES 11/9/19". Rescheduled Appointment for Nursing Sick Call.	NC (0)
11/06/2019	"PT C/O PAIN FROM TOOTH. HAS IBUPROFEN EXPIRES 11/9/19". Rescheduled Appointment for Nursing Sick Call.	NC (0)
11/07/2019	"PT C/O PAIN FROM TOOTH. HAS IBUPROFEN EXPIRES 11/9/19". Rescheduled Appointment for Nursing Sick Call.	NC (0)
11/08/2019	"PT C/O PAIN FROM TOOTH. HAS IBUPROFEN EXPIRES 11/9/19". Rescheduled Appointment for Nursing Sick Call.	NC (0)
11/09/2019	"PT C/O PAIN FROM TOOTH. HAS IBUPROFEN EXPIRES 11/9/19". Rescheduled Appointment for Nursing Sick Call. States "not available. Visiting at this time".	NC (0)
11/14/2019	Seen by dental for "Follow up with MD pt continued pain with teeth (Dr. [redacted] request) "I have headaches and pain to touch on molar with temporary fill" Pt points to 3". Noted previous open and med with outside dentist ACCU Dental in 04/2019. Patient refused extraction #3. Refusal form signed by patient and dentist. Patient requests referral to previous outside	SC (1)

	dentist for RCT/Crown #3. DPC 5 given for #3 RCT/Crown and #2 new crown.	
11/19/2019	Seen by ACCU Dental on this date for consultation #2 & #3 and they recommended RCT/crown #3 and retreatment of RCT/crown #2.	N/A
11/23/2019	RN sick call "My tooth pain also is worsting..... Rescheduled Appointment for Nursing Sick Call	NC (0)
Per the Implementation Plan, sick call requests are to be seen by the RN within 24 hours of the request.		
11/24/2019	Seen by the RN "My tooth pain also is worsting....." Seen for Nursing Sick Call.	NC (0)
No dental level given and patient scheduled within a dental level 2 for a complaint of pain.		
12/04/2019	Seen by RN for dental sick call for "Outside Referral Follow up (2 crown)."	PC (0.5)
No dental level given by scheduled same dental day.		
12/04/2019	Seen by dental. Informed consent signed. "Outside Referral Follow up (2 crown). "They did not do anything" Pt points to 2 and 3". Jesse was also given the opportunity to have both teeth 2,3 removed by an outside Oral Surgeon and that Monterey Co jail would incur the financial responsibility. Patient not given pain medication and doesn't state patient already on Ibuprofen.	PC (0.5)
Same issues regarding need to update informed consent to include examination. Patient did not want the oral surgeon option of extraction #2 & #3 but no refusal form signed by patient and dentist. DPC 1C given instead of DPC 5 which prolongs length of time patient to see outside specialist.		
12/05/2019	Chart note, "Consultation with Dr. [redacted] MD after 12-4 DSC. We decided it would be best to treat the continued discomfort from tooth #3 with Tylenol 500mg when the Ibuprofen Rx was completed on 12-6."	N/A
01/08/2020	Rescheduled by dental for the PO check outside treatment ACCU stating "lack of resources" but not what resources lacking.	NC (0)
No progress notes or chart note written for this reschedule. Noted in the dental excel spreadsheet.		
01/09/2020	Seen in dental outside timeframe for a DPC 5. "PO check outside treatment ACCU". "Pt has not had tx performed on #2 and #3; nv. prn".	NC (0)
There is no follow up referral to the outside dentist for #2 (#3 was refused). Just because patient does not have pain on this visit does not indicate discontinuation of treatment or follow through with the referral.		
02/27/2020	Released.	N/A
	TOTAL: 4/18 =	**22.2% NC**

Outcome 6.5: Case Review #5 – NC

DATE	CHART NOTE [redacted] (Last patient before dental audit, filling) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
11/19/2019	• Booked	N/A
06/11/2020	• This case discussed at length with CDO who reviewed case with Dentist. • Patient triaged for pain lower molar, points to #19. 1 PA (periapical radiograph) taken but no bitewing taken. • Objective findings states decay close to pulp chamber, although PA appears to show decay into mesial pulp horn. This is where a bitewing would be diagnostic. PA also shows mesial widening of the periodontal ligament indicating possible pulpal pathology.	NC (0)

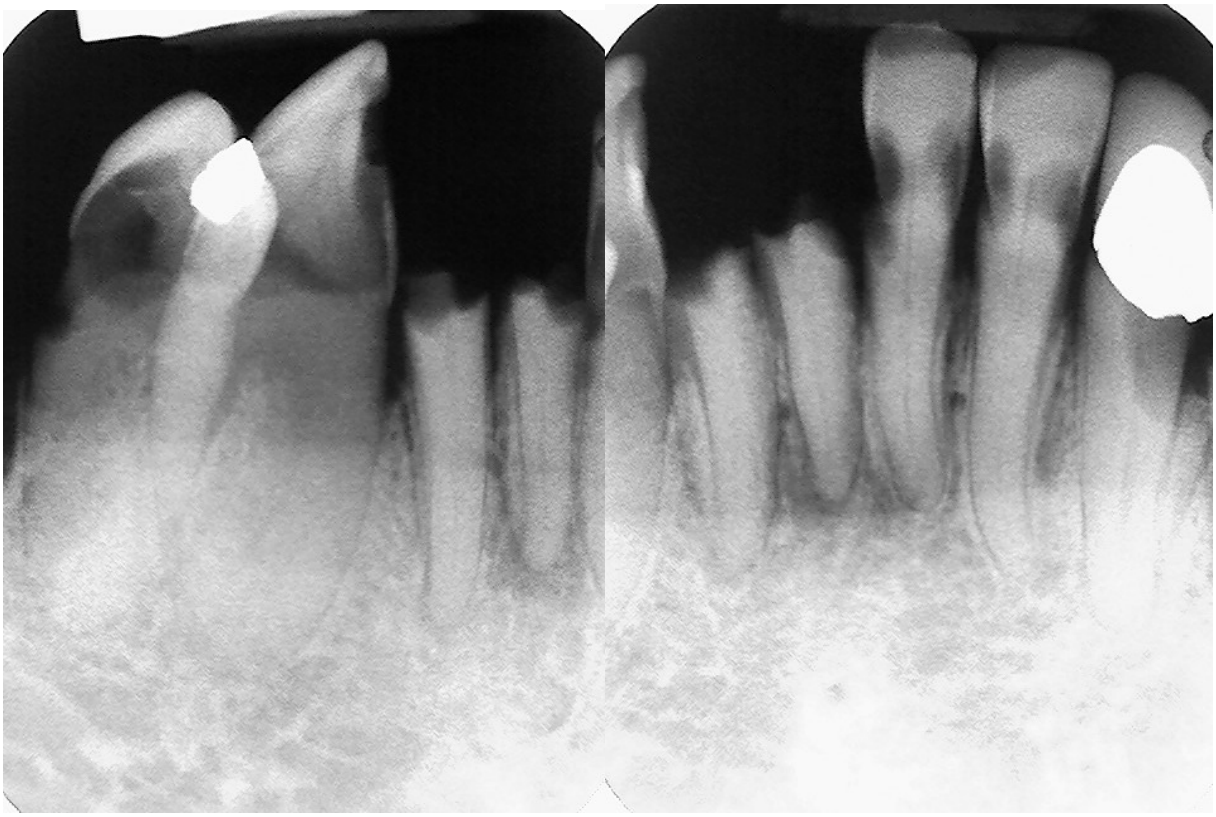
	• Objective findings also state sensitive liquid but does not qualify or quantify if the pain is to hot or cold and if it lingers or not. No objective findings stated to see if pain to percussion or palpation. • Diagnosis is given as reversible pulpitis although an antibiotic is given with a higher than recommended dosage for a diagnosis which does not indicate antibiotics. The surfaces are not included in the Plan, states #19 and given a DPC code of 1B.	
06/24/2020	• Patient seen within DPC timeframe. • States decay removed and indirect pulp cap placed however the addendum states indirect pulp cap/direct pulp cap covered with Dycal. o Unfortunately, it cannot be both, it is one or the other. Indirect pulp cap means that the pulp was not opened to the oral cavity vs a direct pulp cap is where the nerve was exposed but sealed with Dycal. • It does not state that all the amalgam was removed, therefore was the filling placed adjacent to the existing filling? Standard of care indicates that all the previous amalgam should be removed, therefore unknown if this occurred as the surfaces of the restoration of #19 are not listed. If the glass ionomer filling material placed adjacent to the amalgam, this is a potential cause of leakage. • Very important to state the dental surfaces of any completed restoration o Surfaces of the new restoration #19 is not listed in the dental spreadsheet either. • Does not state if patient was made aware that it was a direct pulp cap with a tooth already exhibiting a widened PDL however education was provided that patient may need root canal and crown or an extraction.	PC (0.5)
N/A	• Patient still incarcerated.	N/A
	TOTAL: 0.5/2 =	**25% NC**



Outcome 6.6: Case Review #6 – NC

DATE	CHART NOTE [redacted] (Patient on anticoagulant) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
02/13/2020	• Booked.	N/A
02/14/2020	• 14-Day Exam completed. Looking at the x-rays below, had the patient been asked to open his mouth for the RN to do a dental evaluation, the RN would have seen the broken and decayed teeth and referred the patient to Dental. The patient did not indicate dental problems nor was he given oral hygiene instruction on that day. • **This situation must be corrected and patients must receive a dental screening and evaluation by the nurses and must be referred to dental when indicated. Otherwise we may need to consider the dental department doing a reception center panoramic x-ray and a screening themselves.**	NC (0)
04/01/2020	• Seen in dental for a sick call. Given a DL2. "Points to #25 & #26." Patient states that the broken teeth cut his tongue. • Periapical x-rays taken, periapical lucency #24 noted in objective findings although states #25 & #26 broken at the gumline. • States in plan that health history reviewed although no mention of patient on anticoagulant or of other issues listed on the problem list. o Patient on a blood thinner called Eliquis. Generally dental extractions can still be done while that patient remains on this class of blood thinner. Need to use local hemostatic agents when necessary, discuss any concerns with the physician and look for unaccounted for bruising. • When reviewing the problem list, not clear if the patient had a mitral valve replaced which would indicate the need for premedication. **No medical consult was requested.** • Diagnosis given as #25 & #26 due to broken at the gumline with a periapical lucency #24. • Patient was given a DPC 1C (2 months to be seen again for this mouth condition).	NC (0)
05/27/2020	• Patient had the same chief complaint of sharp edges bothering his tongue. • Progress notes state "Due to compromised medical condition and daily blood thinner (Plavix), best to smooth edges 25,26 rather than removal." • **This medical condition should have been reviewed at the time of triage and patient referred to the oral surgeon if dentist uncomfortable with patient's compromised medical condition.**	NC (0)
• Patient still incarcerated.	• ***Recommend bring patient back to dental. If dentist uncomfortable with treating this patient, refer patient to the oral surgeon for care without further delaying care for the patient. Discuss this case with your CDO.**	

	• * Recommend it is very important for the Dentist to have a robust rapport with his supervisor, the medical director and with the outside oral surgeon for these types of cases. Especially if the dental clinic is busy and not enough staff allowance for the number of patients needing care, see staffing requests in section 5.	
	TOTAL: 0/3 =	**0% NC**



Outcome 6.7: Access to Care Patient Interview – N/A

DATE	CHART NOTE [redacted] (Access to Care Patient Interview) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	- *Interviewed on the patient on 06/16/2020 and obtained his verbal and witnessed approval to be interviewed. No intraoral screening or evaluation performed.* - *Patients stated he was unaware there were dental services and says half of his housing unit also are unaware that the dentist perform fillings.* - *States he was never told at Intake about dental. Says he's been here for 2 years and only found out through other inmates that he can have a dental exam.* - *He acknowledges receipt of Inmate Handbook at Intake. Says he has never used the sick call system but is aware how to use it if needed.* - *He states he didn't know that he could have a yearly comprehensive dental exam/"check up" and a cleaning and would like one. He stated that people on his unit that have been there a long time "nobody knows that" about getting a cleaning. He states he didn't know that the dentist here performs fillings.* - *States that he has to purchase his toothbrushes and "wish it was accessible to us". States never had a free toothbrush. Has never purchased floss because it's extra money. Requests any free supplies that are available.*	

Outcome 6.8: Access to Care Patient Interview – N/A

DATE	CHART NOTE [redacted] (Access to Care Patient Interview) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	- *Interviewed on the patient on 06/16/2020 and obtained his verbal and witnessed approval to be interviewed. No intraoral screening or evaluation performed.* - *Patient stated he was advised at Intake that dental services are available to him. Does not report dental pain or discomfort. States he buys a new toothbrush weekly. He requests to be seen for his exam when possible.* - *Patient scheduled for annual exam but only FMX taken but not evaluated and dental condition on the radiograph not stated in progress notes.* - *Even with Covid 19, patients were seen during phase II opening and patient could have been called back to finish comp exam before went back to phase I.* - *FMX does not provide compliance for the Comprehensive Dental Exam. It is only at the completion of the annual exam that compliance is achieved* - *In Tasks patient rescheduled multiple times but not noted in dental spreadsheet and progress note or chart note not written for the reschedules.* - *If Wellpath/MCJ had an electronic dental record system the patient could have quickly been found in the unscheduled list and brought in to finish the exam.* - *It also states in the excel spreadsheet that the comprehensive dental exam was completed when in fact only the FMX was taken.* - *EVERY scheduled and added on(unscheduled) patient, seen or not seen in the dental clinic must have an entry in the excel spreadsheet and an entry in either the progress notes or the chart note.*	

APPENDIX 7. Email - Reasons for an EDRS, March 25, 2019 @ 8:48 am

Hi Van:
The following is a draft. Please comment.
In your email dated March 20th at 8:59 pm you requested, for the benefit of all parties, a re-statement of how CFMG is out of substantial compliance with respect to the Dentrix-proposed solutions, and explain how the Dentrix system can potentially assist CFMG into coming into substantial compliance as opposed to the methods it currently relies upon?
The Health Information Technology (HIT) mandate alleviates many issues involved with traditional, paper-based medical records[11]. **There are many reasons why paper dental records are an issue:**

- Data can only be viewed/used by one person at a time.
- Data may be illegible, misinterpreted, or not readily structured.
- Data can be lost—pages can fall out of the files— and charts can be misplaced.
- Data can be difficult to locate in large charts/files and difficulty with cross-referencing across charts.
- Data does not easily support point-of-care decision logic.
- Important and often subtle patterns in the data are not apparent.
- Availability of electronic connectivity to other technologies and databases does not exist.
- Data is not secure and not widely available.

Electronic dental records can improve the quality of dental care for the following reasons[11]:

- Data/record accuracy for doctor and patient protection
- Improved treatment standards and quality of treatment
- Complete records supporting better point-of-care decision making
- Sharing/cross-referencing of data by consulting doctors
- Realize higher levels of efficiency
- Drastic reduction of administrative costs
- Improved security
- Improved data access
- Improved connectivity to other technologies and devices
- Can be the bridge between medicine and dentistry - oral surgeons, etc.
- Improved ability to provide continuity of care
- Improved detection of data patterns
- Improved ability to monitor compliance and study outcomes

The use of an electronic dental record system (EDRS) such as Dentrix Enterprise, would bring Monterey County Jail (MCJ) and California Forensic Medical Group (CFMG/WellPath) into substantial compliance for the following reasons:

1. **Timeliness of Care**: The ability to automatically track and trace patients from initiation of intake, sick call, 14-day exam, re-schedules, periodontal program and annual comprehensive dental care through to the completion of triages, exams and treatment plan(s) using the Dental Priority Codes (DPC).

2. **Quality of Care:**
    a. Compliance to Annual Comp Exam (ACE), especially if there are multiple treatments required.
        i. Inmate # [redacted] requested a teeth cleaning and was seen on 6/8/18, seen again on 8/15/18 for a requested cleaning and partial dentures. On 10/18/18, the ACE, Full Mouth X-rays (FMX)/exam was completed months after initial request.

ii. Inmate #[redacted] requested ACE on 10/10/18, was rescheduled on 12/5/18, 12/12/18, 12/20/18, and on 12/27/18 the ACE FMX/exam was completed.
iii. Dentrix Enterprise can track, visually show completed treatment through an odontogram, as well as schedule treatment plans using the DPC in such a manner that monitoring compliance is done through an automatic report.

b. Follow up from referrals (intake, sick calls, 14-day exams, comprehensive care, periodontal program, grievances, outside referrals, return from specialist, etc.) on a timely basis, as well as being able to bridge medical and dental treatments between Core EMR and Dentrix.
   i. The current paper charting method and the current Excel system is time consuming and a method does not easily exist to close the loop on the outside referrals. Dentrix would provide this automatically and provide a report when requested.
   ii. 14-day exams requires the RN to fill out the odontogram and answer a list of screening questions which can be entered into Dentrix and available to the dental staff.
c. Post-Op follow up where Dentrix can automatically create a report for patients requiring post-op follow up. This eliminates having to rely on the patient to put in a sick call and reduces risk of potential post-op complications.
d. Patient history of treatment, especially if incarcerated more than once at MCJ.
e. Dentrix when linked to TracNet can automatically calculate the estimated length of incarceration and therefore what services the patient is entitled to per the Dental Services Implementation Plan.
f. Chronic Care patients can be treated appropriately and timely because the patient history will be in the database.
g. Managing the comprehensive dental program, including the periodontal care program would be in place with Dentrix.

3. **Staff Efficiency:** The dental assistant works 4 days/week, and much of her time on the 4th day is spent entering data into the spreadsheet. This time doesn't include when the court monitor reviews the data and she is required to re-review and adjust the data in the spreadsheet accordingly. The dental assistant has several required tasks for the dental clinic such as organizing the clinic, filling out various logs, updating the Safety Data Sheets (SDS), performing infection control duties, etc.

4. **Improved tracking** of inmates that are out to court (OTC), out to medical (OTM), upcoming not in custody (NIC) would allow other patients to be scheduled and increased adherence to compliance.

5. **Statistics** are required for the monthly dental sub-committee meeting, in addition to the quarterly QA meeting. With Dentrix, these statistics and reports can be generated quickly without having to enter formulas and calculations by hand.
   a. Daily, weekly and monthly monitoring reports that can be generated quickly to track various aspects of inmate/patient's dental care at MCJ.
      i. Trends and patterns therefore can be studied to improve dental care.

6. **Accuracy**-Eliminates human error such as transposing dates, incorrect, incomplete patient information on the spreadsheet can be minimized using Dentrix.
   a. On 5/9/18, the date was transposed on 12 patients and were seen on 9/5/18 instead of 5/9/18.

b. On 12/5/18, patients were rescheduled due to the dental audit. Had the time been blocked out on the Dentrix schedule in anticipation of the audit, the patients would not have had to be rescheduled. Advanced scheduling of the clinician's meetings, schedule, etc is tracked with Dentrix.
c. Dentrix eliminates multiple entries onto the paper logs and excel spreadsheet for the same patient, thus eliminating the chance for error.
    i. Currently, the patient task list is printed from Core EMR for the patients seen each dental day. Patient data is then handwritten in the Dental Compliance Log, followed by entering the data manually in the spreadsheet so that compliance can be measured.
d. Integrity of the spreadsheet - The spreadsheet is password protected, but integrity of the data can be compromised because of multiple users and data can be manipulated, which cannot be as easily done on Dentrix.
    i. Dentrix provides an audit trail tracking system with reporting capabilities.
e. Accuracy of diagnosis, treatment plan and tracking of completion of treatment.
    i. Dentrix has complete dental charting for both episodic and comprehensive dental care in the database, which allows for the appropriate dental treatment plan and DPC to be selected and subsequently tracked. In addition, treatment plans are printable, easily tracked so that treatment plans can be completed within timelines.
        1. If a patient's treatment plan is not completed, this can be easily called out in the database prior to being out of compliance.
f. Complete chart entries-Dentrix will show incomplete chart entries and ensure all patient entries and progress notes are completed for each scheduled patient.

7. **Legal and Liability**- The Dentrix software will reduce the legal and liability issues. According to Title 49 Pa. Code §33.209(b) "...A patient's dental record shall be retained by a dentist for a minimum of five (5) years from the date of the last dental entry." However, the American Dental Association (ADA) recommends patient dental records be kept indefinitely. With approximately 10,000 to 11,000 inmates booked yearly at the MCJ, storage of paper dental records creates issues with storage, lost files, etc.
    a. In addition, since MCJ no longer has paper charts for medical records, the dental records currently are not kept in individual charts, the patient's records are kept in notebooks creating a potential HIPPA issue since there are no individual charts.
    b. This software will also offer data protection because it has a self-contained network and audit trail, especially if the ADA recommends that dental records be kept indefinitely. In addition, the integrity of the data is less likely to be compromised because it is part of the Microsoft SQL network. The spreadsheet can be more susceptible to computer viruses, can be easily shared without consent and the data can be easily manipulated and/or compromised.
    c. The chronic care patients are identified and treated accordingly.
    d. In addition, the consent or refusal forms are automatically generated by Dentrix eliminating the exposure and liability of not having patient consent and/or refusal.

8. **All county jails are subject to AB109** and therefore access, quality, timeliness and adequate dental care per the 8th amendment must be in place as compared to the California Department of Corrections and Rehabilitation (CDCR). Dentrix Enterprises was rolled out at all CDCR facilities.

a. Per Andrea Hight of Dentrix Enterprise, "We have any number of corrections across the country using Dentrix Enterprise. I have to get permission from the customer to share them as a reference though. It's not allowed unless: a. public knowledge or b. they give approval."

Dentrix Enterprise addresses each of these above listed critical factors and can be used to achieve and maintain substantial compliance, as Dentrix Enterprise has the DPC and other correctional requirements already programmed into its core applications.
Monitoring and auditing reports to proactively identify and rectify deficits would be easily available. Dentrix would also provide an automated process with an Enterprise solution that can span multiple sites and be accessed remotely, especially important as the new dental clinic will be online in the latter part of 2019. Lastly, Dentrix assures a records system that manages HIPAA and security requirements as well as effectively and efficiently standardizes and automates clinical care documentation. Please let me know should you have any further questions.

Best regards,

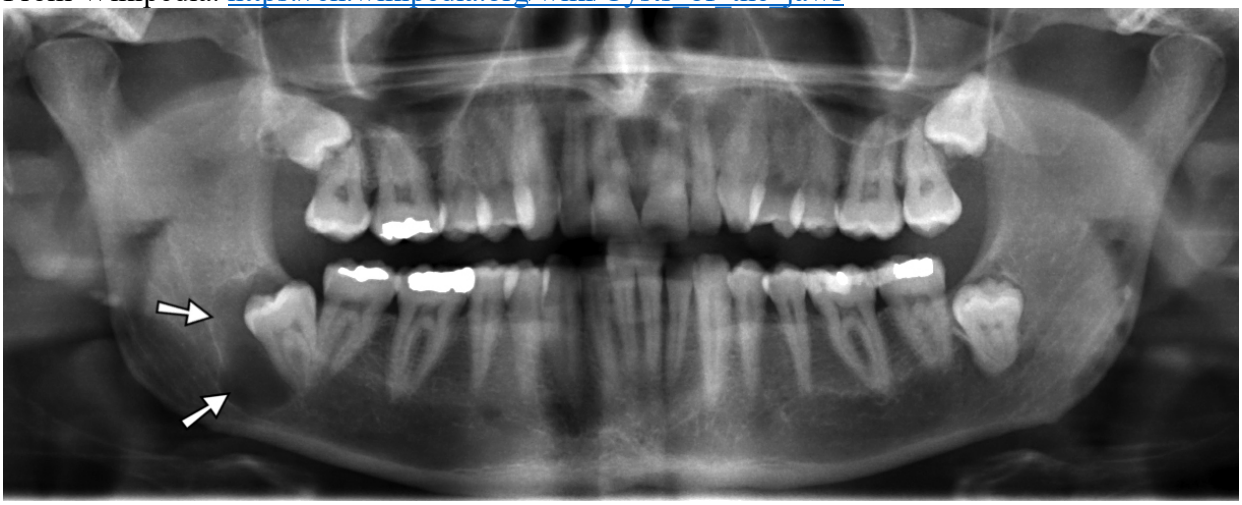
Dr. Winthrop

References:

1. https://www.healthit.gov/faq/how-will-adopting-electronic-health-records-improve-my-ability-care-patients
2. https://www.cdc.gov/nchs/data/hestat/emr_ehr_09/emr_ehr_09.htm
3. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms
4. https://www.ncbi.nlm.nih.gov/books/NBK37988/
5. https://www.healthit.gov/faq/what-are-advantages-electronic-health-records
6. https://www.adsc.com/blog/benefits-of-implementing-electronic-health-records-in-correctional-facilities
7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539806/
8. https://www.emrsystems.net/blog/importance-of-correctional-health-ehr/
9. http://www.jhconnect.org/wp-content/uploads/2013/09/Health-Information-Technology-and-the-Criminal-Justice-System.pdf
10. https://healthinformatics.uic.edu/blog/emr-program-in-texas-prisons-saves-taxpayers-1-billion-improves-inmate-health/
11. https://www.aaoms.org/images/uploads/pdfs/2008_04_pmn.pdf
12. https://californiahealthline.org/news/la-county-aims-to-transform-health-care-with-new-ehr-system/

APPENDIX 8. Panoramic X-ray Sample vs FMX

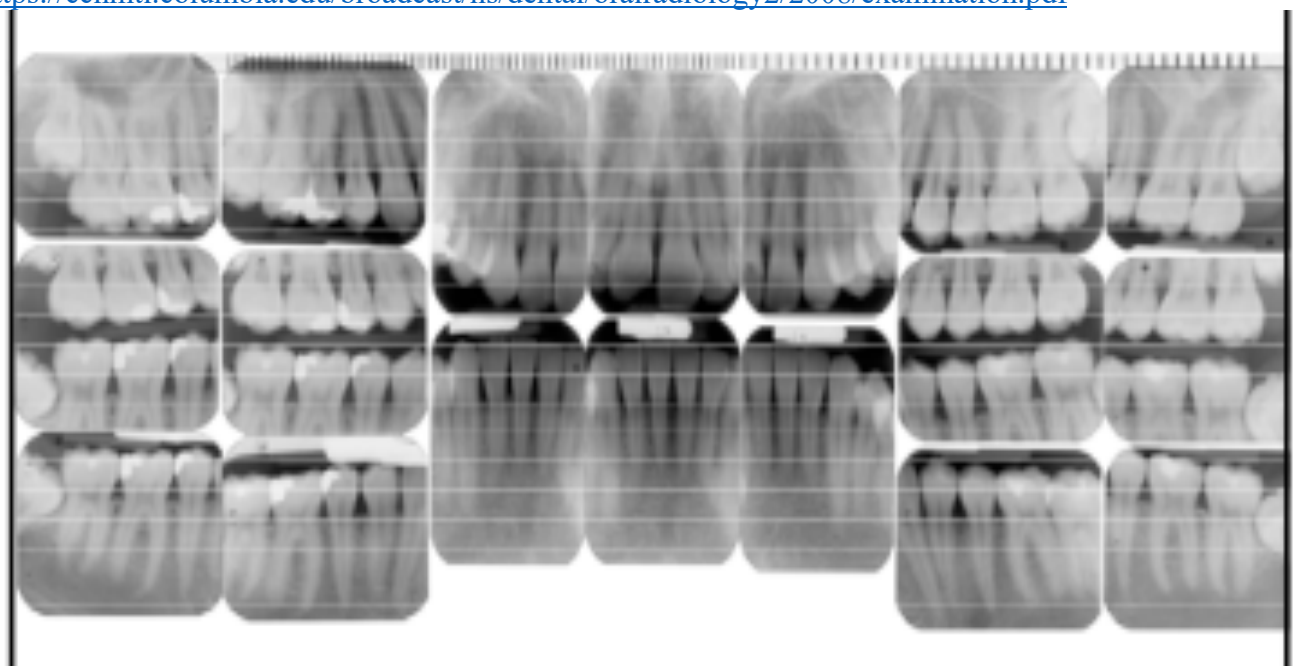
Showing lesion (cyst) and third molars hard to diagnose with full mouth series of x-rays alone. From Wikipedia. https://en.wikipedia.org/wiki/Cysts_of_the_jaws



Explanation of Dental Radiography:

- https://en.wikipedia.org/wiki/Dental_radiography
- https://www.ada.org/~/media/ADA/Member%20Center/FIles/Dental_Radiographic_Examinations_2012.ashx
- https://www.augusta.edu/dentalmedicine/axium/documents/rad-lab-manual-2015.pdf

Sample FMX:
https://ccnmtl.columbia.edu/broadcast/hs/dental/oralradiology2/2008/examination.pdf



APPENDIX 9. Commissary List

aramark **Monterey** aramark

PRICE INCLUDE TAX 4/10/2020

HEALTH & BEAUTY		
PLU	Item	Price
1017	HYDROCORTISONE CREAM	$3.77
1027	IRISH SPRING 3.2Z	$1.89
1028	IVORY SOAP 3.1Z	$2.00
1040	PALM HAIR BRUSH	$1.00
1042	ANTIFUNGAL CREAM .5Z	$3.07
1051	MOUTHWASH 4Z	$2.11
1059	FOOT POWDER 4Z	$1.99
1079	COLGATE TOOTHPASTE CLEAR 4.2Z	$5.39
1082	PETROLEUM JELLY	$3.45
1086	HAIR PICK	$1.00
1093	HALLS MENTHOL 9CT	$1.79
1110	CLEAR CONDITIONER 4Z	$1.65
1113	COCOA BUTTER LOTION 4Z	$1.65
1114	LOTION 4Z	$1.65
1147	FRESHSCENT CLEAR DEOD 1.6Z	$1.74
1150	DENTURE ADHESIVE	$5.99
1152	NON ASPIRIN 2PK	$0.99
1156	CLEAR SHAMPOO 4Z	$1.65
1179	THUMB TOOTHBRUSH	$1.05
1105	NOXEMA SKIN CREAM	$3.28
1231	DEODORANT SOAP 3Z	$1.00
1265	HAIR TIES 18CT	$3.77
1282	GO FLOSS LOOPS 30CT	$4.69
1292	T-GEL SHAMPOO	$6.98
1315	TUMS 12CT	$2.46
1400	CONTACT LENS CLEANER	$9.50
1409	EFFERDENT	$1.35
1444	CHAPSTICK	$2.11
1412	DALAN MOIST SOAP	$2.17
1467	SOAP DISH	$1.21
1471	TRIPLE ANTIBIOTIC (2PC)	$1.00
1478	BODYGUARD CLEAR DEODORANT	$4.79
1176	HEAD AND SHOULDERS	$2.20
1194	STYLING GEL	$2.49
1387	AFRICAN HAIR DRESSING	$3.29
1416	HERBAL BLEND SHAMPOO	$4.55
1653	DEODORANT GEL PKT (7 PER)	$1.39

GENERAL MERCHANDISE		
PLU	Item	Price
7000	9X12 MANILLA ENVELOPE	$0.66
7003	WORD SEARCH BOOK	$2.42
7004	CARD BDAY W/S	$2.77
7005	CARD HOLIDAY W/S	$2.77
7010	PLAYING CARDS	$3.23
7012	8.5X11 SKETCH PAD	$4.99
7013	SPANISH/ENGLISH DICTIONARY	$2.42
7014	CARD SPH BDAY W/S	$2.77
7022	GOLF PENCIL	$0.22
7027	SUDOKU BOOK	$2.42
7044	MOTHER'S DAY CARD	$2.77
7218	FATHERS DAY CARD	$2.77
7029	CARD LOVE W/S	$2.77
7030	CARD KID B-DAY W/S	$2.77
7031	CARD SPH LOVE W/S	$2.77
7032	ERASER CAP	$0.16
7033	CROSSWORD PUZZLE BOOK	$2.42
7131	COLORING PENCILS	$3.99
7034	READING GLASSES	$7.00
7038	PINOCHLE CARDS	$3.23
7068	WASH CLOTH	$1.00
7121	THINKING OF YOU - ENGLISH	$3.25
7099	8X11 LETTER PAD	$2.16
7067	DOMINO CARDS	$4.95
7114	COMMISSARY NET BAG (2LIMIT)	$5.35
7145	ENGLISH DICTIONARY	$2.42
7582	DISCIPLINARY PACK	$3.74
7320	**EARPHONES**	**$5.56**
7114	**Laundry bags**	**$6.99**
1722	Oral Pain relief .33oz	$5.95
7914	NEW COLORING BOOK	$2.99
1063	Magic Shave	$8.60
7178	MONO/STEREO ADAPTOR	$3.99
7088	PILLOW	$10.00

** SHOES REQUIRE SPECIAL ORDER **
The following units may order shoes without a Doctors Note:

CLOTHING		
PLU	Item	Price
8410	BLK VELCRO SH 6	$23.00
8205	BLK VELCRO SH SZ7	$23.00
8206	BLK VELCRO SH SZ8	$23.00
8207	BLK VELCRO SH SZ9	$23.00
8208	BLK VELCRO SH 10	$23.00
8209	BLK VELCRO SH 11	$23.00
8210	BLK VELCRO SH 12	$23.00
8217	BLK VELCRO SH SZ13	$23.00
8255	BLK VELCRO SH SZ14	$23.00
8489	SHORTS GRAY SZ SML	$14.99
8490	SHORTS GRAY SZ MED	$14.99
8224	SHORTS GRAY SZ LG	$14.99
8225	SHORTS GRAY SZ XL	$14.99
8226	SHORTS GRAY 2XL	$14.99
8227	*SHORTS 3XL*	$21.19
8228	*SHORTS 4XL*	$21.19
8361	PVC SANDAL LG	$12.00
8362	PVC BLACK SANDAL MED	$12.00
8363	PVC BLACK SANDAL SM	$12.00
8364	PVC BLACK SANDAL XL	$12.00
8491	PVC BLACK SANDAL 2XL	$12.00
8292	PVC BLACK SANDAL 3XL	$12.00
8394	SLIPON SHOES SZ6	$15.00
8395	SLIPON SHOES SZ7	$15.00
8396	SLIPON SHOES SZ8	$15.00
8397	SLIPON SHOES SZ9	$15.00
8398	SLIPON SHOES SZ10	$15.00
8399	SLIPON SHOES SZ11	$15.00
8400	SLIPON SHOES SZ12	$15.00
8401	SLIPON SHOES SZ13	$15.00

BEVERAGES		
PLU	Item	Price
3074	BLACK CHERRY COOL OFF	$2.25
3003	CREAMER 10 CT	$1.00
3257	SUGAR SUBSTITUTE 10 pack	$1.00
3339	LEMON BERRY SQUEEZE	$3.15
3076	SF ICED TEA 10CT COOL OFF	$2.25
3299	FOLGERS COFFEE BAG	$11.99
3054	MAXWELL HOUSE BAG	$9.99
3221	SWISS MISS COCOA	$0.55

Refrigerated items must be consumed in 24hrs

3198	WHITE MILK 8Z	$0.75

CANDY		
PLU	Item	Price
9002	ATOMIC FIREBALLS	$1.79
9004	BUTTERSCOTCH DROPS	$1.65
9558	CHIC-O-STICKS	$0.69
9015	Twix	$1.59
9013	SNICKERS	$1.59
9195	SOUR GUMMI WORMS	$2.19
9017	SF ASSORTED CANDY	$1.65

POSTAGE		
PLU	Item	Price
2001	STAMPED ENVELOPE	$0.65
2024	STAMP BOOK OF 20	$11.00

NEW OR TEMPORARY ITEMS		
PLU	Item	Price
5366	Chocolate crème cookies	$1.99
6561	NATURE VALLEY PROTEIN	$1.30
3289	Decaff Tasters Choice Singles	$0.35
3190	Coffee Tasters Choice	$0.89
5140	Fudge striped cookies	$1.26
5417	Reeses Peanut butter cupcakes	$1.99
2193	COOKIES & MILK	$9.99
6502	Sriracha peanuts 3.5oz	$2.00
5407	Glazed mini donuts	$1.99
3011	Orange Ocean Hawaiian punch	$3.15
5063	BROWN SUGAR POPTARTS	$1.49

CHIPS & SNACKS		
PLU	Item	Price
6404	FUNYUNS FLAMIN HOT	$1.09
6507	TAKIS 2oz	$1.49
6002	CHEETOS FLAMIN HOT	$1.26
6130	CORN NUTS RANCH	$1.50
6015	HOT PORK RINDS	$1.26
6003	CHEEZ ITS	$0.75
6009	DORITOS NACHO	$1.26
6018	LAYS SC & ONION	$1.26
6068	CHEETOS FLAMIN LIMON	$1.26
6117	SNYDERS JALA PRETZEL BITS	$1.25
6237	ROLD GOLD TINY TWISTS	$1.26
6269	SNYDER HONEY MUSTARD	$1.25

FOOD		
PLU	Item	Price
4002	CHEDDAR CHEESE SQUEEZE	$0.99
4004	DILL PICKLE HOT	$1.69
4070	DBL BARREL MEAT AND CHZ	$1.39
4007	JALAPENO CHEESE SQUEEZE	$0.99
4193	RANCH DRESSING	$0.99
4009	MAYO SQZR 1Z	$0.89
4011	PEANUT BUTTER SQZR 1Z	$0.89
4033	RAMEN SHRIMP (NOT SPICY)	$1.26
4016	RAMEN PICANTE BEEF	$1.26
4284	RAMEN LIME CHILI SHRIMP	$1.30
4395	RAMEN PICANTE CHICKEN	$1.28
4311	CREAMY CHICKEN RAMEN	$1.30
4221	INST. REFRIED BEANS W/JAL	$2.30
4048	SALTINES BOX	$4.20
4126	PICANTE SAUCE PKT	$0.59
4164	TITO'S JALAPENO SLICES	$0.89
4093	MOZZARELLA CHEESE STICK	$4.99
4298	BIG HAUS CAJUN JALAPENO	$4.99
4049	VAR PACK OATMEAL	$7.99
4111	WHITE INSTANT RICE	$2.99
4482	HABANERO SQUEEZE	$1.09
6070	CORNUTS CHILI PICANTE	$1.50
4125	TAPATIO HOT SAUCE	$0.40
4068	DBL BARREL HOT SHOTS	$1.39
4113	ORIENTAL RICE 2OZ	$1.49
4221	HOT REFRIED BEANS	$2.30
4454	BIG HAUS MESQUITE	$4.99
4359	GEISHA TUNA 3.53OZ	$2.99
4550	SHREDDED BEEF POUCH	$6.00
4476	CASCABELLA PEPPERS	$1.09
4029	REFRIED BEANS	$3.30

BAKERY		
PLU	Item	Price
5008	HONEY BUN ICED 6OZ	$1.99
5221	PEANUT BUTTER CRACKERS	$0.97
5206	CHOC BROWNIE COOKIE	$1.09
5218	VANILLA ZINGERS 3.81OZ	$1.60
5066	STRAWBERRY CHEESE DANISH	$1.99
5005	CHOCOLATE CUPCAKE	$1.99
5164	RICE KRISPIE TREAT	$1.99

*** Order Limit $125.00 Per Week ***

$125.00 INCLUDES COMMISSARY ONLY. LIMIT OF 1 COMMISSARY ORDER PER WEEK. VERIFY FUNDS IN YOUR ACCOUNT BEFORE PLACING ORDERS ON THE TABLET OR YOUR ORDER WILL NOT BE FILLED. ICARE'S ARE NOT PART OF THE LIMIT. LIMIT OF 6 ICARES PER WEEK. PRICES ARE SUBJECT TO CHANGE AND SUBSTITUTIONS WILL NOT BE MADE.

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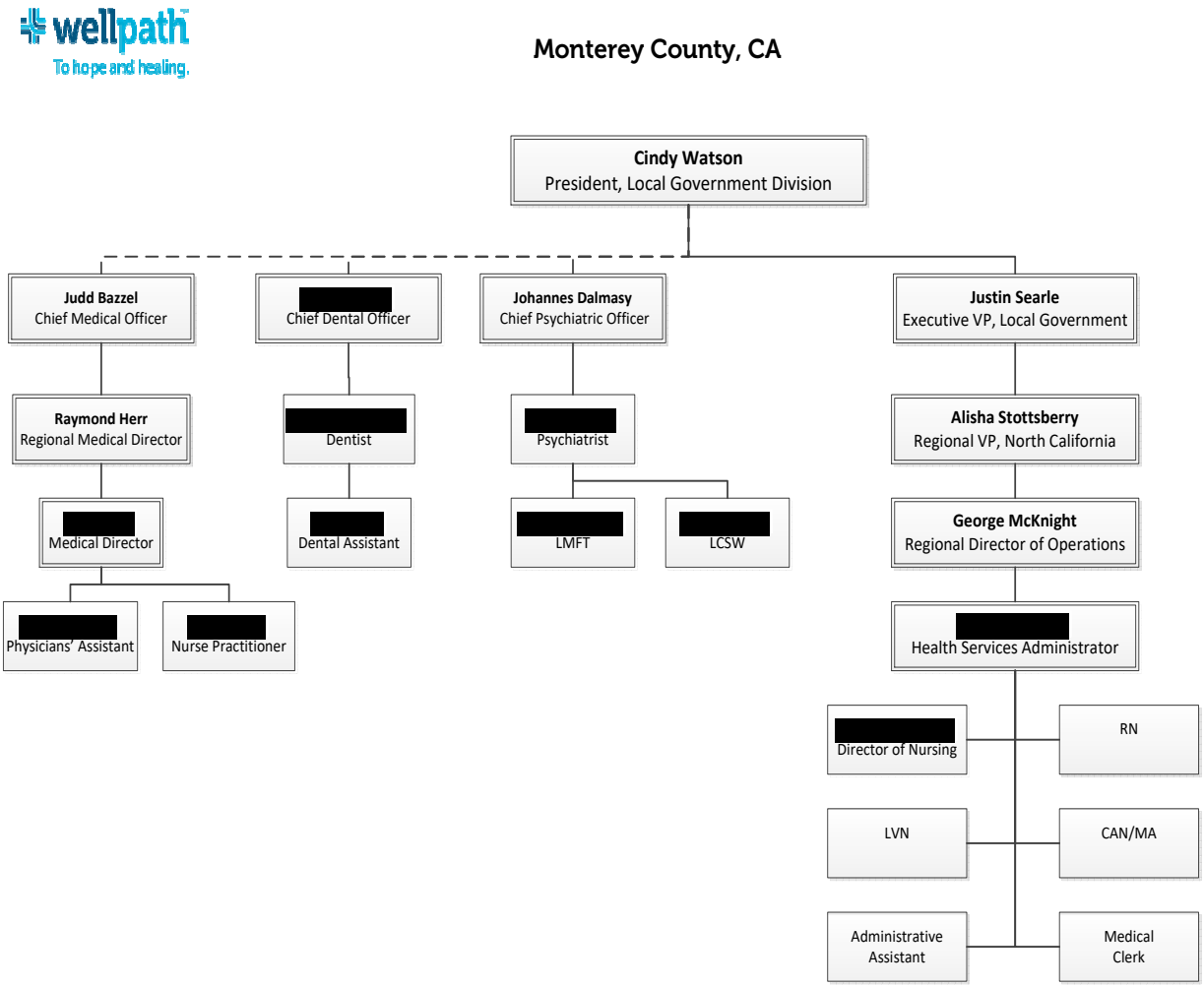
APPENDIX 10. Wellpath Organizational Chart

Please update since new promotions.



APPENDIX 11. Dentrix Enterprise

On Aug 5, 2020, at 4:53 PM, Andrea Hight <Andrea.Hight@henryscheinone.com> wrote:

Good Evening Corrections Dental Services Leaders,

For those of you who do not know me, I cover the western half of the country for public, community, institutional programs requiring software and technology solutions through Henry Schein One. I am a pediatric dentist by education and have worked in public health, either in government or with Schein for thirty years.

I was not sure what time would work best for you for the webex, and with so many of you to participate I hope the time I have sent will work for you. If not, please let me know how you would want the time changed and I will address.

As an introduction I would like to share a few hopefully helpful points:

1. Dentrix Enterprise is not the core Dentrix product used by many private practices. Instead it is a centralized Enterprise software written and designed specifically for the unique functionality requirements of public and institutional oral health programs.
2. Enterprise is HL7 compliant (Health Level 7). This is the international standard for interoperability between E.H.Rs. We already interface with over 40 different medical softwares and as long as your medical or management software can 'talk' to other softwares (HL7 compliant) then Enterprise will be able to 'talk' to it.
3. Because of its expanded capabilities Enterprise has been adopted by a plethora of state and county correctionals across the country, aside for CA Corrections, about which I understand you already are aware. I am currently working with two state and one county correctional program to implement Dentrix Enterprise for them.
4. In addition to correctional programs, Enterprise is the contracted software for Indian Health Services and the U.S. Department of Defense.
5. Some of the features that explain its broad use in government institutions:
    1. Extensive and very specific security and auditing controls (reflective of the differences between institutional needs vs. private practice needs)
    2. Broad set of reporting with multiple variables from customizability
    3. Centralized data base on SQL server
    4. Accessed from anywhere with right authority.
    5. Interfaces with other healthcare softwares
    6. Has specific capabilities to manage mandates and accountability within correctional institutions
    7. Excellent clinical features: these do look a lot like the private practice version
    8. Able to collect demographics and do analytics based on those.
    9. Extensive ability to customize almost all aspects of the software: standardized clinical notes, prescriptions, diagnostic tools, oversight tools, continuity of care and the list goes on.
    10. As part of any implementation we have a senior trainer spend two days with your leadership to map out all the workflows and then design the customizations and training to support those.

Looking forward to meeting and discussing needs as we look at the software. As it has been some time we may want to back up a little so that I am cognizant of your needs and any changes since we last met.

Have a good evening.

Andrea

Andrea Hight
Area Sales Manager
Public Health
801-317-7148
<image001.png>
NOTE: My email has changed to:
Andrea.hight@henryscheinone.com

APPENDIX 12. Dental Care Opinion 2019-12-09

Case Review - [redacted]

Hi Cara:

Per your request, this is only a review of teeth #2 & #3 and does not include commentary on earlier extractions, the removal of the thyroglossal duct cyst or any other dental issues.

1. **Current status of patient's tooth #2 as of December 4th, 2019:**
    a. History - tooth #2 had root canal treatment (RCT), referred by Dr. [redacted] (CFMG) to endodontic specialist, completed on 02/15/2018.[18]
    b. Current Condition of RCT #2:
        i. Per ACCU Dental treatment plan (includes cost estimate) on 11/19/2019, they recommended retreatment RCT #2[19].
        ii. Per Dr. [redacted] progress note on 10/23/19, #2 RCT is within normal limits (WNL).
        iii. Per Dr. Winthrop, the radiograph taken 10/23/2019 was photographed through the film holder and the copy is grainy and poorly defined. However, considering the condition of the x-ray and without evaluating the patient, I see an existing RCT #2 with a widened PDL and no periapical lucency.
            1. Although no bitewing x-ray taken[20], the remaining portion of the crown buildup appears serviceable. There is slight bone loss on the mesial aspect and the biological width appears intact. I do not appreciate a horizontal or vertical fracture on tooth #2 from this radiograph.
    c. #2 missing crown on existing RCT.
        i. Endodontist on 02/15/2018 recommended a crown #2.
        ii. Per progress notes on 02/28/18, 03/01/18, 03/07/18, 03/26/18, 03/28/18 patient referred (unsure if patient self-paid or if this was a referral from CFMG) to ACCU Dental for crown #2.
        iii. Medical note on 04/12/2018 states patient is happy with crown #2 and states #3 broken off. Last dental note was on 03/01/2018.
        iv. Per patient, crown #2 cemented by ACCU Dental in April 2019 however the patient was scheduled for crown placement on 04/12/2018 and medical note confirms cementation on 04/12/2018 by ACCU Dental.
        v. Per Dr. Winthrop, the crown preparation as visualized on the 10/23/2019 radiograph appears to have been mostly supragingival. I do not have access to the pre and post-operative radiographs of crown #2 placed by ACCU Dental and therefore cannot comment.
            1. On 10/19/2019 (RN triage) and on 10/23/2019 (dental triage) there is no information in either the chart note or in the progress note about the loss of the crown #2. How, where and when did it fall out? Did it fall out prior to

[18] Post op radiographs and report from Endodontist (*cannot find referral slip and if it was written by Dr.* [redacted] *or Dr.* [redacted] *and who paid for this service – patient or CFMG*).
[19] Radiograph from ACCU Dental not available.
[20] Bitewing x-ray used to fully evaluate caries between teeth as well as bone level.

intake? Did it fall out while patient incarcerated at MCJ? Was it swallowed? What caused it to come out? Is there an odontogram to identify any broken teeth at the 14-day exam?

d. **Recommendation tooth #2 retreatment RCT and Crown:**
   i. It is unknown if there has been leakage thru the buildup to the underlying root canal without evaluating the patient, and if this is the case, then a retreatment of the root canal is in order.
      1. If a third opinion of the RCT #2 is desired, as there are opposing diagnoses on this tooth, then the patient can return to the endodontist who performed the initial RCT, for evaluation.
      2. The retreatment RCT #2 should be at patient's expense as posterior root canals, retreatments or apicoectomies are excluded services.[21]
      3. The new crown #2 should be at patient's expense as lab processes crowns "shall be considered an excluded service and shall not be routinely provided to patients by dentists employed by the CFMG".[22]
      4. The only caveat to my comments above is that it is unknown at this time if CFMG paid for the RCT #2 (02/15/2018) and crown on #2 (04/12/2018) and *if this sets a legal precedence for continuity of care?* Generally, an evaluation of the patient's home care (brushing and flossing) is also taken into consideration when evaluating redoing any dental work and the implied warranty by the clinician. Since it has been over a year since the RCT and crown placement, therefore I return to my original premise that it is the patient's responsibility to have the retreatment and new crown placed per the Implementation Plan's mandates.
   ii. There is no information in the chart/progress notes about how the crown #2 was lost. I recommend that an odontogram and the questions be filled out completely per the Implementation Plan at the time of the 14-day exam. Completing the 14-day exam is a mandated service.
   iii. Tooth #2 is currently salvageable and there is enough tooth structure to support retaining it. A crown is required to maintain the integrity of the tooth.
      1. There is no mention or radiographic information of the patient's opposing occlusion, the arch integrity, the patient's plaque and caries index, or his current oral hygiene practices. Therefore, a 5-year prognosis for the reason for the crown failure cannot be determined at this time.
      2. Temporary (interim) crown option available at CFMG:
         a. A stainless-steel crown (SSC) is an eligible procedure which can be performed at MCJ[23].
         b. If Dr. [redacted] determines this is a viable clinical option to reduce the patient's discomfort, then he can temporize the tooth #2 with a SSC.
         c. This SSC is a temporary crown and it remains the patient's responsibility, at the patient's expense, to a change the SSC to a permanent crown either during incarceration at MCJ or when patient paroles.

[21] Implementation Plan, Exhibit A 109 Section 6d.
[22] Implementation Plan, Exhibit A 108 Section 7, first paragraph.
[23] Implementation Plan, Exhibit A 109-110 Section 7a and 7c.

i. Permanent crowns are not a covered benefit. The placement of a "lab processed crown…shall be considered an excluded service…"[24] and is at the patient's expense.

2. Current status of patient's tooth #3 as of December 4th, 2019:

a. History - tooth #3 on 02/15/2018 had caries removed, was opened and medicated by the endodontist with calcium hydroxide and a large distal occlusal temporary was placed. The endodontist requested a status if #3 was to be kept or extracted. Patient did not return to endodontist for RCT #3.

b. Current condition tooth #3:

i. Per Dr. [redacted] patient on 10/23/19 dental triage visit for the lost crown on #2, was advised of the finding of "apical infection of 3".

ii. A sick call request for pain on 11/05/2019 and 11/13/2019 occurred but patient was not scheduled for a dental triage in the dental clinic until 11/14/2019.

iii. Pulpal debridement[25] and posterior RCT are excluded procedures per the Implementation Plan.

iv. Therefore Dr. [redacted] recommended an extraction #3. A refusal was reviewed and obtained for the extraction #3 on 11/14/2019 as patient wants to save the tooth #3. This requires a referral to an outside provider at the patient's expense and the patient continues to be in pain due to his refusal of the eligible service. Dr. [redacted] gave a DPC of 1C for the referral to the outside provider.

1. Radiographically #3 has a large distal occlusal temporary filling with a periapical lucency. As mentioned previously, the copy quality of the radiograph is poor but it appears that the roots are close to the sinus and the periapical lucency is larger on 10/23/2019 when comparing it to the radiograph from the endodontist on 02/15/2018.
2. The temporary filling #3 invades the biologic width on the distal of the tooth. I do not appreciate a horizontal or vertical root fracture #3 although the crown has a distal fracture.
3. Per patient, he reports #3 was reopened, medicated and temporized at ACCU Dental in April 2019 (possibly April 2018). No notes are available therefore cannot comment or verify this statement.
   a. On 11/14/2019, patient requested referral back to ACCU Dental.
   b. A treatment plan at ACCU Dental was performed on 11/19/2019 and they recommended a RCT #3, crown lengthening, crown buildup and a laboratory fabricated crown #3.
   c. Treatment for RCT #3 was attempted on 11/20/2019 but no progress note or chart note in COR to explain what happened.

c. **Recommendation for tooth #3:**

i. Although tooth #3 is salvageable, the procedures necessary to remove the patient from pain by keeping the tooth (pulpal debridement and RCT), are excluded services at MCJ/CFMG.

1. Although the following statement in the Implementation Plan is not completely clear, the implication is that it only applies to upper and lower anterior teeth and not posterior teeth. "Palliative endodontic therapy – the

[24] Implementation Plan, Exhibit A 109 Section 7 first paragraph.
[25] Implementation Plan, Exhibit A 108 Section 6 first and third paragraph.

procedure in which pulpal debridement is performed to relieve acute pain shall be provided to all inmate-patients".

2. As a pulpal debridement on posterior teeth and posterior RCT are excluded procedures, these procedures are at the patient's expense, performed by a clinician of his choice and in conjunction with custody's ability to transport the patient to and from the appointment at the patient's expense.
3. Root canals are not considered "elective" procedures as the involvement of the nerve and potential infections can spread and adversely affect a patient's health.

ii. I support Dr. [redacted] recommendation of extraction tooth #3 as pulpal debridement, posterior root canal treatment, crown lengthening to increase the biologic width, a crown buildup (possibly with a post) and a laboratory processed crown are all excluded procedures.
   1. Per the Implementation Plan, extractions of posterior teeth are a covered benefit for patients incarcerated at MCJ.

iii. However, a Dental Priority Code (DPC) of 1C for the referral of #3 to an outside provider appears lengthy as the patient is in pain, especially as there are multiple sick call requests and grievances stating the patient continues to have pain.
   1. It is noted that the staff scheduled the patient much sooner than the 1C designation and this is to be commended.

3. Additional comments and recommendations:

a. There are multiple questions which arise when asking if the RN sick call triage, the dental triage and dental treatment occurred timely?
   i. A Dental Level (DL) was not included in medical sick call notes on 10/19/2019.
      1. Why was a Dental Level (DL) 2 assigned, see the dental log, to someone with repeated complaints of pain?
      2. The patient was schedule in the dental clinic on 10/21/2019.
   ii. Although the patient was scheduled on 10/21/19 in the dental clinic for a dental triage, he was rescheduled, as stated in the dental log, with no reason given for the reschedule.
      1. There was no progress note or chart note on 10/21/2019 and if it wasn't for the dental logs, we would not know that this reschedule had occurred.
      2. It is and continues to be mandated, repeatedly, <u>that a progress note or chart note is be written for every scheduled appointment.</u>
   iii. The patient was rescheduled from 10/21/19 and seen on 10/23/19 for the dental triage.
      1. If a DL 1 had been assigned for "pain" the dental appointment would fall short, in respect to compliance, of the DL1 scheduling parameters.
      2. I recommend that patients reporting pain, infection, swelling, and/or toothache should be carefully assessed at the medical sick call appointment and assigned a DL1 (and if not, a reason why a DL1 is not assigned) and scheduled to be seen in dental within 3 calendar days.

b. Per the November 21st letter, it states there was an *agreement between Captain Thornburg and Mr.* [redacted] *requesting that essentially Dr.* [redacted] *assist ACCU Dental with the fabrication and cementation of the lab processed crown #2.* There are no chart notes indicating this discussion, nor a copy of the agreement identified in this conversation.
   i. It's important to note that non-clinicians cannot make clinical decisions for an inmate-patient.

c. Transportation and Payment for dental treatment:
    i. In my opinion it is the patient's responsibility to choose his own provider for non-eligible care but it is MCJ/CFMG/Wellpath's responsibility to coordinate transportation and payment arrangements to the outside referral as well as to make sure the patient has everything necessary for him to receive his dental care as scheduled.
    ii. There is no documentation of the county's policy requiring inmates to pay for their own transportation for care. I recommend a policy be instituted so inmate-patients have a clear understanding of their financial responsibilities for the transportation portion when obtaining outside dental care.
    iii. During the patient's return assessment to MCJ following the outside referral appointment on 11/19/2019, the RN states there was no "return paperwork" although there is a dental treatment plan with cost estimates from ACCU Dental scanned into the chart.
    iv. There is no progress note or chart note for the 11/20/2019 visit to ACCU Dental.
    v. There was no RN dental evaluation when the patient returned from the 11/20/19 appointment and no progress note or chart note for this encounter with the outside clinician.
        1. It states in the November 21st letter that no one could be reached who could make further transportation and payment decisions on behalf of the patient, when the patient arrived for his dental appointment at ACCU Dental. He was to receive treatment for his infected and painful tooth.
        2. This is a barrier to access to care.

Please let me know if you have any additional questions or need any further information.

Best regards,

Viviane G. Winthrop, DDS

APPENDIX 13. Wellpath's Covid – 19 Phase 1

For sites with no patient cases of COVID-19 the following dental treatment will be rendered provided that the required PPE is available.
This will be considered Phase 1 of returning to full dental services, Phase 1 will last for 2 weeks effective 5-18-20.

- Offsite referrals for trauma involving fracture or suspected fracture of facial bones
- Offsite referrals for complex extractions
- Dental trauma with avulsion or luxation should be assessed immediately or sent offsite
- Carious and or fractured tooth/teeth with swelling, please treat or place patient on antibiotics and reschedule for extraction.
- Chronic recurring severe tooth pain with significant pathology and no response from antibiotics and/ or analgesics, should be treated.
- Post-op osteitis, please treat with your best judgement.
- Any orthodontic wire which is cause soft tissue trauma may need to be cut or removed
- Sedative restorations should be considered for carious teeth that are restorable.
- Fractured tooth/teeth with sharp edges that are causing soft tissue trauma, may be smoothed down or treated with sedative restoration/extraction
- Dental hygiene will be done using only hand instruments and absent the use of ultrasonics/piezos scalers.
- Routine extractions can be performed
- Surgical extractions can be performed

All examinations, and radiographs will be performed as usual
No patient will be seen if they are not in the facility more than 14 continues days.
Each patient needs to have a temperature check done before treatment is rendered

Treatment should be rendered with the least possible use of handpiece (limiting aerosolization)
Proper PPE should consist of - N95, comparable KN95 or level 3 surgical masks with a face shield are preferred with low/moderate risk of infection, Full length gown, Face Shield and gloves.

Please practice full Infection Control protocol after each patient as usual
Please wait a minimum of 20 minutes before the next patient is seated if treatment was rendered on the previous patient.

APPENDIX 14. Wellpath's Covid – 19 Phase 2

For sites with no patient cases of COVID-19 the following dental treatment will be rendered provided that the required PPE is available.
This will be considered Phase 2 of returning to full dental services, Phase 2 will last until further notice effective 6-1-20.

- Offsite referrals for trauma involving fracture or suspected fracture of facial bones
- Offsite referrals for complex extractions
- Dental trauma with avulsion or luxation should be assessed immediately or sent offsite
- Chronic recurring severe tooth pain with significant pathology and no response from antibiotics and/ or analgesics, should be treated.
- Post-op osteitis, please treat with your best judgement.
- Any orthodontic wire which is cause soft tissue trauma may need to be cut or removed
- Sedative restorations should be considered for carious teeth that are restorable.
- Dental hygiene will be done using only hand instruments and absent the use of ultrasonics/piezos scalers.
- Routine extractions can be performed
- Surgical extractions can be performed

All examinations, and radiographs will be performed as usual
No patient will be seen if they are not in the facility more than 14 continues days.
Each patient needs to have a temperature check done before treatment is rendered

Each patient will rinse with chlorhexidine gluconate or peroxyl before a treatment procedure is rendered

Treatment should be rendered with the least possible use of handpiece (limiting aerosolization)
Proper PPE should consist of - N95, comparable KN95 or level 3 surgical masks with a face shield are preferred with low/moderate risk of infection, Full length gown, Face Shield and gloves.

Please practice full Infection Control protocol after each patient as usual
After treatment please wait 15 minutes before cleaning of the surfaces begins, after cleaning, please wait an additional 5 minutes before seating the next patient.

APPENDIX 15. CORRECTION ACTION PLAN (CAP)

The CAP starts on the following page. The Excel CAP working document is sent separately as an email attachment.

Corrective Action Plan (CAP)

Institution:	Monterey County Jail / Wellpath
Name of Person Completing Report:	Dr. Viviane G. Winthrop
Date Report Completed:	10/30/2020
CAP and data reports due monthly:	Due by the 15th of each month until all items are implemented, with 1st report due 11/15/2020.
COMPLETED CAP DUE :	**CAP MUST BE FULLY IMPLEMENTED BY DECEMBER 30, 2020. RESULTS TO BE REFLECTED IN NEXT DENTAL AUDIT TOUR on January 12-13, 2021.**

CAP Guidelines for use:

* **MCJ/Wellpath Fill** out column H, I, J and K of the spreadsheet and send to Dr. Winthrop by 15th of each month until all items are implemented, starting with 1st report due 11/15/2020. There are five sections as seen in appendix of the report.
* **Responsibility** column - Note any changes of responsibility by striking thru and then listing the change in the Comments Section.
* **Expected Implementation Date** column - sort the spreadsheet for dates due by chronological order, with some outcome measues identified in red due on 11/15/2020.
* **Date Implemented** column - for each deficiency identified, write in the date the CAP was implemented at MCJ.
* **Evidence of Compliance** column - clearly identify what tool you are using to monitor the identified deficiency, provide the proof of practice and training sign in sheet **in a folder located with the Dental Excel Spreadsheet in the Share drive.**
* **Frequency of Compliance** column - MCJ/Wellpath to propose a frequency of compliance monitoring and then report on it to ensure continued self monitoring compliance.
* **Comments Section** column - each month, add any additional information necessary to show how MCJ is making progress towards achieving compliance.
* **Final Review** column - once implementation occures, with proof of practice and training sign in sheet completed, and frequency determined by MCJ/Wellpath, then this monitor will confirm compliance and the row will be greyed out.

#	Dental Report 5 / Section #	Dental Report 5 / Page #	Deficiency	Finding and Corrective Action Plan	Responsibility	Target Implement-ation Date (Yr/Mo/Day)	Date Implemented by MCJ/ Wellpath	Verification Method and Evidence of Compliance	Determine Frequency of Reported Compliance Monitoring	PROGRESS / COMMENT SECTION	Final Review Substantial Compliance Achieved (Y or N)
1	Outcome: 1.2.1	51	Oral Hygiene Supplies	Confirm that all the toothpaste carries the American Dental Association (ADA) seal.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
2	Outcome: 1.2.2	51	Oral Hygiene Supplies	Indigent pack of toothbrush, toothpaste and correctionally approved flossers is to be available cost free to the indigent inmate/patient (I/P).	Chief Bass, Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
3	Outcome: 1.2.3	51	Oral Hygiene Supplies	Denture adhesive is to be available cost free to the full and partially edentulous indigent patients.	Chief Bass, Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
4	Outcome: 1.2.4	51	Oral Hygiene Supplies	Recommend the correctionally approved flossers are part of the original fish kit.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
5	Outcome: 1.2.5	51	Oral Hygiene Supplies	Recommend all toothbrush, toothpaste and correctionally approved flossers be made available, without a fee, for each inmate/patient on a monthly basis.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
6	Outcome: 1.2.6	51	Oral Hygiene Supplies	Complete and approve a formal policy and procedure to address oral hygiene supplies for all book patients, including for indigent inmate/patients.	Chief Bass, Dr. [redacted] N	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
7	Outcome: 1.3.1	52	Oral Hygiene Education	Oral hygiene instruction, both brushing and flossing videos from the American Dental Association (ADA) are available on the inmate/patient's tablet, otherwise an oral hygiene instruction pamphlet is to be available to each booked inmate/patient.	Chief Bass, Dr. [redacted] N	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
8	Outcome: 1.3.2	52	Oral Hygiene Education	Meaningful oral hygiene instruction is given to every I/P during the 14-day exam. Check the box "OHI" in the Health Appraisal Questionnaire (IMQ) upon completion of this verbal and written oral hygiene instruction.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
9	Outcome: 1.4.1	52	Inmate Handbook	A verbal overview of dental services with the Inmate Handbook is given at Intake, with a separate sheet highlighting the dental update to the Inmate Handbook until the new Inmate Handbook is published.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
10	Outcome: 1.4.2	52	Inmate Handbook	Use effective communication techniques to make sure inmate/patients understand both the verbal and written information provided in the Inmate Handbook dental section and are able to repeat back their understanding of the available dental services, using their own words.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
11	Outcome: 1.4.3	52	Inmate Handbook	Create a new section in the Inmate Handbook labeled C.4.a for dental information.	Chief Bass, Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
12	Outcome: 1.4.4	52	Inmate Handbook	List the available treatments available in the Inmate Handbook as outlined in the Implementation Plan for those under and over 12 months of incarceration.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
13	Outcome: 1.4.5	52	Inmate Handbook	In the Inmate Handbook, inform patients with chronic care diseases (HIV, Seizures, Diabetes, Pregnancy, Pts on more than 4 psych meds) they are eligible for comprehensive care within 90 days of their referral from dental from the physician's chronic care appointment.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
14	Outcome: 1.4.6	52	Inmate Handbook	Include in the Inmate Handbook that the inmates incarcerated for 12 months or more are eligible to receive a comprehensive dental exam and dental treatment.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
15	Outcome: 1.4.7	52	Inmate Handbook	Inform inmate/patients that per the Implementation Plan, they can request a cleaning and receive a cleaning as indicated in the Periodontal Program section of the Implementation Plan.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
16	Outcome: 1.4.8	52	Inmate Handbook	Educate patients in the Inmate Handbook that they can reinstate dental care if they previously refused dental care, by placing another sick call.	Chief Bass, Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
17	Outcome: 1.4.9	52	Inmate Handbook	Remove the $3.00/dental examination and/or treatment fee for dental services. Inmate Orientation Manual, Health Services, B.1.	Chief Bass, Dr. [redacted] N	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
18	Outcome: 1.5.1	53	Intake Form	RN's are to fully answer all dental questions in the Intake "Receiving Screening" form in the Dental section of the Intake Form.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
19	Outcome: 1.5.2	53	Intake Form	Add "Full" as the other option for Dentures, in addition to "Partial".	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
20	Outcome: 1.5.3	53	Intake Form	Every referral to dental when indicated, must be checked in the refer to dental portion of the Receiving Screening form and also entered into the dental log to make sure the referrals from intake to dental are not lost.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
21	Outcome: 1.5.4	53	Intake Form	Every dental referral from intake will list the date of referral, the dental problem/chief complaint, the DL, pain level, history of the problem, location and description of the dental problem(s), the date referred to dental and the date scheduled in dental.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			

#	Dental Report 5 / Section #	Dental Report 5 / Page #	Deficiency	Finding and Corrective Action Plan	Responsibility	Target Implement-ation Date (Yr/Mo/Day)	Date Implemented by MCJ/ Wellpath	Verification Method and Evidence of Compliance	Determine Frequency of Reported Compliance Monitoring	PROGRESS / COMMENT SECTION	Final Review Substantial Compliance Achieved (Y or N)
22	Outcome: 1.5.5	54	Intake Form	Update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
23	Outcome: 1.5.6	54	Intake Form	Until CorEMR is updated, RN place the DL information in the appointment notes in both the task box and in the dental log.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
24	Outcome: 1.5.7	54	Intake Form	Follow through with the referral to dental for all listed single or multiple dental problems.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
25	Outcome: 1.5.8	54	Intake Form	Determine if a problem is from trauma or from decay. Check the decay box if indicated. Write in if it is from trauma. Note the DL with the referral.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
26	Outcome: 1.5.9	54	Intake Form	The Dentist provides nurse training, retraining, feedback and monitoring.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
27	Outcome: 1.5.10	54	Intake Form	If a patient refuses a referral to dental, check the box for the referral to dental and then obtain the refusal and write the explanation in the progress notes.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
28	Outcome: 1.6.1	54	Intake DL 1 Scheduled within timeframe	Patients with "pain or hurt with a pain scale of ≥6/10, toothache, infection, swelling" receive a DL 1, no matter in Intake, 14-Day Exam or Sick Call.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
29	Outcome: 1.10.1	56	14-Day Exam Form	RNs to perform an intraoral screening and evaluation on every inmate/patient during their 14-Day Exam per the Implementation Plan.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
30	Outcome: 1.10.2	56	14-Day Exam Form	Give a verbal review of brushing and flossing as well as placing an Oral Hygiene Instruction (OHI) video on the I/P tablet (see outcome measure 1.3) and give the I/P an oral hygiene pamphlet, from the American Dental Association (ADA), which includes both brushing and flossing until the OHI is on the tablet.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
31	Outcome: 1.10.3	56	14-Day Exam Form	Check the Oral Hygiene Education box on the IMQ form once OHI is given.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
32	Outcome: 1.10.4	57	14-Day Exam Form	RN notes every referral on the handwritten dental log (Intake, 14-Day, Sick Call) unless another solution can be found. It is important that all referrals to dental are tracked so that all referrals to dental receive the appropriate dental appointment and are seen in dental.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
33	Outcome: 1.10.5	57	14-Day Exam Form	Update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
34	Outcome: 1.10.6	57	14-Day Exam Form	If the patient refuses the referral to dental from the 14-Day Exam, check the box for the referral to dental and then obtain the written refusal, inform the patient regarding the risks, benefits, alternatives and consequences of refusing care, write the explanation in the progress notes and scan the form into CorEMR,	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
35	Outcome: 1.11.1	57	14-Day Exam - DL 1 Scheduled within timeframe	Patients with "pain or hurt with a pain scale of ≥6/10, toothache, infection, swelling" receive a DL 1, no matter in Intake, 14-Day Exam or Sick Call.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
36	Outcome: 1.13.1	53	14-Day Exam - DL 2 Scheduled within timeframe	Per the Implementation Plan every booked patient is to receive their dental screening at the 14-day exam and the RN is to fill out the odontogram, answer the questions as listed in the Implementation Plan and refer the patients to dental when indicated.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
37	Outcome: 1.15.1	59	Sick Call seen by nursing within 24 hours of request	Inmate generated dental sick call requests are to be processed and seen by nursing within 24 hours of the request, per the Implementation Plan.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
38	Outcome: 1.15.2	59	Sick Call seen by nursing within 24 hours of request	Nursing staff is to receive from the Dentist and DON training, feedback and monitoring to see the patients within 24 hours of their dental sick call request. Nursing staff are to correctly triage for urgent/emergent dental issues versus non-urgent dental issues, assign the appropriate Dental Level and schedule within DL timeframe.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
39	Outcome: 1.16.1	59	Sick Call DL 1 Scheduled within timeframe	Recommend patients with "pain or hurt with a pain scale of ≥6/10, toothache, infection, swelling" receive a DL 1, no matter in Intake, 14-Day Exam or Sick Call.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
40	Outcome: 1.20.1	60	Physician on Call (POC) Logs	Create and maintain the Physician on Call (POC) logs showing if/how patients with after-hours dental emergencies are treated or shipped out to Natividad Hospital and if seen by dental the next dental day following emergency care.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
41	Outcome: 1.21.1	62	Specialty Care Referrals / To Outside Specialists	Patients are not delayed in the referral to the oral surgeon and/or other outside specialists. Patients are to be seen by the outside specialist within 30 days of the referral.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
42	Outcome: 1.21.2	63	Specialty Care Referrals / To Outside Specialists	If the apex of a wisdom tooth cannot be achieved radiologically on the first visit, then refer to the OS for a panoramic x-ray and consultation/evaluation so as not to delay dental care.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
43	Outcome: 1.21.3	63	Specialty Care Referrals / To Outside Specialists	If a patient's medical history prevents the dentist from completing care, and a referral to the outside specialist is in order, request a medical consult and do not delay in referring the patient to the outside specialist. See Case Review #6.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
44	Outcome: 1.21.4	63	Specialty Care Referrals / To Outside Specialists	Referrals to outside providers must be given a DPC 5 in the dental spreadsheet and need to be seen by the outside specialist within 30 days of the dentist's referral.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
45	Outcome: 1.21.5	63	Specialty Care Referrals / To Outside Specialists	The dentist must see the patient the next dental day after the patient was seen and/or treated by the outside provider. The report must be available to the dentist for this appointment.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
46	Outcome: 1.21.6	63	Specialty Care Referrals / To Outside Specialists	Complete and have approved a written procedure and protocol for referrals to outside specialists and returns from the outside specialist.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			

#	Dental Report 5 / Section #	Dental Report 5 / Page #	Deficiency	Finding and Corrective Action Plan	Responsibility	Target Implement-ation Date (Yr/Mo/Day)	Date Implemented by MCJ/ Wellpath	Verification Method and Evidence of Compliance	Determine Frequency of Reported Compliance Monitoring	PROGRESS / COMMENT SECTION	Final Review Substantial Compliance Achieved (Y or N)
47	Outcome: 1.28.1	67	Chronic Care - Referred to Dental	When a patient is identified at the chronic care appointment to have HIV, Seizures, Pregnancy and Diabetes, or to be on more than 4 psych meds, they are to be referred to the dental clinic at the time of the chronic care appointment. They are to be scheduled to be seen in dental within 90 days. (See report for further details). Note - Patients with active dental disease or periodontal involvement can be scheduled earlier than 90 days at the discretion of the referring physician i.e. pregnancy. Studies show, lack of good oral hygiene with periodontal disease can affect the unborn fetus and cause a low birth weight baby.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet		1. HSA: will be discussed as a training point at monthly Medical provider committee meeting. 2. HSA Trained providers at monthly medical subcommittee meeting. Have Documentation of training (9/24/20) 3. Re-Audit will be completed Monthly until compliance is established and then annually going forward during all Chronic Care Audits. (10/24/2020)	
48	Outcome: 1.29.1	69	Comprehensive Dental Care	Those individuals who did not receive the automatic comprehensive dental care appointment scheduled one year from their date of booking, have their dental appointment manually entered.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
49	Outcome: 1.30.1	69	Comprehensive Dental Care	The dental department is to differentiate between the annual comprehensive dental examination (yearly) vs a periodontal recall (cleaning) which can be at 3 months recall (3MRC), 4 months recall (4MRC), or 6 months recall (6MRC).	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
50	Outcome: 1.31.1	69	Peridontal Program/Cleaning Requests	All patients per the Implementation Plan are eligible, through the Periodontal Program, for a cleaning.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
51	Outcome: 1.31.2	69	Peridontal Program / Cleaning Requests	I/Ps requesting cleanings through the Periodontal Care Program will require a periodontal evaluation to include; a full mouth series of x-rays; evaluation of the radiographs; full mouth periodontal charting, including probe readings, recession, attachment loss and furcation involvement; provide a periodontal diagnosis; and a subsequent individualized periodontal treatment plan.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
52	Outcome: 1.31.3	69	Peridontal Program / Cleaning Requests	An appropriate treatment plan, for the patient to obtain the completed cleaning (prophy or deep cleaning/SRP), is completed within 90 days from the original date of the request for a cleaning.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
53	Outcome: 1.31.4	69	Peridontal Program / Cleaning Requests	Create a new periodontal informed consent form, separate from the general informed consent form.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
54	Outcome: 1.32.1	71	Grievances	Patient's grievances are screened daily and responded to daily in case there are patients requesting attention to their dental pain, so they can be quickly redirected to the sick call system so as their dental pain is not unnecessarily extended.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
55	Outcome: 1.32.2	71	Grievances	Integrate Intelmate into CorEMR so grievances and dental sick calls are visible through CorEMR.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
56	Outcome: 2.1 thru 2.4.1	79	Timeliness of Care - DPC	Each line item in the dental treatment plan must be listed with a corresponding DPC so it is clear if treatment is completed within timeframe.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
57	Outcome: 2.1 thru 2.4.2	79	Timeliness of Care - DPC	The DPC information must be relayed into the dental excel spreadsheet for every treatment appointment, so monitoring guidelines for comprehensive and episodic care can be completed, as well as it is a method to address dental problems in a timely manner.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
58	Outcome: 2.1 thru 2.4.3	79	Timeliness of Care - Continuity of Care	When a patient has an open treatment plan and is re-incarcerated, the patient is to continue his or her treatment plan and be scheduled upon re-booking. An EDRS such as Dentrix Enterprise would show a previously unperformed treatment plan as open and can be scheduled at intake to continue treatment.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
59	Outcome: 2.5 thru 2.9.1	79	Timeliness of Care - Chronic Care	Chronic care patients are to be referred to dental and scheduled in dental within 90 days from their chronic care appointment 7 days from their date of booking.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
60	Outcome: 2.5 thru 2.9.2	79	Timeliness of Care - Chronic Care	Chronic care patients are to be seen for comprehensive dental examinations within 90 days from the date of referral.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
61	Outcome: 2.10.1	80	Timeliness of Care - Comp Dental Care	Dental patients are to be seen for their comprehensive dental examination within 15 days (before or after) their one year anniversary of the date of their booking date.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
62	Outcome: 2.10.2	80	Timeliness of Care - Comp Dental Care	If dental is to take the FMX without the exam and perio charting on the same day, then any radiographic pathology is documented in the progress note that same day. See the patient within 7 days of the FMX to complete the comprehensive dental examination and periodontal charting.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
63	Outcome: 2.10.3	80	Timeliness of Care - Comp Dental Care	Best practices is to take the FMX and perform the comprehensive dental examination including the periodontal charting, diagnosis, treatment plan and assignment of the DPC, per line item of treatment, on the same day.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
64	Outcome: 2.10.4	80	Timeliness of Care - Comp Dental Care	Follow the California Dental Board guidelines which state the dentist is responsible for identifying any disease process within the entire x-ray even if the patient presents only for episodic care. The dentist can then inform the patient of the issue and advise the patient to put in a new sick call request to address the other items not diagnosed at the time of the original episodic dental care appointment.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
65	Outcome: 2.12 thru 2.13.1	81	Refusals	An individualized discussion of risks, benefits, alternatives and consequences are discussed with the patient, signed by the patient and the dentist. The informed refusal discussion is listed on the refusal form as well as in the progress note on the day of the cellside or chairside refusal.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			

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66	Outcome: 2.12 thru 2.13.2	81	Refusals	Policies and procedures are in place to address how refusals are obtained. The policy and procedure should include the following: the dentist's responsibility in obtaining the refusal if the patient refuses at his/her cell and is unwilling to come to dental. It also addresses compliance to timeliness of care.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
67	Outcome: 2.12 thru 2.13.3	81	Refusals	The refusal form should have a printed name of witness as well as a signature, in the signature block section for refusals.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
68	Outcome: 2.12 thru 2.13.4	81	Refusals	The Dentist is to provide an informed refusal discussion with the I/P on the day it occurs and have the signature be of the I/P and of the Dentist. Not a custody officer, nor a Registered Dental Assistant nor a medical clinician.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
69	Outcome: 2.12 thru 2.13.5	81	Refusals	The Dentist shall obtain the informed refusal, and will document the informed refusal discussion on the form and in the progress note, on the day it occurs at cellside or chairside.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
70	Outcome: 2.14.1	81	Reschedules	Reschedules must include the reason why the patient is being reschedule. This information is to be included in the spreadsheet as well as in the progress notes. All rescheduled patients must have a progress note or chart note as well as an entry in the dental excel spreadsheet. A "lack of resources" needs more detailed explanation. Which resource is lacking? Make sure to indicate this so that Wellpath and MCJ can assist the dental department in obtaining the necessary resources.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
71	Outcome: 2.14.2	81	Reschedules	Recommend that a rescheduled patient is tracked in the spreadsheet, indicating the date rescheduled, and within CorEMR to ensure the patient is seen within timeframe for their dental complaint. This is necessary to not lose track of the patient and for the patient's chief complaint to be addressed in a timely manner.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
72	Outcome: 3.0.1	97	Quality of Care - General Issues	Update the General Informed Consent form to include examination and medications. It must also have a section for occlusal adjustment and denture adjustment. It must be in at least Arial font size 12 and have a print and signature block for the Patient, Dental Assistant and Dentist.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
73	Outcome: 3.0.2	97	Quality of Care - General Issues	The general informed consent form is reviewed and signed prior to the examination and prior to taking radiographs.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
74	Outcome: 3.0.3	97	Quality of Care - General Issues	Take the blood pressure at every appointment and record the result in the progress note. Address any hypertensive issues which may affect the dental encounter.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
75	Outcome: 3.0.4	97	Quality of Care - General Issues	Amending the following prescription practice. Most charts are showing as medication given is Amoxicillin 500 mg two (2) capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg one (1) tab (or capsule) three (3) times per day.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
76	Outcome: 3.0.5	97	Quality of Care - General Issues	Recommend using the current edition of *"The Little Dental Drug Booklet, Handbook of Commonly Used Dental Medications"* by Peter L. Jacobsen, PhD, DDS for current prescription practices.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
77	Outcome: 3.0.6	97	Quality of Care - General Issues	State in progress notes as to why no prescription for pain following an extraction or other procedure is given, i.e. if patient is already on pain medication.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
78	Outcome: 3.0.7	97	Quality of Care - General Issues	Fill out the education portion of the SOAPE note as given to the patient.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
79	Outcome: 3.0.8	97	Quality of Care - General Issues	Meaningful oral hygiene instruction is to given to the patients, focusing on the patient's individual oral hygiene needs.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
80	Outcome: 3.0.9	97	Quality of Care - General Issues	Make sure the "problem list" in CorEMR is updated and accurate. Review of medical history is paramount to the safety of the patient. The Dentist must be assured all medical conditions are listed and reviewed which may impact surgical treatment.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
81	Outcome: 3.0.10	97	Quality of Care - General Issues	So as not to delay care, if a patient has a complex medication history in which the Dentist needs assistance, have the Dentist request a medical consult.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
82	Outcome: 3.0.11	97	Quality of Care - General Issues	Utilize the following resources to assist with more complex cases or contact your supervising Chief Dental Officer for assistance. * *"Protocols for the Dental Management of Medically Complex Patients"* by Peter Jacobsen for treating medically compromised patients including those with HIV. **"The Ultimate Cheat Sheets"* by Dr. Leslie S.T. Fang. See report fordetails.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
83	Outcome: 3.0.12	97	Quality of Care - General Issues	Recommend Wellpath must be committed to providing the Dentist the support needed to provide quality dental care. In many instances the Dentist lists "lack of resources" for the reason patients are rescheduled. The commitment to the Dentist must begin with a robust rapport with his direct supervisor, the Chief Dental Officer.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
84	Outcome: 3.0.13	97	Quality of Care - General Issues	There is accurate charting of left and right quadrants and placing the correct tooth or area in the progress notes.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			

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85	Outcome: 3.0.14	98	Quality of Care - General Issues	In regards to HIPAA compliance and to ensure x-ray and chart accountability, use individualized patient charts or individulized labeled envelops for each patient and his/her radiographs. For comprehensive care patients, include the patient's x-rays and their written treatment plan form, which will have a DPC for each diagnosed and proposed line item of treatment, and the periodontal charting form.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
86	Outcome: 3.0.15	98	Quality of Care - General Issues	Every scheduled and unscheduled patient, seen or not seen, must receive a line item in the dental excel spreadsheet identifying the reason(s) for the visit and the outcome.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
87	Outcome: 3.0.16	98	Quality of Care - General Issues	Although this is done most of the time, when a line of treatment is completed on the comprehensive dental examination form, enter the date the completed procedure was completed and rescan with new information. Enter the date the procedure was completed in the dental excel spreadsheet as well to account for compliance.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
88	Outcome: 3.0.17	98	Quality of Care - General Issues	For continuity of care, when a patient is rebooked, schedule with dental any open item on their episodic or comprehensive dental treatment plan. This is made easier when an EDRS such as Dentrix Enterprise keeps track of existing and unfinished treatment plans.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
89	Outcome: 3.1.1	98	Triage	Take a periapical (PA) and a bitewing x-ray (BWX) for each inmate/patient seen for episodic care where a temporary or permanent restorative procedure is being considered. Use this objective finding with other objective findings to provide an accurate assessment and diagnosis for the patient's chief complaint.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
90	Outcome: 3.1.2	98	Triage	List the Objective findings in the SOAPE notes so they are used to substantiate the Assessment/Diagnosis, i.e. pain or sensitivity, lingering or not to hot, cold; pain to percussion, palpation; swelling; exudate; diagnostic radiographs, etc.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
91	Outcome: 3.1.3	98	Triage	Provide the pulpal diagnosis when appropriate during episodic/sick call dental appointments using the following resource: https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
92	Outcome: 3.1.4	98	Triage	If unable to obtain the apex of a tooth radiographically, such as molars/wisdom teeth, create a plan of action so dental care is not delayed, i.e. refer patient to the oral surgeon for evaluation of wisdom teeth concurrent with the use of a panoramic radiograph. Other option is to lease a panoramic x-ray unit. State how many attempts were done to try and obtain a diagnostic x-ray and how you propose to obtain the apex for accurate diagnosis and subsequent treatment.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
93	Outcome: 3.1.5	98	Triage	If no medication is prescribed for a patient's chief complaint, state the reason, especially if a patient states pain in his/her chief complaint.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
94	Outcome: 3.1.6	98	Triage	Follow through with all referrals so patient obtain their constitutionally mandated dental care.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
95	Outcome: 3.2.1	98	Comprehensive Dental Care	Objective findings during the comprehensive dental examination must substantiate the dental diagnosis / assessment.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
96	Outcome: 3.2.2	98	Comprehensive Dental Care	Take the Full Mouth X-rays (FMX) at the same time as the annual comp exam (ACE). This was discussed in a prior recommendation.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
97	Outcome: 3.2.3	98	Comprehensive Dental Care	In the excel spreadsheet, do not state that the comprehensive dental is completed when only the FMX taken.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
98	Outcome: 3.2.4	99	Comprehensive Dental Care	Scan the FMX as a whole rather than piecemeal if possible. The purchase of digital radiographic equipment will solve this issue.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
99	Outcome: 3.2.5	99	Comprehensive Dental Care	Take diagnostic radiographs. Many x-rays have overlap, are foreshortened or elongated, are overdeveloped or underdeveloped or have artifacts because of a bend in the film. If an x-ray is undiagnostic, retake or indicate reason not to retake in the progress notes.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
100	Outcome: 3.2.6	99	Comprehensive Dental Care	Give the periodontal diagnosis in the assessment portion of the SOAPE note at the time of the comprehensive dental examination.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
101	Outcome: 3.3 thru 3.7.1	99	Chronic Care	Perform and chart a full comprehensive dental examination for patients referred from chronic care with the following issues: HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
102	Outcome: 3.8.1	99	Peridontal Treatment	Make a separate consent form for periodontics to include Prophy (cleaning) and Scaling and Root Planing/SRP (deep cleaning) and gingivectomy. Note that periodontal debridement is not part of periodontics as it is used to remove excess supragingival calculus for the clinician to perform periodontal probings and this can stay in the general consent form.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
103	Outcome: 3.8.2	99	Peridontal Treatment	Periodontal probings, mobility, attachment loss due to recessions and other periodontal findings as stated in the American Dental Association (ADA), CDT code D0180, is to be charted by the Dental Assistant at the time of the periodontal examination performed by the Dentist.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
104	Outcome: 3.8.3	99	Peridontal Treatment	Periodontal re-evaluation is to be scheduled and completed between 4-8 weeks following deep cleanings/ SRPs (not a DPC 2 which is 4 months and too long for a periodontal re-evaluation).	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			

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105	Outcome: 3.8.4	99	Peridontal Treatment	Set a periodontal maintenance recall schedule such as 3 months recall (3MRC), 4 months recall (4MRC), 6 months recall (6MRC). Perio recall is not limited to yearly. The annual comprehensive exam is yearly, however the periodontal maintenance is scheduled according to the recall date set up above.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
106	Outcome: 3.8.5	99	Peridontal Treatment	Update to the new periodontal classifications and use the 2018 classification when providing a periodontal diagnosis. **https://www.perioimplantadvisory.com**/clinical-tips/article/16412257/the-new-classification-of-periodontal-disease-that-you-your-patient-and-your-insurance-company-can-understand (2018) **https://www.ada.org/**~/media/JCNDE/pdfs/Perio_Disease_Classification_FAQ.pdf?la=en **https://www.perio.org**/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf ohttps://loveperio.com/2012/08/31/ada-classification/	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
107	Outcome: 3.9.1	100	Restorative and Palliative Care	Update, with current language, the acknowledgment of receipt of the DMFS with the current Dental Material Fact Sheet (DMFS).	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
108	Outcome: 3.9.2	100	Restorative and Palliative Care	Discuss with the Chief Dental Officer the clinical use of amalgam as a restorative agent for posterior restorations, which is still considered a viable posterior restoration and which is not as technique sensitive as a posterior composite. Identify all restorative materials to be used at MCJ.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
109	Outcome: 3.10.1	100	Extractions / Oral Surgery	Utilize a "time out" protocol and document its use prior to an irreversible procedure being performed.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
110	Outcome: 3.10.2	101	Extractions / Oral Surgery	Indicate in the progress notes that hemostasis has been achieved prior to releasing the patient, when it is achieved, and that post op instructions given are both written and verbal.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
111	Outcome: 3.10.3	101	Extractions / Oral Surgery	When performing a surgical extraction and cutting on tooth or bone, it is to be done with an irrigant such as sterile saline or sterile water (do not use unsterilized water).	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
112	Outcome: 3.10.4	101	Extractions / Oral Surgery	Purchase at least 2 surgical handpieces in order to prevent an air embolism when high speed cutting of tooth or bone during a surgical extraction.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
113	Outcome: 3.11.1	101	Endodontics	Make a separate informed consent form for endodontics and Dentist to review and sign with the patient prior to the start of a root canal. Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
114	Outcome: 3.12.1	101	Prosthodontics	Referrals for the fabrication of partial and full dentures is tracked by dental so that the appointments with the outside specialist is completed within 30 days of the referral. Also making sure that the patient is seen back in the dental department after every appointment with the outside specialist and noted in the progress notes and in the excel spreadsheet.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
115	Outcome: 3.13.1	101	Progress and Chart Notes for I/Ps scheduled but not seen	EVERY scheduled and added on patient, seen or not seen i.e. Refusal, Rescheduled, Not in Custody (NIC), Out to Court (OTC), Out to Medical (OTM), must have an entry in the dental excel spreadsheet and an entry in either the progress notes or the chart note.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
116	Outcome: 4.0.1	102	Infection Control & Regulatory Compliance	Dental staff are fit tested for the N95.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
117	Outcome: 4.0.2	102	Infection Control & Regulatory Compliance	Explore "Fogging" the dental clinic daily to provide an added layer of protection for infection control during the Covid-19 pandemic. This can be a separate discussion in conjunction with ADA monitor.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
118	Outcome: 4.0.3	102	Infection Control & Regulatory Compliance	Infection control binder needs to be updated because it says 2018.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
119	Outcome: 4.0.4	102	Infection Control & Regulatory Compliance	Radiation safety binder be updated as it says – 2013.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
120	Outcome: 4.0.5	102	Infection Control & Regulatory Compliance	Review recapping techniques to perform this task safely. Use the cardboard protectors. ✓https://oshareview.com/2014/09/safe-needle-handling-during-dental-treatment-infection-control/ ✓https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
121	Outcome: 4.17	102	Biohazard Waste / Haz Mat Procedures	Sharps container (No more than 3/4 full before container removed)	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
122	Outcome: 4.21	102	Biohazard Waste / Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet). Need to inventory.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
123	Outcome: 4.27	103	Sterilization & Equipment	Perform monthly Ultrasonic unit test and purchase new unit if doesn't pass the aluminum foil test.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
124	Outcome: 4.41	103	Sterilization & Equipment	Vaccum System - follow manufacturer's recommedations for cleaning, disinfection and maintenance.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
125	Outcome: 4.43	103	Emergency Procedures	Evacuation Plan - post in clinic where staff can have access.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
126	Outcome: 4.45	103	Emergency Procedures	Emergency Medical Response protocol - need proof of practice of annual EMR training and annual EMR dental drill.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
127	Outcome: 4.57	103	Safety	Dental Board regulations on infection control - need to post and other corresponding paperwork.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
128	Outcome: 4.58	103	Safety	Sterile water - recommend using for OS procedures. Currently not using sterile water or sterile saline for surgical procedures. Must implement immediately.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			

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129	Outcome: 4.59	103	Safety	Hand hygeine - need to implement hand hygeine audit to ensure staff are complying with IC protocols.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
130	Outcome: 4.61	103	Safety	X-ray unit - need to disinfect in between uses and cover when not in use.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
131	Outcome: 4.63	103	Safety	Radiation Safety Program - need to post and implement.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
132	Outcome: 4.73	103	Clinic Admin and Logs	Produce written infection prevention policies and procedures specific for the dental setting, ensure they are current and developed from evidence-based guidelines.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
133	Outcome: 4.74	103	Clinic Admin and Logs	Create and implement employee job specific training on infection prevention policies and procedures and the OSHA blood board pathogens standard.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
134	Outcome: 4.75	103	Clinic Admin and Logs	Create and implement an exposure control plan tailored to the facility that is dental specific.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
135	Outcome: 4.80	103	Clinic Admin and Logs	Must have accurate Pharaceutical Logs (CRCR 7438).	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
136	Outcome: 4.83	103	Clinic Admin and Logs	Radiographic certificate, rules and regulates - must post.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
137	Outcome: 4.84	103	Clinic Admin and Logs	Perform annual Infection Control, Radiation Safety, Oxygen Use, HazMat and SDS training.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
138	Outcome: 4.87	103	Clinic Admin and Logs	Create and implement post injury protocol.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
139	Outcome: 4.88	104	Regulatory Compliance	Must post all CA regulatory postings.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
140	Outcome: 5.1.1	105	Management Structure & Chief Dental Officer	Dr. [redacted] Chief Dental Officer (CDO) for Wellpath, is to be given time, by his management, to focus on overseeing the MCJ dental clinic in all of its functions which includes monitoring compliance, attending the monthly Dental Subcommittee, reviewing statistics, auditing charts, reviewing workflow, making sure the Dentist has the resources he needs to assist with eliminating barriers to access to care, timeliness of care, quality of care, training of nurses and so forth.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
141	Outcome: 5.1.2	105	Management Structure & Chief Dental Officer	A supervisory audit report from the CDO is due to this monitor by the 15th of each month and is to include a variety of dental procedures such as triages and diagnoses, comprehensive dental examinations, periodontics, restorative, oral surgery, endodontics, as well as reviewing the charts and the dental excel spreadsheet. It is to also include, a separate review of refusals, reschedules, OTM, OTC and NIC. Dr. [redacted] Chief Dental Officer (CDO) to audit multiple charts as well as provide routine, weekly supervisory oversight. ***Use the Peer Review audit tool as a guideline when performing the supervisory audit review.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet		"1.Chief Dental Officer agree to review minimum of 10 charts spread throughout the month. He will email reviews of care directly to Dr. [redacted] and HSA with any safety concerns noted in a time sensitive manner. There will be ample time in monthly subcommittee meetings to discuss these peer review cases. 2.HSA Will assist him in coordinating it in any way that would be helpful. "	
142	Outcome: 5.1.3	105	Management Structure & Chief Dental Officer	The format of this monthly supervisory audit report uses the peer review format shown in section 5.15.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
143	Outcome: 5.1.4	105	Management Structure & Chief Dental Officer	Recommend a weekly or bimonthly meeting for the first 2 months, then a monthly meeting thereafter between CDO, MCJ Dentist, MCJ RDA, MCJ HSA and this monitor to review the results of the supervisory audit report and the dental report #5, so feedback can be given, rapid progress can be made and followed through by the CDO.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
144	Outcome: 5.2.1	106	Dashboard & Dental Excel Spreadsheet	Dentist to enter his portion of the completed dental procedures and next visit parameters into the dental excel spreadsheet after every patient.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
145	Outcome: 5.3.1	106	Electronic Dental Record System	Until an electronic dental record system is in place, all dental radiographs and charts must be individualized.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
146	Outcome: 5.3.2	106 & 107	Electronic Dental Record System	Commit to the purchase of the dental software Dentrix Enterprise, for the reasons listed throughout this report. MCJ and Wellpath should commit to the purchase of the EDRS, including digital x-rays and a panoramic unit, in order to reliably monitor all aspects of the dental clinical care, including tracking the DPCs and the overall health of the dental department.	George McKnight (DO), Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet		1.George McKnight, Dr. [redacted], Pete Bertling, Caroline Jackson, Rachel Eckhardt participated in a demonstration of Dentrix Enterprise. 2.10/6/2020 George McKnight reports "tentative approval" of Dentrix. Wellpath Working on funding.	
147	Outcome: 5.3.3	106 & 107	Electronic Dental Record System	Implement the purchase of the dental software Dentrix Enterprise, including digital x-rays and a panoramic unit, in order to reliably monitor all aspects of the dental clinical care, including tracking the DPCs and the overall health of the dental department.	George McKnight (DO), Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
148	Outcome: 5.4.1	107	Digital X-rays	Purchase digital x-rays and implement for both clinics which will directly integrate into Dentrix Enterprise, as seen in the demonstration with Dentrix Enterprise, and can be visualized from various locations, including Tennessee where the CDO's office resides.	George McKnight (DO), Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
149	Outcome: 5.5.1	108	Panoramic X-rays	Purchase or lease and implement a digital panoramic x-ray unit, which intergrates with Dentrix Enterprise.	George McKnight (DO), Dr [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
150	Outcome: 5.6.1	108	Space, Dental Equipment & Supplies	Purchase a new ultrasonic cleaner to clean the dental instruments after each patient encounter. (Multiple requests for testing of the ultrasonic unit have not been performed.)	Dr. [redacted] & RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
151	Outcome: 5.6.2	108	Space, Dental Equipment & Supplies	Dentist and Dental Assistant both receive two monitors each so they can have one for CorEMR and the other for the spreadsheet (requested multiple times).	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet		Double Monitors have been installed for the Dental Assistant and a second monitor is on order for Dr. [redacted] (expected 10/12/20).	

#	Dental Report 5 / Section #	Dental Report 5 / Page #	Deficiency	Finding and Corrective Action Plan	Responsibility	Target Implement-ation Date (Yr/Mo/Day)	Date Implemented by MCJ/ Wellpath	Verification Method and Evidence of Compliance	Determine Frequency of Reported Compliance Monitoring	PROGRESS / COMMENT SECTION	Final Review Substantial Compliance Achieved (Y or N)
152	Outcome: 5.7.1	108	Nurse Training by DON, HAS and Dentist	Nurse training, feedback and monitoring of the 14-Day Exam evaluation and filling out of the Odontogram as well as including evaluating for the proper Dental Levels in Intake, 14-Day Exam and Sick Call is to be provided by the DON, HAS, Dentist and overseen by Dr. [redacted]. (Have a complete roster of all clinical staff who need to receive this training and show sign off from the roster so can tell who still needs to receive the training.)	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
153	Outcome: 5.7.2	108	Nurse Training by DON, HAS and Dentist	Provide the following training quarterly: DL1 vs DL2 training to Intake, Sick Call, 14-Day Exam nurses as well as to physicians, nurse practitioners and physician assistants. RNs report the referrals to dental on the dental logs for Intake, Sick Call and 14-Day Exam. Have a complete roster of all clinical staff who need to receive this training and show sign off from the roster so can tell who still needs to receive the training.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
154	Outcome: 5.7.3	108	Nurse Training by DON, HAS and Dentist	Recommend one on one nurse training when needed, such as with the 14-Day Exam RN. Per the audit interview with the RN usually performing the 14-Day exam, he stated he does not routinely see inside the patients mouth unless they report pain. Per the Implementation Plan all patients are to receive a screening and answer the questions stated in the plan as well as fill out an odontogram.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
155	Outcome: 5.7.4	109	Nurse Training by DON, HAS and Dentist	Fill out an odontogram and answer all questions as directed in the Implementation Plan on every patient at the 14-Day Exam. Train nurses to receive additional training and feedback in filling out the odontogram per the Implementation Plan.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
156	Outcome: 5.7.5	109	Nurse Training by DON, HAS and Dentist	Create the 14-Day Exam form (odontogram and quesitons) per the Implementation Plan or use Dentrix Enterprise. See Section 5.7 for additional information.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet			
157	Outcome: 5.8.1	110	Administrative and Clinical	Increase the number of dental days to full time and add another Dental Assistant/Registered Dental Assistant so that the full complement of dental services are offered to the inmate/patients at MCJ per the Implementation Plan.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
158	Outcome: 5.8.2	110	Administrative and Clinical	Hire the Hygienist position, preferably with correctional dentistry experience, as recommended in the Implementation Plan.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
159	Outcome: 5.8.3	110	Administrative and Clinical	Have available a contract registry service to fill in the positions when Dentist, Hygienist and Dental Assistants are away, (i.e. vacation, continuing education, sick and long term sick), such that the Dental Clinic continues to operate without interruption.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
160	Outcome: 5.8.4	110	Administrative and Clinical	Grant the Dentist a half day per week, other than on his patient days, to: Provide nurse training and feedback for RN's at Intake, Sick Call, 14-Day Exam and for Physicians, Nurse Practioners and Physician Assistants. Follow up with referrals so that they are understood and executed correctly. Chair the Monthly Dental Subcommittee and participate fully in QA and in the annual management review. Work with Dr. [redacted] to bring the dental program into substantial compliance.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
161	Outcome: 5.9.1	110	Illness and Injury Prevention Plan (IIPP)	The SB198 is fully completed and updated yearly as reflected in the QA minutes.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
162	Outcome: 5.9.2	111	Illness and Injury Prevention Plan (IIPP)	Provide training records of quarterly emergency drills and education of the IIPP.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
163	Outcome: 5.10.1 thru 5.10.2	111	Policies and Procedures Including Dental, Corporate and Local	Create a standardized statewide/corporate policy and procedure (P & P) and a local operating procedure (LOP). It also needs to be revised yearly and the minutes to reflect the updated revision. It must address various issues as recommended within this report such as referrals, dental levels, dental priority codes, how to handle orthodontic braces, infection control, the periodontal program and the services as listed in the Implementation Plan. See CDCR dental pollicies and procedures for assistance. https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/12/Dental-1117-IDSP-PP.pdf	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
164	Outcome: 5.11.1	111	Licenses, Credentials, CURES and Job Performance	Outside Specialists Credentials: Have a system and policy and procedure to make sure whom you refer to as outside specialists or outside dentists are current with an unrestricted license from the state of California. Have a credentialling process for outside clinicians in the policies and procedures. Have a referral system in place to track referrals to outside specialists.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
165	Outcome: 5.11.2	112	Licenses, Credentials, CURES and Job Performance	Job Performance Reviews, Dentist - Have a clinical and administrative job performance review of the dental staff completed yearly.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
166	Outcome: 5.12.1	112	OSHA review and Infection Control Training	Have a yearly documented OSHA and Infection Control training for the dental staff.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
167	Outcome: 5.13.1	112	Hepatitis B Vaccination Record	Have a documented Hepatitis B vaccination form filled out, with vaccination elected or not, for the dental staff.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			

#	Dental Report 5 / Section #	Dental Report 5 / Page #	Deficiency	Finding and Corrective Action Plan	Responsibility	Target Implement-ation Date (Yr/Mo/Day)	Date Implemented by MCJ/ Wellpath	Verification Method and Evidence of Compliance	Determine Frequency of Reported Compliance Monitoring	PROGRESS / COMMENT SECTION	Final Review Substantial Compliance Achieved (Y or N)
168	Outcome: 5.14.1 thru 5.14.2	112	Pharmacy and Medication Management	Identify which stock medications will be at the dental clinic and the stock medicaitons are to be fully accounted for including to whom the medication is prescribed in both the on-site log and in CorEMR. See report for details.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
169	Outcome: 5.14.3	113	Pharmacy and Medication Management	Review of the dosages by referencing the most up to date version of "*The Little Dental Drug Booklet, Handbook of Commonly Used Dental Medications* " by Peter L. Jacobsen	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
170	Outcome: 5.15.1	113	Peer Review	Establish a peer review system with a peer review committee to perform a peer review at least once every 6 months on the dentist at MCJ, using dentist peers from other Wellpath facilities or hire a contracted Peer Review examiner.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
171	Outcome: 5.15.2	113	Peer Review	Peer Review is to be considered confidential. Any deficiencies and resulting corrective action plan and training is to be noted in the peer review minutes.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
172	Outcome: 5.15.3	113	Peer Review	Create a peer review audit tool/worksheet to be completed for each selected dental chart. A minimum of 10 charts are to be pulled at random for the most recent 6-month period and will include charts relating to Examination and Diagnosis (Annual Exams and Triages), Periodontal Treatment Restorative, Oral Surgery, and Endodontics. See Section 5.15 for details on the content of the Peer Review audit tool. ***Use the Peer Review audit tool as a guideline when performing a supervisory audit review.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
173	Outcome: 5.15.4	113	Peer Review	The audit tool is to include at a minimum, the following sections and must be kept, with the minutes, for a minimum of three (3) years.	Dr [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
174	Outcome: 5.16.1	115	Monthly Dental Subcommittee	Record the immediate formation of the Monthly Dental Subcommittee. Then maintain it and have monthly minutes at the conclusion of the meeting. It is to include the Dentist, Dental Assistant, CDO, administrative staff who assist in Dental, Custody, Pharmacy, Medical, the HSA, the Operations Specialist when possible, and anyone else deemed necessary to collaborate on ongoing dental issues. Daily, weekly and monthly data is to be included in the Dental Subcommittee meeting and taken from the dental excel spreadsheet and CorEMR to be reviewed, discussed and provided to the dental monthly subcommittee meeting minutes and given to the Quality Assurance (QA) meeting.	Dr. [redacted] RN	2020-11-15		☐ Proof of Practice ☐ Sign-In Sheet		1. HSA: Will collaborate with Dr. [redacted] Dr. [redacted], and [redacted] to arrange a schedule for subcommittee meetings for the year. 2. HSA: Will create basic structure for these meetings and send out a sample agenda to members of committee. 3. Notes will be taken, kept and discussed at internal QA meetings Quarterly. This should solve problem, of previously lackluster Dental component of QA. 4. This Committee will be responsible for determining key performance indicators for Dental program at MCJ. 5. Created Schedule for the rest of 2020. First meeting set for 10/21/20.	
175	Outcome: 5.16.2	115	Monthly Dental Subcommittee	The meeting minutes of the Monthly Dental Subcommittee reflect each agenda topic with the discussion and conclusion of the agenda topic clearly outlined. Any action items is completed by the next monthly meeting whenever possible.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
176	Outcome: 5.16.3	115	Monthly Dental Subcommittee	Monthly meeting minutes of the Dental Subcommittee along with any supporting documentation and respective dashboard information is submitted to the Quality Assurance (QA) Chair for inclusion in the QA meeting.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
177	Outcome: 5.16.4	115	Monthly Dental Subcommittee	The Dental Subcommittee documents issues and brings these to the attention of the QA meeting where it will also be documented in the minutes. Issues brought forward to the QA meeting from the Dental Subcommittee need to be identified, resolved and improvements made which may include revisions to policy and procedures.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
178	Outcome: 5.16.5	116	Monthly Dental Subcommittee	The Dental Subcommittee addresses the following agenda topics. (Topics 1-20), see dental report #5 report for framework and details.	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
179	Outcome: 5.17.1	117	Quality Assurance Meeting with Power Point Presentation	Develop key performance indicators and self monitor the compliance of the key performance indicators and report their results during the Dental monthly Subcommittee and subsequently to the QA meeting.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			
180	Outcome: 5.17.2	117	Quality Assurance Meeting with Power Point Presentation	This monitor reserves the right to present information at the QA meetings as well as at the Monthly Dental Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content (as recommended in the above-mentioned sections).	Dr. [redacted] RN	2020-11-30		☐ Proof of Practice ☐ Sign-In Sheet			
181	Outcome: 5.17.3	117	Quality Assurance Meeting with Power Point Presentation	QA minutes have a standard reporting structure which includes Dental. Dental must participate and provide data from the Dental Excel Spreadsheet and the minutes from the monthly Dental Subcommittee.	Dr. [redacted] RN	2020-12-30		☐ Proof of Practice ☐ Sign-In Sheet			

Exhibit 43

Monterey County Jail (MCJ)

&

California Forensic Medical Group (Now Wellpath)

Dental Neutral Court Monitor – FINAL Report #6

Dental Tour #6
May 4 - 5, 2021

Jesse Hernandez et al

v.

County of Monterey;
Monterey County Sheriff's Office;
California Forensic Medical Group, Incorporated

Case No. 5:13-cv-02354-PSG

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Introduction

Objective and Purpose for Dental Tour #6 – May 4-5, 2021

There remains no concrete decision from Wellpath and Monterey County Jail (MCJ) regarding how the collection of dental data and clinical information collectively and for each patient will be kept, managed and maintained. Some options include:

- Implementation of an electronic dental record system (EDRS) such as Dentrix Enterprise which is already programmed to handle correctional facilities and their dental programs;
- Extensively program the existing electronic medical record (EMR/CorEMR); or
- Improve the rudimentary Dental Excel Spreadsheet (DES) and dashboard.

These current options, at a minimum, must include the ability for Wellpath and MCJ to self-monitor and self-audit themselves as well as monitor compliance in the area of the Dental Priority Code (DPC) system as outlined in the Implementation Plan.

Dental treatment will be provided in accordance with the following Dental Priority System:
(1) Emergency Care (Immediate Treatment): Inmate-patients requiring treatment of an acute oral or maxilla-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.
(2) Treatment within 1 calendar day: (DPC 1A) Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.
(3) Treatment within 30 calendar days: (DPC 1B) Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.
(4) Treatment within 60 calendar days: (DPC 1C) Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.
(5) Treatment within 120 calendar days: (DPC 2) Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention. Moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Exhibit A, p. 102)

The option to purchase and implement the EDRS or alternatively utilize the DES was declined by Wellpath and MCJ. They have chosen to program CorEMR to function as an EDRS. This may take much time, money and effort as CorEMR is currently not an EDRS.

No date has been negotiated for the completion of this option. In the meantime, there continues to be no viable nor relevant dental statistics collected in order for Wellpath to self-audit, self-monitor and self-evaluate itself for compliance. Data is only one metric due monthly to the Dental Subcommittee. The Dental Subcommittee is to provide the Quality Assurance (QA) committee with minutes of their monthly meeting in order to provide continuous improvement to MCJ's dental department.

Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Exhibit A, p. 8)

At a minimum, the objective for MCJ and Wellpath is to adhere to the mandates of the Implementation Plan and the Settlement Agreement in order to achieve substantial compliance (SC). There must be a focus on access to care, timeliness of care, quality of care, infection control and dental program management in order to achieve SC. Also, chronic care, continuity of care, regulatory compliance and quality assurance are all foundational to a quality dental program utilized by the inmate/patients (I/Ps) at MCJ.

MCJ and Wellpath must create a culture which emphasizes overall dental quality care, achieved by improving their standard dental practices. Additionally, a chain of command must be established wherein the Chief Dental Officer (CDO) provides regular and routine supervisory and clinical oversight to MCJ's dental department.

This report will assist with:

- Guidance to MCJ and Wellpath as they begin implementation of the recommendations from this and previous dental audit reports;
- Finalize the corrective action plan (CAP) with due dates;
- Implement the CAP by the due dates;
- Begin meaningful self-auditing and self-monitoring practices; and
- Provide accurate and relevant monthly reports through the Dental Subcommittee to the QA committee.

This report is structured such that pages **1-33 are an overview of the issues found during Dental Tour #6.** Thereafter, the remainder of the report provides logistics, statistics, audit tools, audit tool data, summary of recommendations and appendices to support the findings.

Corrective Action Plan (CAP)

Wellpath and MCJ's CAP is completed utilizing dental report #5 parameters. Informational progress meetings with Judge Cousins occurred throughout the process. The parties are in the final stages of achieving target dates for the completion of the CAP items.

New deficiencies from this report are recommended to be added to the existing CAP. These can be found in the Risk Elimination section of the report. If the parties agree to add the new deficiencies to the CAP, then appropriate timelines can be added to rectify the identified deficiencies. Please note that the current CAP spreadsheet is included in Appendix #3.

Standard of Care & AB109

When AB109 was signed in 2011, eligible I/Ps serving longer sentences at the California Department of Corrections and Rehabilitation (CDCR), were transferred to local county jails to finish out the terms of their incarceration. The expectation was, and continues to be, that the standard of care will continue from the CDCR to the local jail system. Due to the mandates of AB109, the standard of care at MCJ is based not only by the community standards, but also from the level of dental care delivered within CDCR and the California Correctional Health Care Services (CCHCS) Dental Program.

Subsequently, the standard of care becomes based on and is referenced by the current CCHCS, Inmate Dental Services Program (IDSP) November 2017, Policies and Procedures (P&Ps). Note that all 34 CDCR institutions utilize the electronic dental record system, Dentrix Enterprise, to manage their patient's clinical data and to provide management reports and data for their dashboard and monthly Dental Subcommittee meetings. The link to the IDSP P&Ps is: https://cchcs.ca.gov/hcdom/

Site Overview and Covid-19 Precautions

Due to the required adherence to Covid-19 precautions for health and safety, this audit was conducted utilizing the following tools: Zoom, email, text, telephone, dental excel spreadsheet, and read only access to the EMR. The assessment for quality of dental care was made primarily through 1. chart reviews for CorEMR; 2. CorEMR tasks and reports; 3. review of the DES; 4. DES dashboard highlighting relevant data within the spreadsheet; and 5. virtual facility evaluation. There were no direct observations of clinical dental care for this audit; however, this will occur during the next dental audit tour.

No I/Ps were clinically examined by me during any part of dental tour #6. The charts reviewed using the Implementation Plan parameters, span July 1, 2020, to April 30, 2021. Due to vaccinations, the return to a modified dental schedule was opined with the directives shown in Appendix #1. I anticipate that due to changing Covid-19 variants, new directives will be issued by the CDO as conditions change.

OSHA ETS for Health Care Issued

"On June 10, 2021, the Occupational Safety and Health Administration (OSHA) issued an Emergency Temporary Standard (ETS) to protect health care workers from exposure to COVID-19 in the workplace. Dentists provide ambulatory care in outpatient settings and are considered to be subject to the ETS."[1]

"This new infection control guidance and very low COVID-19 infection rate for dentists and dental hygienists prove that dental practices are safe workplaces," states American Dental Association President Daniel J. Klemmedson, D.D.S., M.D.

[1] Academy of General Dentistry email June 10, 2021 @ 4:06:22 pm.

Per the ADA, "The new OSHA workplace ETS provides guidance to be implemented in health care settings where all employees may not be screened for COVID-19, and non-employees and patients with suspected or confirmed COVID-19 are allowed to enter and may be treated. Dental offices most likely to be affected by this standard would include hospital-based oral surgery practices or those who provide care for COVID-19 patients. Dental offices should have a written COVID-19 plan in place. If an office is covered under this ETS it is mandated to do so. If an office is exempt, it still should do a hazard assessment and written plan as recommended in OSHA's Recommended Practices for Safety and Health Programs."[2]

Additionally, "California health care works must show proof of COVID-19 vaccination; unvaccinated workers must get tested regularly".[3]

Anticipated New Dental Facility at MCJ (Protective Order)

The new, additional dental clinic was not in operation at the time of the audit and was not evaluated in this report. Per Chief Bass, both dental clinic locations (Rotunda Dental & New Dental Facility) will be used once opened. It will take approximately five to eight minutes to walk between the two dental clinics. I was informed that the new facility will be in operation by fall 2021. The delay is due to permitting requirements from the State Fire Marshall. Once opened, per Chief Bass, the jail capacity will increase to 1,401 inmates.

There is only one dental operatory in the new facility, which includes one (1) dental chair with a dental delivery system. The plumbed system will require an amalgam separator per state and county requirements.

In Attendance for Dental Tour #6 – May 4-5, 2021

Zoom was utilized to interview dental, administrative, custody and nursing staff, and was also used to perform the clinical facility audit and exit interview. The following individuals attended the Zoom dental audit tour:

[redacted], Operations Specialist for Wellpath; [redacted] RN, HSA and DON(A) for Wellpath; Dr. [redacted] Dentist for Wellpath; [redacted] Dental Assistant for Wellpath; Chief Jim Bass, for Monterey County Jail; Dr. [redacted] Chief Dental Officer for Wellpath; [redacted] Administrative Assistant for Wellpath;
Caroline Jackson, Counsel for Plaintiffs; Peter Bertling, Counsel for Defendants; Ben Rice, Counsel for Defendants; Susan Blitch, Counsel for Monterey County; Rachel Eckhardt, Paralegal for Wellpath; Dr. Viviane G. Winthrop, Dental Neutral Court Monitor.

[2] https://www.ada.org/en/press-room/news-releases/2021-archives/june/dentistry-and-new-covid-19-workplace-regulations
[3] https://www.cda.org/Home/News-and-Events/Newsroom/Article-Details/california-health-care-workers-must-show-proof-of-covid-19-vaccination-unvaccinated-workers-must-get-tested-regularly

Summary Results for Dental Tour #6

Section	Section Title	# Of Questions	% Compliance	SC, PC, NC, N/A
III. 1	Access to Care	32 questions and 31 questions evaluated	22.2%	NC
III. 2	Timeliness of Care	16 questions; 6 questions evaluated	31.3%	NC
III. 3	Quality of Care	13 questions; 5 questions evaluated	25.0%	NC
III. 4	Infection Control/ Regulatory Compliance	88 questions; 76 questions evaluated	*0%	NC
III. 5	Dental Program Management	17 questions; 13 questions evaluated	19.7%	NC
III. 6	Case Reviews	7 class case reviews evaluated	23.0%	NC
***Missing Spore Tests otherwise would have been 70.4% OVERALL TOTAL**			**22.9%**	**NC**

Executive Summary

During the Dental Audit Tour #6, which occurred May 4th thru 5th, 2021, MCJ's Dental Department was found to be in non-compliance with an overall score of **22.9%.**

Even when taking Covid-19 into account, the same recurring issues were found during this dental tour as were found in Dental Tour #5 and in the previous tours. The main issues of concern continue to be the lack of:

1. Access to care;
2. Timeliness of care;
3. Quality of care;
4. Infection control and regulatory compliance, and
5. Dental program management.

Detailed action items are found in the CAP and not always repeated within this report. New deficiencies are located in the Risk Elimination section of this report and are to be considered for inclusion in the CAP. **All areas marked in red or yellow are action items which the CDO, Dentist and HSA must address immediately. Follow up on these action items, including status information, is required by August 31st, 2021.**

There continues to be multiple, systemic issues which must be corrected in order for MCJ to achieve substantial compliance with the mandates set forth in the Implementation Plan (IP) and Settlement Agreement (SA). I have written multiple reports and had exit interviews following each tour with staff and Counsels, where I identified deficiencies and provided countless recommendations on how to resolve issues. After a total of six dental tours to MCJ, spanning a length of over four years, little progress has been made towards implementing the mandates of the IP. To date, MCJ continues to be in non-compliance in all five identified areas of concern as noted above.

14-Day Exam:
The nursing staff perform the dental portion of the Initial Health History (IMQ), also known as the 14-Day Exam. Last year the HSA was present with me on Zoom when the nurse at the 14-Day exam stated he only looks into the patient's mouth if the patient says he/she has pain. Otherwise, no intraoral or extraoral evaluation of the patients occurred per the IP!

Upon identification of the 14-Day Exam deficiency during the Dental Tour #5, I was assured, that at a minimum, the intraoral screening and subsequent documentation of the I/P's dental condition would occur immediately. Ms. [redacted] the HSA, gave clear instruction to the nursing staff that moving forward, the nurses are to look into every patient's mouth and perform and record all oral health screening information per the IP.

Screening for all inmates: A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings; perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. All screening findings will be documented on the health inventory form including the odontogram. Follow up referral and/or consultation with onsite or on call medical provider and /or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation". (Exhibit A, p. 98.)

During this Dental Tour #6, I spoke with a different RN performing the 14-Day Exam and the same lack of protocol continued unchanged! The nurse stated that the RN's performing the 14-Day Exam do not look into the patient's mouth, unless there is pain. And when there is pain, only a cursory look at the offending area is visualized and not the entire mouth is screened as is stated in the IP above. The reasoning identified by the RN for not doing an intra and extraoral screening is that there is no form in which to record the information, nor an odontogram to fill out the information as mandated.

The RN's have not been provided with a roadmap, a form, or an odontogram to perform their duties as listed in the IP. I suggested and demonstrated to staff, CDO and Counsels on multiple

occasions that an EDRS such as Dentrix Enterprise, can be easily utilized to solve this requirement and assist the nurses in performing their duty.

It is important to have a documented odontogram in order to visualize the area(s) of current dental concerns. Not all dental conditions which can be visualized, have pain initially associated with them, (i.e., cavities, certain types of cancers, periodontal disease, broken down teeth). These examples are often precursors to irreversible dental conditions, (i.e., tooth loss, malignant cancers, nerve damage), which can cause harm to the patient.

Consequently, without the RN visualizing any potential problems within the patient's mouth, a referral to Dental does not occur. The patients not only miss out on their mandated dental care but also on the opportunity for increased dental health by minimizing the risk of an undiagnosed dental conditions which could affect the I/Ps dental and overall health for years to come.

Not only is the lack of the screening itself and documentation of the I/Ps oral health screenings per the IP a continued disregard for the patient's dental health, but concerning also is the insubordination to the HSA's direct orders.

From July 1, 2020 thru December 30, 2020, one look at the dental dashboard within the DES confirmed statistically that the oral health screenings have not occurred and the deficiencies have not been corrected. Wellpath and MCJ have had access to the dental dashboard of the DES located in the MCJ SharePoint.

Data from July 1, 2020, thru Dec 30, 2020 showed there were **0.0% Dental Level 1 (DL1) referrals to dental from the 14-Day Exam and 0.5% Dental Level 2 (DL2) referrals respectively.** Alternatively, patients requesting **dental sick calls occurred 2.6%** of the time for DL1 conditions but occurred an average of **46.7%** of the time for DL2 problems. Had inmate/patients been screened as mandated at the 14-Day Exam, the patients would have been referred to dental earlier and not have had to use the dental sick call system to self-identify pain or dental problems which could have been identified during the 14-Day Exam.

Many of the dental sick calls submitted were from patients seen shortly after the patients were booked and incarcerated at MCJ. Had the 14-Day Exam screening been utilized per the IP, it would have caught many dental issues thus preventing pain to patients and extra work for the Sick Call system. Protocols, policies, procedures, and resources such as an EDRS are tools which can improve this existing, broken system.

I have been told by Defendants Counsel that the patients' dental problems are mostly identified at Intake and that it is "not a worry" that these patient's do not receive a screening as identified in the IP during the 14-Day Exam. During 07/01/2020 thru 12/31/2020, one (1) patient was referred to dental from Intake with a DL1 condition, and 40 were referred with a DL2 condition.

During this timeframe, there were 50 dental works days of 10 hours each, 1118 scheduled patients, and 673 patients seen in dental as scheduled. For a DL1 condition at Intake, this is **0%**

of the "seen in dental" patients. For DL2 conditions during this timeframe, dental referrals from Intake averaged **3.5%** of the patients seen in dental.

Positive findings and conditions requiring further evaluation and/or treatment shall be referred to the appropriate provider, i.e., medical, mental health and dental, next scheduled sick call. Urgent conditions will be referred immediately to on-site or on-call provider resources. (Exhibit A, p. 34).

Statistically during the same 6-month period, patients were seen for a Dental Sick Call an average of **3.1%** for DL1 conditions and **46.8%** for DL2 Dental Sick Call conditions. It is hard to believe considering a patient population who routinely does not have access to dental care on the "outside", only had one (1) patient with urgent/emergent issues necessitating a DL 1 demarcation at Intake, and none, zero (0) at the 14-Day Exam, during this six-month period! These same issues have been discussed numerous times with staff and Counsels in this and previous reports; therefore, **I consider the continued lack of compliance to the mandates of the IP at the 14-Day Exam an example of a systemic, continuous, observed pattern of neglect.**

As of January 1, 2021, the dental staff have altogether stopped entering data into the DES and therefore the dashboard is no longer available to look at patterns of dental care. In order to see if there is a solution to tracking referrals in CorEMR, Ms. [redacted] the HSA, and I reviewed CorEMR and found there is no current way to track these metrics at this time without entering the data into the DES. Significant programming would have to occur to tag referrals to Dental from the 14-Day Exam as well as from Intake and Dental Sick Call.

Rescheduled Dental Patients:
The same systemic problem of observed neglect to the patients applies to the multitude and sheer number of rescheduled dental patients for both episodic and comprehensive dental care at MCJ. An average **of 41.5% of patients** have been rescheduled between 07/01/2020 thru 04/30/2021. Between 01/01/2021 thru 04/30/2021, **54.9%** of the inmate/patients were rescheduled mainly due to "lack of resources". This is over one out of every two patients not seen for their dental care appointments for either episodic or comprehensive dental care!

I was informed by Defendant's Counsel that "lack of resources" was only used during 01/01/2021 thru 03/23/2021 when Dr. [redacted] did not have a dental assistant. However, **28.7%** of inmate/patients were rescheduled between 07/01/2020 – 12/31/2020, prior to this time period, for "lack of resources", "heavy schedule", "episodic patient seen instead". That is nearly 1 out of every 3 scheduled dental patients who were rescheduled, and who did not receive their timely scheduled dental care when a Registered Dental Assistant (RDA) was working with the Dentist!

"CFMG personnel provide health care services for inmates and act as their advocates in health care matters. Health services shall be rendered with consideration for the patient's dignity and feelings and in a manner which encourages the patient's subsequent utilization of appropriate health services". (Exhibit A, p. 20).

Booked on March 19, 2020, here is an example, patient # [redacted] and countless others, who experienced the following rescheduled appointments:

- 03/16/2021 – Rescheduled Annual Dental Exam by the Dentist stating, "non inmate request for annual exam". ***
- 03/31/2021 – "Pt requesting annual dental cleaning, level 2" through the Dental Sick Call process was rescheduled for "Lack of resources, Limited DA coverage, Episodic care priority".
- 05/26/2021 – Rescheduled patient and no reason given.
- 06/05/2021 – Rescheduled patient and no reason given.
- 06/12/2021 – Rescheduled patient and no reason given.
- 06/19/2021 – Rescheduled patient and no reason given.
- 06/22/2021 – Patient was released on this date and was never seen in the dental clinic for any of his requested, mandated dental care! **It is vitally important that Wellpath and MCJ take responsibility for their inmate/patient's dental wellbeing!**

Comprehensive Dental Examinations:
***Patients with over one year of incarceration and those with chronic care conditions are eligible for comprehensive dental care (as opposed to episodic care which addresses only one dental issue at a time). It was agreed during earlier dental audit tours that TracNet, the program used by the Sheriff's Department, would automatically schedule all patients 12 months out from their initial date of booking for their comprehensive dental examination appointment. If the I/Ps were still incarcerated at MCJ, then they were to be seen as scheduled. If they had been released from custody, then their dental appointment would fall off the appointment task list. This established system ensures that all patients with over one year of incarceration remaining on their sentence have access to comprehensive dental care.

Comprehensive Dental Examinations Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. The purpose of the dental examinations shall be for the identification, diagnosis, and treatment of dental pathology which impacts the health and welfare of inmate patients.
a. Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility.
b. Examination findings and proposed treatment plan will be documented on standardized comprehensive dental exam, periodontal exam and treatment planning forms which will be filed in the patient medical record.
c. Panoramic radiograph may be requested from an outside source when, in the discretion of the dentist, it will assist in diagnosis and treatment planning. (Exhibit A, p. 103).

This system has been routinely in place since early 2019. The IP referenced above does not state patients must request their own comprehensive dental exam. This TracNet system was successful in its ability to provide access to dental care to the patients of MCJ. Rescheduling an average of 41.5% of the patients between 07/01/2020 thru 04/30/2021, who were eligible for dental care, is a barrier to access to care!

Comprehensive Dental Examinations, X-rays and Reschedules:
From the time period 01/01/2021 thru 03/23/2021, Dr. [redacted] did not have a dental assistant nor did he take any of his own radiographs (x-rays). Even thru 04/30/2021, which was the end of this review period, comprehensive dental examination patients were all rescheduled by Dr. [redacted] without the patients being given the opportunity to come and receive their scheduled, comprehensive dental examination and dental treatment plan.

Patients are eligible for a comprehensive exam and an individualized dental treatment plan *(see Exhibit A, p. 103 above)*, as well as subsequent dental treatment from the treatment plan.

Inmate-patients with comprehensive examinations and treatment plans are eligible to receive permanent restorations in accordance with their established treatment plan. (Exhibit A, p. 106).

MCJ dental clinic shall provide necessary oral surgery services to all inmate- patients onsite or through a local community provider. (Exhibit A, p. 100, 103).

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Exhibit A, p. 100, 108).

All patients in custody of county detention centers with CFMG dental contracts shall be eligible to receive palliative endodontic therapy limited to upper and lower anterior teeth…. Palliative endodontic therapy-the procedure in which pulpal debridement is performed to relieve acute pain shall be provided to all inmate-patients. Inmate-patients incarcerated for 12 months or greater are eligible to receive root canal therapy limited to upper and lower anterior teeth… (Exhibit A, p. 108).

A Dental Priority Code (DPC) is attached to each line item of the I/Ps dental treatment plan to identify in which timeframe they are eligible to receive treatment. Patients are entitled to the completion of their treatment plan in a timely manner.

Dental treatment will be provided in accordance with the following Dental Priority System:
(1) Emergency Care (Immediate Treatment): Inmate-patients requiring treatment of an acute oral or maxilla-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.
(2) Treatment within 1 calendar day: (DPC 1A) *Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.*
(3) Treatment within 30 calendar days: (DPC 1B) *Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.*
(4) Treatment within 60 calendar days: (DPC 1C) *Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.*

(5) Treatment within 120 calendar days: (DPC 2) *Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention. Moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Exhibit A, p. 101, 102).*

From 07/01/2020 thru 12/30/2020 there were 65 **requests** for an annual dental comprehensive exam and/or an annual cleaning, rescheduled and not seen by dental.

From 01/01/2021 thru 04/30/2021 there were 159 **requests** for annual exam and/or annual cleanings which were rescheduled or cancelled by staff. As of May 1st, 2021, requests for annual examination and/or annual exam and cleaning have not been seen by the dentist except for one (1) patient. Even when patients are requesting their annual dental exam or their mandated cleaning through the Dental Sick Call process, see example #[redacted] Dr. [redacted] has rescheduled patients mainly due to "lack of resources".

Note that during this staffing dilemma, per Dr. [redacted] and Dr. [redacted] CDO, no communication occurred between supervisor and subordinate to discuss or find solutions to this rescheduling crisis. Referral opportunities to outside specialists or to Western Dental were not exercised. More about this later in the referral section below.

These eligible, rescheduled 158 comprehensive dental examination patients consequently did not also receive a timely dental treatment plan, nor a timely cleaning nor timely dental treatment. Due to the lack of data collection during the 01/01/2021 thru 04/30/2021 time period, it currently is too labor intensive and impractical, for this report #6, to identify which patients from that time period are still incarcerated from 05/01/2021 thru 08/12/2021 and to know if any of these I/Ps received which portion, if any, of their mandated dental exam and treatment.

Without a viable, relevant and accurate data collection system such as found in an EDRS, it is impractical and labor intensive at this time, unless requested, to identify the number and percentages of episodic dental care patients who did or did not receive their mandated dental care within the DPC system outlined above.

Additionally, as there are no cumulative data collection methods available, it is too labor intensive and impractical for this report #6, unless requested, to identify specific outcomes for episodic and comprehensive dental patients evaluating 1. reschedules of patients seen within timeframe despite being rescheduled; 2. seen outside of timeframe; 3. never seen despite rescheduling because released and/or 3. never seen despite rescheduling because never put back in the schedule.

Consider that many of the I/Ps scheduled and rescheduled for their comprehensive dental care examinations from November and December 2020 also did not receive their exam and treatment plan either by April 30, 2021. Many of these November and December 2020 patients were rescheduled numerous times as well. Therefore, this 4 to 6+-month delay in accessing dental care

per the mandates of the IP, for inmates with over one (1) year of incarceration, is a hardship for these patients who have waited patiently and now may have undiagnosed dental disease through no fault of their own. This time delay can have deleterious effects on a patient's ability to keep their teeth and cause harm to their overall dental health.[4][5][6]

Forms, Documents, Health History and X-rays Not Scanned into CorEMR:
When reviewing the audit tool data, one will see that dental forms and documents including consent forms, health history update forms, comprehensive dental examination and periodontal charting forms as well as dental x-rays, are not routinely scanned into CorEMR.

Without documented objective findings found in the aforementioned forms and x-rays and scanned into CorEMR, a diagnosis is incomplete. An incomplete progress note, not clearly identifying the content of the objective findings, can all lead to an incomplete diagnosis due to the following:

- no x-ray;
- an x-ray taken but not scanned into the EMR;
- an x-ray of undiagnostic quality or

An incomplete diagnosis falls below the standard of care and may ultimately cause harm to a patient if a procedure is conducted without the necessary preoperative information.

"So, in the case where perchance something did go amiss with an extraction, since essentially all other dentists would have taken a radiograph first (the "standard of care"), besides experiencing the distress of causing their patient harm, a dentist could also find that they're in serious legal trouble because they didn't practice the same level of care that their peers routinely would have."[7]

Not having an x-ray or not having a diagnostic x-ray can lead to missing a tooth abscess for example or even missing a jaw cancer. Antibiotics can only treat the acute infection from a tooth abscess but does not prevent a re-infection from occurring, nor does it treat the cause of the infection. To remove the cause of the infection, a root canal or an extraction is needed to resolve the infection.

A periapical x-ray visualizes the crown of the tooth to beyond the root where the tooth attaches into the jaw. In a panoramic x-ray as in the example below, shows the entire jaw. If the apex of a wisdom tooth was missed when taking a periapical x-ray, then in this example of a panoramic x-ray, the existing jaw fracture would have been missed. Had the tooth been extracted in this example, then a more serious broken jaw and possible permanent nerve injury could have resulted.

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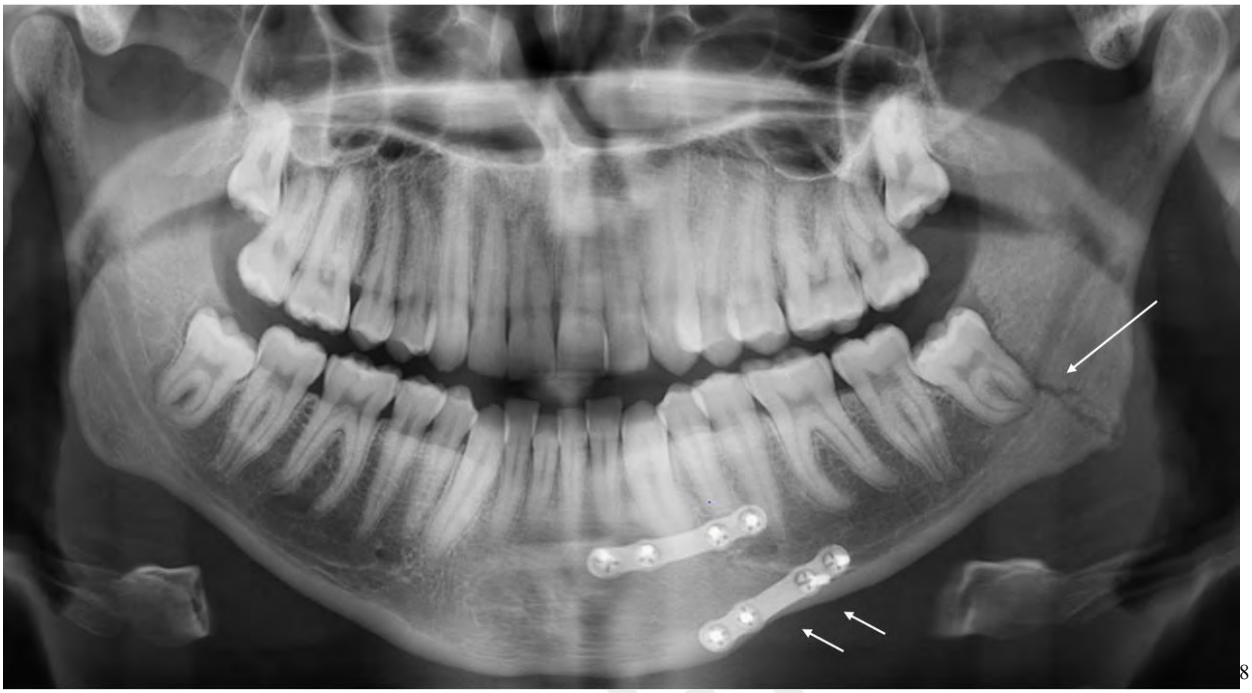
[4] https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475
[5] https://www.ada.org/~/media/ADA/Publications/Files/patient_61.ashx
[6] https://www.agd.org/docs/default-source/self-instruction-(gendent)/gendent_nd17_aafp_kane.pdf
[7] https://www.animated-teeth.com/tooth_extractions/blog-tooth-extraction-is-x-ray-required.htm

 [8]

Note that Wellpath and MCJ have declined the acquisition and implementation of digital x-rays and a panoramic x-ray, which I continue to recommend both in order to safely, quickly assess and diagnose dental conditions at MCJ.

In the audit tool data, I included the belief that the x-ray(s) were taken and stored onsite, when Dr. [redacted] stated in his progress notes that a periapical x-ray (PA) was taken. Although I do not have conclusive evidence to substantiate this, there is a book containing all the patient's radiographs onsite at MCJ. I do know however that no x-rays were taken from 01/01/2021 thru 03/23/2021 and no x-rays were scanned into CorEMR during this time period.

Notwithstanding the purchase of an EDRS such as Dentrix Enterprise, I have recommended and continue to recommend, for patient confidentiality and for the prevention of mixing x-rays with another patient, that each patient should have their own separate envelope or chart. Each chart should contain the I/Ps own x-rays, treatment plan and periodontal charting, labelled with the patient's name, date of birth, ID and booking number, all separated from any other patient's information.

And it is vitally important to scan the x-rays and other forms into CorEMR. It is essential to have x-rays present in the health record in order to verify that the diagnosis ("Assessment" in the SOAPE progress note) is supported by the objective findings and is commensurate with the treatment plan, the DPC and subsequently with the dental treatment itself.

[8] https://emj.bmj.com/content/emermed/36/9/565/F9.large.jpg

The EMR will contain the complete medical record of each inmate at the MCJ. (Exhibit A, p.112).

A treatment plan is a series of written statements which specify the particular course of treatment. A thorough plan will be included in the plan portion of S.O.A.P. progress note and problem lists will reflect current problems or conditions being followed. Monitoring the efficacy of treatment while in custody, and discharge planning are essential components of the treatment plan. (Exhibit A, p.26).

Lack of Referrals for X-rays or Treatment During the Period of No Dental Assistant: During 01/01/2021 thru 03/23/2021 Dr. [redacted] saw patients for a screening only, without taking x-rays, without providing a definite diagnosis, without performing procedures/treatments and without referring any of his patients, even those who asked multiple time for help, to someone who can provide a definitive evaluation and treat rather than delay their dental pain.

If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Exhibit A, p. 99)

Complicated dental problems are referred to an oral surgeon as deemed necessary with priority determined by the responsible dentist in accordance with the Dental Priority System." (Exhibit A, p. 102).

When the new dental assistant was hired in March, she only worked with Dr. [redacted] an average of 5 hours a day on his second day of work. This means that Dr. [redacted] only saw patients 5 hours a day rather than 12 hours a day. Wellpath management agreed to let Dr. [redacted] arrive to work at 10:00 am on his first day (Tuesday) and leave at 5:00 pm on his second day (Wednesday). **On his second day of work, he notes his hours are from 5 am to 5 pm even though his dental assistant only works with him from 12 to 5!** Dr. [redacted] is a contract employee and not an employee of Wellpath. His eligibility for an alternate work schedule should be re-examined.

I recommend a full time, five day a week, eight hours a day dental practice with two Dental Assistants (DA) in order to handle the amount of dental care where patients are seen as scheduled! See the section under staffing allowance below for additional information.

There are and were resources available during the staffing crisis. MCJ has utilized Western Dental in the past and the patients could have been sent to a radiology location where full mouth series of x-rays could have been prescribed for the patients. Dr. [redacted] the Oral Surgeon, whom patients have been referred to before, has a panoramic x-ray unit and he could have performed extractions for those patients in pain and needing this type of service. Management could have reached out to dentists and dental assistants in the community, asking the dental assistants to work on their off days. I was told that no contract dental registries were available and if they

were, there were no available dental assistants. Dr. [redacted] could have taken the x-rays himself and performed the triage at least!

They had and continue to have the oral surgeon who can take a panoramic radiograph, evaluate, and extract painful teeth without the patient waiting for months, taking antibiotics and pain medications needlessly, when the patients could have been treated earlier. He could have called his clinical supervisor to discuss the situation. Per the interview for this dental tour, Dr. [redacted] stated that he did not call his clinical supervisor and conversely his supervisor has not called him since September 2020! An effective and regular chain of command for administrative and clinical oversight needs to be established.

Infection Control and Regulatory Compliance:
This section evaluates the quality of infection control and regulatory compliance at MCJ. Per the Implementation Plan:

All dental services will be provided in a safe and sanitary environment. (Exhibit A, p. 98)

If a spore test was not performed during a week in which autoclaving was conducted, then it is an automatic failure for the entire infection control section and regulatory compliance section. Patient safety and the prevention of infectious diseases such as Hepatitis B or C is paramount in a dental clinical setting.

Dr. [redacted] mentioned that although rarely, he did use dental instruments during the period of January 1, 2021, thru March 23, 2021, when he did not have a dental assistant. However, he stated that medical staff used the dental autoclave during this time period to sterilize their instruments.

There were no spore tests and results provided for the date range of January 1, thru March 23, 2021, therefore the overall score is 0%, Non-Compliance. Had the spore testing been performed as mandated by the California Dental Practice Act, Title 16 and state guidelines, the score would have been 70.4%.

Even had the score been 70.4%, this is a decrease from last year's score of 79.6%. This is due mainly to the Tool Control and various other Logs which were not filled in or completed since 01/01/2021. Dr. [redacted] was advised to begin accountability immediately by restarting the Tool Control and filling out the appropriate dental clinic logs in the appropriate timeframe.

Staffing Allowance:
Note that this current staffing allowance of three (3), eight-hour dental days or two (2), 12-hour dental days is not enough to see the patients as scheduled. With over a 50% reschedule rate, there will be an even greater impact on dental's ability to see patients when the RNs at the 14-Day Exam begin to look into their patient's mouth and refer patients according to the IP. In addition, when the Periodontal Disease Program begins, it will also have an impact on their current

staffing allowance. I recommend full time dental care, five days a week, at MCJ with a minimum of two Dental Assistants and a part time hygienist as recommended by the IP.

A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental hygiene education and periodontal hygiene treatment consistent with dentists' treatment recommendations. (Exhibit A, p. 103, 104).

There shall be, at all times, sufficient staff to ensure compliance with the CFMG Implementation Plan. The CFMG Staffing Plan for the Monterey County Jail is attached hereto as Exhibit I. CFMG will ensure that staffing levels are sufficient to consistently and adequately fill all positions identified in the CFMG Staffing Plan. Relief factors for each position will be calculated into the staffing analysis to ensure staffing levels consistently meet requirements. CFMG will evaluate on an on-going basis its staffing levels to ensure that all staffing positions are filled and sufficient staff is employed to ensure compliance with the CFMG Implementation Plan. (Exhibit A, p. 115.).

There are resources available to Dr. [redacted] in conjunction with his clinical supervisor. A staffing analysis is to be conducted as part of the CAP. In order for the mandated dental care per the IP to be achieved for both episodic and comprehensive dental care, including the implementation of the dental portion of the 14-Day Exam, chronic care referrals and the periodontal disease program, available options include but are not limited to:

- Utilizing Wellpath's "Rapid Response Team"
- Hiring additional staff;
- Training the existing staff;
- Utilizing an EDRS to maximize efficiency so patients can be seen as scheduled;
- Referring patients to outside dental clinicians;
- Contracting with outside dental providers;
- Referring the patients with pain to the oral surgeon for evaluation and treatment when indicated;
- Hiring a hygienist per the Implementation Plan.

Tracking Rescheduled Patients:
Tracking rescheduled patients and making sure they are scheduled again for their chief complaint is important to satisfying the mandates of the Implementation Plan. A next visit recommendation is useful to identified the next appointment reason so the patients are not lost and/or ignored.

Tracking a rescheduled patient, especially if rescheduled multiple times is more than CorEMR is capable of doing effectively. If Dr. [redacted] does not schedule a rescheduled patient, then the patient is not scheduled to be seen in dental. There is no way to perform a search for the type of scheduled procedure the patient is needing. Only a task with the patient's name is available to be searched in CorEMR. It becomes labor intensive to search multiple tasks with multiple treatment plans within CorEMR as it is not an EDRS.
When patients have multiple lines of treatment from their comprehensive exam, this becomes even more important that a true dental software is utilized so that unscheduled patients without

an appointment can quickly be found at the push of a button. It is virtually impossible to search for a list of unscheduled patients needing a filling for example. CorEMR cannot accomplish this.

This is where an electronic dental record system (EDRS) such as Dentrix Enterprise would be capable of tracking and accounting for all patients. These are only a small sampling of necessary searches within an EDRS to find patients who need to be seen and kept track of patients who have:

- treatment plans;
- referrals from nursing from Intake, 14-Day Exam, Dental Sick Call, physician referrals;
- referrals to outside specials;
- searching for all treatment due under all DPCs;
- search for lists of patients needing restorative, oral surgery or periodontal treatment;
- searching for unscheduled or rescheduled patient appointments and so forth.

Deferred Findings:
Findings are deferred for a number of reasons. The majority of the deferred findings relate to not having a program in which to search for the parameters in which to answer the questions found in the audit tool. For example, something simple such as for looking for a patient who has had a filling, palliative care, an extraction, periodontal cleaning or root canal is particularly time consuming without an EDRS or a DES. With an EDRS, the information is at the push of a button.

Additional deferred findings were due to Wellpath and MCJ not having a system in place where I can easily search for compliance of the DPC, such as for those I/Ps who received a treatment plan with a DPC of 1A. I must search for a completed triage appointment, which has not been rescheduled or refused outside of the timeframe and who was given a 1A at the time of diagnosis and then search to identify if the compliance of the treatment plan was done within timeframe. All very easy things for an EDRS or DES to search for, but time-consuming for an auditor to research, without easily available data.

A simple example of a search function currently not available in CorEMR, is how many and what types of fillings, extractions, exams, or cleanings were completed in a month…. were these treatments from episodic or comprehensive care? How many open treatment plans are there which need to be completed within the DPC timeframe? Questions such as how many open treatment plans remain to be treated are decisions dental staff and administrators can review about their staffing needs? Additionally, if it is time-consuming for me, it is also time-consuming for the dental staff to manually search for data in order to audit themselves and provide viable data to its Dental Subcommittee and ultimately to their QA committee.

Should deferred finding information be requested to be placed into dental report #6, or included in report #7, then please let me know and I will take the time to find the data and enter it into the audit tool(s) if an EDRS type solution has not been found by the next dental audit tour. Note that some of the deferred findings were completed for this report and it affected the overall score as seen in the timeliness of care dropped to 31.3%. Hopefully Wellpath and MCJ will have an easy

solution, at a minimum, to data collecting and tracking by the 7th audit tour. Had the EDRS been purchased years ago as was suggested, it would have paid for itself and would have been a cost savings today.

For auditing purposes, basic things such as x-rays, charts, and documents, should be readily available at the push of a button. Search functions, for example, to see if a rescheduled patient has a specific treatment plan item scheduled and seen within DPC timeframe following previously rescheduled appointments, should be readily and easily available. An EDRS is designed for these types of searches. Dental program information should be fully accessible, easily searchable and fully transparent so course corrections to the dental program can be viewed, decided and acted upon easily and effortlessly.

EDRS such as Dentrix Enterprise and Digital X-rays:
As mentioned previously, MCJ continues to operate without a dedicated DES or EDRS such as Dentrix Enterprise, and without a sufficient number of staff to operate the dental department as mandated by the Implementation Plan.

There shall be, at all times, sufficient staff to ensure compliance with the CFMG Implementation Plan. The CFMG Staffing Plan for the Monterey County Jail is attached hereto as Exhibit I. CFMG will ensure that staffing levels are sufficient to consistently and adequately fill all positions identified in the CFMG Staffing Plan. Relief factors for each position will be calculated into the staffing analysis to ensure staffing levels consistently meet requirements. CFMG will evaluate on an on-going basis its staffing levels to ensure that all staffing positions are filled and sufficient staff is employed to ensure compliance with the CFMG Implementation Plan. (Exhibit A, p. 115).

"The EMR will contain the complete medical record of each inmate at the MCJ." (*Exhibit A, p. 112).*

The need and schedule for follow up dental clinic appointments will be determined by the responsible dentist. (Exhibit A, p. 102).

"An EDRS is the standard of care in the dental community at large, and Dentrix Enterprise is the EDRS for many county jails throughout the United States, (it) is the contracted EDRS for the Department of Defense and the Indian Health and is the EDRS dental enterprise system for all the California Department of Corrections and Rehabilitation's (CDCR's) 34 facilities."[9]
An EDRS would provide, among many other attributes, an audit trail, a HIPAA sanctioned program and a way to track all aspects of the dental clinical care program and metrics more precisely and easily at MCJ. It would assist with tracking access to care, timeliness of care, quality of care, chronic care referrals and continuity of care. The CDO would also be able to more easily supervise remotely, audit charts as well as have a management tool for identifying

[9] Andrea Hight of Henry Schein, see email sent August 5, 2020 in Appendix 11 dental report #5.

trends, outcome measures and key performance metrics, with easy access to reports from his office.

CorEMR, MCJ/Wellpath's electronic health record (EHR) is not a dental clinical program, nor does it capture the data necessary to track compliance or run a competent clinical dental program.

- MCJ and Wellpath have implemented the use of an EHR for Medical and Mental Health to "help providers more effectively diagnose patients, reduce medical errors, and provide safer care, improving patient and provider interaction and communication as well as health care convenience"[10]. Dental however, does not currently have an electronic dental record system (EDRS). Nor does it have digital x-rays conveniently linked to an EDRS. Dental must be included in this triad of health care.

- As noted throughout this report, the dentist struggles to correctly diagnose patients, often giving a diagnosis that is inconsistent with the objective findings, and there are often discrepancies between which tooth the patient complained of and the one the dentist worked on, making it possible that the dentist is treating and even extracting the wrong tooth on some patients. These errors are alarming and potentially harmful to the patients.

- The system of chart audits and peer review put into place only catch these errors after the fact. An EDRS contains safeguards that should prevent these errors from happening. An EDRS has drop-down menus that limit available diagnoses to only those options that correspond with the objective findings entered. The odontogram provides a visual image of the mouth for the dentist to notate, instead of requiring the dentist to correctly number teeth. Other than programming the DES, I am not aware of any non-EDRS software that has such safeguards.

- There is also an urgent need for Wellpath to find an effective mechanism for scheduling patients and tracking reschedules, whether through an EDRS or through upgrading existing software such as CorEMR or the dental spreadsheet. This report notes deeply concerning levels of non-compliance with respect to scheduling and seeing patients for dental care, treating patients according to the longer DPC timelines, and (relatedly) rescheduling patients. Some months saw compliance as low as 0% for scheduling and/or seeing patients according to DL1 or DL2 timelines and still more months saw compliance in the single digits (notably, this low compliance occurred even while the dental program was fully staffed). Once finally seen and diagnosed, just 33.3% of patients with a DPC of 1C and just 16.7% of patients with a DPC 2 received treatment according to the timeline.

- Currently, there is no system to flag any deadlines associated with a patient's initial appointment or subsequent treatment. As a result, some patients are seen well within the IP timelines while others do not receive treatment until months past the applicable deadline for

[10] https://www.healthit.gov/faq/what-are-advantages-electronic-health-records

care, and still others never receive a new appointment date. Dentrix Enterprise is already programmed to recognize the DPC timelines and assist the scheduler to prioritize patients with approaching deadlines, and Dentrix also has the capacity to print a list of patients with an open treatment plan who do not have a scheduled appointment. Other solutions may exist, such as programming the dental spreadsheet or CorEMR.

- There is also no way to sort or organize patients based on the type of appointment or treatment prescribed. Simply sorting patients differently could improve the efficiency of the dental program, reducing reschedules. There are also certain types of procedures that may end up getting rescheduled more often than others, or that tend to cause other patients to get rescheduled. Having that information, the jail can schedule around it, but there is no way of knowing about these trends without looking at them.

- Digital x-rays should also remedy several areas of deficiency, especially where x-rays were missing or poor quality, and also where "lack of resources" impacted patient care. Film x-rays take far more resources than digital x-rays. It takes approximately three times as long to take film x-rays as it does to take digital x-rays (30-45 minutes for a full-mouth series of film x-rays, as compared to 10-15 minutes for the same series of digital x-rays), and during this time the dentist sits idle. It also takes time for the dental assistant to develop film x-rays, taking her away from other tasks, and usually meaning that patients have to be called back for another appointment just to look at the x-rays. This problem is especially clear with the comprehensive exam, where I noted several patients were not seen for several months after their x-rays were taken. It is also a burden on dental staff to scan and upload these x-rays into CorEMR. If integrated with an EDRS, digital x-rays will appear automatically. Even without integration into an EDRS, the x-ray will already be digitized and only needs to be uploaded to CorEMR, instead of first being scanned.

Transparency and the EDRS:
My stance continues to be transparency, continuous improvement and is commensurate with "if you can't measure it, you can't improve it".[11]

- Enclosed is a copy of the dental excel spreadsheet in the email with this report as a separate attachment. One must have Active X controls enabled to see the spreadsheet as it is intended with its routing slip function. If one only has a MAC, the Active X controls do not work, and the spreadsheet will not be beneficial or capable of being viewed as intended.

I have been labelled "difficult", and even "radical", for suggesting an EDRS such as Dentrix Enterprise is a functional practical solution, designed to address the IP requirements and assist Wellpath and MCJ in the steps towards achieving and maintaining substantial compliance.

[11] Peter Drucker quote

The standard of care in dentistry, in California and in the United States is an EDRS[12]. Paper charting is antiquated. Scanning paper into an electronic health record is more work, time consuming and less efficient than direct integration. It is time to move forward and utilize technology that has already been adapted for corrections and the Implementation Plan, i.e., the Dental Priority Code which CorEMR is not designed to do and cannot perform as it is today.

Note again that had digital x-rays been available within an EDRS, or just as a stand-alone system, diagnostic information would be readily available to collaborate the dentist's diagnosis with the stated objective findings and corresponding treatment plan.

Clinical and Administrative Supervision:
Supervisory functions of the dentist, dental assistant and hygienist, and the assessment of the health of the dental program, fall to the HSA and the CDO. Having a program which the CDO can remote into and obtain reports, visualize radiographs, see trends, attend the monthly dental subcommittee meeting, and have data at the ready, is an important part in the chain of command necessary for the transition to self-monitoring and self-assessment.

Per the interview with Dr. [redacted] on May 5, 2021, he stated that he has not reached out to his direct supervisor Dr. [redacted] for help with the lack of staffing he experienced between January 1, 2021, thru mid-March 2021, nor has Dr. [redacted] reached out to him to offer help. One of the reasons for this disconnect is that Dr. [redacted] has been made responsible for 2-3 days of direct clinical care per week in addition to overseeing 286 dental clinics!

Dr. [redacted] has informed me that Wellpath management will discontinue his direct patient care duties and allow him to function as the other Chief Medical and Chief Psychiatric Officers do, by focusing on managing and supervising his subordinates. This was stated to me a year ago and has not happened thus far.

Periodontal Disease Program:
Dr. [redacted] and I worked through the process and after many workflows arrived at a solution in which the inmate/patients can access and receive the periodontal screening as outlined in the Periodontal Disease Program of the Implementation Plan.

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Exhibit A, pp. 100, 103).

Wellpath and MCJ Counsels contended that if a patient is asking for a cleaning, then they are not eligible because they have less than one year of incarceration remaining. They stated the I/Ps would have to ask for a "periodontal screening" to enter into the process found in the Periodontal Disease Program.

[12] https://www.healthit.gov/faq/what-are-advantages-electronic-health-records

Opposing Counsels contended that if a patient requests a "periodontal screening" this is not something a reasonable or lay person would understand to ask for in terms of common language. Patients would ask for "can I have a cleaning" or "my gums are bleeding" to inquire about the health of their gums and the necessity of a cleaning. I stated that I did not want semantics to hinder a patient's access to care.

The Implementation Plan itself was agreed upon by all parties. Dr. [redacted] and I agreed to use the Chronic Care referral to dental system as a way for patients to access the Periodontal Disease Program.

<u>The general outline of the periodontal disease program process is below. Wellpath is to fill in the remaining details to make this a function, efficient and effective workflow.</u>

1. Note, if a patient submits a dental sick call for any other issue (toothache, etc) other than the periodontal disease program, then screen for the dental sick call process as normal and issue a dental level 1 or 2 as shown in #4 below.

2. If patient submits dental sick call regarding a gum or bone loss issue.
    a. Any words are allowable from my gums are bleeding, gum pain, I want a cleaning, I have a bad smell or bad taste in my mouth, my gums are irritated, I want a periodontal screening, I want a deep cleaning because I had gum disease before, etc.

3. Nurse differentiates if it is a localized or generalized issue.

4. If a localized issue, problem referred to dental through the dental sick call system where a dental level 1 or 2 is given and the patient is scheduled in dental within the dental level timeframe. Dental Level 1 is next dental day and Dental Level 2 is within 14 calendar days.

5. If a generalized issue, then the nurse evaluates if it is an urgent/emergent issue (if so then patient goes through the dental sick call system where a dental level 1 or 2 is given and the patient is scheduled in dental within the dental level timeframe).

6. If it's a generalized issue and not urgent or emergent, the patient's request goes through the Chronic Care process where the patient is scheduled within 90 days for a comprehensive dental examination.

    a. The chronic care process includes referrals for patients from the 7-day medical chronic care examination who have HIV, Diabetes, Seizures, Pregnancy and those with special needs or for patients on 4 or more psych medications.

    b. Those patients are scheduled in dental for a comprehensive dental examination within 90 days of the referral. If the patient is no longer incarcerated at the time of the appointment, then the appointment falls off the dental schedule.

c. If the nurse determines that this "I want a cleaning" patient has indeed generalized conditions such as bleeding gums which allow the patient to be scheduled through the chronic care route, but feels the patient should not wait 90 days, then the nurse can schedule for a comp exam and perio exam at his/her discretion.

d. The comp and perio exam will include the full mouth series of x-rays (FMX) and the periodontal charting and the periodontal exam. Since an FMX is taken and the dentist is responsible for identifying any disease process within any x-ray, the comprehensive dental examination which includes the periodontal examination is fully charted and a treatment plan is determined, with a DPC attached to each line of treatment plan.

e. Patients will be scheduled for treatment based on their DPC. Note that all , the entire, treatment needs to be completed prior to the longest DPC, which means that if the patient has four quadrants of deep cleaning with a DPC 2, an extraction with DPC 1B, and 3 fillings with a DPC 2, then all the treatment needs to be completed by the DPC 2 timeframe.

f. If a patient is placed in the chronic care route for the periodontal disease program, but puts in a new dental sick call for a new condition, then the new dental chief complaint is evaluated in the dental sick call process as outlined in #1 and #2 above.

Self-Auditing, Self-Assessment, Self-Monitoring:
Lastly, I reiterate that the goal for MCJ and Wellpath is to self-assess their dental program, by performing quality audits, committing to transparency through data collection and the analysis of the identified and reported outcome measures. It is important that accurate data is submitted to the monthly Dental Subcommittee meeting, establishing a system of reporting the results of their self-monitoring to the Quality Assurance committee. "If you can't measure it, you can't improve it".[13]

Chart Auditing for CDO and Dental Neutral Court Monitor and Other Recommendations:
Based on the sheer number of reschedules, the decrease in the timeliness of care, and the lack of a compliance-based tracking system, I recommend several types of chart auditing and monitoring moving forward:

- The CDO is to audit monthly a minimum of 10 clinically relevant charts and send findings to the Dental Neutral Court Monitor, reporting on the review of the patient's chief complaint, x-rays, objective findings, diagnoses, treatment plans, DPC assignment, treatment, continuity of care and by making sure the patients are seen as scheduled.

[13] Peter Drucker quote

- I recommend the Dental Monitor perform a similar monthly chart audit as the CDO until it becomes evident that MCJ and Wellpath are committed to addressing the deficiencies, completing their CAP timely and improving their outcome measures in order to improve their overall dental program.

- I also recommend that the respective monthly chart audit results performed by the CDO and the Neutral Monitor are discussed during a monthly meeting.

- Once calibration has occurred, I recommend the CDO with the Neutral Monitor review and provide feedback to the MCJ Dentist and Dental Assistant. This is an essential step in the journey towards understanding the problems and fixing them.

Wellpath and MCJ need to create, and commit to, a pathway to substantial compliance. It appears through the completion of the dental CAP that there is forward movement in rectifying the deficiencies.

I recommend additional dental staff for full time dental care at MCJ. I continue to recommend the purchase and implementation of an electronic dental record system (EDRS) such as Dentrix Enterprise with integrated digital x-rays. If these steps are not taken quickly, then I recommend an implementation specialist to assist in correcting the deficiencies listed in the corrective action plan.

Executive Summary, CAP and Closing Comments:
All of these issues discussed above and throughout the body of this report are all implementable and actionable items that can be completed timely. Turning a blind eye to the basic problems which continue to occur year after year, and which can be easily rectified with the application of resources, planning, implementing, training, and monitoring, is to me, deliberate indifference. The dental staff cannot perform to their full potential without being given the resources they need to be successful, and the direction and feedback necessary to achieve and subsequently maintain substantial compliance.

Wellpath and MCJ have begun to make the commitments towards accountability and have shown this by completing the dental CAP! It is a necessary step in accomplishing the mandates set forth in the Implementation Plan.

Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. (Exhibit A, p. 8).

A complete dental CAP is an achievement worth celebrating! The next step is for Wellpath and MCJ to agree to the completion deadlines for each item listed in the dental CAP. Completing the dental CAP is an important part in recognizing that the necessary steps, followed by taking the necessary actions is on the road to achieving and subsequently maintaining substantial compliance without oversight.

Risk Elimination / Corrective Action Plan (CAP)

Repeated deficiencies as seen in this and the five previous reports, prevent MCJ and Wellpath from achieving substantial compliance at this time. Although there are several factors which continue to affect the access to care, timeliness of care, quality of care, infection control/regulatory compliance, chronic care, dental program management and continuity of dental care for the inmate/patients incarcerated at MCJ, **achieving a completed dental corrective action plan is a positive and worthy achievement towards building a safer and more effective dental program.** Meetings with Judge Cousins have occurred to inform him of the progress in finalizing the CAP. A completion timeline for each CAP item is the last remaining step in this portion of the process.

THE CAP IS ENCLOSED in Appendix #3 as well as is included in the email with this report.

In addition to the corrective actions in the current dental CAP, MCJ and Wellpath should ameliorate the below deficiencies and/or implement the below recommendations in order to achieve substantial compliance:

- During the episodic and the comprehensive dental examination, all pathology is to be charted and noted.
- When completing a treatment plan from a comprehensive dental examination, print out the exam form, enter the date the completed procedure was performed in the comprehensive dental exam form and rescan with new information.
- Review medical history, allergies and lab results.
    - Review the health history and allergies at every visit with the patient, have patient sign an updated health history form and update the problem list when appropriate.
- Obtain the radiographic apex of wisdom teeth prior to extractions.
- Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.
- The standard of care for performing a root canal is to use a rubber dam throughout the procedure.
- Make sure to have a post-op x-ray following the completion of the root canal.
- The aluminum test was not performed upon multiple requests, therefore a new ultrasonic cleaner to clean the dental instruments after each patient encounter, should be purchased.

- Recommend a one-on-one training with the Dentist when needed, such as with the 14-Day Exam RNs. Per the Implementation Plan all patients are to receive a screening and answer the questions stated in the plan as well as fill out an odontogram.

- Refer I/Ps with chronic care issues, (i.e., HIV, Diabetes, Seizures, Pregnancy and patients on 4 or more psychiatric medications) to dental at the 7-day chronic care appointment. Schedule the I/Ps for a comprehensive dental examination within 90 days of the referral to dental.

- Although improved from the last audit, the minutes lacked content and meaningful dental data. More information was available on the PowerPoint presentations which should be included in the minutes.

- The dental component of the QA meeting minutes has little in terms of structure and content.

- There is no dental Quality Improvement Team (QIT), with ongoing studies conducted to improve the quality and quantity of dental care at MCJ. Recommend develop key performance indicators.

- Have the CDO review Case 6.1 with Dr. [redacted] to figure the best course of action to assist the patient in obtaining the dental care consistent with the patient's goals, and to understand the reasons for refusing extraction now as patient states he wants a root canal. No referral to an endodontist has been made if patient wants to have a root canal/crown nor has there been a recent refusal form signed if patient genuinely wants to have the root canal with an outside provider at his own expense prior to transfer to state corrections.

Conclusion

It is important to set parameters to identify, measure, quantify and improve the quality of all aspects of the dental program at Monterey County Jail. Besides reducing barriers to access to care, increasing the timeliness and quality of dental care, making sure there is OSHA compliance in a safe and secure clinical facility, chronic care referrals, adherence to the Periodontal Disease Program, continuity of care, and management support. It is also important to use the peer review, dental subcommittee, and quality assurance functions to assess the conditions of the dental program. Performing internal audits to highlight court mandates, achieve the standard of care and increase the health of the dental program is paramount.

The overall program continues to be in non-compliance. Without MCJ and Wellpath's necessary investment of time and resources, the dental staff cannot manage the clinic, perform dental care, provide training and feedback to nursing staff and easily achieve and maintain successful substantial compliance. Having a consistent way to monitor all aspects of compliance will assist the dental department in working towards achieving the goal of substantial compliance.

Per the Quality Measurement in Dentistry Guidebook[14], they recommend a six-point approach to dental care:

1. **Timely** — reducing waits and sometimes harmful delays for both those who receive and those who give care.
2. **Effective** — providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
3. **Efficient** — avoiding waste, including waste of equipment, supplies, ideas, or energy.
4. **Equitable** — providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
5. **Patient-centered** — providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
6. **Safe** — avoiding injuries to patients from the care that is intended to help them."

Although monitoring cannot continue as it was previously, since there are no longer any entries into the DES and there is no current method of monitoring dental data, with the ongoing issues mentioned throughout this report, I recommend:

- I recommend monitoring by provisioning of a detailed monthly analysis of the clinical data as well as a 10-chart audit for each week of patient care.

- To provide feedback on the above-mentioned chart audit and analysis, I recommend a monthly conference call following the Dental Subcommittee with the CDO, HSA, dental staff, Counsels if available, to discuss the results of the abovementioned monthly audit and data analysis. I recommend a minute taker is provided by Wellpath or MCJ, with the minutes available within 24 hours of the monthly meeting for revision and distribution.

- This monitor will also provide a review of the monthly Dental Subcommittee minutes and attached data during the Dental Subcommittee meeting. The minutes of the previous meeting and the agenda of the future meeting are to be made available to this monitor, dental staff and Counsels a week prior to the monthly Dental Subcommittee meeting.

- Lastly, I recommend a bimonthly meeting with the CDO and the Director of Operations to review the CDO's own monthly supervisory audit results and to work towards solving issues identified in the CAP and this Dental Audit Report #6.

Committing to correcting the deficiencies in the completed CAP, identifying, addressing, rectifying, and continuously self-monitoring clinical compliance, administrative, logistical, statistical and systemic issues outlined in the IP, and in this and the previous reports, is vital for MCJ and Wellpath to achieve their goal of substantial compliance.

[14] https://www.ada.org/~/media/ADA/DQA/2019_Guidebook.pdf?la=en

Section I. Logistics - MCJ/Wellpath Dental Department

Dental Levels (DL)

- Dental Levels (DL) are provided by the nursing staff following an assessment of the inmate/patient's reported dental problem at the time of Intake, 14-Day Exam and Sick Call, as well as during a patient's physician visit where a dental problem can also be reported.
- The DL1 and DL2 classifications are then used to appropriately schedule the I/P with the dentist.

DL 1 – Scheduled for the next dental day – urgent/emergent problem
DL 2 – Scheduled within 14 calendar days – non-urgent problem

Dental uses *two* main systems, Dental Level and Dental Priority Code (DPC), for monitoring compliance which are assessed in the Access to Care (DL) and Timeliness of Care sections, respectively. The nurses who triage a patient at the time of Intake, 14-Day Exam or Sick Call, use the Dental Level classification to assess the severity of a patient's dental problem(s). The DL assessment is used to refer the patient to the dental clinic within a prescribed time period as explained in the section above. The DL is also used as the basis for identifying if patients were seen as scheduled in the dental clinic. The Dental Priority Code is explained below.

Dental Priority System – Dental Priority Code (DPC)

- The DPC is the system for monitoring compliance and is used to assess timeliness of care. The DPC is assigned by the dentist for each dental treatment planned item. (Nursing staff assigns a DL).
- DPC Guidelines below are for both Episodic & Comprehensive Dental Care:

DPC	Triage/Treatment	Time
Immediate	Emergency Care	To be treated Immediately
DPC 1A	Treatment within 1 calendar day/24 hours	Emergent
DPC 1B	Treatment within 30 calendar days	Urgent
DPC 1C	Treatment within 60 calendar days	Unusual hard/soft tissue pathology
DPC 2	Treatment within 120 calendar days	Interceptive Care
DPC 4	Comprehensive dental treatment is completed	Patient is on periodic/annual recall for their dental exam schedule
DPC 5	– Special needs dental care or referrals to outside specialists, seen by the outside specialist within 30 days of the referral from Dental – To be seen by Dental the next dental day following the appointment with the outside specialist.	Referral to Outside Specialist

Statistical Parameters for Assessment of Compliance

Grading parameters:
Substantial Compliance (SC) = 86% - 100%
Partial Compliance (PC) = 75% - 85%
Non-Compliance (NC) = 74% and below

For grading purposes:
SC = a grade of "1" is given on the audit tool when all parameters of the audit question has been fully and completely answered.
PC = a grade of "0.5" is given on the audit tool when one or more areas of the audit tool question is not fully answered.
NC = a grade of 0 is given on the audit tool when the question is not answered or not clinically favorable.

Abbreviations:
NM = Items not measured
NE = Items not evaluated
DF = Deferred findings

Weight of each question:
- Other than the lack of a spore test and its result, all questions carry equal weight at this time and a total is given following each of the graded sections. A grand total compiling all data is found in the following Summary Results section.
- Note that not having a spore test during a week in which dental care occurs constitutes an overall failure for the entire Infection Control and Regulatory Compliance portion.
- An overall compliance score has been determined by averaging the scores. Averaging does not consider individual incidents that are problematic and therefore averaging could be a risk to patient health.

Time Period for chart reviews and statistics for Dental Audit Tour #6:
July 1, 2020 - April 30, 2021

Next Planned Dental Audit for Dental Tour #7
Next dental tour dates are January 4 – 5, 2022.

Charts to be audited for Dental Tour #7
May 1st, 2021 thru December 30th, 2021.

Section II. Statistics

These statistics can be seen in the dental excel spreadsheet and within the dashboard of the spreadsheet in the tabs at the bottom of the spreadsheet labeled "1. Access", "2. Timeliness" and "3. Quantity". To visualize the spreadsheet fully, one must use Active X controls for it to function correctly. MAC users will not have access to these Active X controls and therefore will not be able to understand all aspects of the dental spreadsheet. MAC users will not be able to make any decisions as it relates to the functionality of the spreadsheet. An old version of the spreadsheet is available for read-only access in the MCJ SharePoint.

I was advised by Defendant's Counsel that Wellpath's dental staff will no longer enter data into the dental excel spreadsheet as of January 1, 2021. Therefore, there are no relevant means of compiling statistics or dental data at this time.

To be able to have some statistics for this audit, data was taken from CorEMR (report and task) and flattened to fit into the spreadsheet. Only partial information as it relates to the scheduled task was able to be compiled for completed, refused, rescheduled, open and cancelled by staff appointments. **No specific dental data or compliance data is available without the dental staff entering it into the dental spreadsheet.**

The statistics cover two separate periods. July 1, 2020, to December 31, 2020, entered by the Registered Dental Assistant. (RDA). January 1st, 2021, thru April 30th, 2021, is from data entered by this monitor from CorEMR's task data for only number of appointments as stated above.

Without an EDRS capable of collecting more than one data point, it is important to understand that these statistics are limited in their scope. Since more than one dental treatment can be done per visit, the DES will have to be updated to account for this variable. The lack of complete data is illustrated in the variability of the overall statistics to not always match in all the tables. The overall data is useful and much better than no data at all however this is not the proper method to run a dental clinic. Therefore, an electronic medical record system such as Dentrix Enterprise would be thorough in its ability to collect all types of relevant data. **Accurate and reliable data is paramount to the dental clinic's ability to self-assess itself with self-audits and self-monitoring of its compliance, quantitative and qualitative data.**

Table 1. # Of Dental Appointment Types per Month:

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
Total # Dental Days/Month	10	8	10	6	8	8	6	8	10	8	82 Days
# Patients Scheduled	118	148	254	149	246	203	246	210	317	265	2156 Scheduled

# Patients Seen	74	80	175	89	142	113	57	89	106	91	1016 Pts. Seen
Average # Pts Scheduled/day	11.8	18.5	25.4	24.8	30.8	25.4	41.0	26.3	31.7	33.1	26.9 Avg Scheduled /day
Avg # Pts Seen/day	7.4	10	17.5	14.8	17.8	14.1	9.5	11.1	10.6	11.4	12.4 Avg Seen/day
# Out to Court (OTC)	1	0	1	1	1	0	NM	NM	NM	NM	4
#Out to Medical (OTM)	0	1	0	0	0	0	NM	NM	NM	NM	1
# Refusal - Cellside	16	11	18	9	13	11	0	0	0	0	78
# Refusal - Chairside	5	4	1	3	0	2	NM	NM	NM	NM	15
#Refusal (Combined)	NM	NM	NM	NM	NM	NM	12	11	10	13	46
# Rescheduled by Dental (R/S)	21	51	55	44	80	73	156	92	182	141	895
#Cancelled by Staff	NM	NM	NM	NM	NM	NM	21	18	19	20	78
# Not Seen due to Custody	0	0	0	0	0	0	NM	NM	NM	NM	0
# Not Seen due to NIC	0	0	1	0	7	2	0	0	0	0	10
Other	1	1	3	3	2	2	NM	NM	NM	NM	12

Table 2. Percentage % of Reasons Patients not Seen for Dental Appointments:
(Column M in Dental Spreadsheet)

Description	**2020 July**	**2020 Aug**	**2020 Sept**	**2020 Oct**	**2020 Nov**	**2020 Dec**	**2021 Jan**	**2021 Feb**	**2021 Mar**	**2021 Apr**
% # OTC Per Month	0.8	0.0	0.4	0.7	0.4	0.0	0.0	0.0	0.0	0.0
% # OTM Per Month	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% # Refusals - Cellside Per Month	13.6	7.4	7.1	6.0	5.3	5.4	0.0	0.0	0.0	0.0
% # Refusals - Chairside Per Month	4.2	2.7	0.4	2.0	0.0	1.0	0.0	0.0	0.0	0.0

% # Refusals Combined	0.0	0.0	0.0	0.0	0.0	0.0	4.9	5.2	3.2	4.9
% # Rescheduled by Dental Per Month	17.8	34.5	21.7	29.5	32.5	36.0	63.4	43.8	57.4	53.2
% # Cancelled by Staff	0.0	0.0	0.0	0.0	0.0	0.0	8.5	8.6	6.0	7.5
% # Not Seen Due to Custody Per Month	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
% # Not Seen Due to NIC Per Month	0.0	0.0	0.4	0.0	2.8	1.0	0.0	0.0	0.0	0.0
% Other Per Month	0.8	0.7	1.2	2.0	0.8	1.0	0.0	0.0	0.0	0.0

Table 3. # & % of Triage Exams, Treatments, Referrals Seen per Month:
(Column L in Dental Spreadsheet)

- Note that although more than one procedure can occur for each dental appointment, these numbers appear inflated as they far exceed the number of patients seen. This could be due to multiple issues, including data entry. An EDRS such as Dentrix Enterprise would provide consistently accurate data as it is set up to measure complex data points.

Description	**2020 July**	**2020 Aug**	**2020 Sept**	**2020 Oct**	**2020 Nov**	**2020 Dec**	**2021 Jan**	**2021 Feb**	**2021 Mar**	**2021 Apr**	
# Patients Scheduled	118	148	254	149	246	203	246	210	317	265	**2156**
# Patients Seen	74	80	175	89	142	113	57	89	106	91	**1016**
# Triage	65	79	110	66	124	115	**NM**	**NM**	**NM**	**NM**	-
# Triage & Treatment	3	6	4	1	5	3	**NM**	**NM**	**NM**	**NM**	-
# Treatment	30	31	36	43	65	50	**NM**	**NM**	**NM**	**NM**	-
# Referral to Specialist	0	0	0	0	0	0	**NM**	**NM**	**NM**	**NM**	-
# Return from Specialist	0	0	0	0	1	0	**NM**	**NM**	**NM**	**NM**	-
#Comp Exam	19	29	77	21	44	28	**NM**	**NM**	**NM**	**NM**	-
# Perio Exam	0	0	0	1	0	0	**NM**	**NM**	**NM**	**NM**	-
#Follow Up	0	1	5	7	0	0	**NM**	**NM**	**NM**	**NM**	-
% Triage	55%	53%	43%	44%	50%	57%	**NM**	**NM**	**NM**	**NM**	-

% Triage & Treatment	3%	4%	2%	1%	2%	1%	**NM**	**NM**	**NM**	**NM**	-
% Treatment	25%	21%	14%	29%	26%	25%	**NM**	**NM**	**NM**	**NM**	-
% Referral to Specialist	0%	0%	0%	0%	0%	0%	**NM**	**NM**	**NM**	**NM**	-
% Return from Specialist	0%	0%	0%	0%	0%	0%	**NM**	**NM**	**NM**	**NM**	-
% Comp Exam	16%	20%	30%	14%	18%	14%	**NM**	**NM**	**NM**	**NM**	-
% Perio Exam	0%	0%	0%	1%	0%	0%	**NM**	**NM**	**NM**	**NM**	-
% Follow Up	1%	1%	1%	1%	3%	3%	**NM**	**NM**	**NM**	**NM**	-

Table 4. Total # of Dental Level (DL) Appointments Referred to Dental per Month:
(From Column F & I of the Dental Spreadsheet)

- There are currently no logs tracking Physician on Call referrals to dental.
- From 01/01/2021 completed appointments were taken from the task list and were identified mainly as sick calls. Although many appointments were given the highest priority demarcation, they were seen as a DL2 appointment and not as a DL1 appointment as the data below suggests.
- **It is hard to believe that no patients had urgent/emergent issues necessitating a DL 1 demarcation at Intake or at the 14-Day Exam.**

Description	**2020 July**	**2020 Aug**	**2020 Sept**	**2020 Oct**	**2020 Nov**	**2020 Dec**	**2021Jan**	**2021 Feb**	**2021 Mar**	**2021 Apr**
Intake DL1	0	0	0	0	0	1	**NM**	**NM**	**NM**	**NM**
Intake DL2	4	4	4	3	13	12	**NM**	**NM**	**NM**	**NM**
14-Day Exam DL1	0	0	0	0	0	0	**NM**	**NM**	**NM**	**NM**
14-Day Exam DL2	1	2	0	0	2	0	**NM**	**NM**	**NM**	**NM**
Sick Call DL1	0	1	2	7	15	7	204	184	269	242
Sick Call DL2	61	79	114	64	98	97	42	26	48	23
Physician on Call	0	0	0	0	0	0	**NM**	**NM**	**NM**	**NM**

Table 5. % Of Dental Level (DL) Appointments Referred to Dental per Month:
(From Column F & I of the Dental Spreadsheet)

Description	2020 July	2020 Aug	2020Sept	2020 Oct	2020 Nov	2020 Dec	2021Jan	2021Feb	2021 Mar	2021 Apr
% Intake DL1	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%
% Intake DL2	3.4%	2.7%	1.6%	2.0%	5.3%	5.9%	0.0%	0.0%	0.0%	0.0%
14-Day Exam DL1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
14-Day Exam DL2	0.8%	1.4%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Sick Call DL1	0.0%	0.7%	0.8%	4.7%	6.1%	3.4%	95.7%	96.8%	93.7%	95.3%
Sick Call DL2	51.7%	53.4%	44.9%	43.0%	39.8%	47.8%	4.3%	3.2%	6.3%	4.7%
Physician on Call	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 6. % Compliance for DL Scheduling by RN into Dental Schedule:
(Column K of the Dental Spreadsheet)

- This denotes that most DL 1 from Intake and Sick Call were not scheduled within timeframe as identified in the Implementation Plan.
- There were no DL1 14-Day Exam referrals to Dental.

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr
Intake DL1	none	none	none	none	none	0%	none	none	none	none
Intake DL2	0%	25%	75%	67%	77%	75%	none	none	none	none
14-Day Exam DL1	none	none	none	none	none	none	none	none	none	none
14-Day Exam DL2	0%	0%	none	none	100 %	none	none	none	none	none
Sick Call DL1	none	100%	50%	14%	53%	29%	1%	2%	4%	4%
Sick Call DL2	98%	66%	88%	84%	93%	85%	77%	72%	81%	83%
Physician on Call	none	none	none	none	none	none	none	none	none	none

Table 7. % Compliance for DL Seen in Dental As Scheduled:
(Column N)

- Once the RNs schedule the dental appointments, it is the responsibility of Dental to see the patients as schedule. Please note that the DL2 patients from Sick Call were not seen as scheduled 67% of the time between 07/01/2020 thru 12/30/2020

Description	2020 July	2020 Aug	2020Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021Apr
Intake DL1	none	none	none	none	none	0%	none	none	none	none
Intake DL2	50%	25%	0%	33%	8%	8%	none	none	none	none
14-Day Exam DL1	none	none	none	none	none	none	none	none	none	none
14-Day Exam DL2	0%	50%	none	none	100%	none	none	none	none	none
Sick Call DL1	none	100%	100%	100%	87%	86%	21%	40%	29%	33%
Sick Call DL2	67%	52%	76%	69%	73%	64%	33%	58%	56%	43%
Physician on Call	none	none	none	none	none	none	none	none	none	none

Table 8. # Of DPC seen per Month:
(Column V of the Dental Spreadsheet).

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
DPC 1A	4	5	0	0	7	7	NM	NM	NM	NM	**23**
DPC 1B	22	23	30	15	26	39	NM	NM	NM	NM	**155**
DPC 1C	29	17	51	26	37	20	NM	NM	NM	NM	**180**
DPC 2	2	8	26	9	4	5	NM	NM	NM	NM	**54**
DPC 4	0	0	0	0	0	0	NM	NM	NM	NM	**0**
DPC 5	0	0	0	0	0	0	NM	NM	NM	NM	**0**
Post Op 1 Week	0	0	0	0	0	0	NM	NM	NM	NM	**0**
Recall 3 Months	0	0	0	0	0	0	NM	NM	NM	NM	**0**
Recall 6 Months	0	0	0	0	0	0	NM	NM	NM	NM	**0**
Recall Yearly	0	1	3	4	7	2	NM	NM	NM	NM	**17**

Per Patient Request	16	11	14	5	1	2	NM	NM	NM	NM	**49**
N/A	45	83	130	90	163	128	NM	NM	NM	NM	**637**

Table 9. # Of Dental Procedures completed per Month:

This table is an accumulation of *Column S & T* (completed procedures) minus the refusals cellside and chairside.
(*Column S & T of the Dental Spreadsheet)*

Group	Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
# Patients Scheduled		118	148	254	149	246	203	246	210	317	265	**2156**
# Patients Seen		74	80	175	89	142	113	57	89	106	91	**1016**
Exams / X-rays	Triage Exam	46	43	86	53	92	72	NM	NM	NM	NM	**392**
Exams / X-rays	Comp Exam (Annual)		6	36	4	5	6	NM	NM	NM	NM	**57**
Exams / X-rays	FMX	10	11	12	3		2	NM	NM	NM	NM	**76**
Exams / X-rays	PA	1	24	70	48	84	59	NM	NM	NM	NM	**286**
Exams / X-rays	BWX			16	5	7	12	NM	NM	NM	NM	**40**
Exams / X-rays	Perio Exam		3	35	5	4	6	NM	NM	NM	NM	**53**
Exams / X-rays	Panoramic							NM	NM	NM	NM	**0**
Exams / X-rays	Gross Debridement							NM	NM	NM	NM	**0**
Perio	Prophy		1	2	6	7	5	NM	NM	NM	NM	**21**
Perio	SRP		3	2	2		2	NM	NM	NM	NM	**9**
Perio	OHI		1	1	6	7	3	NM	NM	NM	NM	**18**
Perio	Perio Re-Eval							NM	NM	NM	NM	**0**
Perio	Perio Maintenance: 3MRC							NM	NM	NM	NM	**0**
Perio	Perio Maintenance: 4MRC							NM	NM	NM	NM	**0**
Perio	Perio Maintenance: 6MRC							NM	NM	NM	NM	**0**

Perio	Perio Maintenance: 1Yr RC							NM	NM	NM	NM	**0**
Restorative	Desensitizer Placed							NM	NM	NM	NM	**0**
Restorative	Palliative/ Temporary							NM	NM	NM	NM	**0**
Restorative	Amalgam Filling							NM	NM	NM	NM	**0**
Restorative	Composite Filling		7	14	9	14	9	NM	NM	NM	NM	**53**
Restorative	Stainless steel Crown			1	1			NM	NM	NM	NM	**2**
Restorative	Re-cement					1		NM	NM	NM	NM	**1**
Restorative	Occlusal Adj							NM	NM	NM	NM	**0**
Endo	Pulp Cap - Indirect							NM	NM	NM	NM	**0**
Endo	Pulp Cap - Direct							NM	NM	NM	NM	**0**
Endo	Endo-Pulpal debridement (Anterior teeth only)							NM	NM	NM	NM	**0**
Endo	Endo-RCT (Anterior)	1		1		2		NM	NM	NM	NM	**4**
Oral Surgery (OS)	Extraction - Simple	7	6	27	10	29	19	NM	NM	NM	NM	**98**
Oral Surgery (OS)	Extraction - Surgical	2	4	11	10	2	10	NM	NM	NM	NM	**39**
Oral Surgery (OS)	Partial Bony Extraction							NM	NM	NM	NM	**0**
Oral Surgery (OS)	Full Bony Extraction							NM	NM	NM	NM	**0**
Oral Surgery (OS)	I & D							NM	NM	NM	NM	**0**
Oral Surgery (OS)	Open & Med							NM	NM	NM	NM	**0**

Oral Surgery (OS)	Dry Socket Treatment							NM	NM	NM	NM	**0**
Oral Surgery (OS)	Post op							NM	NM	NM	NM	**0**
Prosthodontics (Pros)	Pre-prosthetic Surgery							NM	NM	NM	NM	**0**
Prosthodontics (Pros)	Denture Adjustment					1		NM	NM	NM	NM	**1**
Prosthodontics (Pros)	Denture Other							NM	NM	NM	NM	**0**
Ortho	Ortho Bands/Brackets Removed							NM	NM	NM	NM	**0**
Ortho	Ortho Wax							NM	NM	NM	NM	**0**
Ortho	Ortho Other							NM	NM	NM	NM	**0**
Referral	Referral to Physician/ Medical			1				NM	NM	NM	NM	**1**
Referral	Referral Oral Surgeon							NM	NM	NM	NM	**0**
Referral	Referral Orthodontist							NM	NM	NM	NM	**0**
Referral	Referral Endodontist							NM	NM	NM	NM	**0**
Referral	Referral Prosthodontist/Full Denture(s)							NM	NM	NM	NM	**0**
Referral	Referral Prosthodontist/Partial Denture(s)							NM	NM	NM	NM	**0**
Referral	Referral Western Dental/Outside Dentist							NM	NM	NM	NM	**0**
Referral	Referral Other							NM	NM	NM	NM	**0**
Other	No Tx Prescribed		5	16	10	19	16	NM	NM	NM	NM	**66**
Other	Prescription Only		1	2	3	5	6	NM	NM	NM	NM	**17**

Other	Tx to be done when released		2					NM	NM	NM	NM	**2**
Other	Not Completed/ Rescheduled	24	52	58	47	82	72	NM	NM	NM	NM	**335**
Other	Not completed/ Refused Chairside	5	4	8	5	1	3	NM	NM	NM	NM	**26**
Other	Not completed/ Refused Cellside	17	11	18	9	13	11	NM	NM	NM	NM	**79**
Other	Refusal Concludes Appointment Reason		12	25	17	20	14	NM	NM	NM	NM	**88**
Other	Episodic Tx Completed		12	34	18	38	29	NM	NM	NM	NM	**131**
Other	Comp Tx Plan Completed		2	3	4	7	1	NM	NM	NM	NM	**17**
Other	Follow Up	1	2	5	5	6	6	NM	NM	NM	NM	**25**
Other	Other	2		1				NM	NM	NM	NM	**3**
Other	N/A	1	3	11	2	11	9	NM	NM	NM	NM	**37**
Next Visit	Triage to be done NV	17	45	36	26	40	41	NM	NM	NM	NM	**205**
Next Visit	Comp exam to be done NV							NM	NM	NM	NM	**0**
Next Visit	Treatment to be done NV	42	35	90	49	80	64	NM	NM	NM	NM	**360**
Next Visit	Continue ACE Tx Plan NV		1	4	6	3	6	NM	NM	NM	NM	**20**
Next Visit	Post op NV				1	2		NM	NM	NM	NM	**3**
Next Visit	Follow Up NV		4	5	3	5	3	NM	NM	NM	NM	**20**
Next Visit	Per Patient Request NV		33	76	47	77	58	NM	NM	NM	NM	**291**
Next Visit	Return from Specialist NV					1	1	NM	NM	NM	NM	**2**

Next Visit	Perio Maintenance: 3MRC							NM	NM	NM	NM	**0**
Next Visit	Perio Maintenance: 4MRC							NM	NM	NM	NM	**0**
Next Visit	Perio Maintenance: 6MRC							NM	NM	NM	NM	**0**
Next Visit	Perio Maintenance: 1Yr RC	0	0	0	0	0	0	NM	NM	NM	NM	**0**

Table 10. MCJ Bookings and Capacity:

Description	**2019**	**2020**	**2021** 01/01/21-05/04/21
Capacity	832	832	825
# Of Bookings	10388 males 2321 females **Total = 12709** (Avg Intake 35/day)	7499 males 1597 females **Total = 9096** (Avg Intake 25/day)	2670 males 564 females Total = 3234 **year to date.**

From 07/01/2020 thru 12/30/2020 there were 65 requests for annual exam and/or annual cleaning rescheduled and not seen by dental.

From 01/01/2021 thru 04/30/2021 there were 159 requests for annual exam and/or annual cleaning rescheduled or cancelled by staff and still have not been seen by dental.

Generally, patients with over one year of incarceration and those with chronic care conditions are eligible for comprehensive dental care (as opposed to episodic care which addresses only one issue at a time).

TracNet, the program used by the Sheriff's Department, now automatically schedules all patients 12 months out for their comprehensive dental car appointment. If the I/Ps are still in the system, they are to be seen as scheduled. If they have left custody, then their dental appointment falls off the appointment list. This ensures that all patients with over one year of incarceration remaining on their sentence have access to comprehensive dental care.

The Implementation Plan states inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. The purpose of the dental examinations shall be for the identification, diagnosis, and treatment of dental pathology which impacts the health and welfare of inmate patients. Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Exhibit A, p. 103).

As of January 2021, patients were rescheduled and cancelled by Dr. [redacted] without the patients being given the opportunity to come to their scheduled comprehensive dental appointment and receive their mandated dental examination and a treatment plan.

Table 11. # Of Sick calls per year & # Dental Sick Calls (DSC):

Intelmate (also known as Telmate for short) is the program on the tablet used by the inmate/patients to file a Sick Call or Grievance. As a side note, the oral hygiene videos will also be placed on the tablet for the I/Ps to have "anytime access" to brushing and flossing education.

Intelmate is not accessible to this dental monitor as it is not integrated with CorEMR. It is difficult to report and to audit compliance without going through the nursing staff for information. Therefore, I do not have verifiable data in regard to the total number of dental sick call requests and if they match the number of dental sick call triages.

All referrals from Intake, 14-Day Exam, Sick Call and Providers as well as dental treatment shows in the task report as a Dental Sick Call. I recommend that when dental performs a treatment, that it is listed as a Dental Treatment in CorEMR. If an EDRS is not decided upon, purchased and implemented, then a programing change to CorEMR to separate the referral categories should be done.

Also, Dental Sick Call requests are currently not all triaged and seen by the nurses within 24 hours of the I/P requests as per the mandates of the Implementation Plan. Dental sick call requests are frequently rescheduled or not initially seen within timeframe, and this was ascertained by searching in the Tasks in CorEMR under Nurse Sick Calls and searching through the scanned documents from Intelmate into CorEMR.

Timeframe	# Sick Call Requests	# Dental Sick Call Requests	% Dental Requests per all Sick Calls	% Dental Sick Call Requests Triaged within 24 hours of the request
07/01/2020 thru 12/30/2020	No information available to Monitor	No information available to Monitor	No information available to Monitor	No information available to Monitor

01/01/2021 thru 04/30/2021	No information available to Monitor	No information available to Monitor	No information available to Monitor	No information available to Monitor

Table 12. Refusals (Chairside & Cellside)

Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
# Refusal - Cellside	16	11	18	9	13	11	-	-	-	-	78
# Refusal - Chairside	5	4	1	3	0	2	-	-	-	-	15
# Refusals	-	-	-	-	-	-	12	11	10	13	46
Total # Refusals											**139**
% Total refusals per seen patients											**13.7%**

Table 13. Reschedules

Are reschedules maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
# Reschedules	21	51	55	44	80	73	156	92	182	141	**895**
Total # patients scheduled											**2156**
% Total rescheduled patients per scheduled patients											**41.5%**

Table 13. Grievances:

Were Grievances addressed and resolved within 10 calendar days of the request in Intelmate?

Timeframe	# All Grievances	Total # Dental Grievances 07/01/2020-12/30/2020	% Dental Grievances	% Grievances addressed within 10 days
07/01/2020 – 01/04/2021	570	31	5.4%	90.3%

Section III. Audit Tools, Audit Tool Data, Summary of Recommendations

Section III.1 Access to Care Audit Tool

The following audit tool evaluates if there are any barriers to dental care at MCJ.

Summary Table of Compliance - Access to Care - (Protective Order):

#	Outcome Measure	ACCESS TO CARE - Audit Tool Questions	Source	Comp	Score
1.1	Interpreter Services	Are interpreter services available to I/Ps including sign language interpreters?	Facility Review	PC	**75.0%**
CFMG staff will use Spanish-speaking medical staff for any inmate requiring a Spanish interpreter for discussion of medical conditions or treatment thereof, including intake health evaluation. For any other interpretive needs, CFMG will use an appropriate interpretive service. (County IP, p. 21-22).					
1.2	Oral Hygiene Supplies	Are the oral hygiene supplies available and carry the American Dental Association (ADA) seal of approval?	Facility Review	PC	**70.0%**
Inmates are given toothbrushes .... Dental floss loops are available through the commissary for routine flossing. Indigent inmates shall be provided with dental care supplies. (Exhibit A, p. 99). *MCJ will have available, either through commissary purchase or through jail-issued personal hygiene kit, interproximal cleaners (e.g., floss loops) and a flexible handled tooth brush for inmate-patient self-dental care. (Exhibit A, p. 103).*					
1.3	Oral Hygiene Education	Is oral hygiene instruction (OHI) given to patients upon arrival as well as when they are ready to view the education, i.e., on their computer tablet?	Facility Review	NC	**12.5%**
Inmates ... can receive instruction in proper brushing technique from the medical staff upon request. (Exhibit A, p. 99). *A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental hygiene education. (Exhibit A, p.103).*					
1.4	Inmate Handbook	Is the inmate handbook with dental information viable and are dental services reviewed verbally at the time of intake?	Facility Review	PC	**44.4%**
Information regarding access to health care services shall be communicated verbally and in writing to inmates upon their arrival at the facility. (Exhibit A, p. 23). *Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Exhibit A, p. 103).*					

1.5	Intake Form	Is the dental section of the Intake Form completely filled out at the time of Intake and is a dental referral box checked and the referral to dental completed when appropriate?	Chart Review	PC	**80.0%**
A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings .... Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Exhibit A, p. 98).					
1.6	Intake – DL1	Of the Dental Level 1 (DL1) patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).	Spreadsheet	NC	**0.0%**
1.7	Intake – DL1	Of the DL1 patients above, were they seen as scheduled in dental?	Spreadsheet	NC	**0.0%**
If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Exhibit A, p. 99)					
1.8	Intake – DL2	Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 calendar days).	Spreadsheet	NC	**0.0%**
1.9	Intake – DL2	Of the DL2 patients above, were they seen as scheduled in dental?	Spreadsheet	NC	**0.0%**
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Exhibit A, p. 98).					
1.10	14-Day Exam Form	14-Day Exam Form has a four-part outcome measure answered as one question	Chart Review	NC	**0.0%**
		a. Is the dental section of the Health Inventory & Communicable Disease Screening (14-Day Exam now named Health Appraisal/IMQ) completed within 14 calendar days of booking?			
A complete gender specific health history inventory and communicable disease screening shall be completed on all inmates within 14 days of arrival at the facility by a Registered Nurse who has completed appropriate training that is approved or provided by the responsible physician. (Exhibit A, p. 32)					

		b. Per the Implementation Plan A & A.2., is the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and /or other functional impairment noted in the Dental Section of the form?			
A qualified health care professional who has been trained by the dentist shall ... perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. (Exhibit A, p. 98). *At the time of the health inventory, examination includes notation of the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, evidence of infection, recent trauma, difficulty swallowing, chewing or other functional impairment. (Exhibit A, p. 98).*					
		c. Is the Odontogram completely filled out?			
All screening findings will be documented on the health inventory form including the odontogram. (Exhibit A, p. 98).					
		d. If a referral is appropriate, is the "Dental Sick Call" checked on the 14-Day Exam form? Is the referral to dental completed and scheduled per the Dental Level assignment?			
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Exhibit A, p. 98).					
1.11	14-Day Exam DL1	Of the DL1 patients referred to dental from the 14-Day Exam, were they scheduled within the DL1 parameters? (Next dental day).	Spreadsheet	NC	**0.0%**
1.12	14-Day Exam DL1	Of the DL1 patients above, were they seen as scheduled in dental?	Spreadsheet	N/A	N/A
If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Exhibit A, p. 99)					
1.13	14-Day Exam DL2	Of the DL2 patients referred to Dental from the 14-Day Exam, were they scheduled	Spreadsheet	NC	**0.0%**

		within the DL2 parameters? (Within 14 calendar days).			
1.14	14-Day Exam DL2	Of the DL2 patients above, were they seen as scheduled in dental?	Spreadsheet	NC	**0.0%**
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Exhibit A, p. 98).					
1.15	Sick Call	Is the dental Sick Call request scheduled and seen for a nurse triage within 24 hours of the dental complaint reported by the patient in Intelmate? Is the Dental Sick Call assigned an appropriate DL and referred to dental when appropriate?	Intelmate & Chart Review	NC	**30.0%**
All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. The complaint is prioritized and referred to Dental Sick call as deemed necessary. Interim treatment for pain and infection is provided until the patient is seen by the dentist. (Exhibit A, page 101).					
1.16	Sick Call DL1	Of the DL1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next dental day).	Spreadsheet	NC	**0.0%**
1.17	Sick Call DL1	Of the DL1 patients above, were they seen as scheduled in dental?	Spreadsheet	PC	**50.0%**
If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Exhibit A, p. 99)					
1.18	Sick Call DL2	Of the DL2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 calendar days).	Spreadsheet	SC	**85.6%**
1.19	Sick Call DL2	Of the DL2 patients above, were they seen as scheduled in dental?	Spreadsheet	NC	**0.0%**
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Exhibit A, p. 98).					
1.20	Physician on Call (POC)	Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ? Of the patients reported to the POC, were their dental emergencies addressed, were they given the appropriate DL, scheduled next dental day, and seen in dental as scheduled?	Logs & Chart Review	NC	**0.0%**

In the case of a dental/medical emergency, in which a licensed dentist is not present, the patient will be seen, treated and managed immediately by medical provider staff. If in the opinion of the medical staff/licensed health care provider, the dental condition is likely to respond to immediate administration with antibiotic and/or analgesic medication this will be given. If in the opinion of the medical staff person/licensed health care professional in charge, the acute dental emergency is life threatening, the patient will be transported to an urgent care facility or hospital to protect the life of the patient. The contracted dentist will be notified and provide necessary post-discharge dental care at the next scheduled dental clinic. (Exhibit A, pp. 98-99).					
1.21	Specialty Care	Were the inmate/patients who were referred to an outside specialist, seen by the specialist within 30 days of the referral?	Chart Review	NC	**0.0%**
Medically necessary services which are not provided on-site shall be made available by referral to County or private medical/health services providers. (Exhibit A, p. 20) *Referral to and priority of offsite oral surgeon will be the responsibility of the facility dentist in accordance with the Dental Priority System. (Exhibit A, p. 101).*					
1.22	Specialty Care	Were the inmate/patients, who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist?	Chart Review	NC	**50.0%**
The contracted dentist will be notified and provide necessary post-discharge dental care at the next scheduled dental clinic. (Exhibit A, p. 99)					
1.23	Specialty Care	For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?	Chart Review	NC	**25.0%**
Medically necessary services which are not provided on-site shall be made available by referral to County or private medical/health services providers. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20)					
1.24	Chronic Care (HIV)	Are patients with chronic care problems (HIV) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination?	Chart Review	NC	**0.0%**

CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Exhibit A, p. 27).*					
1.25	Chronic Care (Seizures)	Are patients with chronic care problems (Seizures) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	**0.0%**
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Exhibit A, p. 27).*					
1.26	Chronic Care (Diabetes)	Are patients with chronic care problems (Diabetes) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	**0.0%**
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Exhibit A, p. 27).*					
1.27	1.27 - Chronic Care (Pregnancy)	Are patients with chronic care problems (Pregnancy) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within	Chart Review	NC	**0.0%**

		90 days from the date of the referral from the 7-day chronic care examination?			
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Exhibit A, p. 27).*					
1.28	Psych Patients on 4 or more psych medicatio ns	Are patients with chronic care problems (patients on 4 or more psych medications) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	**0.0%**
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Exhibit A, p. 27).*					
1.29	1.29 - Comp Dental Care	Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?	Chart Review & Spreadsheet	NC	**45.0%**
1.30	1.30 - Comp Dental Care	Of those receiving a comprehensive dental examination at their 1 year of incarceration, are they placed on an annual examination schedule and are they seen in dental per their annual recall schedule? *Note that a periodontal recall (cleaning recall) is different than the annual comprehensive dental examination recall.*	Chart Review & Spreadsheet	NC	**20.0%**
Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. (Exhibit A, p. 103) *Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Exhibit A, p. 103)*					

1.31	Periodontal Disease Program	Are requests for a cleaning referred to dental with the appropriate DL? Are cleanings addressed per the Implementation Plan's Periodontal Disease Program? Are patients' request for a cleaning seen in dental for a triage and subsequent appointment for a comprehensive and periodontal examination, radiographs, diagnosis and treatment plan, commensurate with their diagnosis and given an appropriate DPC?	Chart Review & Spreadsheet	NC	**10.0%**
MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. (Exhibit A, p. 100 & 103) *Treatment regimens will provide maintenance services only. (Exhibit A, p. 104)*					
1.32	Grievances (Intelmate)	Where Grievances addressed and resolved within 10 calendar days of the request in Intelmate?	Intelmate	SC	**90.3%**
TOTAL		**32 Total Questions** **1 N/A, 2 SC, 5 PC, 24 NC = 31 Questions**	**687.8 / 31 =**	**NC**	**22.2%**

Section III.1 Access to Care Audit Tool Data

This section evaluates for any barriers to access to care.

1.1: Interpreter Services – PC

Are interpreter services available to I/Ps including sign language interpreters?

- 1.1.1 - Sign language interpreter services are available when needed through the Sherriff's office. - Y
- 1.1.2 - Certified language translator services are available by telephone. - Y
- 1.1.3 - Certified language translator services information is posted in the dental clinic. -Y
- 1.1.4 – Were interpreters used when it states in patient chart that an interpreter is needed – N see 2007941.

3/4 = 75%

1.2: Oral Hygiene Supplies – NC

Are the oral hygiene supplies available and carry the American Dental Association (ADA) seal of approval?

- 1.2.1 – Does all toothpaste issued to all inmate/patients (I/Ps) carry the ADA seal of approval? - Y
- 1.2.2 – Indigent packs includes toothbrush, toothpaste, and floss loops upon request? - N
- 1.2.3 – Indigent denture adhesive is available to the full and partially edentulous indigent patients? - Y
- 1.2.4 – Indigent packs and denture adhesive are available cost free to the indigent patients? - PC
- 1.2.5 – Are toothbrush, toothpaste and correctionally approved flossers made available, without a fee, for each inmate/patient on a monthly basis upon demand? - PC
- 1.2.6 – Does the commissary carry toothpaste for purchase with the ADA seal of approval? - Y
- 1.2.7 – Does the commissary carry toothbrushes for purchase? - Y
- 1.2.8 – Does the commissary carry flossers for purchase? - Y
- 1.2.9 – Does the commissary carry ADA Seal of Approval denture adhesive for purchase? - Y
- 1.2.10 – Is there a current Policy and Procedure (P & P) present to address oral hygiene supplies, including denture adhesive for all booked patients including for indigent patients? - N

7/10 = 70%

1.3: Oral Hygiene Education – NC

Is oral hygiene instruction (OHI) given to patients upon arrival as well as when they are ready to view the education, i.e., on their computer tablet?

- 1.3.1 – Is the oral hygiene instruction, both brushing and flossing brochures/videos from the American Dental Association (ADA) available on the inmate/patient's tablet? - N
- 1.3.2 – Is meaningful oral hygiene instruction given to every I/P during the 14-Day Exam/Health Appraisal Questionnaire (IMQ)? - N
- 1.3.3 – Is oral hygiene instruction available to I/Ps upon request? – Partially, can go through dental sick call.
- 1.3.4 – Is meaningful oral hygiene education given to patients during their dental examination? – N - Comprehensive dental examinations have not been occurring since January 2021 and no meaningful oral hygiene education has been given to patients.

0.5/4 = 12.5%

1.4: Inmate Handbook – PC

Is the inmate handbook with dental information viable and are dental services reviewed verbally at the time of intake?

- 1.4.1 - Is there a true and comprehensive overview of dental services per the Implementation Plan available in the Inmate Orientation Handbook? – PC In process
- 1.4.2 - Is there a verbal overview of dental services and how to access dental care via the dental sick call system stated within the Inmate Orientation Handbook and given at the time of Intake? – PC In process
- 1.4.3 - Is there a separate sheet given with the Inmate Orientation Handbook highlighting any dental updates/changes available to the I/P until the new handbook is published? - N
- 1.4.4 - Are effective communication techniques employed to make sure each inmate/patients understands both the verbal and written information provided and can repeat back their understanding using their own words. – PC – In process ADA responsibility
- 1.4.5 - Does it state that those I/Ps with chronic care diseases (HIV, Seizures, Diabetes, Pregnancy, patients on more than 4 psych meds or special needs) are eligible for comprehensive care within 90 days of their referral to dental from the physician's chronic care appointment? – PC - In process
- 1.4.6 - Does it state that I/Ps incarcerated for 12 months or more can receive a comprehensive dental examination and eligible treatment? – PC - In process
- 1.4.7 - Does it state that every patient no matter the length of incarceration is eligible for a "Periodontal Screening" as part of the Periodontal Disease Program? – PC - In process
- 1.4.8 - Does it state that patients refusing dental care, Refusal, can reinstate care by placing a mew dental sick call request? – PC - In process
- 1.4.9 - Does it state when dental examination and services are available inside the facility? – PC - In process

4/9 = 44.4%

1.5: Intake Form - PC

Is the dental section of the Intake Form completely filled out at the time of Intake and is a dental referral box checked and the referral to dental completed when appropriate?

I/P	Score	Comment
[redacted]	**1**	Booked 06/11/2020. Intake completed, no dental pain reported, dental portion filled out.
[redacted]	**1**	Booked 05/07/2020. Intake completed, no dental pain reported, dental portion filled out.
[redacted]	**1**	Booked 07/27/2020. Intake completed, no dental pain reported, dental portion filled out.
[redacted]	**0**	Booked 09/18/2020. Intake completed, no dental pain reported, dental not fully filled out.
[redacted]	**1**	Booked 11/30/2020. Intake completed, dental complaint "many missing teeth, pain upper teeth" due to decay. Dental referral marked Urgent (tomorrow). Task created for Dental Sick Call. (Note patient was reschedule by dental 4 times before being seen).
[redacted]	**1**	Booked 11/11/2020. Intake completed, no dental pain reported, dental portion filled out.
[redacted]	**1**	Booked 02/18/2020. Intake completed, no dental pain reported, dental portion filled out.
[redacted]	**0**	Booked 08/31/2020. Complains of pain left upper molar area, dental portion filled out, however no dental referral checked and no referral to dental performed.
[redacted]	**1**	Booked 06/15/2020. Intake completed, no dental pain reported, dental portion filled out.
[redacted]	**1**	Booked 03/07/2021. Intake completed, no dental pain reported, dental portion filled out.
Total	**8/10**	**= 80% PC**

1.6: DL 1 – Intake - Scheduled in dental within timeframe - NC

Of the Dental Level 1 (DL1) patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).

- Between July 1 thru Dec 30, 2020, there was 1 (one) DL1 patient referred from Intake (December 2020) for an urgent/emergent dental condition.
- This is 0.5% of the patients seen in dental in the month of December and 0% of the patient's scheduled in the last six months of 2020.
- This single dental appointment was not scheduled per the Dental Level 1 parameters (next dental day) and therefore has **0%** compliance.
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Intake and DL1, located within the task report for dental sick calls, this pattern is repeated.
- See updated CAP language. Dental Level 1 delineation is for urgent and emergent cases, not only emergent problems.

1.7: DL 1 – Intake - Seen in dental as scheduled – NC

Of the DL1 patients above, were they seen as scheduled in dental?

- For the 1 (one) DL1 patient referred from Intake (December 2020) for an urgent/emergent dental condition, it was not seen in dental as scheduled therefore **0%** compliance.
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Intake and completed dental sick calls, located within the task report for dental sick calls, this pattern is repeated.

1.8: DL 2 – Intake - Scheduled in dental within timeframe - NC

Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 calendar days).

- Between July 1 thru Dec 30, 2020, there were 40 DL2 patients referred from Intake and **53.2%** were scheduled according to the DL2 parameters (within 14 calendar days).
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Intake and dental level 2, located within the task report for dental sick calls, this pattern is repeated.

1.9: DL 2 – Intake - Seen in dental as Scheduled – NC

Of the DL2 patients above, were they seen as scheduled in dental?

- For the 40 DL2 patients referred from Intake, they were seen in dental as scheduled **20.7%** compliance were seen as scheduled for an overall of NC.
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Intake, DL2 and completed dental sick calls, located within the task report for dental sick calls, this pattern is repeated.

1.10: 14-Day Exam Form (Initial Health Exam/IMQ) - NC

a. Is the dental section of the Health Inventory & Communicable Disease Screening (14-Day Exam now named Health Appraisal/IMQ) completed within 14 calendar days of booking?
b. Per the Implementation Plan A & A.2., is the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and /or other functional impairment noted in the Dental Section of the form?
c. Is the Odontogram completely filled out?
d. If a referral is appropriate, is the "Dental Sick Call" boxed checked on the 14-Day Exam form? Is the referral to dental completed and scheduled per the Dental Level assignment?

I/P	Score	Comment
[redacted]	**0**	Booked 06/11/2020. 14-Day exam on 06/12/2020. Completed within timeframe however OHI Hygiene not given. No mandated

		Implementation Plan (IP) questions answered and no odontogram filled in. Per RN if patient is not identifying pain, no intraoral examination was performed.
[redacted]	**0**	Booked 05/07/2020. 14-Day exam on 05/07/2020. Completed within timeframe and OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in. Per RN if patient is not identifying pain, no intraoral examination was performed.
[redacted]	**0**	Booked 07/27/2020. 14-Day exam not completed therefore not completed within timeframe, therefore no OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in.
[redacted]	**0**	Booked 09/18/2020. 14-Day exam not completed therefore not completed within timeframe, therefore no OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in.
[redacted]	**0**	Booked 11/30/2020. 14-Day exam on 12/09/2020. Completed within timeframe and OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in. Per RN if patient is not identifying pain, no intraoral examination was performed.
[redacted]	**0**	Booked 11/11/2020. 14-Day exam not completed therefore not completed within timeframe, therefore no OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in.
[redacted]	**0**	Booked 02/18/2020. 14-Day exam on 02/19/2020. Completed within timeframe and OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in. Per RN if patient is not identifying pain, no intraoral examination was performed.
[redacted]	**0**	Booked 08/31/2020. 14-Day exam on 06/09/2019 during a previous incarceration. No current initial health history performed, therefore not completed within timeframe and no OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in.
[redacted]	**0**	Booked 06/15/2020. 14-Day exam on 06/15/2020. Completed within timeframe and OHI Hygiene given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in. Per RN if patient is not identifying pain, no intraoral examination was performed.
[redacted]	**0**	Booked 03/07/21. 14-Day exam on 03/07/2021. Completed within timeframe however OHI Hygiene not given. No mandated Implementation Plan (IP) questions answered and no odontogram filled in. Per RN if patient is not identifying pain, no intraoral examination was performed.
Total	**0/10**	**= 0% NC**

1.11: DL 1 - 14-Day Exam - Scheduled in Dental within timeframe – NC

Of the DL1 patients referred to dental from the 14-Day Exam, were they scheduled within the DL1 parameters? (Next dental day).

- Between July 1 thru Dec 30, 2020, there were no DL1 patient referred from 14-Day Exam for an urgent/emergent dental condition.
- **The RN stated that if the patient did not complain of any dental issues, that no intraoral evaluation was performed (they did not look into the patient's mouth).**
- This is 0% of the patient's scheduled in the last six months of 2020 referred
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021.
- See updated CAP language. Dental Level 1 delineation is for urgent and emergent cases, not only emergent problems.

1.12: DL 1 - 14-Day Exam - Seen in dental as Scheduled – N/A

Of the DL1 patients above, were they seen as scheduled in dental?

- Not applicable as no patients were referred to dental from the 14-Day Exam, therefore none were seen as scheduled in dental.

1.13: DL 2 – 14-Day Exam - Scheduled in dental within timeframe – NC

Of the DL2 patients referred to Dental from the 14-Day Exam, were they scheduled within the DL2 parameters? (Within 14 calendar days).

- Between July 1 thru Dec 30, 2020, there were 5 DL2 patients referred from the 14-Day exam and of those **33.3%** were scheduled according to the DL2 parameters (within 14 calendar days).
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021.

1.14: DL 2 - 14-Day Exam - Seen in dental as Scheduled – NC

Of the DL2 patients above, were they seen as scheduled in dental?

- Between July 1 thru Dec 30, 2020, there were five (5) DL2 patients referred from the 14-Day exam and of those **50%** were scheduled according to the DL2 parameters (within 14 calendar days).
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021.

1.15: Sick Call Seen by Nursing within 24 hours - NC

Is the Dental Sick Call request scheduled and seen for a nurse triage within 24 hours of the dental complaint reported by the patient in Intelmate? Is the Dental Sick Call assigned an appropriate DL and referred to dental when appropriate?

I/P	Score	Comment
[redacted]	1	Requested dental sick call (DSC) on 07/13/2020 @ 0900 & reviewed at 07/14/20 @ 01:18 and seen in dental on 07/14/2020.
[redacted]	0	Requested DSC 7/2/2020 @ 17:50. Reviewed on 07/2/2020 @ 23:37 but not seen until 07/04/2020 @ 0026 although there is no chart note. Note on DSC for the 07/04/2020 was rescheduled on 07/07/2020.
[redacted]	0	Dental sick call request 09/09/2020 @ 19:39. Closed on 09/11/2020 @ 09:11. Not triaged within 24 hour per IP. Seen in dental 09/15/2020.
[redacted]	0	Dental sick call request 10/06/2020 @ 15:57. Closed 10/08/2020 @ 23:59. Not triaged within 24 hours per IP. Seen in dental 10/13/2020.
[redacted]	0	Dental sick call appointment created 11/30/2020. Not scanned into CorEMR therefore unable to determine when patient submitted dental sick call request. Note: Patient rescheduled 4 times. Seen in dental 01/06/2021.
[redacted]	0	Dental sick call appointment created 12/09/2020 but dental sick call request not scanned into CorEMR therefore unable to determine when patient submitted sick call request. Dental Sick Call appointment created Seen in dental 12/09/2020.
[redacted]	0	Dental sick call appointment created 01/16/2021 but dental sick call request not scanned into CorEMR. Unable to determine when patient submitted sick call and if processed in time. Seen in dental 01/26/2021.
[redacted]	1	Dental sick call request on 02/11/2021. Triaged by RN on 02/12/2021. Appointment created 02/12/2021. Seen in dental 02/16/2021.
[redacted]	0	Dental sick call appointment created on 03/14/2021 but dental sick call request not scanned into CorEMR therefore unable to determine when patient submitted sick call. Seen in dental 03/16/2021.
[redacted]	1	Dental sick call request on 04/09/2021 @ 14:21. From open to closed on 04/10/2021 @ 06:32. Closed on 04/11/21 but scheduled 04/10/21. Seen in dental 04/13/2021. Note patient **rescheduled for filling 5 times**.
Total	**3/10**	**= 30% NC**

1.16: DL 1 - Sick Call - Scheduled in dental within timeframe – NC

Of the DL1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next dental day).

- Between July 1 thru Dec 30, 2020, there was 32 Dental Level 1 patients referred from Dental Sick Call for an urgent/emergent dental condition.
- This is 0.05% of the patients seen in dental scheduled in the last six months of 2020.

- Of the 32 Dental Sick Call, **49.2%** were scheduled per the Dental Level 1 parameters (next dental day).
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Dental Sick Call and dental level 2, located within the task report for dental sick calls, this pattern is repeated with **9%** scheduled within DL2 timeframe.
- See updated CAP language. Dental Level 1 delineation is for urgent and emergent cases, not only emergent problems.

1.17: DL 1 - Sick Call - Seen in dental as Scheduled – PC

Of the DL1 patients above, were they seen as scheduled in dental?

- For the 32 DL1 patients referred from Dental Sick Call for an urgent/emergent dental condition, **94.6%** were seen as scheduled. Way to go!
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Dental Sick Call and completed dental sick calls, located within the task report for dental sick calls, **30.8%** patients were not seen as scheduled.

1.18: DL 2 - Sick Call - Scheduled within timeframe – SC (Awesome!)

Of the DL2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 calendar days).

- Between July 1 thru Dec 30, 2020, there were 513 DL2 patients referred from Dental Sick Call and **85.7%** were scheduled according to the DL2 parameters (within 14 calendar days).
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Dental Sick Call and dental level 2, located within the task report for dental sick calls, this pattern is repeated with **85.5%** scheduled within DL2 timeframe.

1.19: DL 2 - Sick Call - Seen in dental as Scheduled – NC

Of the DL2 patients above, were they seen as scheduled in dental?

- For the 513 DL2 patients referred from Dental Sick Call, they were seen in dental as scheduled **66.8%** of the time.
- There were no statistics recorded in the dental excel spreadsheet from 1/1/2021 thru 4/30/2021 although when searching in the problem/description for Dental Sick Call, DL2 and completed dental sick calls, located within the task report for dental sick calls, **47.5%** were seen in dental as scheduled.

1.20: Physician on Call (POC) Logs - NC

1.20.1 – Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ? – PC - There is an on-call process which handles dental emergencies however

there are no logs to indicate which patient, what condition, what was done, what was the outcome and follow up.

1.20.2 – Of the patients reported to the POC, were their dental emergencies addressed, were they given the appropriate DL, scheduled next dental day and seen in dental as scheduled? – NC - There are currently no logs maintained by the POC for after-hours dental emergencies.

1.21: Specialty Care Referrals / To Outside Specialists - NC

Were the inmate/patients who were referred to an outside specialist, seen by the specialist within 30 days of the referral?

I/P	Score	Comment
[redacted]	**0**	Booked 08/05/2020 and released 04/05/2021. - Was told 09/08/2020 to "connect with custody to make arrangements for transportation to orthodontic monthly adjustments at local orthodontist". No referral given at this appointment. - On 02/16/2021, patient sick call states that dentist needs to ok the referral. Chart note on 02/26/2021 states patient has an orthodontic appointment on 03/19/2021 @ 1330. Not seen within 30 days.
[redacted]	**0**	Booked 12/17/2020, still in custody. - Seen by medical 12/29/2020. RN states "DENTAL PAIN - ALREADY HAS DENTAL APOINTMENT LEVEL 2 12/30/20…Impaired dentition as evidenced by/related to DECAY LEFT LOWER MOLARS." - Seen by dental 12/30/2020. Patient points to #18. Given DPC 1B for extraction which means tooth to be extracted within 30 days. **- Rescheduled by dental 01/06/2021** - Seen by medical 01/17/2021. RN stated "NEEDS PAIN MEDICATION....ALREADY SENT UP FOR DENTAL". **- Rescheduled by dental 01/19/2021** - Seen by dental 01/26/2021. Patient states feels pain in his ear. Tooth not taken out. No referral to specialist. - **Rescheduled by dental 02/03/2021** - Seen by medical 02/06/2021. RN stated "PT C/O DENTAL PAIN. PT WAS SET UP FOR DENTAL BUT DENTIST RESCHEDULED 2 MONTHS OUT DUE TO "LACK OF RESOURCES". - Chart note by RN on 03/14/2021. "PATIENT STATES THAT THE TOOTH IS GETTING WORSE AND THE PAIN IS INCREASING. REALLY STATES HE NEEDS HIS TOOTH PULLED AND CAN'T WAIT." - Chart note by RN on 03/15/2021. "COMPLAINING OF DENTAL PAIN DESPITE IBUPROFEN 400 MG BID. Extraction of #18 scheduled for 04/07/21." **- Rescheduled by dental 03/16/2021**

		- Chart note by RN on 04/05/2021, "patient has a dentist appointment on 05/11/2021 @ 0950". Note not referred by dental. **- Rescheduled by dental 04/07/2021** - Seen by medical 04/08/2021 NP states it is for extreme dental pain. "Pt seen for complaint of bad tooth pain in LLQ. He feels like the DDS has "ignored" him and that the medication he has been given has been ineffective HOWEVER pt. has been mostly non-compliant with pain medications. He says his "old lady" called WellPath to help get him dental attention. Pt has offsite DDS apt scheduled for next month. Unclear why pt. has not been seen here recently." - **Rescheduled by dental 04/13/2021** - Seen by outside oral surgeon for extraction #18. - Seen by dental 05/12/2021 for post op from extraction #18 by outside oral surgeon.
[redacted]	**0**	Booked 12/12/2020, still in custody. - Seen by dental 02/16/2021 for cracked lower molar, patient points to #32. No x-ray taken. No referral given. DPC 1C given for extraction within 60 days. - Seen by dental 04/06/2021. No extraction performed, x-ray taken, new DPC 1B given. - Rescheduled by dental 04/14/2021, states scheduled for 04/20/2021. - Seen by dental 04/20/2021, extraction not completed, patient referred to oral surgeon for extraction #32 and evaluation of large radiolucency distal to #32. DPC 5 for specialty referral. - Chart note on 05/12/2021 stating "patient has a dental appointment on 06/14/2021 @ 0800". Not scheduled within timeframe.
[redacted]	**0**	Booked 06/11/2020, released 12/07/2020. - Seen by dental 07/15/2020, "Dental Pain, 2L2: left upper molar area, acetaminophen in progress. "I have a filling that fell out" Pt points to 5", x-ray taken, patient stated interested in root canal/crown. Was told to arrange with custody for transportation. Given a DPC 1c to be seen within 60 days. Patient not referred as requested, placed burden on patient to arrange custody. No formal policy as to patient's and dentist's responsibility when asking for an outside referral. Refusal form for extraction not completed. - Seen by dental 09/09/2020. "I am going to continue to reach out to my sister for tx at an outside dentist" "Can I just have pain meds in the meantime" pt. points to 5". - Seen by dental 11/25/2020. Follow up to referral 5 rct. Not seen for RCT.
Total	**0/4**	**= 0% NC**

1.22: Specialty Care Referrals / Return from Outside Specialists - NC

Were the inmate/patients, who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist?

I/P	Score	Comment
[redacted]	0	No, patient was not scheduled in dental following ortho appointment.
[redacted]	1	Yes, patient seen by dental post extraction #18.
[redacted]	N/A	Patient not seen yet, scheduled 06/14/2021
[redacted]	N/A	Patient not scheduled.
Total	**1/2**	**= 50% NC**

1.23: Specialty Care Referrals / Outside Specialists Reports - NC

For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?

I/P	Score	Comment
[redacted]	**0**	No scanned report located.
[redacted]	**0.5**	Possibly as faxed 05/11/2021 but report not scanned until 05/27/2021.
[redacted]	**N/A**	Patient not seen yet, scheduled 06/14/2021 with oral surgeon.
[redacted]	N/A	Patient not scheduled and not seen by outside specialist.
Total	0.5/2	**= 25% NC**

1.24: Chronic Care (HIV) Referred to Dental - NC

Are patients with chronic care problems (HIV) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 05/13/2020. Seen in chronic care clinic on 05/14/2020 for initial chronic care visit. No referral to dental. Never seen in dental.
[redacted]	**0**	Booked 01/07/2019, released 09/20/2020. Seen multiple times in chronic care clinic but not referred to dental. Seen in dental 01/21/20 for annual comprehensive dental exam but was not referred.
[redacted]	**0**	Booked 01/27/2020, released 12/15/2020. Seen in chronic care clinic on 02/26/2020. Not referred to dental. Note: Seen in dental for dental sick call 08/18/2020. No x-ray #17 in CorEMR for this date. Seen again 09/29/2020 for #17 follow up but x-ray is of #15 & 16 with a periapical

		lucency #16. This can become a dangerous infection if not treated for someone with HIV. Must review x-ray to make sure this is indeed the patient's radiograph. Progress notes do not reflect #15 & 16.
[redacted]	**0**	Booked 10/27/2020, released 01/05/2021. Seen in medical 11/02/2020 for review. No referral to dental. Never seen in dental.
[redacted]	**0**	Booked 02/05/2020, released 02/16/2021. Seen multiple times for chronic care. No referral to dental. Seen by dental for filling #12 on 07/02/2020 and 09/01/2020. Does not state labs reviewed prior to dental care. Seen again 09/15/2020 and new periapical x-ray (PA) taken. Appears to have a periapical lucency at apex #12 following the filling. Dentist stated reversible pulpitis on a periapical lucency. Advise contact patient to have tooth re-examined as this can become a dangerous infection if not treated for someone with HIV.
[redacted]	**0**	Booked 08/27/2020, released 06/06/2021. Was seen multiple times in chronic care but no referral to dental. Seen for sick call 01/05/2021.
[redacted]	**0**	Booked 05/13/2020. Seen multiple times in chronic care but not referred to dental. Never seen in dental. Patient was **rescheduled** for his comprehensive dental exam with Dentist stating "Non Inmate request for AE". Please have patient seen for his annual exam and given opportunity to have his comprehensive exam.
[redacted]	**0**	Booked 11/23/2020. Seen for chronic care visit but not referred to dental. Never seen in dental.
[redacted]	**0**	Booked 09/26/2020, released 11/25/2020. Newly booked 04/21/2021. Seen by Medical for sick call, no chronic care clinic. Patient also poorly controlled diabetes. No referral to dental.
[redacted]	**N/A**	Booked 01/30/2021, released 02/06/2021. Not seen for chronic care appointment.
Total	**0/10**	**= 0% NC**

1.25: Chronic Care (Seizures) Referred to Dental - NC

Are patients with chronic care problems (Seizures) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 06/25/2018. Seen multiple times for chronic care. Not referred to dental. Note: patient has not had comprehensive exam in nearly 3 years. May not know he can receive it. Please schedule patient in dental for comp exam. Patient is on Dilantin.
[redacted]	**0**	Booked 09/01/2020, released 10/21/2020. Rebooked 05/27/2021. Seen 10/07/2020 in chronic care, patient on Dilantin, but no referral to dental.

[redacted]	**N/A**	Booked 07/12/2020 and released 07/16/2020. Not in 7 day chronic care time range for evaluation.
[redacted]	**0**	Booked 03/21/2021, released 04/20/21. Seen for chronic care on 04/19/2021. Not referred to dental.
[redacted]	**0**	Booked 05/13/2020. Multiple chronic care visits. Not referred to dental. Not seen in dental. Patient was rescheduled by dentist on 05/11/2021 stating "Non inmate request for AE". Please schedule patient in dental for comp exam. Patient is on Dilantin.
[redacted]	**0**	Booked 06/08/2020, released 07/10/2020. Seen for chronic care on 07/08/2020. Not referred to dental.
[redacted]	**0**	Booked 02/20/2021. Seen for chronic care on 03/22/2021. Not referred to dental.
[redacted]	**0**	Booked 09/17/2020, released 10/08/2020. Chronic care appointment 10/08/2020, not referred to dental.
[redacted]	**0**	Booked 09/18/2020, released 01/14/2021. Seen 12/16/2020 in chronic care, not referred to dental. Never seen in dental.
[redacted]	**0**	Booked 07/20/2020. Seen multiple times in chronic care. Not referred to dental. Seen for dental sick call 09/15/2020 for gum pain around wisdom tooth.
Total	**0/9**	**= 0% NC**

1.26: Chronic Care (Diabetes) Referred to Dental - NC

Are patients with chronic care problems (Diabetes) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 06/05/2020, released 06/10/2021. Seen multiple times for chronic care. No referral to dental.
[redacted]	**0**	Booked 05/21/2020, released 05/05/2021. Seen multiple times for chronic care. No referral to dental. Seen in dental for sick call lower molar.
[redacted]	**0**	Booked 08/07/2020. Seen multiple times for chronic care. No referral to dental for comprehensive care. Seen in dental for dental sick call. Due for extraction #5 in June 2021.
[redacted]	**0**	Booked 09/26/2020, released 02/19/2021. Seen in chronic care clinic on 10/15/2020. Not referred to dental. Seen in dental for sick call request but no x-ray taken.
[redacted]	**N/A**	Falls outside of time frame for evaluation.
[redacted]	**0**	Booked 10/03/2020. Seen multiple times for chronic care. No referral to dental for comprehensive dental examination. On 01/28/2020 progress notes state x-ray for #1 & #2, states unrestorable and recommends

		extraction. On 02/05/2020 states patient in dental for extraction #1 and #2 however consent form is for extraction #15 & #16 and progress note states extraction #15 & #16 extraction. Have patient brought in and evaluate which teeth were extracted.
[redacted]	**0**	Booked 12/29/2020. Seen in medical on 01/20/2021 and 04/21/2021 for chronic care but not referred to dental.
[redacted]	**N/A**	Booked 02/06/2021, released 04/08/2021. Rebooked 05/07/2021. Patient refuses chronic care appointment. Not seen in dental.
[redacted]	**0**	Booked 11/23/2020. Rescheduled for chronic care 12/31/2020 but seen chronic care 01/05/2021 and 04/05/2021. Not referred to dental. Seen in dental for sick call extraction #19.
[redacted]	**0**	Booked 10/21/2020, released 05/17/2021. Seen chronic care 12/14/2020 and 03/03/2021 but not referred to dental nor ever seen in dental.
Total	**0/8**	**= 0% NC**

1.27: Chronic Care (Pregnancy) Referred to Dental - NC

Are patients with chronic care problems (Pregnancy) referred by the NP, PA or MD (Nurse practitioner, physician Assistant or physician) at the establish pregnancy care appointment, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Booked 11/13/2020. Released 11/14/2020. Not enough time in custody to evaluate.
[redacted]	**N/A**	Booked 08/24/2020. Released 08/25/2020. Not enough time in custody to evaluate.
[redacted]	**0**	Booked 12/01/2020. Released 04/05/2021. Established pregnancy care 12/02/2020. No referral to dental for comprehensive dental examination. Seen in dental for sick call complaint.
[redacted]	**0**	Booked 01/23/2021. Released 02/09/2021. Established pregnancy care 01/25/2021. No referral to dental for comprehensive dental examination. Seen in dental for sick call pain right upper quadrant.
[redacted]	**N/A**	Booked 02/07/2021. Released 02/08/2021. Not enough time in custody to evaluate.
[redacted]	**0**	Booked 02/18/2021. Released 04/20/2021. Established pregnancy care 02/19/2021. Not referred to dental for comprehensive dental examination. Not seen in dental.
[redacted]	**0**	Booked 03/02/2021. Established pregnancy care 03/03/2021. No referral to dental for comprehensive dental examination. Not seen in dental.
[redacted]	**N/A**	Booked 04/05/2021. Released 04/08/2021. Not enough time in custody to evaluate.

[redacted]	**0**	Booked 04/17/2021. Released 04/24/2021. Established pregnancy care 04/19/2021. Not referred to dental. Not seen in dental.
Total	**0/5**	**= 0% NC**

1.28: Chronic Care (Pts on ≥4 Psych Meds) Referred to Dental - NC

WHEN ESTABLISHED AS MENTAL HEALTH SPECIAL NEEDS OR CHRONIC CARE: Are patients with chronic care problems (patients on 4 or more psych medications or special needs) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 03/12/2021. Referred from Intake but not referred by chronic care for comprehensive dental examination. Patient had extraction, note that the dentist is not listed, allergies are not listed. Make sure to fill out consent form fully.
[redacted]	**0**	Booked 07/08/2020. Not referred from chronic care. Never seen in dental.
[redacted]	**0**	Booked 09/03/2020 and released 08/03/2021. Seen in dental on 10/13/2020 for sick call. No referral from mental health or chronic care. Patient refused treatment on 03/24/2021 and no scanned refusal form.
[redacted]	**0**	Booked 12/11/2020. Seen for dental sick call 06/30/2021 and extraction 08/11/2021. Not referred from chronic care. No x-ray scanned into CorEMR.
[redacted]	**0**	Booked 11/01/2020 and released 06/22/2021. No referral from mental health or chronic care. Patient seen 11/24/2020 and no x-rays taken for evaluation of interproximal cavities from chief complaint request.
[redacted]	**0**	Booked 11/06/2020 and released 07/08/2021. Never seen in dental, not referred by chronic care.
[redacted]	**0**	Booked 01/15/2021 and released 07/23/2021. Not referred by mental health or chronic care. Not seen in dental during this incarceration period.
[redacted]	**0**	Booked 01/26/2021 and released 06/25/2021. Patient not referred by mental health or chronic care. Patient seen in dental on 03/31/2021 with dentist discussing full mouth extractions and a full denture. Patient not seen thereafter for dental care from dental sick call. Patient was rescheduled 05/11/2021 and 05/12/2021 and then patient refused appointment on 05/18/2021 but no reason listed on refusal form and form does not note the refusal is for the extraction #9. No risk, benefits, alternatives or consequences discussion noted in chart note. Note that during 14-Day Exam no dental conditions of generalized decay was noted in the form or notes. There was no referral to dental from the 14-Day Exam.

[redacted]	**0**	Booked 02/21/2021 and released 07/18/2021. Not referred by mental health or chronic care. Never seen in dental.
[redacted]	**0**	Booked 03/25/2021. Not referred by mental health or chronic care. Never seen in dental.
Total	**0/10**	**= 0.0% NC**

1.29: Comprehensive Dental Care - NC

Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?

I/P	Score	Comment
[redacted]	**0**	Booked 11/29/2017. Due 11/29/2018. Seen in dental for annual exam, 06/27/2019 and 07/08/2020. On 07/08/2020 FMX taken. Exam completed 09/08/2020. No recall exam set from 09/08/20.
[redacted]	**0**	Booked 06/05/2018. Due 07/05/2019. Exam 09/25/2019. Not in timeframe. No continuity of care as no future recall appointment set. Recommend schedule for future care.
[redacted]	**0**	Booked 08/24/2018. Due 08/24/2019. Seen for x-rays 06/25/2020 and received annual exam 09/29/2020. Not in timeframe. Future recall exam not set up.
[redacted]	**0**	Booked 09/18/2018. Due 09/18/2019. Refused annual dental exam 09/19/2019. Requested annual exam on 10/31/2019 but never received exam or treatment plan. Please schedule patient for comprehensive care. Note was rescheduled 6 times before obtaining a filling. No future recall appointment set.
[redacted]	**1**	Booked 02/18/2019. Released 05/05/2021. Due for annual comprehensive dental exam 02/18/2020. Seen in dental on 02/13/2020 for x-rays and 02/26/2020 for exam and perio charting. Recall appointment was set before release.
[redacted]	**1**	Booked 03/09/2019. Due 03/09/2020. Received x-rays on 03/03/2020 and was rescheduled due to covid-19 restrictions 9 times. Giving full credit as I believe they would have performed exam and perio charting if it weren't for Covid-19. Was seen on 08/11/2020 for the annual exam and perio charting however Full mouth x-rays and treatment plan not scanned into CorEMR. Has not been seen for updated exam.
[redacted]	**0.5**	Booked 05/06/2019. Due 05/06/2020. Seen 06/02/2020 for x-rays. For Annual exam and perio charting, patient was rescheduled three times for covid restrictions, then rescheduled again on 09/09/2020 for "lack of resources". Gave partial credit for scheduling and taking FMX but due to reschedule other than covid gave partial credit. Seen 09/15/2020 for annual exam and perio charting. Note was rescheduled for his cleaning on 10/27/2020 due to "busy schedule", rescheduled again on 10/28/2020 for no dentist that day, then rescheduled 11/04/2020 due to "heavy episodic schedule". Then rescheduled 01/05/2021, 03/03/21, 05/05/21

		for "lack of resources, no DA". Please schedule patient for annual exam and updated x-rays.
[redacted]	**0.5**	Booked 05/15/2019. Due 05/15/2020. Full mouth x-rays taken 06/04/2020. Reschedule 3 times for covid-19 precautions but rescheduled 09/02/2020 for "full schedule". Gave partial credit for starting FMX. Seen for annual exam and perio charting on 09/08/2020. No future dental recall set. Note was rescheduled for his cleaning (prophy) 8 times due to "lack of resources".
[redacted]	**0.5**	Booked 06/01/2019. Released 05/06/2021. Due 06/01/2020. Refused exam 05/26/2020. Then requested annual exam and was rescheduled due to "heavy schedule" on 11/24/2020. Was reschedule next on 12/02/2020 for "lack of resources". The refused and then requested annual exam and cleaning on 01/06/2021 but was rescheduled on 03/31/2021.
[redacted]	**1**	Booked 06/02/2019. Released 06/03/21. Due 06/02/2020. Full mouth x-rays on 05/27/2020. Seen for annual exam and perio charting on 08/26/2020 although exam and perio charting not in CorEMR. Never received his cleaning, rescheduled 6 times due to "heavy schedule, no dental, heavy episodic schedule, lack of resources 3 more times. Not scheduled for recall exam.
Total	**4.5/10**	**= 45% NC**

1.30: Comprehensive Dental Care – NC

Of those receiving a comprehensive dental examination at their 1 year of incarceration, are they placed on an annual examination schedule and are they seen in dental per their annual recall as scheduled? *Note that a periodontal recall (cleaning recall) is different than the annual comprehensive dental examination recall.*

I/P	Score	Comment
[redacted]	**0**	See 1.29 for details.
[redacted]	**0**	See 1.29 for details.
[redacted]	**0**	See 1.29 for details.
[redacted]	**0**	See 1.29 for details.
[redacted]	**1**	See 1.29 for details.
[redacted]	**0**	See 1.29 for details.
[redacted]	**0**	See 1.29 for details.
[redacted]	**0**	See 1.29 for details.
[redacted]	**1**	See 1.29 for details.
[redacted]	**0**	See 1.29 for details.
	2/10	**= 20% NC**

1.31: Periodontal Program / Cleaning Requests – NC

Are requests for a cleaning referred to dental with the appropriate DL? Are cleanings addressed per the Implementation Plan's Periodontal Disease Program? Are patients' request for a cleaning seen in dental for a triage and subsequent appointment for a comprehensive and periodontal examination, radiographs, diagnosis and treatment plan, commensurate with their diagnosis and given an appropriate DPC?

I/P	Score	Comment
[redacted]	**0**	Seen in dental on 07/08/2020 for "pt requesting to be seen for cleaning and other matters". No mention of cleaning request in the triage appointment.
[redacted]	**1**	Seen in dental for annual exam and perio charting on 09/01/2020. Scheduled for deep cleaning (srp x 4 quadrants). Dental sick call for "L2: I'm patiently waiting to be called back for a cleaning…" on 09/22/2020 and received 2 quadrants of scaling and root planing (srp) UL and UR.
[redacted]	**0**	Seen in dental on 09/30/2020 for dental sick call request which included evaluation of bad breath and gingivitis. No mention of this in the dental triage appointment.
[redacted]	**0**	Seen in dental 10/13/2020 for "requesting yearly dental cleaning and eval". FMX (x-rays) taken 07/29/2020 but no progress note stating such. On 10/13/2020 annual exam and perio charting completed with treatment plan includes prophy and fillings 14, 18, 19 and notes state that next visit is for prophy (cleaning) and filling #14. However, at next visit on 11/17/2020 filling #14 took place but progress notes do not include cleaning or fillings #18 & 19 but shows completed on the treatment plan. According to progress notes patient did not receive his requested cleaning.
[redacted]	**0**	Never seen by dental although requested sick call on 10/20/2020 for "L2-pt has been here 16 months and is requesting dental cleaning". **Rescheduled** on this day due to "Full schedule". **Rescheduled** 10/27/2020 for no dental. **Rescheduled** 11/03/2020 for "Heavy episodic schedule. **Rescheduled** 12/16/2020 for 21day Quarantine". **Rescheduled** 01/06/2021 for "lack of resources, no DA". Patient released 01/21/2021.
[redacted]	**0**	Never seen in dental. Dental Sick Call rescheduled on 11/03/2020 due to "heavy schedule for episodic care" for "L2-pt requesting dental cleaning. Has been here since March 2019". Dental Sick Call rescheduled again on 12/16/2020 and 01/06/2021.
[redacted]	**0**	Seen in dental on 12/15/2020 for "PT IS REQUESTING annual dental cleaning he states "I put in a request over a month ago for my annual cleaning. You guys responded that I was scheduled for one but I still haven't been seen by the dentist….". X-rays completed this visit and scheduled for annual exam and perio charting at next visit. On

		12/22/2020 was seen for the annual exam and scheduled for the cleaning at next visit. Requested a dental sick call and requested "On April 1, 2021 I was told that I was scheduled for a cleaning and that I would be seen in 2 weeks. It has been over a month and I still haven't been seen for my annual cleaning. I have been patiently waiting for the past 5 months and I'm still experiencing bleeding and swollen gums. I just want the proper dental care to help with this issue I'm experiencing. I don't appreciate the neglect I'm getting toward this matter. I'm also aware of the law suit against Monterey county jail med care "Here for a cleaning" Received his cleaning on 05/04/2021.
[redacted]	**0**	Not seen in dental for Dental Sick Call 11/24/2020 for "Annual Dental Exam and pt would like cleaning and thinks he has a cavity". **Rescheduled due to "heavy schedule". Rescheduled again 12/02/2020 due to lack of resources. Rescheduled on 12/16/2020 for "21 day Quarantine" which per HSA is a 14 day quarantine. Rescheduled again on 01/06/2021, 03/02/2021, 05/04/2021 for lack of resources.**
[redacted]	**0**	Annual Dental Exam rescheduled 12/30/2020 for 'Non request AE". Dental Sick Call request for "Per Intelmate – Pt requesting dental cleaning". Patient rescheduled for "lack of resources". Also rescheduled 01/19/2021 and 01/26/2021. Patient released 02/25/2021.
[redacted]	**0**	**Never seen in dental for dental sick call request "Pt requesting annual dental cleaning, level 2" on 03/16/2021. Rescheduled for "Non inmate request for Annual Exam" even though the patient requested it.** Reschedule 03/31/2021 for "Lack of resources limited DA coverage. Episodic care priority". Rescheduled 05/26/2021, 06/05/2021, 06/10/2021, 06/12/2021 with no reasons given. Patient still in custody, please schedule and see this patient.
	0/10	**= 10% NC**

1.32: Grievances – SC (Awesome!)

Where Grievances addressed and resolved within 10 calendar days of the request in Intelmate?

Grievance #	Date Opened	Comments from Inmate/Patient	Date Closed	Monitor Comments	Timeline Met?
94664863	07/04/20	"My tooth has been cracked in half and can not be seen by the dentist…I keep trying to get help for the pain…" *States inmate no longer in custody.*	07/10/20	Addressed within timeframe	SC
97359933	07/31/20	"Have trouble getting schedule for Dental infection…"	10/29/20	Outside of timeframe although	NC

		Since the submission of this grievance, you have been seen 7 times by medical staff. Please submit sick slip for any new or worsening symptoms		patient seen in dental 08/04/2020	
98464703	08/12/20	Dental, continue refill on allergic pills	N/A	Not a dental grievance	N/A
99605963	08/23/20	"Toothache. I put in a request for my tooth hurting more than a week ago why haven't they come through to help me with my pain…"	08/26/20	Addressed within timeframe	SC
102215193	09/18/20	"I have a serious severe tooth infection my faced is swollen to TWICE ITS SIZE why have I not been prescribed an antibiotic for my obviously infected and seriously swollen tooth and face? I need immediate medical care! Please help this can be life threatening and you guys are dragging your feet.	10/29/20	Outside of timeframe.	NC
104486813	10/11/20	Optometrist	N/A	Not a dental grievance	N/A
106587343	10/31/20	"I have a bad molar and would like to receive a dental soft diet".	11/16/19	Outside of timeframe	NC
107459053	11/09/20	I put in a sick call request for my molar pain. They prescribed some cheap (not working pills). This medication I was prescribed is not working whatsoever…".	11/16/20	Addressed within timeframe	SC
108619033	11/20/20	"I'm writing this grievance because I have an abcyst when I first got seen i had xrays taken I didn't have an abcyst I had filling done and weeks later hadxrays and it showed abcyst I didn't get that until after it was worked on my tooth is fine I have refused extraction dentist told me to sign paper so he cansave his ass dentist has been dodging me I've had 2-3 appointments and on that day I don't get called I plan on reporting this to attorneys for inmates in San Francisco".	11/23/20	Addressed within timeframe	SC

109081073	11/25/20	"I can not bite my food very well. I would like to have a dental soft. Thanks". *Response "This is not a grievance. Please submit a Sick Call Slip".*	11/25/20	Addressed within timeframe	SC
110620603	12/10/20	"I accidently threw my face mask away during lunch and in desperate need of one".	N/A	Not a dental grievance.	N/A
111265173	12/17/20	"I ha e been waithing to see the dentist for over a month in a half the response's on tablet are that ice been set up for an appointment and have not been seen yet the latest appointment was supost to be on 12/15/2020 but did NPR get seen that day my tooht is been hurting I would like to be seen please. Thank you for your time".	12/21/20	Addressed within timeframe	SC
112675723	01/01/21	"Broken tooth".	01/04/21	Addressed within timeframe	SC
113433103	01/08/21	Shoe chrono	N/A	Not a dental grievance.	N/A
114296743	01/17/21	"I have been scheduled for the dentist for the past month yes they have given me antibiotics for the infection and it did help me but recently the pain has came back and I put a sick call last night because my left ear hurts every time I swallow my saliva or drink something it hurts I feel like the infection is coming back I need my tooth taken out they didn't call me for my sick call request they just told me that I'm already scheduled for the dentist I need to be seen".	01/19/21	Addressed within timeframe	SC
114377263	01/18/21	"I have been at mcj for 18 months and I have not had my teeth cleaned . I submitted a request inquiring about this on DEC 10,2020.the reply was I wasscheduled for the yearly cleaning in about 3 weeks from DEC 10,2020 it is now Jan 18,2021 and I still have not been called for dental to have my teethcleaned which I am entitled to	01/19/21	Addressed within timeframe	SC

		every year I am incarcerated at this facility.Hernandez v. Monterey county,N.D cal. No. 5:13-cv-02354-PSG, stipulates Iam entitled to the proper dental care . thank".			
114825273	01/22/21	"Severe tooth pain".	01/23/21	Addressed within timeframe	SC
115076313	01/25/21	I'm respectfully been asking to be seen by Dentist because of my left mouler and have been told I have set up for appointment by provider this Is the thelast order #(106671243) back in November and it still hurt when will I be seen I don't want to involve my lawyer but I'll if I have to. Thank you for yourtime.	01/29/21	Addressed within timeframe	SC
115397313	01/28/21	I went to the dentist for my braces check up and they said they dont do braces here that I would have to talk to the Sargent to confirm and took me out tomy dentist monthly treatment????????	01/29/21	Addressed within timeframe	SC
115535613	01/29/21	I saw the dentist like a month ago I was wondering wn I was gna b seen again like I was told my meds have stopped my antibiotics have stopped like 2weeks ago n they still havnt seen me I'm in pain every time I eat my face is swelling up again I would highly appreciate it some1 could plz come in n seeme thanks".	02/03/21	Addressed within timeframe	SC
115632053	01/31/21	Coughing	N/A	Not a dental grievance.	N/A
116249603	02/05/21	"I've been putting request to get my annual dental exam and nothing and I really need a cleanse and xrays".	02/09/21	Addressed within timeframe	SC
117199483	02/15/21	I've put three requests for a yearly cleaning since December and haven't been seen. Please address this thank you.	02/16/21	Addressed within timeframe	SC
117285223	02/16/21	"Cavity check deep clean".	02/17/21	Addressed within timeframe	SC

117369723	02/16/21	"My tooth is killing me".	02/17/21	Addressed within timeframe	SC
[redacted] ***See case review #9**	03/02/21	"I cannot stand the pain anymore the dentist told me he was waiting for his dental assistant and gave me medication which recently ran out I'm in terrible pain and want to be seen again please".	03/03/21	Addressed within timeframe	SC
[redacted] ***See case review #8**	03/03/21	"My wisdom teeth are hurt and I haven't heard back from the dentist and my pain medication expired for some reason I want to know if I still have an appointment for the dentist so I can get my teeth fixed .its starting hurt so bad that I'm getting headache's for on it". Dr. [redacted] has patient scheduled for 04/21/2021.	03/05/21	Addressed within timeframe	SC
[redacted] ***See case review #8**	03/04/21	"Its been 2 weeks since the dentist checked out my teeth and there has been no follow up regarding getting the wisdom feet removed, its starting to hurt and casuing headache that have been lasting all day"	03/05/21	Addressed within timeframe	SC
[redacted] ***See case review #8**	03/11/21	"….also to be let known if I'll be seeing the dentist anytime soon".	03/12/21	Addressed within timeframe	SC
[redacted] ***See case review #8**	03/13/21 @ 14:57	"My top left wisdom tooth or what's left of it is starting to hurt really bad along with my bottom right".	03/16/21	Addressed within timeframe	SC
[redacted] ***See case review #8**	03/13/21 @ 21:21	"My teeth are hurting causing my migraines and I would like to know when I will be seeing the dentist". "My top left wisdom tooth is starting to hurt I pulled out a little piece of my tooth earlier I still have a little jagged piece in and my bottom right wisdom is hurting more then the last couple weeks i couldn't even eat dinner tonight and its only going to get worse".	03/17/21	Addressed within timeframe	SC

121320983	03/26/21	"I just filled out my second request for dental, Im having extreme pain and unable to eat or sleep. Please respond or give me medical attention immediately".	03/29/21	Addressed within timeframe	SC
122547393 ([redacted]	04/07/21	"What's going on with the dentist I was suppose to get my back tooth pooled out and dude still aint seen me they just gave me medication that dont workwhat so ever I'm in deep pain everyday and night I've had my fiance call the well path but these individuals don't seem to get it thrue their skulls becauseits not them going thrue this pain n its bs straight".	04/08/21	Addressed within timeframe	SC
123298511	04/15/21	"Medical staff keep skipping sick call list [redacted] back teeth hurting with medication pill spod everyday back her women housing unitapril152021thrsdaysheriffdarpment worker don't care Mexican white image [redacted] white Indian tribe".	04/16/21	Addressed within timeframe	SC
123537061	04/17/21	"I have a bad toothache and would like to request pain pills."	04/19/21	Addressed within timeframe	SC
124751141	04/29/21	"I had a tooth pulled 2 days ago. I'm in severe pain. I feel like this is a medical emergency. There is something terribly wrong in my mouth".	05/03/21	Addressed within timeframe	SC
TOTAL: 37 grievances, 6 non dental grievances therefore 31 grievances. 28/31 =				90.3%	SC

Summary of Recommendations - Access to Care

1.1: Interpreter Services
1.2: Oral Hygiene Supplies
1.3: Oral Hygiene Education
1.4: Inmate Handbook
1.5: Intake Form
1.6: DL 1 – Intake – Scheduled in dental within timeframe
1.7: DL 1 – Intake – Seen in dental as scheduled
1.8: DL 2 – Intake – Scheduled in dental within timeframe
1.9: DL 2 – Intake – Seen in dental as scheduled

1.10: 14-Day Exam Form (Initial Health Exam/IMQ)
1.11: DL 1 – 14-Day Exam – Scheduled in dental within timeframe
1.12: DL 1 – 14-Day Exam – Seen in dental as scheduled
1.13: DL 2 – 14-Day Exam – Scheduled in dental within timeframe
1.14: DL 2 – 14-Day Exam – Seen in dental as scheduled
1.15: Sick Call Seen by Nursing within 24 hours
1.16: DL 1 – Sick Call – Scheduled in dental within timeframe
1.17: DL 1 – Sick Call – Seen in dental as scheduled
1.18: DL 2 – Sick Call – Scheduled in dental within timeframe
1.19: DL 2 – Sick Call – Seen in dental as scheduled
1.20: Physician on Call (POC) Logs
1.21: Specialty Care Referrals / To Outside Specialist
1.22: Specialty Care Referrals / Return from Outside Specialists
1.23: Specialty Care Referrals / Outside Specialist Reports
1.24: Chronic Care (HIV) Referred to Dental
1.25: Chronic Care (Seizures) Referred to Dental
1.26: Chronic Care (Diabetes) Referred to Dental
1.27: Chronic Care (Pregnancy) Referred to Dental
1.28: Chronic Care (Special Needs, 4 or More Psych Meds) Referred to Dental
1.29: Comprehensive Dental Care
1.30: Comprehensive Dental Care
1.31: Periodontal Program / Cleaning Requests
1.32: Grievances

- Unlike the sections on Quality of Care, Infection Control and Dental Program Management, I did not include any new recommendations in Access to Care as these are the same issues discussed throughout the last report, and seen during this Audit Tour #6.
    - The deficiencies are listed in the completed CAP.
    - A due date for the CAP is being discussed.
- See the Executive Summary regarding Access to Care issues.
- A system such as an EDRS is necessary to monitor dental data, and compliance to the IP mandates as seen in the Access to Care audit tool and audit tool data.

Section III.2 Timeliness of Care Audit Tool

This audit tool evaluates if there are any timeliness issues in regard to dental care at MCJ.

Summary Table of Compliance - Timeliness of Care – (Protective Order):

#	Outcome Measure	ACCESS TO CARE - Audit Tool Questions	Source	Comp	Score
2.1	DPC 1A	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	DF	DF
2.2	DPC 1B	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	SC	87.50%
2.3	DPC 1C	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	NC	33.30%
2.4	DPC 2	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?	Chart Review & Spreadsheet	NC	16.70%
Dental treatment will be provided in accordance with the following Dental Priority System: *(1) Emergency Care (Immediate Treatment): Inmate-patients requiring treatment of an acute oral or maxilla-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.* *(2) Treatment within 1 calendar day: (DPC 1A) Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.* *(3) Treatment within 30 calendar days: (DPC 1B) Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.* *(4) Treatment within 60 calendar days: (DPC 1C) Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.* *(5) Treatment within 120 calendar days: (DPC 2) Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention. Moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Exhibit A, p. 102)*				
2.5	Chronic Care (HIV)	Are patients with chronic care problems (HIV) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	N/A	N/A

2.6	Chronic Care (Seizure)	Are patients with chronic care problems (Seizures) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	N/A	N/A
2.7	Chronic Care (Diabetes)	Are patients with chronic care problems (Diabetes) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	N/A	N/A
2.8	Chronic Care (Pregnancy)	Are patients with chronic care problems (Pregnancy) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	N/A	N/A
2.9	Patients on 4 or more psych medications	Are patients with chronic care problems (patients on 4 or more psych medications) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review & Spreadsheet	N/A	N/A

Chronic Care Clinic: Routinely scheduled encounters between an FNP, PA or MD and a patient with an identified chronic medical or mental condition for the purpose of treatment planning, monitoring the patient's condition and therapeutic regimen while in custody. Such encounters shall be scheduled at least every ninety days, but may occur more frequently at the discretion of the medical provider. Routinely scheduled Chronic Care Clinic monitoring shall apply to the following conditions: diabetes; cardiac disorders, hypertension, seizure disorders, communicable diseases, respiratory disorders, and psychiatric disorders. Other conditions may be included as appropriate at the discretion of the medical provider.

Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Exhibit A, p. 27)

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Exhibit A, pp. 100, 103).

2.10	Comp Dental Care	Were patients with 1 year of incarceration seen within 30 days (before or after) of their one-year anniversary date of their initial date of booking?	Chart Review & Spreadsheet	DF	DF
Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. (Exhibit A, p. 103). *Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Exhibit A, p. 103).*					
2.11	Perio Program	Are treatments from a request for a periodontal screening, cleaning or other language related to the I/Ps gum condition seen as scheduled within DPC timeframe?	Chart Review & Spreadsheet	DF	DF
MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Exhibit A, pp. 100, 103).					
2.12	Refusals	Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?	Spreadsheet	N/A	N/A
2.13	Refusals	Is the refusal scanned into CorEMR? Are the refusals (cellside or chairside) given the appropriate informed discussion with the patient, obtained and documented by the licensed dentist on the day of the informed refusal occurred?	Chart Review	DF	DF
Inmates have a right to refuse treatment. Inmates refusing treatment will be counseled regarding any untoward effects of such refusal. Refusals shall be documented in the medical record progress note and refusal of medical treatment form completed, signed by the inmate and filed in the medical record. If the inmate refuses to sign the form, such refusal shall be noted on the form and witnessed by two staff members…. Refusal of essential medications and treatment (i.e., the absence of which would jeopardize the health and safety of the inmate) shall be reported to the responsible medical provider after three sequential refusals. (Exhibit A, p. 21).					
2.14	(R/S) Reschedules	Are reschedules maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?	Spreadsheet	NC	0.0%
Medically necessary services which are not provided on-site shall be made available by referral to County or private medical/health services providers. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).					
2.15	(R/S) Reschedules	Are the rescheduled patients scheduled again and their appointment seen and completed within compliance timeframe?	Spreadsheet & Chart Review	NC	0.0%

All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. (Exhibit A, p. 101). *Dental treatment will be provided in accordance with the following Dental Priority System:* *(1) Emergency Care (Immediate Treatment): Inmate-patients requiring treatment of an acute oral or maxilla-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.* *(2) Treatment within 1 calendar day: (DPC 1A) Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.* *(3) Treatment within 30 calendar days: (DPC 1B) Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.* *(4) Treatment within 60 calendar days: (DPC 1C) Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.* *(5) Treatment within 120 calendar days: (DPC 2) Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention. Moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Exhibit A, p. 102)*					
2.16	No Shows due to Custody	Is custody available for patient transport to the dental department? Are reschedules or not seen due to custody maintained under 5% SC; 5-10% PC; >10% NC?	Spreadsheet & Chart Review	PC	50.0%
TOTAL		**Total of 16 questions** **6 N/A, 4 DF Questions, 1 SC, 1 PC, 4 NC.** **Total 5 available questions for evaluation**	**187.5/6 =**	NC	31.3%

Section III.2 Timeliness of Care Audit Tool Data

2.1: DPC 1A Treated in Dental within Timeframe - DF

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
-	**DF**	Deferred Findings
Total	**DF/10**	**= N/A**

2.2: DPC 1B Treated in Dental within Timeframe – SC (Awesome!)

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
[redacted]	**SC**	Triage 07/28/2020. Extracted 08/18/2020. Seen within timeframe.
[redacted]	**SC**	Triage 08/25/2020. Extraction #15. 09/09/2020. Seen within timeframe.
[redacted]	**SC**	Triage 09/29/2020. Extraction #18 10/06/2020. Seen within timeframe
[redacted]	**SC**	Triage 10/07/2020. Extraction #3 10/20/2020. Seen within timeframe
[redacted]	**SC**	Triage 11/17/2020. Extraction #19, 17 11/25/2020. Seen within timeframe
[redacted]	**NC**	Triage 12/08/2020. Filling #3, no DPC given in progress notes. Seen 02/02/2021 for #3 again but given new 1C diagnosis.
[redacted]	**SC**	Triage 03/16/2021. Extraction #21 on 03/30/2021. Seen within timeframe.
[redacted]	**SC**	Triage 03/30/2021. Extraction #32 04/20/2021. Seen within timeframe.
Total	**7/8**	**= 87.5% SC**

2.3: DPC 1C Treated in Dental within Timeframe - NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
[redacted]	**SC**	Triage 08/25/2020 for #2. Extraction #2 10/20/2020. Seen within timeframe.
[redacted]	**SC**	Triage 08/18/2020 for #17. Evaluation #17 09/29/2020. Seen within timeframe.
[redacted]	**NC**	Triage 10/06/2020 for fill #10. Initial date of diagnosis. Was not seen within timeframe. Was given another DPC 1c on 03/02/2021 and then on 05/05/2021 because a root canal.
[redacted]	**SC**	Triage 09/08/2020 for fill #19 MO. Completed 10/06/2020. Seen within timeframe.
[redacted]	**NC**	Triage 09/22/2020 for #4 fill. Completed 12/15/2020. Outside of timeframe.
	NC	Triage 11/03/2020 for #14. Completed 04/07/2021. Outside of timeframe.
[redacted]	**NC**	Triage 01/26/2021 for #14. Completed extraction 04/07/2021. Outside of timeframe.
[redacted]	**NC**	Triage 02/10/2021. Filling #3 MO. Filling 04/14/2021. Outside of timeframe.
[redacted]	**NC**	Triage 04/06/2021 for extraction #30. Not seen within timeframe.
[redacted]	**N/A**	Dental Sick call 06/2021 but patient in quarantine. 04/27/2021 pt refused appointment. Never seen in dental.
Total	**3/9**	**= 33.3% NC**

2.4: DPC 2 Treated in Dental within Timeframe – NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?

I/P	Score	Comment
[redacted]	**SC**	Triage 09/01/2020, completed 11/24/2020. Seen within timeframe for extraction #11.
[redacted]	**NC**	Recall exam 09/08/2020 given a DPC 2 for fillings. Patient still in custody. Not seen within timeframe. Rescheduled for months #14 and then in May 2021 refused appointment but refusal does not state what patient is refusing or reason why refusing. Patient still in custody and is due to recall exam.

[redacted]	**NC**	Comp exam 09/30/2020, fillings #12 DO, #30 MO, #17 O with DPC 2. None of the fillings were restored. Therefore, not treated within timeframe. Pt paroled May 2021.
[redacted]	**NC**	Comp exam 08/11/2020. "Comp care cont" with a DPC of 2 on 10/06/2020. Dr. E cannot extend the date of DPC from original treatment. Note there is no scanned dental chart with treatment plan. Not seen within timeframe for "comp care cont". Please schedule patient to be seen. Has been rescheduled 6 times so far and still has not received dental care.
[redacted]	**N/A**	Outside of evaluation period.
[redacted]	**NC**	Triage 10/13/2020 for #2. Tx planned for filling. 03/24/2021 seen outside of timeframe. Note that patient was diagnosed with decay but then says "non pathologic" on 03/24/2021.
[redacted]	**NC**	Comp exam 09/08/2020 with 7 teeth with cavities diagnosed to be all treated before 01/08/2021. Not completed within timeframe. Patient still in custody. Schedule patient to have dental treatment completed.
Total	**1/6**	**= 16.7% NC**

2.5: Chronic Care (HIV) seen as scheduled – N/A

Are patients with chronic care problems (HIV) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Not seen for chronic care. See 1.24.
Total	**0/9**	**= N/A**

2.6: Chronic Care (Seizures) seen as scheduled – N/A

Are patients with chronic care problems (Seizures) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	N/A	Never referred from chronic care. See 1.25.
[redacted]	N/A	Never referred from chronic care. See 1.25.
[redacted]	N/A	Not within time range for evaluation. See 1.25.
[redacted]	N/A	Never referred from chronic care. See 1.25.
[redacted]	N/A	Never referred from chronic care. See 1.25.
[redacted]	N/A	Never referred from chronic care. See 1.25.
[redacted]	N/A	Never referred from chronic care. See 1.25.
[redacted]	N/A	Never referred from chronic care. See 1.25.
[redacted]	N/A	Never referred from chronic care. See 1.25.
Total	**0/9**	**= N/A**

2.7: Chronic Care (Diabetes) seen as scheduled – N/A

Are patients with chronic care problems (Diabetes) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	N/A	Never referred from chronic care. See 1.26.
[redacted]	N/A	Never referred from chronic care. See 1.26.
[redacted]	N/A	Never referred from chronic care. See 1.26.
[redacted]	N/A	Never referred from chronic care. See 1.26.
[redacted]	N/A	Not within time range for evaluation. See 1.26.
[redacted]	N/A	Never referred from chronic care. See 1.26.
[redacted]	N/A	Never referred from chronic care. See 1.26.
[redacted]	N/A	Refused chronic care therefore not seen in chronic care. See 1.26.
[redacted]	N/A	Never referred from chronic care. See 1.26.
[redacted]	N/A	Never referred from chronic care. See 1.26.
Total	**0/8**	**= N/A**

2.8: Chronic Care (Pregnancy) seen as scheduled – N/A

Are patients with chronic care problems (Pregnancy) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Never referred from chronic care. See 1.27.
[redacted]	**N/A**	Never referred from chronic care. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Never referred from chronic care. See 1.27.
[redacted]	**N/A**	Never referred from chronic care. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Never referred from chronic care. See 1.27.
Total	**0/5**	**= N/A**

2.9: Chronic Care (Pt on ≥4 psych meds or Special Needs) – N/A

Are patients with chronic care problems (patients on 4 or more psych medications) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
[redacted]	**N/A**	Never referred. See 1.28.
Total	**0/10**	**= N/A**

2.10: Comprehensive Dental Care – DF

Were patients with 1 year of incarceration seen within 30 days (before or after) of their one-year anniversary date of their initial date of booking?

I/P	Score	Comment
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
Total	**0/10**	**= DF**

2.11: Periodontal Disease Program – DF

Are treatments from a request for a periodontal screening, cleaning or other language related to an I/Ps gum condition seen as scheduled within DPC timeframe?

I/P	Score	Comment
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
	0/10	**= DF**

2.12: Refusals (Chairside & Cellside) – Informational – N/A

Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
# Refusal - Cellside	16	11	18	9	13	11	-	-	-	-	78
# Refusal - Chairside	5	4	1	3	0	2	-	-	-	-	15
# Refusals	-	-	-	-	-	-	12	11	10	13	46
										Total # Refusals	**139**
% Total refusals per seen patients (1016 patients seen during time period) 139/1016 =											**13.7%**
% Total refusals per scheduled patients (2056 patients scheduled during time period) 139/2056 = 6.76%											**6.76%**

2.13: Refusals (Chairside & Cellside) - DF

2.13.1 - Is the refusal scanned into CorEMR?
2.13.2 - Is the informed refusal with the appropriate informed discussion with the patient, obtained by the licensed dentist on the day the refusal occurred?
2.13.3 - Is a progress note written detailing what procedure was refused and the risks, benefits, alternatives and consequences of refusing dental care?
2.13.4 – Was the patient informed that he/she can reinstate treatment by submitting a dental sick call?

I/P	Score	Comment
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
	DF/10	**= DF**

- Deferred findings as there are no means of data collection such as in an EDRS or in the rudimentary data with the dental excel spreadsheet. CorEMR collects the number of refusals

but it does not differentiate if the refusals are chairside or cellside. It would be time-consuming to go through the refusals and differentiate between the two types of refusals.

2.14: Reschedules (R/S) - NC

Are reschedules maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
# Reschedules	21	51	55	44	80	73	156	92	182	141	**895**
Total # patients scheduled											**2156**
% Total refusals per seen patients = NC											**41.5%**

2.15: Reschedules (R/S) - NC

Are the rescheduled patients scheduled again and their appointment seen and completed within compliance timeframe?

I/P	Score	Comment
[redacted]	0	Rescheduled 8 times before being seen for filling #12. Not seen within timeframe.
[redacted]	0	Rescheduled 3 times for a comp exam and not seen within timeframe.
[redacted]	0	Rescheduled 6 times for a cleaning. Not seen within timeframe.
[redacted]	0	Rescheduled 8 times for a cleaning and not seen within timeframe.
[redacted]	0	Rescheduled 4 times before being released and was never seen for the comp exam request.
[redacted]	0	Rescheduled 6 times for 2nd half of deep cleaning. Not seen within timeframe.
[redacted]	0	Rescheduled on 01/26/2021 and seen outside of timeframe on 07/07/21 where root canal still not done. Patient given Clindamycin antibiotic and given a new DPC 2 to be seen 4 months out. Refer patient out to specialist if can't do the root canal in dental clinic.
[redacted]	0	Rescheduled 4 times for extraction. Not seen within timeframe.
[redacted]	0	Rescheduled 6 times for comp exam. Not seen within timeframe.
[redacted]	0	Rescheduled 6 times for extraction.
TOTAL	**0/10**	**= 0.0% NC**

2.16: No Shows due to Custody – PC

2.16.1 - Is custody available for patient transport to the dental department?
2.16.2 - Are reschedules or not seen due to custody maintained under 5% SC; 5-10% PC; >10% NC?

Description	2020 July	2020 Aug	2020 Sept	2020 Oct	2020 Nov	2020 Dec	2021 Jan	2021 Feb	2021 Mar	2021 Apr	TOTAL
% Not Seen due to Custody	0	0	0	0	0	0	NM	NM	NM	NM	**0%**
% R/S due to Custody	0	0	0	0	0	0	NM	NM	NM	NM	**0%**
Partial data collected; partial credit given. No data for January 1, 2021 thru April 30, 2021.											**PC**

Summary of Recommendations – Timeliness of Care

2.1: DPC 1A Treated in Dental within Timeframe
2.2: DPC 1B Treated in Dental within Timeframe
2.3: DPC 1C Treated in Dental within Timeframe
2.4: DPC 2 Treated in Dental within Timeframe
2.5: Chronic Care (HIV) Seen as Scheduled
2.6: Chronic Care (Seizures) Seen as Scheduled
2.7: Chronic Care (Diabetes) Seen as Scheduled
2.8: Chronic Care (Pregnancy) Seen as Scheduled
2.9: Chronic Care (Special Needs, 4 or more Psych Meds) Seen as Scheduled
2.10: Comprehensive Dental Care
2.11: Periodontal Disease Program
2.12: Refusals (Chairside & Cellside)
2.13: Refusals (Chairside & Cellside)
2.14: Reschedules (R/S)
2.15: Reschedules (R/S)
2.16: No Shows due to Custody

- Unlike the sections on Quality of Care, Infection Control and Dental Program Management, I did not include any new recommendations in Timeliness of Care as these are the same issues discussed throughout the last report, and seen during this Audit Tour #6.
    - The deficiencies are listed in the completed CAP.
    - A due date for the CAP is being discussed.
- See the Executive Summary regarding Timeliness of Care issues.
- A system such as an EDRS is necessary to monitor dental data, and compliance to the IP mandates as seen in the Timeliness of Care audit tool and audit tool data.

Section III.3 Quality of Care Audit Tool

This audit tool evaluates the quality of care delivered at MCJ.

Summary Table of Compliance - Quality of Care – (Protective Order):

#	Outcome Measure	QUALITY OF CARE - Audit Tool Questions	Source	Comp	Score
3.1	Triage	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? D. Is the diagnosis supported by the objective findings? E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? F. Is an appropriate medication prescribed if indicated? G. Is an appropriate DPC assigned for each recommended treatment?	Chart Review	NC	**5.60%**
A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Exhibit A, p. 20-21). *B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).* *C. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Exhibit A, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *D. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Exhibit A, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *E. Part of informed consent.* *F. Part of providing treatment.* *G. Part of DPC timelines.*					

3.2	Comprehensive Dental Care – for patients with 1 year of incarceration.	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	NC	**44.40%**

A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Exhibit A, p. 20-21).
B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).
C. Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. The purpose of the dental examinations shall be for the identification, diagnosis, and treatment of dental pathology which impacts the health and welfare of inmate patients. (Exhibit A, p. 103).
D. See above.
E. See above.
F. See informed consent
G. See DPC timelines
H. See DPC timelines. Examination findings and proposed treatment plan will be documented on standardized comprehensive dental exam, periodontal exam and treatment planning forms which will be filed in the patient medical record. (Exhibit A, p. 103).
I. A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental

hygiene education and periodontal hygiene treatment consistent with dentists' treatment recommendations. (Exhibit A, p. 103).					
3.3	Chronic Care – for patients with HIV	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	N/A	**N/A**

3.4	Chronic Care – for patients with Seizures	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	N/A	**N/A**

3.5	Chronic Care – for patients with Diabetes	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	N/A	**N/A**

3.6	Chronic Care – for patients with Pregnancy	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	N/A	**N/A**

3.7	Chronic Care – for patients taking 4 or more Psych Meds	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probing, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	N/A	**N/A**

Chronic Care Clinic: Routinely scheduled encounters between an FNP, PA or MD and a patient with an identified chronic medical or mental condition for the purpose of treatment planning, monitoring the patient's condition and therapeutic regimen while in custody. Such encounters shall be scheduled at least every ninety days, but may occur more frequently at the discretion of the medical provider. Routinely scheduled Chronic Care Clinic monitoring shall apply to the following conditions: diabetes; cardiac disorders, hypertension, seizure disorders, communicable diseases, respiratory disorders, and psychiatric disorders. Other conditions may be included as appropriate at the discretion of the medical provider.

Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Exhibit A, p. 27).

The medical provider will complete a baseline physical examination and history, order a therapeutic regimen and schedule the patient to be seen at least every ninety days for chronic care management. (Exhibit A, p. 29).

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Exhibit A, pp. 100, 103).

Examination findings and proposed treatment plan will be documented on standardized comprehensive dental exam, periodontal exam and treatment planning forms which will be filed in the patient medical record.

A treatment plan is a series of written statements which specify the particular course of treatment. A thorough plan will be included in the plan portion of S.O.A.P. progress note and problem lists will reflect current problems or conditions being followed. Monitoring the efficacy of treatment while in custody, and discharge planning are essential components of the treatment plan. (Exhibit A, p. 26).

A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental hygiene education and periodontal hygiene treatment consistent with dentists' treatment recommendations. (Exhibit A, p. 103).

3.8	Periodontal Treatment	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with	Chart Review	DF	**DF**

		the diagnosis? E. Was the next visit/recall identified – periodontal re-evaluation or periodontal maintenance given with the appropriate recall frequency? F. Is a progress note written in a SOAPE format?			
MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Exhibit A, pp. 100, 103).					
3.9	Restorative and Palliative Care	A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives, and consequences been discussed? F. Is an appropriate medication prescribed if indicated? G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? H. Was the restorative material used listed in the SOAPE note? I. Were post-operative instructions given if indicated?	Chart Review	NC	**6.30%**

A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Exhibit A, p. 20-21).
B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).
C. CFMG dental staff shall verify that every patient has received a copy of the Dental Materials Fact Sheet. Prior to initiating any restorative procedure, the patient shall sign the Acknowledgment of Receipt of Dental Material Fact Sheet. (Exhibit A, p. 107).
D. Inmate-patients with comprehensive examinations and treatment plans are eligible to receive permanent restorations in accordance with their established treatment plan. (Exhibit A, p. 106).
All patients in custody of county detention centers with CFMG dental contracts shall be eligible to receive palliative endodontic therapy limited to upper and lower anterior teeth....
Palliative endodontic therapy-the procedure in which pulpal debridement is performed to relieve acute pain shall be provided to all inmate-patients. (Exhibit A, p. 108).
E. Part of informed consent.
F. Part of providing treatment.
G. Part of providing treatment.
H. Acceptable materials for restorations are amalgams, light cured composites, and light cured and self-cured glass ionomers. The material of choice shall be selected by the dentist based upon clinical considerations. (Exhibit A, p. 107).

3.10	Extractions/Oral Surgery	A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was a time out procedure completed prior to extraction? G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? H. Was hemostasis achieved prior to releasing the patient? I. Were post-operative instructions given written and verbally?	Chart Review	NC	**68.80%**
MCJ dental clinic shall provide necessary oral surgery services to all inmate-patients onsite or through a local community provider. (Exhibit A, p. 107). *A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Exhibit A, p. 20-21).* *B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).* *C. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Exhibit A, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *D. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Exhibit A, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *E. Part of informed consent.* *F. All dental services will be provided in a safe and sanitary environment. (Exhibit A, p. 112)*					

G. Part of providing treatment. Health care staff will use the EMR to closely track all medications administered to an inmate including the name of the medication and dose required. (Exhibit A, p. 112)					
3.11	Endodontics	A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives, and consequences been discussed? F. Was a rubber dam utilized for the procedure? G. Was working length x-rays taken and the length of the file(s) noted? H. Was the type of irrigant noted in the progress note? I. Are the materials used written into the progress note? J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? L. Was a post op radiograph taken? M. Were post-operative instructions given?	Chart Review	NC	**0.00%**

Endodontic services shall be performed in accordance with established criteria and within the specific guidelines of this section.... *Inmate-patients incarcerated for 12 months or greater are eligible to receive root canal therapy limited to upper and lower anterior teeth performed in accordance with established criteria and within the specific guidelines of this section. Eligibility for root canal therapy will be in accordance with their dental treatment plan, PI score, and with the approval of the treating dentist. Any routine root canal procedure that cannot be accomplished by CFMG dentist at MCJ will be referred to a contracted dentist in the outside facility. (Exhibit A, p. 108).* *A. A Consent for Root Canal Treatment Form must be completed by the dentist and signed by the patient and witness (dentist) prior to the provision of root canal treatment. (Exhibit A, p. 109).* *B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).* *C. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Exhibit A, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *D. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Exhibit A, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *E. Part of informed consent.* *F. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20). All dental services will be provided in a safe and sanitary environment. (Exhibit A, p. 112)* *G-M. Endodontic services shall be performed in accordance with established criteria and within the specific guidelines of this section. (Exhibit A, p. 108)* *Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).*					
3.12	Prosthodontics	A. Was a patient with over 1 year of incarceration requiring prosthodontic care appropriately referred to an outside specialist? B. Was a DPC 5 given for this referral during the examination? Was an exam completed in order to discuss the case appropriately with the specialist? C. Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day? D. Is the appropriate continuity of care listed for this patient?	Chart Review	N/A	**N/A**

A. CFMG shall provide limited removable prosthodontic dental services to inmate-patients in the custody of MCJ. Inmates incarcerated for 12 months or greater a completed comprehensive examination, and a treatment plan may qualify for removable prosthodontic services. (Exhibit A, p. 104). Approved, prescribed removable dental prosthesis/dentures will be provided by contract with a local dental services provider. Fitting, adjustment and maintenance of removable prosthesis will be provided onsite when feasible or through contract with a local dentist. (Exhibit A, p. 106). *B. See above and DPC timelines* *C. Approved, prescribed removable dental prosthesis/dentures will be provided by contract with a local dental services provider. (Exhibit A, p. 106).* *D. When a patient's treatment plan includes a removable dental prosthesis, the treating dentist shall inform him or her of the possibility that the prosthesis may not be completed prior to the patient's parole date. The patient shall provide the name and address of a private dentist who can be contacted by CFMG dental staff, to deliver the completed appliance, in case the patient is released before the completed appliance is delivered. (Exhibit A, p. 105).*					
3.13	Progress Note and Chart Note for Every Patient Not Seen	Updated: Will determine wording at next audit tour. Is a progress note or chart notes written for all scheduled and unscheduled patients, who were not seen, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM)?	Chart Review	DF	DF
TOTAL		**13 Questions, 6 N/A, 2 DF, 5 NC, Total 5 questions graded.**	**125.1/5=**	NC	25.0%

Section III.3 Quality of Care Audit Tool Data

3.1: Dental Triage - NC

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality?
D. Is the diagnosis supported by the objective findings?
E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment?
F. Is an appropriate medication prescribed if indicated?
G. Is an appropriate DPC assigned for each recommended treatment?

I/P	Score	Comment
[redacted]	**NC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – NC, exam not on consent form. Dentist did not sign. Consent form does not have space for dentist to sign. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? - SC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? – NC no x-rays in CorEMR. D. Is the diagnosis supported by the objective findings? - NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? - SC G. Is an appropriate DPC assigned for each recommended treatment? - NC *Seen by dental for triage on 07/14/2020, for "LEVEL 2 - LEFT UPPER TOOTH PAIN. "I have pain in the molar" Pt points to 15". Progress notes state patient will seek immediate rct/crown dental care at local dentist because patient to be released tomorrow however patient was not released until 11/12/2020. #15 given diagnosis of irreversible pulpitis. No treatment plan given. No DPC given. No refusal form reviewed, discussed, and signed.* 3/7 = 42.9%
	NC	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – 08/18/20 - NC

[redacted]		B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – NC. Pt has HIV, no review or status of labs indicating if patient healthy enough to undergo treatment. C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? – NC. No x-ray on 08/18/2020. X-ray taken 09/29/2020 is of upper teeth with periapical lucency but progress notes indicate #17 therefore x-rays don't match. D. Is the diagnosis supported by the objective findings? - NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? - SC G. Is an appropriate DPC assigned for each recommended treatment? - SC 3/7= 42.9%
[redacted]	**PC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 9/15/20 - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC no BP. C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? - SC D. Is the diagnosis supported by the objective findings? - SC E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? - SC G. Is an appropriate DPC assigned for each recommended treatment? - SC 5.5/7=78.6%
[redacted]	**NC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – 10/13/2020 - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC no BP. C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? - SC D. Is the diagnosis supported by the objective findings? – SC although lack of objective findings are present such as swelling, pain to percussion. E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? – NC due to antibiotics prescription is too much. No pain meds given.

		G. Is an appropriate DPC assigned for each recommended treatment? - SC 4.5/7= 64.3%
[redacted]	**N/A**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – N/A never seen by dental. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? D. Is the diagnosis supported by the objective findings? E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? F. Is an appropriate medication prescribed if indicated? G. Is an appropriate DPC assigned for each recommended treatment? N/A/7 = N/A
[redacted]	**NC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 12/9/2020 – States interpreter needed but no interpreter stated as being used. - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – SC blood pressure was noted in flow sheet. C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? – NC no x-ray scanned. D. Is the diagnosis supported by the objective findings? - NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? – SC patient noted to already has pain meds. G. Is an appropriate DPC assigned for each recommended treatment? - SC 4/7 = 57.1 %
[redacted]	**NC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 01/26/2021 - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC no BP C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? - NC D. Is the diagnosis supported by the objective findings? - NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? – PC because no x-ray to give definitive diagnosis. F. Is an appropriate medication prescribed if indicated? - SC

		G. Is an appropriate DPC assigned for each recommended treatment? – SC 3/7 = 42.9%
[redacted]	**NC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 02/16/2021 - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC no BP C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? – NC no x-ray taken or scanned. D. Is the diagnosis supported by the objective findings? - NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? - PC because no x-ray to give definitive diagnosis. F. Is an appropriate medication prescribed if indicated? - SC G. Is an appropriate DPC assigned for each recommended treatment? – NC as no x-ray to evaluate. *Note that triage was for #18 but pulled out #17. No mention of #18 in notes on 03/16/2021.* 2/7 = 21.4%
[redacted]	**NC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 03/16/2021 - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC no BP C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? - NC D. Is the diagnosis supported by the objective findings? - NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? – PC. Patient is given as treatment of choice on a reversible pulpitis and does not say there's insufficient coronal structure. Does not address opposing occlusion. F. Is an appropriate medication prescribed if indicated? NC as patient states painful to touch and cold. G. Is an appropriate DPC assigned for each recommended treatment? – NC as no x-ray to evaluate and as patient could have been offered desensitizer or bond over coronal aspect of tooth to protect dentinal tubules or even composite. 1/7 = 14.3%
[redacted]	**NC**	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 04/13/2021 - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? - PC as no BP

		C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? – NC as not scanned. D. Is the diagnosis supported by the objective findings? - NC E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? – No pain meds given or reason for no pain meds given. G. Is an appropriate DPC assigned for each recommended treatment? – NC as no x-ray. 1.5/7 = 21.4%
Total	**0.5/9**	**= 5.6% NC**

3.2: Comprehensive Dental Care - NC

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
I. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	**PC**	07/08/2020 FMX and 09/08/2020 Exam A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC no BP C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? - SC D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? - SC

		E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? - SC F. Have the risks, benefits and alternatives been discussed? - SC G. Is an appropriate medication prescribed if indicated? – SC H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? –PC as DPC not given per line item of treatment. I. Is meaningful oral hygiene instruction given? – SC 7/9 = 77.8%
[redacted]	**NC**	12/16/2020 x-rays and 12/23/2020 Exam A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC as no BP C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? – PC as no x-rays scanned. D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? – NC as no x-rays scanned and cannot evaluate. E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? – PC as gingivitis written in assessment but no x-rays to support assessment. F. Have the risks, benefits and alternatives been discussed? - SC G. Is an appropriate medication prescribed if indicated? – N/A H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? – NC as #15 which is in the progress notes is not listed in 12/22/2020 diagnosis. Patient is still in custody, please bring in patient to review treatment plan. Also in 2019 states watch 18, 19 but no mention in this exam. I. Is meaningful oral hygiene instruction given? – SC 3.5/8 = 43.7%
[redacted]	**NC**	06/25/2020 X-rays and 09/29/2020 Exam. A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC as no BP

		C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? – PC as x-rays scanned on 07/13/2020 which is 3 weeks from dates of x-rays being taken and many x-rays overlapped. D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? – PC as bridge #7-9 not listed although they did note #8 missing. Possible caries occlusal #19. X-rays overlapped and not diagnostic in areas. Note patient still in custody and hasn't received all of his SRPs so please bring in and evaluate #19 and continue with treatment plan. Also treatment plan wasn't updated with E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? – PC as states periodontal disease but not what type. F. Have the risks, benefits and alternatives been discussed? - SC G. Is an appropriate medication prescribed if indicated? – NC as deep subgingival calculus and patient not anesthetized. H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? – PC as #19 not listed. I. Is meaningful oral hygiene instruction given? - SC 4.5/9 = 50.0%
[redacted]	**N/A**	Patient here since 09/18/2018 and no comprehensive dental exam given. Seen for #12 on 12/09/2020 and rescheduled 8 times before being seen. Note on 05/18/2021 for triage #3 does not address next visit for #12. Seen for filling #12 on 05/19/2021 but does not state if anesthetic given. Patient still in custody, please schedule patient for comp exam. Requested exam on 10/31/2019 but never addressed or scheduled for exam. See section 1.29. A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?

		F. Have the risks, benefits and alternatives been discussed? G. Is an appropriate medication prescribed if indicated? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?
[redacted]	**NC**	Annual Exam 02/13/2020. Recall scheduled for 10/21/2020. Rescheduled 2/24/2021 and 04/21/2021. A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is an appropriate medication prescribed if indicated? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given? 0/9 = 0%
[redacted]	**NC**	FMX completed 03/20/2020. Comp Exam completed 08/11/2020. A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC as not BP C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? – NC – No annual exam or x-rays scanned into CorEMR. D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? NC – No annual exam or x-rays scanned into CorEMR. E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? - NC – No

		annual exam or x-rays scanned into CorEMR. Also perio diagnosis not listed in progress notes. F. Have the risks, benefits and alternatives been discussed? - SC G. Is an appropriate medication prescribed if indicated? - SC H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? - NC – No annual exam or x-rays scanned into CorEMR. I. Is meaningful oral hygiene instruction given? – NC as OHI not listed in progress notes. 2.5/9 = 27.8%
[redacted]	**NC**	X-rays on 06/02/2020 and Comp Exam completed 09/15/2020. A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC for no BP C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? – NC as no x-rays scanned into CorEMR. D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? PC as no x-rays scanned into CorEMR. E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? PC as no x-rays scanned into CorEMR. F. Have the risks, benefits and alternatives been discussed? - SC G. Is an appropriate medication prescribed if indicated? - SC H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? - SC I. Is meaningful oral hygiene instruction given? – PC as scheduled for next visit. Note that this patient is still in custody and is scheduled for cleaning on 06/30/2021. Has not been seen since 09/15/2020. Rescheduled 6 times and has still not been seen for his yearly cleaning. This is 9 months delay. 4/9 = 44.4%
[redacted]	**NC**	X-rays taken 06/04/2020. Exam completed 09/08/2020. Cleaning done 06/12/2021. Note patient was **rescheduled 8 times** for a cleaning. He filled out a sick call on 06/12/21 and it states "This pt has been waiting for a cleaning and has placed sick call after sick call asking about his turn. He is complaining about gum pain in his latest sick call. Would it be possible to see him sooner than August?".

		A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – SC C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? – PC as x-rays not scanned into CorEMR. D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? – PC as x-rays not scanned into CorEMR and not able to evaluate. E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? – PC as x-rays not scanned into CorEMR and cannot evaluate. Also, on 06/12/2021 diagnosis vastly different from 09/08/2020 diagnosis. F. Have the risks, benefits and alternatives been discussed? - SC G. Is an appropriate medication prescribed if indicated? - SC H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? SC I. Is meaningful oral hygiene instruction given? - SC 6.5/9 = 72.2%
[redacted]	**NC**	Never seen for comprehensive dental exam although after refusing, requested a comp exam on 01/06/2021. Was rescheduled 4 times before being released and was never seen for the comp exam request. A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is an appropriate medication prescribed if indicated? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?

[redacted]	**NC**	X-rays taken 05/27/2020. Exam seen 08/26/2020. **Rescheduled 6 times** for remaining deep cleaning before being released. A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC as no BP C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? – NC as no x-rays, perio charting or comprehensive dental exam form scanned. D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? – NC as no charting form scanned into CorEMR. E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? – PC as no x-rays to review. F. Have the risks, benefits and alternatives been discussed? - SC G. Is an appropriate medication prescribed if indicated? - SC H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? – NC as no charting form scanned into CorEMR to verify. I. Is meaningful oral hygiene instruction given? - SC
Total	**4/9**	**= 44.4% NC**

3.3: Chronic Care (HIV) – Patients not scheduled – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?

B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? Have labs and viral load been reviewed and documented in the progress notes?

C. For comprehensive dental examination, did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?

D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?

E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?

F. Have the risks, benefits, alternatives and consequences been discussed?

G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination from chronic care but patient did get annual comprehensive exam. See 1.24. Seen 01/02/2020 for FMX and 01/22/2020 for exam and perio charting. Unable to visualize x-rays as not scanned into CorEMR.
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not seen for chronic care appointment. See 1.24
Total	**0/9**	**= N/A**

3.4: Chronic Care (Seizures) - Patients not scheduled – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?

E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not within time frame for evaluation. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
Total	**0/9**	**= N/A**

3.5: Chronic Care (Diabetes) - Patients not scheduled – N/A

Measured as one question.
A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?

E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is a progress note written in a SOAPE format?
H. Is an appropriate medication prescribed if indicated?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not seen by chronic care as falls outside of timeframe. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care as patient refused. See 1.26
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
Total	**0/8**	**= N/A**

3.6: Chronic Care (Pregnancy) - Patients not scheduled – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?

I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
Total	**0/5**	**= N/A**

3.7: Chronic Care (≥4 Psych meds) – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.

[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.28.
Total	**N/A/10**	**= N/A**

3.8: Periodontal Treatment and the Periodontal Disease Program - DF

Measured as one question.

A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings?
D. Was the treatment plan commensurate with the diagnosis?
E. Have the risks, benefits, alternatives and consequences been discussed?
F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency?
G. Is an appropriate medication prescribed if indicated?

I/P	Score	Comment
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?

--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed?

		F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?

		C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
--	**DF**	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant?

		B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency? G. Is an appropriate medication prescribed if indicated?
Total	**DF/10**	**= DF**

3.9: Restorative - NC

Measured as one question.

A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed.
D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives, and consequences been discussed?
F. Is an appropriate medication prescribed if indicated?
G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated?
H. Was the restorative material used listed in the SOAPE note?
I. Were post-operative instructions given if indicated?

I/P	Score	Comment
[redacted]	**NC**	09/23/2020 Scheduled for stainless steel crown #30 and filling #31 MO A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? - PC as not signed by the dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was

		requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? PC – no x-rays scanned; no bitewing taken; diagnosis not listed for #31. E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – PC as #31 filling was with Fuji IX which is semi-permanent per GC America who is the maker of Fuji IX. H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? – NC as no education on not biting tongue while numb, etc. 4/8 = 50% NC
[redacted]	**NC**	10/07/2020 Scheduled for #18 OL, #20 DO, #21 DO Fillings A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – PC as not signed by the dentist B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - SC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? – PC as no bitewing x-ray. E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? – PC as no education when numb but did inform patient of deep filling #18.

		5/7 = 71.4% NC
[redacted]	**NC**	10/20/2020 Scheduled for #4 MO A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – PC as not signed by the dentist B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - SC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? – PC as no bitewing x-ray and as he lists reversible/ irreversible pulpitis and then not rechecked at time of filling. Tooth has either reversible or irreversible but not both. E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? – PC as no education when numb and but did advise at exam appointment that #4 may later on require rct/crown. 5/7 = 71.4% NC
[redacted]	**PC**	11/11/2020 Scheduled for #12 DO A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – PC as states needs an interpreter and notes do not indicate interpreter utilized. Also not signed by the dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - SC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? - PC as no objective findings for hot, cold, lingering, palpation,

		percussion. X-ray on 09/16/2020 no bitewing x-ray and shows possible lucency near apex. New radiograph taken 12/09/2020 but not scanned into CorEMR. New diagnosis on 12/09/2020 is irreversible pulpitis although no objective findings noted. E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? - SC 5.5/7 = 78.6%
[redacted]	**NC**	12/15/2020 Scheduled for #12 DO and #13 MOD fillings A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – PC as not signed by the dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - SC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? – PC as no bitewing taken, existing periapical is overlapped and not diagnostic E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? - NC 4.5/7 = 64.3% NC
[redacted]	**NC**	04/07/2021 Scheduled for #7 DI filling and extraction #1 and #5. Note that filling #7 was done but extractions were not done and forgotten about because Dr. [redacted] placed next visit prn instead of next visit extractions #1 & 5 (although below you will see a charting issue when #2 was called #1 although I would review x-ray when patient is re-appointed as an action item, see below). Patient was not reappointed for extractions. This is why an electronic dental record system like Dentrix Enterprise

		would have not let this happen. Dentrix would also make a visual chart so the dentist can see previous entries and not mis-chart entries or teeth. Also, there appears to be multiple charting errors. Triage exam on 10/06/2020 identify #2 & #17 as unrestorable and needing extraction. On 11/24/2020 states #17 extracted but there is a refusal for #17 and a consent form for #2. Then on 01/26/2021 there's a dental sick call for a broken tooth and patient points to **#1** although patient states the broken piece is was from the previous extraction on #2. No x-rays were taken. Patient returns on 02/09/2021 stating that piece of tooth fell out and points at #2. Then patient returned on 04/07/2021 for extractions and fillings and extractions not performed as indicated above. **Please schedule patient for extractions as diagnosed on 01/26/2021**. A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – SC, scanned on 04/13/2021. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – SC blood pressure on consent form C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? – NC as no x-ray scanned. The diagnosis is there for #7 but not for #5 which is on the schedule. No PA for #5 as scheduled. E. Have the risks, benefits, alternatives and consequences been discussed? – SC for #7. F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? - NC 4/7 = 57.1%
[redacted]	**NC**	03/23/2021 Scheduled for filling #3 temporary. ***The American Heart Association (AHA) and the American Dental Association (ADA) state that it is reasonable for patients with congenital heart disease (present from birth), unrepaired cyanotic congenital heart disease or repaired congenital heart disease to be premedicated prior to dental treatment. In this case the patient received an invasive dental procedure without either a medical consult regarding the congenital heart disease or without

		antibiotic prophylaxis. **Please schedule patient with medical for evaluation to rule out any chance of bacterial endocarditis.** **Please also have Dr. [redacted] review pulpal diagnoses and the correct dosage of Amoxicillin with Dr. [redacted]** Patient seen for dental sick call triage exam on 01/12/2021 for #3, diagnosed (although x-ray not taken) with irreversible pulpitis even though patient states nerve taken out while out on the streets. On 02/03/2021 diagnosis stated as reversible pulpitis #3 and on 03/23/2021 necrotic pulp when PA taken. **Note that #32 given a diagnosis of pericoronitis without an x-ray.** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – NC as no consent form scanned. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – NC, see above. C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. – NC, none scanned. D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC – no x-ray scanned. E. Have the risks, benefits, alternatives and consequences been discussed? – SC **F. Is an appropriate medication prescribed if indicated? – NC - Patient given 500 mg Amoxicillin 1 tab bid instead of 1 tab TID. There is a continual issue with prescription management and Dr. [redacted] needs to have training from his supervisor STAT. Note that there is no system for Dr. [redacted] to follow and the policies and procedures need to be addresses ASAP as well.** G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? - NC H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated?- NC 2/9 = 22.2%
[redacted]	**NC**	04/20/21 Scheduled for 04/20/2021 for Filling #18 OL and added #19 O A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – NC informed consent not scanned. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was

		requested, was it completed if indicated? Are the medical provider's notes available? – SC as BP taken in flow sheet. C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. – NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? PC – No x-ray scanned. No bitewing x-ray taken. #19 diagnosis not listed. E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? - NC 3.5/7 = 50% NC
Total	**0.5/8**	**= 6.3% NC**

3.10: Extractions/Oral Surgery - NC

Measured as one question.

A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note?
D. Was a Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives and consequences been discussed?
F. Was a time out procedure completed prior to extraction?
G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely?
H. Was hemostasis achieved prior to releasing the patient?
I. Were post-operative instructions given written and verbally?

I/P	Score	Comment
		7/15/2020 Ext #21 A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant?

[redacted]	**SC**	Were the tooth/teeth to be extracted listed on the informed consent form? - SC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – SC, note blood pressure is high 155/104 prior to beginning treatment. C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? NC – No x-ray scanned. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Was a time out procedure completed prior to extraction? – N/A although recommend this is performed. G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC H. Was hemostasis achieved prior to releasing the patient? – SC says no complications however recommend write hemostasis achieved when it is. I. Were post-operative instructions given written and verbally? - SC 7/8 = 87.5% SC
[redacted]	**SC**	08/25/2020 Ext #29 A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? - SC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - SC C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? - SC D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Was a time out procedure completed prior to extraction? – N/A although recommend this is performed.

		G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? – NC as no analgesic prescribed. H. Was hemostasis achieved prior to releasing the patient? – SC recommend including it in notes even though suture placed. I. Were post-operative instructions given written and verbally? - SC 7/8 = 87.5% SC
[redacted]	**SC**	09/15/2020 Ext #19. Note that on 09/22/2020 for post op x-ray shows fractured distal alveolar ridge with tooth fragment but not noted in progress notes. A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – PC as not signed by dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - SC C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? - SC D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Was a time out procedure completed prior to extraction? – N/A although recommend this is performed. G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC J. Was hemostasis achieved prior to releasing the patient? - SC recommend including it in notes even though suture placed. H. Were post-operative instructions given written and verbally? - SC 7.5/8 = 93.8% SC
[redacted]	**SC**	10/14/2020 Ext #15 A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? - SC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - SC

		C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? - SC D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Was a time out procedure completed prior to extraction? – N/A although recommend perform this practice. G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC H. Was hemostasis achieved prior to releasing the patient? - SC I. Were post-operative instructions given written and verbally? - NC 7/8 = 87.5% SC
[redacted]	**PC**	11/24/2020 Ext #11 A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? - SC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - SC C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? PC – Overlapped radiograph, missing tip of apex. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? - SC J. Was a time out procedure completed prior to extraction? - N/A although recommend perform this practice. F. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC G. Was hemostasis achieved prior to releasing the patient? - SC H. Were post-operative instructions given written and verbally? - NC 6.5/8 = 81.3% PC
		12/30/2020 Ext #13 & 14 A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant?

[redacted]	**SC**	Were the tooth/teeth to be extracted listed on the informed consent form? - SC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - SC C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – NC as x-ray not scanned into CorEMR. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? - SC K. Was a time out procedure completed prior to extraction? - N/A although recommend perform this practice. F. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC G. Was hemostasis achieved prior to releasing the patient? - SC H. Were post-operative instructions given written and verbally? - SC 7/8 = 87.5%
[redacted]	**N/A**	03/17/2021 No extraction A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was a time out procedure completed prior to extraction? G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? H. Was hemostasis achieved prior to releasing the patient? I. Were post-operative instructions given written and verbally?

[redacted]	**NC**	04/14/2021 Ext #19 A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – NC as either not done or not scanned into CorEMR. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – NC states patient needs interpreter but nothing stating this in the review of health history or in informed consent. C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – NC no x-ray scanned. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? – SC – Note that amount of anesthetic not included in progress notes. F. Was a time out procedure completed prior to extraction? – N/A although recommend doing this practice. G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC H. Was hemostasis achieved prior to releasing the patient? - SC I. Were post-operative instructions given written and verbally? - SC 5/8 = 62.5% NC
[redacted]	**N/A**	03/14/2021 No extraction performed A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was a time out procedure completed prior to extraction?

		G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? H. Was hemostasis achieved prior to releasing the patient? I. Were post-operative instructions given written and verbally?
[redacted]	**NC**	04/28/2021 Ext #30 A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – PC as doctor name not listed nor is there a witness signature B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - SC C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – NC no x-ray scanned into CorEMR. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives and consequences been discussed? – SC – NOTE need to write how much anesthetic was used. F. Was a time out procedure completed prior to extraction? – N/A however recommend performing this function. G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? – NC no analgesic prescribed for after extraction H. Was hemostasis achieved prior to releasing the patient? - SC I. Were post-operative instructions given written and verbally? - SC 5.5/8 = 68.8% NC
Total	**5.5/8**	**= 68.8% NC**

3.11: Endodontics – NC

Measured as one question.

A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form?

B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?

C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note?

D. Was a Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives, and consequences been discussed?
F. Was a rubber dam utilized for the procedure?
G. Was working length x-rays taken and the length of the file(s) noted?
H. Was the type of irrigant noted in the progress note?
I. Are the materials used written into the progress note?
J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely?
K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment?
L. Was a post op radiograph taken?
M. Were post-operative instructions given?

I/P	Score	Comment
[redacted]	**NC**	07/22/2020 RCT #8 A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? – NC as no informed consent form for root canal treatment. There is a consent form for filling, but no DMFS acknowledgement signed. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? PC – Blood pressure taken after root canal by medical and noted in flowsheet as 160/97 but not done in dental. C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? NC – no scanned x-ray. No post op x-ray taken. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives, and consequences been discussed? - SC F. Was a rubber dam utilized for the procedure? – NC G. Was working length x-rays taken and the length of the file(s) noted? – PC as stated in notes but no x-ray to show. H. Was the type of irrigant noted in the progress note? – NC as irrigant not noted. I. Are the materials used written into the progress note? – PC as not noted for composite restoration. J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? – PC no analgesic prescribed, or reason stated as to why not needed.

		K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? - SC L. Was a post op radiograph taken? - NC M. Were post-operative instructions given? NC as not noted. 5/13 = 38.5%
[redacted]	**NC**	09/30/2020 Scheduled for RCT #8. A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form?- NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? PC as no BP C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? NC as no pre-op x-ray. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives, and consequences been discussed? - SC F. Was a rubber dam utilized for the procedure? - NC G. Was working length x-rays taken and the length of the file(s) noted? – PC as no working length x-ray taken. H. Was the type of irrigant noted in the progress note? – NC – although states rinsed with Lido it is not an irrigant. I. Are the materials used written into the progress note? - SC J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? – N/A K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? - SC L. Was a post op radiograph taken? - SC M. Were post-operative instructions given? - NC 6/12 = 50.0% NC
[redacted]	**NC**	11/10/2020 Scheduled for RCT #9 A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP

		C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – SC D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives, and consequences been discussed? - SC F. Was a rubber dam utilized for the procedure? - NC G. Was working length x-rays taken and the length of the file(s) noted? – PC as no working length x-ray. H. Was the type of irrigant noted in the progress note? - NC I. Are the materials used written into the progress note? - PC as not J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? – N/A K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? - SC L. Was a post op radiograph taken? - NC M. Were post-operative instructions given? – PC 6/12 = 50% NC
[redacted]	**NC**	11/18/2020 Scheduled RCT #6 A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? - NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - PC as no BP C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – NC as no x-ray D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC E. Have the risks, benefits, alternatives, and consequences been discussed? - SC F. Was a rubber dam utilized for the procedure? - NC G. Was working length x-rays taken and the length of the file(s) noted? – PC as no x-ray taken. H. Was the type of irrigant noted in the progress note? - NC I. Are the materials used written into the progress note? - SC

		J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? - SC K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? - SC L. Was a post op radiograph taken? - NC M. Were post-operative instructions given? - SC 7/13 = 53.9%
[redacted]	**N/A**	11/03/2020 Dental Sick Call for RCT #24. Given DPC 2 and is now out of timeframe. Patient rescheduled on 01/26/2021 and never rescheduled after this for his root canal. Note that no mention of hx of broken mandible addressed during sick call appointment. Patient still in custody, please schedule patient for RCT #24. Another example where Dentrix Enterprise would have identified that this patient has a treatment plan without an appointment. A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives, and consequences been discussed? F. Was a rubber dam utilized for the procedure? G. Was working length x-rays taken and the length of the file(s) noted? H. Was the type of irrigant noted in the progress note? I. Are the materials used written into the progress note? J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? L. Was a post op radiograph taken? M. Were post-operative instructions given? N/A
Total	**0/4**	**= 0% NC**

3.12: Prosthodontics – N/A

Measured as one question.

A. Was a patient with over 1 year of incarceration requiring prosthodontic care appropriately referred to an outside specialist?
B. Was a DPC 5 given for this referral during the examination? Was an exam completed in order to discuss the case appropriately with the specialist?
C. Did the patient receive treatment from the specialist? Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day?
D. Is the appropriate continuity of care listed for this patient?

I/P	Score	Comment
[redacted]	**N/A**	Patient requested and received denture adhesive for a full upper denture (FUD).
[redacted]	**N/A**	Patient requested and received denture adhesive for a loose lower denture.
[redacted]	**N/A**	Dental Sick Call 03/23/2021, broken lower denture with son sending lower denture for repair. Upper denture evaluated. Next visit denture adjustment when necessary.
[redacted]	**N/A**	Denture adjustment.
Total		**= N/A** No patients fit the criteria for evaluation.

3.13: Progress and Chart Notes for I/Ps scheduled but not seen - DF

Updated: Will determine wording at next audit tour.
Is a progress note or chart notes written for all scheduled and unscheduled patients, who were not seen, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM)?

I/P	Score	Comment
--	**DF**	
--	**DF**	
--	**DF**	
Total	**DF**	**Deferred Findings**

Summary of Recommendations - Quality of Care

The following is a list of recurrent issues. Refer to the CAP for additional details. Refer to the audit tool data for detailed information.

- Cannot perform treatment without consent. Obtain consent.
- Use your objective findings to substantiate the diagnosis.
- This has been updated to:

  - Wellpath will update the General Informed Consent form for dentistry, subject to Dr. Winthrop's approval. Wellpath will provide the updated for to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date. (*New CAP Item 72).*
  - ~~Update the General Informed Consent form to include examination and medications. It must also have a section for occlusal adjustment and denture adjustment. It must be in at least Arial font size 12 and have a print and signature block for the Patient, Dental Assistant and Dentist.~~
  - A separate informed consent form must be used for periodontics, endodontics and oral surgery.
- The general informed consent form is to be reviewed and signed prior to the examination and prior to taking radiographs.
- Take blood pressure at every appointment and note in progress note. Take the necessary actions of contacting medical for patients with elevated blood pressures.
- Recommend amending the following prescription practice. Most charts are showing as medication given is Amoxicillin 500 mg two (2) capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg one (1) tab (or capsule) three (3) times per day.
- Make sure to fill out the education portion of the SOAPE note as given to the patient.
- Recommend that meaningful oral hygiene instruction is given to the patient focusing on the patient's individual oral hygiene needs.
- Review the health history and allergies at every visit with the patient, have patient sign an updated health history form and update the problem list when appropriate.
  - Recommend the "problem list" in CorEMR is updated and accurate. Review of medical history is paramount to the safety of the patient. Dentist must be assured all medical conditions are listed and reviewed which may impact surgical treatment.
- Recommend, so as not to delay care, if a patient has a complex medication history in which the Dentist needs assistance, have the Dentist request a medical consult.
- This has been updated:
  - Conduct Staffing Analysis / Workflow Analysis, taking into account increased demand expected by increased compliance with the IP. Adjust staffing (including hiring) if/as necessary, including hiring the Hygienist position, as recommended in the IP. *(New CAP Item 157 incorporates Item 83).*
  - ~~Wellpath must be committed to providing Dr. [redacted] the support he needs to provide quality dental care. In many instances he lists "lack of resources" for the reason patients are rescheduled. The commitment to Dr. [redacted] must begin with a robust rapport with his direct supervisor, the Chief Dental Officer.~~
- **Accuracy in charting left and right quadrants and placing the correct tooth or area in the progress notes is vital.**
- To ensure x-ray and chart accountability, use individual patient charts and/or labeled envelops for each individual patient chart and his/her radiographs. For comprehensive care patients, include the patient's x-rays and their written treatment plan form, which will have a

DPC for each diagnosed and proposed line item of treatment, and the periodontal charting form. [15]

- During the episodic and the comprehensive dental examination, all pathology is to be charted and noted.
- When completing a treatment plan from a comprehensive dental examination, print out the exam form, enter the date the completed procedure was done in the comprehensive dental exam form and rescan with new information.
    - Enter the date the procedure was completed in the dental excel spreadsheet as well to account for compliance.
- Although not in the current CAP, it is still recommended that there is continuity of care so that if a patient is rebooked, it still shows incomplete treatment plans which can be re-opened and scheduled as to not delay a previously identified disease process or pathology. This is when an EDRS such as Dentrix Enterprise would be able to easily keep track of existing treatment plans.

3.1: Triage (where diagnosis occurs for episodic care)

- Be mindful of charting errors and make sure to identify the right tooth in the right quadrant.
- Review medical history, allergies and labs results. Take blood pressures and chart results.
- When anticipating tooth will need a restoration, take a periapical (PA) and a bitewing (BWX) x-ray for each inmate/patient seen for episodic care. Use this objective finding with other objective findings to provide an accurate assessment and diagnosis for the patient's chief complaint.
- List the Objective findings in the SOAPE notes so they are used to substantiate the Assessment/diagnosis, i.e., pain or sensitivity, lingering or not, to hot, cold, percussion, palpation; swelling; exudate; diagnostic radiographs, etc.
    - Give the pulpal diagnosis when appropriate during episodic/sick call dental appointments using the following resource:
        - https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf
- If unable to obtain the apex of a tooth radiographically, such as molars/wisdom teeth, that an immediate plan is noted so care is not delayed, i.e., refer patient for evaluation of wisdom teeth with the use of a panoramic radiograph. State how many attempts were done to try and obtain a diagnostic x-ray and how you propose to obtain the apex for accurate diagnosis and subsequent treatment.
- If no medication is prescribed for a patient's chief complaint, state the reason, especially if a patient states pain in his/her chief complaint.
- Follow through with all referrals so patient obtains their constitutionally mandated dental care.

3.2: Comprehensive Dental Examination, Care and Treatment

- Objective findings must substantiate the dental diagnosis / assessment.

[15] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3009547/

- Take the Full Mouth X-rays (FMX) at the same time as the annual comp exam (ACE). Often times months have gone by before x-rays were evaluated and the rest of the comprehensive dental examination was completed.
- Recommend scanning the FMX as a whole rather than piecemeal or better yet obtain digital radiographs and integrate directly into a chart within an electronic dental record system.
- Obtain diagnostic radiographs. Many x-rays have overlap, are foreshortened, or elongated, are overdeveloped, or underdeveloped or have artifacts because of a bend in the film.
- Obtain the apex of wisdom teeth prior to extractions.
- Give the periodontal diagnosis in the assessment portion of the SOAPE note during the comprehensive dental examination[16].
- See the Periodontics section below.
    - Use the updated 2018 periodontal guidelines and criteria as opposed to the 1999 guidelines.
    - Perio re-evaluation needs to be done within 4-8 weeks of the completion of the SRPs, please adjust accordingly. And remember that the dental priority code is from the date of diagnosis.
    - Can set perio recall as 3 months, 4 months, 6 months or yearly. Not limited to yearly.

3.3 thru 3.7: Chronic Care

- Although this is not in the current CAP, I continue to recommend that the chronic care patients are referred to dental using the parameters below. The chronic care appointment referral process is also proposed, per the discussion between Dr. [redacted] and myself, using the parameters of the chronic care referral process to schedule patients who qualify for the Periodontal Disease Program. See Executive Summary.
- Recommend that at the Chronic Care Medical Appointment:
    - Refer patients with chronic care issues to Dental during the chronic care medical appointment for patients with HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.
        - Schedule these patients within 90 days - HIV, Seizures, Diabetes, Patients with over 4 psych medications - for a comprehensive dental examination and treatment as indicated.
        - If a patient's condition warrants an earlier appointment, please schedule accordingly.
        - Schedule **Pregnant patients in Dental within 7 days** for a comprehensive dental exam and treatment as indicated.

3.8: Periodontal Treatment and the Periodontal Disease Program

- Deferred findings until Dr. [redacted] and I review and agree on the pathway to accessing the Periodontal Disease Program.
- This has been updated:

[16] https://www.perio.org/2017wwdc?_ga=2.9518838.291147220.1566148308-654512126.1566148308 https://www.perio.org/sites/default/files/files/2017%20World%20Workshop%20on%20Disease%20Classification%20FAQs.pdf

  - Wellpath will create a separate informed consent form for periodontics, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date. *(New CAP item 72).*
  - ~~Make a separate consent form for periodontics to include Prophy (cleaning) and Scaling and Root Planing/SRP (deep cleaning) and gingivectomy. Note that periodontal debridement is not part of periodontics as it is used to remove excess supragingival calculus for the clinician to perform periodontal probings and this can stay in the general consent form.~~
- Periodontal probings, mobility, attachment loss due to recessions and other periodontal findings as stated in the American Dental Association (ADA), CDT code D0180, are to be charted at the time of the periodontal and comprehensive dental examination.
- Objective findings must be performed to obtain the necessary information to support an assessment/diagnosis. The periodontal diagnosis must be stated for a comprehensive dental examination and a periodontal examination in the assessment portion of the SOAPE notes.
- This has been updated:
  - Periodontal re-evaluation is to be scheduled and completed as a DPC 1C. *(New CAP Item 104).*
  - ~~Recommend that Periodontal re-evaluation is to be scheduled and completed between 4-8 weeks following deep cleanings/ SRPs (not a DPC 2 which is 4 months and too long for a periodontal re-evaluation).~~
- Recommend setting a periodontal maintenance recall as 3 months recall (3MRC), 4 months recall (4MRC), 6 months recall (6MRC) or yearly. Perio recall is not limited to yearly.
- Recommend updating to the new periodontal classifications, from the 1999 to 2018 classification and using the following for **periodontal diagnosis.**
  - https://www.perioimplantadvisory.com/clinical-tips/article/16412257/the-new-classification-of-periodontal-disease-that-you-your-patient-and-your-insurance-company-can-understand
  - https://www.perio.org/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf
  - https://www.ada.org/~/media/JCNDE/pdfs/Perio_Disease_Classification_FAQ.pdf?la=en
  - https://loveperio.com/2012/08/31/ada-classification/

ADA Class	Description
Type I **Gingivitis**	No loss of attachment Bleeding on probing may be present
Type II **Early Periodontitis**	Pocket depth or attachment loss: 3-4mm Bleeding on probing may be present Localized area of gingival recession Possible grade I furcation involvement

Type III **Moderate Periodontitis**	Pocket depths or attachment loss 4-6 mm Bleeding on probing Grade I or II furcation involvement Class I mobility
Type IV **Advanced Periodontitis**	Pocket depths or attachment loss >6 mm Bleeding on probing Grade II or III furcation involvement Class II or III mobility
Type V **Refractory & Juvenile Periodontitis**	Periodontitis not responding to conventional therapy, or which recurs soon after treatment. Juvenile forms of periodontitis.

3.9: Restorative and Palliative Care

- **Action Item:** Update, with **current language,** the acknowledgment of receipt of the DMFS with the current Dental Material Fact Sheet (DMFS).
- Recommend discussing with the Chief Dental Officer the clinical use of amalgam as a restorative agent, which is still considered a viable posterior restoration, and which is not as technique sensitive as a posterior composite.
- Be mindful of charting errors, such as identifying the correct tooth, quadrant and side throughout the entire progress note.
- **Action Item:** CDO and/or Dr. [redacted] to refer #[redacted] to medical for evaluation of possible bacterial endocarditis for a follow up period of time determined by medical if found to have been required to be premedicated with an antibiotic prior to his invasive dental appointment due to a congenital heart defect.

3.10: Extractions/Oral Surgery

- Recommend that a "time out" protocol is used and documented prior to an irreversible procedure is performed. This is to prevent extracting the wrong tooth.
    - Time Out Protocol
        - Although MCJ is not under the purview of the Joint Commission, it is still a good practice to perform a time out protocol, especially as there are several instances where teeth have been misidentified between arches.
        - To prevent the incorrect tooth from being extracted, recommend the following Time Out Protocol to be used and documented prior to an extraction.
            - "Review the dental record including the medical history, laboratory findings, appropriate charts, and dental radiographs. Indicate the tooth number(s) or mark the tooth site or surgical site on the odontogram or radiograph to be included as part of the patient record. Ensure that radiographs are properly oriented, and visually confirm that the correct teeth or tissues have been charted. Conduct a time out to verify patient, tooth, and procedure, with assistant present at the time of the extraction." - Joint Commission.

    - In addition, the following has related information on Time Out Protocols: https://www.dentalclinicmanual.com/4-admin/sec1-04.php
- Recommend that the progress notes include that hemostasis is achieved when applicable and that post op instructions given are both written and verbal.
- Mandating, that when performing a surgical extraction and cutting on bone, that it is done using an irrigant such as sterile saline or sterile water.

3.11: Endodontics (Root Canals)

- Recommend making a separate informed consent form for endodontics so that dentist reviews and signs with the patient prior to the start of a root canal.
- Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.
- The standard of care for performing a root canal is to use a rubber dam throughout the procedure.
- Make sure to have a post op x-ray following the completion of the root canal.

3.12: Prosthodontics

- Recommend that referrals for the fabrication of partial and full dentures is tracked by dental so that the initial appointment with the outside specialist is completed within 30 days of the referral.
- Also make sure that the patient is seen back in the dental department after every appointment with the outside specialist and noted in the progress notes.

3.13: Progress and Chart Notes for I/Ps scheduled but not seen

- Updated:
    - Reschedules must include the reason why the patient is being rescheduled. All rescheduled patients must have a progress note or chart note as well as an entry in the dental excel spreadsheet. A "lack of resources" needs more detailed explanation. Which resource is lacking? *(New CAP Item 70 which incorporates Item 115).*
    - Although not in the current CAP, all dental appointments must have a progress note or chart note for the following appointments. i.e., Refusal, Rescheduled, Not in Custody (NIC), Out to Court (OTC), Out to Medical (OTM), Cancelled by Staff; indicating why the patient was not seen and the next visit appointment so that the patients are not lost in the system.
    - ~~All scheduled or unscheduled (added on patients), seen or not seen must have a progress note i.e., Refusal, Rescheduled, Not in Custody (NIC), Out to Court (OTC), Out to Medical (OTM), must have an entry in the excel spreadsheet and an entry in the progress notes indicating why the patient was not seen as scheduled.~~
- For chronological purposes, it is easier to follow sequential progress notes rather than chart notes and go back and forth to see the event.
- Tracking rescheduled patients is oftentimes challenging as they are not always listed in the progress notes. It is important that Wellpath find a solution to tracking of unscheduled treatment plans and rescheduled appointments.

Section III.4 Infection Control/Regulatory Compliance – Audit Tool & Data

This section evaluates the quality of infection control and regulatory compliance at MCJ.

All dental services will be provided in a safe and sanitary environment. (Exhibit A, p. 98)

If a spore test was not performed during a week in which autoclaving was conducted, then it is an automatic failure for the entire infection control section and regulatory compliance section. Patient safety and the prevention of infectious diseases such as Hepatitis B or C is paramount in a dental clinical setting.

Dr. [redacted] mentioned that although rarely, he did use dental instruments during the period of January 1, 2021, thru March 23, 2021, when he did not have a dental assistant. However, he stated that medical staff used the dental autoclave during this time period to sterilize their instruments. **There were no spore tests and results provided for the date range of January 1, thru March 23, 2021, therefore the overall score is 0%, Non-Compliance.**

Had the spore testing been performed as mandated by the California Dental Practice Act, Title 16 and state guidelines, the score would have been 70.4%.

Even had the score been 70.4%, this is a decrease from last year's score of 79.6%. This is due mainly to the Tool Control and various other Logs which were not filled in or completed since 01/01/2021. Dr. [redacted] was advised to begin accountability immediately by restarting the Tool Control and filling out the appropriate dental clinic logs in the appropriate timeline.

Summary Table of Compliance - Facility Dental Audit Tool – (Protective Order):

#	Subject	Description	SC	PC	NC	NA	Recommendations
4.1	Housekeeping	**Counters appear clean**	1				
4.2	Housekeeping	**Floors appear clean**	1				
4.3	Housekeeping	**Sinks appear clean**	1				
4.4	Housekeeping	**Food/Personal Items** (Staff aware no food storage, eating, drinking, applying cosmetics or handling contact lenses in occupational exposure areas)	1				
4.5	Housekeeping	**Clinical areas free of clutter, well organized, with good computer cable hygiene**	1				
4.6	Biohazard Waste/ Haz Mat Procedures	**Separate waste container for non-infectious (general) waste in place**	1				

4.7	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers have lids**	1				
4.8	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers labeled on the top** and sides of the container so as to be visible from any lateral direction	1				
4.9	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers lined with Red Bag**	1				
4.10	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste Red Bag removed regularly based on clinic need**	1				
4.11	Biohazard Waste/ Haz Mat Procedures	**Chemical Spill Kit in place** (staff aware of location)	1				
4.12	Biohazard Waste/ Haz Mat Procedures	**Mercury Spill Kit in place** (staff aware of location)	1				
4.13	Biohazard Waste/ Haz Mat Procedures	**Eyewash Station in good working order connected to tepid water (60 - 100 degrees F)** to meet ANSI requirements	1				
4.14	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Approved type)	1				
4.15	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Located as close as feasible to area where disposable item used)	1				
4.16	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Mounted securely; not easily accessible to patients)	1				
4.17	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (No more than 3/4 full before container removed)	1				**Key could not be found.**
4.18	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container in place and labeled for incineration only**	1				
4.19	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container** labeled with accumulation start date - expires 275 calendar days from initial date of use or when 3/4 full			0		**Outdated.**
4.20	Biohazard Waste/ Haz Mat Procedures	**Commercial amalgam disposal/recycling container in place** (for all amalgam)				N A	They have a mobile cart. Amalgam separator mandatory in July 2020 for plumbed units.

4.21	Biohazard Waste/ Haz Mat Procedures	**Flammable Hazardous Materials** (Inventoried and stored in fireproof locked cabinet)		0.5			**Need to inventory.**
4.22	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** (date of installation posted)				NA	They have a mobile cart. Amalgam separator mandatory July 2020.
4.23	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** (Checked weekly and documented in housekeeping log)				NA	They have a mobile cart. Amalgam separator mandatory in 2020.
4.24	Biohazard Waste/ Haz Mat Procedures	**Contact Amalgam** commercial container in place	1				
4.25	Biohazard Waste/ Haz Mat Procedures	**Non-contact Amalgam** commercial container in place	1				
4.26	Sterilization & Equipment	**Handpieces cleaned and lubricated prior to sterilization**	1				
4.27	Sterilization & Equipment	**Ultrasonic Unit tested monthly** (Used to clean contaminated instruments prior to sterilization)			0		**Aluminum test not performed. Repeatedly requested.**
4.28	Sterilization & Equipment	**Sterilization Clean and Dirty Areas** (Demarcations clearly marked)	1				
4.29	Sterilization & Equipment	**Staff places appropriate amount of instruments in sterilization pouch** (not overfilled)	1				
4.30	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches intact)	1				
4.31	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches legibly labeled with sterilizer ID#, sterilization date and operator's initials)??	1				
4.32	Sterilization & Equipment	**Unsterilized instruments ready for sterilization and prepackaged if overnight storage required**	1				
4.33	Sterilization & Equipment	**Amalgamator** (Safety cover in place with no cracks/damage)				NA	They are currently not using amalgam. Recommend they use it.
4.34	Sterilization & Equipment	**Dental Lab Lathe** (In separate lab / not with sterilizer)				NA	They do not have or use a dental lab lathe.
4.35	Sterilization & Equipment	**Dental Lab Lathe / Model Trimmer** (Securely mounted and eye protection available for use)				NA	They do not have or use a dental lab lathe.
4.36	Sterilization & Equipment	**Dental Lab Burs / Rag Wheels** (Changed after each patient, sterilized after use, stored in Bags / Pouches)				NA	They do not have or use a dental lab lathe.

4.37	Sterilization & Equipment	**Pumice Pans** (Pumice and disposable plaster liner changed after each patient				N A	They do not have or use a dental lab lathe.
4.38	Sterilization & Equipment	**Water Lines** (Flushed at least 2 minutes at beginning and end of each shift)	1				
4.39	Sterilization & Equipment	**Water Lines** (Flushed a minimum of 20 to 30 seconds between patients	1				
4.40	Sterilization & Equipment	**Water Lines** (Cleaned and maintained according to manufacturer's recommendations)	1				
4.41	Sterilization & Equipment	**Vacuum System** (Manufacturer's recommendations followed for cleaning, disinfection and maintenance)		0.5			**Infected waste disposed of in toilet, and cleaning, disinfection and maintenance not logged or performed on mobile unit.**
4.42	Emergency Procedures	**Emergency #'s** (Prominently posted near telephone in clinic)	1				
4.43	Emergency Procedures	**Evacuation Plan** (Prominently posted in clinic)			0		**No evacuation plan posted.**
4.44	Emergency Procedures	**Fire Extinguishers** (All staff aware of location)	1				
4.45	Emergency Procedures	**Emergency Medical Response protocol in place** (Proof of practice of annual EMR training and annual EMR dental drill)			0		**Not currently in place.**
4.46	Emergency Procedures	**Emergency Kit** (Zip tied) Staff aware of location	1				
4.47	Emergency Procedures	**Emergency Kit drugs current**				N A	Crash cart is called during an emergency.
4.48	Emergency Procedures	**Oxygen tanks, masks, tubes and keys present**	1				
4.49	Emergency Procedures	**Oxygen tank charged** (Dentist monthly review documented on inventory sheet attached to outside of Emergency Kit)	1				
4.50	Emergency Procedures	**Ambu-Bag** (Bag-valve-mask) Latex free: present and in working order	1				
4.51	Emergency Procedures	**One-way pocket mask** Latex free; present and in working order	1				
4.52	Emergency Procedures	**Blood pressure cuff & Stethoscope or Blood Pressure machine** Latex free: present and in working order	1				
4.53	Emergency Procedures	**2 Plastic evacuators** (Large diameter suction tips)				N A	In crash cart.

4.54	Emergency Procedures	**2 Sterile, 2 cc disposable syringes with 18- or 21-gauge needles;** or 2 sterile, 3 cc disposable syringes with 22-gauge needles				N A	In crash cart.
4.55	Emergency Procedures	**AED Accessible** (staff aware of location)	1				
4.56	Emergency Procedures	**AED in working order and pads / batteries are current / not expired**	1				
4.57	Safety	**Dental Board Regulations on Infection Control posted**			0		**CMGC has become Wellpath but not corresponding paperwork.**
4.58	Safety	**Sterile Water** Containers unopened; not expired (Used for invasive oral surgical procedures)			0		**Recommend using for OS procedures. They are not using sterile water or sterile saline for surgical procedures. Must implement immediately.**
4.59	Safety	**Hand Hygiene** (Observed staff)			0		**Witnessed 2/3 times**
4.60	Safety	**PPE** (Worn and correctly disposed of; observed staff)	1				
4.61	Safety	**Barriers used to cover environmental surfaces replaced between patients**		0.5			**X-ray unit not covered nor disinfected between patients.**
4.62	Safety	**Saliva Ejector** (Staff aware that patients **MUST NOT** close lips around tip to evacuate oral fluids)	1				
4.63	Safety	**Radiation Safety Program in place / Dental radiographic unit inspection date**			0		**Not posted although has been ordered.**
4.64	Safety	**Caution X-ray Sign** (Placed where all permanent radiographic equipment installed)	1				
4.65	Safety	**Lead Shields** (Thyroid collar, hanging, free from tears or holes inspected regularly)	1				
4.66	Safety	**Is an area dosimeter posted no more than 6 ft from source of beam?**	1				
4.67	Safety	**Dosimeter Badge** (For pregnant staff working within the vicinity of radiographic equipment)	1				

4.68	Safety	**Dental staff wearing dosimeters** at chest level or higher (i.e., new x-ray equipment; x-ray unit moved and reinstalled)			0		**Badges are in draws when seeing patients.**
4.69	Safety	**Material Dates** (Check expiration dates)	1				
4.70	Safety	**Dental Impressions Materials / Waxes** (Stored in secure location)	1				
4.71	Safety	**Gloves** available in sizes per staff needs.	1				Nitrile used.
4.72	Clinic Admin and Logs	**Housekeeping Log Up to Date**			0		**No logs since Jan 1, 2021, to May 5, 2021**
4.73	Clinic Admin and Logs	**Written infection prevention policies** and procedures specific for the dental setting available, current & based on evidence-based guidelines?			0		**Not completed yet.**
4.74	Clinic Admin and Logs	**Did employees receive job or specific training on infection prevention policies** and procedures and the OSHA blood borne pathogens standard?			0		**No documentation available.**
4.75	Clinic Admin and Logs	**Facility has an exposure control plan** that is tailored to specific requirements of the facility?		0.5			**Not dental specific.**
4.76	Clinic Admin and Logs	**Personal Protective Equipment (PPE)** and other supplies necessary for adherence to Standard Precautions are readily available?		0.5			**Fitted N95 not available.**
4.77	Clinic Admin and Logs	**Eyewash Log Up-to-Date**			0		**No logs since 01/01/2021 to 05/05/2021.**
4.78	Clinic Admin and Logs	**Spore Test Log Weekly Testing**			0		**No logs although sterilization occurring between 01/01/2021 thru 03/23/2021.**
4.79	Clinic Admin and Logs	**Tool Control Log (Complete entries)**			0		**Tool control not performed since 01/01/2021 thru 05/05/2021**
4.80	Clinic Admin and Logs	**Pharmaceutical Log** (CDCR 7438 complete entries)		0.5			**Needs to be accurate. Amoxicillin expired.**
4.81	Clinic Admin and Logs	**SDS Binder** (Accessible and current for materials used in clinic)	1				
4.82	Clinic Admin and Logs	**Dentist on Call posted**				NA	Physician on Call system in place.
4.83	Clinic Admin and Logs	**Radiographic Certificate, Rules and Regulations posted**			0		**Not posted but ordered.**

4.84	Clinic Admin and Logs	**Annual Training** (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)			0		**Not signed, not documented.**
4.85	Clinic Admin and Logs	**Staff aware of equipment repair protocol?**	1				**Recommend having a written protocol.**
4.86	Clinic Admin and Logs	**Sharps injury log** and other employee exposure events is maintained according to state and federal requirements?			0		**Not available when asked for it**
4.87	Clinic Admin and Logs	**Post injury protocol** in place?			0		**Not completed yet.**
4.88	Regulatory Compliance	**Postings per Regulatory Compliance** • https://www.osha.gov/Publications/OSHA3187/osha3187.html		0.5			**Review CA regulations** https://www.cda.org/Home/Practice/Practice-Support/Regulatory-Compliance
		88 questions, 12 N/A for 76 usable questions **50 SC, 7 PC, 19 NC** **50 + 3.5 + 0 = 53.5/76 = 70.4% NC**					**70.4% = Non-Compliance However, due to missing spore tests 0% Non-Compliance.**

Sources:

- CDCR Facility audit tool.
- Centers for Disease Control and Prevention (CDC), Guidelines for Infection Control in Dental Health-Care Settings - 2003 [MMWR December 19, 2003 / 52 (RR17);1-61],
- Occupational Safety and Health Administration (OSHA), Blood Borne Pathogens Standard, Code of Federal Regulations (CFR), Title 29, Occupational Safety and Health Standards, Part 1910.1030
- OSHA, Title 8 Section 3203(a)(4) Injury and Illness Prevention Program;
- Title 8 Section 5193 Bloodborne Pathogens
- CDCR, CCHCS, November 2017 Inmate Dental Services Program (IDSP), Policies and Procedures (P & P),
- California Code of Regulations, Title 8, Division 1, Chapter 4, Subchapter 4, Article 3, Section 1512 Emergency Medical Services
- Department Operations Manual, Chapter 9, Article 3, Section 91030.27
- Inmate Medical Services Policies and Procedures, Volume 9, Chapter 11
- https://www.dir.ca.gov/title8/5193.html
- California Health & Safety Code, Division 10, Chapter 4, Article 1, Section 11150
- California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005

Summary of Recommendations - Infection Control/Regulatory Compliance

- Dr. [redacted] was advised to begin accountability immediately by restarting the Tool Control and filling out the appropriate dental clinic logs in the appropriate timeline.
- The permanent full time Registered Dental Assistant has now returned to work since June 2021.

Section III.5 Dental Program Management Audit Tool

This audit tool evaluates the dental program management at MCJ.

Summary Table of Compliance - Dental Program Management – (Protective Order):

#	Outcome Measures	DENTAL PROGRAM MANAGEMENT - Audit Tool Questions	Source	Comp	Score
5.1	Management Structure and Chief Dental Officer	Is there an involved, accessible, supervisory chain of command and appropriate available resources for the dental department, both clinically and administratively?	MCJ & Wellpath	NC	50%
5.2	Dashboard & Documented Qualitative Self Review Process	Are viable statistics utilized for self-auditing and self-monitoring using a documented, qualitative process?	MCJ & Wellpath	NC	0%
Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Exhibit A, p. 8).					
5.3	Electronic Dental Record System (EDRS)	Is there a viable electronic dental record system utilized for self-auditing, self-monitoring and compliance using a documented, qualitative process which is HIPPA compliant and operationally sound?	MCJ & Wellpath	NC	0%
Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Exhibit A, p. 8). *Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).* *The EMR will contain the complete medical record of eachinmate at the MCJ. (Exhibit A, p. 112) (This section also outlines requirements for how to maintain health records that are not in electronic form).*					
5.4	Digital X-rays	Are digital radiographs utilized to minimize radiation to the patient and to provide diagnostic x-rays?	MCJ & Wellpath	NC	0%

Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).					
5.5	Panoramic x-ray unit	Is a panoramic radiograph utilized to visualize third molars and other areas of the jaw?	MCJ & Wellpath	NC	33.3%
Panoramic radiograph may be requested from an outside source when, in the discretion of the dentist, it will assist in diagnosis and treatment planning. (Exhibit A, p. 103).					
5.6	Equipment and Supplies	Are the necessary resources available for dental to operate within OSHA parameters?	MCJ & Wellpath	NC	50%
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).					
5.7	Nurse Training by DON, HSA and Dentist	5.7.1. Does the dentist provide thorough and ongoing training, have a documented sign in sheet, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-Day Exam, Sick Call and Physician, NP, PA evaluation? 5.7.2. Is there a clear understanding from the nurses of DL1 and DL2 parameters and when to schedule the dental appointment within timeframe? 5.7.3. Are referrals to dental made per the DL classification timeframe and if not is there ongoing training to assist the nurses in finding the solution to this parameter? 5.7.4. Do the nurses at a minimum include in the dental referral the chief complaint, history of the dental problem(s), location of the problem(s), and the appropriate dental level? 5.7.5. Does the dentist provide documented one on one training for the areas of deficiency such as the 14-Day Exam requirements mandated in the Implementation Plan? 5.7.6. Are the barriers to access to care located and remedied with training with this discussion in the quality assurance meeting?	MCJ & Wellpath	NC	33.3%

A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings; perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. (Exhibit A, p. 98).					
5.8	Staffing – Administrative and Clinical	Are the staffing positions filled? Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement?	MCJ & Wellpath	NC	20%
There shall be, at all times, sufficient staff to ensure compliance with the CFMG. (Exhibit A, p. 115).					
5.9	Illness and Injury Prevention Plan (IIPP)	Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly and documented in the QA minutes?	MCJ & Wellpath	DF	N/A
All dental services will be provided in a safe and sanitary environment. (Exhibit A, p. 98).					
5.10	Policies and Procedures, Including Dental, Corporate and Local	Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental complete, completed, approved and signed by the dental staff at MCJ?	MCJ & Wellpath	NC	0%
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).					
5.11	Licenses, Cred, CURES & Job Performance	Are licenses, credentials and job performances current and maintained?	MCJ & Wellpath	NC	58.9%
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).					
5.12	OSHA Review and Infection Control Training	Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?	MCJ & Wellpath	DF	N/A
All dental services will be provided in a safe and sanitary environment. (Exhibit A, p. 98).					

5.13	Hepatitis B Vaccination Record	Has a Hepatitis B vaccination been offered and taken, or a declination form been completed?	MCJ & Wellpath	DF	N/A
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Exhibit A, p. 20).					
5.14	Pharmacy & Medication Management	Is there a pharmacy onsite? Is medication delivered timely, safely and appropriately to the patient following a prescription? Does the Pharmacy communicate effectively with Dental to provide information regarding the prescription(s)? Are stock medications pre-packaged and accounted for, for each patient?	MCJ & Wellpath	DF	N/A
The procurement of pharmaceuticals is done under the supervision of a licensed pharmacist in accordance with all applicable federal and state laws. Prescription medications will be administered to inmates by licensed nursing staff in accordance with CFMG's Implementation Plan regarding pharmacy administration. (Exhibit A, p. 87).					
5.15	Peer Review	Is there a peer review system with a written protocol in place? Was the dentist at MCJ peer reviewed 1x every 6 months by a peer?	MCJ & Wellpath	NC	0%
(See Self-Auditing)					
5.16	Monthly Dental Subcommittee	Is the monthly Dental Subcommittee occurring monthly with associated minutes? Is the agenda being followed, documented and statistics enclosed and discussed?	MCJ & Wellpath	NC	0%
(See Self-Auditing)					
5.17	Quality Assurance Meeting with PowerPoint Presentation	Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the statistics from dental and the dental monthly subcommittee minutes included in the QA meeting? Is Dental represented and present?	MCJ & Wellpath	NC	10%
(See Self-Auditing) *Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Exhibit A, p. 8).*					
TOTAL		**17 questions, 5 Not Evaluate (NE), 13 questions total.**	**255.5/13 =**	**19.7%**	**NC**

Section III.5 Dental Program Management Audit Tool Data

5.1: Management Structure & Chief Dental Officer – NC

Is there an involved, accessible, supervisory chain of command and appropriate available resources for the dental department, both clinically and administratively?

- Is the organizational chart completed and current under Wellpath, formally CFMG. – SC
- The dentist(s), dental assistant(s), hygienist(s), and office dental staff have a reporting structure both clinically and administratively. - SC
- Is there an involved, accessible, supervisory chain of command capable of providing meaningful supervision and management? - PC
- Is there evidence of an external auditing system from supervisor to subordinate? - N
- Is there evidence of internal self-auditing for continuous improvement of the dental department? - N
- Are there appropriate and available resources for the dental department, both clinically and administratively? – PC
- **3/6=50% - NC**

5.2: Dashboard & Documented, Qualitative Self Review Process – NC

Are viable statistics utilized for self-auditing and self-monitoring using a documented, qualitative process?

- "If you can't measure it, you can't improve it".[17]
- Are viable all program statistics utilized for self-auditing and self-monitoring using a documented, qualitative process? – NC
- **0/1=0% - NC**

5.3: Electronic Dental Record System (EDRS) – NC

Is there a viable electronic dental record system utilized for self-auditing, self-monitoring and compliance using a documented, qualitative process which is HIPPA compliant and operationally sound?

- Is there a viable electronic dental record system utilized capable of full clinical dental charting with the ability to track episodic, comprehensive, periodontal dental care and management of its' dental program? - NC
- Can this electronic dental record system assist the dental department in self-auditing, self-monitoring and self-reporting its compliance data? N/A
- Is this EDRS capable of providing a clinical qualitative process which is HIPPA compliant and operationally sound? N/A

[17] Peter Drucker quote

- Can the EDRS track dental priority codes (DPC), referrals and procedures within compliance deadlines. – N/A
- Does the EDRS have a data dashboard capable providing consolidated data for use in the monthly dental subcommittee meeting requirements? N/A
- Is there a temporary data collection mechanism until an EDRS can be purchased? – NC
    - The dental program's metrics are no longer being entered into the dental excel spreadsheet as an interim data management system as of 01/01/2021.
- **0/2=0% - NC**

5.4: Digital Radiographs/X-rays – NC

Are digital radiographs utilized to minimize radiation to the patient and to provide diagnostic x-rays?

- Are digital radiographs utilized in all clinics to minimize radiation to the patient? - NC
- Are digital radiographs utilized in all clinics to integrate directly into the clinic's EDRS? - NC
- Are digital radiographs utilized in all clinics to provide diagnostic x-rays? – N/A
- **0/2=0% - NC**

5.5: Panoramic X-ray – NC

Is a panoramic radiograph utilized to visualize third molars and other areas of the jaw?

- Is a panoramic radiograph available onsite and utilized to visualize third molars and other areas of the jaw? - NC
- Is a panoramic radiograph available offsite to visualize third molars and other areas of the jaw in the case of an inmate/patient complaining of pain with a wisdom tooth or other hard/soft tissues and a diagnostic radiograph is unable to be obtained? – SC
- Are referrals for such services listed above occurring? – NC
- **1/3=33.3% - NC**

5.6: Space, Dental Equipment and Supplies – NC

Are the necessary resources available for dental to operate within OSHA parameters?

- Are the necessary resources available for dental to operate within OSHA parameters? - NC
    - Repeated requests for an aluminum test in the existing ultrasonic cleaner have not occurred and a new ultrasonic cleaner to clean the dental instruments after each patient encounter has yet to be purchased.
- Is there sufficient space to accommodate the provision of dental care for the inmate/patients? - DF
- Is there a viable repair contract with a dental supply/equipment company? – SC
- **1/2=50% - NC**

5.7: Nurse Training by DON, HSA and Dentist – NC

Does the dentist provide thorough and ongoing training, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-day exam, Sick Call and Physician evaluation? Is there a clear understanding of DL1 and DL2 parameters and when to schedule the dental appointment within timeframe? Are referrals to dental made per the Implementation Plan? Do the nurses at a minimum include in the referral the chief complaint, history of the dental problem(s), location of the problem(s), an appropriate dental level?

- Does the dentist provide thorough and ongoing training, have a documented sign in sheet, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-Day Exam, Sick Call and Physician, NP, PA evaluation? - PC
- Is there a clear understanding from the nurses of DL1 and DL2 parameters and when to schedule the dental appointment within timeframe? - PC
- Are referrals to dental made per the DL classification timeframe and if not is there ongoing training to assist the nurses in finding the solution to this parameter? - PC
- Do the nurses at a minimum include in the dental referral the chief complaint, history of the dental problem(s), location of the problem(s), and the appropriate dental level? - PC
- Does the dentist provide documented one on one training for the areas of deficiency such as the 14-Day Exam requirements mandated in the Implementation Plan? **-** NC
- Are the barriers to access to care located and remedied with training with this discussion in the quality assurance meeting? – NC
- **3/6=50% - NC**

5.8: Staffing - Administrative and Clinical – NC

Are the staffing positions filled? Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement?

- Are the dental staffing positions filled either with permanent or temporary employees? - SC
- Is a Hygienist hired per the Implementation Plan? - NC
- Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement? - NC
- Is a job description for each position listed and encompassing the duties and expectations of the position? - NC
- Is there a written plan/policy in case a staff member is on leave on how to handle the provisioning of dental care per the Implementation Plan at MCJ i.e., dental registry contract? – NC
- **1/5=20% - NC**

5.9: Illness and Injury Prevention Plan (IIPP) – DF

Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly and documented in the QA minutes?

- Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly, trained on, posted where applicable, and documented in the QA minutes? – DF
  - I. IIPP - Exposure Control Plan, Hazard Communication, Fire Emergency, General Office Safety and Ergonomics
  - II. Waste Disposal - 1. Medical waste (sharps, biohazardous waste and pharmaceutical waste), 2. Hazardous waste, 3. Universal waste
  - III. Radiation Safety - Dentist and staff responsibilities, radiographic machine requirements/registration and Patient/Employee/Operator Protection.
  - Are training records available and completed for the IIPP staff education?

5.10: Policies and Procedures Including Dental, Corporate and Local – NC

Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental complete, completed, approved, and signed by the dental staff at MCJ?

- Are the corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental completed, approved, and signed by the dental staff at MCJ? – NC
- **0/1=0% - NC**

5.11: Licenses, Credentials, CURES and Job Performance – NC

Are licenses, credentials, and job performances current and maintained for all dental staff?

- Are licenses, credentials, and job performances current and maintained for all dental staff?
  - **Dentist(s): Dr. [redacted] – 66.7%**
    - Dental License – Current - SC
    - BLS/CPR – DF
    - DEA – DF
    - Cures 2.0 Registration – SC
    - Annual Review/Job Performance – NC
  - **Dental Assistant(s): [redacted] – 50% NC**
    - Register Dental Assistant (RDA) license – N/A Expired
    - Dental Assistant (not RDA) proof of 8-hour infection control course – NC
    - Dental Assistant (not RDA) proof of California Dental Practice Act course – NC
    - X-ray license – SC
    - Coronal polish – SC
    - BLS/CPR – SC (Expires June 2021)
    - Annual Review/Job Performance – NC
  - **Dental Assistant(s): [redacted] – 60% NC**
    - Register Dental Assistant (RDA) license – SC
    - X-ray license – SC
    - Coronal polish – SC
    - BLS/CPR – Not submitted - NC
    - Annual Review/Job Performance – NC

- **(66.7 + 50.0 + 60.0)/3 = 58.9% - NC**

5.12: OSHA Review and Infection Control Training - DF

Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?

- Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?

5.13: Hepatitis B Vaccination Record – DF

Has a Hepatitis B vaccination been offered and taken, or a declination form been completed?

- Has a Hepatitis B vaccination been offered and taken, or a declination form been completed? - DF

5.14: Pharmacy and Medication Management – DF

Is there a pharmacy onsite? Is medication delivered timely, safely, and appropriately to the patient following a prescription? Does the Pharmacy communicate effectively with Dental to provide information regarding the prescription(s)? Are stock medications pre-packaged and accounted for, for each patient?

- Is there a pharmacy onsite or offsite providing pharmacy services to the inmate/patients? - DF
- Is medication delivered timely, safely, and appropriately to the patients following a dental prescription? - DF
- Does the Pharmacy communicate effectively with Dental to provide information regarding any problems with the prescription(s)? - DF
- Are stock medications pre-packaged and accounted for, for each patient in the pharmacy program?
- Does the pharmacy provide feedback to the dentist if a patient refuses to take their prescribed medication? - DF

5.15: Peer Review – NC

Is there a peer review system with a written protocol in place? Was the dentist at MCJ peer reviewed 1x every 6 months by a peer?

- Is there a peer review system with a written protocol in place? - NC
- Is there a peer review system in place using a peer review audit too/worksheet which includes a review of Health History, Consent, Clinical Examination, Radiographs, Diagnosis, Treatment Plan, Continuity of Care, Progress Notes, Quality of Care, Outcome of Treatment? - NC
- Is the dentist(s) at MCJ peer reviewed 1x every 6 months by a peer? - NC

- Is the Peer Review and minutes considered confidential? Any deficiencies and resulting corrective action plan and training is to be noted in the peer review minutes. - NC
- Is the audit tool and minutes kept for a minimum of three (3) years? – NC
- Does the audit tool include the following? - NC
  1. Health History
     a. Is the medical history and review of problem list signed by both the patient and the dentist and noted in the progress notes?
     b. Are allergies, vitals, review of labs if indicated, reviewed and noted?
  2. Consent
     a. Is a general consent for examination, x-rays, palliative and restorative care signed, witnessed and dated?
     b. Is there an extraction consent form with all pertinent information relating to the extraction signed, witnessed and dated, when applicable?
  3. Clinical Examination
     a. Are objective findings/diagnostic assessments performed (i.e., swelling, pain to cold and/or hot, pain to percussion, palpation, fever, blood pressure)?
     b. Is the soft and hard tissues and intra-oral exam completed and noted?
     c. Are periodontal measurements; (i.e., probing depths, recession, furcations, bleeding on probing), performed and charted during a periodontal examination as part of the comprehensive exam completed, signed and dated and properly charted on an appropriate form either in a paper form or in an electronic version as found in a dental software?
     d. Is the oral cavity charting complete, on the appropriate form, for either a comprehensive examination and/or for episodic care?
     e. Is a current Dental Materials Fact Sheet given to the patient and a signed and dated acknowledgement in the chart?
  4. Radiographs
     a. Are radiographs of diagnostic quality, mounted correctly, labeled with correct patient name, DOB, booking number, date, tooth number, clinic?
     b. Are the radiographs present for the condition being evaluated; i.e., Full Mouth Series/FMX and panoramic x-ray for comprehensive exam; PA(s) and BWX(s), panoramic x-ray if indicated, for a triage exam?
     c. Are the radiographs of archival quality?
  5. Diagnosis
     a. Is diagnosis noted and supported by objective findings?
     b. Is a periodontal diagnosis also included as identified during the comprehensive oral examination?
     c. Is a differential diagnosis present if applicable?
  6. Treatment Plan
     a. Is a written treatment plan dated, sequenced/phased and logical and reviewed with the patient?
     b. Is a DPC code included in each treatment planned item?
     c. Is a completed treatment noted in the progress notes, marked and dated on the dental treatment plan?

d. Is a change in the treatment plan charted and noted appropriately?

7. Continuity of Care
    a. Is the patient seen within timeframe mandated by the Implementation Plan?
    b. Is an appropriate referral performed if applicable?
    c. Is the patient scheduled and seen in dental, the following dental day after the patient's encounter with the outside specialist?
    d. Is the discussion of risks, benefits, alternatives and consequences of the importance of following through, or not going through, with the patient's dental treatment plan noted in the progress notes?
8. Progress Notes
    a. Is the progress noted in a SOAPE format?
    b. Is there an entry identifying the reason for the visit, or why patient is not here for the visit, for every scheduled patient, regardless if they are out to court, not in custody, rescheduled, refused, out to medical, sick, etc.?
    c. Is the health history reviewed, with any allergies, any significant condition such as the need for premedication flagged in the chart and written in the progress notes?
    d. If patient needs to be premeditated, is the reason, type and amount of premedication given, noted in the progress notes?
    e. Is there a consent on file and or listed in the progress notes?
    f. Is the tooth number, area to be addressed and/or location of the problem noted?
    g. Do the progress notes reflect which x-rays were taken and that the radiographs are reviewed and interpreted?
    h. Are the objective findings noted appropriately?
    i. Is the diagnosis supported by the objective findings?
    j. Is the plan appropriate for the diagnosis?
    k. When local anesthesia given, is the type and amount of anesthesia used noted in the progress notes?
    l. Is the type of material used indicated?
    m. If there are any complications during the procedure, and/or if follow up appointments are necessary, is this indicated?
    n. Was a time out protocol performed and noted?
    o. Was a prescription indicated, if so, what is the type, amount and duration of the medication prescribed?
    p. Is the next visit listed?
    q. Is the education which the patient received, noted in the E portion of the SOAPE note, i.e., was the patient given oral hygiene instruction, were both verbal and written post op instructions given and noted?
    r. Is there a documented discussion with the patient regarding the diagnosis and the proposed treatment noted and the acceptance of the treatment?
    s. Is the progress note legible, with printed name, signature and credentials of the clinician included?
9. Quality of Care

a. Does "the degree to which healthcare services for individuals….increase the likelihood of desired health outcomes and are consistent with current professional knowledge"?

10. Outcome of Treatment
    a. Is the chief complaint addressed and is the condition resolved/improved?
    b. Submit the peer review minutes to the monthly Dental Subcommittee. Do not include the confidential audit tool worksheets but do include in the minutes if there are any deficiencies and what if any training were given. If no peer review was conducted that month, then state this information in the Peer Review minutes.
    c. Have the written policy and procedure and Peer Review system in place and operational by October 1st, 2018.

- **0/6=0% - NC**

5.16: Monthly Dental Subcommittee – NC

Is the monthly Dental Subcommittee occurring monthly with associated minutes? Is the agenda being followed, documented and statistics enclosed and discussed?

- Is there an established monthly Dental Subcommittee meeting with, at a minimum, the dental staff, the Chief Dental Officer and HSA, administrative staff who assist Dental, Custody, Pharmacy, and Medical present? When possible is the Operations Specialist and anyone else deemed necessary to collaborate on ongoing issues, which the Dental Department is trying to solve, present? – NC
- Is the Dental Subcommittee occurring monthly? – NC

Dental Subcommittee Meeting (Monthly)	**2020 July**	**2020 Aug**	**2020Sept**	**2020Oct**	**2020Nov**	**2020Dec**	**2021Jan**	**2021Feb**	**2021Mar**	**2021Apr**
Occurred	NC	NC	NC	NC	NC	PC	NC	NC	NC	NC

- Are the following Dental Subcommittee Agenda items discussed, addressed, and included in the minutes?
    - Roll call with member list and sign in sheet - NC
    - Approval of prior meeting minutes - NC
    - Open/Pending Action Items - NC
    - Personnel (Vacancies/Recruitment/Vacation Coverage) - NC
    - Access to care issues - NC
    - Timeliness of care issues - NC
    - Quality of care issues - NC
    - Continuity of care issues - NC
    - Regulatory compliance issues (x-ray unit registration, postings, infection control, etc.) - NC
    - Dental grievances, # & resolution - NC

- Incidences including dental medication errors, sharps exposure and including the root cause analysis and sentinel events. - NC
- Audits & Trainings - NC
- Operational Policies and Procedures - NC
- Peer Review - NC
- Dental Supplies/Dental Equipment - NC
- New dental clinic update - NC
- Reports (Monthly) - NC
    - Hospital admissions due to dental/dental emergency and date seen by dentist for follow up upon patient return.
    - Outside specialty referrals (including endodontist, oral surgeon, etc.), when patient was seen by the specialist and the date the patient was seen by dentist for next dental day follow up.
    - Biopsies consultations was the patient informed of the outcome of the biopsy and/or consultation and was this documented in the patient progress notes.
    - Medical consultations was the patient informed of the outcome of the biopsy and/or consultation and was this documented in the patient progress notes.
    - Patients referred from Intake, broken down by Dental Level (DL) 1 and 2 and if they were seen in dental as scheduled.
    - Patients referred from 14-Day Exam, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
    - Patients referred from Sick Call, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
    - Patients scheduled (including hygienist).
    - Patients seen for their appointment
    - Patients rescheduled.
    - Patients refused.
    - Patients transferred, out to court, out to medical, NIC.
    - Patients cancelled due to custody.
    - Comprehensive dental exams (annual exam)
    - Triages
    - Dental treatments (i.e., exams, extractions, fillings, periodontal treatment)
    - Dental treatments, # seen within DPC timeframe and number seen out of compliance.
- Other business / open forum / update Action Item List. - NC
- Announce date/time next meeting. - NC
- Meeting concluded, note time. - NC

- Is the agenda being followed, documented and with statistics enclosed and discussed? – NC
- Are the minutes addressing the agenda items, completed, and submitted timely for review? – NC
- Are action items completed or at least addressed by the next monthly meeting? - NC
- Are the minutes of the monthly Dental Subcommittee and supporting documentation given to the Quality Assurance meeting chair for discussion at the QA meeting and enclosure into the QA meeting minutes? – NC

- **0/7=0% - NC**

5.17: Quality Assurance Meeting w/ PowerPoint Presentation – NC

Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the statistics from dental and the dental monthly subcommittee minutes included in the QA meeting? Is Dental represented and present?

- Is there a viable and meaningful Quality Assurance meeting occurring, at a minimum, every quarter with relevant content and meeting minutes which include dental agenda's, subcommittee minutes, and dental action items? - PC
- Are the statistics and the minutes from the dental monthly subcommittee minutes included and discussed in the QA meeting? – NC
- Are the issues brought forward to the QA meeting from the dental subcommittee identified, resolved and improvements made which may include revisions to policy and procedures. - NC
- Is there a Quality Improvement Team (QIT) with ongoing studies conducted to improve the quality and quantity of dental care at MCJ? – NC
- Is Dental represented and present at the QA meeting? – NC

QA Meeting MCJ/Wellpath	**2020 3rd Qtr.**	**2020 4th Qtr.**	**2021 1st Qtr.**
Dental Representation at the QA Meeting?	NC	NC	NC

- **0.5/5=10% NC**

Summary of Recommendations - Dental Program Management

Much of the specifics and language issues listed below are in more detail in the corrective action plan.

- On Monday August 10th, 2020, Dr. [redacted] emailed Dr. [redacted] indicating that he will audit 10 charts monthly.
  - This has not occurred. I have not received any report of this auditing process nor of the results of any monthly audit.
  - **Action Item: Begin this supervisory audit process using the peer review format outlined in 5.15.**
  - Recommend a bimonthly meeting between CDO, MCJ Dentist, MCJ RDA, MCJ HSA and this monitor to review the results of the audit report and this report #6 in order for feedback to be given and followed through by the CDO.

5.1: Management Structure & Chief Dental Officer

The overall program areas of non-compliance affect Dr. [redacted] efforts and abilities to provide access to care, timeliness of care and quality of dental care to the inmate/patients of the Monterey County Jail. I recommend that Dr. [redacted], Chief Dental Officer (CDO) for Wellpath becomes an integral part of the solution for MCJ's Dental Department and fully participates in its future success.

This can be achieved by his review and implementation of recommendations within this report and through the corrective action plan (CAP). It can also be achieved through the monthly auditing of multiple charts, providing feedback to the dental staff of MCJ, being available to assist with complex dental cases as well as providing routine, weekly supervisory oversight and attending the monthly dental subcommittee meeting, which has yet to be fully implemented. Dr. [redacted] is listed as the responsible individual throughout the CAP.

Dr. [redacted] is charged with overseeing 286 dental clinics throughout the United States and he is also tasked with 3 days of patient care per week. How is this logistically possible? I highly recommend that immediately Dr. [redacted] be given a new duty statement focusing his time on overseeing the dental clinics under his purview, in particular MCJ.

It is important for Dr. [redacted] to spend the necessary time with Dr. [redacted] in order to begin the process of self-auditing and self-monitor for compliance. When they begin evaluating for this, they would have found out themselves that at the 14-day exam, there is no compliance with the mandates set forth in the Implementation Plan, section XI.A.

5.2: Dashboard & Documented Qualitative Self Review Process

- "If you can't measure it, you can't improve it".[18]
- There is no dashboard to track metrics, statistics, dental priority codes timeframes in order to get a bird's eye view of barriers to access to care, barriers to timeliness of care and/or barriers to quality of dental care.

5.3: Electronic Dental Record System (EDRS)

Is there a viable electronic dental record system utilized for self-auditing, self-monitoring and compliance using a documented, qualitative process which is HIPPA compliant and operationally sound?

- There is no Electronic Dental Record System (EDRS) at MCJ/Wellpath.
- The dental program's metrics are no longer entered into an Excel spreadsheet. There is no transparency, although I took the CorEMR task list and after flattening the data, entered it into the spreadsheet which Wellpath is no longer using to find some data points such as how many patients are rescheduled during each dental day.
- Dentrix Enterprise was demonstrated again, showing its ability to be fully integrated with CorEMR for a seamless full charting module capable of charting episodic and comprehensive dental care, periodontal charting, tracking continuity of dental care as well as having the

[18] Peter Drucker quote

ability to track dental priority codes (DPC) timelines, referrals, procedures within compliance deadlines while having HIPAA compliance, an audit trail, the ability to find unscheduled patients with a treatment plan and schedule them as well as having reporting and scheduling capabilities.

- No decision has been made by Wellpath although a letter from Defendant's to Plaintiff Counsels, see Appendix 2, was sent asking for Plaintiff's for a gag order if Dentrix Enterprise is purchased.
    - There continues to be a lot of push back in obtaining Dentrix Enterprise such as the Defendants wanting to know which other correctional system utilizes Dentrix Enterprise. Andrea Hight of Henry Schein provided an email with this information.

- Judge Cousins was advised of the progress Wellpath and MCJ were doing with both their corrective action plan as well as with the exploration of an EDRS to assist them in achieving substantial compliance.
    - Dr. [redacted] and I explored if CorEMR could be used as an EDRS however I showed Dr. [redacted] on sharing Zoom that CorEMR is not an EDRS and cannot be programmed to be one. ERMA was also explored but it also came up short and did not have the ability to track DPCs and multiple other parameters necessary as identified in the EDRS capabilities.
    - Neither CorEMR or ERMA are electronic dental record systems and both are not enough to fully run MCJ's dental program nor are they capable of running reports and statistics to assess the health of the dental department when Wellpath and MCJ begin to self-audit and self-monitor themselves.
    - Dr. [redacted] requested that Andrea Hight show him on Zoom, Dentrix Enterprise's abilities regarding ease of use for nursing to schedule a patient with a Dental Level 1 or 2 problem as well as show him the digital x-ray integration into the individual's dental chart, and once this was visualized, **Dr. [redacted] became in favor of Dentrix Enterprise for an EDRS and Dexus for the digital x-ray software at MCJ.**
    - Dental, just as with Medical and Mental Health, should be allowed to obtain an EDRS such as Dentrix Enterprise to run its dental program.

5.4: Digital X-rays

- The new dental clinic has not opened yet. Anticipated opening is September 2021. Recommend the use of digital x-rays in both clinics attached and integrated with an individual patient record.
- Currently within the rotunda dental clinic, the dental department captures radiographic images with analog, called traditional, film x-rays.
    - "While traditional X-rays are considered safe, digital X-rays produce 80% less radiation than traditional. The cost effectiveness of using digital radiography rather than film comes down to the fact that film is expensive. If you have ever owned a film camera, you will know that back in the height of Kodak film it was costly to purchase, and then costly to develop as well. With film, it is difficult to store and then

retrieve images as they degrade over time, but digital images can be saved and easily accessed without image degradation later on."[19]

- "When you're relying on your doctor to make an accurate diagnosis, image quality is everything. Not only do you get results within seconds, but the image can also be easily resized to enlarge hard-to-see potential issues without distorting or degrading the quality of the image."[20]

- **Action Item:** Recommend that MCJ/Wellpath purchase digital x-rays for both clinics which will directly integrate into an EDRS, as seen in the demonstration with Dentrix Enterprise, and can be visualized within a patient's dental record, from various locations, including from the CDO's office.
- Per the Dental Practice Act of California, x-rays should be of diagnostic quality, which includes capturing the root apex of third molars as well as any pathology. Removing teeth without full radiographic visualization increases the possibility of jaw fracture, root fracture, damage to the mandibular nerve as well as increased liability to MCJ.
- Digital x-rays reduce radiation to the patient and if retakes are necessary, can be visualized immediately, taken immediately without waiting another 6 to 7 minutes out of the schedule of the only, already busy, Dental Assistant.

5.5: Panoramic X-ray

- There currently is no panoramic radiographic unit at MCJ. Recommend leasing or purchasing a panoramic x-ray.
  - "Panoramic radiography, also called panoramic x-ray, is a two-dimensional (2-D) dental x-ray examination that captures the entire mouth in a single image, including the teeth, upper and lower jaws, surrounding structures and tissues. Panoramic dental x-rays use a small dose of ionizing radiation to capture the entire mouth in one image. A panoramic x-ray is a commonly performed examination by dentists and oral surgeons in everyday practice and is an important diagnostic tool".[21]
- In the case of an inmate/patient complaining of pain with a wisdom tooth and a diagnostic radiograph is unable to be obtained, then the referral to the outside oral surgeon specialist for a panoramic radiograph, diagnosis and treatment should be done.

5.6: Space, Dental Equipment and Supplies

- The aluminum test was not performed upon multiple requests, therefore a new ultrasonic cleaner to clean the dental instruments after each patient encounter, should be purchased.
- Will evaluate both dental clinics in more detail for supplies and equipment once the new dental clinic is opened in late September/October 2021.

5.7: Nurse Training by DON, HSA and Dentist

[19] https://www.independentimaging.com/digital-x-rays-vs-traditional-x-rays/
[20] https://www.independentimaging.com/digital-x-rays-vs-traditional-x-rays/
[21] https://www.radiologyinfo.org/en/info.cfm?pg=panoramic-xray

- Provide Dental Level 1 and 2 nurse training and feedback for RNs at Intake, Sick Call, 14-Day Exam and for Physicians, Nurse Practitioners and Physician Assistants.
- Recommend nurse training, feedback and monitoring be provided by the DON, HSA, Dr. [redacted] and overseen by Dr. [redacted]. Nurse training, in regard to DL1 and DL2 for Intake, Dental Sick Call and 14-Day exam as well as for referrals to dental, remains incomplete due to missing staff education and follow through.
- Please use a complete roster of all clinical staff to show who still needs to receive training.
- Recommend a one-on-one training when needed, such as with the 14-Day Exam RNs. **Per the Implementation Plan all patients are to receive a screening and answer the questions stated in the plan as well as fill out an odontogram.**
- This monitor was assured that this lack of nurse training was rectified however a look at the dashboard indicates otherwise. Most of the patients referred to Dental are receiving a DL2 from a Sick Call request, when often they complain of pain, toothache, swelling, infection, bleeding soon after intake.
- The EDRS Dentrix Enterprise has an odontogram which can be updated specifically for each patient and used if a patient is rebooked and re-examined. This would make sure that continuity of care is in place and that the patient continues dental care when first referred to dental and if re-incarcerated.
- **Action Item:** Create the 14-Day Exam form so the nurses have a place to record the information requested by the IP.

5.8: Staffing - Administrative and Clinical

- The "lack of resources" is used on many occasions as the reason for rescheduling patients. This was used even prior to the lack of a dental assistant when the permanent dental assistant was out on leave. "Lack of resources" appears to translate to lack of staff.
- Dental Level 1 patients are not scheduled within timeframe due to lack of available dental staff.
- 14-Day Exam is not referring patients to Dental as per the Implementation Plan. This appears due to lack of training more than lack of staff.
- [redacted] main duty is to take care of assisting the Dentist with patient care. She also orders dental supplies, performs OSHA and infection control requirements, maintains logs, monitors sterilization, cleans, performs monthly maintenance on such things as the sterilizer, and enters all the data in the excel spreadsheet.
- **Action Item:** Staffing analysis with whoever performs this analysis has an understanding of the services which are not being offered such as the Periodontal Disease Program, the 14-day exam, the chronic care referrals for comprehensive care. Increasing the number of dental days to full time and adding another Dental Assistant/Registered Dental Assistant so that the full complement of dental services is offered to the inmate/patients at MCJ, i.e., periodontal program, per the Implementation Plan.
- **Action Item:** Hire a Hygienist position as recommended in the Implementation Plan. Due to working in a jail, the Hygienist is not to work without a Dental Assistant, therefore hire a Dental Assistant/Registered Dental Assistant to work with the Hygienist.
- **Action Item:** Updated:

- Add dental services to Wellpath's existing "rapid response team" for staffing shortages. *(New Cap Item 159).*
- ~~Establish a contract registry service for when Dentist, Hygienist and Dental Assistants are away, (i.e., on vacation, continuing education, long term sick), such that the Dental Clinic continues to operate without interruption.~~

5.9: Illness and Injury Prevention Plan (IIPP)
Deferred findings.

5.10: Policies and Procedures Including Dental, Corporate and Local

- MCJ dental's policy is 4 pages long and there are missing and inaccurate items. It does not address the periodontal care program and the other mandates outlined in the Implementation Plan.
  - **Action Item:** Updated:
    - Wellpath will tailor its newly created (2021) policies and procedures regarding dental care to the Monterey County Jail. These new policies will be evaluated to ensure they are in compliance with the Implementation Plan. *(New Cap Item 163).*
    - Here is a reference from the California Department corrections https://cchcs.ca.gov/hcdom/
    - ~~Have a standardized statewide/corporate policy and procedure (P & P) and a local operating procedure (LOP) for MCJ to follow.~~

5.11: Licenses, Credentials, CURES and Job Performance

- Job Performance Reviews have not been performed since the start of dental auditing. The Dentist has two chains of command in which to be reviewed, the administrative and clinical
  - **Action Item:** Perform a clinical and administrative job performance review yearly for both the Dentist and Dental Assistant.

5.12: OSHA Review and Infection Control Training
OSHA Review is a good source of information and provides necessary trainings with updated information.

- **Action Item:** Discuss the purchase of OSHA Review with CDO
  - https://oshareview.com/

5.13: Hepatitis B Vaccination Record
Deferred findings.

5.14: Pharmacy and Medication Management
CorEMR has a system in place to monitor when patients do and do not take their medication as well as when the medications are given.

- **Action Item:** Stock medications should be fully accounted for including to whom they are prescribed in both the on-site log and in CorEMR.

5.15: Peer Review

There has not been a peer review performed on Dr. [redacted] nor any policies and procedures for performing the peer review of the dentist at MCJ. Although the peer review system is beginning to be developed at the headquarter level, there is no fully established peer review system, peer review committee, peer review audit tool, nor any policies and procedures for performing the peer review of the dentist at MCJ.

- **Action Item:** Perform a peer review, of at least 10 charts (will include charts relating to Examination and Diagnosis, Periodontal, Restorative, Oral Surgery, and Endodontic treatment), at least once every 6 months on the dentist at MCJ, using dentist peers from other Wellpath facilities or hire a contracted Peer Review examiner.
- **Action Item:** Make sure each section of the dental record is reviewed to include Health History, Consent, Clinical Examination, Radiographs, Diagnosis, Treatment Plan, Continuity of Care, Progress Notes, Quality of Care, Outcome of Treatment.
- **Action Item:** Although not in the CAP, it is recommended for the Dentist that the peer review system is considered confidential. This enables the Dentist to receive peer to peer discussion and feedback in a collegial atmosphere.
  - "Section 1157 of the California Evidence Code provides, in pertinent part, that "[n]either the proceedings nor the records of . . . a peer review body, as defined in Section 805 of the Business and Professions Code, . . . having the responsibility of evaluation and improvement of the quality of care, shall be subject to discovery." Moreover, except as otherwise provided in this section, "no person in attendance at a meeting of any of those committees shall be required to testify as to what transpired at that meeting." This section of the Evidence Code protects peer review records from discovery in a civil action but does not preclude committee members from testifying voluntarily about proceedings of the committee. Therefore, CDA has taken steps to close this loophole by requiring peer review committee members and staff to hold such information in confidence. Thus, it is CDA policy that neither records nor testimony may be provided in a civil action, unless ordered by a court after a hearing has been held concerning the protection afforded by this section."

5.16: Monthly Dental Subcommittee

There are currently no monthly dental meetings occurring in the Dental Department at MCJ.

- **Action Item:** Immediate formation of the Monthly Dental Subcommittee meeting with the noted agenda items and minutes.

5.17: Quality Assurance Meeting w/ PowerPoint Presentation

- Dr. [redacted] was not present in the last 3 QA meetings. What statistics were presented? Who gathered those statistics? There were no PowerPoint presentations submitted to this monitor with dental data.
- Although improved from the last audit, the minutes lacked content and meaningful dental data. More information was available on the PowerPoint presentations which should be included in the minutes.
- The dental component of the QA meeting minutes has little in terms of structure and content.

- There is no dental Quality Improvement Team (QIT), with ongoing studies conducted to improve the quality and quantity of dental care at MCJ. Recommend develop key performance indicators.
- This monitor reserves the right to present information at the QA meetings as well as at the Monthly Dental Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content
- Even if dental representation is not present, the QA minutes should have a standard reporting structure which includes Dental. Dental must participate and if unable to be present then must provide a statement as well as provide data and the minutes from the monthly Dental Subcommittee.

Section III.6 Case Reviews Audit Tool

This section evaluates individual overall dental case reviews at MCJ.

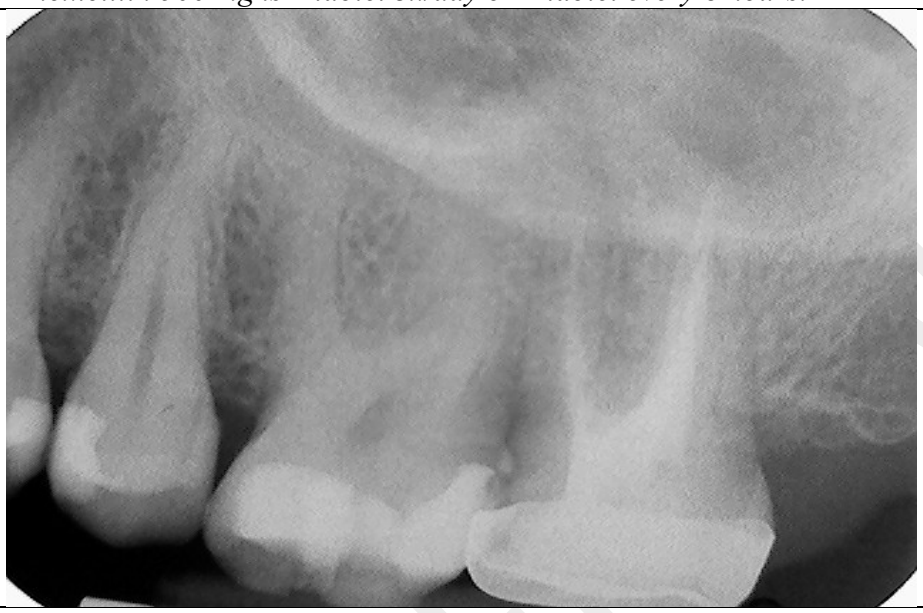
Summary Table of Compliance - Case Reviews – (Protective Order):

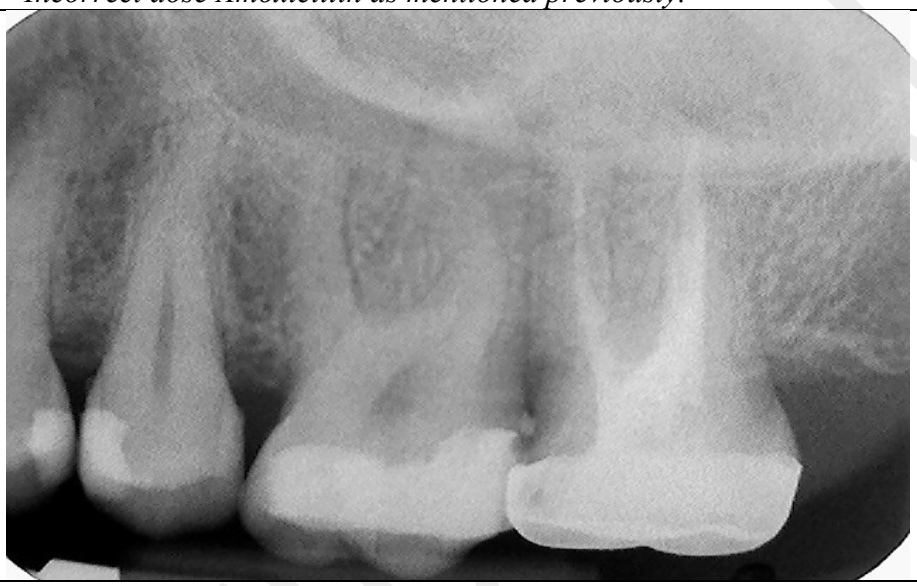
Section VI Outcome Measure	**Audit Tool Questions**	**Score**	**Compliance**
6.1	Case Review 1 - Class	19.1%	NC
6.2	Case Review 2 - Class	10.0%	NC
6.3	Case Review 3 - Class	31.3%	NC
6.4	Case Review 4 - Class	20.8%	NC
6.5	Case Review 5 - Class	21.1%	NC
6.6	Case Review 6 - Class	29.2%	NC
6.7	Case Review 7 – Class	29.2%	NC
6.8	Case Review 8 – Grievance	N/A	N/A
6.9	Case Review 9 – Grievance	N/A	N/A
TOTAL	**7 Class Case Reviews**	**23.0%**	**NC**

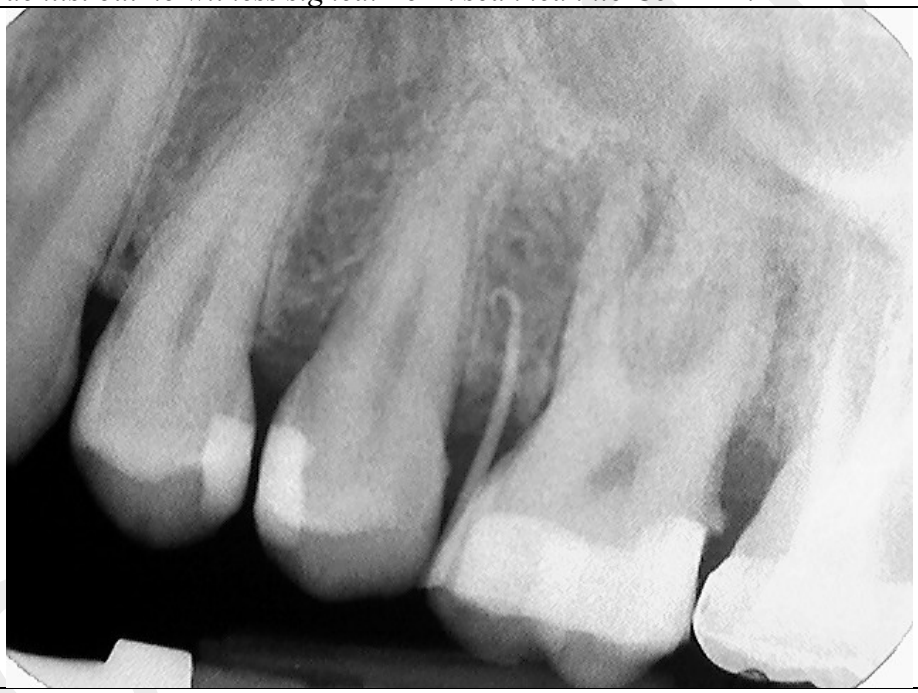
Section III.6 Case Reviews Audit Tool Data

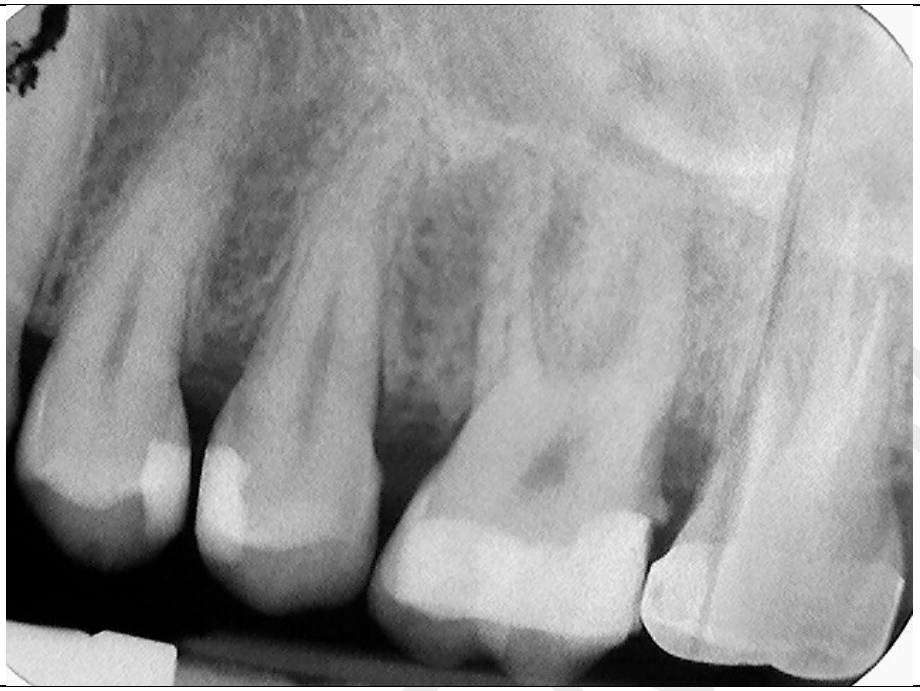
6.1: Case Review #1 – NC

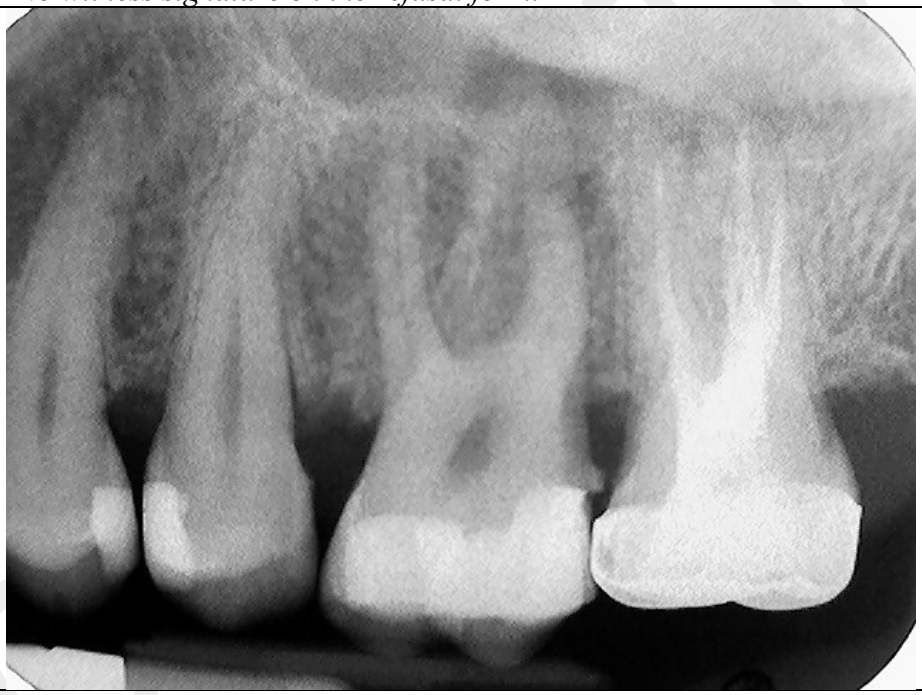
DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
07/02/2019	Booked	N/A
07/02/2019	Intake. Patient denies dental problems. Form filled out.	SC
07/02/2019	Initial Health History (IMQ) Denies dental problems. *Oral Hygiene not given as box not checked. No questions answered and no odontogram filled out per IP.*	NC
02/15/2020	Initial Health History (IMQ). 2nd IMQ. Denies dental issues. *Oral Hygiene not given as box not checked. No questions answered and no odontogram filled out per IP.*	NC
02/24/2020	Nurse Sick Call "Pt c/o dental pain". **Rescheduled** by RN to 02/25/2020	NC
02/25/2020	Nurse Sick Call "Pt c/o dental pain". **Rescheduled** by RN to 02/26/2020	NC
02/26/2020	Nurse Sick Call "Pt c/o dental pain". **Rescheduled** by RN to 02/27/2020	NC
02/27/2020	Nurse Sick Call "Pt c/o dental pain". **Seen** by RN.	NC
03/03/2020	Dental Sick Call "Dental pain, 2L2: left upper molar area; ibuprofen in progress. Seen by Dentist. "Tooth has been bothering me for past few days" Pt points 3. 1pa 3; large resin fill is loose; **sensitive to hot and percussion for 3 days**; Given 1B for 14 fill. *- Note charting discrepancy between patient pointing to #3 and diagnosis #14.* *- No mention of distal protrusion/overhang possible resin or calculus #14.* *- No bitewing taken, and x-ray contacts are overlapped. Non diagnostic radiograph for restorative treatment.* *- PA indicates a widened PDL on distal aspect of the mesial root #14. Also, small possible periapical lesion on palatal root #14.* *- Objective findings do not indicate where the resin filling is loose. Was this due to trauma from occlusion? Decay?* *- Improbable diagnosis listed as 14 reversible pulpitis. Objective findings of sensitive to hot and percussion for 3 days which rather indicate irreversible pulpitis.*	NC

	- Patient given Amoxicillin for reversible pulpitis. Amoxicillin is an indication for irreversible pulpitis. Usual and customary dosage for Amoxicillin 500 mg is 1 tablet 3x/day or 1 tablet every 8 hours.	
03/03/2020		
03/12/2020	Dental Sick Call "14 fill". Seen by Dentist. ""Tooth still slightly sensitive" Pt points to 14". Filling #14 performed. States faulty leaking resin but says no recurrent decay. *-No bitewing x-ray taken, PA overlapped on distal contact, not diagnostic for restorative treatment.* *-Type of resin used not indicated in the progress notes.* *-States faulty leaking resin for 03/12/2020 and states loose filling in 03/03/2020 appt notes but does not indicate the affected dental surface.* *-This filling PROCEDURE IS NOT indicated for irreversible pulpitis. Either extraction or RCT/Crown is indicated.*	NC
03/23/2020	Nurse Sick Call "Pt stating tooth hurts again. Has seen dentist 03/12/2020". *-Not scheduled with dental sick call for follow up.*	NC
03/31/2020	Entry error-in dental notes. ~~"Level 2 – Pt c/o tooth pain. Req antibiotic. Already on pain meds. "Please disregard this Dental Sick Call Entry. It belongs to another patient".~~	N/A
03/31/2020	Seen in Dental for "Sore tooth UL. After the fil was done last month, the tooth does not hurt, it is just sore sometimes. Pt points to 15". A periapical x-ray was taken and only perio condition evaluated. Perio diagnosis given, and Amoxicillin prescribed. DPC 1c given for SRP UL. *- No pulpal objective findings performed for hot, cold, percussion, palpation, occlusion for #14. No mention of remaining overhang.*	NC

	- Can see widened PDL #14 mesial root with possible periapical lucency palatal root. *-#15 has a root canal is it is not noted in the progress notes.* *-Patient requests antibiotic but no clinical reason or diagnosis given in the progress notes for this prescription. Type 2 periodontitis is not generally a diagnostic reason for the prescription of an antibiotic unless it is for an acute periodontal abscess.* *- Incorrect dose Amoxicillin as mentioned previously.*	
03/31/2020		
04/03/2020	Nurse Sick Call "I have pain in right upper molar". **Rescheduled** by RN to 04/04/2020. *-No reason given why this appointment was rescheduled.*	NC
04/04/2020	Nurse Sick Call "I have pain in right upper molar". **Seen** by RN for "C/o sensitivity to cold liquids and tooth pain to right back upper molar. Notes state patient "already scheduled" in dental. *-Scheduled appointment is not until 05/13/2020. No Dental Level given and even if given DL2, patient not scheduled until 05/13/2020 which is outside of DL2 timeframe.*	NC
05/13/2020	Dental Sick Call **Rescheduled.** "x-18 – Pt has stopped me twice this week and once last week to c/o dental pain. IBU order is running out in 2 days". **Rescheduled** by dental to 5/28/2020.	NC
05/28/2020	SC Task -srp UL (2,3). Dental Sick Call "srp UL (2,3). **Rescheduled** by dental to 06/11/2020 due to Covid -19 restrictions. *- The scaling and root planing was rescheduled due to Covid-19 restrictions, but patient was seen for pain.* *-WHY is srp for 2,3 when notes 03/31/2020 indicated 14, 15, 16?*	NC
05/28/2020	SC Task for x-18 – Pt has stopped me twice this week and once last week to c/o dental pain. IBU order is running out in 2 days.	SC

	-Schedule patient with dental same day.	
05/28/2020	Seen in Dental. Dental Sick Call "x-18 - Pt has stopped me twice this week and once last week to c/o dental pain. IBU order is running out in 2 days. "I do not know why I am here, but now that I am here, I have a white cyst on my gum near molars on top left" Pt points to fistula in gum between 13 and 14; No dental pain on 18 (3-31-20 DSC from another patient)". *-Diagnosis appears to substantiate objective findings although objective findings do not address percussion or palpation. Pt given diagnosis of necrotic pulp and identified widened PDL #14 and palatal apical lesion.* *-Medication same issue with dosage as 03/03/2020.* *-Pt signed refusal form for refusal extraction and/or rct/crown at local dentist but no witness signed. Form scanned into CorEMR.*	SC
05/28/2020		
06/11/2020	Dental Sick Call "srp UL (2,3). **Rescheduled** by dental to 07/01/2020 due to covid -19 restrictions.	N/A
07/01/2020	Dental Sick Call "srp UL (2,3). **Rescheduled** by dental to 07/02/2020 due to Covid -19 restrictions.	N/A
07/02/2020	Dental Sick Call "Annual Dental Exam". **Seen** in dental. FMX taken. States annual exam (AE) and Perio charting (PE) for next visit. *-Only FMX taken this date; exam and perio charting not completed until 08/05/2020.* *-No evaluation of the periapical lesion on the mesial and palatal roots #14 until exam one month later.*	NC

07/02/2020		
07/15/2020	Nurse Sick Call for "Tooth Pain". "I have a cyst on my gum and pain". Advised to gargle and states dental sick call already scheduled for 07/22/2020. *-DL not stated although identified as having a follow up appointment.*	PC
07/22/2020	Dental Sick Call "srp UL (2,3). **Rescheduled** by dental to 08/05/2020 due to covid -19 restrictions.	N/A
08/05/2020	AE (Annual Exam) and PC (Perio Charting). Pt on Augmentin for LT upper molar abscess. Refusal form signed for extraction #14 & #20 while incarcerated. *-Refusal form for extraction #14 & #20 signed and scanned into CorEMR.* *-Partial credit removed as FMX and Annual Exam and Perio Charting not scanned into CorEMR until 12/08/2020.* *-Recommend evaluate distal decay #13.* *-Identify in the progress notes the risks, benefits, alternatives, and consequences are discussed with the patient regarding the refusal.* *-DPC 2 given for srps (deep cleaning).*	PC
08/25/2020	Nurse Sick Call @ 0830 "I have two cyst in my mouth had one now its two I have pain and discomfort to my temple and eyeball". **Patient refused.**	SC
08/25/2020	Nurse Sick Call @ 1525 for "Cyst in mouth". Given Augmentin 875 mg BID x 10 days. Scheduled with dental for next day. "SC-Task -Patient stopped psych staff complaining of tooth abscesses causing headaches and his left eyeball to hurt. Patient doesn't want an	SC

	extraction but does want a root canal. Dentist informed Clinician to put Patient up to be seen. Rescheduled Appointment-Lack resources." *-Dental needs to specify the lack of resources which caused the patient not to be seen as scheduled.*	
08/26/2020	Seen in dental. Dental Sick Call "LV2 – Two pimple like bumps to left upper gumline. Patient states pain keeps him from sleeping and causes a headache". Patient was informed of the following: "Informed pt that he can approach custody to arrange outside transportation to local dentist for root canal 14. Explained very clearly that tx is the sole responsibilty of pt; I explained tooth now has a guarded prognosis. Pt is immovable about agreeing to x. He wants the rct. Follow up for rct tx will occur at srp Comp care tx next month". *-No witness signature on the refusal form.*	PC
08/26/2020		
09/01/2020	Dental Sick Call "Patient stopped psych staff complaining of tooth abscesses causing headaches and his left eyeball to hurt. Patient does not want an extraction but does want a root canal. Dentist informed Clinician to put Patient up to be seen. LVL2". **Rescheduled** by Dr. [redacted] due to "Pt has tx task scheduled for tomorrow". *-Patient states left eyeball hurts, this is concerning that patient was rescheduled and then never seen for this issue until 05/26/2021 by a medical provider.*	NC
09/02/2020	Dental Sick Call "srp UL (2,3). **Rescheduled** by Dr. [redacted] "COVID restriction (ultrasounds)".	NC

10/07/2020	Dental Sick Call "srp UL (2,3). **Rescheduled** by Dr. [redacted] stating 1. Task (Srps) already scheduled for 10/21/2020. Today is schedule error.	NC
10/21/2020	Dental Sick Call "srps". **Rescheduled** by Dr. [redacted] "**Busy schedule**" to 10/28/2021. Two duplicate tasks for same appointment deleted.	NC
10/22/2020	SC Task -Patient is still complaining about tooth pain/abscesses and thinks he's being avoided. Delete Appointment-DUPLICATE-PT HAS DENTAL SCHEDULED ALREADY *-PATIENT AGAIN NOT SEEN and this is highly concerning!*	NC
10/28/2020	Dental Sick Call "srps". **Rescheduled** by dental "No dental 10/28/2021".	NC
11/04/2020	Dental Sick Call "srps". **Rescheduled** by dental "**Heavy episodic schedule**".	NC
01/12/2021	Dental Sick Call "srps". **Rescheduled** by dental "Lack of resources, no DA".	NC
02/23/2021	Dental Sick Call "srps". **Rescheduled** by dental "Lack of resources, no DA".	NC
03/15/2021	Medical Sick Call, seen by RN, "Continued dental abscess". Patient reports sensitivity to hot, cold, pressure and interference with sleep and worse at night. "Left gum abscess" and reports lower left. Recommends "salt water gargles". *-Patient not scheduled for next dental day.*	NC
04/13/2021	Dental Sick Call "srps". **Rescheduled** by dental "Lack of resources, Limited DA coverage". *-Pt could have been sent out for evaluation and possible treatment.*	NC
05/20/2021	Nurse Sick Call for "dental pain". Rescheduled by RN to 05/21/21	NC
05/21/2021	Nurse Sick Call for "dental pain". Rescheduled by RN to 05/22/21	NC
05/22/2021	Nurse Sick Call for "dental pain". Rescheduled by RN to 05/23/21	NC
05/23/2021	Nurse Sick Call for "dental pain". Seen by RN. "Patient c/o dental pain (pimple like bump). Patient reports sensitivity to "hot, cold" on upper left. Given education and advised "do not chew on affected side." *-Not scheduled with dental.*	PC
05/26/2021	Medical Sick Call with Nurse Practitioner "Patient c/o ongoing cyst like bump in mouth. seen by RN in March and dental multiple times". States "Does not present as classic oral abscess or infection. Not causing pain. Will hold off on systemic abx tx for now and **refer** to dental." Scheduled for 06/01/2021. *-DL not indicated but is scheduled for next dental day.*	PC
05/31/2021	Dental Sick Call "Level2: oral cyst, has been seen multiple times over course of incarceration. Does not appear infected. Has cleaning coming up". **Reschedule** as dentist out, covering dentist here Saturday". *-Pt not referred to outside resource.*	NC

06/01/2021	Dental Sick Call "Level2: oral cyst, has been seen multiple times over course of incarceration. Does not appear infected. Has cleaning coming up". **Reschedule** as dentist out, covering dentist here Monday". *-Pt not referred to outside resource.*	NC
06/05/2021	Seen in Dental. "Pt is here for the same complain he had before. UL side has swelling. Want Ab. Declined ext". Diagnosed with necrotic tooth. *-Refusal form for #14 extraction not signed.* *-Not offered self pay endo rct/crown with outside clinician.* *-X-ray not scanned into chart.* *-States next visit is per patient request however patient has an existing treatment plan and patient was not scheduled for continuity of care.*	NC
	TOTAL 8/42 = 19.1%	**NC**

6.2: Case Review #2 – NC

DATE	**CHART NOTE** [redacted] **(Class)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
12/30/2020	Booked	N/A
12/31/2020	Intake - Patient refused screening.	N/A
01/16/2021	14-Day Exam (IMQ) *No dental problems identified although patient informed on 03/10/2021 that remaining teeth recommended for extraction and placement of dentures/implants. No dental referral made at time of 14-Day Exam, no questions answered per the IP. Oral Hygiene not given as box not checked.*	NC
02/05/2021	Dental Sick Call created however unable to locate sick call slip in documents. *Sick call slip not scanned.*	NC
02/09/2021	Dental Sick Call. LV2 Dental - toothache, right lower front. **Rescheduled** due to "21-day Quarantine".	NC
02/16/2021	Seen in dental. "LV1 Dental -LOOSE tooth, right lower front., PAIN 8/10, SWOLLEN RED GUMS, "I have a lower tooth that is loose that I think has an infection" pt. points to 26". States 1 PA needed with next visit for extraction #26. Antibiotics given although no pain medication given.	PC
03/10/2021	Seen in dental. States 1 PA #26 taken. Diagnosed as unrestorable. Extraction #26 performed. Prescriptions for analgesics given. • *Radiograph not scanned into CorEMR.*	NC

	• *General and oral surgery consents scanned but not well identified in document section of CorEMR. Had to look through several documents before finding consent for oral surgery.* • *Blood pressure not taken.* • *Seen within timeframe.*	
03/30/2021	Released	N/A
	TOTAL 0.5/5 = 10%	**NC**

6.3: Case Review #3 – NC

DATE	**CHART NOTE** [redacted] **(Class)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
02/18/2020	Booked	N/A
02/18/2020	Intake. No dental concerns identified. *Form filled in completely.*	SC
02/19/2020	14-Day Exam (IMQ). Denies dental. *No questions answered regarding dental condition nor odontogram filled out per IP.*	NC
01/10/2021	Nurse Sick Call. "Dental pain". DL1 identified, scheduled next dental day. *Sick call slip scanned. Patient seen within timeframe.*	SC
01/12/2021	Dental sick call broken left lower molar - significant pain level 1 "my tooth really hurts" pt. points to 18. States 1 PA needed with clinically large distal decay penetrating pulp chamber. Diagnosis "necrotic pulp". Pain medication and antibiotics given. 1B DPC. *Antibiotic prescription given is more than usually prescribed.*	PC
01/14/2021	Nurse Sick Call. "Dental pain. says he needs more pain meds. can't sleep". *Dental level not identified.*	NC
01/23/2021	Seen by NP. "CONTINUES TO HAVE SWOLLEN FACE AND PAIN FROM TOOTH. COMPLETED ANTIBIOTIC".	N/A
01/26/2021	x-18 "Tooth is not bothering me as much as last visit" Pt points to 18. No PA taken, patient given analgesic and antibiotics again and given a 1B DPC. *Patient could have been referred to oral surgeon for evaluation, x-ray and extraction but this was not considered or offered.*	NC
01/28/2021	Seen by NP. "Pt still c/o swelling, however when I saw him it was more of a hard prominence of the mandible than soft tissue/facial	N/A

	swelling. DDS deferred his appt to next week, so he did not see the pt.'s situation as urgent."	
02/02/2021	x-18 *see NP SC note "I would like to wait to have tooth extracted till tomorrow" Pt points to 18.	N/A
02/03/2021	x-18 "I am ready for extraction today" Pt points to 18. *Although extraction performed within timeframe,* ***No x-ray taken, no general consent and most importantly no consent for oral surgery/extraction #18. Breach of the standard of care.***	NC
02/16/2021	Annual Dental Exam – **rescheduled** "Non inmate request for Annual Dental Exam". • At time of intake, computer creates dental appointment for one year from date of incarceration for patient to have comprehensive dental appointment. The inmate patient was not given the option of requesting to have the comp exam. Was rescheduled to 06/15/2021.	NC
05/26/2021	Released	N/A
	TOTAL 2.5/8 = 31.3%	**NC**

6.4: Case Review #4 – NC

DATE	**CHART NOTE** [redacted] **(Class)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
11/28/2020	Booked	N/A
11/28/2020	Intake *Dental questionnaire not completely filled out.*	NC
12/07/2020	14-Day Exam (IMQ) *Same issues with compliance with IP*	NC
12/22/2020	Dental Sick Call. Level 1 sick call, abscess upper left. **Rescheduled** by dental due to "21d Quarantine". *Quarantine was 14 days, not 21.*	NC
12/29/2020	Seen in dental. "Level 1 sick call, abscess upper left. *increasing pain and pressure PT FINISHED AMOXICILLIAN "When I was on the outside, I was going to have this tooth removed" Pt points to 14". Given Amoxicillin. 1B DPC for extraction #14. States 14 necrotic tooth. *X-ray not scanned. Amend consent form to include examination.*	NC
01/13/2021	Nurse Sick Call. Seen by RN	SC
01/16/2021	Nurse Sick Call. Seen by RN	SC

01/19/2021	Dental Sick Call. x-14 – "Pt submitted grievance that he is feeling increasing pain again. Please eval for possible return of infection." **Rescheduled** appointment, no reason given.	NC
01/26/2021	Seen in dental. "Toothache on top, painful to touch" Pt points to 14. *Not seen within timeframe for extraction.*	NC
03/23/2021	x-14. Pt c/o dental pain again. **Rescheduled** due to lack of resources, limited DA coverage.	NC
03/24/2021	x-14. Pt c/o dental pain again. **Rescheduled** due to lack of resources, limited DA coverage.	NC
03/30/2021	x-14. Pt c/o dental pain again. **Rescheduled** due to lack of resources, limited coverage w part time DA.	NC
04/07/2021	Seen in dental for extraction #14. *Change in diagnosis from necrotic pulp to irreversible pulpitis. This is not possible to go from a dead tooth nerve to one that is alive. Recommend watching for consistency in charting.* *Consent form signed but incomplete with name of dentist missing from the form.*	PC
05/05/2021	Released	N/A
	TOTAL 2.5/12 = 20.8%	**NC**

6.5: Case Review #5 – NC

DATE	**CHART NOTE** [redacted] **(Class)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
08/25/2020	Booked/Intake. *Incomplete filling out of dental section of form.*	NC
08/26/2020	Dental Sick Call for left upper broken molar level 2. Patient rescheduled due to 14 day Covid intake restrictions.	SC
09/09/2020	Dental Sick Call for "Left upper broken molar level 2". Rescheduled due to Covid restrictions.	SC
10/13/2020	Seen in Dental. LEFT UPPER BROKEN MOLAR LEVEL 2 "Last tooth on top left gets food stuck it and then hurts" Pt points to 15. Recommends #15 filling and given DPC 1C. *Surfaces not listed. No BWX and x-ray is overlapped. Undiagnostic for interproximal view.*	PC
12/01/2020	Dental Sick Call, patient rescheduled due to "lack of resources".	NC
12/01/2020	14-Day Exam (IMQ) *Same issues and not in timeframe*	NC

12/15/2020	Dental Sick Call for "15 fill *** pt. has increased dental pain on left molar**". Patient rescheduled due to "21 d Quarantine". *Discussed with HSA and no 21 day quarantine identified.*	NC
12/22/2020	Nurse Sick Call to "Check pt.'s teeth. C/o dental pain for a "few" weeks. Please check for evidence of infection." Patient told has upcoming dental appointment. No Dental Level given.	PC
01/05/2021	Dental Sick Call for same as above and patient rescheduled due to "Lack of resources. No DA". *No referral to outside dentist.*	NC
02/03/2021	Seen in Dental. Pt experiencing increasing pain to molar. Has submitted grievance. Please see pt. and assess dental status. PATIENT SEEN BY RN 2/2/21, PATIENT STATES THE PAIN IS GETTING WORSE TO LEFT UPPER THIRD MOLAR, IT'S BROKEN IN HALF AND SLIGHTLY BLACK. CAN HE BE SEEN SOONER THAN SCHEDULED 2/24? "The tooth does not actually bother me, as I take Mobic daily. Tooth irritates my cheek" Pt points to 15. *-No treatment given this visit. Filling not completed within timeframe. -No referral for patient's mandated dental care.* *-HIPAA issue - Recommend that Dental Assistant's leave reason not be included in patient's dental chart.*	NC
02/24/2021	Seen in Dental for same problem. New 1B DPC given. *-No treatment given, no referral given, analgesics prescribed.*	NC
03/24/2021	Dental Sick Call rescheduled for lack of resources, limited DA coverage.	NC
03/30/2021	Seen in Dental for filling #15. *-Not seen within DPC 1B timeframe. No DMFS given or signed acknowledgment. Consent form on surgical form and Dentist name not listed.*	NC
05/13/2021	Released	N/A
	TOTAL 3/13 = 21.1%	**NC**

6.6: Case Review #6 – NC

DATE	**CHART NOTE** [redacted] **(Class)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
12/09/2020	Booked. Intake.	SC

	Referred to Dental for bilateral bottom molars causing pain. Given DL2	
12/15/2020	Dental Sick Call rescheduled due to 21 Day Quarantine. *Discussed with HSA and no 21 day quarantine identified however 14 day quarantine occurred.*	PC
12/18/2020	14-Day Exam (IMQ) *Same issues regarding IP questions not answered and odontogram not filled out.*	NC
12/23/2020	Nurse Sick Call for toothache. Referred to dentist. *DL not stated.*	PC
01/05/2021	Seen in dental for "L2: Intake referral; PT c/o pain to both lower molars "I have pain on both my front back teeth" Pt points to 21 and 28". Both teeth #21 & #28 given a necrotic pulp diagnosis. DPC 1B given. *Clinical notes state painful apical lesion although no x-rays taken. No radiographs taken. No general consent signed.*	NC
02/02/2021	Dental Sick Call for extraction #21 & 28 rescheduled due to lack of resources. *No dental referral to outside clinician made to address treatment.*	NC
02/07/2021	Seen by RN for "Please see pt. again. There is no dental assistant to aid the dentist in her extraction. Assess for return of infection and pain meds."	SC
02/22/2021	Seen by RN for continued dental pain. Referred to dental DL2. Note that objective findings stated in form. Patient had continued swelling, pain, could not sleep at night. This should have been called a DL1. Patient was however schedule for next dental day.	PC
02/23/2021	Seen in dental. "I still have pain on lower left and right teeth. Some swelling on the left side" Pt points to 21 and 28. Patient was given antibiotics and analgesics during sick call appointment. Given new DPC 1B. *Not treated within timeframe. No dental referral to outside clinician made to address pain, continued swelling or treatment.*	NC
03/23/2021	Dental Sick Call for extraction #21, 28 was rescheduled due to "Lack of resources; Limited coverage with part time DA; Episodic triage and tx priority". *Not seen as scheduled.*	NC
03/24/2021	Seen in dental for extraction #21, 28 although patient pointed to #20. PA taken for 20, 28. Extraction #20 performed. *PAs not scanned into CorEMR. Charting inconsistencies. Consent form signed by patient and dental assistant but not by dentist. Also name of dentist missing in form. Not seen within timeframe. DPC was changed from 1B to 1C but original date of diagnosis and DPC determine timeframe.*	NC

04/06/2021	Seen in dental for extraction #28. *X-ray not scanned into CorEMR. DPC was changed from 1B to 1C but original date of diagnosis and DPC determine timeframe, therefore extraction does not meet timeframe. Incorrect consent, states for extraction #12 & 14 but not for #28, also name of dentist missing on form.*	NC
	TOTAL 3.5/12 = 29.2%	**NC**

6.7: Case Review #7 – NC

DATE	**CHART NOTE** [redacted] **(Class)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
12/01/2020	Booked. Intake. Patient pregnant. Dental portion of form filled out.	SC
12/02/2020	Seen for Chronic Care. *-Not referred to dental.*	NC
12/16/2020	Nurse Sick Call for tooth pain. RN states "**Refused Appointment** - Pt. seen on RNSC 12/16, medication and dental sick call already scheduled". *-No Refusal form signed.*	PC
12/18/2020	14-Day Exam (IMQ) *-Oral Hygiene instruction not given. Odontogram not filled in, questions from IP not answered.*	NC
12/21/2020	Nurse Sick Call for "PATIENT C/O TOOTH INFECTION". *No dental level given although scheduled for next dental day.*	NC
12/22/2020	Seen in Dental. "Level 2 - right/left upper quadrant dental pain". PA #1 but not scanned into CorEMR. Irreversible pulpitis #1, given DPC 1B for extraction #1 at next visit. Education given to identify deep decay #2 and #3, possible root canal. *-General consent signed but does not include examination consent.* *-No x-ray scanned into CorEMR.*	NC
12/29/2020	Seen in Dental for extraction #1. *-Surgical consent signed. Seen within timeframe.*	SC
01/24/2021	Nurse Sick Call for dental pain. *-No dental level given in task.*	NC
01/26/2021	Seen in Dental for "dental sick call back left wisdom teeth painful, mainly at night level II "wisdom tooth on lower left is painful" pt. points to 17". States PA needed with diagnosis #17 unrestorable due to no coronal tooth remaining. Patient given antibiotics. Given DPC 1B.	NC

	-No referral to oral surgeon where OS could take x-ray and perform extraction if indicated.	
02/23/2021	Seen in Dental. "x-17 "No real additional problems with tooth. About the same. My due date is March 1" Pt points to 17". DPC 1B remains and patient is appointed for 05/11/2021, which is three and a half months from patient's original infection. *-Not seen within timeframe for 1B extraction given on 01/26/2021.* *-Patient mentions due date but progress notes do not indicate reason for delay of treatment.* *-New DPC 1B given for extraction #17.* *-#17 not extracted this day, nor x-ray taken. No referral to oral surgeon for unrestorable tooth to be extracted.*	NC
03/09/2021	Dental Sick Call per Dr. [redacted] Rescheduled due to "Lack of resources, no DA". He rescheduled patient to 03/10/2021. *-No referral to oral surgeon which is a resource.*	NC
03/10/2021	Dental Sick Call per Dr. [redacted] Rescheduled as "patient is in hospital for delivery of baby today".	SC
04/05/2021	Released	N/A
	TOTAL 3.5/12 = 29.2%	**NC**

6.8: Case Review #8 – Grievance – N/A

DATE	**CHART NOTE** [redacted] **(Grievance)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
02/11/2021	Booked	
02/20/2021	Dental Sick Call appointment created by RN for "Broken tooth to top left molar and broken tooth to bottom right molar. C/O Pain. Level II". *Consider nurse training for dental level I assignment.*	
02/23/2021	Seen in dental for pain and broken teeth #16 & #32. *No x-rays taken. Pt scheduled for extractions 2 months from this date.*	N/A
03/03/2021	Grievance #118974623 "My wisdom teeth are hurt and I haven't heard back from the dentist and my pain medication expired for some reason I want to know if I still have an appointment for the dentist so I can get my teeth fixed	

	.its starting hurt so bad that I'm getting headache's for on it". Dr. [redacted] has patient scheduled for 04/21/2021.	
03/04/2021	Grievance #119022023 "Its been 2 weeks since the dentist checked out my teeth and there has been no follow up regarding getting the wisdom feet removed, its starting to hurt and casuing headache that have been lasting all day".	
03/10/2021	Rescheduled by dental for "lack of resources, part time DA".	
03/11/2021	Grievance #119764893 "….also to be let known if I'll be seeing the dentist anytime soon".	
03/13/2021	Grievance #119984033 "My top left wisdom tooth or what's left of it is starting to hurt really bad along with my bottom right".	
03/13/2021 @ 21:21	Grievance #120011983 My teeth are hurting causing my migraines and I would like to know when I will be seeing the dentist". "My top left wisdom tooth is starting to hurt I pulled out a little piece of my tooth earlier I still have a little jagged piece in and my bottom right wisdom is hurting more then the last couple weeks i couldn't even eat dinner tonight and its only going to get worse".	
03/16/2021	Seen in Dental, x-rays taken, no diagnosis given and received Extraction #16 & #32.	
03/27/2021	Released.	

6.8: Case Review #9 – Grievance – Informational - N/A

DATE	**CHART NOTE** [redacted] **(Grievance)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
08/31/2020	Booked	
02/12/2021	Nurse sick call for "I have an excruciating toothache not only is my tooth throbbing but so is my head I have even been having trouble sleeping. I'd like to be seen by the dentist as soon as possible".	N/A

02/13/2021	Dental Sick Call for above.	
02/16/2021	Seen in dental for "left lower cavity request extraction…points to 18". *No x-ray taken, ibuprofen prescribed, scheduled extraction for 2 months from this date. Patient scheduled for extraction 2 months*	
03/02/2021	Grievance #118839343 "I cannot stand the pain anymore the dentist told me he was waiting for his dental assistant and gave me medication which recently ran out I'm in terrible pain and want to be seen again please".	
03/03/2021	Nurse Sick Call **rescheduled** for "dental pain medication just stopped and requesting more".	
03/04/2021	Nurse Sick Call seen for "dental pain medication just stopped and requesting more".	
03/15/2021	Nurse Sick Call seen for "continued dental pain, requesting refill of meds".	
03/16/2021	Seen in Dental for extraction #18. Notes state that 1pa (x-ray) 17 and subsequent extraction #17. No mention of #18. X-ray not scanned in documents. Scan x-ray so can visualize that #18 not an issue.	

The email below explains the situations in regards to the two cases reviewed above: Protective Order

From: Viviane Winthrop
Date: Thursday, March 11, 2021 at 9:57 AM
To: Jackson Caroline, Peter Bertling, [redacted]
Cc: Van Swearingen, "Susan K. x5161 Blitch", "Barnett, MD, JD Bruce", Hughes Kerry, Brady Mike, [redacted], McKnight George
Subject: MCJ Dental

Hi Pete and Caroline:

Dr. Barnett forwarded me some information which truly concerns me. In reviewing grievances for the two individuals listed below and after researching their dental history in the electronic medical record, I found that Dr. [redacted] has not taken radiographs on these patients. Even without a Dental Assistant (DA), he is trained as a dentist to take radiographs. Additionally, Dr. [redacted] stated in the task menu for Mr. [redacted] for 03/10/21 that due to "lack of resources, part time DA", Mr. [redacted] was rescheduled and not seen yesterday in the dental clinic for his dental pain.

It is MCJ/Wellpath's responsibility to provide dental care services for their inmate/patients per the Implementation Plan. Without auxiliary staff, Dr. [redacted] cannot be successful in keeping up the dental services by himself, nor has he been given a plan in which to succeed without a DA. I have not received confirmation of the start date for the new Dental Assistant, nor his/her credentials, nor a plan for how MCJ/Wellpath is addressing the lack of a Dental Assistant, and nor have I received a finalized Dental CAP.

RN [redacted]
I am requesting the weekly grievance report. Please also provide the weekly list of dental sick calls. It is important that inmate/patient's dental sick call requests are addressed and treated timely. See within the report #5 the parameters for labeling a Dental Level I vs a Dental Level II referral to Dental. Dental pain must be addressed by nursing staff so that patients are not sitting in their units in pain prior to being seen by the Dentist. Additionally, it is important that Dr. [redacted] or his DA, take the necessary radiographs and provide a diagnosis, a treatment plan and a dental priority code (DPC) for when the dental treatment is to be completed, as well as scan the x-rays timely into the EMR.

MCJ/Wellpath should have hired a dental registry service and had a contracted Dental Assistant in place since the end of December 2020 while waiting for the new hire to start. Should a registry Dental Assistant not have been found, then there should have been daily referrals to outside dental providers (i.e. Western Dental and/or the Oral Surgeon) as needed following the screening Dr. [redacted] has been providing for each dental sick call service, since he hasn't had a DA. (I'm calling it a screening as it is not a triage appointment as there is no definitive diagnosis without a radiograph).

Dr. [redacted] states that he cannot see the patients due to a "lack of resources". This is an incorrect statement and this situation of patients not receiving radiographs or a subsequent diagnosis and completed, timely treatment for a dental sick call request, should not be happening.

The Dental Department has the resources of an oral surgeon for Dr. [redacted] patients requiring extractions and the resources of outside dentists for them to take the necessary radiographs, provide a diagnosis and complete the chief complaint requested during the dental sick call issue. **Prolonging dental problems and the treatment of severe decay into the pulp or roots, indeed can lead to an abscess that can become a medical emergency with serious if not fatal consequences.**

Until a permanent Dental Assistant is hired and trained, and if Dr. [redacted] is not capable of taking radiographs himself, then he should be referring his dental patients daily to the above mentioned resources for dental care per the Implementation Plan.

[redacted] - following the screening Dr. [redacted] provided on 02/23/2021, inmate/patient [redacted] should have been referred, at that visit, to the oral surgeon for radiographs, diagnosis, evaluation and treatment for possible extraction #16 & #32. **I recommend this patient be sent to the oral surgeon for the above recommended evaluation with radiograph(s), diagnosis and treatment as necessary to address patient's chief complaint and alleviate his pain.**

[redacted] #[redacted] - following the screening Dr. [redacted] provided on 02/16/2021, inmate/patient [redacted] should have been referred to the oral surgeon for radiographs, diagnosis, evaluation and treatment for possible extraction #18. **I recommend this patient be sent to the oral surgeon for the above**

recommended evaluation with radiograph(s), diagnosis and treatment as necessary to address patient's chief complaint and alleviate his pain.

These delays and continued dental issues as outlined in the Dental Report #5 can potentially and irrevocably cause harm to the inmate/patients of the Monterey County Jail. Please finalize the Dental CAP by 03/15/2021 showing track changes, otherwise it will stand as listed in the attachment below.

Thank you,
Viviane G. Winthrop, DDS

Summary of Recommendations - Case Reviews

- **Case Review 6.1**

It appears that patient's tooth #14 was already compromised on 03/03/2020. Per the objective findings and the radiograph, the diagnosis should have read irreversible pulpitis rather than reversible pulpitis. Although doing a filling on a tooth requiring an extraction or root canal/crown is not indicated, the nerve appeared to already be dying on 03/03/2020. Therefore, the tooth would have abscessed at some point.

The best course of action, as posterior root canals are not a covered benefit, would have been to offer the patient the option of an extraction with Dr. [redacted] or a root canal/crown with an outside provider at patient's expense on 03/03/2020. Identifying the correct diagnosis using objective findings from early on would have saved multiple appointments, multiple rounds of antibiotics, multiple prescriptions for pain medication and would have saved months of miscommunication and lack of understanding and confidence on the patient's part regarding the initial diagnosis. The lack of confidence in the dental care received may affect the patient's decision to receive care for tooth #14 now.

It is reasonable for Dr. [redacted] to recommend a tooth extraction once the patient was diagnosed with a necrotic pulp, especially now that the abscess has increased in size and has caused multiple clinical symptoms. Multiple times the patient stated that his left eye hurts, possibly due to the abscess. It is possible for an abscess to cause sepsis. Patient has been on multiple rounds of Amoxicillin and lately on Augmentin. Antibiotics only treat an acute infection but does not remedy a chronic infection in the jawbone. Removing the offending cause of the abscess is the way to remedy the infection from a tooth abscess, therefore an extraction or root canal and crown is recommended.

Having a continuing untreated abscess and postponement of an extraction or root canal/crown can become an urgent medical condition. Dr. [redacted] stated that he reviewed the risks, benefits, and alternatives on the refusal form and one of the many consequences of postponing an extraction can be death.

Although the patient was seen by the dentist in June 2021, the inmate/patient went over 9 months (not seen since 08/26/2020) without seeing the dentist because he was rescheduled over and over again, despite his multiple requests for dental care.

Action Item: Have the CDO review this case with Dr. [redacted] and figure the best course of action to assist the patient in getting the dental care he wants and to understand the reasons for refusing extraction now as patient states he wants a root canal. No referral to an endodontist has been made if patient wants to have a root canal/crown nor has there been a recent refusal form signed if patient genuinely wants to have the root canal with an outside provider at his own expense prior to transfer to state corrections.

- **Cases 6.2-6.7**

These cases continue to highlight the continuing, fixable, systemic issues, which affect overall dental care (i.e., reschedules, 14-day exam, see patients within DPC timeframe, etc.).
Action Item: Begin the corrective action plan and fix these ongoing issues.

- **Case Review 6.8 & 6.9**

For the two grievance case reviews, although the grievances were answered within timeframe and received a SC, the patients had to go through several weeks of pain and discomfort before being seen and subsequently treated for their dental pain.
Action Item: Dentist review chart # [redacted] to identify correct tooth number.

Section IV. Appendix

Appendix 1. Wellpath's Covid–19 Current Phase for MCJ

Per email from [redacted], as of January 2021, here are the following instructions from Wellpath Dental to MCJ Dental Department.

Dental Directives

wellpath
To hope and healing.

For sites with very low(less than 1% of the population) patient cases of COVID-19, the following dental treatment will be rendered provided that the required PPE is available.

- Offsite referrals for trauma involving fracture or suspected fracture of facial bones
- Offsite referrals for complex extractions
- Dental trauma with avulsion or luxation should be assessed immediately or sent offsite
- Post-op osteitis, please treat with your best judgement.
- Any orthodontic wire which is cause soft tissue trauma may need to be cut or removed
- Permanent or sedative restorations should be considered for carious teeth that are restorable.
- Dental hygiene will be done using only hand instruments and absent the use of ultrasonics/piezos scalers.
- Routine extractions can be performed
- Surgical extractions can be performed

Additional Directives:

- All examinations, and radiographs will be performed as usual
- No patient will be seen if they are not in the facility more than 14 continuous days.
- Each patient needs to have a temperature check done before treatment is rendered
- Each patient will rinse with chlorhexidine gluconate or peroxyl before a treatment procedure is rendered.
- Proper PPE should consist of N95, comparable KN95 or level 3 surgical masks with a face shield are preferred with low/moderate risk of infection, full-length gown, face shield and gloves.
- Please practice full Infection Control protocol after each patient as usual

Appendix 2. Letter From Counsels Regarding the EDRS Dentrix Enterprise

Swearingen Van <VSwearingen@rbgg.com>

RE: CONFIDENTIAL SETTLEMENT COMMUNICATION: Hernandez v. County: Wellpath's Implementation of Dentrix [IWOV-DMS.FID43916]

To: Peter Bertling <peter@bertlinglawgroup.com>, Caroline Jackson <CJackson@rbgg.com>, Cara Trapani <CTrapani@rbgg.com>
Cc: "Blitch, Susan K. x5161" <BlitchSK@co.monterey.ca.us>, [redacted]
Viviane Winthrop [redacted]

June 10, 2021 @ 12:01 pm

Hi Pete,

Apologies for my delay. I had intended to respond on Tuesday night.

We will not agree with your proposal. We previously told you that we will not agree to abstain from advocating for our clients in other matters or other potential matters. The Rules of Professional Conduct prohibit both you and us from participating "in offering or making . . . an agreement that imposes a restriction on a lawyer's right to practice in connection with a settlement of a client controversy, or otherwise." Cal. Rules of Professional Conduct, Rule 5.6.

I believe that you are incorrect in asserting that Dr. Winthrop informed you that Wellpath would not be found in substantial compliance unless it implements Dentrix. Rather, Dr. Winthrop has repeatedly suggested using Dentrix to remedy a host of noncompliant findings that Wellpath has not fixed and for which Wellpath has shown incapable of remedying on its own. For example, over two years ago—on February 8, 2019—Dr. Winthrop informed you that Wellpath's method of tracking dental data in an Excel spreadsheet was not only error prone, but the cause of your client being out of compliance with requirements pertaining to access to care, timeliness of dental care, filling out the odontogram, charting, using consent forms, scheduling dental care, following up with care, tracking compliance, as well as other issues. She recommended Dentrix to help alleviate these deficiencies. Elsewhere, Dr. Winthrop's numerous reports have consistently established that Wellpath is out of compliance with its court-ordered obligations, and that Wellpath has not taken steps to remedy these deficiencies.

While the settlement agreement and implementation plans do not require Dentrix specifically, they do require Defendants to ensure that: care and follow-up that is timely, findings are documented in an odontogram, dental priority codes are properly assigned and timely triaged, audits are routinely performed, and outcomes are monitored. The implementation plan also expressly requires an electronic medical record that contains the complete medical record of each inmate and that can closely track the date of submission, date of triage, date of evaluation, and disposition and date of any necessary follow-up care. As Dr. Winthrop has repeatedly found, Wellpath is not compliant with these obligations. The record shows Wellpath needs help fixing issues of noncompliance, and Dr. Winthrop has identified a software package that can help.

There may be solutions to Wellpath's problems that don't include Dentrix, but Wellpath has not utilized other tools or resources to fix the issues. Indeed, as Dr. Winthrop has repeatedly found, the dental clinic is understaffed and Wellpath, a for-profit entity, regularly claims "lack of resources" for not providing timely care. You have given us no hope that the issues will be fixed without following Dr. Winthrop's guidance.

For over two years, Wellpath has promised that it would research and evaluate Dentrix. While the delay itself is unreasonable, your current threat to stop this evaluation unless we promise secrecy shows that your prior promises were not made in good faith.

You argue that concerns about transparency and accountability are "irrelevant" because Wellpath will not use County funds to purchase Dentrix. Wellpath is a contractor to the Jail and provides services to the public. Wellpath's actions and expenditures are a matter of public concern. *See, e.g.*, *San Gabriel Tribune v. Superior Court*, 143 Cal. App. 3d 762 (1983) (holding that financial records of a private garbage disposal company with whom a city had contracted for trash collection were subject to disclosure under the PRA).

Let us know whether you will continue implementing Dentrix. If not, we can raise the issue with Judge Cousins and Judge Freeman. Thanks,
Van

_____
From: Peter Bertling
Sent: Tuesday, June 8, 2021 2:37 PM
To: Van Swearingen; Caroline Jackson; Cara Trapani
Cc: Susan Blitch; [redacted]
Subject: CONFIDENTIAL SETTLEMENT COMMUNICATION: Hernandez v. County: Wellpath's Implementation of Dentrix

Hi Van:

Before the parties engage in any further analysis of whether Dentrix is compatible with the MCJ EMR, RBGG must agree they will keep Wellpath's decision to implement Dentrix at MCJ confidential and not use it to advocate for its implementation in any other facility where Wellpath provides dental services. This confidentiality requirement is non-negotiable and RBGG must agree to this provision in writing before Wellpath will agree to implement Dentrix at MCJ.

The use of Dentrix is not required by the standard of care or the Implementation Plan approved by the Court. Wellpath is only willing to use Dentrix because Dr. Winthrop informed us she would never find substantial compliance with the Implementation Plan unless Wellpath implements Dentrix.

Wellpath will not use County funds to purchase Dentrix, so any argument about transparency and accountability of County funds is irrelevant.

Will RGBB agree to the non-negotiable confidentiality provision required by Wellpath? If not, we should brief this issue for Judge Cousins' consideration.

Regards,

21 East Canon Perdido Street, Suite 204B
Santa Barbara, CA 93101
Direct [redacted]
Cell [redacted]
Facsimile 805-962-0722

www.advocate4vet.com

Appendix 3. Corrective Action Plan (CAP) with Due Dates

The CAP Excel file is also included within the same email as this report.

#	Deficiency	Finding and Corrective Action Plan	Start & Due Date	Completed per Wellpath
1	Oral Hygiene Supplies	Confirm that all the toothpaste carries the American Dental Association (ADA) seal.	06/18/21 08/31/21	
2	Oral Hygiene Supplies	Indigent pack of toothbrush and toothpaste will be available cost free to the indigent inmate/patient (I/P). Correctionally approved flossers (e.g., floss loops) will be available cost free to the indigent I/P upon request.	06/18/21 08/31/21	
3	Oral Hygiene Supplies	Denture adhesive is to be available cost free to edentulous indigent I/P with full dentures. A dental policy is available to address how the denture adhesive will be made available to the indigent inmate/patient.	06/18/21 08/31/21	
6	Oral Hygiene Supplies	Complete and approve a formal policy and procedure to address oral hygiene supplies for all booked patients, including for indigent inmate/patients.	06/18/21 08/31/21	
7	Oral Hygiene Education	Oral hygiene instruction, both brushing and flossing videos from the American Dental Association (ADA) are available on the inmate/patient's tablet, otherwise an oral hygiene instruction pamphlet is to be available to each booked inmate/patient.	06/18/21 08/31/21	
8	Oral Hygiene Education	Meaningful oral hygiene instruction is given to every I/P during the 14-day exam. Check the box "OHI" in the Health Appraisal Questionnaire (IMQ) upon completion of this verbal and written oral hygiene instruction. Once the videos are uploaded to the tablet, the viewing of both the brushing and flossing videos at the 14-day exam will qualify for the box OHI to be checked.	06/18/21 08/31/21	
11	Inmate Handbook	Handbook to contain information regarding dental program. Neutral monitor to approve content.	06/18/21 08/31/21	
12	Inmate Handbook	List the available dental services available in the Inmate Handbook as outlined in the Implementation Plan for those under and over 12 months of incarceration.	06/18/21 08/31/21	

13	Inmate Handbook	In the Inmate Handbook, inform patients with chronic care diseases (HIV, Seizures, Diabetes, Pregnancy, Pts on more than 4 psych meds) they are eligible for comprehensive care within 90 days of their referral from dental from the physician's chronic care appointment.	06/18/21 08/31/21	
14	Inmate Handbook	Include in the Inmate Handbook that the inmates incarcerated for 12 months or more are eligible to receive a comprehensive dental exam and dental treatment.	06/18/21 08/31/21	
15	Inmate Handbook	Inform inmate/patients that per the Implementation Plan, XI.B.2.b., 2nd paragraph and XI.C.2, inmate/patients can request a periodontal screening to see if they are eligible for a cleaning (e.g., at the Dental Sick Call. Subsequently a dental cleaning may be available if they are eligible, no matter their length of incarceration, as indicated in the Periodontal Program section of the Implementation Plan.	06/18/21 08/31/21	
16	Inmate Handbook	Educate patients in the Inmate Handbook that they can reinstate dental care if they previously refused dental care, by placing another sick call.	06/18/21 08/31/21	
17	Inmate Handbook	Remove the $3.00/dental examination and/or treatment fee for dental services. Inmate Orientation Manual, Health Services, B.1.	06/18/21 08/31/21	
18	Intake Form	RNs are to fully answer all dental questions in the Intake "Receiving Screening" form in the Dental section of the Intake Form.	06/18/21 08/31/21	08/12/21
19	Intake Form	Add "Full" as the other option for Dentures, in addition to "Partial".	06/18/21 08/31/21	
20	Intake Form	Every referral to dental when indicated, must be checked in the refer to dental portion of the Receiving Screening form and also entered into the dental log to make sure the referrals from intake to dental are not lost.	06/18/21 08/31/21	08/12/21
21	Intake Form	Every dental referral from intake will list the date of referral, the dental problem/chief complaint, the DL, pain level, location and description of the dental problem(s), the date referred to dental and the date scheduled in dental.	06/18/21 08/31/21	
22	Intake Form	Update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.	06/18/21 08/31/21	

23	Intake Form	Until CorEMR is updated, RN place the DL information in the appointment notes in both the task box and in the dental log.	06/18/21 08/31/21	
24	Intake Form	Follow through with the referral to dental for all listed single or multiple dental problems.	06/18/21 08/31/21	
25	Intake Form	Determine if a problem is from trauma or from decay. Check the decay box if indicated. Write in if it is from trauma. Note the DL with the referral.	06/18/21 08/31/21	
26	Intake Form	The Dentist provides nurse training, retraining, feedback and monitoring.	06/18/21 08/31/21	
27	Intake Form	If a patient refuses a referral to dental, check the box for the referral to dental and then obtain the refusal and write the explanation in the progress notes.	06/18/21 08/31/21	
29	14-Day Exam Form	RNs to perform an intraoral screening and evaluation on every inmate/patient during their 14-Day Exam per the Implementation Plan.	06/18/21 08/31/21	
30	14-Day Exam Form	At 14-day exam, nurses will show a video giving oral hygiene instruction. The video will either be the ADA-approved video available on the tablets or a video availability through Dentrix.	06/18/21 08/31/21	
31	14-Day Exam Form	Check the Oral Hygiene Education box on the IMQ form once OHI is given.	06/18/21 08/31/21	
32	14-Day Exam Form	RN notes every referral on the handwritten dental log (Intake, 14-Day, Sick Call) unless another solution can be found. It is important that all referrals to dental are tracked so that all referrals to dental receive the appropriate dental appointment and are seen in dental.	06/18/21 08/31/21	
34	14-Day Exam Form	If the patient refuses the referral to dental from the 14-Day Exam, check the box for the referral to dental and then obtain the written refusal, inform the patient regarding the risks, benefits, alternatives and consequences of refusing care, write the explanation in the progress notes and scan the form into CorEMR,	06/18/21 08/31/21	
36	14-Day Exam - DL 2 Scheduled within timeframe	Per the Implementation Plan every booked patient is to receive their dental screening at the 14-day exam and the RN is to fill out the odontogram, answer the questions as listed in the Implementation Plan and refer the patients to dental when indicated.	06/18/21 08/31/21	

37	Sick Call seen by nursing within 24 hours of request	Inmate generated dental sick call requests are to be processed and seen by nursing within 24 hours of the request, per the Implementation Plan.	06/18/21 08/31/21	
38	Sick Call seen by nursing within 24 hours of request	Nursing staff is to receive from the Dentist and DON training, feedback and monitoring to see the patients within 24 hours of their dental sick call request. Nursing staff are to correctly triage for urgent/emergent dental issues versus non-urgent dental issues, assign the appropriate Dental Level and schedule within DL timeframe.	06/18/21 08/31/21	
40	Physician on Call (POC) Logs	Wellpath will provide the neutral monitor with the monthly ER Send Out log, with dental send-outs highlighted.	06/18/21 08/31/21	08/12/21
41	Specialty Care Referrals / To Outside Specialists	Referrals to outside providers must be given a DPC 5. Patients are not delayed in the referral to the oral surgeon and/or other outside specialists. Patients are to be seen by the outside specialist within 30 days of the referral. If unable to schedule appointment within 30 days, will document reason why.	06/18/21 08/31/21	
42	Specialty Care Referrals / To Outside Specialists	If the apex of a wisdom tooth cannot be achieved radiologically on the first visit, then refer to the OS for a panoramic x-ray and consultation/evaluation so as not to delay dental care.	06/18/21 08/31/21	
43	Specialty Care Referrals / To Outside Specialists	If a patient's medical history prevents the dentist from completing care, and a referral to the outside specialist is in order, request a medical consult and do not delay in referring the patient to the outside specialist. See Case Review #6.	06/18/21 08/31/21	
45	Specialty Care Referrals / To Outside Specialists	The dentist must see the patient the next dental day after the patient was seen and/or treated by the outside provider. The report must be available to the dentist for this appointment.	06/18/21 08/31/21	
46	Specialty Care Referrals / To Outside Specialists	Complete and have approved a written procedure and protocol for referrals to outside specialists and returns from the outside specialist.	06/18/21 08/31/21	
48	Comprehensive Dental Care	Those individuals who did not receive the automatic comprehensive dental care appointment scheduled one year from their date of booking, have their dental appointment manually entered.	06/18/21 08/31/21	08/12/21

49	Comprehensive Dental Care	The dental department is to differentiate between the annual comprehensive dental examination (yearly) vs a periodontal recall (cleaning) which can be at 3 months recall (3MRC), 4 months recall (4MRC), or 6 months recall (6MRC).	06/18/21 08/31/21	
50	Periodontal Program/ Cleaning Requests	All patients per the Implementation Plan are eligible, through the Periodontal Program, for a periodontal screening.	06/18/21 08/31/21	
51	Periodontal Program / Cleaning Requests	I/Ps who report any kind of gum issue or who request a cleaning through dental sick call will first meet with a nurse within 24 hours for triage. Nurses will identify whether the complaint is localized or generalized. Nurse will use standard protocols to assess clinical symptoms. If localized, nurses will assign a DL1 or DL2 and refer to dental. If generalized, nurses will refer to the periodontal disease program, but may assign a DL1 or DL2 as necessary based on severity of symptoms. Nurses will look for the following clinical symptoms: inflammation/inflamed/irritated; bleeding gums; tartar/calculus build-up; pain; recession; bad breath; generalized hyperplasia; loose teeth. Patients referred to the periodontal disease program will see a dentist within 90 days or sooner, depending on severity of symptoms. The dentist will perform a periodontal evaluation and determine what treatment, if any, is required according to https://www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/selection-patients-dental-radiographic-examinations. Any prescribed treatment will be completed within 120 days.	07/29/21 09/30/21	
52	Periodontal Program / Cleaning Requests	An appropriate treatment plan, for the patient to obtain the completed cleaning (prophy or deep cleaning/SRP), is completed within the assigned DPC timeline, not to exceed 120 days from the date of diagnosis.	06/18/21 08/31/21	
53	Periodontal Program / Cleaning Requests	Create a new periodontal informed consent form, separate from the general informed consent form.	06/18/21 08/31/21	
54	Grievances	Grievances will be reviewed by medical leadership (Health service administrator, director of nurses, medical director) within 1 business day after submitted by inmate.	06/18/21 08/31/21	08/12/21

56	Timeliness of Care - DPC	Each line item in the dental treatment plan must be listed with a corresponding DPC so it is clear if treatment is completed within timeframe.	06/18/21 08/31/21	
61	Timeliness of Care - Comp Dental Care	Patients who qualify for and request a comprehensive dental exam shall be seen for the comprehensive dental exam within 30 days of their request.	06/18/21 08/31/21	
62	Timeliness of Care - Comp Dental Care	If dental is to take the FMX without the exam and perio charting on the same day, then any radiographic pathology is documented in the progress note that same day. See the patient within 7 days of the FMX to complete the comprehensive dental examination and periodontal charting.	06/18/21 08/31/21	
64	Timeliness of Care - Comp Dental Care	Follow the California Dental Board guidelines which state the dentist is responsible for identifying any disease process within the entire x-ray even if the patient presents only for episodic care. The dentist can then inform the patient of the issue and advise the patient to put in a new sick call request to address the other items not diagnosed at the time of the original episodic dental care appointment.	06/18/21 08/31/21	
65	Refusals	Wellpath will develop one or more forms, subject to the approval of the neutral monitor, explaining the risks, benefits, alternatives and consequences of refusing dental treatment ("RBAC Form"). The RBAC Form will indicate the nature of the patient's diagnosis and proposed treatment. The RBAC Form will include the patient's diagnosis (if applicable), the proposed treatment, and in the event of refusal, the risks, benefits, alternatives and consequences of refusing treatment (to include death). The RBAC Form will be signed by the patient, dental assistant, and dentist. [**NOTE: The RBAC Form can be within an informed consent document; it does not have to be a separate form.**] This form does not replace Wellpath's refusal form.	06/18/21 08/31/21	
67	Refusals	The refusal form should have a printed name of witness as well as a signature, in the signature block section for refusals.	06/18/21 08/31/21	
68	Refusals	Language will be placed in the handbook regarding the consequences of refusing a dental evaluation or exam. Individuals refusing evaluation or examination do not need to sign a RBAC Form.	06/18/21 08/31/21	

70	Reschedules	Reschedules must include the reason why the patient is being reschedule. All rescheduled patients must have a progress note or chart note as well as an entry in the dental excel spreadsheet. A "lack of resources" needs more detailed explanation. Which resource is lacking? Make sure to indicate this so that Wellpath and MCJ can assist the dental department in obtaining the necessary resources.	06/18/21 08/31/21	
71	Reschedules	Wellpath will devise a system to perform the following functions: (1) ensure rescheduled patients receive a new appointment within the IP timeframe; (2) monitor whether episodic patients are evaluated and treated as indicated for their chief complaint within the IP timeframe, including patients referred to outside specialists; (3) monitor whether comprehensive care patients are evaluated and have their treatment plan completed within the IP timeframes, including patients referred to outside specialists; (4) clearly indicate the date upon with any prescribed treatment has been completed or refused., including patients referred to outside specialists; (5) track the source of all referrals to dental (intake, sick call, periodontal program, etc.); (6) flag medical conditions that affect dental decision-making (e.g., need for pre-medication); (7) identify statistical information regarding quantitative measurements for the number of extractions, fillings, cleanings, root canals, etc.; and, (8) include an odontogram for each patient.	07/29/21 09/30/21	
72	Quality of Care - General Issues	Wellpath will update the General Informed Consent form for dentistry, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date.	06/18/21 08/31/21	
73	Quality of Care - General Issues	The general informed consent form is reviewed and signed prior to the examination and prior to taking radiographs.	06/18/21 08/31/21	
74	Quality of Care - General Issues	Take the blood pressure at every appointment and record the result in the progress note. Address any hypertensive issues which may affect the dental encounter.	06/18/21 08/31/21	

75	Quality of Care - General Issues	Amending the following prescription practice. Most charts are showing as medication given is Amoxicillin 500 mg two (2) capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg one (1) tab (or capsule) three (3) times per day.	06/18/21 08/31/21	
77	Quality of Care - General Issues	State in progress notes as to why no prescription for pain following an extraction or other procedure is given, i.e., if patient is already on pain medication.	06/18/21 08/31/21	
78	Quality of Care - General Issues	Fill out the education portion of the SOAPE note as given to the patient.	06/18/21 08/31/21	
80	Quality of Care - General Issues	Make sure the "problem list" in CorEMR is updated and accurate. Review of medical history is paramount to the safety of the patient. The Dentist must be assured all medical conditions are listed and reviewed which may impact surgical treatment.	06/18/21 08/31/21	
81	Quality of Care - General Issues	So as not to delay care, if a patient has a complex medication history in which the Dentist needs assistance, have the Dentist request a medical consult.	06/18/21 08/31/21	
84	Quality of Care - General Issues	There is accurate charting of left and right quadrants and placing the correct tooth or area in the progress notes.	06/18/21 08/31/21	
89	Triage	Take a periapical (PA) and a bitewing x-ray (BWX) for each inmate/patient seen for episodic care where a temporary or permanent restorative procedure is being considered. Use this objective finding with other objective findings to provide an accurate assessment and diagnosis for the patient's chief complaint.	06/18/21 08/31/21	
90	Triage	List the Objective findings in the SOAPE notes so they are used to substantiate the Assessment/Diagnosis, i.e., pain or sensitivity, lingering or not to hot, cold; pain to percussion, palpation; swelling; exudate; diagnostic radiographs, etc.	06/18/21 08/31/21	
91	Triage	Provide the pulpal diagnosis when appropriate during episodic/sick call dental appointments using the following resource: https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf	06/18/21 08/31/21	
92	Triage	If unable to obtain the apex of a tooth radiographically, such as molars/wisdom teeth, create a plan of action so dental care is not delayed, i.e., refer patient to the oral surgeon for evaluation of wisdom teeth concurrent with the use of a panoramic radiograph. State how many attempts	06/18/21 08/31/21	

		were done to try and obtain a diagnostic x-ray and how you propose to obtain the apex for accurate diagnosis and subsequent treatment.		
93	Triage	If no medication is prescribed for a patient's chief complaint, state the reason, especially if a patient states pain in his/her chief complaint.	06/18/21 08/31/21	
94	Triage	Follow through with all referrals so patient obtain their constitutionally mandated dental care.	06/18/21 08/31/21	
95	Comprehensive Dental Care	Objective findings during the comprehensive dental examination must substantiate the dental diagnosis / assessment.	06/18/21 08/31/21	
96	Comprehensive Dental Care	Take the Full Mouth X-rays (FMX) at the same time as the annual comp exam (ACE). This was discussed in a prior recommendation.	06/18/21 08/31/21	
99	Comprehensive Dental Care	Take diagnostic radiographs. Many x-rays have overlap, are foreshortened or elongated, are overdeveloped or underdeveloped or have artifacts because of a bend in the film. If an x-ray is undiagnostic, retake or indicate reason not to retake in the progress notes.	06/18/21 08/31/21	
100	Comprehensive Dental Care	Give the periodontal diagnosis in the assessment portion of the SOAPE note at the time of the comprehensive dental examination.	06/18/21 08/31/21	
101	Chronic Care	Perform and chart a full comprehensive dental examination for patients referred from chronic care with the following issues: HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.	06/18/21 08/31/21	
102	Periodontal Treatment	Wellpath will create a separate informed consent form for periodontics, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date.	06/18/21 08/31/21	
103	Periodontal Treatment	Periodontal probings, mobility, attachment loss due to recessions and other periodontal findings as stated in the American Dental Association (ADA), CDT code D0180, is to be charted by the Dental Assistant at the time of the periodontal examination performed by the Dentist.	06/18/21 08/31/21	08/12/21

104	Periodontal Treatment	Periodontal re-evaluation is to be scheduled and completed as a DPC-1c.	06/18/21 08/31/21	
106	Periodontal Treatment	Update to the new periodontal classifications and use the 2018 classification when providing a periodontal diagnosis. **https://www.perioimplantadvisory.com**/clinical-tips/article/16412257/the-new-classification-of-periodontal-disease-that-you-your-patient-and-your-insurance-company-can-understand (2018) **https://www.ada.org**/~/media/JCNDE/pdfs/Perio_Disease_Classification_FAQ.pdf?la=en **https://www.perio.org**/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf o https://loveperio.com/2012/08/31/ada-classification/	06/18/21 08/31/21	
107	Restorative and Palliative Care	Update, with current language, the acknowledgment of receipt of the DMFS with the current Dental Material Fact Sheet (DMFS).	06/18/21 08/31/21	08/12/21
108	Restorative and Palliative Care	Discuss with the Chief Dental Officer the clinical use of amalgam as a restorative agent for posterior restorations, which is still considered a viable posterior restoration and which is not as technique sensitive as a posterior composite. Identify all restorative materials to be used at MCJ.	06/18/21 08/31/21	
109	Extractions / Oral Surgery	Utilize a "time out" protocol and document its use prior to an irreversible procedure being performed.	06/18/21 08/31/21	
110	Extractions / Oral Surgery	Indicate in the progress notes that hemostasis has been achieved prior to releasing the patient, when it is achieved, and that post op instructions given are both written and verbal.	06/18/21 08/31/21	
111	Extractions / Oral Surgery	When performing a surgical extraction and cutting on tooth or bone, it is to be done with an irrigant such as sterile saline or sterile water (do not use unsterilized water).	06/18/21 08/31/21	
112	Extractions / Oral Surgery	Purchase at least 2 surgical handpieces in order to prevent an air embolism when highspeed cutting of tooth or bone during a surgical extraction.	06/18/21 08/31/21	08/12/21
113	Endodontics	Make a separate informed consent form for endodontics and Dentist to review and sign with the patient prior to the start of a root canal. Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.	06/18/21 08/31/21	

114	Prosthodontics	Referrals for the fabrication of partial and full dentures is tracked by dental so that the appointments with the outside specialist is completed within 30 days of the referral. If unable to schedule within 30 days, will document reason why. Also making sure that the patient is seen back in the dental department after every appointment with the outside specialist and noted in the progress notes and in the excel spreadsheet.	06/18/21 08/31/21	
118	Infection Control & Regulatory Compliance	Infection control binder needs to be updated because it says 2018.	06/18/21 08/31/21	08/12/21
119	Infection Control & Regulatory Compliance	Radiation safety binder be updated as it says – 2013.	06/18/21 08/31/21	08/12/21
120	Infection Control & Regulatory Compliance	Review recapping techniques to perform this task safely. Use the cardboard protectors. § https://oshareview.com/2014/09/safe-needle-handling-during-dental-treatment-infection-control/ § https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm	06/18/21 08/31/21	
121	Biohazard Waste / Haz Mat Procedures	Sharps container (No more than 3/4 full before container removed)	06/18/21 08/31/21	08/12/21
122	Biohazard Waste / Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet). Need to inventory.	06/18/21 08/31/21	08/12/21
123	Sterilization & Equipment	Perform monthly Ultrasonic unit test and purchase new unit if doesn't pass the aluminum foil test.	06/18/21 08/31/21	08/12/21
124	Sterilization & Equipment	Vacuum System - follow manufacturer's recommendations for cleaning, disinfection and maintenance.	06/18/21 08/31/21	08/12/21
126	Emergency Procedures	Emergency Medical Response protocol - need proof of practice of annual EMR training and annual EMR dental drill.	06/18/21 08/31/21	
127	Safety	Dental Board regulations on infection control - need to post and other corresponding paperwork.	06/18/21 08/31/21	08/12/21

128	Safety	Sterile water - recommend using for OS procedures. Currently not using sterile water or sterile saline for surgical procedures. Must implement immediately.	06/18/21 08/31/21	08/12/21
129	Safety	Hand hygiene - need to implement hand hygiene audit to ensure staff are complying with IC protocols.	06/18/21 08/31/21	
130	Safety	X-ray unit - need to disinfect in between uses and cover when not in use.	06/18/21 08/31/21	08/12/21
133	Clinic Admin and Logs	Create and implement employee job specific training on infection prevention policies and procedures and the OSHA blood board pathogens standard.	06/18/21 08/31/21	
134	Clinic Admin and Logs	Create and implement an exposure control plan tailored to the facility that is dental specific.	06/18/21 08/31/21	
135	Clinic Admin and Logs	Must have accurate Pharmaceutical Logs (CRCR 7438).	06/18/21 08/31/21	08/12/21
136	Clinic Admin and Logs	Radiographic certificate, rules and regulates - must post.	06/18/21 08/31/21	
137	Clinic Admin and Logs	Perform annual Infection Control, Radiation Safety, Oxygen Use, HazMat and SDS training.	06/18/21 08/31/21	
138	Clinic Admin and Logs	Create and implement post injury protocol.	06/18/21 08/31/21	
139	Regulatory Compliance	Must post all CA regulatory postings.	06/18/21 08/31/21	
140	Management Structure & Chief Dental Officer	The H.S.A. shall provide oversight to the dental program by monitoring compliance, attending the monthly Dental Subcommittee, reviewing statistics, auditing charts, reviewing workflow, making sure the Dentist has the resources he needs to assist with eliminating barriers to access to care, timeliness of care, quality of care, training of nurses and so forth, as appropriate to her qualifications.	06/18/21 08/31/21	08/12/21

141	Management Structure & Chief Dental Officer	A supervisory audit report from the CDO is due to this monitor as part of Wellpath's monthly document production and is to include two of each of the following categories: triages and diagnoses, comprehensive dental examinations, periodontics, restorative, oral surgery, endodontics, as available, as well as an evaluation of refusals, reschedules, OTM, OTC and NIC. Dr. [redacted], Chief Dental Officer (CDO) to audit multiple charts as well as provide routine, monthly supervisory oversight. The H.S.A. may perform these tasks, as appropriate. ***Use the Peer Review audit tool as a guideline when performing the supervisory audit review	07/29/21 09/30/21	
144	Dashboard & Dental Excel Spreadsheet	Dentist to enter his portion of the completed dental procedures and next visit parameters into the dental excel spreadsheet after every patient.	06/18/21 08/31/21	
148	Digital X-rays	Wellpath will purchase a high-quality scanner for film x-rays, capable of reflecting x-rays of diagnostic quality and scanning a full-mouth series of x-rays. Scan the FMX as a whole rather than piecemeal.	07/29/21 09/30/21	
150	Space, Dental Equipment & Supplies	Test ultrasonic cleaner to determine if it still works. If it does not, purchase a new ultrasonic cleaner to clean the dental instruments after each patient encounter.	06/18/21 08/31/21	08/12/21
151	Space, Dental Equipment & Supplies	Dentist and Dental Assistant both receive two monitors each so they can have one for CorEMR and the other for the spreadsheet (requested multiple times).	06/18/21 08/31/21	08/12/21
152	Nurse Training by DON, HAS and Dentist	Nurse training, feedback and monitoring of the 14-Day Exam evaluation and filling out of the Odontogram as well as including evaluating for the proper Dental Levels in Intake, 14-Day Exam and Sick Call is to be provided by the DON, HAS, Dentist and overseen by Dr. [redacted]. (Have a complete roster of all clinical staff who need to receive this training and show sign off from the roster so can tell who still needs to receive the training.)	06/18/21 08/31/21	
153	Nurse Training by DON, HAS and Dentist	Training will be provided to the Registered nurses, physicians, nurse practitioners and physician assistants, upon hire and yearly thereafter. Training will consist of Monterey County Dental Level 1 vs. Level 2, and proper determination between levels including use of subjective and objective pain scales. Dental referrals made from intake, Sick call, and 14-day health exams. This training is in addition to the Virtual Onboarding Experience class (dental assessment) for Nurses that all new hire Registered	06/18/21 08/31/21	

		Nurses receive and the annual Dental Screening - ANCC - E-LEARNING provided to each employee. Dentist to participate in annual training. A roster will be kept onsite for all attendees.		
154	Nurse Training by DON, HAS and Dentist	Recommend one on one nurse training when needed, such as with the 14-Day Exam RN. Per the audit interview with the RN usually performing the 14-Day exam, he stated he does not routinely see inside the patients mouth unless they report pain. Per the Implementation Plan all patients are to receive a screening and answer the questions stated in the plan as well as fill out an odontogram.	06/18/21 08/31/21	
155	Nurse Training by DON, HAS and Dentist	Fill out an odontogram and answer all questions as directed in the Implementation Plan on every patient at the 14-Day Exam. Train nurses to receive additional training and feedback in filling out the odontogram per the Implementation Plan.	06/18/21 08/31/21	
156	Nurse Training by DON, HAS and Dentist	Create the 14-Day Exam form (odontogram and questions) per the Implementation Plan or use Dentrix Enterprise. See Section 5.7 for additional information.	06/18/21 08/31/21	
157	Administrative and Clinical	Conduct Staffing Analysis / Workflow Analysis, taking into account increased demand expected by increased compliance with the IP. Adjust staffing (including hiring) if/as necessary, including hiring the Hygienist position, as recommended in the IP.	06/18/21 08/31/21	
159	Administrative and Clinical	Add dental services to Wellpath's existing "rapid response team" for staffing shortages.	06/18/21 08/31/21	08/12/21
163	Policies and Procedures Including Dental, Corporate and Local	Wellpath will tailor its newly created (2021) policies and procedures regarding dental care to the Monterey County Jail. These new policies will be evaluated to ensure they incorporate and do not conflict with the Implementation Plan.	07/29/21 09/30/21	
165	Licenses, Credentials, CURES and Job Performance	Job Performance Reviews, Dentist - Have a clinical and administrative job performance review of the dental staff completed yearly.	06/18/21 08/31/21	
168	Pharmacy and Medication Management	Identify which stock medications will be at the dental clinic and the stock medications are to be fully accounted for including to whom the medication is prescribed in both the on-site log and in CorEMR. See report for details.	06/18/21 08/31/21	08/12/21

170	Peer Review	Establish a peer review system with a peer review performed at least once every 6 months on the dentist at MCJ, using dentist peer from other Wellpath facilities or hire a contracted Peer Review examiner.	06/18/21 08/31/21	
172	Peer Review	Create a peer review audit tool/worksheet to be completed for each selected dental chart. A minimum of 10 charts are to be pulled at random for the most recent 6-month period and will include charts relating to Examination and Diagnosis (Annual Exams and Triages), Periodontal Treatment Restorative, Oral Surgery, and Endodontics. See Section 5.15 for details on the content of the Peer Review audit tool. ***Use the Peer Review audit tool as a guideline when performing a supervisory audit review.	06/18/21 08/31/21	
174	Monthly Dental Subcommittee	Form Dental Subcommittee, to include the Dentist, Dental Assistant, CDO, administrative staff who assist in Dental, Custody, the DON, the HSA, the Regional Director when possible, and anyone else deemed necessary to collaborate on ongoing dental issues. Subcommittee shall meet monthly and proceed according to the agenda, framework and details reflected in the Fifth Dental Report, plus Key Performance Indicators (see item 179). Daily, weekly and monthly data is to be included in the Dental Subcommittee meeting and taken from the dental excel spreadsheet and CorEMR to be reviewed, discussed and provided to the dental monthly subcommittee meeting minutes and given to the Quality Assurance (QA) meeting.	06/18/21 08/31/21	
180	Quality Assurance Meeting with Power Point Presentation	This monitor reserves the right to present information at the QA meetings as well as at the Monthly Dental Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content (as recommended in the above-mentioned sections).	06/18/21 08/31/21	08/12/21
181	Quality Assurance Meeting with Power Point Presentation	QA minutes have a standard reporting structure which includes Dental. Dental must participate and provide data and the minutes from the monthly Dental Subcommittee.	06/18/21 08/31/21	08/12/21

Exhibit 44

Winthrop Dental Consulting, LLC
Viviane G. Winthrop, DDS, CEO
Dental Neutral Court Monitor

Monterey County Jail (MCJ) and Wellpath Dental Audit Tour #7

On Site Audit Review: January 11-12, 2022

FINAL Report #7

See separate attachment for Statistics, Audit Tools, Audit Tool Data, Findings and Recommendations

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Jesse Hernandez et al

v.

County of Monterey,
Monterey County Sheriff's Office,
California Forensic Medical Group, Incorporated.
(Now Wellpath)

Case No. 5:13-cv-02354-PSG

Table of Contents

Introduction

Objective and Purpose for Dental Tour #7 – January 11-12, 2022

The objective and purpose are for Wellpath and Monterey County Jail (MCJ) to achieve and maintain substantial compliance with the mandates set forth in the Implementation Plan (IP) and the Settlement Agreement (SA). The dental program must have systems in place, to fully, transparently, and consistently self-monitor, audit evaluate, assess, and self-govern themselves supported by policies and procedures, in order to maintain and continuously improve quality without oversight.

This report is structured such that the accompanying and separately attached statistics, audit tools, audit tool data, summary of findings, recommendations, and appendices, support the findings within this dental report #7.

Corrective Action Plan (CAP)

The Dental CAP, with the approval of Plaintiff and Defendant Counsel's agreed upon wording and target dates, was finalized following the last dental audit tour. The last target timeline for the completion of the CAP items was November 30th, 2021.

This audit tour #7 will provide the status of the completion and implementation of all CAP items. Note that the current CAP spreadsheet is included in a separate attachment. Newly identified deficiencies from this report are found in the Risk Elimination section, and are recommended to be added to the existing CAP. If the parties agree to add the new deficiencies to the CAP, then appropriate timelines will be added to rectify the deficiencies.

Standard of Care & AB109

"In April 2011, the California Legislature and Governor Brown passed sweeping public safety legislation (AB 109) that effectively shifted responsibility for certain populations of offenders from the state to the counties."[1]

When AB109 was signed, eligible Inmate/Patients (I/Ps) serving longer sentences at the California Department of Corrections and Rehabilitation (CDCR), were transferred to local county jails to finish out the terms of their incarceration.

Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20)

Therefore, the standard of care at MCJ is based not only from the community standards but from the level of dental care delivered within CDCR and the California Correctional Health Care Services (CCHCS) Dental Program to MCJ.

[1] https://probation.lacounty.gov/ab-109/

Subsequently, the correctional standard of care becomes based on and is referenced by the current CCHCS, Inmate Dental Services Program (IDSP) Policies and Procedures (P&Ps). Note that all 34 CDCR institutions utilize digital x-rays and the Electronic Dental Record System (EDRS), Dentrix Enterprise, to manage their patient's clinical data and to provide management reports and data for their dashboard and monthly Dental Subcommittee meetings. The link to the IDSP Dental P&Ps is: https://cchcs.ca.gov/hcdom/ Chapter 3, Article 3.

Site Overview

Due to the required adherence to Covid-19 precautions for health and safety, this audit was conducted through Zoom, utilizing the following tools to assist with the audit: email, text, telephone and "read only access" to the EMR, CorEMR.

The assessment for quality of dental care was made primarily through:
1. Chart reviews from CorEMR,
2. CorEMR tasks and reports,
3. Review of the statistics from the task and reports, transferred to my dental excel spreadsheet, with subsequent dashboard results highlighting relevant data, and,
4. Facility evaluation through Zoom and once Covid-19 restrictions lifted an in-person facility evaluation of the dental clinic, old and new, in March 2022.

No inmate/patients were clinically examined by me during any part of dental tour #7. I will interview patients following the dental audit tour #8. There were three Zoom visualized direct observations of the Dental Assistant's dental assisting skill set for this audit. The comprehensive dental exam and full mouth x-ray's evaluation began but their Peri-Pro (x-ray developer) broke, therefore will evaluate this portion at the next audit. Direct observation of the Dentist will also occur during the next dental audit tour when an in-person tour can be conducted.

The charts reviewed used the Implementation Plan parameters, spanning May 1st, 2021, to December 31st, 2021. The return to a modified dental schedule was opined with the directives shown in Appendix #1. I anticipate new directives will be issued by the CDO in conjunction with the CDC as conditions with Covid-19 continue to change.

In Attendance for Dental Tour #7

Zoom was utilized to interview dental, administrative, custody and nursing staff, and was also used to perform some of the clinical facility audit and exit interview. Subsequent to the Covid 19 outbreak, an in-person tour of the dental clinic was performed by Paige York, RDA on March 10th, 2022.

The following individuals attended the Zoom dental audit tour and the exit interview on January 12, 2022: [redacted] RN, Implementation Specialist, HSA (A), DON(A) for Wellpath; Dr. [redacted], Dentist for Wellpath; [redacted], Registered Dental Assistant for Wellpath; Chief Jim Bass, for Monterey County Jail; Dr. [redacted], Chief Dental Officer for Wellpath; Caroline Jackson, Counsel for Plaintiffs; Ben Rice, Counsel for Defendants; Susan Blitch, Counsel for Monterey County; Paige York, RDA, Dental Facility Compliance Auditor; André Metcalf, DDS, Compliance Auditor; Dr. Viviane G. Winthrop, Dental Neutral Court Monitor.

Logistics - MCJ/Wellpath Dental Department

Dental uses *two* main tracking systems for scheduling patients according to their emergent, urgent, and routine needs:

- **Dental Level (DL):** provided by the nurses (RN), nurse practitioners (NP), physician assistants (PA) and physicians.
- **Dental Priority Code (DPC):** provided by the Dentist.
- The DL and DPC are used for monitoring compliance in the Access to Care and Timeliness of Care sections, respectively.

Dental Levels (DL)

- When an I/P is seen and triaged at the time of Intake, 14-Day Exam, Dental Sick Call (seen within 24 hours from an inmate sick call slip request), physician visit or physician on call, the DL classification is used to assess the severity of a patient's dental problem(s).
- The DL classification of DL1 or DL2 is then used to refer the patient to the dental clinic within the prescribed period listed below.
    - **DL 1 –** Scheduled for the next dental day – urgent/emergent problem(s)
    - **DL 2 –** Scheduled within 14 calendar days – non-urgent problem(s)
- The DL is also used as the basis to assess:
    - Identifying if patients with a DL1 or DL2 classification were **scheduled within timeframe** to the dental clinic and,
    - Identifying if patients were **seen as scheduled** in the dental clinic.

Dental Priority System – Dental Priority Code (DPC)

- It is the system utilized for identifying the severity of a patient's dental problem(s) at the dental triage appointment and assigned as the timeframe in which the diagnosed dental treatment is to be performed.
- **The DPC is assigned by the dentist for each dental treatment planned item**, for both episodic and comprehensive dental care.
- Per RN [redacted] following this dental audit tour, CorEMR on January 15th, 2022, was updated to track the DPC as seen in the classification list below.
- Dr. [redacted] was trained to use this new feature and was instructed to use this classification within CorEMR for each patient's dental treatment planned item.
    - The potential error occurs if the dentist does not enter the DPC correctly for every patient's dental treatment planned item. The default is a 1 in the drop-down menu, which is that the patient is to be seen that day.
- **DPC guidelines below are for both Episodic & Comprehensive Dental Care:**

OLD DPC Nomenclature	NEW CorEMR Drop Down Code	Timeframe	Triage/Treatment
Immediate	1	Seen today and treated immediately	Emergency Care
DPC 1A	2	Treatment within 1 calendar day/24 hours	Emergent
DPC 1B	3	Treatment within 30 calendar days	Urgent
DPC 1C	4	Treatment within 60 calendar days	Unusual hard/soft tissue pathology
DPC 2	5	Treatment within 120 calendar days	Routine/Interceptive Care

DPC 4	No longer used for now	Patient is on periodic/annual recall for their dental exam schedule	Comprehensive dental treatment is completed
DPC 5	No longer used for now	-Seen by the outside specialist within 30 days of the referral from Dental. -Seen by Dental the next dental day following the appointment with the outside specialist.	Referral to Outside Specialist Referral for outside special needs dental care.

Statistical Parameters for Assessment of Compliance

Grading parameters:
Substantial Compliance (SC) = 86% - 100%
Partial Compliance (PC) = 75% - 85%
Non-Compliance (NC) = 74% and below

For grading purposes:
SC = a grade of "1" is given on the audit tool when all parameters of the audit question has been fully and completely answered.
PC = a grade of "0.5" is given on the audit tool when one or more areas of the audit tool question is not fully answered.
NC = a grade of 0 is given on the audit tool when the question is not answered or not clinically favorable.

Abbreviations:
NM = Items not measured/evaluated by Wellpath/MCJ
NE = Items not evaluated by Monitor
DF = Deferred findings by Monitor

Weight of each question:
- Other than the lack of a spore test and its result, all questions carry equal weight at this time and a total is given following each of the graded sections. A grand total compiling all data is found in the following Summary Results section.
- Note that not having a spore test during a week in which dental care occurs constitutes an overall failure for the entire Infection Control and Regulatory Compliance portion.
- An overall compliance score has been determined by averaging the scores. Averaging does not consider individual incidents that are problematic and therefore averaging could be a risk to patient health.

Charts and Statistics to be reviewed and audited for Dental Tour #7
May 1st, 2021, thru December 30th, 2021.

Next Planned Dental Audit for Dental Tour #8
Next dental tour dates are May 24-25, 2022.

Next Planned Charts and Statistics to be reviewed for Dental Tour #8
January 1st, 2022, thru May 31st, 2022.

Statistics

See attachment within the email

Audit Tools, Audit Tool Data, Summary of Findings and Recommendations

See attachment within the email

Summary Results for Dental Tour #7

Section	Section Title	# Of Questions	% Compliance	SC, PC, NC, N/A
III. 1	Access to Care	32 questions and 31 questions evaluated	**17.3%**	NC
III. 2	Timeliness of Care	16 questions; 6 questions evaluated	**12.5%**	NC
III. 3	Quality of Care	13 questions; 5 questions evaluated	**40.3%**	NC
III. 4	Infection Control/ Regulatory Compliance	88 questions; 76 questions evaluated	***0%**	NC
III. 5	Dental Program Management	17 questions; 16 questions evaluated	**30.5%**	NC
III. 6	Case Reviews	22 class case reviews 20 evaluated	**20.8%**	NC
***Missing Spore Tests otherwise would have been 71.7% OVERALL TOTAL**			**20.2%**	**NC**

Executive Summary

For this Dental Audit Tour #7, which occurred January 11th thru 12th, 2022, MCJ's Dental Department was found to be in **non-compliance with an overall score of 20.2%.**

There are few changes from the previous report #6 as mostly the CAP requirements were implemented but the improvements were not yet capitalized and visualized.

Even when taking Covid-19 into account, the same recurring issues were found during this Dental Audit Tour #7 as were found in Dental Audit Tour #6 and in the previous tours. The main issues of concern continue to be the lack of:

1. Access to care, including implementing the periodontal disease program and making the chronic care referrals,
2. Timeliness of care,
3. Quality of care,
4. Infection control and regulatory compliance, and
5. Dental program management.

New deficiencies are in the Risk Elimination section of this report and are to be considered for inclusion in the CAP. Detailed action items are found within the CAP were not always repeated within this report #7, please review the CAP notes and the previous dental audit reports.

All areas marked in yellow and red, in the separate data and statistics portion of this report, are action items which the CDO, Dentist, Dental Assistant, HSA and Implementation Specialist must address prior to and have noted in the next Dental Subcommittee meeting. The meeting minutes are to be submitted to this monitor and are to include what actions will be taken, the status of the inmate/patients' dental health care needs and any training you will be giving staff to remove barriers to access to care.

Mandates of the Implementation Plan (IP)

After a total of seven dental tours to MCJ, spanning a length of over five years, there continues to be multiple, systemic issues, with little progress towards implementing the mandates of the IP, except for, the drafting and formulation of the corrective action plan (CAP). The implementation of the CAP is beginning however, and some progress can be seen in this tour.

I am hopeful, with RN [redacted] and Dr. [redacted] diligence and help, and the continuing work Dr. [redacted] and [redacted] provide day in and day out, that there will be vast improvements in the next dental audit tour #8.

The dental department is mandated to provide:

- Episodic dental care (emergency, emergent, urgent, and non-urgent dental triages, and treatments).
    - Services for Inmates Incarcerated for less than One Year…
      (1) Relief of pain and treatment of acute infections and other urgent conditions. This *would include hemorrhage, toothaches, broken, loose or knocked out teeth, abscesses, dry sockets after extractions and severe periodontal disease.*
      (2) Extraction of unsalvageable teeth.
      (3) Treatment of bone and soft tissue diseases.
      (4) Repair of injured or carious teeth.
      (5) Removal of irritation conditions which may lead to malignancies.
      (6) Replacement of lost teeth and restoration of function, if dental function is markedly limited. The attending dentist will determine necessity and priority. (Wellpath IP, p. 99-100)
    - In 2021 there were 9979 inmate/patients booked at MCJ (~832 I/Ps per month) with an average length of stay of 36.1 days.
    - According to CorEMR in 2021, there were 4557 dental sick call appointments (combining dental triages and treatments) scheduled in dental averaging ~ 379.5 patients per month.
    - Of the 4557 inmate/patients, 2690 – 59.0% were rescheduled, 152 – 3.3% refused, 453 – 10% were cancelled by staff, and 1262 – 27.7% were seen in dental. This averages out to be 47.5 scheduled dental appointments with 13 patients actually seen in dental per dental day. Currently dental operates on two, 12 hour days per week.

The dental department is also mandated to provide:

- Comprehensive dental examinations and treatments for I/Ps incarcerated for over 365 days, those referred for chronic care issues and those satisfying the parameters of the periodontal disease program.
    - Approximately 9-13% of booked patients are incarcerated for over 365 days and eligible for comprehensive dental examination and treatment at any point thereafter.
    - There were no patients (0) referred by the physician to dental from their chronic care appointment with the physician and it appears that none (0) were seen within the periodontal disease program in 2021.
    - On the day of this dental audit, there were 801 patients in custody and approximately 71 patients eligible for comprehensive care.
    - There are minimal to no available statistics to drill down on these figures to find out how many patients were given their comprehensive dental exams and treatments within timeframe. I understand that CorEMR is being programmed to amend this deficiency and this information should be available during the next dental tour.

History of the EDRS Discussion and Status of CorEMR's Programing

From the previous dental audit tour reports[2], I recommended for MCJ's dental program digital x-rays and a full clinical dental program management system, referred to as an electronic dental record system (EDRS). After researching various programs, my recommendation for an EDRS was Dentrix Enterprise, the version already programmed for correctional health care dental parameters and used by the California Department of Corrections and Rehabilitation (CDCR).

- MCJ and Wellpath have implemented the use of an EHR for Medical and Mental Health to "help providers more effectively diagnose patients, reduce medical errors, and provide safer care, improving patient and provider interaction and communication as well as health care convenience"[3]. Dental at MCJ, however, does not currently have an EDRS, nor does it have digital x-rays conveniently linked to an EDRS. Dental must be included in this triad of health care.

Wellpath and Monterey County Jail (MCJ) decided against the purchase and implementation of both the EDRS and digital x-rays, whose use is the standard of care in the community at large and at CDCR.[4,5] They also refused to have their dental staff enter any clinical data into a dental excel spreadsheet which displayed the statistical data onto a dashboard. They chose rather to program their existing electronic medical record (EMR), CorEMR, into a partial dental program management system.

CorEMR is not an EDRS and even with extensive programming cannot become a fully functioning clinical EDRS the way it is structured. Without an EDRS for example, there is no ability to constantly update and visualize the clinical record and odontogram with diagnoses, existing and new treatment plans. There is no dashboard, or easily attainable relevant statistical

[2] Please review all previous dental reports.
[3] https://www.healthit.gov/faq/what-are-advantages-electronic-health-records
[4] https://ebusiness.ada.org/Assets/docs/32619.pdf
[5] https://www.ada.org/resources/practice/dental-standards

data to give insight into the overall dental program, and there are minimal measures to assist with continuous improvement.

The full programming of CorEMR was not completed per the CAP, nor completed within the assigned timeline of the CAP. The programming of CorEMR was to be completed by November 30, 2021. There are, however, some promising features, some implemented and in progress, from RN [redacted] diligence in working with CorEMR's programmers.

CorEMR currently cannot:

1. Ensure the link between objective findings and the correct diagnosis, the individualized treatment plan and DPC for each line item of a patient's treatment plan,
2. Ensure that patients are found, seen and scheduled according to IP timelines, especially when rescheduled,
3. Link digital x-rays with the patient's dental odontogram and clinical record,
4. Have statistically relevant reports available to assist the dental department in measuring its key performance indicators and trends in relation to its ability to self-monitor itself.

Lack of Available Statistics, Deferred Findings, and Not Measured by Dental Staff

Dental program information, in order for it to be evaluated for compliance, should be fully accessible, easily searchable, and fully transparent, so course corrections to the dental program can be viewed, decided, and acted upon easily and effortlessly. CorEMR at MCJ does not provide these reports at this time.

Through the Dental CAP, Wellpath is committed to programming CorEMR to be able to generate a similar set of statistics as was at least available in the dashboard of the dental excel spreadsheet by November 30th, 2021. As of December 30, 2021, these reports were not yet realized. Therefore, I am unable to comment on the quality of the future CorEMR reports, and it remains unclear how viable these reports will be, and how far back this data will be available, but I am hopeful that some areas such as the DPC shows promising results.

To be able to have some statistics and search for charts to fit in the audit parameters for this audit tour's audit tour data, data was taken from CorEMR's current reports and tasks and flattened to fit into an excel spreadsheet by this monitor. The statistics cover May 1st, 2021, thru December 31st, 2021. Only partial data and statistics as it relates to completed, refused, rescheduled, open and cancelled by staff dental triages and treatments appointments were available for this tour.

The current statistics are limited in their scope, even when going to 6 or 7 areas within CorEMR and then clicking on multiple screens to get data, the lack of a complete clinical picture is illustrated in the variability of the data and in the areas marked "not measured by dental" (NM). Lack of a system may be one of the factors affecting dental's ability to accurately and reliably obtain data and clinical outcome measures to self-assess/evaluate, audit, self-monitor and self-govern itself.

For auditing purposes, basic things such as x-rays, progress notes, tasks, pending treatment plans, completed treatment plans, documents, and so forth, are not always readily available in one place for each patient. These are only a few examples:

- Refusals are not entered into the sick call progress notes but rather in the chart notes. The refusal note is limited and does not explain the reason for the refusal. The risks, benefits, alternatives and consequences of refusing the dental treatment is not included in the note and it does not identify if the patient understands they can reinstate care by submitting a new dental sick call slip.

- Reschedules for nurse sick calls, dental triages and dental treatments, are not noted in the progress notes but rather in the tasks.

- Combing through and trying to relate tasks with completed or rescheduled patients to see if they are receiving their dental care within timeframe, prior to their release is not an easy task and is generally not done by the dental staff.
    - Although not many thankfully, some tasks for dental triages and treatment were accidently completed by nursing staff and the patients were lost in the system with an unresolved sick call slip until the I/P resubmitted a new sick call either due to tooth pain or from not being seen in a timely manner.

- Looking for a patient treatment plan task, completed or pending which is not programmed in the Dental Services form yet in CorEMR such as a periodontal cleaning, anterior or posterior filling, palliative care, root canal, denture adjustment or a referral is particularly time consuming.

- Inmate dental sick call slips are currently not routinely scanned into CorEMR and when they are, are not always scanned timely and in chronological order.

- X-rays, refusal forms, consent forms are oftentimes scanned late and therefore not always scanned chronologically.

Therefore, findings within this report are sometimes deferred for these reasons and due to the inability to search for the charts which fit the necessary criteria for audit in the audit tool parameters. The information is not at the push of a button and not all of these metrics are tracked through CorEMR yet. Plus, many of CorEMR's new programming features were trained on but not instituted until mid-January 2022, which is outside of this audit tour.

The New Jail's Dental Clinic

The new dental clinic within the new jail is not in operation at this time although the jail itself activated on March 6th, 2022. No status yet of when the new dental clinic may open for patient care.

Per Chief Bass, the new facility's opening was delayed significantly due to permitting requirements by the State Fire Marshall. Now that it is opened, Chief Bass stated that the combined jail capacity has increased to 1,401 inmates.

Following the lifting of the Covid-19 restrictions, RN [redacted], and RDA [redacted] escorted Paige York, RDA, Dental Facility Compliance Auditor, on 03/10/2022 for the on-site portion of the tour which included a look at the new dental clinic.

In the new facility, there is only one dental operatory which includes one dental chair with a rear dental delivery system, an intraoral x-ray machine and new cabinetry. During the visit they were unable to locate the room where the compressor and vacuum were located. Subsequently, RN [redacted] and Chief Bass were able to find the compressor and vacuum and it appears that the plumbed system has the required amalgam separator available to be installed on the vacuum per state and county requirements.

The new clinic also has numerous boxes of new dental equipment which can be used when the clinic is up and running.

- Included is a new sterilizer, a G4 Statim 5000, several contra angle handpieces and attachments and high-speed handpieces used in the performance of restorative dentistry.
- There is a wonderful surprise discovered in the boxes within the new clinic, **a Planmeca digital x-ray system with software**, with a pediatric size 1 and an adult size 2 sensor. A computer with the recommended specs will need to be purchased.
    - Dr. [redacted] has requested the purchase of this computer. This will be a major step towards compliance, i.e., obtaining diagnostic radiographs, when digital x-rays are implemented, and the dental assistant and dentist are trained on its clinical use.

One of the challenges to opening the new dental clinic is the location of the dental sterilization area. It was installed too close to the head of the patient, where aerosolized materials come from during patient care. There is currently no effective barrier to prevent cross contamination. Dr. [redacted] is discussing options with MCJ to address this deficiency. They will need to place an effective barrier or move the sterilization area if the new dental clinic is to be used. On May 18th, 2022, the Burkhart Dental Company was to provide a site visit and perform an evaluation and maintenance on the existing equipment that is now 3 years old due to the delay in opening the facility. This evaluation and maintenance appointment did not occur due to a situation outside of Wellpath and MCJ's control.

The new dental facility also does not have its own entrance/exit directly into the hallway. There is only one area of egress from the clinical dental clinic and this leads into a large educational/classroom space. The educational space then has an egress to the hallway.

The dental staff must exit into the classroom first, which may have inmates programming there and this is a safety issue for the dental staff. Currently there is no office space for the dental staff to write notes or do any administrative duties. There is also no patient waiting area. The I/Ps would have to be transported individually if there is no patient waiting area.

These are some of the issues delaying the decision to open and utilize the new dental clinic. If these issues identified above cannot be addressed and changed satisfactorily, other options are being explored by the CDO:

- Expanding the new dental space by being given all or part of the classroom space and determining a solution for the sterilization area.

a. I understand that Dr. [redacted] is in favor of moving the dentist to the new dental clinic if everything aligns. This is also my preferred option as all the equipment is new, the clinic is ADA accessible, and the location is closer and preferable for I/P movement.
b. As of this final report, I was informed that Dental may be granted part of the educational space for an office space and another area granted as an inmate/patient waiting room, while still maintaining an education space further away from the dental clinic. No timeline was given for the final approval and subsequent construction of the walls, but it is a step forward.
c. I believe they are waiting for a dental equipment company to assess the space to finalize a determination for the sterilization area.

- Continuing to use the old clinic space in the rotunda,
- Merging the old and new dental clinic together into the rotunda clinical space.
    a. Although not ideal due to cost, the pharmacy located in the existing rotunda space adjacent to dental will be moving to a new location. This could become part of renovating the old dental clinic into a newer dental clinic. The existing dental operatory can become the hygiene space with the dentist and dental assistant maintaining their desks in the middle and a sterilization space could be placed in this area. The new dental clinic equipment and cabinetry could be moved to the old pharmacy area.
    b. The rotunda dental clinic has more paths of egress.
    c. Merging the new equipment into the existing rotunda dental space, so the hygienist is not working alone, far from the dentist, is an option to consider.

Dr. [redacted] final decision to move the dental staff into the new dental clinic or to use one of the options above, will be determined by results of the following:

- A new dental supply and equipment company, Henry Schein, will provide the evaluation and maintenance of the new equipment and evaluation of the sterilization space. There is no date yet as to when Henry Schein will perform these evaluations and maintenance.
- Custody's formal provision and fabrication of an office space and an inmate/patient waiting room, in collaboration with the educational space, will need to be completed.
- A determination of the location, or relocation, of the sterilization space will need to be completed.
- The location and construction of the barriers or new walls, exit signs and other designations of the shared education space will need to be reviewed and accepted by the Fire Marshall and other stakeholders.
- Purchase of a computer and installation of the software and calibration guides for the digital x-rays will need to be completed. I understand Dr. [redacted] is requesting a laptop so the digital x-rays can be used in either facility.

Access to Dental Care Findings

1.1: Interpreter Services – NC
1.2: Oral Hygiene Supplies – PC
1.3: Oral Hygiene Education – NC
1.4: Inmate Handbook – NC
1.5: Intake Form - NC

1.6: DL 1 – Intake - Scheduled in dental within timeframe - NC
1.7: DL 1 – Intake - Seen in dental as scheduled – NC
1.8: DL 2 – Intake - Scheduled in dental within timeframe - NC
1.9: DL 2 – Intake - Seen in dental as Scheduled – NC
1.10: 14-Day Exam Form (Initial Health Exam/IMQ) - NC
1.11: DL 1 - 14-Day Exam - Scheduled in Dental within timeframe – NC
1.12: DL 1 - 14-Day Exam - Seen in dental as Scheduled – NC
1.13: DL 2 – 14-Day Exam - Scheduled in dental within timeframe – NC
1.14: DL 2 - 14-Day Exam - Seen in dental as Scheduled – NC
1.15: Sick Call Seen by Nursing within 24 hours - NC
1.16: DL 1 - Sick Call - Scheduled in dental within timeframe – NC
1.17: DL 1 - Sick Call - Seen in dental as Scheduled – NC
1.18: DL 2 - Sick Call - Scheduled within timeframe – NC
1.19: DL 2 - Sick Call - Seen in dental as Scheduled – NC
1.20: Physician on Call (POC) Logs - NC
1.21: Specialty Care Referrals / To Outside Specialists - NC
1.22: Specialty Care Referrals / Return from Outside Specialists - NC
1.23: Specialty Care Referrals / Outside Specialists Reports - NC
1.24: Chronic Care (HIV) Referred to Dental - NC
1.25: Chronic Care (Seizures) Referred to Dental - NC
1.26: Chronic Care (Diabetes) Referred to Dental - NC
1.27: Chronic Care (Pregnancy) Referred to Dental - NC
1.28: Chronic Care (Pts on ≥4 Psych Meds) Referred to Dental - DF
1.29: Comprehensive Dental Care - NC
1.30: Comprehensive Dental Care – NC
1.31: Periodontal Program / Cleaning Requests – NC
1.32: Grievances – SC

Intake

The intake form[6] at receiving asks if the patient has dental pain or no pain. This is a mandatory question in CorEMR. When a patient does not verbally identify dental pain, then the nurse generally does not look inside the patient's mouth to visualize "decay, abscess, gum disease, and/or trauma". A referrable dental condition is not always due to pain, so I recommend that the questions of "decay, abscess, gum disease, trauma" are listed first, prior to the pain question, and made into a yes or no questions so that they become a mandatory field in the intake questionnaire.

A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings. (Wellpath IP, p. 98.)

Intake is intended to be the first "catch" of dental problems, prior to the 14-day exam/health appraisal, the chronic care exam and/or the dental sick call. There is no report available to see which and how many patients have been referred to dental from Intake if the referral box to

[6] See Audit tool data at 1.5: Intake Form

dental is not checked. Although [redacted] made checking the referral box a mandatory nurse task when a referral to dental is indicated, there are times when a nurse will refer a patient by creating a task but will not always indicate it on the intake form. This is a training issue which must be rectified.

Intake is currently a barrier to access to dental care and must be corrected. The intake form must be updated as soon as possible. Barriers to transparency must be overcome as well, as it is currently time-consuming and cumbersome to identify if the referrals from intake are performed and referred correctly, if they are scheduled in dental within the dental level classification, and if they are seen in dental as scheduled, and if rescheduled if the I/Ps are seen within timeframe.

Interpreter Services
For the span of May 1 thru Dec 31, 2021, there were 616 inmate/patients identified, in their medical record, with "interpreter needed". When looking for charts to review, most charts had no dental visits. I will review this finding further during the next dental audit tour to see this is an access to care issue.

Of the charts reviewed who had a dental appointment, none needed a sign language interpreter[7]. I understand that MCJ has now instituted a sign language program for the inmate-patients available on a purple tablet, but Wellpath does not have a service yet for its clinicians to use when a patient needs a sign language interpreter.

Of the charts reviewed who had a dental appointment and needed a language interpreter, a certified language interpreter was not utilized. Certified language interpreter services are available at MCJ and information for the language line is posted in the dental clinic.

Translators and interpreters will be used whenever necessary to ensure effective communication. (Wellpath IP, p. 10)

It appears that RDA [redacted] is being utilized to translate in Spanish when needed. Although I am sure that she does a great job, since she is not a certified Spanish translator, there is no verifiable certainty that she is translating according to medical/dental standards until she takes a test to certify her skills. I recommend that [redacted] take the test offered by the County to become a certified Spanish translator if she desires. Note, when using a certified language translator or sign language service, the name and certification number of the interpreter must be identified in the progress notes.

Oral Hygiene Education
There is currently no dental video on brushing and flossing on the tablets the inmate/patients are using. The streaming videos from the American Dental Association (ADA) were approved to be used on the tablet but it appears that this is an IT and licensing challenge, therefore a DVD will need to be purchased and uploaded to the tablet. This is now on the CDO's list of things to evaluate and to decide on. A pamphlet at a minimum for brushing and flossing in both English and Spanish should be scanned and uploaded to assist the patients with oral hygiene instruction.

[7] *See* Draft 4th ADA Monitoring Report at 59

The inmate handbook has not been updated yet to provide instruction to the inmate/patients that they can request oral hygiene instruction from dental directly when needed.

Inmates are given toothbrushes and can receive instruction in proper brushing technique from the medical staff upon request. (Wellpath IP, p. 99.)

Oral Hygiene Supplies
There is toothpaste being dispensed to the inmate/patients (I/Ps) are without the ADA Seal of Acceptance. It is noted however that the toothpaste is from a reputable brand made in the US but does not carry the ADA Seal of Acceptance therefore full compliance in this area cannot be yet issued.

The commissary does carries toothpaste with the ADA Seal of Acceptance which can be purchased. Indigent packs with toothpaste which does carry the ADA Seal of Acceptance and a toothbrush are given out weekly and floss loops are dispensed upon request, free of charge. Interviews to verify that these packs and the floss loops are being received by the indigent I/Ps have not been conducted. This is to occur at the next audit tour.

Dental floss loops are available through the commissary for routine flossing. Indigent inmates shall be provided with dental care supplies. (Wellpath IP, p. 99.)

Inmate Orientation Handbook
The dental portion was updated and typed into the inmate orientation handbook using tracked changes. I received a final version on 05.24.2022, dated 03-22-2021 but my updates were not included in the handbook. I updated this version and emailed the handbook for review prior to this final report and no changes came back. I am including it with this report so it can be sent for publication and uploaded into the tablet.

14-Day Exam/Health Assessment
The nursing staff performs the dental portion of the Health Assessment (formally the Initial Health History (IMQ)), also known as the 14-Day Exam.

The practice of not looking inside the inmate/patient's mouth, without a complaint of pain, continues with the 14-Day Exam screening even with a new form, and despite documented training!

Screening for all inmates: A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems…perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. All screening findings will be documented on the health inventory form including the odontogram. Follow up referral and/or consultation with onsite or

on call medical provider and /or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation". (Wellpath IP, p. 98.)

The new scannable form which RN [redacted] made; captures the data the IP demands. This new form has a documented odontogram to visualize the area(s) of current dental concerns which the nurses can fill out. The form is helpful to assess a patient for a referral to the dental clinic since not all dental conditions which can be visualized have pain initially associated with them, i.e., cavities, certain types of cancers, periodontal disease, broken down teeth. These examples are often precursors to irreversible dental conditions, which can cause harm to the patient.

It does not appear the form has been utilized very often because nursing turnover was so high that the staffing shortage appeared to affect the number of nurses performing this mandated task. Since no statistics were kept, I am unable to share with you the number of referrals to Dental from the 14-Day Exam. The lack of performing the mandated clinical evaluation, no matter the reason, remains a barrier to access to care and a violation of the mandates of the IP.

It is paramount that nursing evaluates each inmate/patient during the health assessment and look inside every patient's mouth to perform and record all oral health screening information as mandated by the IP. The patients not only miss out on their mandated dental care but also on their opportunity for increased dental health by minimizing the risk of an undiagnosed dental conditions which could affect the I/Ps dental and overall health for years to come.

There is some good news, however. CorEMR created a similar form, using RN [redacted] guidance, for the dental portion of the Health Appraisal. It was activated after this audit tour. I am hopeful that it will be utilized as mandated and also track the referrals to dental in an easy to reference report. It doesn't however have a writeable odontogram to visualize the dental areas of concern for each inmate/patient and this also is a deficiency which will need to be rectified.

Update: Following this audit tour, CorEMR was programmed to report the referrals to dental from Intake and the 14-Day Exam. Unfortunately, if the nurse does not check the referral box in the form and rather goes directly to the task, the referral to dental does not get tracked. Only with tracking the referrals does it become known if the patients are ultimately seen in dental from Intake and 14-Day Exam for their dental care needs. Per the CAP the nurses were to track referrals using the dental log, but due to the sporadic nature of which nurse was logging or not logging in the information, the dental log, per RN [redacted] is not being used to track referrals anymore.

Additionally, to find charts to audit which fit the criteria, i.e., referrals from the 14-day exam to dental with a DL1 or DL2 classification, a word search in the dental sick call section found in CorEMR was used to see which charts to randomly pull from to audit. Word searches however are an inaccurate way of finding charts to audit and for tracking compliance as it does not capture all the charts if the nurses don't correctly write and identify the description to match the task.

Inmate Request – Dental Sick Call Slips
One example of the areas of audit compliance mandated by the Implementation Plan is to make sure that patients are seen by a nurse within 24 hours of their submitted dental sick call request. There were multiple patients not seen within 24 hours following their requested dental sick call slips. 30% of the audited I/P's charts were seen within timeframe[8]. To prevent harm to a patient, it is paramount that inmate/patients are seen as scheduled by the nursing staff and subsequently by the dentist.

All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA, or RN ***to be seen within one day of the request.*** *The complaint is prioritized and referred to Dental Sick call as deemed necessary. Interim treatment for pain and infection is provided until the patient is seen by the dentist. (Wellpath IP, p. 101)*

I requested access to Intelmate years ago and was not granted permission by custody to have access to this system which tracks the inmate sick call slips as well as grievances. The Wellpath staff do a word search and pull up a list from which I can audit. As mentioned before, word searches are an inaccurate way for tracking overall compliance. It is not a transparent, efficient way for MCJ and Wellpath to self-audit, evaluate, monitor, and self-govern their program. All inmate/patients are afforded episodic dental care as a mandated right and one I/P lost in the system is one too many.

It is important to note that once the I/P is seen by a nurse within 24 hours of their dental sick call request, the I/Ps are to be seen within timeframe of the Dental Level (assigned by the nurse) and Dental Priority Code (assigned by the dentist). See section on Logistics on p. 5 of this report for additional information.

To track if the sick call slip request is seen through nursing and all the way through to a dental triage and treatment when indicated, an Intelmate Case ID could be assigned to track this process. The only downside would be if a patient submits multiple sick call slips for the same problem. A nurse would have to consolidate the sick call slips into one case ID. Otherwise this would help to visualize if all dental sick call slips were ultimately addressed, even if assigned within a medical sick call. This may still be worth exploring so that all inmate requests for a dental sick call are addressed timely and can be tracked for completeness.

Dental Sick Calls.
Although improvements are sure to be noted when the CAP items will be in operation during the next dental tour, there remain the same systemic problem of observed neglect to the patients as applies to the multitude and sheer number of rescheduled dental patients for both episodic and comprehensive dental care at MCJ this audit period. It is worse than the last dental audit tour.

Not examined and from a cursory review, nursing reschedules are extensive as well, so patients are not seen as scheduled and rescheduled multiple times from their inmate sick call slip requests. Reschedules are a barrier to access to care. I will review the nursing reschedules further

[8] See page 36 of the Data and Statistics portion of this report #7.

during the next audit tour. There are various reasons for reschedules and I will discuss this as well.

During the May 1st thru December 31st, 2021, audit timeframe, there were 68 dental works days of 12 hours each/2 days per week. Per CorEMR there were 3516 scheduled patients for dental sick call and treatment, but only 919 patients were seen in dental. There were 2119 reschedules out of 3516 scheduled patients, which is **60.3% reschedules.**
There are no statistics or systems in place to assess how many patients were scheduled and seen for a DL1 or DL2 condition from Intake, 14-Day Exam, from sick call or a physician referral as there are no metrics and statistics gathered by dental to measure this information.

There were 209 RN and 139 Dental scheduling duplicates which occurred on the same day which is 9.9% and 6.6% scheduling errors respectively within the number of reschedules. **This also means that 80% (or 1695 appointments) of the patients who were rescheduled was due to other reasons, such as a nursing staff shortage or a shortage of dental hours.** That is nearly 25 patient appointments rescheduled for each dental workday. Imagine 25 people every dental day not receiving dental care as scheduled for requests of pain, swelling, toothaches!

Positive findings and conditions requiring further evaluation and/or treatment shall be referred to the appropriate provider, i.e., medical, mental health and dental, next scheduled sick call. Urgent conditions will be referred immediately to on-site or on-call provider resources. (Wellpath IP, p. 34).

Further investigation is warranted to see how many patients are rescheduled until they are released and never seen as scheduled. Since there are no statistics measured, this overall statistic is not available without much research.

This is over 1 out of every 2 scheduled dental patients who were rescheduled, and who did not receive their timely scheduled dental care even when a Registered Dental Assistant (RDA) was working with the Dentist! **It is vitally important that Wellpath, corporate and locally and MCJ take responsibility for their inmate/patient's dental wellbeing!**

"CFMG personnel provide health care services for inmates and act as their advocates in health care matters. Health services shall be rendered with consideration for the patient's dignity and feelings and in a manner which encourages the patient's subsequent utilization of appropriate health services". (Wellpath IP, p. 20).

Not Addressing Dental Sick Calls and Turning the Patient Away
Turning away a patient without addressing his/her chief complaint is a clear violation of the Implementation Plan. Please refer to Case Review #20 on page 193-195 of the attached data and statistics report #7. Note that this patient also has mental health-special needs, as indicated in the medical record, and may not have been able to fully advocate for themself, expressing the degree of pain and/or discomfort that the filling request demanded. Patient asked 5 times for fillings (seen and turned away 3 times in the dental clinic) over a six months' time period. "Pt. requesting his front teeth be fixed. States he has some "cavities" that need to be filled." Patient

was told by Dr. [redacted] to return when he was incarcerated for one year. "Education: Informed patient to return at 1 yr anniversary for AE and fillings."

The IP provides for the repair of injured or carious (decayed) teeth:

"Services for Inmates Incarcerated for less than One Year…. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below: (1) Relief of pain and treatment of acute infections and other urgent conditions…. (4) Repair of injured or carious teeth. (5) Removal of irritation conditions which may lead to malignancies. (6) Replacement of lost teeth and restoration of function, if dental function is markedly limited. The attending dentist will determine necessity and priority. (Wellpath IP, p. 99-100)

The patient is entitled to have fillings per the IP but first must come the evaluation of the chief complaint.

B. Services for Inmates Incarcerated for less than One Year…4. All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. The complaint is prioritized and referred to Dental Sick call as deemed necessary. Interim treatment for pain and infection is provided until the patient is seen by the dentist. (Wellpath IP, p. 101)

No objective findings were noted for each time the patient requested a dental sick call for fillings and cavities to be fixed. It doesn't say in the progress notes that the dentist looked in the patient's mouth. No x-rays were taken, no diagnosis/assessment was given, supported by the objective findings, no treatment plan and no DPC was given for the patient's front teeth. Once a treatment plan is established for a chief complaint, then the DPC is assessed for the timeliness of care of this restorative treatment plan.

Although treatment is not limited to simple extractions, elective restorative work which can reasonably be deferred without serious detriment to the patient should be considered the inmate's responsibility. Such work may, with custody's approval, be done during the period of incarceration at the inmate's expense; otherwise, appropriate referral information should be supplied upon release. (Wellpath IP, p. 100)

I do not know why this patient in particular was declined a dental triage and possible treatment on 3 occasions, but many anterior fillings on other patients have been completed and were not turned away. I also do not know how many patients have been turned away without a diagnosis for requests for fillings or other types of dental sick calls. If the patient needed a referral to an outside clinician, this could have been done as well. See the section on Specialty Care Referrals below.

As this situation is a breach of the IP, immediate documented training is mandated to be provided to the Dentist as soon as possible to rectify this deficiency.

Physician on Call (POC) Logs
From the advanced materials, I was given some numbers showing there were DL1 and DL2 referrals from the POC however no log was given with the patient's names and booking numbers in order to audit these charts. Therefore, there is no physician on call dental log to assess if a patient is seen from a POC emergency or a POC referral.

Specialty Care Referrals - Tracking Outside Referrals
A separate hand counted system to which I do not have access, called ERMA, is tracking outside specialty referrals from the dental department. I asked RN [redacted] for access and am not sure the result of this request. I believe she may not have full access to ERMA either. I will request access again during the next audit tour. I was not given any records or logs of dental referrals from ERMA, accounting for any referrals to outside specialists from the dental clinic.

It used to be that a dental priority code of "5" within the dental excel spreadsheet could track an outside dental specialty referral and the patient's return from an outside referral, but since the dental staff were told to no longer use the dental spreadsheet, I am unable to track any outside specialty dental referrals without being given the information. I am also unable to audit if the patient was seen by an outside specialist within timeframe and/or if the patient was seen by dental the following dental day and if a report was available.

Referral to and priority of offsite oral surgeon will be the responsibility of the facility dentist in accordance with the Dental Priority System. (Wellpath IP, p. 101)

A local contract dentist will be available for referral when in the opinion of the treating dentist the procedure could be handled more predictably by an endodontic specialist. (Wellpath IP, p. 109)

Inmates with medical and/or psychiatric conditions identified during intake screening or returning to the jail from off-site hospitalization shall be assessed by the Booking RN who will begin initial treatment planning by initiating the continuation of essential care and treatment at the time of intake; consultation with the on-call provider as necessary; and, scheduling referrals for follow up evaluation by the responsible physician mid-level provider or RN who will be responsible for further developing and documenting an individualized plan of treatment. (*Wellpath IP, p. 26)*

Medically necessary services which are not provided on-site shall be made available by referral to County or private medical/health services providers. (Wellpath IP, p. 20)

If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Wellpath IP, p. 99)

Complicated dental problems are referred to an oral surgeon as deemed necessary with priority determined by the responsible dentist in accordance with the Dental Priority System." (Wellpath IP, p. 102).

Chronic Care and Referrals to Dental
There were no patients with chronic care conditions such as HIV, Seizures, Diabetes, Pregnancy, and patients on 4 or more psych meds, referred to dental at the 7-day physician led chronic care appointment. A referral to dental should be made from the chronic care clinic and scheduled within 90 days in the dental clinic for a comprehensive dental examination. This was previously decided upon with the previous CDO and is in the CAP. Both medical directors are no longer at MCJ and there is a contracted medical director who has not been trained in this category. I recommend immediate training.

CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail…Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27).

Comprehensive Dental Examinations, X-rays and Reschedules
Patients with over one year of incarceration, those eligible for the periodontal disease program and those with chronic care conditions are eligible for comprehensive dental care (as opposed to episodic care which addresses only one dental issue at a time). Note that the dental department calls the comprehensive dental examination the Annual Exam (AE) and the Periodontal (gum) Charting (PC).

TracNet, the program used by the Sheriff's Department, automatically schedules all booked patients 12 months from their initial date of incarceration for their comprehensive dental examination appointment. If the I/Ps are still incarcerated at MCJ, then they are seen as scheduled. If they are released from custody, then their dental appointment falls off the appointment task list. This established system ensures that all patients with over one year of incarceration remaining on their sentence have access to comprehensive dental care and are assigned an appointment time specifically to address their mandated dental care.

Comprehensive Dental Examinations Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. The purpose of the dental examinations shall be for the identification, diagnosis, and treatment of dental pathology which impacts the health and welfare of inmate patients.
a. Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility.
b. Examination findings and proposed treatment plan will be documented on standardized comprehensive dental exam, periodontal exam and treatment planning forms which will be filed in the patient medical record.
c. Panoramic radiograph may be requested from an outside source when, in the discretion of the dentist, it will assist in diagnosis and treatment planning. (Wellpath IP, p. 103).

This system has been routinely in place since early 2019. This TracNet system was successful in its ability to provide access to dental care to the patients of MCJ. Prior to 2021, patients were generally seen as scheduled for their comprehensive dental exam. In 2021, patients were rescheduled, or their comp exam appointments deleted if the patient didn't request his/her

comprehensive dental examination. I do not have a firm statistic to say how many of the patients had their comp dental exam deleted, rescheduled or canceled by staff. I can say that 19 patients were seen during this audit period and 584 were not seen for one reason or another.

This is a barrier to access to care because the existing Inmate Orientation Handbook does not state that patients must request their comprehensive exam through the dental sick call slip system when they reach their one year of incarceration!

Dr. [redacted] has rescheduled or canceled a patient with an appointment for their annual comprehensive dental exam. See patient [redacted] booked 12/30/2020. Patient's appointment was **Rescheduled Appointment** – Non Inmate request for Annual Exam [DDS [redacted] Thomas on 12-28-2021] and rescheduled to 04/27/2022. Patient was never seen in dental. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date.

Patient [redacted] booked 12/01/2020. Patient's appointment was **Delete Appointment** - Non Inmate request for Annual Dental Exam [DDS [redacted] on 11-10-2021] and again **Delete Appointment** - Non Inmate request for Annual Dental Exam [DDS [redacted] on 11-30-2021]. Patient's medical chart states "Interpreter" needed, and patient is a Chronic care patient. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment with an interpreter, as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date. This patient was also not scheduled for a comprehensive dental exam through the chronic care pathway.

I recommend a communication system, such as a letter advising the inmate/patients of their eligibility two weeks prior to their one year date of incarceration so that the appointment that is already set for them remains available for them if they decide to have their comprehensive dental examination, periodontal charting and treatment plan.

Periodontal Disease Program

There is no periodontal disease program in effect at MCJ. Dr. [redacted] the previous CDO and I worked through the process and after many workflows arrived at a solution in which the inmate/patients can access and receive the periodontal screening as outlined in the Periodontal Disease Program of the Implementation Plan.

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Wellpath IP, pp. 100, 103).

Wellpath and MCJ Counsels contended that if a patient is asking for a cleaning, then they are not eligible because they have less than one year of incarceration remaining. They stated the I/Ps would have to ask for a "periodontal screening" to enter into the process found in the Periodontal Disease Program.

Opposing Counsels contended that if a patient requests a "periodontal screening" this is not something a reasonable or lay person would understand to ask for in terms of common language. Patients would ask for "can I have a cleaning" or "my gums are bleeding" to inquire about the health of their gums and the necessity of a cleaning. I stated that I do not want semantics to hinder a patient's access to care.

The Implementation Plan itself was agreed upon by all parties, hence the parties agree to implementing the Periodontal Disease Program at MCJ. Dr. [redacted], the previous CDO and I agreed to use the Chronic Care referral to Dental system as a way for patients to access the Periodontal Disease Program.

The general outline of the periodontal disease program process is listed below. I recommend that Dr. [redacted] RN [redacted] Dr. [redacted], and I go through and finish detailing the steps necessary to achieve a functional, efficient, and effective workflow. This Periodontal Disease Program system must be implemented as soon as possible to be in compliance with the CAP and the Implementation Plan.

1. If patient submits a dental sick call slip regarding a gum or bone loss issue:
    a. Varied words or descriptions are allowable, for example: my gums are bleeding, gum pain, I want a cleaning, I have a bad smell or bad taste in my mouth, my gums are irritated, I want a periodontal screening, I want a deep cleaning because I had gum disease before, etc.
    b. Nurse is to differentiate if it is a localized or generalized issue.
        i. If a localized issue, the problem is referred to dental through the dental sick call system where a Dental Level 1 or 2 is given, and the patient is scheduled in dental within the DL timeframe. Dental Level 1 is next dental day and Dental Level 2 is within 14 calendar days.
        ii. If a generalized issue, then the nurse evaluates if it is an urgent/emergent problem. If urgent/emergent, then the patient goes through the dental sick call system where a Dental Level 1 or 2 is given, and the patient is scheduled in dental within the dental level timeframes.
        iii. If it is a generalized issue and not an urgent or emergent problem, then the patient's request goes through a similar process as in the Chronic Care referral process where the patient is scheduled in dental within 90 days for a comprehensive and periodontal dental examination.
            1. If the nurse determines that the patient has indeed a generalized non-urgent/non-emergent condition such as bleeding gums which allows the patient to be scheduled through the chronic care route, but feels the patient should not wait 90 days, then the nurse can schedule for a comprehensive dental examination (to include a periodontal examination) sooner at his/her discretion.

    c. If the patient is no longer incarcerated at the time of the appointment, then the appointment falls off the dental schedule.

d. The comp and perio exam will include the full mouth series of x-rays (FMX). Since an FMX is taken and the dentist is responsible for identifying any disease processes within any x-ray, the comprehensive dental examination which includes the periodontal examination is fully charted and a treatment plan is determined, with a DPC attached to each line of treatment plan.

e. Patients will be scheduled for treatment based on their DPC. Note that all, the entire, treatment needs to be completed prior to the longest DPC, which means that if the patient has four quadrants of deep scaling and root planing (deep cleaning) with a DPC 2, an extraction with DPC 1B, and three fillings with a DPC 2, then all the treatment needs to be completed by the DPC 2 timeframe. See Logistics page 5 for the new DPC nomenclature.

f. If a patient is placed in the periodontal disease program but puts in a new dental sick call slip for a new condition, then the new dental chief complaint is evaluated in the dental sick call process as outlined in #1. b.i. and 1.b. ii. above.

Covid-19 Precautions and Restrictions

RDA [redacted] and RN/HSA [redacted] stated during the dental tour that the biggest known barriers to access to care and timeliness of care has been the COVID restrictions. These restrictions resulted in units being locked down which limited the movement of patients to the dental clinic even if a patient had an urgent/emergent problem and did not have Covid-19.[9]

On June 01, 2020, ADA Interim Guidance for Management of Emergency and Urgent Dental Care was released (see ADA interim guidance algorithm).[10]

"On June 10, 2021, the Occupational Safety and Health Administration (OSHA) issued an Emergency Temporary Standard (ETS) to protect health care workers from exposure to COVID-19 in the workplace. Dentists provide ambulatory care in outpatient settings and are considered to be subject to the ETS."[11]

"This new infection control guidance and very low COVID-19 infection rate for dentists and dental hygienists prove that dental practices are safe workplaces," states American Dental Association President Daniel J. Klemmedson, D.D.S., M.D.

Per the ADA, "The new OSHA workplace ETS provides guidance to be implemented in health care settings where all employees may not be screened for COVID-19, and non-employees and patients with suspected or confirmed COVID-19 are allowed to enter and may be treated. Dental offices most likely to be affected by this standard would include hospital-based oral surgery practices or those who provide care for COVID-19 patients. Dental offices should have a written

[9] Please see section on COVID protocols and barriers to access to care.

[10] https://www.ada.org/publications/ada-news/2020/april/ada-releases-interim-guidance-on-minimizing-covid-19-transmission-risk-when-treating-emergencies

[11] Academy of General Dentistry email June 10, 2021 @ 4:06:22 pm.

COVID-19 plan in place. If an office is covered under this ETS it is mandated to do so. If an office is exempt, it still should do a hazard assessment and written plan as recommended in OSHA's Recommended Practices for Safety and Health Programs."[12]
Additionally, "California health care works must show proof of COVID-19 vaccination; unvaccinated workers must get tested regularly".[13]

I did not see nor was I provided a more recent update to the Covid guidelines than the one issued by Wellpath in January 2021. See the Appendix #1 in the attached data and statistics report #7. I recommend that Dr. [redacted] update the Wellpath Covid-19 directive since guidelines have been updated by the Center for Disease Control (CDC). Currently, if a patient is in a quarantined unit but does not have Covid-19 and has no symptoms of Covid-19 and tested negative for Covid-19 and has an urgent/emergent dental condition, then they can be brought to the dental office for dental treatment with the dental staff wearing their approved PPE. Although this may change at any time, having the most current guidelines issue to staff by their CDO is important for the health and safety of staff and patients alike.

Timeliness of Care Findings

2.1: DPC 1A Treated in Dental within Timeframe - NC
2.2: DPC 1B Treated in Dental within Timeframe – NC
2.3: DPC 1C Treated in Dental within Timeframe - NC
2.4: DPC 2 Treated in Dental within Timeframe – NC
2.5: Chronic Care (HIV) seen as scheduled – N/A
2.6: Chronic Care (Seizures) seen as scheduled – N/A
2.7: Chronic Care (Diabetes) seen as scheduled – N/A
2.8: Chronic Care (Pregnancy) seen as scheduled – N/A
2.9: Chronic Care (Pt on ≥4 psych meds or Special Needs) – DF
2.10: Comprehensive Dental Care – NC
2.11: Periodontal Disease Program – DF
2.12: Refusals (Chairside & Cellside) – Informational – N/A
2.13: Refusals (Chairside & Cellside) - DF
2.14: Reschedules (R/S) - NC
2.15: Reschedules (R/S) - NC
2.16: No Shows due to Custody – SC (Per Dentist, this section may need attention)

Please reference Logistics of the DL (assigned by the nurse) and DPC (assigned by the dentist) on page 5-6 of this report. With 60.3% of patients rescheduled (see Data and Statistics report p. 62-63) and the dental program not gathering statistics during this audit tour, timeliness of dental care is in non-compliance.

There is good news however, CorEMR has been programmed to identify and track the DPC timelines moving forward. Training occurred in late 2021 but implementation of the system took

[12] https://www.ada.org/en/press-room/news-releases/2021-archives/june/dentistry-and-new-covid-19-workplace-regulations
[13] https://www.cda.org/Home/News-and-Events/Newsroom/Article-Details/california-health-care-workers-must-show-proof-of-covid-19-vaccination-unvaccinated-workers-must-get-tested-regularly

place in mid-January 2022. With the advent of CorEMR's new abilities to measure the DPC timeframes, I anticipate great improvements in this area during the dental audit tour #8.

From the period 05/01/2021 thru 06/22/2021, Dr. [redacted] did not have his permanent Dental Assistant, but he did have a temporary Dental Assistant capable of taking x-rays, charting, and assisting him in the overall mandates of the Implementation Plan. Following 06/22/201 thru to 12/31/21, Dr. [redacted] had his full time Dental Assistant present.

They had zero instance of seeing patients for their comprehensive dental examination or comprehensive recall examination within 30 days of their one year date of incarceration[14]. There were zero instances of rescheduled patients scheduled again and their appointment seen and completed within compliance timeframe.[15] Some audited patients were rescheduled 23-39 times and not seen within timeframe. According to the CAP, the dental staff were trained by the CDO to see patients as scheduled. The CDO will provide remediation training for all CAP items not in compliance.

Per the IP, when an inmate/patient is eligible for a comprehensive exam, they are also eligible for an individualized dental treatment plan, and subsequent dental treatment from that treatment plan. Patients are entitled to the completion of their treatment plan in a timely manner.

A treatment plan is a series of written statements which specify the particular course of treatment. A thorough plan will be included in the plan portion of S.O.A.P. progress note, and problem lists will reflect current problems or conditions being followed. Monitoring the efficacy of treatment while in custody, and discharge planning are essential components of the treatment plan. (Wellpath IP, p.26).

Each patient is to receive a Dental Priority Code (DPC) for each line of dental treatment. A DPC is attached to each line item of the I/Ps dental treatment plan to identify in which timeframe they are eligible to receive treatment.

Dental treatment will be provided in accordance with the following Dental Priority System:
(1) Emergency Care (Immediate Treatment): Inmate-patients requiring treatment of an acute oral or maxilla-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.
(2) Treatment within 1 calendar day: (DPC 1A) Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.
(3) Treatment within 30 calendar days: (DPC 1B) Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.
(4) Treatment within 60 calendar days: (DPC 1C) Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.
(5) Treatment within 120 calendar days: (DPC 2) Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative

[14] See attached Data and Statistics report, p. 45-46, 60-61
[15] See attached Data and Statistics report, p. 63.

materials, mechanical debridement, or surgical intervention. Moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Wellpath IP, p. 101- 102)

Note that the DPC is not only for a patient with a comprehensive dental treatment plan but also for an episodic treatment plan that comes from a dental sick call request. Patients are eligible to receive treatment and not be rescheduled due to lack of resources, lack of staff, and/or lack of dental hours. It is Wellpath and MCJ's responsibility per the IP to provide the resources for them to comply with the mandates of the IP.

Inmate-patients with comprehensive examinations and treatment plans are eligible to receive permanent restorations in accordance with their established treatment plan. (Wellpath IP, p. 106).

MCJ dental clinic shall provide necessary oral surgery services to all inmate- patients onsite or through a local community provider. (Wellpath IP, p. 100, 103).

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Wellpath IP, p. 100, 108).

All patients in custody of county detention centers with CFMG dental contracts shall be eligible to receive palliative endodontic therapy limited to upper and lower anterior teeth…. Palliative endodontic therapy-the procedure in which pulpal debridement is performed to relieve acute pain shall be provided to all inmate-patients. Inmate-patients incarcerated for 12 months or greater are eligible to receive root canal therapy limited to upper and lower anterior teeth… (Wellpath IP, p. 108).

It is a hardship for the patients who have waited patiently for their dental triages, comprehensive dental examinations and/or dental treatments to not be seen for their dental appointments. They may have or develop undiagnosed dental disease through no fault of their own. This time delay can have deleterious effects on a patient's ability to keep their teeth and cause harm to their overall dental health.[16,17,18]

Completing Dental Appointments is Only for the Dentist to Complete

There were some dental tasks which were accidently set as "completed" by nursing staff. This affected the patients' access to dental care and timeliness of care, as they were no longer scheduled for a dental sick call triage or a dental treatment when this occurred. If the patient does not resubmit a new dental sick call, because they are unaware of the nurse's error, then their dental pain or procedure has been essentially deleted.

[16] https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475
[17] https://www.ada.org/~/media/ADA/Publications/Files/patient_61.ashx
[18] https://www.agd.org/docs/default-source/self-instruction-(gendent)/gendent_nd17_aafp_kane.pdf

Only the Dentist is to complete dental sick call or dental treatment appointments. This is due to a lack of ongoing training which should be addressed immediately, especially as new staff are being onboarded routinely.

Refusals
The CDO is to train the dental staff that either the patient refuses the treatment, or the patient is seen as scheduled. If the patient refuses treatment, the refusal form should be filled out with details of the treatment that is being refused, the reason for the refusal, the risks, benefits, alternatives & consequences discussed of refusing that care and document the discussion in the progress notes. Also make sure the patient knows how to contact dental if condition worsens and how to reinstate care and that this is also written in the progress notes.

Rescheduled Dental Patients and Tracking Rescheduled Patients
The failure to see patients within the appropriate timeframe is a violation of the IP. See attached Data and Statistics report, p. 63.

Please see patients as scheduled!

Tracking rescheduled patients and making sure they are scheduled again for their initial chief complaint is important to satisfy the mandates of the Implementation Plan. Tracking a rescheduled patient, especially if rescheduled multiple times is more than CorEMR is programed to do effectively at this time. Finish programming CorEMR to the standards of an EDRS.

If the Dentist does not schedule a rescheduled patient with an existing DPC, then the patient is not scheduled to be seen in dental. There is no way to perform a search for the type of scheduled procedure the patient is needing. Only a task with the patient's specific name or booking number is available to be searched for in CorEMR. It becomes labor intensive to search multiple tasks with multiple treatment plans within CorEMR as it is not an EDRS.

When patients have multiple lines of treatment from their comprehensive exam, this becomes even more important that a true dental software is utilized so unscheduled patients without an appointment can quickly be found at the push of a button. It is virtually impossible to search for a list of unscheduled patients needing an extraction or filling for example. I understand there may be a workaround available during the next dental tour.

This is where an electronic dental record system (EDRS) such as Dentrix Enterprise would be capable of tracking and accounting for all patients. These are only a small sampling of examples for necessary searches within an EDRS to find patients who need to be seen and kept track of for patients who have:

- treatment plans for both episodic and comprehensive care,
- referrals from nursing from Intake, 14-Day Exam, Dental Sick Call, physician referrals,
- referrals to outside specials,
- searching for all treatment due under all DPCs,
- searching for lists of patients needing restorative, oral surgery, periodontal treatment, endodontic care,

- searching for unscheduled or rescheduled patient appointments and so forth.

Although rescheduled patients can be tracked by an EDRS, having the sufficient number of dental staff to see the patients for their dental triage and treatment and/or comprehensive dental exam and treatment before they are released is outside the purview of an EDRS. See section on workflow and staffing analysis.

There is also an urgent need for Wellpath to find an effective mechanism for scheduling patients and tracking reschedules, whether through an EDRS or through upgrading existing software such as CorEMR or the dental spreadsheet. This report notes deeply concerning levels of non-compliance with respect to not scheduling and not seeing patients for dental care in a timely manner, treating patients according to the longer DPC timelines, and (relatedly) rescheduling patients.

There is also no way to sort or organize patients based on the type of appointment or treatment prescribed. Simply sorting patients differently could improve the efficiency of the dental program, reducing reschedules and decreasing barriers to access to care. There are also certain types of procedures that may end up getting rescheduled more often than others, or that tend to cause other patients to get rescheduled. Having that information, the jail can schedule around it, but there is no way of knowing about these trends without looking at them or having a system designed to look for noncompliance.

Quality of Dental Care Findings

Please review Section III.3 in the separately attached statistics and audit tool data, for detailed information regarding additional findings and recommendations.

3.1: Dental Triage - NC
3.2: Comprehensive Dental Care - NC
3.3: Chronic Care (HIV) – N/A as no patients were referred and scheduled for Chronic Care
3.4: Chronic Care (Seizures) - N/A as no patients were referred and scheduled for Chronic Care
3.5: Chronic Care (Diabetes) - N/A as no patients were referred and scheduled for Chronic Care
3.6: Chronic Care (Pregnancy) - N/A as no patients were referred & scheduled for Chronic Care
3.7: Chronic Care (≥4 Psych meds) – DF
3.8: Periodontal Treatment and the Periodontal Disease Program - DF
3.9: Restorative - NC
3.10: Extractions/Oral Surgery - NC
3.11: Endodontics – NC
3.12: Prosthodontics – DF
3.13: Progress and Chart Notes for I/Ps scheduled but not seen - DF

Consent Forms

The informed consent forms are not completed and approved by Wellpath's forms committed yet. Dr. [redacted] is to provide patients at MCJ with adequate and separate informed consent forms, i.e., general, extraction, periodontal, root canal, etc.

Not having a signed, accurate and witnessed informed consent for the extraction teeth #2 & #3 is a clear violation of the Implementation Plan. *See D&S at 194-195.* Additionally, the informed consent on 11/21/2018 indicated extraction #3 however the extraction was done on #19. The inaccuracy in the informed consent for #19 and not having an informed consent for #2 & #3 is a liability for MCJ. The CDO is to train the dentist that the correct tooth number is to be on the respective informed consent form and that the dentist sign on the appropriate line of the consent form.

"Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice." (Wellpath IP, P. 20-21)

Substantiating the Diagnosis with Objective Findings

Here is a sampling of common types of objective findings found during the clinical dental examination and used to substantiate a diagnosis:

- specific location/area as it relates to the chief complaint,
- diagnostic radiographs (x-rays),
- vital signs, i.e., fever, blood pressure
- pain to cold and/or hot with or without lingering pain,
- existing restorations or missing teeth
- decay including surfaces
- discussion of occlusion and opposing occlusion,
- pain to percussion,
- mobility, suppuration, bleeding
- results of palpation,
- swelling, sinus tract, abscess,
- lymphadenopathy.

For the span of May 1st thru December 31st, 2021, there are multiple instances where objective findings are not listed in the progress notes or used to substantiate the diagnosis. *(D&S at 86, 87, 88, 91, 94, 101-106, 108-117, 119-122, 166, 167, 169, 173, 175, 177, 182, 184, 192, 194).*

Providing a diagnosis or an inconsistent or contradictory diagnosis that is not supported by objective findings can cause harm to a patient, *see D&S at 81, 85, 119.* Per the CAP, the CDO will train the dentist to identify, note and chart objective findings and use the objective findings to substantiate the diagnosis.

There are occasions where some discrepancies between which tooth the patient complained of and the one the dentist works on, making it possible that the dentist is treating the wrong tooth on some patients and/or not addressing patient's chief complaint. These errors can be potentially harmful to the patients. *D&S at 114-115, 189, 194, 196.*

When reviewing the data, it appears that nearly every chart contains an error or an omission as it relates to objective findings, diagnosis, dental treatment or continuity of care. Having a visual aid such as an active, updateable odontogram found in an EDRS, with digital x-rays attached to each patient's chart will be helpful for the dentist in visualizing the right quadrant for charting objective findings, diagnoses commensurate with objective findings, treatment plans

substantiated by the diagnosis, and completed treatment plans. Please update CorEMR or purchase an EDRS so that the Dr. [redacted] can have the resources necessary to be successful.

Substantiating the Treatment Plan from the Diagnosis/Assessment
To prevent harm to the patient, proper diagnosis is needed to support the proposed dental treatment plan and subsequent dental treatment. Failing to provide a treatment plan or to indicate whether a treatment was performed at all, *see D&S p.114, 116.*

The system of chart audits and peer review put into place only catch errors after the fact. An EDRS contains safeguards that could prevent these errors from happening. Seeing the x-rays adjacent to the odontogram assists in visualizing the complete clinical field. An EDRS has drop-down menus that limit available diagnoses to only those options that correspond with the objective findings entered.

Antibiotics
Prescribing antibiotics when not indicated, *see D&S at 81, 83, 84, 108, 109, 111, 113, 115, 177, 188, 190.* Antibiotics should not be prescribed without supporting symptoms of fever, swelling, lymphadenopathy or other reasons, written in the progress notes.

Antibiotics can only treat the acute infection from a tooth abscess but does not prevent a re-infection from occurring, nor does it treat the cause of the infection. I recommend to timely remove the cause of the infection in order to resolve the infection.

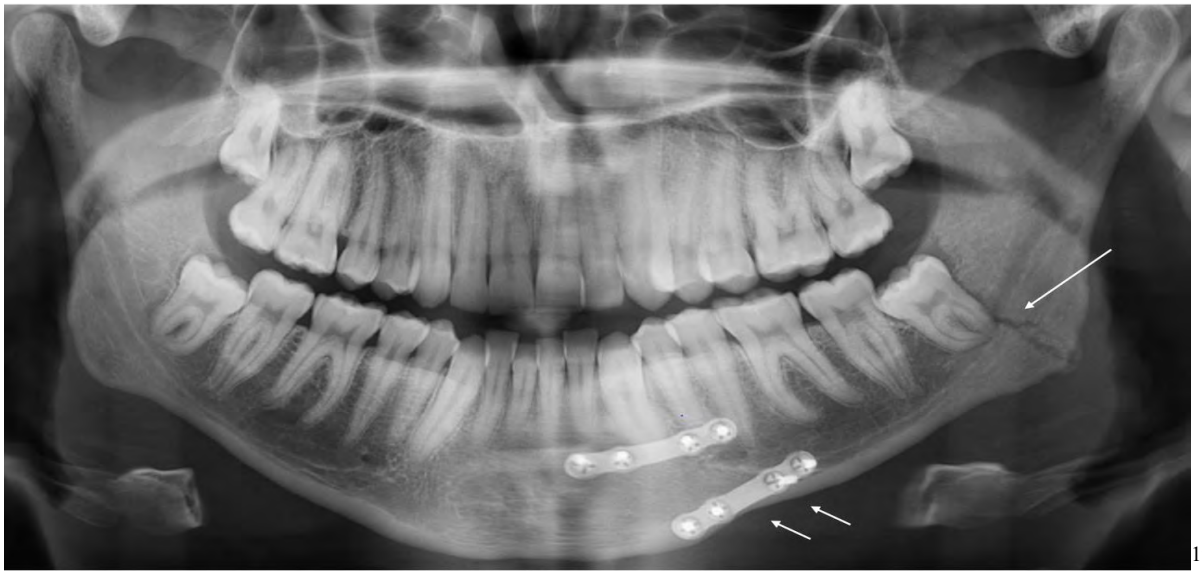
DPC
Assign the DPC that fits the patient's condition, not assign a DPC that fits the schedule, *see D&S at 109.* Complete dental treatment as diagnosed and within DPC timeframe.

Patients should be seen for a dental triage and/or dental treatment in a timely manner, with treatment preferably conducted on the date of diagnosis, to prevent potential harm to the patient.

The need and schedule for follow up dental clinic appointments will be determined by the responsible dentist. (Wellpath IP, p. 102).

Diagnostic vs Non-Diagnostic X-rays
Not having an x-ray or not having a diagnostic x-ray can lead to an incomplete diagnosis, which falls below the standard of care and may ultimately cause harm to a patient if a procedure is conducted without the necessary preoperative information.

Not having an x-ray or not having a diagnostic x-ray can lead to missing a tooth abscess for example or even missing a jaw cancer. A periapical (PA) x-ray visualizes the crown of the tooth to beyond the root where the tooth attaches into the jaw. A panoramic x-ray, as in the example below, shows the entire jaw. If the apex of a wisdom tooth was missed when taking a PA, then in this example of a panoramic x-ray, the existing jaw fracture would have been missed. Had the tooth been extracted in this example, a more serious broken jaw and possible permanent nerve injury could have resulted.

 [19]

"So, in the case where perchance something did go amiss with an extraction, since essentially all other dentists would have taken a radiograph first (the "standard of care"), besides experiencing the distress of causing their patient harm, a dentist could also find that they're in serious legal trouble because they didn't practice the same level of care that their peers routinely would have."[20]

Note that Wellpath and MCJ declined the acquisition and implementation of digital x-rays as well as a panoramic x-ray, which I continue to recommend both to both safely and quickly assess and diagnose dental conditions at MCJ. As mentioned in the new dental clinic section, digital x-rays may be available at MCJ within the new equipment. Implementation is pending a computer for activation.

Digital x-rays should remedy several areas of deficiency, especially where x-rays were missing or poor quality, and where "lack of resources" impacted patient care, see *D&S at 31, 184, 185, 190.* I recommend training RDA [redacted] on digital radiographs as soon as possible and if there are delays in implementing digital radiography, that RDA [redacted] should be trained on the analog x-ray system.

It is also a burden on dental staff to scan and upload film x-rays into CorEMR. If integrated with an EDRS or on its own system, digital x-rays will appear automatically. Even without integration into an EDRS, the x-ray will already be digitized and only need to be uploaded to CorEMR, instead of first being scanned.

Film x-rays take far more resources than digital x-rays. It takes approximately three times as long to take film x-rays as it does to take digital x-rays (30-45 minutes for a full-mouth series of film x-rays, as compared to 10-15 minutes for the same series of digital x-rays), and during this

[19] https://emj.bmj.com/content/emermed/36/9/565/F9.large.jpg
[20] https://www.animated-teeth.com/tooth_extractions/blog-tooth-extraction-is-x-ray-required.htm

time the dentist sits idle. Although it takes time for retakes, a non-diagnostic x-ray is a disservice to the patient. I recommend Dr. [redacted] train Dr. [redacted] to not accept non-diagnostic x-rays. If the dentist cannot have the x-ray retaken, then have the CDO train the dentist to refer patients to the outside specialist for evaluation and possible treatment. The dental clinic is not to delay dental care due to the inability to take a radiograph.

Forms, Documents and X-rays Not Scanned into CorEMR
When reviewing the audit tool data, one will see that dental forms and documents including consent forms, health history update forms, comprehensive dental examination, and periodontal charting forms as well as dental x-rays, are not always scanned into CorEMR.

Without documented objective findings found in the aforementioned forms and x-rays and scanned into CorEMR, a diagnosis is incomplete. An incomplete progress note, not clearly identifying the content of the objective findings, can all lead to an incomplete diagnosis due to the following - no x-ray; an x-ray taken but not scanned into the EMR; an x-ray of undiagnostic quality.

And it is vitally important to scan the x-rays and other forms into CorEMR. It is essential to have x-rays present in the health record to verify that the diagnosis ("Assessment" in the SOAPE progress note) is supported by the objective findings and is commensurate with the treatment plan, the DPC and subsequently with the dental treatment itself.

The EMR will contain the complete medical record of each inmate at the MCJ. (Wellpath IP, p.112).

Infection Control and Regulatory Compliance Findings

This section evaluates the quality of infection control and regulatory compliance at MCJ.

All dental services will be provided in a safe and sanitary environment. (Wellpath IP, p. 98)

- Note that the permanent full time Registered Dental Assistant returned to work on June 22, 2021.

- **Spore Test**
  - If a spore test was not performed during a week in which autoclaving was conducted, then it is an automatic failure for the entire infection control section and regulatory compliance section. Patient safety and the prevention of infectious diseases such as Hepatitis B or C is paramount in a dental clinical setting.
  - **There were several missing and delayed spore tests in May, June, and November 2021 with no documentation as to why they were either not performed on those particular weeks, were misplaced by the mail or other reason.** Therefore, the overall score is 0% and subsequently Non-Compliance.

- Had the spore testing been performed as mandated by the California Dental Practice Act, Title 16 and state guidelines, the score would have been 71.7% which would have been an increase from 70.4% during Dental Tour #6.

Summary of Findings and Recommendations - Infection Control/Regulatory Compliance

- 4.18-There is no pharmaceutical waste container in the Dental Clinic. Dental staff stated that they use the pharmaceutical waste container located in the pharmacy. In the Rotunda Clinic, the pharmacy is located right next door. In the new clinic, Dental will need to obtain a separate container to be kept in the clinic.

- 4.20-Dental staff is currently using the "Amalgam Safe" brand container for contact and non-contact amalgam. It is unclear if this company provides amalgam recycling. It was recommended for staff to use the Amalgon mail-in service provided through Wastewise Company. This is available for purchase through Henry Schein Dental Supply.

- 4.21-Currently there is no inventory list for the flammable hazardous materials that are stored in the fireproof, locked cabinet. Staff shall create an inventory list and affix it to the door on the inside of the cabinet.

- 4.25-Ultrasonic unit was tested with aluminum foil during site visit on 3/10/22. A strip of foil was placed in the unit and ran for one 15-minute cycle. Several small holes were made in the foil. This shows that ultrasonic action is weak. The foil should be full of holes, much like Swiss Cheese, after being run for a full cycle. Purchasing a new ultrasonic unit is recommended. If a new unit is available at the new dental clinic, that one can be brought into the Rotunda clinic, foil tested and used until Dental moves to the new clinic.

- 4.31-The amalgamator that is currently being used in the clinic to mix capsulated dental cement is out of date. It appears to be manufactured before safety covers were required to be attached to the machines. Purchasing a new amalgamator with a safety cover is recommended.

- 4.37-RDA [redacted] stated that although they use daily water treatment tablets for the water that is run through the handpieces and air/water syringe, they do not use a monthly shock treatment. Using shock treatment tablets, such as Citrisil or ICX is recommended. This will be added as a monthly task on the updated Housekeeping Log.

- 4.43-It will be recommended that dental staff creates an inventory list of drugs and expiration dates kept in the emergency medical kit and affix it to the outside of the box. This will allow staff to keep track of the inventory without having to cut the tag. Checking the inventory list will be added as a weekly task on the updated Housekeeping Log.

- 4.50-There is a functioning AED in the dental clinic. The pads were expired as of 6/2021 and the unit gave a low battery alert when turned on. Dental staff stated that custody is responsible for maintaining the machines and changing out the pads if they are expiring. It is recommended that RDA check the AED daily for functionality. This can be achieved by

simply turning the machine on and waiting for it to power up and then turning it back off. This task will be added as a daily task on the updated Housekeeping Log.

- 4.51 and 4.85-Currently, there are no regulatory postings displayed in the dental clinic. Staff was advised to purchase an annual subscription to OSHA Review. This company provides all the regulatory postings that are required by law to be displayed in the dental clinic and provides regular updates. Should this subscription not be purchased, it will create a lot of extra work for the administrative staff to ensure all postings are present and up-to-date and in compliance with Federal, State, County and City laws.

- 4.54-Dental staff need clear guidelines for storage and disposal of PPE, specifically gowns. Gowns were noted hanging in the clinic during patient care, thus exposing them to aerosols created during treatment. Staff also need clear guidelines as to when to dispose of gowns. Supply chain issues due to the pandemic will be taken into consideration. Dental staff stated that they wear hip length gowns for exam and triage (non-aerosol creating) appointments and knee length gowns for aerosol creating treatment. Dental staff was advised that knee length gowns should be the standard once supply chain is no longer an issue. Dr. [redacted] was advised on several occasions to wear his procedure mask over his nose; he did not easily comply.

- 4.66-Spore test logs were missing several dates between 3/23/21 and 12/31/21. Dates missing were 5/25/21, 6/15/21, 11/3/21 and 11/24/21. There was no documentation to explain why no spore tests were run for these weeks. RDA [redacted] was advised to provide documentation if there are any weeks where spore tests are not performed. Long delays in delivery of tests to the testing facility were also noted. In one instance, a test was performed on 4/20/21 and it was not received at the testing facility until 6/8/21. Dental staff was advised to ensure that spore tests are mailed out in a timely fashion and to use an overnight delivery system, such as FedEx or UPS.

- 4.67-Housekeeping logs were incomplete until June, when RDA [redacted] came back from leave. Log shall be updated to reflect all daily, weekly, and monthly duties that need to be performed.

- 4.68 and 4.69-Eyewash Logs and Tool Control logs were incomplete until June 2021. Now that RDA [redacted] is back, logs are being updated completely and in a timely manner. Tool control log shall be simplified, so that it is easier to read, additionally, protocol for missing or broken tools shall be added to the facility Policy and Procedures.

- 4.75-There is no known equipment repair contract in place. Currently, dental staff will call Henry Schein if a repair is needed. Response times vary as to when the repair will be performed. Annual Periodic maintenance has not been performed on any of the equipment, as far as RDA [redacted] knows. It is recommended that dental staff contacts Wellpath HQ to find out if an equipment repair contract is in place, or one can be created. Additionally, it is recommended that dental staff schedules periodic maintenance soon.

- 4.76-There is no Respiratory Protection Plan (RPP) in place. Monterey County has advised staff that there are not enough N95 masks available in the various sizes needed to perform Fit testing. Staff were advised to use KN95 masks, which do not require Fit testing or to use Powered Air Purifying Respirators (PAPRs). KN95 masks, once obtained, can be worn with a level 1, 2 or 3 procedure masks over the top to provide extra protection. This mask over the top of the KN95 mask can be changed in between patients, so that stock of KN95's will not be quickly depleted.

Dental Program Management Findings

Please see the Section III.5 starting on page 145 in the separately attached statistics and audit tool data for detailed information.

5.1: Corporate Management – NC
5.3: Electronic Dental Record System (EDRS) – NC
5.4: Digital Radiographs/X-rays – NC
5.5: Panoramic X-ray – NC
5.6: Space, Dental Equipment and Supplies – NC
5.7: Nurse Training by DON, HSA and Dentist – NC
5.8: Staffing - Administrative and Clinical – NC
5.9: Illness and Injury Prevention Plan (IIPP) – NC
5.10: Policies and Procedures Including Dental, Corporate and Local – NC
5.11: Licenses, Credentials, CURES and Job Performance – NC
5.12: OSHA Review and Infection Control Training - NC
5.13: Hepatitis B Vaccination Record – DF
5.14: Pharmacy and Medication Management – SC
5.15: Peer Review – NC
5.16: Monthly Dental Subcommittee – NC
5.17: Quality Assurance Meeting w/ PowerPoint Presentation – NC

Clinical and Administrative Supervision

Administrative supervision of the Dentist, Dental Assistant and Hygienist, when this position will be filled, falls to the HSA. The CDO has clinical oversight over the Dentist, Dental Assistant and Hygienist. The assessment of the health of the dental program and its continuous improvement is the HSA, Implementation Specialist, Dentist, Dental Assistant, Chief Dental Officer and Quality Assurance's responsibility. The chain of command is currently struggling in its effectiveness because the HSA position is vacant and the Implementation Specialist is doing her role, the HSA's job and also assists as a floor nurse as well.

Currently the Dentist and Dental Assistant have not ever received an evaluation of their job performance from either the clinical or administrative supervisor. Feedback is an essential part of improving and having continuous improvement in the dental program. The HSA will provide a performance review for the dental staff. It is critical that Wellpath allocate resources to this staffing issue so that the dental department has the resources to work towards compliance and transition to self-monitoring, auditing, assessing and self-governance.

Connecting Deficiencies to IP Requirements, Patient Interviews and Outcomes
The 6th Dental Monitoring Report highlighted the potential and actual consequences of the deficiencies I found. Examples are found in the attached data and statistic audit tools and audit tool data. You will see patients who requested a dental appointment being rescheduled several times over the course of months before sometimes, ultimately being released without a dental exam or subsequent treatment. You can see the findings within each audited chart of potential patient harm.

Barring any new Covid-19 resurgence and restrictions, I plan on interviewing patients who continue to be treated with multiple courses of antibiotics, creating the risk of antibiotic resistance, or who resulted in ever-worsening symptoms or a longer recovery. I will interview them to learn more about how the deficiency in their dental care affected them.

Staffing Analysis, Staffing Allowance and Staffing Shortages
The current staffing allowance is for three (3), eight-hour dental days. Per Dr. [redacted] the previous Medical Director, during this audit tour, stated that 40 to 50% of the sick calls are for Dental. The data collaborates this to 40%. The dental staff were given a two (2), 12-hour dental day instead of the 3 eight-hour day and this has reduced the ability of the nursing staff to have more dental days in which to schedule dental sick calls.

There is an average of 5 hours on Tuesdays and 1 hour on Wednesdays when either Dr. [redacted] or [redacted] do not work together during their patient clinical days. [redacted] cannot work without a dentist, so when she is without a dentist in the dental clinic, she performs only administrative tasks. When Dr. [redacted] does not have a dental assistant, he does not see patients.

On Tuesdays, [redacted] is generally there from 6:30-9 am or 6:30-9:30 am without Dr. [redacted] Dr. [redacted] generally has no dental assistant between 7-9 pm. On Wednesdays Dr. [redacted] begins at 6:00 am and leaves at 6:00 pm. [redacted] arrives at 6:30 am and leaves at 6:30 pm. [redacted] is the one who sets up the clinic, does the tool count, takes care of the logs and sets up for the patients. I have not tracked when the first patient generally arrives, but it is generally after 7:00 am.

This is a significant number of lost hours which could be coordinated for additional patient care. I recommend that the dental schedule return to a three, eight-hour day until the increase in staff allowance can provide full time dental care at the facility. I also recommend that the Dentist and Dental Assistant coordinate their schedule to minimize empty chair time.

With over a 60.3% reschedule rate this monitoring period, there will be an even greater impact on dental's ability to see patients when the RNs at the 14-Day Exam begin to look into their patient's mouth and refer patients according to the IP. In addition, when the Chronic Care patients are referred and the Periodontal Disease Program begins, it will also have an impact on the Dental Clinic's ability to see patients as scheduled and within the various timeframes. I recommend full time dental care, five days a week, at MCJ with a minimum of two Dental Assistants and a hygienist as recommended by the IP.

There shall be, at all times, sufficient staff to ensure compliance with the CFMG Implementation Plan. The CFMG Staffing Plan for the Monterey County Jail is attached hereto as Exhibit I. CFMG will ensure that staffing levels are sufficient to consistently and adequately fill all positions identified in the CFMG Staffing Plan. Relief factors for each position will be calculated into the staffing analysis to ensure staffing levels consistently meet requirements. CFMG will evaluate on an on-going basis its staffing levels to ensure that all staffing positions are filled, and sufficient staff is employed to ensure compliance with the CFMG Implementation Plan. (Wellpath IP, p. 115.).

A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental hygiene education and periodontal hygiene treatment consistent with dentists' treatment recommendations. (Wellpath IP, p. 103, 104).

The 6th Dental Monitoring Report documented significant problems that arose in the first four months of 2021, likely due to [redacted] absence (the Registered Dental Assistant). For example, there was a dramatic increase in the proportion of individuals identified as having a DL1 (urgent/emergent) during the months of January through April 2021. During that time, approximately 95% of dental referrals were a DL1 referrals from sick call. *See* 6th Dental Report at 40. This stood out in stark contrast to the final quarter of 2020, where approximately 5% of dental referrals arose under the same conditions. Due to lack of statistics, it is unknown how many DL1 or DL2 referrals came from intake, 14-day exam, sick call or physician referrals.

A partial staffing analysis was conducted as part of the CAP. It did not address the rescheduled patients by nursing, the barriers to access to care, RDA [redacted] or Dr. [redacted] clinical or administrative workflows and did not consider the various dental procedures and their time requirements, nor take into account workflows relating to the current analog x-ray's vs the utilization of digital x-rays. A detailed workflow staffing analysis must be conducted to understand the dental health care needs at MCJ.

For the mandated dental care per the IP to be achieved for both episodic and comprehensive dental care, including the implementation of the dental portion of the 14-Day Exam, minimizing reschedules, referrals from intake, 14-day exam and sick calls, chronic care referrals, referrals to outside specialists, and the Periodontal Disease Program, resources will need to be made available to Dr. [redacted] in conjunction with his clinical supervisor. Simple things like the availability of a dental cart that works throughout the dental procedure, and a dental clinic with modern equipment to maximize workflows, additional dental hours and resources need to be made available, included but not limited to:

- Utilizing Wellpath's "Rapid Response Team",
- Hiring additional staff,
- Training the existing staff,
- Utilizing an EDRS to maximize efficiency so patients can be seen as scheduled,
- Referring patients to outside dental clinicians and utilizing a tracking system to account for the referrals and their return to the dental clinic,
- Contracting with outside dental providers,

- Referring the patients to the oral surgeon who need radiographs and evaluation and treatment of their third molars or have pain and instead of being rescheduled and medicated multiple times can be referred to the oral surgeon or an outside dental clinic, so patients are seen in a timely manner,
- Hiring a hygienist per the Implementation Plan.

Post-Implementation Monitoring

My stance continues to be transparency and continuous improvement, commensurate with "if you can't measure it, you can't improve it".[21] Data is only one of the metrics due monthly to the Dental Subcommittee. Data and statistics are to be accurately tracked and evaluated. I did not see any Dental Subcommittee meeting minutes attached to or discussed in the QA meeting minutes. The Dental Subcommittee shall provide the Quality Assurance (QA) committee with minutes of their monthly meeting in order to provide continuous improvement to MCJ's dental department.

Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Wellpath IP, p. 8)

Self-Monitoring Provisions, Self-Auditing, Self-Evaluation, & Self-Governing

There continues to be no viable nor relevant monthly chart audits and dental statistics collected or performed by Wellpath and MCJ to self-audit, monitor, evaluate, assess and self-govern itself for compliance and clinical relevance.

There are now regular dental subcommittee meetings which are more substantive than what is found in the dental portion of the Quality Assurance (QA) meeting. The subcommittee minutes need to be more explanatory of the training provided, the problems found and what action items are necessary to address and rectify the problems.

The QA is designed to ensure that nurses and dental staff are complying with the IP and are providing constitutionally adequate dental care. The QA minutes do not extrapolate conclusions from the data nor discuss any methods of continuous improvement. It does not state that the dental subcommittee minutes are included in the QA meeting minutes. Dr. [redacted] and/or [redacted] are not present for the QA meetings and this lack of attendance shall be rectified by the CDO, HSA and Implementation Specialist.

Dr. [redacted] stated that there is no backlog and that they are seeing all their patients. Without a method of accountability and an ability to see how many patients are rescheduled, a functioning way to capture metrics/data/statistics, even as simple as an excel spreadsheets, is paramount to compliance. Patients are often times being rescheduled until they are released and no one from within Wellpath has self-audited themselves to identify and rectify this deficiency. I recommend Dr. [redacted] perform a workflow for the entire clinic process so management and staff can understand where the deficiencies are located and what they can do to address improvements.

[21] Peter Drucker quote

I reiterate that the goal for MCJ and Wellpath is to self-assess, self-audit and self-monitor their dental program, by performing quality audits, committing to transparency through data collection and the analysis of identified and reported key outcome measures. This system of reporting must be submitted to the monthly Dental Subcommittee meeting. Establishing a system of reporting that accurately reflects Dental's self-monitoring provisions must be sent to the Quality Assurance (QA) committee. The QA must have in place a method for continuous improvement with results showing that these methods and action plans adhere to the Implementation Plan. The results of the continuous improvement efforts are to be noted in the minutes of the QA meeting minutes and the feedback returned to Dental for a continuous loop of training and improvement.

Likewise, the quality of these self-monitoring provisions can provide insight into the viability of successful approaches to remedy deficiencies. As of now, even though a single peer review was conducted the results were not provided to this monitor and without training being provided to the Dentist, the same issues were found within this report as in previous reports. I see no evidence from Wellpath and MCJ that any self-monitoring provisions are in place to self-audit, self-evaluate, self-monitor and self-govern itself during this dental audit tour #7.

Closing Comments

The Corrective Action Plan (CAP) contemplates a variety of self-monitoring provisions, including chart audits, peer reviews and regular dental sub-committee and QA meetings, designed to ensure that nurses and dental staff are complying with the IP and otherwise provide adequate dental care.

Wellpath and MCJ are facing some challenges. Due to a severe staff nursing shortage, consistent training and feedback is currently not occurring as staff turnover is so high and RN [redacted] is working 3 jobs with Wellpath to keep things running smoothly. MCJ and Wellpath must allocate the resources and create a culture which emphasizes overall quality dental care, achieved by measuring and improving their dental program and practices. Coordination between medical, mental health and dental, especially regarding nursing and access to care, is also paramount in establishing substantial compliance.

One important improvement is in the chain of command, where Dr. [redacted] the Chief Dental Officer is beginning to provide consistent and routine supervisory and clinical oversight to MCJ's dental department. My concern however is that the CDO is contracted for only 16 hours a week and has 285 other clinics to supervise in addition to MCJ. I hope that he is given the corporate support to continue providing this oversight.

Due to the 60.3% dental reschedules and the decrease in the timeliness of care, and the lack of a compliance-based tracking system, I recommend several types of chart auditing and monitoring moving forward. Although these monthly audits have not occurred yet, I am confident that they will start as soon as this report is received:

- The CDO will audit monthly a minimum of 10 clinically relevant charts and send findings to this Dental Neutral Court Monitor, reporting on the review of the patient's chief complaint, x-rays, objective findings, diagnoses, treatment plans, DPC assignment, completed treatment,

continuity of care and identify that all documents relating to the visit are scanned within CorEMR. Also, it will be important to audit that the patients are seen as scheduled from both the nursing staff who are to see the patient within 24 hours of their dental sick call requests, to making sure the patients are scheduled in dental within the right DL parameter, and that the patients are seen as scheduled in dental for their dental triage and subsequent dental treatment.

- I recommend the Dental Monitor perform a similar monthly chart audit using 10 different patient charts than the CDO. This is to be done until it becomes evident that MCJ and Wellpath are completing their CAP timely and improving their outcome measures to improve their overall dental program.

- I also recommend that the respective monthly chart audit results performed by the CDO, and the Neutral Monitor are discussed and calibrated upon either during the monthly dental subcommittee meeting or during another agreed upon meeting time.

- Once calibration has occurred, I recommend the CDO with the Neutral Monitor review and provide feedback to the MCJ Dentist and Dental Assistant. This is an essential step in the journey towards understanding the problems and fixing them.

- I recommend that a decision by Dr. [redacted] of the new dental clinic will occur immediately so a plan of implementation can be mapped and achieved.

Wellpath and MCJ need to create, and commit to, a pathway to substantial compliance. It appears through the draft of the dental CAP that there is forward movement in rectifying the deficiencies. I look forward to auditing and looking for improvements.

I recommend full time dental staff and dental care at MCJ. I continue to recommend the purchase and implementation of an electronic dental record system (EDRS) such as Dentrix Enterprise with integrated digital x-rays or even stand-alone digital x-rays, especially since the software and sensors have already been purchased.

All these issues discussed above and throughout the body of this report and the audit tools and their respective data, are all implementable and actionable items that can be completed timely. Therefore, the dental staff cannot perform to their full potential without being given the resources they need to be successful.

Wellpath and MCJ have begun to make the commitments towards accountability and have shown this by beginning the implementation of the dental CAP! This is an exciting and necessary step in accomplishing the mandates set forth in the Implementation Plan.

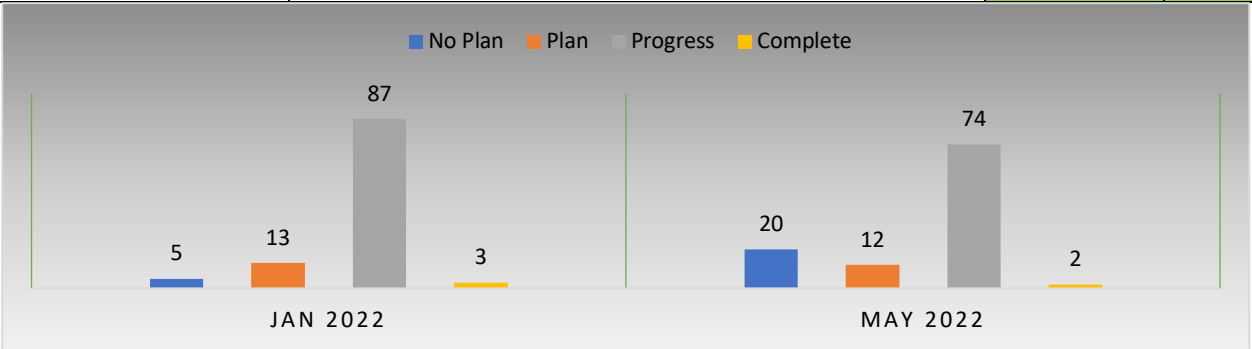
Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. (Wellpath IP, p. 8).

Risk Elimination / Corrective Action Plan (CAP)

Repeated deficiencies as seen in this and the six previous reports, prevent MCJ and Wellpath from achieving substantial compliance at this time. Although there are several factors which continue to affect dental care, achieving a draft of the CAP is a positive and worthy achievement towards building a safer and more effective dental program. Having an Implementation Specialist like RN [redacted] gives me great hope that improvements are coming during the next dental audit tour. The draft timeline for each CAP item is completed, now the implementation and use of the CAP is the next step.

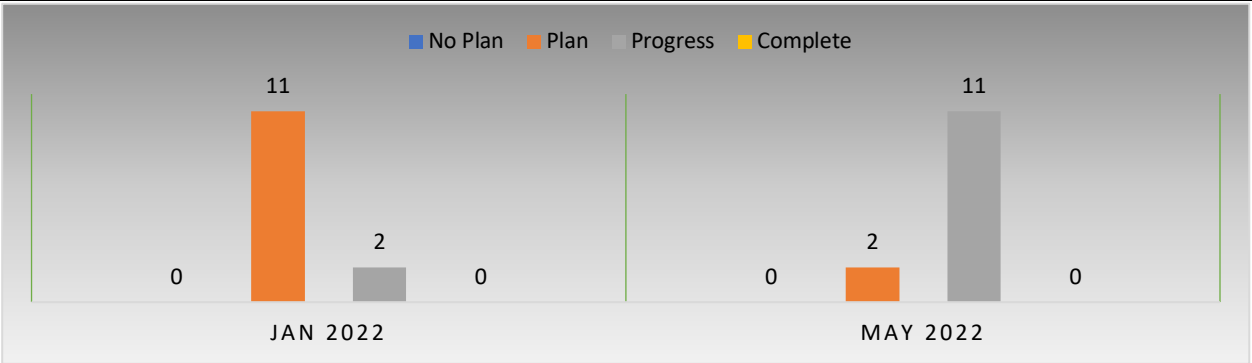
CAP - Court Monitor Report - Wellpath (108 Items)

Court Monitor Assessment	Description	Jan 2022	May 2022
No Plan	Not started, not completed	5	20
Plan	Have developed a plan	13	12
Progress	Have started to implement the plan	87	74
Complete	Achieved the goal of the CAP item	3	2



CAP - Court Monitor Report - Custody (13 Items)

Court Monitor Assessment	Description	Jan 2022	May 2022
No Plan	Not started, not completed	0	0
Plan	Have developed a plan	11	2
Progress	Have started to implement the plan	2	11
Complete	Achieved the goal of the CAP item	0	0



In addition to the corrective action plans in the current dental CAP, MCJ and Wellpath should ameliorate the below deficiencies and implement the below recommendations in order to achieve substantial compliance:

- During the episodic and the comprehensive dental examination, all pathology in the radiograph is to be charted, noted, and discussed with the patient. A plan for another appointment or if it can be done within that appointment is to be put into action.
- Scan all documents and x-rays in a timely manner within CorEMR, and place in an organized fashion for ease of finding the encounter documentation.
- Review medical history, allergies, and lab results at every visit with the patient and update the problem list when appropriate.
- Obtain the radiographic apex of teeth including wisdom teeth prior to extractions. Refer to an outside provider or specialist when a panoramic x-ray is indicated and/or if treatment cannot occur in a timely manner.
- Complete the informed consent forms, have them approved by the forms committee and train on their use. Doing a root canal, or any other procedure, without a completed, accurate, reviewed and signed informed consent form is a serious liability issue.
- The CDO will train the dentist on the standard of care for performing a root canal which is to use a rubber dam throughout the procedure and to take the necessary x-rays during and after the procedure. Make sure to have a post-op x-ray following the completion of the root canal taken and scanned into CorEMR.
- The dentist is to have a nurse one-on-one training when remediation is needed, such as with the 14-Day Exam RNs. Per the Implementation Plan all patients are to receive a screening and answer all the questions stated in the IP as well as fill out an odontogram. Make the form mandatory in CorEMR so all questions are answered, with the patient declaring dental pain or no pain.
- Refer I/Ps with chronic care issues, (i.e., HIV, Diabetes, Seizures, Pregnancy, and patients on 4 or more psychiatric medications) to dental at the 7-day chronic care appointment. Schedule the I/Ps for a comprehensive dental examination within 90 days of the referral to dental.
- Implement the Periodontal Disease Program.
- Improve the content and meaningful dental information within QA meeting minutes. Include the PowerPoint presentations to this monitor. Include the Dental Subcommittee meeting minutes into the QA meeting.
- Establish a dental Quality Improvement Team (QIT), with ongoing studies conducted to improve the quality and quantity of dental care at MCJ. Develop key performance indicators.

- Have the CDO review the cases in Section III.6 with Dr. [redacted] to figure the best course of action to assist the patient in obtaining the dental care consistent with the patient's goals, and to understand the reasons non-compliance.

- Track referrals from dental, that they are self-pay or not, to and from an outside provider or specialist. Track if the patients are seen within timeframe and if they are seen in dental following the outside specialist appointment.

- Establish a system of continuity of care so that if a patient is rebooked, it still shows any incomplete treatment plans which can be re-opened and scheduled as to not delay a previously identified disease process or pathology.

- Conduct a thorough Staffing Analysis / Workflow Analysis, considering increased demand expected by increased compliance with the IP. Adjust the staffing (including hiring) if/as necessary, including hiring the Hygienist position, as recommended in the IP.

- This monitor is to provide a review of the monthly Dental Subcommittee minutes and attached data within one week of the receipt of the Dental Subcommittee meeting and minutes. The minutes of the previous meeting and the agenda of the future meeting are to be made available to this monitor, dental staff and Counsels a week prior to the monthly Dental Subcommittee meeting.

- Perform training, continue training, provide remediation training. Discuss this training in the QA meeting. Although training has not proved effective during this dental tour, it may have improved in the next dental audit tour. Apply all reasonable measures of training prior to considering employee counseling and progressive discipline.

- Mentoring and training to the dental program stakeholders and staff are to be provided by this monitor and staff on all areas of deficiencies.

- Lastly, I recommend during the monthly meeting with the CDO that a review of the CAP occur and commitment to correcting and improving the deficiencies in the completed CAP continue to progress to completion. The CDO is to identify, address, rectify, and continuously self-monitor and improve the clinical compliance, administrative, logistical, statistical and systemic issues outlined in the IP.

Conclusion

This is my mandate for dental audit tour report #7. Minimize reschedules from nursing and from dental and **see the patients as scheduled!**

Set parameters to identify, measure, quantify and improve the quality of all aspects of the dental program at Monterey County Jail.

- Reduce all barriers to access to care,

- Measure statistics and use them within the Dental Subcommittee to identify and improve areas of deficiency,
- Increase the timeliness and quality of dental care,
- Make sure there is OSHA compliance in a safe and secure functioning clinical facility,
- Chronic care patients are referred to dental,
- Referrals from intake, 14-day exam/health appraisals, dental sick calls and physician referrals to dental, occur and are tracked accurately,
- Patients are seen as scheduled,
- Implementation and adherence to the Periodontal Disease Program occur,
- Continuity of care within dental priority code parameters occurs,
- Management support is available to the dental staff.
- Decide for the dental program to provide dental care in a timely, effective, efficient, equitable, patient-centered and safe manner.[22,23]
- Use the peer review, dental subcommittee, and quality assurance functions to assess the conditions of the dental program. Performing internal audits to highlight court mandates, achieve the standard of care and increase the health of the dental program.

[22] Quality Measurement in Dentistry Guidebook
[23] https://www.ada.org/~/media/ADA/DQA/2019_Guidebook.pdf?la=en

Winthrop Dental Consulting, LLC
Viviane G. Winthrop, DDS, CEO
Dental Neutral Court Monitor

Monterey County Jail (MCJ) and Wellpath Dental Audit Tour #7

On Site Audit Review: January 11-12, 2022

FINAL Report #7 - Attachment -

Audit Tools, Audit Tool Data, Statistics, Findings and Summary of Recommendations

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Jesse Hernandez et al

v.

County of Monterey,
Monterey County Sheriff's Office,
California Forensic Medical Group, Incorporated.
(Now Wellpath)

Case No. 5:13-cv-02354-PSG

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Section II. Data and Statistics

As of January 1, 2021, Defendant's Counsel directed Wellpath's dental staff to not enter any of the daily dental patient information with their respective clinically relevant data into the Dental Excel Spreadsheet (DES). The DES was a rudimentary patient tracking system. To correct this deficiency, Wellpath stated they will fully program CorEMR to collect data as of November 30, 2021. As of December 31, 2021, there were little to no relevant means at this time of compiling statistics, data, and trends within CorEMR which correlated the data into a dashboard.

To be able to have some statistics for this audit, data was taken from CorEMR's reports and tasks and flattened to fit into the spreadsheet by this monitor. The statistics cover May 1st, 2021, thru December 31st, 2021. Only partial information as it relates to the scheduled tasks were able to be compiled for completed, refused, rescheduled, open and cancelled by staff dental appointments. No specific dental clinical data or compliance data was available for this audit period as CorEMR's programming was not completed and the programming that was completed was not implemented by dental staff until January 2022.

Without an electronic dental record system (EDRS) capable of collecting more than one data point, it is important to understand that these statistics are limited in their scope. The lack of complete clinical data is illustrated in the variability of the overall statistics to not always match in all the tables. This rudimentary data is useful and better than no data at all however, this is not the proper method to run and manage a dental clinic. Therefore, an EDRS such as Dentrix Enterprise would be thorough in its ability to collect all types of relevant clinical and management data (i.e., dental levels from various sources, ability to schedule patients according to their dental priority codes, tracking referrals, timelines, etc.). **Accurate and reliable quantitative and qualitative data is paramount to the dental clinic's ability to self-assess, evaluate, audit, govern and self-monitor itself for compliance.**

NM = Not measured by dental staff/dental program nor not measured by CorEMR.

Table 1. # Of Dental Appointment Types per Month:

Description	2021 May	2021 June	2021 July	2021 Aug	2021 Sept	2021 Oct	2021 Nov	2021 Dec	TOTAL
Total # Dental Days/Month	7	8	9	9	9	8	9	9	**68** Dental Days
# Patients Scheduled	325	1301	386	330	236	270	362	306	**3516** Scheduled
# Patients Seen	75	101	134	155	83	85	134	152	**919** Pts. Seen
Average # Pts Scheduled/day	46.4	162.6	42.9	36.7	26.2	33.8	40.2	34.0	**52.9** Avg Pts. Scheduled / Day

Avg # Pts Seen/day	10.7	12.6	14.9	17.2	9.2	10.6	14.9	16.9	**13.4** Avg Seen/day
# Out to Court (OTC)	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
#Out to Medical (OTM)	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
# Refusal - Cellside	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
# Refusal - Chairside	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
#Refusal (Combined)	13	18	12	12	9	17	12	13	**106** Refusals
# Rescheduled by Dental (R/S)	201	1138	208	122	106	123	134	87	**2119** Rescheduled
#Cancelled by Staff	36	44	32	41	38	45	82	54	**372** Cancelled by Staff
# Not Seen due to Custody	0	0	0	0	0	0	0	0	**0**
# Not Seen due to NIC	36	44	22	28	25	42	53	34	**284**
Other	NM	NM	NM	NM	NM	NM	NM	NM	**NM**

Table 2. Percentage % of Reasons Patients not Seen for Dental Appointments:
(Column M in Dental Spreadsheet)

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**	**TOTAL Average**
% # OTC Per Month	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% # OTM Per Month	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% # Refusals - Cellside Per Month	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% # Refusals - Chairside Per Month	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% # Refusals Combined	4.0%	1.4%	3.1%	3.6%	3.8%	6.3%	3.3%	4.2%	**3.7%**
% # Rescheduled by Dental Per Month	61.8%	87.5%	53.9%	37.0%	44.9%	45.6%	37.0%	28.4%	**49.5%**

% # Cancelled by Staff	11.1%	3.4%	8.3%	12.4%	16.1%	16.7%	22.7%	17.6%	**13.5%**
% # Not Seen Due to Custody Per Month	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% # Not Seen Due to NIC Per Month	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% Other Per Month	NM	NM	NM	NM	NM	NM	NM	NM	**NM**

Table 3. # & % of Triage Exams, Treatments, Referrals Seen per Month:
(Column L in Dental Spreadsheet)

- Dental Triages and Dental Treatments we separated in terms of statistics once the Correction Action Plan (CAP) was implemented in November 2021.

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**	**TOTAL**
# Patients Scheduled	325	1301	386	330	236	270	362	306	**3516** Scheduled
# Patients Seen	75	101	134	155	83	85	134	152	**919** Pts. Seen
# Triage Seen	75	101	134	155	83	85	126	117	**876**
# Treatment Seen	0	0	0	0	0	0	8	35	**43**
# Referral to Specialist	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
# Return from Specialist	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
#Comp Exam	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
# Perio Exam	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
#Follow Up	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% Triage from Scheduled	23.1 %	7.8%	34.7 %	47.0 %	35.2 %	31.5 %	34.8 %	38.2 %	**31.5% Avg**
% Treatment from Scheduled	0%	0%	0%	0%	0%	0%	2.2%	11.4	**3.6 % Avg**
% Referral to Specialist	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% Return from Specialist	NM	NM	NM	NM	NM	NM	NM	NM	**NM**

% Comp Exam	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% Perio Exam	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
% Follow Up	NM	NM	NM	NM	NM	NM	NM	NM	**NM**

Table 4. Total # of Dental Level (DL) Appointments Referred to Dental per Month:
(From Column F & I of the Dental Spreadsheet)

- There are currently no logs tracking Physician on Call referrals to dental.
- From 01/01/2021 completed appointments were taken from the task list and were identified mainly as sick calls. Although many appointments were given the highest priority demarcation, they were seen as a DL2 appointment and not as a DL1 appointment as the data below suggests.

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**	**TOTAL**
Intake DL1	NM	NM	NM	NM	NM	NM	NM	NM	NM
Intake DL2	NM	NM	NM	NM	NM	NM	NM	NM	NM
14-Day Exam DL1	NM	NM	NM	NM	NM	NM	NM	NM	NM
14-Day Exam DL2	NM	NM	NM	NM	NM	NM	NM	NM	NM
Sick Call DL1	286	1108	317	296	196	218	283	203	**2907**
Sick Call DL2	38	193	69	34	40	52	69	54	**549**
Physician on Call (Stats given by [redacted]	6	22	3	5	15	19	15	2	87

Table 5. % Of Dental Level (DL) Appointments Referred to Dental per Month:
(From Column F & I of the Dental Spreadsheet)

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**
% Intake DL1	NM	NM	NM	NM	NM	NM	NM	NM
% Intake DL2	NM	NM	NM	NM	NM	NM	NM	NM
14-Day Exam DL1	NM	NM	NM	NM	NM	NM	NM	NM

14-Day Exam DL2	NM	NM	NM	NM	NM	NM	NM	NM
Sick Call DL1 of scheduled patients	88.0%	85.2%	82.1%	89.7%	83.1%	80.7%	78.2%	66.3%
Sick Call DL2 of scheduled patients	11.7%	14.8%	17.9%	10.3%	16.9%	19.3%	19.1%	17.6%
Physician on Call	NM	NM	NM	NM	NM	NM	NM	NM

Table 6. % Compliance for DL Scheduling by RN into Dental Schedule:
(Column K of the Dental Spreadsheet)

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**
Intake DL1	NM	NM	NM	NM	NM	NM	NM	NM
Intake DL2	NM	NM	NM	NM	NM	NM	NM	NM
14-Day Exam DL1	NM	NM	NM	NM	NM	NM	NM	NM
14-Day Exam DL2	NM	NM	NM	NM	NM	NM	NM	NM
Sick Call DL1	NM	NM	NM	NM	NM	NM	NM	NM
Sick Call DL2	NM	NM	NM	NM	NM	NM	NM	NM
Physician on Call	NM	NM	NM	NM	NM	NM	NM	NM

Table 7. % Compliance for DL Seen in Dental As Scheduled:
(Column N)

- Once the RNs schedule the dental appointments, it is the responsibility of Dental to see the patients as schedule.

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**
Intake DL1	NM	NM	NM	NM	NM	NM	NM	NM
Intake DL2	NM	NM	NM	NM	NM	NM	NM	NM
14-Day Exam DL1	NM	NM	NM	NM	NM	NM	NM	NM
14-Day Exam DL2	NM	NM	NM	NM	NM	NM	NM	NM

Sick Call DL1	NM	NM	NM	NM	NM	NM	NM	NM
Sick Call DL2	NM	NM	NM	NM	NM	NM	NM	NM
Physician on Call	NM	NM	NM	NM	NM	NM	NM	NM

Table 8. # Of DPC seen per Month:
(Column V of the Dental Spreadsheet).

- Per [redacted] measuring the Dental Priority Code (DPC) started mid-January 2022.

Description	2021 May	2021 June	2021 July	2021 Aug	2021 Sept	2021 Oct	2021 Nov	2021 Dec	TOTAL
DPC 1A	NM	NM	NM	NM	NM	NM	NM	NM	NM
DPC 1B	NM	NM	NM	NM	NM	NM	NM	NM	NM
DPC 1C	NM	NM	NM	NM	NM	NM	NM	NM	NM
DPC 2	NM	NM	NM	NM	NM	NM	NM	NM	NM
DPC 4	NM	NM	NM	NM	NM	NM	NM	NM	NM
DPC 5	NM	NM	NM	NM	NM	NM	NM	NM	NM
Post Op 1 Week	NM	NM	NM	NM	NM	NM	NM	NM	NM
Recall 3 Months	NM	NM	NM	NM	NM	NM	NM	NM	NM
Recall 6 Months	NM	NM	NM	NM	NM	NM	NM	NM	NM
Recall Yearly	NM	NM	NM	NM	NM	NM	NM	NM	NM
Per Patient Request	NM	NM	NM	NM	NM	NM	NM	NM	NM
N/A	NM	NM	NM	NM	NM	NM	NM	NM	NM

Table 9. # Of Dental Procedures completed per Month:
This table is an accumulation of *Column S & T* (completed procedures) minus the refusals cellside and chairside.

Group	Description	2021 May	2021 June	2021 July	2021 Aug	2021 Sept	2021 Oct	2021 Nov	2021 Dec	TOTAL
# Patients Pts Scheduled		325	1301	386	330	236	270	362	306	**3516** Scheduled

# Patients Dental Pts Seen		75	101	134	155	83	85	134	152	**919** Pts. Seen
Exams / X-rays	Triage Exam	NM	NM	NM	NM	NM	NM	NM	NM	NM
Exams / X-rays	Comp Exam (Annual)	NM	NM	NM	NM	NM	NM	NM	NM	NM
Exams / X-rays	FMX	NM	NM	NM	NM	NM	NM	NM	NM	NM
Exams / X-rays	PA	NM	NM	NM	NM	NM	NM	NM	NM	NM
Exams / X-rays	BWX	NM	NM	NM	NM	NM	NM	NM	NM	NM
Exams / X-rays	Perio Exam	NM	NM	NM	NM	NM	NM	NM	NM	NM
Exams / X-rays	Panoramic	NM	NM	NM	NM	NM	NM	NM	NM	NM
Exams / X-rays	Gross Debridement	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	Prophy	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	SRP	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	OHI	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	Perio Re-Eval	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	Perio Maintenance: 3MRC	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	Perio Maintenance: 4MRC	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	Perio Maintenance: 6MRC	NM	NM	NM	NM	NM	NM	NM	NM	NM
Perio	Perio Maintenance: 1Yr RC	NM	NM	NM	NM	NM	NM	NM	NM	NM
Restorative	Desensitizer Placed	NM	NM	NM	NM	NM	NM	NM	NM	NM
Restorative	Palliative/ Temporary	NM	NM	NM	NM	NM	NM	NM	NM	NM
Restorative	Amalgam Filling	NM	NM	NM	NM	NM	NM	NM	NM	NM
Restorative	Composite Filling	NM	NM	NM	NM	NM	NM	NM	NM	NM
Restorative	Stainless steel Crown	NM	NM	NM	NM	NM	NM	NM	NM	NM
Restorative	Re-cement	NM	NM	NM	NM	NM	NM	NM	NM	NM

Restorative	Occlusal Adj	NM	NM	NM	NM	NM	NM	NM	NM	NM
Endo	Pulp Cap - Indirect	NM	NM	NM	NM	NM	NM	NM	NM	NM
Endo	Pulp Cap - Direct	NM	NM	NM	NM	NM	NM	NM	NM	NM
Endo	Endo-Pulpal debridement (Anterior teeth only)	NM	NM	NM	NM	NM	NM	NM	NM	NM
Endo	Endo-RCT (Anterior)	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	Extraction - Simple	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	Extraction - Surgical	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	Partial Bony Extraction	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	Full Bony Extraction	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	I & D	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	Open & Med	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	Dry Socket Treatment	NM	NM	NM	NM	NM	NM	NM	NM	NM
Oral Surgery (OS)	Post op	NM	NM	NM	NM	NM	NM	NM	NM	NM
Prosthodontics (Pros)	Pre-prosthetic Surgery	NM	NM	NM	NM	NM	NM	NM	NM	NM
Prosthodontics (Pros)	Denture Adjustment	NM	NM	NM	NM	NM	NM	NM	NM	NM
Prosthodontics (Pros)	Denture Other	NM	NM	NM	NM	NM	NM	NM	NM	NM
Ortho	Ortho Bands/Brackets Removed	NM	NM	NM	NM	NM	NM	NM	NM	NM
Ortho	Ortho Wax	NM	NM	NM	NM	NM	NM	NM	NM	NM

Ortho	Ortho Other	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral to Physician/ Medical	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral Oral Surgeon	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral Orthodontist	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral Endodontist	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral Prosthodontist/Full Denture(s)	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral Prosthodontist/Partial Denture(s)	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral Western Dental/Outside Dentist	NM	NM	NM	NM	NM	NM	NM	NM	NM
Referral	Referral Other	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	No Tx Prescribed	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Prescription Only	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Tx to be done when released	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Not Completed/ Rescheduled	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Not completed/ Refused Chairside	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Not completed/ Refused Cellside	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Refusal Concludes Appointment Reason	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Episodic Tx Completed	NM	NM	NM	NM	NM	NM	NM	NM	NM

Other	Comp Tx Plan Completed	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Follow Up	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	Other	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other	N/A	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Triage to be done NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Comp exam to be done NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Treatment to be done NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Continue ACE Tx Plan NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Post op NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Follow Up NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Per Patient Request NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Return from Specialist NV	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Perio Maintenance: 3MRC	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Perio Maintenance: 4MRC	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Perio Maintenance: 6MRC	NM	NM	NM	NM	NM	NM	NM	NM	NM
Next Visit	Perio Maintenance: 1Yr RC	NM	NM	NM	NM	NM	NM	NM	NM	NM

Table 10. MCJ Bookings and Capacity:

Description	**Capacity of New Jail**	**2021**
Capacity	576	825
# Of Bookings	New jail + Existing Jail = **1401** Capacity	8213 males, 1766 females **Total = 9979 inmate/patients** Avg Length of Stay is 36.1 days

From 01/01/2021 thru 04/30/2021 there were 159 requests for annual exam and/or annual cleaning rescheduled or cancelled by staff and not seen by dental.

From 05/01/2021 thru 12/31/2021 there were an estimated 584 requests for annual exam and/or annual cleaning rescheduled or cancelled by staff. Twenty (20) patients were seen by dental during this timeframe.

Generally, patients with over one year of incarceration and those with chronic care conditions are eligible for comprehensive dental care (as opposed to episodic care which addresses only one issue at a time).

TracNet, the program used by the Sheriff's Department, now automatically schedules all patients 12 months out for their comprehensive dental car appointment. If the I/Ps are still in the system, they are to be seen as scheduled. If they have left custody, then their dental appointment falls off the appointment list. This ensures that all patients with over one year of incarceration remaining on their sentence have access to comprehensive dental care.

The Implementation Plan states inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. The purpose of the dental examinations shall be for the identification, diagnosis, and treatment of dental pathology which impacts the health and welfare of inmate patients. Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Wellpath IP, p. 103).

As of January 2021, and continuing into 2022, patients are rescheduled and cancelled by Dr. [redacted] without the patients being given the opportunity to come to their scheduled comprehensive dental appointment and receive their mandated dental examination and a treatment plan. It does not state in the Inmate Orientation Handbook that patients must request their comprehensive dental examination.

Table 11. # Of Sick calls per year & # Dental Sick Calls (DSC):

Intelmate (also known as Telmate for short) is the program on the tablet used by the inmate/patients to file a Sick Call or Grievance. As a side note, the oral hygiene videos will also be placed on the tablet for the I/Ps to have "anytime access" to brushing and flossing education.

Intelmate is not accessible to this dental monitor as it is not integrated with CorEMR. It is difficult to report and to audit compliance without going through the nursing staff for information. Therefore, I do not have verifiable data in regard to the total number of dental sick call requests and if they match the number of dental sick call triages.

All referrals from Intake, 14-Day Exam, Sick Call and Providers as well as dental treatment shows in the task report as a Dental Sick Call. I recommend that when dental performs a treatment, that it is listed as a Dental Treatment in CorEMR. If an EDRS is not decided upon, purchased and implemented, then a programing change to CorEMR to separate the referral

categories should be done. Update: Dental Sick Calls and Dental Treatments are counted separately in 2022.

Also, Dental Sick Call requests are currently not all triaged and seen by the nurses within 24 hours of the I/P requests as per the mandates of the Implementation Plan. Dental sick call requests are frequently rescheduled or not initially seen within timeframe, and this was ascertained by searching in the Tasks in CorEMR under Nurse Sick Calls and searching through the scanned documents from Intelmate into CorEMR.

From interviews with the RN and with Medical Director, they estimate that they see 40-50% of their sick calls are dental. This shows that 10% are sick calls. From the cursory data from CorEMR it appears that there are 3516 Dental Sick Calls scheduled in Dental and only 919 seen in Dental. Therefore, there appears to have a discrepancy in the numbers which should be explored further.

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**	**TOTAL**
Total #Sick Calls including dental, medical and mental health	1001	1097	1356	1086	1407	901	853	1324	**9025**
Total Dental #Dental Sick Calls	105	131	133	132	108	116	115	125	**965 (3516 Dental Sick Calls scheduled probable discrepancy in these numbers)**
								965/9025 =	**10.7%**
								3516/9025 =	**39.0%** which is closer to what the line staff identified

Table 12. Refusals (Chairside & Cellside Combined as Individualized Not Measure)
Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**	**TOTAL**
# Refusal - Cellside	NM	NM	NM	NM	NM	NM	NM	NM	NM
# Refusal - Chairside	NM	NM	NM	NM	NM	NM	NM	NM	NM
# Refusals	13	18	12	12	9	17	12	13	**106** Refusals
Total # patients seen									**919**

% Total refusals per seen patients	**11.5%**

Table 13. Reschedules

Are reschedules maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**	**TOTAL**
# Reschedules	201	1138	208	122	106	123	134	87	**2119** Rescheduled
Total # patients scheduled									**3516**
% Total rescheduled patients per scheduled patients									**60.3%**

Table 13. Grievances:

Were Grievances addressed and resolved within 10 calendar days of the request in Intelmate?

- From [redacted] from Intelmate.

Description	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**	**TOTAL**
Total #Grievances including medical and mental health	70	84	82	51	73	121	78	96	**655**
Total Dental #Grievances	5	10	5	2	3	3	3	2	**33**

Timeframe	**# All Grievances**	**Total # Dental Grievances**	**% Dental Grievances**	**% Grievances addressed within 10 days**
05/01/2021 – 12/31/2021	655	33	**5.0%**	See access to care section

Section III. Audit Tools, Audit Tool Data w/ Findings & Summary of Recommendations

Section III.1 Access to Care Audit Tool

The following audit tool evaluates if there are any barriers to dental care at MCJ.

Summary Table of Compliance - Access to Care - (Protective Order):

#	Outcome Measure	ACCESS TO CARE - Audit Tool Questions	Source	Comp	Score
1.1	Interpreter Services	Are interpreter services available to I/Ps including sign language interpreters?	Facility Review	NC	**62.5.%**
CFMG staff will use Spanish-speaking medical staff for any inmate requiring a Spanish interpreter for discussion of medical conditions or treatment thereof, including intake health evaluation. For any other interpretive needs, CFMG will use an appropriate interpretive service. (County IP, p. 21-22).					
1.2	Oral Hygiene Supplies	Are the oral hygiene supplies available and carry the American Dental Association (ADA) seal of acceptance?	Facility Review	PC	**75.0%**
Inmates are given toothbrushes .... Dental floss loops are available through the commissary for routine flossing. Indigent inmates shall be provided with dental care supplies. (Wellpath IP, p. 99). *MCJ will have available, either through commissary purchase or through jail-issued personal hygiene kit, interproximal cleaners (e.g., floss loops) and a flexible handled toothbrush for inmate-patient self-dental care. (Wellpath IP, p. 103).*					
1.3	Oral Hygiene Education	Is oral hygiene instruction (OHI) given to patients upon arrival as well as when they are ready to view the education, i.e., on their computer tablet?	Facility Review	NC	**12.5%**
Inmates ... can receive instruction in proper brushing technique from the medical staff upon request. (Wellpath IP, p. 99). *A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental hygiene education. (Wellpath IP, p.103).*					
1.4	Inmate Handbook	Is the inmate handbook with dental information viable and are dental services reviewed verbally at the time of intake?	Facility Review	NC	**44.4%**
Information regarding access to health care services shall be communicated verbally and in writing to inmates upon their arrival at the facility. (Wellpath IP, p. 23). *Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Wellpath IP, p. 103).*					
1.5	Intake Form	Is the dental section of the Intake Form completely filled out at the time of Intake and is a dental referral box checked and the	Chart Review	NC	**50.0%**

		referral to dental completed when appropriate?			
A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings .... Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Wellpath IP, p. 98).					
1.6	Intake – DL1	Of the Dental Level 1 (DL1) patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).	Chart Review	NC	**66.7%**
1.7	Intake – DL1	Of the DL1 patients above, were they seen as scheduled in dental?	Chart Review	NC	**0.0%**
If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Wellpath IP, p. 99)					
1.8	Intake – DL2	Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 calendar days).	Spreadsheet	NC	**0.0%**
1.9	Intake – DL2	Of the DL2 patients above, were they seen as scheduled in dental?	Spreadsheet	NC	**0.0%**
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Wellpath IP, p. 98).					
1.10	14-Day Exam Form	14-Day Exam Form has a four-part outcome measure answered as one question	Chart Review	NC	**0.0%**
		a. Is the dental section of the Health Inventory & Communicable Disease Screening (14-Day Exam now named Health Appraisal/IMQ) completed within 14 calendar days of booking?			
A complete gender specific health history inventory and communicable disease screening shall be completed on all inmates within 14 days of arrival at the facility by a Registered Nurse who has completed appropriate training that is approved or provided by the responsible physician. (Wellpath IP, p. 32)					
		b. Per the Implementation Plan A & A.2., is the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing			

		and /or other functional impairment noted in the Dental Section of the form?			
A qualified health care professional who has been trained by the dentist shall ... perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. (Wellpath IP, p. 98). *At the time of the health inventory, examination includes notation of the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, evidence of infection, recent trauma, difficulty swallowing, chewing or other functional impairment. (Wellpath IP, p. 98).*					
		c. Is the Odontogram completely filled out?			
All screening findings will be documented on the health inventory form including the odontogram. (Wellpath IP, p. 98).					
		d. If a referral is appropriate, is the "Dental Sick Call" checked on the 14-Day Exam form? Is the referral to dental completed and scheduled per the Dental Level assignment?			
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Wellpath IP, p. 98).					
1.11	14-Day Exam DL1	Of the DL1 patients referred to dental from the 14-Day Exam, were they scheduled within the DL1 parameters? (Next dental day).	Chart Review	NC	**0.0%**
1.12	14-Day Exam DL1	Of the DL1 patients above, were they seen as scheduled in dental?	Chart Review	NC	**0.0%**
If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Wellpath IP, p. 99)					
1.13	14-Day Exam DL2	Of the DL2 patients referred to Dental from the 14-Day Exam, were they scheduled within the DL2 parameters? (Within 14 calendar days).	Chart Review	NC	**0.0%**
1.14	14-Day Exam DL2	Of the DL2 patients above, were they seen as scheduled in dental?	Chart Review	NC	**0.0%**
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Wellpath IP, p. 98).					

1.15	Sick Call	Is the dental Sick Call request scheduled and seen for a nurse triage within 24 hours of the dental complaint reported by the patient in Intelmate? Is the Dental Sick Call assigned an appropriate DL and referred to dental when appropriate?	Intelmate & Chart Review	NC	**30.0%**
All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. The complaint is prioritized and referred to Dental Sick call as deemed necessary. Interim treatment for pain and infection is provided until the patient is seen by the dentist. (Wellpath IP, page 101).					
1.16	Sick Call DL1	Of the DL1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next dental day).	Chart Review	NC	**45.0%**
1.17	Sick Call DL1	Of the DL1 patients above, were they seen as scheduled in dental?	Chart Review	NC	**33.3%**
If the medical staff/licensed health care professional determines the dental issue to be urgent, the patient shall be referred to and evaluated by the dentist at the next scheduled dental clinic. (Wellpath IP, p. 99)					
1.18	Sick Call DL2	Of the DL2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 calendar days).	Chart Review	NC	**0%**
1.19	Sick Call DL2	Of the DL2 patients above, were they seen as scheduled in dental?	Chart Review	NC	**0%**
Follow up referral and/or consultation with onsite or on call medical provider and/or dental provider (if onsite) will determine treatment plan and schedule for initial provider evaluation. (Wellpath IP, p. 98).					
1.20	Physician on Call (POC)	Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ? Of the patients reported to the POC, were their dental emergencies addressed, were they given the appropriate DL, scheduled next dental day, and seen in dental as scheduled?	Logs & Chart Review	NC	**25.0%**
In the case of a dental/medical emergency, in which a licensed dentist is not present, the patient will be seen, treated and managed immediately by medical provider staff. If in the opinion of the medical staff/licensed health care provider, the dental condition is likely to respond to immediate administration with antibiotic and/or analgesic medication this will be given. If in the opinion of the medical staff person/licensed health care professional in charge, the acute dental emergency is life threatening, the patient will be transported to an urgent care facility or hospital to protect the life of the patient. The contracted dentist will be notified and provide necessary post-discharge dental care at the next scheduled dental clinic. (Wellpath IP, pp. 98-99).					

1.21	Specialty Care	Were the inmate/patients who were referred to an outside specialist, seen by the specialist within 30 days of the referral?	Chart Review	NC	**0.0%**
Medically necessary services which are not provided on-site shall be made available by referral to County or private medical/health services providers. (Wellpath IP, p. 20) *Referral to and priority of offsite oral surgeon will be the responsibility of the facility dentist in accordance with the Dental Priority System. (Wellpath IP, p. 101).*					
1.22	Specialty Care	Were the inmate/patients, who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist?	Chart Review	NC	**0.0%**
The contracted dentist will be notified and provide necessary post-discharge dental care at the next scheduled dental clinic. (Wellpath IP, p. 99)					
1.23	Specialty Care	For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?	Chart Review	NC	**0.0%**
Medically necessary services which are not provided on-site shall be made available by referral to County or private medical/health services providers. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20)					
1.24	Chronic Care (HIV)	Are patients with chronic care problems (HIV) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination?	Chart Review	NC	**0.0%**
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27).*					
1.25	Chronic Care (Seizures)	Are patients with chronic care problems (Seizures) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	**0.0%**

CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27).*					
1.26	Chronic Care (Diabetes)	Are patients with chronic care problems (Diabetes) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	**0.0%**
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27).*					
1.27	1.27 - Chronic Care (Pregnancy)	Are patients with chronic care problems (Pregnancy) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	NC	**0.0%**
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27).*					
1.28	Psych Patients on 4 or more psych medications	Are patients with chronic care problems (patients on 4 or more psych medications) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the	Chart Review	DF	**DF**

		date of the referral from the 7-day chronic care examination?			
CFMG will provide a system for managing patients with chronic health conditions through screening, identifying and monitoring these patients while incarcerated in the Monterey County Jail. *Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27).*					
1.29	1.29 - Comp Dental Care	Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?	Chart Review & Spreadsheet	NC	**0%**
1.30	1.30 - Comp Dental Care	Of those receiving a comprehensive dental examination at their 1 year of incarceration, are they placed on an annual examination schedule and are they seen in dental per their annual recall schedule? *Note that a periodontal recall (cleaning recall) is different than the annual comprehensive dental examination recall.*	Chart Review	NC	**0%**
Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. (Wellpath IP, p. 103) *Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Wellpath IP, p. 103)*					
1.31	Periodontal Disease Program	Are requests for a cleaning referred to dental with the appropriate DL? Are cleanings addressed per the Implementation Plan's Periodontal Disease Program? Are patients' request for a cleaning seen in dental for a triage and subsequent appointment for a comprehensive and periodontal examination, radiographs, diagnosis and treatment plan, commensurate with their diagnosis and given an appropriate DPC?	Chart Review	NC	**0%**
MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. (Wellpath IP, p. 100 & 103) *Treatment regimens will provide maintenance services only. (Wellpath IP, p. 104)*					
1.32	Grievances (Intelmate)	Where Grievances addressed and resolved within 10 calendar days of the request in Intelmate?	Intelmate	SC	**90.6%**
TOTAL		**32 Total Questions** **1 SC, 1 PC, 29 NC, 1 DF = 31 Questions**	**535 / 31 =**	**NC**	**17.3%**

Section III.1 Access to Care Audit Tool Data

This section evaluates for any barriers to access to care.

1.1: Interpreter Services – NC

Are interpreter services available to I/Ps including sign language interpreters?

- 1.1.1 – Are sign language interpreter services are available when needed through the Sherriff's office. – PC. There were no I/Ps seen in the dental clinic during this tour who needed a sign language translation service. This service was not available to patient #[redacted] but the service is now available to the hearing impaired patients on the purple tablet from MCJ. Wellpath is working on having their own service for the dentist (and other clinicians) to use when communicating with patients during an appointment.
- 1.1.2 - Certified language translator services are available by telephone. - SC
- 1.1.3 - Certified language translator services information is posted in the dental clinic. - SC
- 1.1.4 – Were interpreters used when it states in patient chart that an interpreter is needed? – **NC**. [redacted] received dental care without an interpreter identified. Did not evaluate all 616, just identified 10 patients who were seen in the dental clinic and stopped looking for additional examples. If you need all 616 evaluated to see who received dental care without an interpreter, please let me know. I recommend that [redacted] become a certified Spanish language translator if she agrees.

2.5/4 = 62.5%

1.2: Oral Hygiene Supplies – PC

Are the oral hygiene supplies available and carry the American Dental Association (ADA) seal of approval?

- 1.2.1 – Does all toothpaste issued to all inmate/patients (I/Ps) carry the ADA seal of acceptance? – NC. Old toothpaste stock is being distributed to patients and new toothpaste has been ordered to carry the ADA seal of acceptance.
- 1.2.2 – Indigent packs includes toothbrush, toothpaste, and floss loops upon request? - SC
- 1.2.3 – Indigent denture adhesive is available to the full and partially edentulous indigent patients? - SC
- 1.2.4 – Indigent packs and denture adhesive are available cost free to the indigent patients? - SC
- 1.2.5 – Are toothbrush and toothpaste made available, without a fee, for each inmate/patient on a monthly basis upon demand? – PC. There appears to be several patients who complained that they requested supplies and did not receive them. Further evaluation to be performed during next audit tour.
- 1.2.6 – Does the commissary carry toothpaste for purchase with the ADA seal of acceptance? – PC. The commissary carries toothpaste with the ADA seal of acceptance for purchase.
- 1.2.7 – Does the commissary carry correctional care toothbrushes for purchase? - SC
- 1.2.8 – Does the commissary carry correctionally approved flossers for purchase? - SC
- 1.2.9 – Does the commissary carry ADA Seal of Approval denture adhesive for purchase? - SC

- 1.2.10 – Is there a current Policy and Procedure (P & P) present to address oral hygiene supplies, including denture adhesive for all booked patients including for indigent patients? – PC. Not complete for indigent patient supplies and for denture adhesive distribution to patients.

7.5/10 = 75%

1.3: Oral Hygiene Education – NC

Is oral hygiene instruction (OHI) given to patients upon arrival as well as when they are ready to view the education, i.e., on their computer tablet?

- 1.3.1 – Is the oral hygiene instruction, both brushing and flossing brochures/videos from the American Dental Association (ADA) available on the inmate/patient's tablet? – NC. Dr. [redacted] to decide which video to be uploaded to the tablet. No brochures currently available to patients for oral hygiene education.
- 1.3.2 – Is meaningful oral hygiene instruction given to every I/P during the 14-Day Exam/Health Appraisal Questionnaire (IMQ)? – NC. Although sometimes stated in the documentation, conversation with nursing states too busy at this time to give meaningful oral hygiene education.
- 1.3.3 – Is oral hygiene instruction available to I/Ps upon request? – PC. Partially, can go through dental sick call.
- 1.3.4 – Is meaningful oral hygiene education given to patients during their dental examination? – NC - Comprehensive dental examinations were not occurring until June 22, 2021, and no routine, meaningful oral hygiene education is given to patients at this time.

0.5/4 = 12.5%

1.4: Inmate Handbook – NC

Is the inmate handbook with dental information viable and are dental services reviewed verbally at the time of intake?

- 1.4.1 - Is there a true and comprehensive overview of dental services per the Implementation Plan available in the Inmate Orientation Handbook? – PC. In process. Dr. [redacted] to finalize handbook.
- 1.4.2 - Is there a verbal overview of dental services and how to access dental care via the dental sick call system stated within the Inmate Orientation Handbook and given at the time of Intake? – PC. In process
- 1.4.3 - Is there a separate sheet given with the Inmate Orientation Handbook highlighting any dental updates/changes available to the I/P until the new handbook is published? – NC. None given at this time.
- 1.4.4 - Are effective communication techniques employed to make sure each inmate/patients understands both the verbal and written information provided and can repeat back their understanding using their own words. – PC. In process ADA responsibility
- 1.4.5 - Does it state that those I/Ps with chronic care diseases (HIV, Seizures, Diabetes, Pregnancy, patients on more than 4 psych meds or special needs) are eligible for comprehensive care within 90 days of their referral to dental from the physician's chronic care appointment? – PC. In process.

- 1.4.6 - Does it state that I/Ps incarcerated for 12 months or more can receive a comprehensive dental examination and eligible treatment? – PC. In process.
- 1.4.7 - Does it state that every patient no matter the length of incarceration is eligible for a "Periodontal Screening" as part of the Periodontal Disease Program? – PC. In process
- 1.4.8 - Does it state that patients refusing dental care, Refusal(s), can reinstate care by placing a mew dental sick call request? – PC. In process
- 1.4.9 - Does it state when dental examination and services are available inside the facility? – PC. In process.

4/9 = 44.4%

1.5: Intake Form - NC

Is the dental section of the Intake Form filled out completely at the time of Intake and is a dental referral box checked and the referral to dental completed when appropriate?

I/P	Score	Comment
[redacted]	0.5	Booked 12/11/2021. Intake completed 12/11/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 12/12/2021. Intake completed 12/12/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 11/11/2021. Intake completed 11/11/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 10/26/2021. Intake completed 10/26/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 10/01/2021. Intake completed 10/01/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 09/20/2021. Intake completed 09/20/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 09/22/2021. Intake completed 09/22/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 08/13/2021. Intake completed 08/13/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 07/03/2021. Intake completed 07/03/2021, no dental pain reported, dental questions not filled out.
[redacted]	0.5	Booked 08/06/2021. Intake completed 08/06/2021, no dental pain reported, dental questions not filled out.
Total	5/10	= 50.0% NC

1.6: DL 1 – Intake - Scheduled in dental within timeframe - NC

Of the Dental Level 1 (DL1) patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to

identify the number of dental referrals from Intake from May 1st, 2021, thru December 31st, 2021, with a Dental Level 1.

- Note that Dental Level 1 delineation is for urgent and emergent cases, not only emergent problems.
- A review of words (intake, pain, toothache, swelling), when screening completed or rescheduled dental appointments or sick call requests with DL1 delineation identified the following I/P. Trying to find the patients for this category is like being on a treasure hunt. Not an easy task for this monitor and not an easy task for the dental program to self-auditing itself.

I/P	Score	Comment
[redacted]	N/A	Booked 5/8/21. Emergent Referral from intake 05/08/21. Patient released same day. Not seen by dental.
[redacted]	1	Booked 05/11/21. Urgent Referral from intake scheduled 05/11/2021 within timeframe.
[redacted]	1	Booked 06/11/2021. Urgent Referral from intake scheduled to dental within timeframe. Released 10/14/2021
[redacted]	1	Booked 12/15/2021. Urgent Referral from intake scheduled within timeframe on 12/21/21.
[redacted]	1	Booked 12/15/2021. Urgent Referral from intake 12/21/21. Scheduled within timeframe to dental.
[redacted]	0	Booked 05/29/2021. Referred to dental for Emergent Referral. Patient scheduled within timeframe on 05/31/2021for left molar broken pain but given a Dental Level 2. An appropriate DL 1 should be given for an emergent referral although the patient was scheduled within timeframe.
[redacted]	0	Booked 07/09/2021. Referred from intake for a painful broken bottom molar but patient given a Dental Level 2 on 07/13/2021. Patient should have been schedule next dental day on 07/12/2021 with a DL1.
Total	4/6	=66.7%

1.7: DL 1 – Intake - Seen in dental as scheduled – NC

Of the DL1 patients above, were they seen as scheduled in dental?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to identify the number of dental referrals from Intake from May 1st, 2021, thru December 31st, 2021, with a Dental Level 1.
- A review of words (intake, pain, toothache, swelling), when screening completed or rescheduled dental appointments or sick call requests with DL1 delineation identified the following I/P. Trying to find the patients for this category is like being on a treasure hunt. Not an easy task for this monitor and not an easy task for the dental program to self-auditing itself.
    - Several urgent dental referrals from intake given a Dental Level 2 which is not the appropriate dental level for an urgent or emergent condition. However, tried to locate urgent/emergent cases with the appropriate DL1 delineation.

- Note that Dental Level 1(seen in dental on next dental day) delineation is for urgent and emergent cases, not only emergent problems.

I/P	Score	Comment
[redacted]	N/A	Booked 5/8/21. Emergent Referral from intake 05/08/21. Patient released same day. Not seen by dental.
[redacted]	0	Booked 05/11/21. Urgent Referral from intake 5/11/21. Intake RN made appointment within timeframe. Intake appointment not duplicated. Original was deleted. Delete Appointment - Duplicate task for today 5-11-21 [DDS [redacted] on 05-11-2021] although task was not duplicated. Patient was never seen in Dental. Seen by medical however for dental pain 5/19/21, 5/28/21. Released 07/20/21
[redacted]	0	Booked 06/11/2021. Urgent Referral from intake Rescheduled by dental 6/12/21, 6/19/21. 6/22/21. 06/23/21. No reason given. Seen in dental 06/24/2021. Seen for treatment 08/25/21 for #16 although #15 was treatment planned, appears that #15 was not treated as scheduled. Since there is no clinical record (no EDRS or a physical means of showing a treatment plan where a treatment plan is tracked, treatment planned is not noted if changed. Dr. [redacted] please review. Note non-diagnostic radiograph due to overlapped contacts. Released 10/14/2021
[redacted]	0	Booked 12/15/2021. Urgent Referral from intake. R/S by Dental 12/21/21, 01/04/22, 01/18/22, 02/01/22 due to quarantine. See Executive Summary on Covid. Seen in Dental on 02/02/2022. Still in custody.
[redacted]	0	Booked 12/15/2021. Urgent Referral from intake 12/21/21. Rescheduled by Dental due to quarantine 12/21/21. Seen in dental 01/04/22. Rescheduled for treatment 02/02/22, 02/15/22 and deleted appointment by staff on 03/01/22. No future appointment for this treatment plan, although can see overdue task for tooth #14 open and med/temp fill. Please schedule this patient for treatment. Still in custody.
[redacted]	0	Booked 05/29/2021. Referred to dental for Emergent Referral for left molar broken pain but given a Dental Level 2. Patient rescheduled due to dentist out on 05/31/21, 06/01/21, 06/05/21. Seen 06/12/2021. Seen for treatment 08/11/2021. Released 11/22/2021
[redacted]	0	Booked 07/09/2021. Referred from intake for a painful broken bottom molar but patient given a Dental Level 2 on 07/13/2021. Patient rescheduled to 08/03/2021 due to quarantine. See Executive Summary on Covid. Patient seen on 08/03/2021 and states patient refused but no refusal form in documents. Released 10/06/2021

[redacted]	0	Booked 06/23/2021. Referred from intake for pain in mouth. Rescheduled 06/23/21, 06/23/21, 06/24/21, 06/27/21 no reasons given, 06/29/21 for lack of resources. Seen in dental 07/07/2021. Released 03/09/2022
Total	0/7	= 0%

1.8: DL 2 – Intake - Scheduled in dental within timeframe - NC

Of the Dental Level 2 (DL2) patients referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 calendar days).

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to identify the number of dental referrals from Intake from May 1st, 2021, thru December 31st, 2021, with a Dental Level 2.
- A review of words (intake, pain, toothache, swelling), and trying to find the patients for this category is like being on a treasure hunt. Definitely not an easy task for this monitor and definitely not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.9: DL 2 – Intake - Seen in dental as Scheduled – NC

Of the DL2 patients above, were they seen as scheduled in dental?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to identify the number of dental referrals from Intake from May 1st, 2021, thru December 31st, 2021, with a Dental Level 2.
- A review of words (intake, pain, toothache, swelling), and trying to find the patients for this category is like being on a treasure hunt. Definitely not an easy task for this monitor and definitely not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.10: 14-Day Exam Form (Initial Health Exam/IMQ) - NC

a. Is the dental section of the Health Inventory & Communicable Disease Screening (14-Day Exam now named Health Appraisal/IMQ) completed within 14 calendar days of booking?
b. Per the Implementation Plan A & A.2., is the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty swallowing, chewing and /or other functional impairment noted in the Dental Section of the form?
c. Is the Odontogram completely filled out?
d. If a referral is appropriate, is the "Dental Sick Call" boxed checked on the 14-Day Exam form? Is the referral to dental completed and scheduled per the Dental Level assignment?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or individually to find who was referred

to dental. There were no statistics recorded to identify the number of dental referrals from the 14-Day Exam from May 1st, 2021, thru December 31st, 2021.

- Even with review of words (health appraisal, pain, toothache, swelling), and trying to find the patients for this category of DL1 and DL2 referred to Dental is like being on a treasure hunt. Not an easy task for this monitor and not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.11: DL 1 - 14-Day Exam - Scheduled in Dental within timeframe – NC

Of the DL1 patients referred to dental from the 14-Day Exam, were they scheduled within the DL1 parameters? (Next dental day).

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or individually to find who was referred to dental. There were no statistics recorded to identify the number of dental referrals from the 14-Day Exam from May 1st, 2021, thru December 31st, 2021.
- Even with review of words (health appraisal, pain, toothache, swelling), and trying to find the patients for this category of DL1 and DL2 referred to Dental is like being on a treasure hunt. Not an easy task for this monitor and not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.12: DL 1 - 14-Day Exam - Seen in dental as Scheduled – NC

Of the DL1 patients above, were they seen as scheduled in dental?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or individually to find who was referred to dental. There were no statistics recorded to identify the number of dental referrals from the 14-Day Exam from May 1st, 2021, thru December 31st, 2021.
- Even with review of words (health appraisal, pain, toothache, swelling), and trying to find the patients for this category of DL1 and DL2 referred to Dental is like being on a treasure hunt. Not an easy task for this monitor and not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.13: DL 2 – 14-Day Exam - Scheduled in dental within timeframe – NC

Of the DL2 patients referred to Dental from the 14-Day Exam, were they scheduled within the DL2 parameters? (Within 14 calendar days).

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or individually to find who was referred to dental. There were no statistics recorded to identify the number of dental referrals from the 14-Day Exam from May 1st, 2021, thru December 31st, 2021.
- Even with review of words (health appraisal, pain, toothache, swelling), and trying to find the patients for this category of DL1 and DL2 referred to Dental is like being on a treasure hunt.

Not an easy task for this monitor and not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.14: DL 2 - 14-Day Exam - Seen in dental as Scheduled – NC

Of the DL2 patients above, were they seen as scheduled in dental?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to identify the number of dental referrals from the 14-Day Exam from May 1st, 2021, thru December 31st, 2021.
- Even with review of words (health appraisal, pain, toothache, swelling), and trying to find the patients for this category is like being on a treasure hunt. Not an easy task for this monitor and definitely not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.15: Sick Call Seen by Nursing within 24 hours - NC

Is the Inmate Dental Sick Call request scheduled and seen by a nurse for triage within 24 hours of the dental complaint reported by the patient in Intelmate? Is the Dental Sick Call assigned an appropriate DL and referred to dental when appropriate?

- Inmate Dental Sick Calls come from Intelmate. I do not have access to Intelmate. A series of dental words are used to locate the inmate generate dental slip call slips from either the table or from an actual paper slip. If the right words are not searched for, then the inmate request is not located for audit.
- There is no case ID to follow the inmate dental sick call request to the RN triage and then ultimately to the dental triage and treatment. This needs to be rectified so a complete follow through of the inmate dental sick call can be made.
- ***I have spent hours which I have not billed for trying to find the multiple trails of reschedules and the solution is that there must be a single chronological place for all dental requests, the paper triage of the request, when the RN sees the patients and assigns a dental level and when the patient is scheduled and when the patient is seen in dental. As well as when a request for a dental sick call then culminates in a completed treatment. A case ID for each dental request must be assigned to be able to track each patient's request and a method that each step of the way is identified in the patient's dental record. This is the job of an EDRS. Listing steps below to see the completion of an inmate request should be listed sequentially in the EDRS without having to search through 5 different areas of CorEMR:
    - 1. Intelmate which I don't have access to. Note patient misspells words and those words are not tracked to identify a dental sick call request, then that record is not audited nor available for a self-audit, i.e., molar as "mouller".
        - Here is where the Case ID needs to be issued.
        - The problem is that if the patient submits multiple requests, it will be the RN's obligation to point the inmate request for a dental sick call to the same Case ID. This will be a point of possible breakdown, otherwise another Case ID will be issued and at least can be followed.

- 2. Intelmate – paper triage stated within Intelmate, and this is easy to see once one has located the scanned dental sick call request.
- Looking in the documents for the Intelmate request slip that matches the dental sick call request.
- 3. RN Sick Call – must look in the task but sometimes it's not there and in the PA sick call instead. Sometimes there are multiple different dental RN visits and finding the one that corresponds with the Intelmate request can sometimes take a long time.
    - Note that the RN Sick Call task contains medical and mental health sick calls and is not delineated or segregated into an RN Dental Sick Calls section, so this also takes time to compile information as everything is together.
    - This is where the RN evaluates the patient and gives the patient a Dental Level of 1 (DL1) - for an appointment on the next dental day or a Dental Level of 2 (DL2) - for an appointment within 14 calendar days.
    - The main issue with the DL assignment by the RN is that they don't always assign the correct DL for the patient's symptoms although they mostly schedule according to a DL1 parameter if the patient indicates pain, toothache. Doing this shows a better overall "scheduled within timeframe" but is not done in the spirit of the actual assignment of the dental level system.
- 4. Dental Sick Call – also must make sure it is from the right inmate request as there are sometimes multiple issues that arrive in the dental sick call for a dental triage. Here again a Case ID would solve this issue.
    - When the Dental Sick Call is rescheduled, numerous times sometimes have to look in historic, future or deleted tasks to find the trail of appointments.
- 5. Progress notes and chart notes. Sometimes information is in the chart notes especially if there is a refusal, but it doesn't always like the refusal of what procedure so then must locate the scanned refusal. Sometimes the actual procedure being refused is not in the refusal form so if there are multiple dental items on the treatment plan it's hard to know what was refused. PS sometimes the refusal form is not always signed by the two witnesses so then it becomes an invalid refusal.
    - Starting mid-January 2022 there appears to be a system to track the Dental Priority Codes (DPC). The DPC is assigned by the Dentist once a diagnosis has been made at the Dental Sick Call triage appointment from an inmate/patient dental sick call request.
- 6. Once a treatment plan for the initial inmate/patient request is made, then one has to look in the tasks under Dental Treatment although there might be other appointments under Dental Sick Call that are associated with this complaint and not linked. Then finding if the appointment is completed, refused or rescheduled adds more challenges if the patient puts in another sick call or grievance if they haven't been seen and continue to have pain.
- 7. Then if the patient ultimately is released without having been seen in dental since their first request or their first referral, because they've been rescheduled to release, it may show that there is no backlog but indeed it is a total breakdown of the system!

- Having to go through all these steps to find out what the patient is experiencing is a lengthy process for each audited chart.
    - Case ID's must be utilized if Intelmate is to continue as a separate system from CorEMR.

- Monitors should have access to Intelmate.
- Training on linking Case ID's must occur and a manner to be able to track if the Case IDs are assigned correctly must occur.
- Patients must be scheduled and seen as scheduled!
- Patient's total history must be listed chronologically in one location, preferably in an EDRS, so a look to see where any breakdown occurs can be seen immediately.
- A completion code needs to be added to the Case ID when the patient has received a diagnosis and treatment for their dental request.
- This must also occur for referrals to Dental from Intake, 14-Day Exam/Health Appraisal, Dental Sick Call and Physician referrals.

I/P	Score	Comment
[redacted]	**1**	Patient submitted request on 06-24-21 @ 10:00. Paper triaged on 06/25/21 @ 7:31. Seen by RN at 06/25/21 @ 09:01 for "My left bottom side wisdom tooth is hurting really bad my gum is tender and i m in really bad pain please see me asap thank you".
[redacted]	**0**	Patient submitted request on 06/22/2021 at 16:15 for "I have a broken mouller that I want to pull out". Paper triaged by RN on 06/22/21 @ 20:10. Seen by RN on 06/24/2021 @ 21:38 & appointment created for L2 dental pain. Not seen within timeframe.
[redacted]	**0**	Patient submitted request 05/28/21 @ 18:55 for "I have a couple of bad broken teeth hurts 10/10…pain is so bad constantly hurts and I can't sleep due to pressure and chronic pain". Paper triaged at 05-29-21 @ 1:45. Seen by RN on 5-30-21 (was rescheduled from 05-29-21) therefore not seen within 24 hours.
[redacted]	**1**	Patient submitted request on 05/04/2021. Seen by RN on 5/05/2021 for L2 for pain in right upper molar. On 05-12-2021 pt was rescheduled by DDS for Lack of resources, Limited coverage with DA. Pt was seen on 5-18-21.
[redacted]	**0**	Patient submitted request on 04/25/2021.Seen by RN on 4/26/21 for L2 - right bottom molar decay/caries. Seen on 06/30/2021 & treatment provided.
[redacted]	**0**	Patient submitted request on Intelmate on 05/27/2021 for: "tooth swollen need help" Patient seen on 05/28/21 for sick call. Patient rescheduled on by RN on 9-4-21, 9-5-21,9-6-21, 9-7-21. Sick call completed by PA on 9-8-21& had antibiotics started. Pt was seen in dental on 9-14-21. Treatment was not provided on the appointment day. Pt rescheduled by DDS as pt in quarantine on 10-13-21,10-20-21,10-26-21,11-2-21.
[redacted]	**0**	Patient submitted request on 09/30/2021.patient seen by RN on 11/24/2021 for sick call but refused sick call.
[redacted]	**1**	LV-2 Filling fell out created by RN dated 9-19-21.

[redacted]	**0**	Patient submitted sick call on 07/17/21.Rescheduled on 07/18/21,07/19/21,07/20/21,7/21/21. Patient seen for sick call LV2 created by RN on 07/22/21
[redacted]	**0**	Sick call created on 10-10-21 by RN. Pt was rescheduled by RN on 10-10-21,10-11-21, 10-12-21,10-13-21. Patient was never seen in dental for any care.
Total	**3/10**	**= 30.0% NC**

1.16: DL 1 - Sick Call - Scheduled in dental within timeframe – NC

Of the DL1 patients referred to Dental from Sick Call, were they scheduled within the DL 1 parameters? (Next dental day).

I/P	Score	Comment
[redacted]	**1**	Pt submitted request on 06-24-21. Lv 1 dental sick call created by RN on 06/25/21. Scheduled within timeframe on 6/27/21; 6/29/21.
[redacted]	**0.5**	Patient submitted request on 06-22-21 and scheduled for L2 dental pain. Patient was rescheduled multiple times on 06-25-21 (by RN), 06-27-21 (by RN), 06-28-21 (by RN), 06-29-21 (by RN), 06-29-21 (By DDS-lack of resources), seen by physician on 07-03/21. 7-7-21 (By DDS-lack of resources), 7-11-21 (DDS schedule change). *Not scheduled within timeframe. This patient had antibiotics previously prescribed for swelling and states has pain now but is given a DL2, this should have been given a DL1. Gave 0.5 because patient was scheduled within DL2 timeframe and was seen by physician although was rescheduled by dentist.*
[redacted]	**0.5**	On 05-30-21 appt for DENTAL PAIN 10/10 PAIN, RN gave a LV2 - broken molar left upper side and scheduled for a DL2 correctly but this should have been labeled a DL1.Refused appointment on 5-31-21. Refusal form not filled & not signed by 2 witnesses. Seen in dental on 08-03-21 for this original request.
[redacted]	**1**	Patient submitted request on 05/04/2021. Seen by RN on 5/05/2021 for L2 for pain in right upper molar. On 05-12-2021 pt was rescheduled by DDS for Lack of resources, Limited coverage with DA. Pt was seen on 5-18-21.
[redacted]	**0**	Patient submitted request on 04/25/2021.Seen by RN on 4/26/21 for L2 - right bottom molar decay/caries. Seen on 06/30/2021 & treatment provided.
[redacted]	**0.5**	Patient submitted request on Intelmate on 05/27/2021 for: "tooth swollen need help" Patient seen on 05/28/21 for sick call. Patient rescheduled on by RN on 9-4-21, 9-5-21,9-6-21, 9-7-21. Sick call completed by PA on 9-8-21& had antibiotics started. Pt was seen in dental on 9-14-21. Treatment was not provided on the appointment day. Pt rescheduled by DDS as pt in quarantine on 10-13-21,10-20-21,10-26-21,11-2-21.

[redacted]	**0**	Patient submitted request on 09/30/2021.patient seen by RN on 11/24/2021 for sick call but refused sick call.
[redacted]	**0**	LV-2 Filling fell out created by RN dated 9-19-21.
[redacted]	**1**	Patient submitted sick call on 07/17/21.Rescheduled on 07/18/21,07/19/21,07/20/21,7/21/21. Patient seen for sick call LV2 created by RN on 07/22/21
[redacted]	**0**	Sick call created on 10-10-21 by RN. Pt was rescheduled by RN on 10-10-21,10-11-21,10-12-21,10-13-21. Patient was never seen in dental for any care.
Total	**4.5/10**	**= 45.0% NC**

1.17: DL 1 - Sick Call - Seen in dental as Scheduled – NC

Of the DL1 patients above, were they seen as scheduled in dental?

I/P	Score	Comment
[redacted]	**0**	Pt submitted request on 06-24-21. Lv 1 dental sick call created by RN on 06/25/21. Rescheduled by dental on 6/27/21; 6/29/21. Pt was seen in dental on 07/07/21 but not as scheduled.
[redacted]	**0**	Patient submitted request on 6-22-21 for L2 dental pain. Patient was rescheduled multiple times on 6-29-21 (By DDS-lack of resources), 7-7-21 (By DDS-lack of resources), 7-11-21 (DDS schedule change). On 09/08/2021 patient refused appointment. *This patient had antibiotics previously prescribed for swelling and states has pain now but is given a DL2, this should have been given a DL1. Not seen in dental as scheduled.*
[redacted]	**0**	Patient submitted LV2 - broken molar left upper side created by RN on 5-30-21. Patient refused appointment on 5-31-21. Refusal form not filled & not signed by 2 witnesses. Patient seen 08-03-21 for this request.
[redacted]	**1**	Patient submitted request on 05/04/2021. Seen by RN on 5/05/2021 for L2 for pain in right upper molar. On 05-12-2021 pt was rescheduled by DDS for Lack of resources, Limited coverage with DA. Pt was seen on 5-18-21.
[redacted]	**0**	Patient submitted request on 04/25/2021.Seen by RN on 4/26/21 for L2 - right bottom molar decay/caries. Seen on 06/30/2021 & treatment provided.
[redacted]	**0**	Patient submitted request on Intelmate on 05/27/2021 for: “tooth swollen need help” Patient seen on 05/28/21 for sick call. Patient rescheduled on by RN on 9-4-21, 9-5-21,9-6-21, 9-7-21. Sick call completed by PA on 9-8-21& had antibiotics started. Pt was seen in dental on 9-14-21. Treatment was not provided on the appointment day. Pt rescheduled by DDS as pt in quarantine on 10-13-21,10-20-21,10-26-21,11-2-21.

[redacted]	**1**	Patient submitted request on 09/30/2021.patient seen by RN on 11/24/2021 for sick call but refused sick call.
[redacted]	**NA**	Can no longer locate patient number in CorEMR.
[redacted]	**1**	Patient submitted sick call on 07/17/21.Rescheduled on 07/18/21,07/19/21,07/20/21,7/21/21. Patient seen for sick call LV2 created by RN on 07/22/21
[redacted]	**0**	Sick call created on 10-10-21 by RN. Pt was rescheduled by RN on 10-10-21,10-11-21, 10-12-21,10-13-21. Patient was never seen in dental for any care.
Total	**3/9**	**= 33.3% NC**

1.18: DL 2 - Sick Call - Scheduled within timeframe – NC

Of the DL2 patients referred to Dental from Sick Call, were they scheduled within the DL 2 parameters? (Within 14 calendar days).

- In this case the dental sick calls are the only thing tracked by CorEMR but due to the inconsistent entry from nursing of the I/P's dental level, there is no consistent statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or to identify a patient for auditing.
- If I am to look for a patient with a DL2 condition referred to dental from a dental sick call request, I must look through the completed, refused, rescheduled or cancelled by staff to identify if a record matches both the DL from the notes and the priority code assigned to the patient. Therefore, there are statistics recorded to identify the true number of dental sick calls or patients with a true DL2 from May 1st, 2021, thru December 31st, 2021. The inconsistent delineation from nursing of identifying a Dental Level 1 or 2 condition and then appropriately labeling that visit correctly is not consistent therefore giving a non-compliance score of 0%.

1.19: DL 2 - Sick Call - Seen in dental as Scheduled – NC

Of the DL2 patients above, were they seen as scheduled in dental?

- In this case the dental sick calls are the only thing tracked by CorEMR but due to the inconsistent entry from nursing of the I/P's dental level, there is no consistent statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or to identify a patient for auditing.
- If I am to look for a patient with a DL2 condition referred to dental from a dental sick call request, I must look through the completed, refused, rescheduled or cancelled by staff to identify if a record matches both the DL from the notes and the priority code assigned to the patient. Therefore, there are statistics recorded to identify the true number of dental sick calls or patients with a true DL2 from May 1st, 2021, thru December 31st, 2021. The inconsistent delineation from nursing of identifying a Dental Level 1 or 2 condition and then appropriately labeling that visit correctly is not consistent therefore giving a non-compliance score of 0%.

1.20: Physician on Call (POC) Logs - NC

Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ? Of the patients reported to the POC, were their dental emergencies addressed, were they given the appropriate DL, scheduled next dental day and seen in dental as scheduled?

- Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ? - PC. There is an on-call process which handles dental emergencies however there are no logs to indicate which patient, what condition, what was done, what was the outcome and follow up.

- Of the patients reported to the POC, were their dental emergencies written down, addressed, were they given the appropriate DL, scheduled next dental day and seen in dental as scheduled? – NC. There are currently no logs submitted to this monitor with patient's name, booking number maintained by the POC for after-hours dental emergencies although the numbers below were submitted for statistics.
- **PC (0.5) + NC (0) = 0.5/2 = 25% NC**

Description	2021 May	2021 June	2021 July	2021 Aug	2021 Sept	2021 Oct	2021 Nov	2021 Dec
# DL 1 and 2 referrals from physicians / physicians on call per month	6	22	3	5	15	19	15	2

1.21: Specialty Care Referrals / To Outside Specialists - NC

Were the inmate/patients who were referred to an outside specialist, seen by the specialist within 30 days of the referral?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to identify the number of dental referrals to outside specialists from May 1st, 2021, thru December 31st, 2021.
- Trying to find the patients for this category is like being on a treasure hunt. Definitely not an easy task for this monitor and definitely not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.22: Specialty Care Referrals / Return from Outside Specialists - NC

Were the inmate/patients, who were referred to a specialist above, seen back in Dental on the next dental day following their appointment with the specialist?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to

identify the number of dental referrals to outside specialists from May 1st, 2021, thru December 31st, 2021.
- Trying to find the patients for this category is like being on a treasure hunt. Definitely not an easy task for this monitor and definitely not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.23: Specialty Care Referrals / Outside Specialists Reports - NC

For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?

- There were no statistics recorded in the CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole. There were no statistics recorded to identify the number of dental referrals to outside specialists from May 1st, 2021, thru December 31st, 2021.
- Trying to find the patients for this category is like being on a treasure hunt. Definitely not an easy task for this monitor and definitely not an easy task for the dental program to self-auditing itself. Since a report is not available to screen for these patients, giving a non-compliance score of 0%.

1.24: Chronic Care (HIV) Referred to Dental - NC

Are patients with chronic care problems (HIV) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled and seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral at the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 10/29/2021. Seen in chronic care clinic on 12/01/21 for initial chronic care visit. No referral to dental. Never seen in dental.
[redacted]	**0**	Booked 08/23/21, released 11/22/21. Seen in chronic care clinic on 09/22/21 but not referred to dental. Seen in dental 10/26/21 for LV2 sick call. Not qualified for annual comprehensive dental exam.
[redacted]	**0**	Booked 07/24/21 & released on 07/30/21. Not seen in chronic care as booked for <7 days. No referral to dental.
[redacted]	**0**	Booked 09/08/2021, released 09/10/2021. Seen in medical on 09/09/21& 09/09/2021 for monitoring & sick call. Not seen for chronic care. Not in 7-day chronic care time range for evaluation. No referral to dental. Never seen in dental.
[redacted]	**0**	Booked 05/16/21, released 06/03/21. Not seen for chronic care. No referral to dental.
[redacted]	**0**	Booked 07/07/2021, released 11/04/2021. Seen for chronic care on 07/08/21 & 10/28/21. Was seen multiple times in chronic care but no referral to dental. Seen for dental sick call 11/02/2021.
[redacted]	**0**	Booked 11/25/2020, released on 12/09/21. Seen for chronic care on 12/01/2021.No referral to dental. Never seen in dental.

Total	**0/7**	**= 0% NC**

1.25: Chronic Care (Seizures) Referred to Dental - NC

Are patients with chronic care problems (Seizures) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 07/16/2021, released on 09/19/2021. Seen on 08/12/2021 for chronic care. Not referred to dental. Never seen in dental.
[redacted]	**0**	Booked 11/12/2021, released 01/06/2022. Rescheduled for chronic care on 01/05/2021 as patient in court. Seen 01/12/2021 in chronic care, but no referral to dental. Never seen in dental.
[redacted]	**0**	Booked 12/17/2021 and released 01/06/2022. Not seen for chronic care. Seen multiple times for medical sick call. No referral to dental.
[redacted]	**0**	Booked 12/02/2021, released 12/08/2021. Not seen for chronic care Not referred to dental.
[redacted]	**N/A**	Falls outside of time frame for evaluation.
[redacted]	**0**	Booked 08/19/2021, released 09/23/2021. Seen for chronic care on 09/14/2021. Not referred to dental. Never seen in dental.
[redacted]	**0**	Booked 06/18/2021, released on 08/05/2021. Seen for chronic care on 07/15/2021. Not referred to dental. Never seen in dental.
[redacted]	**0**	Booked 12/20/2021. Chronic care appointment 01/12/2022, not referred to dental.
[redacted]	**0**	Booked 09/14/2021, released 09/28/2021. Never seen for chronic care, not referred to dental. Never seen in dental.
[redacted]	**0**	Booked 08/12/2021, released on 09/02/2021. Seen multiple times in medical for sick call. Never seen for chronic care.
Total	**0/9**	**= 0% NC**

1.26: Chronic Care (Diabetes) Referred to Dental - NC

Are patients with chronic care problems (Diabetes) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**0**	Booked 08/27/2021, released 11/16/2021. Seen for chronic care on 09/27/21. No referral to dental.
[redacted]	**0**	Booked 10/06/2021. Seen on 11/02/21 for chronic care. No referral to dental. Never seen in dental

[redacted]	**0**	Booked 09/06/2021, released on 09/22/2021. Never seen for chronic care. Seen multiple times for medical sick call. No referral to dental for comprehensive care.
[redacted]	**0**	Booked 04/04/2021, released 12/06/2021. Seen in chronic care clinic on 07/01/2021. Not referred to dental. Seen in dental per sick call request on 07/20/2021.
[redacted]	**0**	Booked 06/13/2021, released on 01/19/2022. Seen for chronic care on 10/13/2021. Seen multiple times for medical sick call. No referral to dental for comprehensive care.
[redacted]	**0**	Booked 05/07/2021, released on 05/19/2021. Not seen for chronic care. No referral to dental. Not in 7-day chronic care time range for evaluation.
[redacted]	**0**	Booked 11/17/2021. Seen for chronic care on 12/14/2021 but not referred to dental.
[redacted]	**0**	Booked 12/23/2021.Seen for chronic care appointment on 02/02/2022. Not referred to dental. Not seen in dental.
[redacted]	**0**	Booked 06/26/2021, released on 08/16/2021. Rescheduled for chronic care 07/08/2021;07/12/2021;07/29/2021 but seen for chronic care on 08/05/2021. Not referred to dental.
[redacted]	**0**	Booked 08/27/2021, released 09/08/2021. Seen chronic care 09/01/2021 but not referred to dental nor ever seen in dental.
Total	**0/10**	**= 0% NC**

1.27: Chronic Care (Pregnancy) Referred to Dental - NC

Are patients with chronic care problems (Pregnancy) referred by the NP, PA or MD (Nurse practitioner, physician Assistant or physician) at the establish pregnancy care appointment, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Booked 11/28/2021. Released 11/29/2021. Not enough time in custody to evaluate.
[redacted]	**N/A**	Booked 10/23/2021. Released 10/24/2021. Not enough time in custody to evaluate.
[redacted]	**0**	Booked 09/30/2021. Released 11/14/2021. Established pregnancy care 10/04/2021. No referral to dental for comprehensive dental examination.
[redacted]	**0**	Booked 08/06/2021. Released 12/29/2021. Established pregnancy care 12/21/2021. No referral to dental for comprehensive dental examination. Seen for dental sick call on 09/14/2021;09/28/21 & 10/20/2021.
[redacted]	**N/A**	Falls outside of time frame for evaluation.
[redacted]	**0**	Booked 05/05/2021. Established pregnancy care. Not referred to dental for comprehensive dental examination. Seen in dental for sick call on 08/25/2021 & 09/22/2021. Not scheduled for comprehensive exam.

[redacted]	**N/A**	Booked 07/04/2021, released on 07/07/2021. Not enough time in custody to evaluate.
[redacted]	**N/A**	Booked 07/01/2021. Released 07/21/2021. Not enough time in custody to evaluate.
[redacted]	**N/A**	Booked 05/16/2021.Released on 05/17/2021. Not enough time in custody to evaluate.
[redacted]	**N/A**	Booked 05/22/2021. Released 05/22/2021. Not enough time in custody to evaluate.
Total	**0/3**	**= 0% NC**

1.28: Chronic Care (Pts on ≥4 Psych Meds) Referred to Dental - DF

WHEN ESTABLISHED AS MENTAL HEALTH SPECIAL NEEDS OR CHRONIC CARE: Are patients with chronic care problems (patients on 4 or more psych medications or special needs) referred by the provider (MD) at the 7-day chronic care examination, to the Dental Clinic? Are these chronic care patients scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
Total	**DF**	Not given list to audit.

1.29: Comprehensive Dental Care - NC

Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?

I/P	Score	Comment
[redacted]	**0**	Booked 03/29/2017. Patient's appointment was rescheduled by Dr. [redacted] on 08-03-2021 and the appointment deleted on 11-30-2021 for an appointment on 12-01-2021. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date. Patient still in custody, please give patient option of being seen as was not given original orientation handbook which automatically gives patient appointment on year from date of booking.
[redacted]	**0**	Booked 04/27/2017. Seen for Annual Dental Exam 10/09/2021. Not seen within timeframe.
[redacted]	**0**	Booked 07/04/2017. Seen for Annual Dental Exam 08/03/2021. Not seen within timeframe.
[redacted]	**0**	Booked 09/18/2017. Seen for Annual Dental Exam 09/08/2020. Not seen within timeframe and not seen for 1 year recall and appointment rescheduled saying **Rescheduled Appointment** - Indefinite refusal of medical care- C and D dorms inmates [DDS [redacted] [redacted] on 10-20-2021]. No refusal on file.

[redacted]	**0**	Booked 11/29/2017. Seen for Annual Dental Exam 06/27/2019. Recall performed 09/08/2020. No recall timeline set, and no recall appointment made for 2021. Please schedule patient. Refusal of filling May 2021 but no refusal of recall exam.
[redacted]	**0**	Booked 12/01/2020. Patient's appointment was **Delete Appointment** - Non Inmate request for Annual Dental Exam [DDS [redacted] on 11-10-2021] and again **Delete Appointment** - Non Inmate request for Annual Dental Exam [DDS [redacted] on 11-30-2021]. Patient has never been seen in dental to date. States Interpreter needed and Chronic care. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment with an interpreter as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date. Please schedule this patient.
[redacted]	**N/A**	Booked 12/15/2020 and released 01/31/2022. Patient seen for a sick call 09/16/2020 but not for comprehensive exam as patient released.
[redacted]	**0**	Booked 12/30/2020. Patient's appointment was **Rescheduled Appointment** - Non Inmate request for Annual Exam [DDS [redacted] on 12-28-2021] and rescheduled to 04/27/2022. Patient never seen in dental. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date. Please see this patient as scheduled.
[redacted]	**0**	Booked 12/31/2020. Patient's appointment was **Rescheduled Appointment** - Rescheduled Appointment [RN [redacted] on 12-30-2021] no reason given and **Rescheduled Appointment** - Non Inmate Request for Annual Dental Exam [DDS [redacted] on 01-04-2022]. Patient is scheduled on 05/04/2022 for his Annual Dental Exam. Please see patient as scheduled. Patient never seen in dental. States medical history has a Chronic Care condition and is a Mental Health patient. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date.
[redacted]	**N/A**	Booked 01/01/2021 and released 01/20/2022. Rebooked 11/29/2021.
Total	**0/8**	**= 0% NC**

1.30: Comprehensive Dental Care – NC

Of those receiving a comprehensive dental examination at their 1 year of incarceration, are they placed on an annual examination schedule and are they seen in dental per their annual recall as scheduled? *Note that a periodontal recall (cleaning recall) is different than the annual comprehensive dental examination recall.*

I/P	Score	Comment
[redacted]	N/A	Booked 03/29/2017. Patient not seen; no recall created.
[redacted]	0	Booked 04/27/2017. Seen for Annual Dental Exam 10/09/2021.
[redacted]	0	Booked 07/04/2017. Seen for Annual Dental Exam 08/03/2021.
[redacted]	?	Booked 09/18/2017. Seen for Annual Dental Exam 09/08/2020. Not seen within timeframe and not seen for 1 year recall and appointment rescheduled saying **Rescheduled Appointment** - Indefinite refusal of medical care- C and D dorms inmates [DDS [redacted] on 10-20-2021]. No refusal on file.
[redacted]	0	Booked 11/29/2017. Seen for Annual Dental Exam 06/27/2019. Recall performed 09/08/2020. No recall timeline set, and no recall appointment made for 2021. Please schedule patient. Refusal of filling May 2021 but no refusal of recall exam.
[redacted]	0	Booked 12/01/2020. Patient not seen; no recall created.
[redacted]	N/A	Booked 12/15/2020 and released 01/31/2022. Patient seen for a sick call 09/16/2020 but not for comprehensive exam as patient released.
[redacted]	N/A	Booked 12/30/2020. Patient not seen yet, no recall created, was rescheduled to 04/27/2022. Please see this patient as scheduled.
[redacted]	N/A	Booked 12/31/2020. Patient's appointment was **Rescheduled Appointment** - Rescheduled Appointment [RN [redacted] on 12-30-2021] no reason given and **Rescheduled Appointment** - Non Inmate Request for Annual Dental Exam [DDS [redacted] on 01-04-2022]. Patient is scheduled on 05/04/2022 for his Annual Dental Exam. Please see patient as scheduled. No recall exam made as not ever seen in dental. States medical history has a Chronic Care condition and is a Mental Health patient.
[redacted]	N/A	Booked 01/01/2021 and released 01/20/2022. Rebooked 11/29/2021.
Total	**0/4**	**= 0% NC**

1.31: Periodontal Program / Cleaning Requests – NC

Are requests for a cleaning referred to dental with the appropriate DL? Are cleanings addressed per the Implementation Plan's Periodontal Disease Program? Are patients' request for a cleaning seen in dental for a triage and subsequent appointment for a comprehensive and periodontal examination, radiographs, diagnosis and treatment plan, commensurate with their diagnosis and given an appropriate DPC?

I/P	Score	Comment
NC	**0**	**= Periodontal Disease Program is not Implemented at MCJ.**

1.32: Grievances – SC

Were Grievances addressed and resolved within 10 calendar days of the request in Intelmate?

- Requesting access to Intelmate.

Grievance #	Date Opened	Comments from Inmate/Patient	Date Closed	Monitor Comments	Timeline Met?
[redacted]	05/09/21 17:41	I have a hole in my tooth and I'm having severe pain in my mouth and i was told a couple months ago that I was going to be brought back and still havent been. So if someone could please tend to me whenever they have the chance in a professionally timed manner. Thank you. god bless.	05/14/21 14:15	05/19/21 23:59	Yes
[redacted]	05/22/21 18:42	Since December I have been requesting a cleaning of my teeth, and I have not received one yet. I have been here for over 18 months now and would like a cleaning please and thank you.	05/24/21 08:09	06/01/21 23:59	Yes
[redacted]	05/23/21 16:11	At this time I am writing this in regards to my tooth ache I have seen the dentist already and they said they were [redacted] give me a filling but I can no longer take the excruciating pain and am asking to be seen as soon as possible for the filling please thank you	05/24/21 08:21	06/02/21 23:59	Yes
[redacted]	05/25/21 11:32	My tooth I'd in a lot of pain I need to see a dentist	05/26/21 07:33	06/04/21 23:59	Yes
[redacted]	05/27/21 16:44	Not sure if I'm still going to still be seen yet but as of now, I have not. I'm in a lot of pain.	06/01/21 07:38	06/06/21 23:59	Yes
[redacted]	06/01/21 14:45	I have been set up for an appointment and yet to be seen by the dentist. My tooth has been in pain for over a few weeks I would like to know what's the status. And am respectfully requesting to be seen as soon as possible. I cannot eat or drink anything peacefully and I haven't been able to been sleep lately	06/02/21 07:40	06/11/21 23:59	Yes

[redacted]	06/05/21 19:18	I am in unbearable tooth pain and I've been requesting to have my tooth pulled and or antibiotics that help with the tooth pain but have not seen a response by medical. I am in a working wing and its difficult for me to perform my tasks in pain.	06/07/21 09:52	06/15/21 23:59	Yes
[redacted]	06/18/21 12:32	Contacting lawyer for the worst dental program ever I need a simple tooth pulled	06/23/21 07:29	06/28/21 23:59	Yes
[redacted]	06/21/21 06:30	We are not provided with dental floss in no shape or form.I request to be provided with dental floss, weather it be via sick call and/or commissary to purchase (it is not for sale in commissary). Not flossing teeth/molars is unhealthy, affecting oral health	06/23/21 07:40	07/01/21 23:59	Yes
[redacted]	06/24/21 07:48	I've been told numerous times that I have been set up on a schedule for a cleaning of my teeth, but have not received since in the past 19 months I have been here. I would like to know if I am scheduled for one, when it is ?	06/24/21 09:55	07/04/21 23:59	Yes
[redacted]	06/24/21 21:45	I am often very hungry,I have been malnourished because of my low ecionomic status as long as I can remember.I believe I need a diet that includes more then 1500 calories a day.I am not obese,have not been diagnosed with diabetes,Have birthed 5 children have most of my teeth and I am willing to work.Please,Thank You	06/25/21 07:29	07/04/21 23:59	Yes
[redacted]	06/24/21 21:50	I don't want to keep any teeth you have ever filled or any teeth that have fillings due to decay,pain and mental angush,please,Thank You.	06/25/21 07:31	07/04/21 23:59	Yes
[redacted]	06/27/21 12:27	Why can't I get these bad teeth pulled out they are full of bacteria indeed them taken out will you please consider letting me have a dental visit take me to clinics dasaluid if you have to I have dentical	06/28/21 10:03	07/07/21 23:59	Yes

[redacted]	06/28/21 14:19	They said I was in q to see the dentist this last weekend ??????	06/30/21 08:29	07/08/21 23:59	Yes
[redacted]	06/30/21 17:13	I have had severe tooth pain from open cavity for three weeks now. I have been rescheduled for the doctor several times and the motrin is not reducing any pain. Now I cannot even chew. !	07/01/21 06:35	07/10/21 23:59	Yes
[redacted]	07/07/21 21:09	I've seen the dentist twice and he's took two xrays of same tooth. I'm in excruciating pain and its jaggeded and cutting my inside mouth the nerve is exsposed, I can't eat or sleep well due to the pain. Its also really swollen and red, they put me on àntibiodics but they are not working.	07/09/21 08:45	07/18/21 23:59	Yes
[redacted]	07/07/21 21:17	My family brought my mouth guard up here due to me grinding my teeth and cracking them. The dentist has my mouth guard but won't approve it until my tooth is pulled and he does a imprint. I'm currently using a tampon wrapped in plastic as my guard can u plz approve my mouth guard. I'm in a lot of pain!! So I won't grind my teeth and be in pain cause he won't pull my tooth out. Thank you	07/09/21 08:47	07/18/21 23:59	Yes
[redacted]	07/14/21 09:58	I'm having tooth pain. And I requested medication but they haven't given me any for 2 days now and I requested it on Monday. My pain is savior	07/16/21 11:15	07/24/21 23:59	Yes
[redacted]	07/12/21 13:22	I have been told for weeks that I would receive treatment and have been given motrin which has been discontinued after a short period of time. I have severe pain,any type of pressure or liquid intensifies the pain	07/28/21 11:02	07/24/21 23:59	No
[redacted]	07/31/21 11:55	Tooth broken dental said it would be fixed immediately the pain meds are bs hot cold eating drinking sleeping	08/03/21 06:38	08/10/21 23:59	Yes

		etc are all affected severely this is ridiculous			
[redacted]	08/07/21 17:03	It feels as if my tooth and gums may be infected due to insufficient care from medical staff. I have sent several requests and grievances for this pain.there is a gaping whole in my tooth , blood is coming out, it hurts to close mouth fully. I can't sleep, I can't think, very depressing and frustrating.	08/08/21 06:49	08/17/21 23:59	Yes
[redacted]	08/10/21 22:34	Ive requested a dental visit \u0026 will not be put on hold or be ignored nor delayed must see a provider asap for my toothe pain thank u for ur time hope to be seen in a timely fashion.	08/13/21 11:22	08/21/21 23:59	Yes
[redacted]	08/24/21 20:15	I need more medicine tooth got worst, I can't resist the pain. Meds they don't do shit.	08/25/21 06:52	09/03/21 23:59	Yes
[redacted]	08/24/21 20:17	I need more medicine tooth got worst, I can't resist the pain. Need stronger meds or need to see the dentist asap	08/25/21 06:52	09/03/21 23:59	Yes
[redacted]	08/31/21 10:26	Have been approved for shoulder xray, pain management. Xray never done, pain never addressed. (Doctor visit, nurse visits, tablet/ written reqests) PAIN: SHOULDER HIP TEETH PLEASE ADDRESS ASAP. This issue has been set aside (by you) for FAR too long	09/14/21 20:08	09/10/21 23:59	No
[redacted]	09/22/21 19:13	I on the outside floss my teeth everday on the daily I'm in need of cleaning materials for dental care immediate attention is needed . Ginger just set in and I don't take gingivitis very well it drives me 5150 .	09/29/21 11:28 GTL Admin	10/02/21 23:59	Yes

		Genuinely, [redacted]			
[redacted]	10/05/21 13:39	Tooth ache	10/14/21 09:38	10/15/21 23:59	Yes
[redacted]	10/31/21 12:36	I have tryed to get my glasses \u0026 contact lenses and contact lens supply's for a month now ! I have a bad tooth and need dental work and yet still I have no notice of medical treatment scheduled. if this jail can't do its required job of providing people with basic medical treatment then your medical staff should be repalced due to a public health nuisance this a basic human rights to medical treatment violation schedule my dental and doctors visit	11/19/21 15:04	11/10/21 23:59	No
[redacted]	11/19/21 10:37	On 11/14 I put a sick call in for a tooth ache. It still has not been read? Meanwhile I'm still in pain my tooth it getting worst.	11/19/21 14:51	11/29/21 23:59	Yes
[redacted]	11/26/21 22:04	To please! Be treated for 3 very bad tooth acke at least 10 pain level going on 3weeks! While on tylenal meds going on 3weeks? To be treated by the Dentist Doctor? Yes! I have already been seen and referred by the P.A.Doctor!!! Close to 2weeks? Ago??? I have 3 teeth? That need taken out? And in the meantime? Causing me painfulness and sleepless nights	11/27/21 15:28	12/06/21 23:59	Yes
[redacted]	11/27/21 21:14	Teeth are hurting	11/28/21 12:01	12/07/21 23:59	Yes
[redacted]	12/31/21 07:59	Dental floss is an essential for a healthier smile and should not be a item that could not be received from medical they should be able to offer dental floss if requested as all dental wants to do here is pull teeth out I'm am trying to preserve my teeth and keep them healthy I shouldn't have to pay for this as well as tooth brushes there are inmates here that can't afford all these essentials these are reasons y	01/26/22 13:51	01/26/22 23:59	Yes

		Monterey county jails health department is under such scrutiny			
TOTAL: 32 grievances, 3 grievances out of timeframe. 28932 =				**90.6%**	SC

Summary of Findings and Recommendations - Access to Care

- Unlike the sections on Quality of Care, Infection Control and Dental Program Management, I did not include any new recommendations in Access to Care as these are the same issues discussed throughout the last report #6.
- The deficiencies are listed in the completed CAP with a due date accepted by all. The implementation of the CAP was being formulated during this audit period. There are currently for this audit period, no means of statistics.
- See the Executive Summary regarding Access to Care issues.

Section III.2 Timeliness of Care Audit Tool

This audit tool evaluates if there are any timeliness issues in regard to dental care at MCJ.

Summary Table of Compliance - Timeliness of Care – (Protective Order):

#	Outcome Measure	ACCESS TO CARE - Audit Tool Questions	Source	Comp	Score
2.1	DPC 1A	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?	Chart Review	NC	0%
2.2	DPC 1B	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?	Chart Review	NC	0%
2.3	DPC 1C	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?	Chart Review	NC	0%
2.4	DPC 2	Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?	Chart Review	NC	0%
Dental treatment will be provided in accordance with the following Dental Priority System: *(1) Emergency Care (Immediate Treatment): Inmate-patients requiring treatment of an acute oral or maxilla-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.* *(2) Treatment within 1 calendar day: (DPC 1A) Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.* *(3) Treatment within 30 calendar days: (DPC 1B) Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.* *(4) Treatment within 60 calendar days: (DPC 1C) Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.* *(5) Treatment within 120 calendar days: (DPC 2) Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention. Moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Wellpath IP, p. 102)*				
2.5	Chronic Care (HIV)	Are patients with chronic care problems (HIV) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	N/A	N/A

2.6	Chronic Care (Seizure)	Are patients with chronic care problems (Seizures) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	N/A	N/A
2.7	Chronic Care (Diabetes)	Are patients with chronic care problems (Diabetes) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	N/A	N/A
2.8	Chronic Care (Pregnancy)	Are patients with chronic care problems (Pregnancy) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	N/A	N/A
2.9	Patients on 4 or more psych medications	Are patients with chronic care problems (patients on 4 or more psych medications) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?	Chart Review	DF	DF

Chronic Care Clinic: Routinely scheduled encounters between an FNP, PA or MD and a patient with an identified chronic medical or mental condition for the purpose of treatment planning, monitoring the patient's condition and therapeutic regimen while in custody. Such encounters shall be scheduled at least every ninety days, but may occur more frequently at the discretion of the medical provider. Routinely scheduled Chronic Care Clinic monitoring shall apply to the following conditions: diabetes; cardiac disorders, hypertension, seizure disorders, communicable diseases, respiratory disorders, and psychiatric disorders. Other conditions may be included as appropriate at the discretion of the medical provider.

Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27)

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Wellpath IP, pp. 100, 103).

2.10	Comp Dental Care	Were patients with 1 year of incarceration seen within 30 days (before or after) of their one-year anniversary date of their initial date of booking?	Chart Review	NC	0%
Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. (Wellpath IP, p. 103). *Inmates will be notified of eligibility for a comprehensive examination through the inmate information booklet issued to all inmates at intake into the facility. (Wellpath IP, p. 103).*					
2.11	Perio Program	Are treatments from a request for a periodontal screening, cleaning or other language related to the I/Ps gum condition seen as scheduled within DPC timeframe?	Chart Review	DF	DF
MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Wellpath IP, pp. 100, 103).					
2.12	Refusals	Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?	CorEMR	N/A	N/A
2.13	Refusals	Is the refusal scanned into CorEMR? Are the refusals (cellside or chairside) given the appropriate informed discussion with the patient, obtained and documented by the licensed dentist on the day of the informed refusal occurred?	Chart Review	DF	DF
Inmates have a right to refuse treatment. Inmates refusing treatment will be counseled regarding any untoward effects of such refusal. Refusals shall be documented in the medical record progress note and refusal of medical treatment form completed, signed by the inmate and filed in the medical record. If the inmate refuses to sign the form, such refusal shall be noted on the form and witnessed by two staff members…. Refusal of essential medications and treatment (i.e., the absence of which would jeopardize the health and safety of the inmate) shall be reported to the responsible medical provider after three sequential refusals. (Wellpath IP, p. 21).					
2.14	(R/S) Reschedules	Are reschedules maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?	Spreadsheet	NC	0.0%
Medically necessary services which are not provided on-site shall be made available by referral to County or private medical/health services providers. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).					
2.15	(R/S) Reschedules	Are the rescheduled patients scheduled again and their appointment seen and completed within compliance timeframe?	Spreadsheet & Chart Review	NC	0.0%

All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. (Wellpath IP, p. 101). *Dental treatment will be provided in accordance with the following Dental Priority System:* *(1) Emergency Care (Immediate Treatment): Inmate-patients requiring treatment of an acute oral or maxilla-facial condition, which is likely to remain acute, worsen, or become life threatening without immediate intervention.* *(2) Treatment within 1 calendar day: (DPC 1A) Inmate-patients with a dental condition of sudden onset or in severe pain, which prevents them from carrying out essential activities of daily living.* *(3) Treatment within 30 calendar days: (DPC 1B) Inmate-patients requiring treatment for a sub-acute hard or soft tissue condition that is likely to become acute without early intervention.* *(4) Treatment within 60 calendar days: (DPC 1C) Inmate-patients requiring early treatment for any unusual hard or soft tissue pathology.* *(5) Treatment within 120 calendar days: (DPC 2) Advanced caries or advanced periodontal pathology requiring the use of intermediate therapeutic or palliative agents or restorative materials, mechanical debridement, or surgical intervention. Moderate or advanced periodontitis requiring non-surgical periodontal treatment (scaling and/or root planing). (Wellpath IP, p. 102)*					
2.16	No Shows due to Custody	Is custody available for patient transport to the dental department? Are reschedules or not seen due to custody maintained under 5% SC; 5-10% PC; >10% NC?	Spreadsheet & Chart Review	SC	100.0%
TOTAL		**Total of 16 questions** **5 N/A, 3 DF Questions, 1 SC, 0 PC, 7 NC.** **Total 8 available questions for evaluation**	**1/8 =**	NC	12.5%

Section III.2 Timeliness of Care Audit Tool Data

2.1: DPC 1A Treated in Dental within Timeframe - NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1A** seen for their dental treatment within DPC timeframes?

- There were no statistics recorded in CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or patients individually prescribed a DPC of 1A by the dentist.
- There were no statistics recorded to identify the number of dental patients or the patients assigned a DPC 1A between May 1st, 2021 thru December 31st, 2021. Since a report is not available to identify these patients, am giving a non-compliance score of 0%.

I/P	Score	Comment
Total	**0/10**	**= 0% NC**

2.2: DPC 1B Treated in Dental within Timeframe – NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1B** seen for their dental treatment within DPC timeframes?

- There were no statistics recorded in CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or patients individually prescribed a DPC of 1B by the dentist.
- There were no statistics recorded to identify the number of dental patients or the patients assigned a DPC 1B between May 1st, 2021, thru December 31st, 2021. Since a report is not available to identify these patients, am giving a non-compliance score of 0%.

I/P	Score	Comment
Total	**0/10**	**= 0% NC**

2.3: DPC 1C Treated in Dental within Timeframe - NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 1C** seen for their dental treatment within DPC timeframes?

- There were no statistics recorded in CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or patients individually prescribed a DPC of 1C by the dentist.
- There were no statistics recorded to identify the number of dental patients or the patients assigned a DPC 1C between May 1st, 2021, thru December 31st, 2021. Since a report is not available to identify these patients, am giving a non-compliance score of 0%.

I/P	Score	Comment
Total	**0/10**	**= 0% NC**

2.4: DPC 2 Treated in Dental within Timeframe – NC

Were the patients who were seen in dental triaged, diagnosed, treatment planned and given a **DPC of 2** seen for their dental treatment within DPC timeframes?

- There were no statistics recorded in CorEMR or the dental excel spreadsheet or in any other form to analyze the clinical picture as a whole or patients individually prescribed a DPC of 2 by the dentist.
- There were no statistics recorded to identify the number of dental patients or the patients assigned a DPC 2 between May 1st, 2021, thru December 31st, 2021. Since a report is not available to identify these patients, am giving a non-compliance score of 0%.

I/P	Score	Comment
Total	**0/10**	**= 0% NC**

2.5: Chronic Care (HIV) seen as scheduled – N/A

Are patients with chronic care problems (HIV) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
[redacted]	**N/A**	Never referred. See 1.24.
Total	**0/7**	**= N/A**

2.6: Chronic Care (Seizures) seen as scheduled – N/A

Are patients with chronic care problems (Seizures) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Never referred from chronic care. See 1.25.
[redacted]	**N/A**	Never referred from chronic care. See 1.25.

[redacted]	**N/A**	Never referred from chronic care. See 1.25
[redacted]	**N/A**	Never referred from chronic care. See 1.25.
[redacted]	**N/A**	Never referred from chronic care. See 1.25.
[redacted]	**N/A**	Never referred from chronic care. See 1.25.
[redacted]	**N/A**	Never referred from chronic care. See 1.25.
[redacted]	**N/A**	Never referred from chronic care. See 1.25.
[redacted]	**N/A**	Never referred from chronic care. See 1.25.
Total	**0/9**	**= N/A**

2.7: Chronic Care (Diabetes) seen as scheduled – N/A

Are patients with chronic care problems (Diabetes) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
[redacted]	**N/A**	Never referred from chronic care. See 1.26.
Total	**0/10**	**= N/A**

2.8: Chronic Care (Pregnancy) seen as scheduled – N/A

Are patients with chronic care problems (Pregnancy) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Never referred from chronic care. See 1.27.
[redacted]	**N/A**	Never referred from chronic care. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.

[redacted]	**N/A**	Never referred from chronic care. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
[redacted]	**N/A**	Not within time range for evaluation. See 1.27.
Total	**0/3**	**= N/A**

2.9: Chronic Care (Pt on ≥4 psych meds or Special Needs) – DF

Are patients with chronic care problems (patients on 4 or more psych medications) seen as scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination?

I/P	Score	Comment
DF	**N/A**	Not given list. See 1.28.
Total	**0/10**	**= DF**

2.10: Comprehensive Dental Care – NC

Were patients with 1 year of incarceration seen within 30 days (before or after) of their one-year anniversary date of their initial date of booking?

- The one thing that is working well is being undermined by the dental department. Dr. [redacted] let's discuss.

I/P	Score	Comment
[redacted]	**N/A**	Booked 03/29/2017. Patient booked before implementation of new system in CorEMR to give patients an automatic appointment for their Annual Dental Exam one year following their date of booking.
[redacted]	**N/A**	Booked 04/27/2017. Patient booked before implementation of new system in CorEMR to give patients an automatic appointment for their Annual Dental Exam one year following their date of booking.
[redacted]	**N/A**	Booked 07/04/2017. Patient booked before implementation of new system in CorEMR to give patients an automatic appointment for their Annual Dental Exam one year following their date of booking.
[redacted]	**N/A**	Booked 09/18/2017. Patient booked before implementation of new system in CorEMR to give patients an automatic appointment for their Annual Dental Exam one year following their date of booking.
[redacted]	**0**	Booked 11/29/2017. Seen for Annual Dental Exam 06/27/2019. Recall performed 09/08/2020. No recall timeline set, and no recall appointment made for 2021. Please schedule patient. Refusal of filling May 2021 but no refusal of recall exam.
[redacted]	**0**	Booked 12/01/2020. Patient's appointment was **Delete Appointment** - Non Inmate request for Annual Dental Exam [DDS [redacted] on 11-10-2021] and again **Delete Appointment** - Non Inmate request for

		Annual Dental Exam [DDS [redacted] on 11-30-2021]. Patient has never been seen in dental to date. States Interpreter needed and Chronic care. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment with an interpreter as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date. Please schedule this patient.
[redacted]	**N/A**	Booked 12/15/2020 and released 01/31/2022. Patient seen for a sick call 09/16/2020 but not for comprehensive exam as patient released.
[redacted]	**0**	Booked 12/30/2020. Patient's appointment was **Rescheduled Appointment** - Non Inmate request for Annual Exam [DDS [redacted] on 12-28-2021] and rescheduled to 04/27/2022. Patient never seen in dental. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date. Please see this patient as scheduled.
[redacted]	**0**	Booked 12/31/2020. Patient's appointment was **Rescheduled Appointment** - Rescheduled Appointment [RN [redacted] on 12-30-2021] no reason given and **Rescheduled Appointment** - Non Inmate Request for Annual Dental Exam [DDS [redacted] on 01-04-2022]. Patient is scheduled on 05/04/2022 for his Annual Dental Exam. Please see patient as scheduled. Patient never seen in dental. States medical history has a Chronic Care condition and is a Mental Health patient. Patient was not given the opportunity to be brought to dental to accept or refuse the Annual Dental Exam appointment as is customary with every other inmate/patient who receives an appointment for dental one year from their booking date.
[redacted]	**N/A**	Booked 01/01/2021 and released 01/20/2022. Rebooked 11/29/2021.
Total	**0/4**	**= 0% NC**

2.11: Periodontal Disease Program – DF

Are treatments from a request for a periodontal screening, cleaning or other language related to an I/Ps gum condition seen as scheduled within DPC timeframe?

I/P	Score	Comment
	0/10	**= DF** The Periodontal Disease Program is not fully implemented at MCJ.

2.12: Refusals (Chairside & Cellside) – Informational – N/A

Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?

Description	2021 May	2021 June	2021 July	2021 Aug	2021 Sept	2021 Oct	2021 Nov	2021 Dec	TOTAL

# Refusal - Cellside	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
# Refusal - Chairside	NM	NM	NM	NM	NM	NM	NM	NM	**NM**
# Refusals	13	18	12	12	9	17	12	13	**106** Refusals
								Total # Refusals	**106**
								% Total refusals per seen patients (919 patients seen during time period) 106/919 =	**11.5%**

2.13: Refusals (Chairside & Cellside) - DF

2.13.1 - Is the refusal scanned into CorEMR?
2.13.2 - Is the informed refusal with the appropriate informed discussion with the patient, obtained by the licensed dentist on the day the refusal occurred?
2.13.3 - Is a progress note written detailing what procedure was refused and the risks, benefits, alternatives and consequences of refusing dental care?
2.13.4 – Was the patient informed that he/she can reinstate treatment by submitting a dental sick call?

I/P	Score	Comment
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
--	**DF**	Deferred Findings.
	DF/10	**= DF**

- Deferred findings as there are no means of data collection such as in an EDRS or in the rudimentary data with the dental excel spreadsheet. CorEMR collects the number of refusals, but it does not differentiate if the refusals are chairside or cellside. It would be time-consuming to go through the refusals and differentiate between the two types of refusals.

2.14: Reschedules (R/S) - NC

Are reschedules maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?

Description	2021 May	2021 June	2021 July	2021 Aug	2021 Sept	2021 Oct	2021 Nov	2021 Dec	TOTAL
# Reschedules	201	1138	208	122	106	123	134	87	**2119** Rescheduled
								Total # patients scheduled	**3516**
								% Total refusals per seen patients = NC	**60.3%**

2.15: Reschedules (R/S) - NC

Are the rescheduled patients scheduled again and their appointment seen and completed within compliance timeframe?

I/P	Score	Comment
[redacted]	0	Rescheduled 39 times. Not seen within timeframe.
[redacted]	0	Rescheduled 29 times. Not seen within timeframe.
[redacted]	0	Rescheduled 28 times. Not seen within timeframe.
[redacted]	0	Rescheduled 26 times. Not seen within timeframe.
[redacted]	0	Rescheduled 26 times. Not seen within timeframe.
[redacted]	0	Rescheduled 26 times. Not seen within timeframe.
[redacted]	0	Rescheduled 26 times. Not seen within timeframe.
[redacted]	0	Rescheduled 24 times. Not seen within timeframe.
[redacted]	0	Rescheduled 23 times. Not seen within timeframe.
[redacted]	0	Rescheduled 23 times. Not seen within timeframe.
TOTAL	**0/10**	**= 0.0% NC**

2.16: No Shows due to Custody – SC (But needs attention per Dentist)

Is custody available for patient transport to the dental department? Are reschedules or not seen due to custody maintained under 5% SC; 5-10% PC; >10% NC?

- 2.16.1 - Is custody available for patient transport to the dental department? – SC.
- 2.16.2 - Are reschedules or not seen due to custody maintained under 5% SC; 5-10% PC; >10% NC? - SC. Per data given by [redacted] below, there are no reschedules due to custody. Per the interview with Dr. [redacted] he states there are some officers who provide patients faster than others. Additional discussion is warranted in this area even though substantial compliance is given.

Description	2021 May	2021 June	2021 July	2021 Aug	2021 Sept	2021 Oct	2021 Nov	2021 Dec	TOTAL
% Not Seen due to Custody	0	0	0	0	0	0	0	0	**0%**

For May 1, 2021, thru December 31, 2021.	**SC**

Summary of Recommendations – Timeliness of Care

- Unlike the sections on Quality of Care, Infection Control and Dental Program Management, I did not include any new recommendations in Timeliness of Care as these are the same issues discussed throughout the last report and seen during this Audit Tour #6.
    - The deficiencies are listed in the completed CAP.
    - A due date for the CAP is being discussed.

- See the Executive Summary regarding Timeliness of Care issues.

Section III.3 Quality of Care Audit Tool

This audit tool evaluates the quality of dental care delivered at MCJ.

Summary Table of Compliance - Quality of Care – (Protective Order):

#	Outcome Measure	QUALITY OF CARE - Audit Tool Questions	Source	Comp	Score
3.1	Triage	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? D. Is the diagnosis supported by the objective findings? E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? F. Is an appropriate medication prescribed if indicated? G. Is an appropriate DPC assigned for each recommended treatment?	Chart Review	**NC**	**40.7%**
A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Wellpath IP, p. 20-21). *B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).* *C. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Wellpath IP, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *D. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Wellpath IP, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *E. Part of informed consent.* *F. Part of providing treatment.* *G. Part of DPC timelines.*					

3.2	Comprehensive Dental Care – for patients with 1 year of incarceration.	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	**NC**	**22.4%**

A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Wellpath IP, p. 20-21).
B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).
C. Inmates incarcerated for 12 months or greater are eligible to receive a comprehensive dental exam. The purpose of the dental examinations shall be for the identification, diagnosis, and treatment of dental pathology which impacts the health and welfare of inmate patients. (Wellpath IP, p. 103).
D. See above.
E. See above.
F. See informed consent
G. See DPC timelines
H. See DPC timelines. Examination findings and proposed treatment plan will be documented on standardized comprehensive dental exam, periodontal exam and treatment planning forms which will be filed in the patient medical record. (Wellpath IP, p. 103).
I. A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental hygiene education and periodontal hygiene treatment consistent with dentists' treatment recommendations. (Wellpath IP, p. 103).

3.3	Chronic Care – for patients with HIV	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	**N/A**	**N/A**
3.4	Chronic Care – for patients with Seizures	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?	Chart Review	**N/A**	**N/A**

		F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?			
3.5	Chronic Care – for patients with Diabetes	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	**N/A**	**N/A**

3.6	Chronic Care – for patients with Pregnancy	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?	Chart Review	**N/A**	**N/A**
3.7	Chronic Care – for patients taking 4 or more Psych Meds	A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probing, and an oral cancer screening (OCS)? D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?	Chart Review	**DF**	**DF**

		F. Have the risks, benefits and alternatives been discussed? G. Is a progress note written in a SOAPE format? H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? I. Is meaningful oral hygiene instruction given?			

Chronic Care Clinic: Routinely scheduled encounters between an FNP, PA or MD and a patient with an identified chronic medical or mental condition for the purpose of treatment planning, monitoring the patient's condition and therapeutic regimen while in custody. Such encounters shall be scheduled at least every ninety days, but may occur more frequently at the discretion of the medical provider. Routinely scheduled Chronic Care Clinic monitoring shall apply to the following conditions: diabetes; cardiac disorders, hypertension, seizure disorders, communicable diseases, respiratory disorders, and psychiatric disorders. Other conditions may be included as appropriate at the discretion of the medical provider.

Inmates with chronic care conditions will be managed pursuant to chronic care protocols and standardized procedures that are consistent with national practice guidelines. (Wellpath IP, p. 27).

The medical provider will complete a baseline physical examination and history, order a therapeutic regimen and schedule the patient to be seen at least every ninety days for chronic care management. (Wellpath IP, p. 29).

MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Wellpath IP, pp. 100, 103).

Examination findings and proposed treatment plan will be documented on standardized comprehensive dental exam, periodontal exam and treatment planning forms which will be filed in the patient medical record.

A treatment plan is a series of written statements which specify the particular course of treatment. A thorough plan will be included in the plan portion of S.O.A.P. progress note and problem lists will

reflect current problems or conditions being followed. Monitoring the efficacy of treatment while in custody, and discharge planning are essential components of the treatment plan. (Wellpath IP, p. 26). *A per diem Registered Dental Hygienist (RDH): will be scheduled, as needed, to provide dental hygiene education and periodontal hygiene treatment consistent with dentists' treatment recommendations. (Wellpath IP, p. 103).*					
3.8	Periodontal Treatment	A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings? D. Was the treatment plan commensurate with the diagnosis? E. Was the next visit/recall identified – periodontal re-evaluation or periodontal maintenance given with the appropriate recall frequency? F. Is a progress note written in a SOAPE format?	Chart Review	**DF**	**DF**
MCJ will maintain a periodontal disease program for the diagnosis and treatment of periodontal disease. Periodontal screening shall be available to all patients, regardless of length of stay. Treatment will be based on periodontal disease classification, Dental Priority code, and special medical needs (i.e., pregnancy, diabetes, HIV/AIDS). (Wellpath IP, pp. 100, 103).					

3.9	Restorative and Palliative Care	A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives, and consequences been discussed? F. Is an appropriate medication prescribed if indicated? G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? H. Was the restorative material used listed in the SOAPE note? I. Were post-operative instructions given if indicated?	Chart Review	**NC**	**18.5%**

A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Wellpath IP, p. 20-21).
B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).
C. CFMG dental staff shall verify that every patient has received a copy of the Dental Materials Fact Sheet. Prior to initiating any restorative procedure, the patient shall sign the Acknowledgment of Receipt of Dental Material Fact Sheet. (Wellpath IP, p. 107).
D. Inmate-patients with comprehensive examinations and treatment plans are eligible to receive permanent restorations in accordance with their established treatment plan. (Wellpath IP, p. 106).
All patients in custody of county detention centers with CFMG dental contracts shall be eligible to receive palliative endodontic therapy limited to upper and lower anterior teeth....
Palliative endodontic therapy-the procedure in which pulpal debridement is performed to relieve acute pain shall be provided to all inmate-patients. (Wellpath IP, p. 108).
E. Part of informed consent.
F. Part of providing treatment.
G. Part of providing treatment.
H. Acceptable materials for restorations are amalgams, light cured composites, and light cured and self-cured glass ionomers. The material of choice shall be selected by the dentist based upon clinical considerations. (Wellpath IP, p. 107).

3.10	Extractions/Oral Surgery	A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives and consequences been discussed? F. Was a time out procedure completed prior to extraction? G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? H. Was hemostasis achieved prior to releasing the patient? I. Were post-operative instructions given written and verbally?	Chart Review	**NC**	**71.1%**
MCJ dental clinic shall provide necessary oral surgery services to all inmate-patients onsite or through a local community provider. (Wellpath IP, p. 107). *A. Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice. (Wellpath IP, p. 20-21).* *B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).* *C. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Wellpath IP, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *D. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Wellpath IP, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *E. Part of informed consent.* *F. All dental services will be provided in a safe and sanitary environment. (Wellpath IP, p. 112)* *G. Part of providing treatment. Health care staff will use the EMR to closely track all medications administered to an inmate including the name of the medication and dose required. (Wellpath IP, p. 112)*					

3.11	Endodontics	A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? E. Have the risks, benefits, alternatives, and consequences been discussed? F. Was a rubber dam utilized for the procedure? G. Was working length x-rays taken and the length of the file(s) noted? H. Was the type of irrigant noted in the progress note? I. Are the materials used written into the progress note? J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? L. Was a post op radiograph taken? M. Were post-operative instructions given?	Chart Review	**NC**	**48.7%**

Endodontic services shall be performed in accordance with established criteria and within the specific guidelines of this section.... *Inmate-patients incarcerated for 12 months or greater are eligible to receive root canal therapy limited to upper and lower anterior teeth performed in accordance with established criteria and within the specific guidelines of this section. Eligibility for root canal therapy will be in accordance with their dental treatment plan, PI score, and with the approval of the treating dentist. Any routine root canal procedure that cannot be accomplished by CFMG dentist at MCJ will be referred to a contracted dentist in the outside facility. (Wellpath IP, p. 108).* *A. A Consent for Root Canal Treatment Form must be completed by the dentist and signed by the patient and witness (dentist) prior to the provision of root canal treatment. (Wellpath IP, p. 109).* *B. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).* *C. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Wellpath IP, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *D. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below... (Wellpath IP, p. 99) (Dental treatment requires a diagnosis, which may require x-rays).* *E. Part of informed consent.* *F. Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20). All dental services will be provided in a safe and sanitary environment. (Wellpath IP, p. 112)* *G-M. Endodontic services shall be performed in accordance with established criteria and within the specific guidelines of this section. (Wellpath IP, p. 108)* *Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).*					
3.12	Prosthodontics	A. Was a patient with over 1 year of incarceration requiring prosthodontic care appropriately referred to an outside specialist? B. Was a DPC 5 given for this referral during the examination? Was an exam completed in order to discuss the case appropriately with the specialist? C. Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day? D. Is the appropriate continuity of care listed for this patient?	Chart Review	**DF**	**DF**

A. CFMG shall provide limited removable prosthodontic dental services to inmate-patients in the custody of MCJ. Inmates incarcerated for 12 months or greater a completed comprehensive examination, and a treatment plan may qualify for removable prosthodontic services. (Wellpath IP, p. 104). Approved, prescribed removable dental prosthesis/dentures will be provided by contract with a local dental services provider. Fitting, adjustment and maintenance of removable prosthesis will be provided onsite when feasible or through contract with a local dentist. (Wellpath IP, p. 106). *B. See above and DPC timelines* *C. Approved, prescribed removable dental prosthesis/dentures will be provided by contract with a local dental services provider. (Wellpath IP, p. 106).* *D. When a patient's treatment plan includes a removable dental prosthesis, the treating dentist shall inform him or her of the possibility that the prosthesis may not be completed prior to the patient's parole date. The patient shall provide the name and address of a private dentist who can be contacted by CFMG dental staff, to deliver the completed appliance, in case the patient is released before the completed appliance is delivered. (Wellpath IP, p. 105).*					
3.13	Progress Note and Chart Note for Every Patient Not Seen	Updated: Will determine wording at next audit tour. Is a progress note or chart notes written for all scheduled and unscheduled patients, who were not seen, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM)?	Chart Review	**DF**	**DF**
TOTAL		**13 Questions, 4 N/A, 4 DF, 5 NC, Total 5 usable questions.**	**201.4/5=**	NC	40.3%

Section III.3 Quality of Care Audit Tool Data

3.1: Dental Triage - NC

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality?
D. Is the diagnosis supported by the objective findings?
E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment?
F. Is an appropriate medication prescribed if indicated?
G. Is an appropriate DPC assigned for each recommended treatment?

I/P	Score	Comment
[redacted]	57.1% NC	Book-in: 01/16/2020 1433 - Release: 10/14/2021 0615 INTELMATE "My left bottom side wisdom tooth is hurting really bad my gum is tender and i m in really bad pain please see me asap thank you". Dental appointment Created by: RN on 06-25-2021 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – NC. Dentist did not sign. Consent form does not have space for dentist to sign B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – PC. BP not recorded C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? – PC. PA radiograph, no findings noted in clinical notes. D. Is the diagnosis supported by the objective findings? SC. E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? PC. No treatment plan done. F. Is an appropriate medication prescribed if indicated? SC G. Is an appropriate DPC assigned for each recommended treatment? SC. Score: 4/7 = 57.1% NC **Findings:** Patient submitted Intelmate on 06/25/21. Rescheduled on 6/27/21; 6/29/21, multiple appointments because of the lack of resources. Seen by dental for triage on 07/7/2021, for "LEVEL 1 - LEFT LOWER TOOTH PAIN & SWELLING. BP was not recorded.

		Tooth #17 given diagnosis of pericoronitis. X-ray of diagnostic quality but no pathological conditions of periapical radiolucency were not noted in clinical notes. Clinical note on 7/7/21 states that patient will be scheduled for follow up only. No plan of treatment. Pt was seen for follow up on 09/01/2021. No DPC was given. **Recommendation:** Quality of care was not given as patient should be recommended extraction preventing potential harm to the patient.
[redacted]	7.1% NC	Book-in: 11/30/2020 1457 - Release: 12/06/2021 1000 DENTAL PAIN PER INTELMATE Created by: RN 06-22-2021 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – Consent signed is on 3/6/2017. Pt not seen. Dentist did not sign. Consent form does not have space for dentist to sign. NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? BP not recorded. PC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? X-ray taken 6/10/21 is of right lower teeth with periapical radiolucency on #30 but not mentioned in clinical notes. NC D. Is the diagnosis supported by the objective findings? No supporting objective findings. NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? Not mentioned in clinical notes. NC F. Is an appropriate medication prescribed if indicated? No supporting documentation for prescribing antibiotics. NC G. Is an appropriate DPC assigned for each recommended treatment? – Not mentioned in clinical notes. NC Score: 0.5/7 = 7.1% **Findings:** Patient was seen on 6-1-21 & prescribed antibiotics for L2 bottom right molar w/broken filling. There is no indication of swelling/fever which supports the prescription of the antibiotics. Patient was recommended extraction, but no next appointment was given for tx. If pt refusing recommended treatment, then refusal should be signed by the patient. No refusal form was present. No DPC given. No appointment was made for continuity of care. Patient submitted request on 6-22-21 for dental pain. Patient was rescheduled multiple times on 6-23-21(By Rn), 6-24-21(By RN), 6-27-21(By RN),6-29-21(By DDS-lack of resources),7-7-21 (By DDS-lack of resources),7-11-21(DDS schedule change). Pt was scheduled to be seen in dental clinic on 9-8-21 but patient refused dental appointment. No refusal form present. There is refusal

		from prior date for dental appointment on 7-3-21. Refusal form does not specify the tooth number or any other details pertaining to the refusal of the appointment. **Recommendations:** patient should be seen in timely manner to prevent potential harm to the patient. Antibiotics should not be prescribed without any supporting symptoms of fever/swelling or other reason. Patient treatment should not be left open. Either the patient refused the treatment or pt is scheduled for continuity of care.
[redacted]	64.3% NC	Book-in: 11/08/2020 0245 LV2 - broken molar left upper side Created by: RN 05-30-2021 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 2/27/2019 – No current consent form present. Dentist did not sign. Consent form does not have space for dentist to sign. NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? No BP recorded. PC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? SC D. Is the diagnosis supported by the objective findings? SC E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? SC F. Is an appropriate medication prescribed if indicated? Patient indicated pain but no medication prescribed. NC G. Is an appropriate DPC assigned for each recommended treatment? SC Score: 4.5/7 = 64.3% **Findings:** Patient submitted LV2 - broken molar left upper side, created by RN on 5-30-21. Patient refused appointment on 5-31-21. Refusal form not completely filled & not signed by 2 witnesses. Level 2 - left upper broken/decayed molar. Created by: RN on 06-15-2021.Rescheduled Appointment on 6-17-21(By RN) ;6-19-21(By DDS);6-22-21(By RN),6-23-21(By RN),6-24-21 (By RN). Patient refused appointment on 6-27-21. Refusal form not completely filled. LV2 upper right broken molar, Created by RN on 07-29-2021. Completed Appointment on 8-3-21. Patient was diagnosed with #14 non restorable. Non-restorable is not the diagnosis but part of the diagnosis. Diagnosis should be “retained roots-non restorable.” Treatment was not provided the same day. Patient seen again on 08-31-21. Patient refused extraction #14 treatment. No refusal form present. **Recommendations:** To prevent potential harm to the patient. Pt should be seen in timely manner & provided treatment on the day of triage to avoid delays in treatment. If patient refuses treatment, the refusal form should be filled

		with details of the treatment refused, risks & consequences & how to contact dental if condition worsens and how to reinstate care.
[redacted]	28.6% NC	Book-in: 09/18/2018 1835 - Release: 10/28/2021 0545 L2- Top Right Molar Pain. Created by: RN 05-05-2021 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – 12/09/2020, 06/04/21, 10/14/21. Dentist did not sign. Consent form does not have space for dentist to sign. NC. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? No BP recorded. PC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? No Bitewing radiograph taken. PC D. Is the diagnosis supported by the objective findings? Lack of objective findings are not present such as swelling, pain to percussion, endo pulp test. NC E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? SC F. Is an appropriate medication prescribed if indicated? Antibiotics/analgesic prescription not supported per documentation. NC G. Is an appropriate DPC assigned for each recommended treatment? No DPC assigned. NC Score: 2/7 = 28.6% **Findings:** Patient submitted request L2 for pain in right upper molar. On 05-12-2021 pt was rescheduled by DDS for Lack of resources, Limited coverage with DA. Pt was seen on 5-18-21. Objective findings were not done to support the diagnosis. Pt stated little pain, but patient was prescribed antibiotics & analgesics without any supportive clinical signs & symptoms. Only PA radiograph was taken. Diagnosis is necrotic pulp. No treatment plan was done & no refusal was taken from the patient. On 6-29-21 same tooth was treated for filling which is contradictory to the diagnosis. **Recommendations:** To prevent harm to the patient, should not be rescheduled. Antibiotics & Analgesics should not be prescribed unless indicated. Both PA & Bitewing radiograph should be taken for proper diagnosis. Treatment should be offered & if patient is refusing treatment, then refusal form should be completely filled with treatment needed, risks & benefits & information to return to dental treatment, if needed.
[redacted]	50.0% NC	Book-in: 11/17/2020 0757 L2 - right bottom molar decay/caries Created by: RN 07-05-2021 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? – Consent dated 7-6-21. Dentist did not sign. Consent form does not have space for dentist to sign-NC.

		B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? BP not documented. NC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? No BW radiograph taken. PC. D. Is the diagnosis supported by the objective findings? No supportive tests or documentation like percussion, palpation, type/duration of pain, endo pulp test. NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? SC F. Is an appropriate medication prescribed if indicated? Pt already on pain medication. SC G. Is an appropriate DPC assigned for each recommended treatment? SC Score:3.5/7 = 50% **Findings:** Patient was seen for L2- right bottom molar decay/caries. Bitewing radiograph not done. Pulp tests were not done to support the pulpal diagnosis. Objective findings do not support the diagnosis. No treatment was provided. **Recommendation:** To prevent harm to the patient, proper diagnosis is needed.
[redacted]	57.1% NC	Book-in: 04/03/2021 1746 Intelmate: "Tooth swollen need help" by RN 09-04-2021 Right lower last tooth pain and possible abscess. Antibiotics started. by: PA on 09-08-2021 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? Consent dated 9-14-21. Dentist did not sign. Consent form does not have space for dentist to sign. NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? Blood pressure not documented. PC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? –radiographic findings are not mentioned in the clinical notes. PC D. Is the diagnosis supported by the objective findings? No mention of swelling, areas involved and so forth. No diagnosis. NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? – patient noted to already on medication. SC G. Is an appropriate DPC assigned for each recommended treatment? SC Score:4/7 = 57.1% **Findings:** Intelmate: “tooth swollen need help” created by RN 9-4-21. Rescheduled by RN on 9-5-21,9-6-21, 9-7-21. Sick call completed by PA on 9-8-21& had antibiotics started. Pt was seen in dental on 9-14-

		21. Treatment was not provided on the appointment day. Pt rescheduled by DDS as pt in quarantine on 10-13-21,10-20-21,10-26-21,11-2-21. Pt was seen on 11-17-21 & treatment of extraction #30 & 31 done as per the consent, but no information of the treatment provided in the clinical notes. No mention of the use of type/quantity of anesthesia given, which area was anesthetized? No post extraction care instructions given. It was mentioned in the notes that pt will think about #8. No clinical evaluation of tooth #8 mentioned. No treatment for #8 mentioned. No refusal present for #8, no DPC given. **Recommendation:** To prevent harm to the patient treatment should not be delayed. Even if patient is in quarantine but covid free, then urgent treatment can be provided within CDC/ADA guidelines.
[redacted]	50% NC	Book-in: 09/22/2021 1807 - Release: 02/17/2022 0946 LVL 2 Broken tooth created by RN on 10-10-21 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? Consent dated 10-12-21. Dentist did not sign. Consent form does not have space for dentist to sign. NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – No BP documented in clinical notes. PC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? Radiographic findings not documented in clinical notes. PC D. Is the diagnosis supported by the objective findings? No objective findings to support the diagnosis. NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? – SC F. Is an appropriate medication prescribed if indicated? – Prescribing antibiotics is not supported by symptoms in the clinical notes. PC G. Is an appropriate DPC assigned for each recommended treatment? – SC Score: 3.5/7 = 50% **Findings:** LVL 2 broken tooth, created by RN on 10-12-21. Pt was seen in dental on 10-12-21. BP not recorded. X-ray was taken, findings were not documented in clinical notes. No supporting findings for the diagnosis. Pt was given antibiotics but not enough supporting documentation evident in the clinical notes as how much is the swelling or areas involved with swelling. Pt was scheduled for treatment on 12/7/21 & was rescheduled by DDS (short staffed). Pt seen on 12-8-21 but it is not mentioned if & how the treatment was provided. No DPC given but next visit is PRN. **Recommendation:** To prevent harm to the patient, proper diagnosis should be done & supporting signs/symptoms should be present for prescribing of the antibiotics.
[redacted]	35.7% NC	Book-in: 08/13/2021 0030 - Release: 10/25/2021 0830 LV-2 Filling fell out created by RN dated 9-19-21.

		A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? Consent dated 09-10-2019. No recent consent. Dentist did not sign. Consent form does not have space for dentist to sign. NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? No BP documented in clinical notes. PC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? No bitewing x-ray taken or scanned. No radiographic findings noted. NC D. Is the diagnosis supported by the objective findings? No supportive documentation for necrotic pulp i.e., endo test, percussion, palpation, hot, cold, lingering. NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? - SC F. Is an appropriate medication prescribed if indicated? No supporting symptoms for the prescription of antibiotics. NC G. Is an appropriate DPC assigned for each recommended treatment? – SC Score: 2.5/7 = 35.7% **Findings:** Patient was seen on 9-21-21 for LV 2. No recent consent for dental treatment is present. Both peri-apical & bitewing radiograph are required for the complete diagnosis of the tooth with pain. Bitewing Radiograph not done; radiographic findings not documented in clinical notes. Objective finding does not support the diagnosis. Antibiotics are prescribed but no symptoms indicated. **Recommendations:** To prevent harm to the patient proper diagnosis is important. Antibiotics should be prescribed only when indicated.
[redacted]	16.7% NC	Book-in: 07/03/2021 1325 LV2 RECENT DENTAL WORK. PT HAS PAIN WHEN CHEWING ON THE UPPER LEFT SIDE (THE SIDE RECENTLY WORKED ON). Created by RN for: 10/27/21 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? Consent dated 12-08-21 Dentist did not sign. Consent form does not have space for dentist to sign. NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? No BP documented in clinical notes. PC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? - NC D. Is the diagnosis supported by the objective findings? No supportive documentation for reversible pulpitis i.e., endo test, hot, cold, lingering, palpation, percussion. NC E. Have the risks, benefits, alternatives and consequences been discussed in regard to the recommended treatment? Patient is given as

		treatment of choice on a reversible pulpitis and does not say there's insufficient coronal structure. Does not address opposing occlusion. PC F. Is an appropriate medication prescribed if indicated? NA G. Is an appropriate DPC assigned for each recommended treatment? – NC Score:1/6 = 16.7% **Findings:** LV2 created by RN on 10-29-21 for pain after recent dental work on 09-07-21 & 07-27-21. Diagnosis on 07-27-21 is irreversible pulpitis and on to 09-07-21 is reversible pulpitis. Once the diagnosis is irreversible pulpitis then only treatment indicated is RCT/extraction. Filling not indicated per the diagnosis on 07-27-21. But pt was scheduled for sedative filling on next visit. On 09-07-21 pt was diagnosed with reversible pulpitis without any diagnostic tools & pt was provided with treatment of filling on #15 with resin Fuji. Sick call created LV2 by RN on 11-02-21 for recent dental work. Pt has pain when chewing on upper left side. Pt was rescheduled on 11-2-21 (Quarantine), 11-16-21 (short deputy coverage – not that this is not taken into account in statistics, says no patients were rescheduled due to custody), 11-24-21(DA on vacation), 12-01-21(Xray processor not working). Pt was seen on 12-08-21 & occlusion was adjusted. **Recommendations:** Complete evaluation should be done for final diagnosis. Radiograph & pulpal evaluation and testing should be done. The treatment options should be given to pt.
[redacted]	N/A	Book-in: 08/06/2021 1059 - Release: 10/20/2021 0030 Dental pain created by RN on 10-10-21 A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? 04/13/2021. Patient not seen. NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? Patient not seen. NC C. Are diagnostic radiograph(s) taken? Are the x-rays of diagnostic quality? Patient not seen. NC D. Is the diagnosis supported by the objective findings? Patient not seen. NC E. Have the risks, benefits, alternatives, and consequences been discussed in regard to the recommended treatment? Patient not seen. NC F. Is an appropriate medication prescribed if indicated? Patient not seen. NC G. Is an appropriate DPC assigned for each recommended treatment? Patient not seen. NC Score:0/7 – N/A. Patient not seen because rescheduled by RN and referred to dental for care.

		Findings: Sick call created on 10-10-21 by RN. Pt was rescheduled by RN on 10-10-21, 10-11-21, 10-12-21, 10-13-21. Patient was never seen in dental for any care. **Recommendations:** To prevent harm to the patient. Patient should have been sent to dental for sick call. Pt should not be rescheduled by RN but referred to dental for care.
Total	**366.6 /9**	**40.7% NC**

3.2: Comprehensive Dental Care - NC

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
I. Is meaningful oral hygiene instruction given?

1/P	Score	Comment
[redacted]	0% NC	Book-in: 10/30/2020 0927 – Comp Exam eligible 10/30/2021 Pt scheduled for exam but no records for Exam. Dr. [redacted] deleted the exam on 10-27-2021. Patient still in custody and can be scheduled. Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? - NC Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? - NC Did the examination include diagnostic full mouth x-rays, full mouthperiodontal probing and an oral cancer screening (OCS)? - NC Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? – NC

		Is the appropriate periodontal diagnosis written in the assessmentportion of the SOAPE note? Is the periodontal diagnosis and anypulpal diagnosis supported by the objective findings? - NC Have the risks, benefits and alternatives been discussed? - NC Is an appropriate medication prescribed if indicated? - NC Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? NC Is meaningful oral hygiene instruction given? - NC Score: 0/9 = 0% NC Findings: Patient was never seen in dental clinic for exam. Recommendations: To prevent harm to patient the annual comprehensive exam is important for oral health.
[redacted]	43.7% NC	Book-in: 05/07/2020 1843 – Eligible for comp exam 05/07/2021 11/02/2021 FMX X-rays and 11/03/2021 Exam Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? – NC. No consent for exam. No dentist signature on form. Has a review of the health history and allergies been completed? Isthe blood pressure taken and recorded? Is a medical consult completed if indicated? - PC as no BP noted in clinical notes. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? - PC FMX scanned, no periodontal probings are documented and no OCS done. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documentedon the comprehensive dental form? - NC as no radiographic findings are noted like wisdom teeth partially impacted, orthodontic brackets & wires present. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? - PC as gingivitis written in assessment but no findings noted to support assessment. Have the risks, benefits and alternatives been discussed? - SC Is an appropriate medication prescribed if indicated? - N/A Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? - NC as per clinical notes on 11-2-21 the DPC given is 1B but there is no mention of any subacute hard/soft tissue condition that is likely to become acute without early intervention. Is meaningful oral hygiene instruction given? - SC Score:3.5/8 = 43.7% NC Findings: Patient scheduled for comprehensive exam on 5-2-21 but rescheduled on 5-2-21(by RN -no reason), 5-11-21 (by RN no reason),9-7-21 (by RN no reason). Patient was seen on 11-2-21 for

		sick call, FMX was done & for comprehensive exam completed on 11-3-21. After the FMX was done, no radiographic findings were noted in the clinical notes as the presence of the braces/brackets, no mention of the existing fillings. There is no mention of the partially impacted wisdom teeth. Consents were taken for X-rays & FM prophy but no dentist signature present. When the exam is done, no OCS done, no mention of the braces present, no periodontal probing were done. Pt was given DPC 1B but there is no mention of any pathological condition. Clinical notes dated 11-3-21 has no objective findings to support the diagnosis. Consent for prophy is present but there is no documentation if & how the procedure was performed. Pt was given next visit as recall 1 yr. but when pt. has braces (as evident in the X-rays) the routine hygiene treatment is recommended to be performed at 6-month intervals. Recommendations: To prevent the harm to patient comprehensive exam should be performed in timely manner & the radiographic findings should be clearly mentioned. Since the patient had braces hence the history of the braces should be mentioned. OCS & periodontal exam should be performed as to diagnose the pathological condition at early stage.
[redacted]	0 % NC	Book-in: 08/22/2020 0209 – Eligible for comp exam 09/22/2021 Scheduled for exam on 8-17-21. Not seen for exam. Appointment deleted by Dr. [redacted] on 11//30/2021. Patient still in custody. Needs an interpreter. Schedule please. Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? - NC Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? – NC Did the examination include diagnostic full mouth x-rays, full mouth x-ray, periodontal probings, and an oral cancer screening (OCS)? - NC Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? NC Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? - NC Have the risks, benefits and alternatives been discussed? - NC Is an appropriate medication prescribed if indicated? -NC Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? NC Is meaningful oral hygiene instruction given? -NC Score= 0/9=0 % Findings: Patient was scheduled for comprehensive exam on 8-17-21 but was rescheduled by DDS without any reason mentioned.

		Patient has been booked in since 8/20/20 & never been seen for any dental exam Recommendations: Patient still in custody. To prevent harm, the patient should be scheduled for comprehensive dental exam.
[redacted]	0% NC	Book-in: 06/09/2020 1834 – Eligible for comp exam 06/09/2021 Scheduled for exam on 6-4-21. Not seen for exam. Patient still in custody. Patient scheduled for comp exam 05/10/2022. Please see patient as scheduled. Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? NC Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? Did the examination include diagnostic full mouth x-rays, full mouthperiodontal probings, and an oral cancer screening (OCS)? NC Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? NC Is the appropriate periodontal diagnosis written in the assessment? portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? NC Have the risks, benefits and alternatives been discussed? NC Is an appropriate medication prescribed if indicated? NC Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? NC Is meaningful oral hygiene instruction given? NC Score:0/9=0% Findings: Patient was scheduled for exam on 6-4-21 but rescheduled by RN as no DDS available. Pt submitted sick call on 11-16-21 & was seen for L2 sick call treatment on 1-18-22. Patient given appointment for annual exam on 1-18-22 and appointment was rescheduled by DDS (no reason given). Recommendations: Patient still in custody. To prevent harm to patient comprehensive exam should be scheduled to prevent oral health problems while in custody.
[redacted]	55.6% NC	Book-in: 11/17/2020 0757 – Eligible for comp exam 11/17/2021 Scheduled for exam on 11-12-21. Appointment was deleted 11-16-2021. Seen for FMX on 12-14-21 & exam on 12-21-21. Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? – NC no dentist signature present, no consent to exam. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? - PC as no BP noted. Did the examination include diagnostic full mouth x-rays, full mouthperiodontal probings, and an oral cancer screening (OCS)? -

		PC perio charting done but not completely filled in. No mobility for upper teeth mentioned. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? - SC Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? – PC. In x-rays of the lower anterior teeth, it is evident that the bone loss is more then 50 % with generalized heavy calculus deposits so the diagnosis should be Gen moderate & localized advanced periodontitis. Have the risks, benefits and alternatives been discussed? - SC Is an appropriate medication prescribed if indicated? – NC Patient prescribed pain medication but in section S per pt no complaints of pain. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? - NC as SRP's are given DPC as 1C & mentioned on exam form as moderate periodontitis. Instead, the DPC should be 2. Is meaningful oral hygiene instruction given? – SC Score:5/9=55.6% Findings: Patient booked in on 11-17-21 & scheduled for annual exam on 11-12-21 but rescheduled (by DA no reason). Canceled by Dentist. Patient did not receive the exam within the 1 yr. of arrival. FMX completed on 12-14-21 & exam done on 12-21-21. Consent is present but no dentist signature is present and no consent for exam. Periodontal exam was done but there is no mention of any mobility on upper teeth. Radiographs reveal heavy calculus deposits & bone loss >50 % but on periodontal exam form the calculus is noted as moderate & periodontal condition as moderate. Instead, the periodontal diagnosis should be advanced periodontitis. No mention of the existing fillings /missing teeth in clinical notes. Patient was prescribed pain medication without any patient's complaint of pain. Recommendations: To prevent harm to the patient the exam needs to be completed in time. Diagnosis should be based on the thorough objective findings. Provided treatment in timely manner. Patient should not be prescribed medication unless indicated, which can be interpreted as abuse of the medication. Abuse of medication can lead to severe complications to the patient. Important to explain in notes if no complaint of pain.
[redacted]	56.3% NC	Book-in: 09/01/2020 1717 – Eligible for comp exam 09/01/2021 Scheduled for exam on 09-29-21 exam occurred on 02-01-22 Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? PC no dentist signature present.

		Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? PC no BP noted in clinical notes. Did the examination include diagnostic full mouth x-rays, full mouthperiodontal probings, and an oral cancer screening (OCS)? NC FMX not scanned; OCS done. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? NC No X-rays scanned. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? NC all findings are not noted in the clinical notes for i.e., missing teeth, existing fillings, conditions on the remaining teeth, carious lesions. No as x-rays not scanned into CorEMR and not able to evaluate. Have the risks, benefits and alternatives been discussed? SC Is an appropriate medication prescribed if indicated? N/A Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? NC no DPC noted in clinical notes. Is meaningful oral hygiene instruction given? SC Score:4.5/8 = 56.25% NC Findings: Patient was scheduled for exam on 09-29-21 but rescheduled (by DDS- no reason). Pt was seen multiple times for sick call on 11-17-21;01-19-22 & again rescheduled for comp exam on 01-25-22(by DA- no dental) & seen for annual exam on 02-01-22. Patient given another appointment for 4 months from half mouth deep cleaning. VERY IMPORTANT – The entire treatment plan must be completed within the longest DPC, time is not to be added to the treatment plan. Please schedule patient earlier to complete treatment plan within timeframe. Recommendations: Patient was not seen within 1yr of booking for annual exam. When exam was done the X-rays were not scanned so diagnosis cannot be justified & treatment plan cannot be done. To prevent harm to the patient definitive diagnosis is important.
[redacted]	0% NC	Book-in: 07/23/2020 2049 – Eligible for comp exam on 07/23/2021 Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? - NC Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? - NC Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)? - NC Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? NC

		Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? - NC Have the risks, benefits and alternatives been discussed? - NC Is an appropriate medication prescribed if indicated? - NC Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? - NC - Is meaningful oral hygiene instruction given? – Score:0/9 = 0% NC Findings: Patient was scheduled for comp exam on 7-20-21 but rescheduled – no reason mentioned. Patient was never seen for annual exam. Scheduled for comp exam 07-20-21 but appointment deleted stating "duplicate". Dentist deleted appointment on 11/16/2021. Never seen for annual exam. Patient still in custody. Patient was seen for Dental Sick Call on 12/21/2021 for complaint of a filling that fell out previously placed by dentist on 08/11/2021. No further appointment given. Please schedule for comp exam. Interpreter Needed and Mental Health Patient stated in problem list. Recommendations: To prevent harm to the patient the annual exam should be completed in timely manner & patient should be immediately scheduled for the annual exam.
[redacted]	0% NC	Book-in: 08/18/2020 1751 – Eligible for comp exam on 08/18/2021 Scheduled for exam on 09-29-21. Never seen for annual exam. Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? - NC Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? - NC Did the examination include diagnostic full mouth x-rays, full mouthperiodontal probings, and an oral cancer screening (OCS)? NC Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? NC Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? NC Have the risks, benefits and alternatives been discussed? - NC Is an appropriate medication prescribed if indicated? - NC Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? - NC Is meaningful oral hygiene instruction given? - NC Score:0/9 = 0% NC Findings: Patient booked in on 8-18-20 & scheduled for exam on 09-29-21. Pt was rescheduled on 9-29-21(By RN – no reason), ;01-25-22(no DA); 01-26-22(by RN- no reason); 2-01-22 (pt in quarantine); 2-16-22 (pt in quarantine). Patient has never been seen

		in dental for any dental care. Patient still in custody. Please schedule patient. Recommendations: To prevent harm to the patient. Annual dental exam should be done & routine treatment should be provided to the patient to prevent oral health conditions during incarceration.
[redacted]	0% NC	Book-in: 01/22/2020 1636 - Release: 08/08/2021 1300 Scheduled for exam on 5-31-21. No exam done. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant? - NC Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? - NC Did the examination include diagnostic full mouth x-rays, full mouthperiodontal probings, and an oral cancer screening (OCS)? - NC Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? - NC Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? NC Have the risks, benefits and alternatives been discussed? - NC Is an appropriate medication prescribed if indicated? - NC Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? NC Is meaningful oral hygiene instruction given? - NC Score: 0/9 = 0% Findings: Patient was scheduled for annual exam on 5-31-21;06-01-21 (Dr [redacted] out-only covering dentist available); rescheduled again on 6-05-21;6-12-21;6-19-21 by DDS (no reason); 6-23-21(by supervisor- no reason);6-24-21;6-27-21(by RN –no reason); 6-29-21(by DDS no reason). Patient was rescheduled 8 times for annual exam & was not seen before being release. Recommendations: To prevent harm to the patient the annual exam should be done in timely manner.
[redacted]	68.8% NC	Book-in: 11/23/2020 1800 – Eligible for comp exam 11/23/2021 Schedule for annual exam 11-23-21 Is a general informed consent form signed by the patient, dentist andwitnessed by the dental assistant? NC no dentist signature, consent does not discuss exam for informed consent. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? PC-BP not noted in clinical notes Did the examination include diagnostic full mouth x-rays, full mouthperiodontal probings, and an oral cancer screening (OCS)? SC

		Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form? SC Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings? NC no objective findings or tests done to support the pulpal diagnosis. Have the risks, benefits and alternatives been discussed? SC Is an appropriate medication prescribed if indicated? N/A Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item? SC Is meaningful oral hygiene instruction given? SC Score: 5.5/8=68.8% NC Findings: patient scheduled for exam on 11-23-21 but was rescheduled (by DDS as DA on vacation); 11-3-21(By DDS heavy schedule). Pt was seen on 12-08-21 for FMX &on 12-15-21 for annual dental exam. Consent taken on 12-08-21 but no dentist signature present and form have no consent for exam. Objective findings are not supportive of the pulpal diagnosis of #31 & 32. No endo/pulp tests were performed for the diagnosis. BP not noted in clinical notes. Recommendations: Patient was not seen within 1 yr. of booking for annual dental exam. Pt was rescheduled multiple times before the annual exam. To prevent harm to the patient, the annual exam should be performed in timely manner & the definitive diagnosis should be done with supportive objective findings to prevent oral health problems during incarceration.
Total	224.4/ 10	= 22.4% NC

3.3: Chronic Care (HIV) – Patients not scheduled – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?

B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated? Have labs and viral load been reviewed and documented in the progress notes?

C. For comprehensive dental examination, did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?

D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?

E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?

F. Have the risks, benefits, alternatives and consequences been discussed?

G. Is an appropriate medication prescribed if indicated?

H. Is a progress note written in a SOAPE format?

I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.24
Total	**0/7**	**= N/A**

3.4: Chronic Care (Seizures) - Patients not scheduled – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for a comprehensive dental examination by chronic care. See 1.25

[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
[redacted]	**N/A**	Not scheduled for a comprehensive dental examination by chronic care. See 1.25
Total	**0/9**	**= N/A**

3.5: Chronic Care (Diabetes) - Patients not scheduled – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is a progress note written in a SOAPE format?
H. Is an appropriate medication prescribed if indicated?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	N/A	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	N/A	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	N/A	Not scheduled for comprehensive dental care by chronic care. See 1.26.

[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care as patient refused. See 1.26
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.26.
Total	**0/10**	**= N/A**

3.6: Chronic Care (Pregnancy) - Patients not scheduled – N/A

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not scheduled for comprehensive dental care by chronic care. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.
[redacted]	**N/A**	Not enough time in custody to evaluate. See 1.27.

Total	**0/10**	**= N/A**

3.7: Chronic Care (≥4 Psych meds) – DF

Measured as one question.

A. Is a general informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? Is a medical consult completed if indicated?
C. Did the examination include diagnostic full mouth x-rays, full mouth periodontal probings, and an oral cancer screening (OCS)?
D. Is decayed, missing or unerupted teeth, restorations, existing prostheses, hard and soft tissue and occlusal anomalies documented on the comprehensive dental form?
E. Is the appropriate periodontal diagnosis written in the assessment portion of the SOAPE note? Is the periodontal diagnosis and any pulpal diagnosis supported by the objective findings?
F. Have the risks, benefits and alternatives been discussed?
G. Is an appropriate medication prescribed if indicated?
H. Is a progress note written in a SOAPE format?
I. Is a comprehensive, individualized dental treatment plan with the appropriate DPC assigned for each treatment planned item?
J. Is meaningful oral hygiene instruction given?

I/P	Score	Comment
Total	**DF**	**= DF**

3.8: Periodontal Treatment and the Periodontal Disease Program - DF

Measured as one question.

A. Is a periodontal informed consent form signed by the patient, dentist and witnessed by the dental assistant?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Was the diagnosis given? Was the diagnosis commensurate with the objective findings?
D. Was the treatment plan commensurate with the diagnosis?
E. Have the risks, benefits, alternatives and consequences been discussed?
F. Was the next visit/recall identified – periodontal re-evaluation within 4-8 weeks or periodontal maintenance given with the appropriate recall frequency?
G. Is an appropriate medication prescribed if indicated?

I/P	Score	Comment
Total	**DF**	**= DF. Periodontal Disease Program not implemented yet.**

3.9: Restorative - NC

Measured as one question.

A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed.
D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives and consequences been discussed?
F. Is an appropriate medication prescribed if indicated?
G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated?
H. Was the restorative material used listed in the SOAPE note?
I. Were post-operative instructions given if indicated?

I/P	Score	Comment
[redacted]	**NA**	(Book-in: 12/04/2020 2115) (Release: 07/16/2021 0415) **05/05/2021 Scheduled for #5 Fill but was never seen for any Tx.** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? - N**C** No consent & not signed by the dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – NC as pt not seen C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC – no x-rays scanned; no bitewing taken; diagnosis not listed for #5. E. Have the risks, benefits, alternatives and consequences been discussed? - NC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? Pt not seen.NC H. Was the restorative material used listed in the SOAPE note? - NC

		I. Were post-operative instructions given if indicated? – NC **Score**: NA **Findings**: Patient was scheduled for fill #5. Pt was rescheduled on 5-5-21 by DDS (lack of resources), 7-7-21 (by DDS (unit malfunction). Then pt was scheduled on 7-17-21 & pt refused. There is no refusal present in the documents. Pt never received any treatment. **Recommendation:** Pt should be seen in timely manner & if pt refused then proper documentation should be done. See patients as scheduled.
[redacted]	**0%** **NC**	(Book-in: 05/03/2019 2352) (Release: 08/13/2021 0815) **05-25-2021 Scheduled for #15 Fill** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – NC C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC E. Have the risks, benefits, alternatives and consequences been discussed? - NC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. NC I. Were post-operative instructions given if indicated? – PC as no education when numb but did inform patient of deep filling #18. **Score**: NC **Findings:** Pt was scheduled for filling after seen on 3-31-21. Pt was rescheduled on 5-25-21 (by DDS- no reason), 06-05-21(by DDS no reason),6-12-21(by DDS -no reason),6-12-21(by DDS -no reason),6-19-21(by DDS -no reason),6-23-21(by DDS -no reason),6-24-21(by DDS -no reason),6-27-21(by DDS -no reason),6-29-21(by DDS -lack of resources),7-13-21(by DDS -unit not working),7-21-21(by DDS -lack of resources). So patient was never seen for dental treatment. **Recommendation:** To prevent harm to the patient, the treatment should be provided in a timely manner and seen as schedule.
[redacted]	**0%** **NC**	(Book-in: 03/07/2021 1330) (Release: 07/16/2021 0430) 06/01/2021 **Scheduled for #15 filling** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – NC

		B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? NC C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC E. Have the risks, benefits, alternatives and consequences been discussed? NC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - NC I. Were post-operative instructions given if indicated? NC **Score**: 0% NC **Findings:** Pt was scheduled for continuity of care but was rescheduled on 5-31-21(by DDS -no provider available), 06-01-21(by DDS -no provider available),6-5-21(by DDS- no reason), 6-19-21(by DDS- no reason), 6-19-21(by DDS – no reason), 6-23-21(by supervisor-no reason), 6-24-21(by RN- no reason). Pt was never seen for the dental treatment. **Recommendation:** To prevent harm to patient, treatment should be provided in timely manner and patient seen as scheduled.
[redacted]	**0%** **NC**	(Book-in: 09/27/2021 1247) (Release: 11/22/2021 0815) 06/23/2021 **Scheduled for #29 filling** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? NC -as not signed by the dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP. C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. – NC as no document present. D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? - PC as no objective findings for hot, cold, lingering, palpation, percussion. X-ray on 6/5/21 no bitewing x-ray taken.

		E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? -N/A I. Were post-operative instructions given if indicated? N/A **Score**: NC **Findings:** Pt was rescheduled on 6-23-21 by DDS (per supervisor), 6-24-21by DDS (No reason), 6-27-21 by DDS (no reason), 6-29-21 by DDS (lack of resources). Pt was seen for triage only on 7/3/21. No treatment was done due to "portable unit is not working; no water or suction". Pt was scheduled for the treatment on 7-10-21 but rescheduled by RN (no reason). Pt was then seen on 07-13-21 but again no treatment was provided for tooth #29. Pt was again scheduled for #29 sedative filling but rescheduled by DDS for lack of resources. No dental treatment was provided. Patient was released before receiving treatment. **Recommendation:** To prevent harm to the patient the treatment should be done in timely manner and patient seen as scheduled. Pt was seen for triage, only PA radiograph was taken which shows the peri-apical area of the tooth root, but bitewing radiograph is needed to evaluate the depth of the carious lesion in the proximal area. No assessment of the tooth was done to confirm the diagnosis like percussion/palpation/endo test. Pulpal condition of the tooth was not evaluated. Filling can only be recommended if the pulpal condition is reversible. If not, then RCT/extraction of the tooth is recommended based on the remaining tooth structure.
[redacted]	**0%** **NC**	(Book-in: 12/20/2020 1835) (Release: 07/13/2021 2046) 07/03/2021 **Scheduled for #3 MOL filling** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – NC as not signed by the dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. – NC no document present. D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? – PC as

		no bitewing taken, pathological conditions evident in radiograph were not mentioned in the clinical notes. No pulpal diagnosis given. E. Have the risks, benefits, alternatives and consequences been discussed? – NC no mention of RBACs in clinical notes. F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? – N/A I. Were post-operative instructions given if indicated? - NA **Score**: NC **Findings:** Pt was only seen for evaluation of the tooth #3 on 6-12-21-no treatment was provided. Rescheduled on 6-19-21(by DDS-no reason), 6-23-21 (by supervisor-No reason), 6-24-21 (by RN – no reason), 6-29-21 (by RN – no reason). On 7-3-21 pt was seen again by DDS but no treatment was provided. Only evaluated the same tooth again rescheduled on 7-10-21(By RN- no reason), 7-13-21 (by DDS - equipment down). Patient was never provided any treatment for filling. **Recommendation:** To prevent harm to patient, the treatment should be provided without delay on the day of triage. Pt should not be rescheduled without any reason & should be managed with proper care.
[redacted]	**62.5%** **NC**	(Book-in: 07/14/2019 1241) **Patient scheduled for fills on 07/13/2021 but done on 08/03/21** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – NC as no Dentist signature. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC No BP noted on clinical notes. C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. – SC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? – PC The diagnosis is not supportive of the objective findings. Findings on radiograph are not mentioned in the clinical notes. E. Have the risks, benefits, alternatives and consequences been discussed? – SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – NC No follow up appointment. H. Was the restorative material used listed in the SOAPE note? - SC

		I. Were post-operative instructions given if indicated? - SC **Score**: 5/8 = 62.5% NC **Findings:** Patient was rescheduled on 07-13-21 by DDS (portable unit not working) instead seen on 07-20-21. Filling of #15 was not done but triage & extraction of # 32 was done instead & appointment for filling was given for 08-03-21. On 08-03-21 patient was seen for #15 filling. No tests are done to support the pulpal diagnosis. The tooth surfaces treated were not mentioned. No mention of quantity/type of anesthetic used. After sedative filling was done no follow up appointment for permanent filling was given. **Recommendation:** To prevent harm to the patient all tests should be done for diagnosis. The radiographic findings should be noted. When treatment is performed the tooth surfaces involved should be noted.
[redacted]	**35.7% NC**	(Book-in: 04/23/2020 1925) (Release: 08/24/2021 0545) States Interpreter Needed but none noted as being used. **Scheduled for SSC # 19 on 07/21/21** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – NC as no consent form scanned. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC no BP noted in clinical notes. C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. – NC, none scanned. D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC – Only PA Xray taken on 05/11/21, no bitewing Xray taken, no Xray findings noted. E. Have the risks, benefits, alternatives and consequences been discussed? – SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? - SC I. Were post-operative instructions given if indicated? – NC **Score**: 2.5/7 = 35.7 NC **Findings:** Pt was seen for SSC on #19. Only PA radiograph taken on 5/11/21 reveals the carious lesion on mesial & severe bone loss on distal. Open margins on mesial & distal of the existing restoration. No bitewing radiograph was taken. It does not verify if the lesion is below

		the gingival margin & if the tooth is restorable with SSC without crown lengthening. Used same SSC as restoration without discussion of extending it to cover area of recurring decay. **Recommendation:** To prevent harm to the patient the correct diagnosis is important.
[redacted]	**31%** **NC**	(Book-in: 12/30/2020 1606) (Release: 11/23/2021 0730) **Scheduled on 08-18-21 for recement crown # 17** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? – NC no current informed consent present & not signed by dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC No BP noted in clinical notes. C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. – NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC – No x-ray scanned. No bitewing x-ray taken. #17 diagnosis not listed. E. Have the risks, benefits, alternatives and consequences been discussed? - SC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. Was the restorative material used listed in the SOAPE note? – SC I. Were post-operative instructions given if indicated? – NC No post cementation instructions given. **Score**: 2.5/8=31% NC **Findings:** Radiograph is very important for the correct diagnosis & for providing proper treatment to the patient. Review of HHQ & BP is important for the early diagnosis of the medical conditions & to prevent undue harm because of any contraindications to the dental treatment. **Recommendation:** To prevent harm to the patient radiograph should be done for diagnosis & treatment for the patient.
[redacted]	**NA**	(Book-in: 12/04/2020 2115) (Release: 07/16/2021 0415) **05/05/2021 Scheduled for #5 Fill but was never seen for any treatment.** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? - NC No consent & not signed by the dentist. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was

		requested, was it completed if indicated? Are the medical provider's notes available? – NC as pt not seen C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC – no x-rays scanned; no bitewing taken; diagnosis not listed for #5. E. Have the risks, benefits, alternatives and consequences been discussed? - NC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? Pt not seen.NC H. Was the restorative material used listed in the SOAPE note? - NC I. Were post-operative instructions given if indicated? – NC **Score**: NA **Findings**: Patient was scheduled for fill # 5. Pt was rescheduled on 5-5-21 by DDS (lack of resources), 7-7-21 by DDS (unit malfunction). Then pt was scheduled on 7-17-21 & pt refused. There is no refusal present in the documents. Pt never received any treatment. **Recommendation:** Pt should be seen in timely manner & if pt refused then proper documentation should be done.
[redacted]	**NA**	(Book-in: 05/03/2019 2352) (Release: 08/13/2021 0815) **05-25-2021 Scheduled for #15 Fill** A. Is an informed consent form signed by the patient, dentist and witnessed by the dental assistant for restorative and palliative care? NC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC C. Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. - NC D. Did the examination include a diagnostic x-ray(s)? Is the diagnosis for each restorative procedure supported by the objective findings? Is the diagnosis listed in the Assessment portion of the SOAPE note? Was Dental Priority Code (DPC) prescribed at the time of the exam? NC E. Have the risks, benefits, alternatives and consequences been discussed? - NC F. Is an appropriate medication prescribed if indicated? – N/A G. If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? – N/A H. NC

		I. Were post-operative instructions given if indicated? – PC as no education when numb but did inform patient of deep filling #18. **Score**: NC **Findings:** Pt was scheduled for filling after seen on 3-31-21.Pt was rescheduled on 5-25-21 (by DDS- no reason), 06-05-21(by DDS no reason),6-12-21(by DDS -no reason),6-12-21(by DDS -no reason),6-19-21(by DDS -no reason),6-23-21(by DDS -no reason),6-24-21(by DDS -no reason),6-27-21(by DDS -no reason),6-29-21(by DDS -lack of resources),7-13-21(by DDS -unit not working),7-21-21(by DDS -lack of resources).So patient was never seen for dental treatment. **Recommendation:** To prevent harm to the patient, the treatment should be provided in the timely manner.
Total	**129.2/7**	**= 18.5% NC**

3.10: Extractions/Oral Surgery - NC

Measured as one question.

A. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note?
D. Was a Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives and consequences been discussed?
F. Was a time out procedure completed prior to extraction?
G. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely?
H. Was hemostasis achieved prior to releasing the patient?
I. Were post-operative instructions given written and verbally?

I/P	Score	Comment
[redacted]	87.5% SC	(Book-in: 05/04/2021 2136) (Release: 09/22/2021 1015) Scheduled on 08/18/21 for Extraction # 2 Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? SC. Consent taken for #1 & #2. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? SC. BP taken and written on consent form.

		Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? PC. PA x-ray available. No diagnosis was noted for #2, no clinical objective findings listed for #2. Unrestorable is a description of the diagnosis but not the diagnosis. Diagnosis (Assessment) left blank on exam on 07/07/2021. Was a Dental Priority Code (DPC) prescribed at the time of the exam? – SC. Due to the periapical lucency, I would have recommended a 1B rather than a 1C for the DPC. Have the risks, benefits, alternatives and consequences been discussed? – SC. Was a time out procedure completed prior to extraction? – N/A although recommend this is performed. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC Was hemostasis achieved prior to releasing the patient? – SC says no complications however recommend write hemostasis achieved when it is. Were post-operative instructions given written and verbally? - SC Score: 7/8=87.5 % SC Findings: Patient was seen on 7/7/21 for the sick call LVL 2 upper right tooth filling broke. Pt requesting extraction. Xray was taken but no findings were mentioned.as there is carious lesion on #1. Objective finding noted but no assessment/diagnosis given. Swelling if present-surfaces involved, no objective findings of this type noted. Level of pain if there is any pain on percussion/palpation not noted. Patient was prescribed analgesics & antibiotics but there are no findings to support the prescription i.e., is there any present swelling, which tissues are involved, any fever. Tooth number noted was #14 but it was amended in the notes on 8/18/21 to #2. Recommendation: To prevent harm to the patient antibiotics are only prescribed if any symptoms present as fever, swelling. Treatment should be provided at the same appointment, so the lesion does not spread & cause life threatening conditions.
[redacted]	68.8% NC	(Book-in: 06/12/2021 1135) (Release: 12/21/2021 1800) Scheduled for extraction #32 on 11/10/21 Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – SC consent taken on 11/10/21 but witness signature present on the signatory area. Dr. [redacted] initials next to teeth to be extracted. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – SC. BP noted on consent form and clinical notes.

		Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – SC PA taken on 9-28-21. Unrestorable is a description of the diagnosis but not the diagnosis. Was a Dental Priority Code (DPC) prescribed at the time of the exam? – SC although for a large periapical lucency on #32 I would have placed a DPC 1B as there should not be a delay to treatment. Have the risks, benefits, alternatives, and consequences been discussed? - SC Was a time out procedure completed prior to extraction? – N/A although recommend this is performed. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? – PC Antibiotics should not be prescribed. Objective findings do not support as per notes on 9/28/21. Was hemostasis achieved prior to releasing the patient? – NC Were post-operative instructions given written and verbally? - NC Score: 5.5/8=68.8% NC Findings: Patient was seen on 9-28-21 .PA taken. Pt was prescribed antibiotics, but the findings indicate that pt. has no swelling or fever. Pt was given appointment for 10-19-21 for ext. #32. Appointment on 10-19-21,11-2-21,11-3-21,11-09-21 rescheduled (quarantine). Pt was seen on 11-10-21, consent is present for extraction #32 but no second witness signature present on the signature line. Initials next to teeth to be extracted. Clinical notes do not mention the use of anesthetic, type /quantity or type of block given. There is no mention if the extraction was done or not. There are no other instructions. Notes does not indicate if the treatment was provided to the patient. No DPC was given or follow up appointment was given. Recommendation: To prevent harm to the patient antibiotics should not be prescribed if not indicated. All radiographic findings should be noted. If the procedure is performed, then all the evident information should be clearly documented in the clinical notes to justify the procedure performed. Since there is a lesion present, then the treatment should not be delayed as it can cause irreversible damage to the adjacent tissues or area. Recommend that Dr. [redacted] identify parameters the Dentist can use to describe the DPC to be used in various clinical scenarios, i.e., 1B vs 1C vs 2 which will be reassigned by the computer to be 3, 4, 5 respectively.
[redacted]	81.3% PC	(Book-in: 05/13/2021 2006) (Release: 11/08/2021 0730) Scheduled for extraction #32 on 07/21/21 Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the

		tooth/teeth to be extracted listed on the informed consent form? – SC. Initialed but not signed by dentist on signature line. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – SC BP on consent form Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – PC no radiographic findings noted in clinical notes. Distal root not visible all the way the apex. Was a Dental Priority Code (DPC) prescribed at the time of the exam? – SC No DPC given on 07/21/21 but given on 07/13/21 Have the risks, benefits, alternatives, and consequences been discussed? - SC Was a time out procedure completed prior to extraction? – N/A although recommend this is performed. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC Was hemostasis achieved prior to releasing the patient? - PC Mentioned no complication but no mention of the achieving of the hemostasis. Were post-operative instructions given written and verbally? – PC only mentions POI given. Score: 6.5/8=81.3% C Findings: Patient was treated on 07-21-21 for extraction #32. PA Xray taken on 6/28/21 but radiographic finding not noted in the clinical notes. Distal root not visible all the way the apex. Extraction Consent taken but no signature of the second witness but dentist initialed. After the treatment was provided, post extraction care was not noted if given both verbally/written. In clinical notes "E" section left blank which should include any educational tools given to the patient e.g., post ext. care or OHI. Recommendation: To prevent harm to the patient all radiographic findings should be noted. Post extraction care instructions should be given verbally/written.
[redacted]	N/A	(Book-in: 06/02/2021 1406) (Release: 08/17/2021 0930) Schedule for extraction # 17 Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? NC General consent on 6/30/21 but no dentist signature. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – NC No HHQ present, no BP noted on 6/3021.

		Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – PC no radiographic findings noted. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC Have the risks, benefits, alternatives and consequences been discussed? - NC Was a time out procedure completed prior to extraction? –NC treatment was never performed. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? – NC Antibiotics were prescribed on 6/30 21 but no objective findings support the prescription. Abuse of antibiotics. Was hemostasis achieved prior to releasing the patient? – NC No treatment was performed. Were post-operative instructions given written and verbally? – NC no tx done. Score:1.5/9= 16 % NC but NA for this chart since refused and doesn't meet screening criteria. Findings: Patient was seen on 6-30-21 for LV2 sick call & scheduled for extraction #17 on 07-21-21. Per dental sick call on 7-14-21 pt refused extraction #17. There are no documents present for refusal of dental appointment or refusal for extraction of tooth #17. On 6-30-21 pt was prescribed antibiotics but the clinical notes state that there was swelling in the past. No indication or any objective findings to support the prescription of the antibiotics. There are no details of the present condition for i.e., area of swelling if present, any pain on percussion, lymph nodes involvement. No objective findings for #18 given. No diagnosis for #17 & #18 noted. Pt never received any treatment. Recommendation: To prevent harm to the patients the antibiotics should not be prescribed unless objective findings are evident for i.e., fever, swelling, lymphadenopathy. Radiographic findings should be clearly mentioned & diagnosis is important for the line of treatment. As the radiograph indicated that there is furcation involvement & PA lesion evident with history of swelling. The treatment should have been performed at the same appointment to avoid any harm to the patient.
[redacted]	81.3% PC	(Book-in: 01/25/2022 1132) Scheduled for extraction #32 on 8-24-21 Interpreter Needed but none utilized. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – SC

		Consent present but no signature of the dentist however dentist initialized. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – SC BP noted on extraction consent but not in the clinical notes. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? NC PA radiograph missing tip of apex. Was a Dental Priority Code (DPC) prescribed at the time of the exam? – SC exam was done on 8-3-21 Have the risks, benefits, alternatives and consequences been discussed? – SC Was a time out procedure completed prior to extraction? - N/A although recommend perform this practice. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - SC Was hemostasis achieved prior to releasing the patient? – SC mention of no complications but no mentions of achieving hemostasis. Were post-operative instructions given written and verbally? – PC only mentioned in clinical notes as POI but no information if given verbal/written. Score: 6.5/8=81.3% PC Findings: Patient scheduled for extraction #32. No Signature of the dentist on the general consent and only initials on the extraction consent present. PA radiograph present but not of the diagnostic quality as apex not evident. No mention of the objective findings but states refer to prior notes on 08/3/21. Tx indicates anesthetic given but no mention of the type of the block given or the oral tissues anesthetized. Since the flap was raised for the extraction of #32 were any sutures given. No mention of the achieving the hemostasis. How were the post-operative instructions delivered, verbally/written or both? The POI should be mentioned in section "E" of the SOAPE notes. Recommendation: To prevent the harm to the patient, the radiograph should be taken with the apex included in the Xray so the apical area can be evaluated for the extent of the lesion, proximity to the inferior alveolar nerve & the position of the root apex. On consent forms both the dentist & RDA should be witness. Time out protocol is recommended so pt is also in consensus of the treatment being provided. During the treatment the procedure should be explained in complete details. After the treatment, patient should be given verbal & written

		post-operative instructions. Also schedule the follow up appointment if needed & should be given the reason if no follow-up is needed.
[redacted]	12.5% NC	(Book-in: 12/02/2020 1454) (Release: 11/30/2021 1001) Scheduled for extraction #32 on 09-21-21, states completed on 10/05/2021 but patient not seen nor are there any progress notes. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – NC no treatment was done & on general consent no dentist signature present. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – NC. No treatment performed. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – NC as x-ray radiographic findings is not noted in the clinical notes on 08/18/2021 and appointment for extraction on 10/05/2021 stated as completed but there are no progress notes. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC Have the risks, benefits, alternatives and consequences been discussed? – NC. Not seen although appointment states the procedure is completed. Was a time out procedure completed prior to extraction? - N/A although recommend perform this practice. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? – NC No treatment was done. Was hemostasis achieved prior to releasing the patient? - NC Were post-operative instructions given written and verbally? – NC no treatment done. Score: 1/8=12.5% NC but giving Findings: Patient was seen on 8/18/21 for L2 sick call. General consent was taken but no dentist signature present on the consent. PA radiograph was taken but the radiographic findings were not noted lesion on #31 not mentioned. Pt. was prescribed antibiotics, but the clinical notes does not indicate any swelling or fever. No indication or any objective findings to support the prescription of the antibiotics. There are no details of the present condition for i.e., area of swelling if present, any pain on percussion, lymph nodes involvement. No objective findings for #31 given. #32 diagnosed as necrotic pulp but it should be retained roots as there is no coronal tooth structure remaining. Pt was rescheduled on 09/21/21 by DDS (quarantine) & per tasks the appointment was completed on 10/5/21. No clinical notes are present for treatment of #32. Pt never received any treatment of #32.

		Recommendation: To prevent the harm to the patient the any radiographic findings in the Xray should be noted in the clinical notes & pt should be provided in the timely manner. Diagnosis should be based on the objective findings. The X-rays dictate that the diagnosis should have been retained roots & not necrotic pulp. Abuse of antibiotics should not be done. Antibiotics should be prescribed if only the objective findings are evident i.e., fever/swelling. Patient was never seen for treatment of extraction #32 and there are no notes on 10/5/21 that support the completion of the treatment even though the task states the appointment is complete.
[redacted]	75.0% PC	(Book-in: 03/13/2020 1225) Scheduled for extraction #30 & 32 on 10-5-21 but #2 & #32 extracted. Interpreter needed but not used. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? PC General consent does not have the dentist signature, Oral surgery consent missing date for witness signature. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? SC BP noted in clinical notes. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? NC - the radiographic findings were not noted for tooth #2 & 30 in the clinical notes. Diagnosis is not supported by the objective findings. No diagnosis given for #2 because unrestorable is a description of the diagnosis but not the diagnosis. #3 pathology is not addressed in any of the progress notes. Was a Dental Priority Code (DPC) prescribed at the time of the exam? SC Have the risks, benefits, alternatives and consequences been discussed? PC. No indication of refusal and RBAC discussed. Was a time out procedure completed prior to extraction? N/A although recommend perform this practice. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? SC Was hemostasis achieved prior to releasing the patient? SC Were post-operative instructions given written and verbally? PC not mentioned in E section if POI given written& verbally but mentioned in P section that POI given. Score: 6/8=75.0% NC Findings: Patient was seen on 09/28/21 for exam. PA for #32 & 2 were taken but he radiographic findings of the other teeth in the x-ray were

		not mentioned. #30 & 32 were diagnosed as periodontal type 3-4. Treatment plan was done for extraction #30 & 32. When the patient was seen on 10/5/21 the oral surgery consent was taken for extraction # 2 & 32. There is no explanation as why the treatment was no provided to #30 & why the #2 was added in the treatment plan. Diagnosis on 10/5/21 states that # 2 & 32 are unrestorable, but it should have been as severe periodontitis or type 3-4 periodontitis as mentioned in the diagnosis of clinical notes on 09/28/21. There is no treatment plan for the teeth #2 & 30. There is no mention of the pathology #3. There is no refusal form for refusal #30. There is no mention of the anesthetic block given. POI instruction should be mentioned in the E section. POI instructions should be given verbally & written. If patient refused #30, then the refusal form Recommendation: To prevent harm to the patient the radiographic finding noted in Xray should be mentioned & treatment plan should be done as needed. If any treatment is not provided, then the reason for not providing the treatment should be given. Pt should be informed of the risks & consequences involved. Refusal form should be reviewed and signed for #30.
[redacted]	NA	(Book-in: 09/09/2021 0346) (Release: 10/27/2021 1145) Scheduled for extraction # 2 & 31 on 11-3-21 Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – NC no treatment provided. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – NC no HHQ available Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – SC. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC Have the risks, benefits, alternatives and consequences been discussed? – NC no treatment was done. Was a time out procedure completed prior to extraction? – N/A although recommend doing this practice. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? - NC Antibiotics were prescribed on 9/29/21 when seen for sick call L2 but no objective findings support the prescription. Abuse of antibiotics Was hemostasis achieved prior to releasing the patient? – N/A Were post-operative instructions given written and verbally? – N/A Score: N/A – released prior to appointment.

		Findings: Patient was seen on 09-29-21 for L2 sick call. General consent signed but no dentist signature present. No HHQ present. Xray taken for #2 & 32. Xray shows the retained roots of #2 & 32 but the diagnosis states "unrestorable". It is a condition, but the diagnosis should be "retained roots of #2 & 31". Pt was prescribed antibiotics but there are no objective findings to support the prescription which is abuse of the antibiotics. There is no mention of the pain, but analgesics (ibuprofen) is prescribed, which was not indicated. Patient was scheduled on 11/3/21 for extraction # 2 & 31 but patient never received any treatment & was released on 10/27/21. Recommendation: To prevent harm to the patient it is important to have the HHQ. Proper diagnosis should be given. The abuse of the antibiotics & antibiotics should not be done & prescribed only when indicated. Patient should be provided the treatment at the appointment of the sick call to prevent any undue delay of the treatment.
[redacted]	81.3% PC	(Book-in: 10/21/2021 1903) (Release: 01/10/2022 1045) Scheduled for extraction # 4 on 11-24-21 Interpreter needed and none used. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? PC only patient signature present, no witness signature. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? SC Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? SC. Was a Dental Priority Code (DPC) prescribed at the time of the exam? SC Have the risks, benefits, alternatives and consequences been discussed? SC Was a time out procedure completed prior to extraction? N/A but recommended. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? SC Was hemostasis achieved prior to releasing the patient? PC no anesthetic or amount used. No mention of sutures since flap was made. Were post-operative instructions given written and verbally? PC In section E: Post op care stated but not included if both written and verbal. Score: 6.5/8=81.3% PC Findings: Patient was seen on 11-03-21 for L2 sick call. General consent signed but no dentist signature present. No witness signature on oral

		surgery consent. Xray taken for #4. Xray shows the retained roots of #4 but the diagnosis states "unrestorable". It is a condition, but the diagnosis should be "retained roots of #4". On oral surgery consent only patient signature is present, no witness signature present. There is no mention of any anesthetic used during the extraction. No mention if sutures used since flap performed. No mention of interpreter used. Recommendation: To prevent harm to the patient Diagnosis should be clearly mentioned supporting the objective & radiographic findings. The type/amount of anesthetic used & areas anaesthetized should be described. The procedure performed should be explained in details & the post-operative care should be given verbally & in written.
[redacted]	81.3% PC	(Book-in: 10/24/2021 1115) Scheduled for extraction #29 on 12-28-21 Interpreter needed and none stated as being used. Is an informed consent form for extraction/oral surgery procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth to be extracted listed on the informed consent form? – PC as doctor name not listed, initials only by tooth number, nor is there a witness signature & no date noted. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – SC. Did the examination include a diagnostic x-ray(s)? Is the x-ray of diagnostic quality? Is the diagnosis for each extraction/oral surgery procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – PC no objective findings of the pulp noted to support the diagnosis. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - SC Have the risks, benefits, alternatives and consequences been discussed? – SC Was a time out procedure completed prior to extraction? – N/A however recommend performing this function. Was an analgesic and/or antibiotic prescribed after extraction when applicable? And if so, did the I/P receive the medication timely? – SC Was hemostasis achieved prior to releasing the patient? – SC Hemostasis achieved not mentioned. Were post-operative instructions given written and verbally? – PC no mention if POI verbal and written in Spanish. Score:6.5/8=81.3% PC Findings: Patient was seen on 12/28/21 for extraction # 29. Xray present but no radiographic finds were noted in clinical notes. No objective findings present to support the diagnosis. Patient was seen for L2 sick

		call on 12/14/21 & diagnosis for #29 was "irreversible pulpitis" without any objective pulpal findings. On 12/28/21 the diagnosis was "necrotic pulp "without any supportive documentation or any other clinical tests. No explanation as to why RCT was not an option to save the tooth, even if at patient's own cost. No mention of the post-operative instruction being given verbally /written in Spanish. Recommendation: To prevent harm to the patient Diagnosis should be very clear & based on the clinical signs /symptoms & other tests. Treatment options should be given to the patient and noted as well as noted the decision of the patient.
Total	569/8	71.1% = NC

3.11: Endodontics – NC

Measured as one question.

A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form?
B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available?
C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note?
D. Was a Dental Priority Code (DPC) prescribed at the time of the exam?
E. Have the risks, benefits, alternatives, and consequences been discussed?
F. Was a rubber dam utilized for the procedure?
G. Was working length x-rays taken and the length of the file(s) noted?
H. Was the type of irrigant noted in the progress note?
I. Are the materials used written into the progress note?
J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely?
K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment?
L. Was a post op radiograph taken?
M. Were post-operative instructions given?

I/P	Score	Comment
[redacted]	**46.2%** **NC**	(Book-in: 07/27/2020 1609) (Release: 05/21/2021 1015) **Scheduled for RCT on 5-12-21** A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? – NC no consent for RCT. There is a consent form for filling, but no DMFS acknowledgement signed.

		B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? SC C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? PC. Periapical x-ray not of diagnostic quality. Not very clear, no radiographic findings noted in clinical notes. Root canal performed on tooth with reversible pulpitis on 05/05/21 and then changed to necrotic pulp on 05/12/2021. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? – PC Only on 3-2-21 (sick call) DPC code was given. E. Have the risks, benefits, alternatives, and consequences been discussed? - NC as no informed consent present for RCT. F. Was a rubber dam utilized for the procedure? – SC G. Was working length x-rays taken and the length of the file(s) noted? – NC. No mention of the working length & no x-rays were taken to show the same. H. Was the type of irrigant noted in the progress note? – NC as irrigant not noted. I. Are the materials used written into the progress note? – SC J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? – PC no analgesic prescribed, or reason stated as to why not needed. K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? – SC L. Was a post op radiograph taken? –PC Not very clear. M. Were post-operative instructions given? NC No post-operative instructions for RCT, only OHI noted. **Score: 6/13=46.2 %NC** **Findings:** Patient was seen for RCT of #10 on 5-12-21with the diagnosis of the necrotic pulp but on prior appointment on 5-5-21 the diagnosis was reversible pulpitis. No tests were mentioned to confirm the diagnosis on any of the appointments. No supporting documentation evident. No general consent or for RCT was taken. Xray taken was not of diagnostic quality. No mention of the radiographic finding was noted. The objective findings do not support the diagnosis. There is no mention of the amount of the anesthetic used. No radiographs were taken during the RCT for the working length or mentioned in the clinical notes. **Recommendations:** To prevent harm to the patient proper diagnosis is important. Hence diagnostic radiograph should be taken & the follow up appointment is recommended.

[redacted]	**50.0%** **NC**	(Book-in: 09/08/2019 0305) **07/20/21 Scheduled for RCT #6.** A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? PC. No specific consent for RCT but they wrote "RCT #6 informed consent" but did not list the RBAC. No DMFS for filling after RCT #6. B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? PC. no BP C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? NC as no pre-op x-ray. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? – PC no DPC given. E. Have the risks, benefits, alternatives, and consequences been discussed? – PC as no informed consent present. F. Was a rubber dam utilized for the procedure? - SC G. Was working length x-rays taken and the length of the file(s) noted? – NC as no working length x-ray taken. H. Was the type of irrigant noted in the progress note? – NC – No details of irrigant noted. I. Are the materials used written into the progress note? - SC J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? N/A K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? SC L. Was a post op radiograph taken? SC M. Were post-operative instructions given? NC- No RCT Post care instructions given. **Score: 6/12=50.0 % NC** **Findings:** #6 was diagnosed as necrotic pulp on 4/20/21. Pt was seen on 6/19/21 but RCT was done on 7/20/21. There is no initial x-ray present. The initial working length was not mentioned & no x-rays were taken during the preparation of the canals. The type of irrigant used was not mentioned. **Recommendations:** To prevent harm to the patient the treatment should not be delayed & treatment should be provided at initial appointment. Consent form for RCT needs to be finalized and utilized.
[redacted]	**50.0%** **NC**	(Book-in: 04/20/2021 1804) (Release: 12/07/2021 1115) **09/22/2021 Scheduled for RCT #24**

		A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? - PC B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? – PC as no BP C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – NC no notation of the diagnosis for the pulpal tests. D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? – SC but note no DPC given post rct. E. Have the risks, benefits, alternatives, and consequences been discussed? - PC as no informed consent present. F. Was a rubber dam utilized for the procedure? - SC G. Was working length x-rays taken and the length of the file(s) noted? – PC as no working length x-ray. H. Was the type of irrigant noted in the progress note? – NC no mention of the irrigant used. I. Are the materials used written into the progress note? - PC as not all materials are listed in the clinical notes. J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? SC K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? - SC L. Was a post op radiograph taken? – NC no final Xray taken M. Were post-operative instructions given? –NC no RCT post care instructions given. **Score:6.5/13=50.0% NC** **Findings:** Pt was diagnosed for #24 as necrotic pulp, but no supporting findings are evident & no endo tests were done to confirm the pulpal diagnosis. RCT was done on 9/22/21 with no appropriate radiographs taken during the process of the RCT which is recommended for the RCT. **Recommendations:** To prevent harm to the patient the RCT should not be delayed & treatment to be provided at the time of diagnosis. All tests should be done to reach the diagnosis & perform the treatment and post op and working radiographs should be taken.
[redacted]	**N/A**	(Book-in: 08/26/2020 2038) (Release: 06/14/2021 0846) **05/12/2021 Scheduled RCT #23/24** A. Is an informed consent form for a root canal procedure signed by the patient, dentist and witnessed by the dental assistant? Were the tooth/teeth listed on the informed consent form? – NC last consent on 12/8/20 & no sign of the dentist.

		B. Has a review of the health history and allergies been completed? Is the blood pressure taken and recorded? If a medical consult was requested, was it completed if indicated? Are the medical provider's notes available? - PC as no BP C. Did the examination include an x-ray(s) of diagnostic quality? Is the diagnosis for each root canal procedure supported by the objective findings and written in the Assessment portion of the SOAPE note? – NC (Last Xray x-ray 12/8/20) D. Was a Dental Priority Code (DPC) prescribed at the time of the exam? - NC E. Have the risks, benefits, alternatives, and consequences been discussed? - PC but no informed consent present. F. Was a rubber dam utilized for the procedure? - NC G. Was working length x-rays taken and the length of the file(s) noted? – NC as no x-ray taken. H. Was the type of irrigant noted in the progress note? - NC I. Are the materials used written into the progress note? - NC J. Was an analgesic and/or antibiotic prescribed after the root canal when applicable? And if so, did the I/P receive the medication timely? - NC K. Was the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? - NC L. Was a post op radiograph taken? - NC M. Were post-operative instructions given? - NC **Score: N/A** **Findings:** Pt was seen for sick call for dental "LV 2 to have had a root canal years ago bottom front teeth that is causing pain." On 12-08-2020 & appointment given for evaluation of #23. Rescheduled on 12-22-20(pt. in quarantine), 1-13-21(lack of resources), 3-10-21 (lack of resources). Pt was seen on 4-20-21 & evaluated for #23. Patient scheduled on 5/12/2021 but not seen No treatment was provided as patient not eligible for root canal per Implementation Plan. Needs to be incarcerated one year prior to this benefit. Pt was never provided any treatment as was released prior to treatment. However, since RCT was started to get patient out of pain prior to this episode of swelling, a consultation with the Dental Director to review this clinical situation was warranted. **Recommendations:** To prevent harm to patient the treatment should be provided in timely manner and patients seen as scheduled.
Total	**146.2/3**	**= 48.7% NC**

3.12: Prosthodontics – DF

Measured as one question.

A. Was a patient with over 1 year of incarceration requiring prosthodontic care appropriately referred to an outside specialist?

B. Was a DPC 5 given for this referral during the examination? Was an exam completed in order to discuss the case appropriately with the specialist?
C. Did the patient receive treatment from the specialist? Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day?
D. Is the appropriate continuity of care listed for this patient?

I/P	Score	Comment
Total	**DF**	**= DF as there is no method to locate the patients for this section.**

3.13: Progress and Chart Notes for I/Ps scheduled but not seen - DF

Updated: Will determine wording at next audit tour.
Is a progress note or chart notes written for all scheduled and unscheduled patients, who were not seen, including reschedules, refusals, not in custody (NIC), out to court (OTC), out to medical (OTM)?

I/P	Score	Comment
Total	**DF**	**Deferred Findings**

Summary of Findings and Recommendations - Quality of Care

The following is a list of recurrent issues. Refer to the CAP for additional details. Refer to the audit tool data for detailed information.

- Cannot perform treatment without consent. Obtain consent and update consent forms.
  - **Meet with Dr. [redacted] to formalized submitted consent forms.**
  - A separate informed consent form must be used for periodontics, endodontics, and oral surgery.
  - The general informed consent form is to be reviewed and signed prior to the examination and prior to taking radiographs.
- Use your objective findings to substantiate the diagnosis.
- Take blood pressure at every appointment and note in progress note. Take the necessary actions of contacting medical for patients with elevated blood pressures.
- Recommend amending the following prescription practice. Most charts were showing as medication given is Amoxicillin 500 mg two (2) capsules twice daily. Some charts show only Amoxicillin 500 mg one (1) tab twice daily which is not enough. This is over or under the usual and customary dosage. Usual prescription is Amoxicillin 500 mg one (1) tab (or capsule) three (3) times per day.
- Make sure to fill out the education portion of the SOAPE note as given to the patient.
- Meaningful oral hygiene instruction is not given to the patient. Focus on the patient's individual oral hygiene needs.
- Review the health history and allergies at every visit with the patient and update the problem list when appropriate.

  - Recommend the "problem list" in CorEMR is updated and accurate. Review of medical history is paramount to the safety of the patient. Dentist must be assured all medical conditions are listed and reviewed which may impact surgical treatment.
- Delayed care has been noted. If a patient has a complex medication history in which the Dentist needs assistance, have the Dentist request a medical consult.
- **Accuracy in charting left and right quadrants and placing the correct tooth or area in the progress notes is vital.**
- To ensure x-ray and chart accountability, use individual patient charts and/or labeled envelops for each individual patient chart and his/her radiographs. For comprehensive care patients, include the patient's x-rays and their written treatment plan form, which will have a DPC for each diagnosed and proposed line item of treatment, and the periodontal charting form. [1]
- During the episodic and the comprehensive dental examination, it was noted that not all pathology was charted and noted.
- When completing a treatment plan from a comprehensive dental examination, print out the exam form, enter the date the completed procedure was done in the comprehensive dental exam form and rescan with new information.
  - Enter the date the procedure was completed in the dental excel spreadsheet as well to account for compliance.
- Although not in the current CAP, it is still recommended that there is continuity of care so that if a patient is rebooked, it still shows incomplete treatment plans which can be re-opened and scheduled as to not delay a previously identified disease process or pathology. This is when an EDRS such as Dentrix Enterprise would be able to easily keep track of existing treatment plans.
- This has been updated:
  - Conduct Staffing Analysis / Workflow Analysis, considering increased demand expected by increased compliance with the IP. Adjust staffing (including hiring) if/as necessary, including hiring the Hygienist position, as recommended in the IP. *(New CAP Item 157 incorporates Item 83).*

3.1: Triage (where diagnosis occurs for episodic care)

- Be mindful of charting errors and make sure to identify the correct tooth in the correct quadrant.
- Review medical history, allergies and labs results. Take blood pressures and chart results.
- When anticipating tooth will need a restoration, take a periapical (PA) and a bitewing (BWX) x-ray for each inmate/patient seen for episodic care. Use this objective finding with other objective findings to provide an accurate assessment and diagnosis for the patient's chief complaint.
- List the Objective findings in the SOAPE notes so they are used to substantiate the Assessment/diagnosis, i.e., pain or sensitivity, lingering or not, to hot, cold, percussion, palpation; swelling; exudate; diagnostic radiographs, etc.
  - Give the pulpal diagnosis when appropriate during episodic/sick call dental appointments using the following resource:

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3009547/

    - https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf
- If unable to obtain the apex of a tooth radiographically, such as molars/wisdom teeth, that an immediate plan is noted so care is not delayed, i.e., refer patient for evaluation of wisdom teeth with the use of a panoramic radiograph. State how many attempts were done to try and obtain a diagnostic x-ray and how you propose to obtain the apex for accurate diagnosis and subsequent treatment.
- If no medication is prescribed for a patient's chief complaint, state the reason, especially if a patient states pain in his/her chief complaint.
- Follow through with all referrals so patient obtains their constitutionally mandated dental care.

3.2: Comprehensive Dental Examination, Care and Treatment

- Objective findings must substantiate the dental diagnosis / assessment.
- Take the Full Mouth X-rays (FMX) at the same time as the annual comp exam (ACE). Often times months have gone by before x-rays were evaluated, and the rest of the comprehensive dental examination was completed.
- Recommend scanning the FMX as a whole rather than piecemeal or better yet obtain digital radiographs and integrate directly into a chart within an electronic dental record system.
- Obtain diagnostic radiographs. Many x-rays have overlap, are foreshortened, or elongated, are overdeveloped, or underdeveloped or have artifacts because of a bend in the film.
- Obtain the apex of wisdom teeth prior to extractions.
- Give the periodontal diagnosis in the assessment portion of the SOAPE note during the comprehensive dental examination[2].
- See the Periodontics section below.
    - Use the updated 2018 periodontal guidelines and criteria as opposed to the 1999 guidelines.
    - Perio re-evaluation needs to be done within 4-8 weeks of the completion of the SRPs, please adjust accordingly. And remember that the dental priority code is from the date of diagnosis.
    - Can set perio recall as 3 months, 4 months, 6 months or yearly. Not limited to yearly.

3.3 thru 3.7: Chronic Care

- I continue to recommend that the chronic care patients are referred to dental using the parameters below. The chronic care appointment referral process is also proposed, per the discussion between Dr. [redacted] and me, for patients who want to access the Periodontal Disease Program. See Executive Summary.
- Recommend that at the Chronic Care Medical Appointment:
    - Refer patients with chronic care issues to Dental during the chronic care medical appointment for patients with HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.

[2] https://www.perio.org/2017wwdc?_ga=2.9518838.291147220.1566148308-654512126.1566148308 https://www.perio.org/sites/default/files/files/2017%20World%20Workshop%20on%20Disease%20Classification%20FAQs.pdf

- Schedule these patients within 90 days - HIV, Seizures, Diabetes, Patients with over 4 psych medications - for a comprehensive dental examination and treatment as indicated.
- If a patient's condition warrants an earlier appointment, please schedule accordingly.
- Schedule **Pregnant patients in Dental within 7 days** for a comprehensive dental exam and treatment as indicated.

3.8: Periodontal Treatment and the Periodontal Disease Program

- Deferred findings until Dr. [redacted] and I review, agree and finalize the pathway to accessing the Periodontal Disease Program.
- This has been updated:
  - Wellpath will create a separate informed consent form for periodontics, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date.
- Periodontal probings, mobility, attachment loss due to recessions and other periodontal findings as stated in the American Dental Association (ADA), CDT code D0180, are to be charted at the time of the periodontal and comprehensive dental examination.
- Objective findings must be performed to obtain the necessary information to support an assessment/diagnosis. The periodontal diagnosis must be stated for a comprehensive dental examination and a periodontal examination in the assessment portion of the SOAPE notes.
- This has been updated:
  - Periodontal re-evaluation is to be scheduled and completed as a DPC 1C. *(New CAP Item 104).*
- Recommend setting a periodontal maintenance recall as 3 months recall (3MRC), 4 months recall (4MRC), 6 months recall (6MRC) or yearly. Perio recall is not limited to yearly.
- Recommend updating to the new periodontal classifications, from the 1999 to 2018 classification and using the following for **periodontal diagnosis.**
  - https://www.perioimplantadvisory.com/clinical-tips/article/16412257/the-new-classification-of-periodontal-disease-that-you-your-patient-and-your-insurance-company-can-understand
  - https://www.perio.org/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf
  - https://www.ada.org/~/media/JCNDE/pdfs/Perio_Disease_Classification_FAQ.pdf?la=en
  - https://loveperio.com/2012/08/31/ada-classification/

ADA Class	Description
Type I **Gingivitis**	No loss of attachment Bleeding on probing may be present
Type II **Early Periodontitis**	Pocket depth or attachment loss: 3-4mm Bleeding on probing may be present

	Localized area of gingival recession Possible grade I furcation involvement
Type III **Moderate Periodontitis**	Pocket depths or attachment loss 4-6 mm Bleeding on probing Grade I or II furcation involvement Class I mobility
Type IV **Advanced Periodontitis**	Pocket depths or attachment loss >6 mm Bleeding on probing Grade II or III furcation involvement Class II or III mobility
Type V **Refractory & Juvenile Periodontitis**	Periodontitis not responding to conventional therapy, or which recurs soon after treatment. Juvenile forms of periodontitis.

3.9: Restorative and Palliative Care

- **Action Item:** Update, with **current language,** the acknowledgment of receipt of the DMFS with the current Dental Material Fact Sheet (DMFS).
- Recommend discussing with the Chief Dental Officer the clinical use of amalgam as a restorative agent, which is still considered a viable posterior restoration, and which is not as technique sensitive as a posterior composite.
- Be mindful of charting errors, such as identifying the correct tooth, quadrant and side throughout the entire progress note.

3.10: Extractions/Oral Surgery

- Recommend that a "time out" protocol is used and documented prior to an irreversible procedure is performed. This is to prevent extracting the wrong tooth.
    - Time Out Protocol
        - Although MCJ is not under the purview of the Joint Commission, it is still a good practice to perform a time out protocol, especially as there are several instances where teeth have been misidentified between arches.
        - To prevent the incorrect tooth from being extracted, recommend the following Time Out Protocol to be used and documented prior to an extraction.
            - "Review the dental record including the medical history, laboratory findings, appropriate charts, and dental radiographs. Indicate the tooth number(s) or mark the tooth site or surgical site on the odontogram or radiograph to be included as part of the patient record. Ensure that radiographs are properly oriented, and visually confirm that the correct teeth or tissues have been charted. Conduct a time out to verify patient, tooth, and procedure, with assistant present at the time of the extraction." - Joint Commission.
            - In addition, the following has related information on Time Out Protocols: https://www.dentalclinicmanual.com/4-admin/sec1-04.php
- Recommend that the progress notes include that hemostasis is achieved when applicable and that post op instructions given are both written and verbal.

- Mandating, that when performing a surgical extraction and cutting on bone, that it is done using an irrigant such as sterile saline or sterile water.

3.11: Endodontics (Root Canals)

- Use a separate informed consent form for endodontics so that dentist reviews and signs with the patient prior to the start of a root canal.
- Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.
- The standard of care for performing a root canal is to use a rubber dam throughout the procedure. The CDO will train the dentist to perform root canals using a rubber dam throughout the procedure and doing the necessary x-rays during and after the procedure.
- Make sure to have a post op x-ray following the completion of the root canal scanned into CorEMR.

3.12: Prosthodontics

- Recommend that referrals for the fabrication of partial and full dentures is tracked by dental so that the initial appointment with the outside specialist is completed within 30 days of the referral.
- Also make sure that the patient is seen back in the dental department after every appointment with the outside specialist and noted in the progress notes.

3.13: Progress and Chart Notes for I/Ps scheduled but not seen

- Updated:
    - Reschedules must include the reason why the patient is being rescheduled.
    - Although not in the current CAP, all dental appointments must have a progress note or chart note for the following appointments. i.e., Refusal, Rescheduled, Not in Custody (NIC), Out to Court (OTC), Out to Medical (OTM), Cancelled by Staff; indicating why the patient was not seen and the next visit appointment so that the patients are not lost in the system.
- For chronological purposes, it is easier to follow sequential progress notes rather than chart notes, tasks, and documents in various locations as it is time consuming to go back and forth to see the event.
- Tracking rescheduled patients is oftentimes challenging as they are not listed in the progress notes. It is important that Wellpath find a solution to tracking of unscheduled treatment plans and rescheduled appointments.

Section on III.4 Infection Control/Regulatory Compliance–Audit Tool & Data

This section evaluates the quality of infection control and regulatory compliance at MCJ.

All dental services will be provided in a safe and sanitary environment. (Wellpath IP, p. 98)

- Note that the permanent full time Registered Dental Assistant returned to work on June 22, 2021.

- **Spore Test**
  - If a spore test was not performed during a week in which autoclaving was conducted, then it is an automatic failure for the entire infection control section and regulatory compliance section. Patient safety and the prevention of infectious diseases such as Hepatitis B or C is paramount in a dental clinical setting.
  - **There were several missing and delayed spore tests in May, June and November 2021 with no documentation as to why they were either not performed on those particular weeks, were misplaced by the mail or other reason.** Therefore, the overall score is 0% and subsequently Non-Compliance.
  - Had the spore testing been performed as mandated by the California Dental Practice Act, Title 16 and state guidelines, the score would have been 71.7% which would have been an increase from 70.4% during Dental Tour #6.

Summary Table of Compliance - Facility Dental Audit Tool – (Protective Order):

#	Subject	Description	SC	PC	NC	NA	Recommendations / Comments
4.1	Housekeeping	**Counters appear clean**	1				**Observed**
4.2	Housekeeping	**Floors appear clean**	1				**Observed. Floors mopped by Inmate Support Services.**
4.3	Housekeeping	**Sinks appear clean**	1				**Observed**
4.4	Housekeeping	**Food/Personal Items** (Staff aware no food storage, eating, drinking, applying cosmetics or handling contact lenses in occupational exposure areas)	1				**Staff have access to the area outside of the clinic to store personal items and eat lunch.**
4.5	Housekeeping	**Clinical areas free of clutter, well organized, with good computer cable hygiene**	1				**Observed**
4.6	Biohazard Waste/ Haz Mat Procedures	**Separate container for non-infectious (general) waste in place**	1				**Observed**
4.7	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers have lids**	1				**Observed**

4.8	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers labeled (**Top and all 4 sides, so as to be visible from any lateral direction)	1				**Observed**
4.9	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste containers lined with Red Bag**	1				**Observed**
4.10	Biohazard Waste/ Haz Mat Procedures	**Biohazard Waste Red Bag removed regularly based on clinic need**	1				**Bag removed as needed.**
4.11	Biohazard Waste/ Haz Mat Procedures	**Chemical Spill Kit in place** (Staff aware of location)	1				**Observed**
4.12	Biohazard Waste/ Haz Mat Procedures	**Mercury Spill Kit in place** (Staff aware of location)			0		**Dental does not use amalgam however if an alternative dentist uses amalgam, then the kit must be present in the dental clinic.**
4.13	Biohazard Waste/ Haz Mat Procedures	**Eyewash Station in good working order connected to tepid water (60 - 100 degrees F** per ANSI requirements)	1				**Ran the water for 5 minutes and temperature stayed within the tepid range.**
4.14	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Approved type)	1				**Observed**
4.15	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Located as close as feasible to area where disposable item used)	1				**Observed**
4.16	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (Mounted securely; not easily accessible to patients)	1				**Observed**
4.17	Biohazard Waste/ Haz Mat Procedures	**Sharps container** (No more than 3/4 full before container is removed)	1				**Observed.**
4.18	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container in place and labeled for Incineration Only**			0		**Dental is using the pharmaceutical waste container in the Pharmacy.**
4.19	Biohazard Waste/ Haz Mat Procedures	**Pharmaceutical Waste container** labeled with accumulation start date - expires 275 calendar days from initial date of use or when 3/4 full			0		**Advised staff that container must be changed after 275 days even if it is not full.**
4.20	Biohazard Waste/ Haz Mat Procedures	**Commercial amalgam disposal/recycling container in place** (for all amalgam)		0.5			**"Amalgam Safe" brand used. Unclear that this**

							is a recycling system. Advised use of Amalgon system.
4.21	Biohazard Waste/ Haz Mat Procedures	**Flammable Hazardous Materials** (Inventoried and stored in fireproof locked cabinet)		0.5			**Need Flammable material inventory list stored in cabinet or taped to inside of cabinet door.**
4.22	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** date of installation posted				NA	**An amalgam separator is currently not required on a mobile dental cart.**
4.23	Biohazard Waste/ Haz Mat Procedures	**Amalgam Separator filter** (Checked weekly and documented in housekeeping log)				NA	**An amalgam separator is currently not required on a mobile dental cart.**
4.24	Sterilization & Equipment	**Handpieces cleaned and lubricated prior to sterilization**	1				**Spray N Clean and Midwest Lubricant are used.**
4.25	Sterilization & Equipment	**Ultrasonic Unit tested monthly with aluminum foil** (Used to clean contaminated instruments prior to sterilization)		0.5			**Advised RDA to write the testing method on log (i.e., Aluminum foil test). Dental will need a new unit soon. Ultrasonic action is weak.**
4.26	Sterilization & Equipment	**Sterilization Clean and Dirty Areas** (Demarcations clearly marked)	1				**Observed**
4.27	Sterilization & Equipment	**Staff places appropriate amount of instruments in sterilization pouch** (Not overfilled)	1				**Observed**
4.28	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches intact)	1				**Observed**
4.29	Sterilization & Equipment	**Sterilized dental instruments** (Bags/Pouches legibly labeled with sterilizer ID#, sterilization date and operator's initials)	1				**Observed**
4.30	Sterilization & Equipment	**Unsterilized instruments ready for sterilization and prepackaged if stored overnight**	1				**RDA places instruments in a pouch and stores**

							them in a covered container with locking lid.
4.31	Sterilization & Equipment	**Amalgamator** (Safety cover in place with no cracks/damage)			0		**Out-of-date amalgamator does not have a safety cover. Recommended purchasing a newer model with a cover. Amalgamator is used to mix capsulated dental cement.**
4.32	Sterilization & Equipment	**Dental Lab Lathe/Model Trimmer** (Securely mounted in separate lab, away from Sterilizer. Eye protection available.)				NA	They do not have or use a dental lab lathe.
4.33	Sterilization & Equipment	**Dental Lab Burs / Rag Wheels** (Changed after each patient, sterilized after use, stored in Bags / Pouches)				NA	They do not have or use a dental lab lathe.
4.34	Sterilization & Equipment	**Pumice Pans** (Pumice and disposable plaster liner changed after each patient**.)**				NA	
4.35	Sterilization & Equipment	**Water Lines** (Flushed at least 2 minutes at beginning and end of each shift)			0		**Per RDA, did not observe. Staff confused flushing vacuum line with flushing water line.**
4.36	Sterilization & Equipment	**Water Lines** (Flushed a minimum of 30 seconds between patients)			0		**Per RDA and also did not observe this procedure during observation of restorative appointment.**
4.37	Sterilization & Equipment	**Water Lines** (Cleaned and maintained according to manufacturer's recommendations)			0		**Blue Tab brand used. Recommended purchasing a monthly shock treatment.**
4.38	Sterilization & Equipment	**Vacuum System** (Manufacturer's recommendations followed for cleaning, disinfection and maintenance)		0.5			**Observed RDA clearing suction lines with Turbo Vac. Need to evaluate infected**

							waste disposed of in toilet or if a trap is needed in cart.
4.39	Emergency Procedures	**Emergency #'s** (Prominently posted near telephone in clinic)	1				**Posted by telephone.**
4.40	Emergency Procedures	**Evacuation Plan** (Prominently posted in clinic)			0		**Evacuation plan is not allowed to be posted in plain view of inmates. Staff will be allowed to keep a plan in a binder in the dental clinic.**
4.41	Emergency Procedures	**Fire Extinguishers** (All staff aware of location)	1				**Observed. Fire extinguisher is tagged and up to date.**
4.42	Emergency Procedures	**Emergency Medical Response protocol in place** (Proof of practice of annual EMR training and annual EMR dental drill)	1				
4.43	Emergency Procedures	**Emergency Kit** (Zip tied) Drugs current and Staff aware of location		0.5			**Need inventory with expiration dates kept on outside of the kit, as staff were not sure of all medications in the kit.**
4.44	Emergency Procedures	**Oxygen tanks, masks, tubes and keys present**	1				**Observed**
4.45	Emergency Procedures	**Oxygen tank charged** (Dentist monthly review documented on inventory sheet attached to outside of Emergency Kit)	1				**Log attached to cart.**
4.46	Emergency Procedures	**Ambu-Bag** (Bag-valve-mask) Latex free; present and in working order	1				**Observed**
4.47	Emergency Procedures	**One-way pocket mask** Latex free; present and in working order	1				**Observed**
4.48	Emergency Procedures	**Blood pressure cuff & Stethoscope or Blood Pressure machine** Latex free; present and in working order	1				**Wrist cuff blood pressure machine**
4.49	Emergency Procedures	**AED Accessible** (staff aware of location)	1				**Observed**

4.50	Emergency Procedures	**AED in working order and pads / batteries are current / not expired**			0		**Custody is responsible for checking and replacing pads. Advised RDA that she should perform daily checks for functionality by turning unit on and off. Pads were expired as of 6/2021 and the battery was low.**
4.51	Safety	**Dental Board Regulations on Infection Control posted**			0		**Recommended subscription to OSHA Review for poster set.**
4.52	Safety	**Sterile Water** Unopened/unexpired containers (Used for invasive oral surgical procedures)		0.5			**They have sterile water on hand. Did not observe use, as no surgical procedures were performed during clinical audit.**
4.53	Safety	**Hand Hygiene** (Observed staff)	1				**Observed during clinical audit.**
4.54	Safety	**PPE** (Worn and correctly disposed of; observed staff)		0.5			**Issues with PPE storage protocol. See report below.**
4.55	Safety	**Barriers used to cover environmental surfaces replaced between patients**	1				**Observed**
4.56	Safety	**Saliva Ejector** (Staff aware that patients **MUST NOT** close lips around tip to evacuate oral fluids)	1				**RDA Stated that she is aware of this rule.**
4.57	Safety	**Radiation Safety Program in place / Dental radiographic unit inspection date**			0		**Staff reports that they are waiting for calibration reports.**
4.58	Safety	**Caution X-ray Sign** (Placed where all permanent radiographic equipment installed)	1				**Observed**
4.59	Safety	**Lead Shields** (Thyroid collar, hanging, free from tears or holes inspected regularly)	1				**Observed**
4.60	Safety	**Is an area dosimeter posted no more than 6 ft from source of beam?**				NA	**Dental is performing individual**

							monitoring at this time.
4.61	Safety	**Dental staff wearing dosimeters** at chest level or higher (first year of monitoring, newly installed or moved x-ray equipment)	1				**Observed staff wearing dosimeters in clinic. We will need dosimetry reports.**
4.62	Safety	**Dosimeter Badge** (For pregnant staff working within the vicinity of radiographic equipment)				NA	**No pregnant staff at this time.**
4.63	Safety	**Material Dates** (Check expiration dates)	1				**Expiration dates are written on packaging and checked regularly.**
4.64	Safety	**Dental Impression Materials / Waxes** (Stored in secured location)				NA	**There are no impression materials or wax in the clinic.**
4.65	Safety	**Gloves** available in sizes per staff needs.	1				**Nitrile used. Small and Medium gloves are available.**
4.66	Clinic Admin and Logs	**Spore Test Log Weekly Testing**			0		**Missing spore tests. See report above.**
4.67	Clinic Admin and Logs	**Housekeeping Log Up-to-Date**		0.5			**Missing entries from January 2021 thru June 2021. Regular RDA was out on leave during this time. Need to update Housekeeping Log to reflect all duties/maintenance that needs to be performed.**
4.68	Clinic Admin and Logs	**Eyewash Log Up-to-Date**		0.5			**Missing entries from March 23, 2021, thru June 2021. Regular RDA was out on leave during this time.**
4.69	Clinic Admin and Logs	**Tool Control Log (Complete entries)**		0.5			**Missing entries from January 2021 thru June**

							2021. Regular RDA was out on leave during this time.
4.70	Clinic Admin and Logs	**Pharmaceutical Log (Complete entries)**	1				**Complete and up to date.**
4.71	Clinic Admin and Logs	**SDS Binder** (Accessible and current for materials used in clinic)	1				**Binder present, up-to-date and organized**
4.72	Clinic Admin and Logs	**Dentist on Call posted**				NA	Physician on Call system in place.
4.73	Clinic Admin and Logs	**Radiographic Certificate, Rules and Regulations posted**			0		**Not posted but ordered. CDPH?**
4.74	Clinic Admin and Logs	**Annual Training** (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)	1				
4.75	Clinic Admin and Logs	**Staff aware of equipment repair protocol?**	1				**Staff calls Henry Schein to schedule repairs. Recommend having a written protocol.**
4.76	Clinic Admin and Logs	**Respiratory Protection Plan in place (Fit testing records for N95 masks or PAPRs available for staff)**			0		**Staff reports that there are not enough N95 masks available in Monterey County for Fit testing. Supply chain issue.**
4.77	Clinic Admin and Logs	**Injury Log and IIPP (Injury, Illness Protection Plan) in place for MCJ.**	1				**Kept in HSA office**
4.78	Clinic Admin and Logs	**Injury Log and IIPP (Injury, Illness Protection Plan) in place specifically for Dental Department.**			0		
4.79	Clinic Admin and Logs	**Sharps injury log** for Dental and other employee exposure events is maintained according to state and federal requirements?	1				**Observed binder.**
4.80	Clinic Admin and Logs	**Post injury protocol** in place?	1				**Injury report is sent to management and employee is sent to Occupational Medical clinic or Urgent Care if needed.**

4.81	Clinic Admin and Logs	**Written infection prevention policies** and procedures specific for the dental setting available, current & based on evidence-based guidelines?	1				**Binders kept in clinic.**
4.82	Clinic Admin and Logs	**Did employees receive job or specific training on infection prevention policies** and procedures and the OSHA blood borne pathogens standard?	1				**Covered in mandatory Biennial Infection Control classes.**
4.83	Clinic Admin and Logs	**Facility has an exposure control plan** that is tailored to specific requirements of the facility?	1				**Binder with guidelines kept in clinic.**
4.84	Clinic Admin and Logs	**Personal Protective Equipment (PPE)** and other supplies necessary for adherence to Standard Precautions are readily available?		0.5			**Level 3 masks, Op-d-Op shields, gloves and gowns available,**
4.85	Clinic Admin and Logs	**Postings per Regulatory Compliance**			0		Review CA regulations https://www.cda.org/Home/Practice/Practice-Support/Regulatory-Compliance. Recommend OSHA Review subscription,
		85 questions, 9 N/A for 76 usable questions **49 SC, 11 PC, 16 NC = 76** **49 + 5.5 + 0 = 54.5/76 = 71.7%** **NC**					**0% = NC** **Due to missing spore tests. Otherwise, would have had 71.7%.**

Sources:

- Link to healthcare DOM:
  - https://cchcs.ca.gov/hcdom/
- CDCR Facility audit tool.
- Centers for Disease Control and Prevention (CDC), Guidelines for Infection Control in Dental Health-Care Settings - 2003 [MMWR December 19, 2003 / 52 (RR17);1-61],
- Occupational Safety and Health Administration (OSHA), Blood Borne Pathogens Standard, Code of Federal Regulations (CFR), Title 29, Occupational Safety and Health Standards, Part 1910.1030
- OSHA, Title 8 Section 3203(a)(4) Injury and Illness Prevention Program;
- Title 8 Section 5193 Bloodborne Pathogens
- CDCR, CCHCS, Healthcare Department Operation Manual (HCDOM), Article 3, Dental Care
- California Code of Regulations, Title 8, Division 1, Chapter 4, Subchapter 4, Article 3, Section 1512 Emergency Medical Services
- Department Operations Manual, Chapter 9, Article 3, Section 91030.27
- Inmate Medical Services Policies and Procedures, Volume 9, Chapter 11

• https://www.dir.ca.gov/title8/5193.html
• California Health & Safety Code, Division 10, Chapter 4, Article 1, Section 11150
• California Code of Regulations, Title 16, Division 10, Chapter 1, Article 1, Section 1005

Summary of Findings and Recommendations
Infection Control/Regulatory Compliance

- 4.18-There is no pharmaceutical waste container in the Dental Clinic. Dental staff stated that they use the pharmaceutical waste container located in the pharmacy. In the Rotunda Clinic, the pharmacy is located right next door. In the new clinic, Dental will need to obtain a separate container to be kept in the clinic.

- 4.20-Dental staff is currently using the "Amalgam Safe" brand container for contact and non-contact amalgam. It is unclear if this company provides amalgam recycling. It was recommended for staff to use the Amalgon mail-in service provided through Wastewise Company. This is available for purchase through Henry Schein Dental Supply.

- 4.21-Currently there is no inventory list for the flammable hazardous materials that are stored in the fireproof, locked cabinet. Staff shall create an inventory list and affix it to the door on the inside of the cabinet.

- 4.25-Ultrasonic unit was tested with aluminum foil during site visit on 3/10/22. A strip of foil was placed in the unit and ran for one 15-minute cycle. Several small holes were made in the foil. This shows that ultrasonic action is weak. The foil should be full of holes, much like Swiss Cheese, after being run for a full cycle. Purchasing a new ultrasonic unit is recommended. If a new unit is available at the new dental clinic, that one can be brought into the Rotunda clinic, foil tested and used until Dental moves to the new clinic.

- 4.31-The amalgamator that is currently being used in the clinic to mix capsulated dental cement is out of date. It appears to be manufactured before safety covers were required to be attached to the machines. Purchasing a new amalgamator with a safety cover is recommended.

- 4.37-RDA [redacted] stated that although they use daily water treatment tablets for the water that is run through the handpieces and air/water syringe, they do not use a monthly shock treatment. Using shock treatment tablets, such as Citrisil or ICX is recommended. This will be added as a monthly task on the updated Housekeeping Log.

- 4.43-It will be recommended that dental staff creates an inventory list of drugs and expiration dates kept in the emergency medical kit and affix it to the outside of the box. This will allow staff to keep track of the inventory without having to cut the tag. Checking the inventory list will be added as a weekly task on the updated Housekeeping Log.

- 4.50-There is a functioning AED in the dental clinic. The pads were expired as of 6/2021 and the unit gave a low battery alert when turned on. Dental staff stated that custody is responsible for maintaining the machines and changing out the pads if they are expiring. It is recommended that RDA check the AED daily for functionality. This can be achieved by simply turning the machine on and waiting for it to power up and then turning it back off. This task will be added as a daily task on the updated Housekeeping Log.

- 4.51 and 4.85-Currently, there are no regulatory postings displayed in the dental clinic. Staff was advised to purchase an annual subscription to OSHA Review. This company provides all of the regulatory postings that are required by law to be displayed in the dental clinic and provides regular updates. Should this subscription not be purchased, it will create a lot of extra work for the administrative staff to ensure all postings are present and up-to-date and in compliance with Federal, State, County and City laws.

- 4.54-Dental staff need clear guidelines for storage and disposal of PPE, specifically gowns. Gowns were noted hanging in the clinic during patient care, thus exposing them to aerosols created during treatment. Staff also need clear guidelines as to when to dispose of gowns. Supply chain issues due to the pandemic will be taken into consideration. Dental staff stated that they wear hip length gowns for exam and triage (non-aerosol creating) appointments and knee length gowns for aerosol creating treatment. Dental staff was advised that knee length gowns should be the standard once supply chain is no longer an issue. Dr. [redacted] was advised on several occasions to wear his procedure mask over his nose; he did not easily comply.

- 4.66-Spore test logs were missing several dates between 3/23/21 and 12/31/21. Dates missing were 5/25/21, 6/15/21, 11/3/21 and 11/24/21. There was no documentation to explain why no spore tests were run for these weeks. RDA [redacted] was advised to provide documentation if there are any weeks where spore tests are not performed. Long delays in delivery of tests to the testing facility were also noted. In one instance, a test was performed on 4/20/21 and it was not received at the testing facility until 6/8/21. Dental staff was advised to ensure that spore tests are mailed out in a timely fashion and to use an overnight delivery system, such as FedEx or UPS.

- 4.67-Housekeeping logs were incomplete until June, when RDA [redacted] came back from leave. Log shall be updated to reflect all daily, weekly and monthly duties that need to be performed.

- 4.68 and 4.69-Eyewash Logs and Tool Control logs were incomplete until June 2021. Now that RDA [redacted] is back, logs are being updated completely and in a timely manner. Tool control log shall be simplified, so that it is easier to read, additionally, protocol for missing or broken tools shall be added to the facility Policy and Procedures.

- 4.75-There is no known equipment repair contract in place. Currently, dental staff will call Henry Schein if a repair is needed. Response times vary as to when the repair will be performed. Annual Periodic maintenance has not been performed on any of the equipment, as far as RDA [redacted] knows. It is recommended that dental staff contacts Wellpath HQ to find

out if an equipment repair contract is in place, or one can be created. Additionally, it is recommended that dental staff schedules periodic maintenance soon.

- 4.76-There is no Respiratory Protection Plan (RPP) in place. Monterey County has advised staff that there are not enough N95 masks available in the various sizes needed to perform Fit testing. Staff were advised to use KN95 masks, which do not require Fit testing or to use Powered Air Purifying Respirators (PAPRs). KN95 masks, once obtained, can be worn with a level 1, 2 or 3 procedure masks over the top to provide extra protection. This mask over the top of the KN95 mask can be changed in between patients, so that stock of KN95's will not be quickly depleted.

Section III.5 Dental Program Management Audit Tool

This audit tool evaluates the dental program management at MCJ.

Summary Table of Compliance - Dental Program Management – (Protective Order):

#	Outcome Measures	DENTAL PROGRAM MANAGEMENT - Audit Tool Questions	Source	Comp	Score
5.1	Management Structure and Chief Dental Officer	Is there an involved, accessible, supervisory chain of command and appropriate available resources for the dental department, both clinically and administratively?	MCJ & Wellpath	NC	41.7%
5.2	Dashboard & Documented Qualitative Self Review Process	Are viable statistics utilized for self-auditing and self-monitoring using a documented, qualitative process?	MCJ & Wellpath	NC	0%
Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Wellpath IP, p. 8).					
5.3	Electronic Dental Record System (EDRS)	Is there a viable electronic dental record system utilized for self-auditing, self-monitoring and compliance using a documented, qualitative process which is HIPPA compliant and operationally sound?	MCJ & Wellpath	NC	0%
Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Wellpath IP, p. 8). *Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).* *The EMR will contain the complete medical record of eachinmate at the MCJ. (Wellpath IP, p. 112) (This section also outlines requirements for how to maintain health records that are not in electronic form).*					
5.4	Digital X-rays	Are digital radiographs utilized to minimize radiation to the patient and to provide diagnostic x-rays?	MCJ & Wellpath	NC	0%
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).					

5.5	Panoramic x-ray unit	Is a panoramic radiograph utilized to visualize third molars and other areas of the jaw?	MCJ & Wellpath	NC	33.3%
Panoramic radiograph may be requested from an outside source when, in the discretion of the dentist, it will assist in diagnosis and treatment planning. (Wellpath IP, p. 103).					
5.6	Equipment and Supplies	Are the necessary resources available for dental to operate within OSHA parameters?	MCJ & Wellpath	NC	50%
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).					
5.7	Nurse Training by DON, HSA and Dentist	5.7.1. Does the dentist provide thorough and ongoing training, have a documented sign in sheet, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-Day Exam, Sick Call and Physician, NP, PA evaluation? 5.7.2. Is there a clear understanding from the nurses of DL1 and DL2 parameters and when to schedule the dental appointment within timeframe? 5.7.3. Are referrals to dental made per the DL classification timeframe and if not is there ongoing training to assist the nurses in finding the solution to this parameter? 5.7.4. Do the nurses at a minimum include in the dental referral the chief complaint, history of the dental problem(s), location of the problem(s), and the appropriate dental level? 5.7.5. Does the dentist provide documented one on one training for the areas of deficiency such as the 14-Day Exam requirements mandated in the Implementation Plan? 5.7.6. Are the barriers to access to care located and remedied with training with this discussion in the quality assurance meeting?	MCJ & Wellpath	NC	41.7%
A qualified health care professional who has been trained by the dentist shall obtain a dental history regarding any current or recent dental problems, treatment including medications during the Receiving Health Screening at intake with follow up to positive findings; perform an initial health screening on each inmate at the time of the health inventory and communicable disease screening, the general condition of the patient's dentition, missing or broken teeth, evidence of gingival disease, mucosal lesions, trauma, infection, facial swelling, exudate production, difficulty					

swallowing, chewing and/or other functional impairment will be noted; urgent/emergent dental needs identified. (Wellpath IP, p. 98).					
5.8	Staffing – Administrative and Clinical	Are the staffing positions filled? Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement?	MCJ & Wellpath	NC	20%
There shall be, at all times, sufficient staff to ensure compliance with the CFMG. (Wellpath IP, p. 115).					
5.9	Illness and Injury Prevention Plan (IIPP)	Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly and documented in the QA minutes?	MCJ & Wellpath	NC	30.0%
All dental services will be provided in a safe and sanitary environment. (Wellpath IP, p. 98).					
5.10	Policies and Procedures, Including Dental, Corporate and Local	Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental complete, completed, approved and signed by the dental staff at MCJ?	MCJ & Wellpath	NC	0%
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).					
5.11	Licenses, Cred, CURES & Job Performance	Are licenses, credentials and job performances current and maintained?	MCJ & Wellpath	NC	60.0%
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).					
5.12	OSHA Review and Infection Control Training	Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?	MCJ & Wellpath	NC	50%
All dental services will be provided in a safe and sanitary environment. (Wellpath IP, p. 98).					
5.13	Hepatitis B Vaccination Record	Has a Hepatitis B vaccination been offered and taken, or a declination form been completed?	MCJ & Wellpath	DF	N/A
Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20).					

5.14	Pharmacy & Medication Management	Is there a pharmacy onsite? Is medication delivered timely, safely and appropriately to the patient following a prescription? Does the Pharmacy communicate effectively with Dental to provide information regarding the prescription(s)? Are stock medications pre-packaged and accounted for, for each patient?	MCJ & Wellpath	SC	87.5%
The procurement of pharmaceuticals is done under the supervision of a licensed pharmacist in accordance with all applicable federal and state laws. Prescription medications will be administered to inmates by licensed nursing staff in accordance with CFMG's Implementation Plan regarding pharmacy administration. (Wellpath IP, p. 87).					
5.15	Peer Review	Is there a peer review system with a written protocol in place? Was the dentist at MCJ peer reviewed 1x every 6 months by a peer?	MCJ & Wellpath	NC	30%
(See Self-Auditing)					
5.16	Monthly Dental Subcommittee	Is the monthly Dental Subcommittee occurring monthly with associated minutes? Is the agenda being followed, documented and statistics enclosed and discussed?	MCJ & Wellpath	NC	33.3%
(See Self-Auditing)					
5.17	Quality Assurance Meeting with PowerPoint Presentation	Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the statistics from dental and the dental monthly subcommittee minutes included in the QA meeting? Is Dental represented and present?	MCJ & Wellpath	NC	10%
(See Self-Auditing) *Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Wellpath IP, p. 8).*					
TOTAL		**17 questions, 1 DF (Deferred Finding), 16 questions total.**	**487.5/16 =**	**30.5%**	**NC**

Section III.5 Dental Program Management Audit Tool Data

5.1: Corporate Management & Chief Dental Officer – NC

Is there an involved, accessible, supervisory chain of command and appropriate available resources for the dental department, both clinically and administratively?

- Is the organizational chart completed and current under Wellpath, formally CFMG? – NC. Due to the multiple changes at every level of the organization, an organizational chart is not current at Wellpath.
- The dentist(s), dental assistant(s), hygienist(s), and office dental staff have a reporting structure both clinically and administratively? - SC
- Is there an involved, accessible, supervisory chain of command capable of providing meaningful supervision and management? – PC. The HSA position is currently vacant and previously was filled with a new hire with minimal experience in this position.
- Is there evidence of an external auditing system from supervisor to subordinate? – PC. The Chief Dental Officer has begun a peer review system for the dentist however the HSA was new (now vacant position) and was not able to provide such system at this time. The Chief Dental Director/Chief Dental Officer is to send 10 audited charts per month, but this has yet to occur.
- Is there evidence of internal self-auditing, self-evaluation, self-monitoring for continuous improvement of the dental department? – NC. Although the Dental Subcommittee meetings have begun and are occurring monthly, there is yet a system in place for self-auditing, self-monitoring and self-evaluation of their dental clinical and management program as a whole.
- Are there appropriate and available resources for the dental department, both clinically and administratively? – PC. The new dental clinic has several pieces of equipment which could be used to improve the clinical performance of the dental clinic. Dr. [redacted] and RN [redacted] are the dental department's most wonderful resources however they are not given the full management ability to institute the changes they are requesting from Wellpath HQ.
- **2.5/6=41.7% - NC**

5.2: Dashboard & Documented, Qualitative Self Review Process – NC

Are viable statistics utilized for self-auditing and self-monitoring using a documented, qualitative process?

- "If you can't measure it, you can't improve it".[3]
- Are viable all program statistics utilized for self-auditing, self-evaluation and self-monitoring using a documented, qualitative process? – NC. Improvements to CorEMR to calculate some clinical statistics have begun but were not in place at the time of the audit tour #7.
- **0/1=0% - NC**

[3] Peter Drucker quote

5.3: Electronic Dental Record System (EDRS) – NC

Is there a viable electronic dental record system utilized for self-auditing, self-evaluation, self-monitoring and compliance using a documented, qualitative process which is HIPPA compliant and operationally sound?

- Is there a viable electronic dental record system utilized capable of full clinical dental charting with the ability to track episodic, comprehensive, periodontal dental care and management of its' dental program? – NC. CorEMR is not a full clinical dental EDRS.
- Can this electronic dental record system assist the dental department in self-auditing, self-monitoring and self-reporting its compliance data? NC. Although some programming is occurring with CorEMR, currently this system is not yet capable of performing this function.
- Is this EDRS capable of providing a clinical qualitative process which is HIPPA compliant and operationally sound? NC. CorEMR is not an EDRS.
- Can the EDRS track dental priority codes (DPC), referrals and procedures within compliance deadlines. – NC. Although there is promise in this area, at the time of the audit tour #7 CorEMR and dental staff have not begun tracking DPCs, referrals, treatment plans, procedures at this time.
- Does the EDRS have a data dashboard capable providing consolidated data for use in the monthly dental subcommittee meeting requirements? NC. There is no dashboard capable of providing consolidated data at this time.
- Is there a temporary data collection mechanism until an EDRS can be purchased? – NC
    - The dental program's metrics are no longer being entered into the dental excel spreadsheet as an interim data management system as of 01/01/2021.
- **0/6=0% - NC**

5.4: Digital Radiographs/X-rays – NC

Are digital radiographs utilized to minimize radiation to the patient and to provide diagnostic x-rays?

- Are digital radiographs utilized in all clinics to minimize radiation to the patient? – NC. Although during the audit tour, it was found that a digital sensor was purchased and available in the new equipment for the new dental clinic. A software program to provide said digital x-rays with the sensor has not been located nor purchased at this time.
- Are digital radiographs utilized in all clinics to integrate directly into the clinic's EDRS? – NC. See above.
- Are digital radiographs utilized in all clinics to provide diagnostic x-rays? – N/A. Digital x-rays are not currently utilized.
- **0/2=0% - NC**

5.5: Panoramic X-ray – NC

Is a panoramic radiograph utilized to visualize third molars and other areas of the jaw?

- Is a panoramic radiograph available onsite and utilized to visualize third molars and other areas of the jaw? – NC. No leased or purchased panoramic x-ray is available to the I/Ps at MCJ.
- Is a panoramic radiograph available offsite to visualize third molars and other areas of the jaw in the case of an inmate/patient complaining of pain with a wisdom tooth or other hard/soft tissues and a diagnostic radiograph is unable to be obtained? – SC. The oral surgeon who is utilized by MCJ has not received any referrals for panoramic x-rays during this tour, although there were non-diagnostic intra-oral x-rays of wisdom teeth taken.
- Are referrals for such services listed above occurring? – NC. See above.
- **1/3=33.3% - NC**

5.6: Space, Dental Equipment and Supplies – NC

Are the necessary resources available for dental to operate within OSHA parameters?

- Are the necessary resources available for dental to operate within OSHA parameters? - PC
  - Repeated requests for an aluminum test in the existing ultrasonic cleaner did not occur until my clinical auditor toured the facility. A new ultrasonic cleaner to clean the dental instruments after each patient encounter has yet to be purchased although there may be one in the new dental clinic.
  - Dr. [redacted] is requesting electric handpieces for Dr. [redacted] to use since the mobile cart is often insufficient in its ability to generate the power it needs to perform
- Is there sufficient space to accommodate the provision of dental care for the inmate/patients? – DF. Dr. [redacted] is evaluating this parameter.
- Is there a viable repair contract with a dental supply/equipment company? – PC. I had not realized until this tour that there is no contract with a dental supply/equipment company however the Registered Dental Assistant calls the company, and they schedule an appointment. Note that the repair company does not always come out timely as there is no contract as evidenced that Dr. [redacted] had to fix the x-ray developer himself during the dental tour #7.
- **1/2=50% - NC**

5.7: Nurse Training by DON, HSA and Dentist – NC

Does the dentist provide thorough and ongoing training, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-day exam, Sick Call and Physician evaluation? Is there a clear understanding of DL1 and DL2 parameters and when to schedule the dental appointment within timeframe? Are referrals to dental made per the Implementation Plan? Do the nurses at a minimum include in the referral the chief complaint, history of the dental problem(s), location of the problem(s), an appropriate dental level?

- Does the dentist provide thorough and ongoing training, have a documented sign in sheet, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-Day Exam, Sick Call and Physician, NP, PA evaluation? – PC. There has been a tremendous turnover of nurses and therefore unable to keep up with all these changes. Additionally, Dr. [redacted] is not given the time to perform this function on a regular basis.

- Does the HSA (and/or Implementation Specialist) provide thorough and ongoing training to the nurses regarding dental, have a documented sign in sheet, with feedback, to the nursing staff as it relates to the referral of inmate/patients to dental through Intake, 14-Day Exam, Sick Call and Physician, NP, PA evaluation? – PC. There has been a tremendous turnover of nurses and therefore unable to keep up with all these changes. Additionally, Dr. [redacted] is not given the time to perform this function on a regular basis.
- Is there a clear understanding from the nurses of DL1 and DL2 parameters and when to schedule the dental appointment within timeframe? – PC. Some of the nurses understand these parameters well; however, there are multitudes of times when a patient should receive a DL1 to see the dentist at the next dental day but are assigning a DL2 instead. This can cause potential harm to the patient. "Complications from dental and oral infections may have dire consequences affecting other parts of the body or even lead to death. I have previously communicated my concerns that patients suffering the symptoms of dental abscess should be viewed as having a condition that merits urgent if not emergency care". [4]
- Are referrals to dental made per the DL classification timeframe and if not is there ongoing training to assist the nurses in finding the solution to this parameter? – PC. Due to the nursing shortage, this is an ongoing issue.
- Do the nurses at a minimum include in the dental referral the chief complaint, history of the dental problem(s), location of the problem(s), and the appropriate dental level? – PC. Not all nurses perform this function.
- Does the dentist provide documented one on one training for the areas of deficiency such as the 14-Day Exam requirements mandated in the Implementation Plan? – NC. This has not occurred yet.
- Are the barriers to access to care located and remedied with training with this discussion in the quality assurance meeting? – NC. This has not occurred yet.
- **2.5/6=41.7% - NC**

5.8: Staffing - Administrative and Clinical – NC

Are the staffing positions filled? Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement?

- Are the dental staffing positions filled either with permanent or temporary employees? – PC. The hygienist position as stated in the Implementation Plan is not filled.
- Is a Hygienist hired per the Implementation Plan? – NC. See above.
- Is there sufficient staff to accommodate all the dental needs as outlined in the Implementation Plan and Settlement Agreement? – PC. My findings indicate that when capacity of the jail is reached for both the old and new jail, two dentists, 3 dental assistants, a hygienist and one dental office technician should be used to accommodate all the dental needs as outlined in the Implementation Plan.
- Is a job description for each position listed and encompassing the duties and expectations of the position? – PC. A job description for the dental assistant and dentist for the hiring process has been completed but is not listing all duties and expectations at the local level. A job description for the hygienist is not available.

[4] Dr. Barnett email, Re: Hernandez - Dental complaint [IWOV-DMS.FID43916], on 03/23/2022

- Is there a written plan/policy in case a staff member is on leave on how to handle the provisioning of dental care per the Implementation Plan at MCJ i.e., dental registry contract? – NC. There are currently no policies and procedures either at the headquarter or local level and therefore nothing in writing on how to handle the provisioning of dental care at MCJ.
- **1.5/5=20% - NC**

5.9: Illness and Injury Prevention Plan (IIPP) – NC

Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly and documented in the QA minutes?

- Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly, trained on, posted where applicable, and documented in the QA minutes? – PC. Not documented in the Dental Subcommittee or in QA meeting.
- I. IIPP - Exposure Control Plan, Hazard Communication, Fire Emergency, General Office Safety and Ergonomics – PC. See Section III.4. Staff needs to put the evacuation plan in a binder. Fully understand why it is not posted for inmates see. However, staff need to know where it is located.
- II. Waste Disposal - 1. Medical waste (sharps, biohazardous waste and pharmaceutical waste), 2. Hazardous waste, 3. Universal waste – PC. See Section III.4.
- III. Radiation Safety - Dentist and staff responsibilities, radiographic machine requirements/registration and Patient/Employee/Operator Protection. – NC. The registration is still missing, and the x-ray unit has not had its yearly maintenance. Dosimeter badge results are not available to staff for review.
- For dental specifically, are training records available and completed for the IIPP's staff education? – NC. It is not completed for dental yet.
- **1.5/5=30% - NC**

5.10: Policies and Procedures Including Dental, Corporate and Local – NC

Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental complete, completed, approved, and signed by the dental staff at MCJ?

- Are the corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ dental completed, approved, and signed by the dental staff at MCJ? – NC. There are no HQ or local operating procedures for the dental department at MCJ.
- **0/1=0% - NC**

5.11: Licenses, Credentials, CURES and Job Performance – NC

Are licenses, credentials, and job performances current and maintained for all dental staff?

- Are licenses, credentials, and job performances current and maintained for all dental staff?
  - **Dentist(s): Dr. [redacted]**
    - Dental License – Current – SC. Saw online but did not see the renewal.
    - BLS/CPR – PC. Have not seen the renewal.
    - DEA – PC. Have not seen the renewal.

- Cures 2.0 Registration – SC
- Annual Review/Job Performance – NC. None has been generated yet from either clinical or administrative management.
- **3/5=60.0%**

- **Dental Assistant(s):** [redacted]
  - Register Dental Assistant (RDA) license – SC. Current as seen online.
  - X-ray license – SC
  - Coronal polish – SC
  - BLS/CPR –SC. Paige York, RDA saw the license.
  - Annual Review/Job Performance – NC. None has been generated yet from either clinical or administrative management.
  - **4/5=80.0%**
- **Dentist(s):** [redacted]
  - Dental License - SC. Saw online but was not issued actual license.
  - BLS/CPR – PC. Was not sent for review although giving benefit of doubt that it is current.
  - DEA – PC. Was not sent for review although giving benefit of doubt that it is current.
  - Cures 2.0 Registration – DF. Did not research.
  - Annual Review/Job Performance – N/A as only there temporarily to fill in for Dr. [redacted]
  - **2/3=66.7%**
- **Dental Assistant(s):** [redacted]
  - Register Dental Assistant (RDA) license – N/A Expired but works as a dental assistant instead.
  - Dental Assistant (not RDA) proof of 8-hour infection control course – NC
  - Dental Assistant (not RDA) proof of California Dental Practice Act course – NC
  - X-ray license – SC
  - Coronal polish – SC
  - BLS/CPR – NC (Expired June 2021). Was not given updated documentation.
  - Annual Review/Job Performance – NC. None has been generated yet from either clinical or administrative management.
  - **2/6=33.3%**
- **(60.0% + 80.0% + 66.7% + 33.3%)/4 = 60.0% - NC**

5.12: OSHA Review and Infection Control Training - NC

Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?

- Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training? – PC. Have not seen the sign in sheet confirming the training. If licenses are current, giving benefit of the doubt that they have taken the necessary courses.
- **0.5/1=50.0%**

5.13: Hepatitis B Vaccination Record – DF

Has a Hepatitis B vaccination been offered and taken, or a declination form been completed?

- Has a Hepatitis B vaccination been offered and taken, or a declination form been completed? – DF
- **DF**

5.14: Pharmacy and Medication Management – SC

Is there a pharmacy onsite? Is medication delivered timely, safely, and appropriately to the patient following a prescription? Does the Pharmacy communicate effectively with Dental to provide information regarding the prescription(s)? Are stock medications pre-packaged and accounted for, for each patient?

- Is there a pharmacy onsite or offsite providing pharmacy services to the inmate/patients? - SC
- Is medication delivered timely, safely, and appropriately to the patients following a dental prescription? - SC
- Does the Pharmacy communicate effectively with Dental to provide information regarding any problems with the prescription(s)? – SC. It is in the medication record.
- Are stock medications pre-packaged and accounted for, for each patient in the pharmacy program? – PC. Ibuprofen and amoxicillin were logged (acetaminophen was missing).
- Does the pharmacy provide feedback to the dentist if a patient refuses to take their prescribed medication? – DF. To be evaluated at next audit tour.
- **3.5/4=87.5%**

5.15: Peer Review – NC

Is there a peer review system with a written protocol in place? Was the dentist at MCJ peer reviewed 1x every 6 months by a peer?

- Is there a peer review system with a written protocol in place? Is the Peer Review and minutes considered confidential? – PC. The protocol does not include the frequency of the peer review. It does not state that the peer review is to be conducted at a minimum 2x/year at 6 months intervals.
- Is there a peer review system and audit tool in place using a peer review audit too/worksheet which includes a review of Health History, Consent, Clinical Examination, Radiographs, Diagnosis, Treatment Plan, Continuity of Care, Progress Notes, Quality of Care and Outcome of Treatment? - PC. Most of these categories are addressed within the Peer Review audit tool worksheet except for the following:
  - Add E component of the SOAPE.
  - Add that the oral cancer screening is to be performed.
  - Add for California the Dental Materials Fact Sheet and acknowledgment completed.
  - Add that a DPC code needs to be included in each treatment planned item.
  - Add if the completed treatment is noted in the progress notes, marked and dated on the dental treatment plan.
  - Add if a change in the treatment plan is charted and noted appropriately.
  - Add if the patient is seen within timeframe mandated by the Implementation Plan.

- Add if the patient is scheduled and seen in dental, the following dental day after the patient's encounter with the outside specialist in addition to the off-site care reports.
- Add the discussion of risks, benefits, alternatives and consequences of the importance of following through, or not going through, with the patient's dental treatment plan noted in the progress notes. And for refusals.
- Add the reason for prescribing antibiotics and analgesics.

- Is the dentist(s) at MCJ peer reviewed 1x every 6 months, minimum 2x/year at 6 months intervals, by a peer? – PC. Was peer reviewed in November 2021 but not in the 6 months prior which would have been May 2021.
- Are deficiencies and resulting corrective action plan and training noted in the peer review minutes? - NC. I was not given the Peer Review audit tool nor minutes of the Peer Review.
- Is the audit tool and minutes kept for a minimum of three (3) years? – N/A. Currently the peer review has just started, and this will be evaluated in the future.
- Are the Peer Review minutes submitted to the monthly Dental Subcommittee? – NC. No Peer Review minutes submitted or available for review. Note that MCJ Dental is not to include the confidential audit tool worksheets but do need to include in the minutes if there are any deficiencies and what if any training was given. If no peer review was conducted that month, then state this information in the Peer Review minutes and continue to hand into the Peer Review minutes to the Dental Subcommittee meeting.
- Below are the recommended Peer Review categories from Report #6.
    - Health History
        a. Is the medical history and review of problem list signed by both the patient and the dentist and noted in the progress notes?
        b. Are allergies, vitals, review of labs if indicated, reviewed and noted?
    - Consent
        a. Is a general consent for examination, x-rays, palliative and restorative care signed, witnessed and dated?
        b. Is there an extraction consent form with all pertinent information relating to the extraction signed, witnessed and dated, when applicable?
    - Clinical Examination
        a. Are objective findings/diagnostic assessments performed (i.e., swelling, pain to cold and/or hot, pain to percussion, palpation, fever, blood pressure)?
        b. Is the soft and hard tissues and intra-oral exam completed and noted?
        c. Are periodontal measurements; (i.e., probing depths, recession, furcations, bleeding on probing), performed and charted during a periodontal examination as part of the comprehensive exam completed, signed and dated and properly charted on an appropriate form either in a paper form or in an electronic version as found in a dental software?
        d. Is the oral cavity charting complete, on the appropriate form, for either a comprehensive examination and/or for episodic care?
        e. Is a current Dental Materials Fact Sheet given to the patient and a signed and dated acknowledgement in the chart?

- Radiographs
    a. Are radiographs of diagnostic quality, mounted correctly, labeled with correct patient name, DOB, booking number, date, tooth number, clinic?
    b. Are the radiographs present for the condition being evaluated, i.e., Full Mouth Series/FMX and panoramic x-ray for comprehensive exam; PA(s) and BWX(s), panoramic x-ray if indicated, for a triage exam?
    c. Are the radiographs of archival quality?
- Diagnosis
    a. Is diagnosis noted and supported by objective findings?
    b. Is a periodontal diagnosis also included as identified during the comprehensive oral examination?
    c. Is a differential diagnosis present if applicable?
- Treatment Plan
    a. Is a written treatment plan dated, sequenced/phased and logical and reviewed with the patient?
    b. Is a DPC code included in each treatment planned item?
    c. Is a completed treatment noted in the progress notes, marked and dated on the dental treatment plan?
    d. Is a change in the treatment plan charted and noted appropriately?
- Continuity of Care
    a. Is the patient seen within timeframe mandated by the Implementation Plan?
    b. Is an appropriate referral performed if applicable?
    c. Is the patient scheduled and seen in dental, the following dental day after the patient's encounter with the outside specialist?
    d. Is the discussion of risks, benefits, alternatives and consequences of the importance of following through, or not going through, with the patient's dental treatment plan noted in the progress notes?
- Progress Notes
    a. Is the progress noted in a SOAPE format?
    b. Is there an entry identifying the reason for the visit, or why patient is not here for the visit, for every scheduled patient, regardless if they are out to court, not in custody, rescheduled, refused, out to medical, sick, etc.?
    c. Is the health history reviewed, with any allergies, any significant condition such as the need for premedication flagged in the chart and written in the progress notes?
    d. If patient needs to be premeditated, is the reason, type and amount of premedication given, noted in the progress notes?
    e. Is there a consent on file and or listed in the progress notes?
    f. Is the tooth number, area to be addressed and/or location of the problem noted?
    g. Do the progress notes reflect which x-rays were taken and that the radiographs are reviewed and interpreted?
    h. Are the objective findings noted appropriately?

i. Is the diagnosis supported by the objective findings?
j. Is the plan appropriate for the diagnosis?
k. When local anesthesia given, is the type and amount of anesthesia used noted in the progress notes?
l. Is the type of material used indicated?
m. If there are any complications during the procedure, and/or if follow up appointments are necessary, is this indicated?
n. Was a time out protocol performed and noted?
o. Was a prescription indicated, if so, what is the type, amount and duration of the medication prescribed?
p. Is the next visit listed?
q. Is the education which the patient received, noted in the E portion of the SOAPE note, i.e., was the patient given oral hygiene instruction, were both verbal and written post op instructions given and noted?
r. Is there a documented discussion with the patient regarding the diagnosis and the proposed treatment noted and the acceptance of the treatment?
s. Is the progress note legible, with printed name, signature and credentials of the clinician included?

- Quality of Care and Outcome of Treatment
  a. Does "the degree to which healthcare services for individuals...increase the likelihood of desired health outcomes and are consistent with current professional knowledge"?[5]

- **1.5/5=30% - NC**

5.16: Monthly Dental Subcommittee – NC

Is the monthly Dental Subcommittee occurring monthly with associated minutes? Is the agenda being followed, documented and statistics enclosed and discussed?

- Is there an established monthly Dental Subcommittee meeting with, at a minimum, the dental staff, the Chief Dental Officer and HSA, administrative staff who assist Dental, Custody, Pharmacy, and Medical present? When possible is the Operations Specialist and anyone else deemed necessary to collaborate on ongoing issues, which the Dental Department is trying to solve, present? – PC. It appears to be occurring monthly although not all dental members attend. The other members of the Dental Subcommittee have not been invited nor attended yet.

Dental Subcommittee Meeting (Monthly)	**2021 May**	**2021 June**	**2021 July**	**2021 Aug**	**2021 Sept**	**2021 Oct**	**2021 Nov**	**2021 Dec**
Occurred	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

[5] https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Quality-Measure-and-Quality-Improvement-

- Is the agenda being followed, documented and with statistics enclosed and discussed? – PC. Statistics not fully enclosed as no means to measure the clinical statistics available.
- Are the following Dental Subcommittee Agenda items discussed, addressed, and included in the minutes of this meeting? – PC.
    - Roll call with member list and sign in sheet
    - Approval of prior meeting minutes
    - Open/Pending Action Items
    - Personnel (Vacancies/Recruitment/Vacation Coverage)
    - Access to care issues
    - Timeliness of care issues
    - Quality of care issues
    - Continuity of care issues
    - Regulatory compliance issues (x-ray unit registration, postings, infection control, etc.)
    - Dental grievances, # & resolution
    - Incidences including dental medication errors, sharps exposure and including the root cause analysis and sentinel events.
    - Audits & Trainings
    - Operational Policies and Procedures
    - Peer Review
    - Dental Supplies/Dental Equipment
    - New dental clinic update
    - Reports (Monthly) Clinical and Dental Program Statistics – **see the advanced material request for complete list.**
        - Hospital admissions due to dental/dental emergency and date seen by dentist for follow up upon patient return.
        - Outside specialty referrals (including endodontist, oral surgeon, etc.), when patient was seen by the specialist and the date the patient was seen by dentist for next dental day follow up.
        - Biopsies consultations was the patient informed of the outcome of the biopsy and/or consultation and was this documented in the patient progress notes.
        - Medical consultations were the patient informed of the outcome of the biopsy and/or consultation and was this documented in the patient progress notes.
        - Patients referred from Intake, broken down by Dental Level (DL) 1 and 2 and if they were seen in dental as scheduled.
        - Patients referred from 14-Day Exam, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
        - Patients referred from Sick Call, broken down by DL 1 and 2 and if they were seen in dental as scheduled.
        - Patients scheduled (including hygienist).
        - Patients seen for their appointment
        - Patients rescheduled.
        - Patients refused.
        - Patients transferred, out to court, out to medical, NIC.
        - Patients cancelled due to custody.
        - Comprehensive dental exams (annual exam)
        - Triages

        - Dental treatments (i.e., exams, extractions, fillings, periodontal treatment)
        - Dental treatments, # seen within DPC timeframe and number seen out of compliance.
    - Other business / open forum / update Action Item List.
    - Announce date/time next meeting.
    - Meeting concluded, note time.
- Are the minutes addressing the agenda items, completed, and submitted to this monitor timely for review? – NC. Not yet but the production list was submitted to the Plaintiff and Defendants for approval and Plaintiff has approved the monthly production list.
- Are action items completed or at least addressed by the next monthly meeting? – PC. A wonderful effort is made by RN [redacted] to address issues.
- Are the minutes of the monthly Dental Subcommittee and supporting documentation given to the Quality Assurance meeting chair for discussion at the QA meeting and enclosure into the QA meeting minutes? – NC. This does not appear to have happened yet with no continuous monitoring in place by QA.
- **2/6=33.3% - NC**

5.17: Quality Assurance Meeting w/ PowerPoint Presentation – NC

Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the statistics from dental and the dental monthly subcommittee minutes included in the QA meeting? Is Dental represented and present?

- Is there a viable and meaningful Quality Assurance meeting occurring, at a minimum, every quarter with relevant content and meeting minutes which include dental's agenda, subcommittee minutes, and dental action items? – PC. There is little relevant content in the dental portion of the meeting.
- Are the statistics and the minutes from the dental monthly subcommittee minutes included and discussed in the QA meeting? – NC. The monthly dental subcommittee minutes are not included in QA at this time.
- Are the issues brought forward to the QA meeting from the dental subcommittee identified, resolved and improvements made which may include revisions to policy and procedures for continuous improvement? - NC
- Is there a Quality Improvement Team (QIT) with ongoing studies conducted to improve the quality and quantity of dental care at MCJ? – NC
- Is Dental represented and present at the QA meeting? – NC

QA Meeting MCJ/Wellpath	**2021 2nd Qtr.**	**2021 3rd Qtr.**	**2021 4th Qtr.**
Dental Representation at the QA Meeting?	NC	NC	NC

- **0.5/5=10.0% NC**

Summary of Findings and Recommendations - Dental Program Management

Much of the specifics listed below are found in detail in the corrective action plan (CAP). Many of the findings below are similar to what was noted in Dental Report #6 as the CAP was still in development and implementation at MCJ during this audit period, May 1st thru December 31st, 2021.

The overall dental program management areas of non-compliance affect Dr. [redacted] and [redacted] efforts and abilities to provide qualitative and quantitative access to care, timeliness of care, quality of dental care and infection control/regulatory compliance to the inmate/patients of the Monterey County Jail.

5.1: Corporate Management & Chief Dental Officer
Although promised in an email in August 2020, there has yet to occur a monthly auditing of patient charts by the Chief Dental Officer (CDO). It is important to **begin this supervisory audit process using the peer review audit tool as outlined in 5.15** as this will provide valuable and timely feedback to the dentist at MCJ. Due to ongoing clinical issues, weekly supervisory oversight and chart auditing may be more useful than monthly at first to stay on top of the dental program's barriers to access to care.

Additionally, I recommend a bimonthly meeting between CDO, MCJ Dentist, MCJ RDA, MCJ HSA and this monitor to review the results of the monthly (weekly at first) audit report and this report #7 in order for feedback to be given and followed through by the above mentioned individuals.

Dr. [redacted] the Chief Dental Officer is charged with overseeing MCJ as well as 286 dental clinics throughout the United States. He is currently only contracted for 16 hours a week for this position. How is this logistically possible? I highly recommend that Dr. [redacted] be offered a full-time position if he so desires, or a co-CDO to oversee the dental clinics under his purview, in particular MCJ.

It is important for Dr. [redacted] to spend the necessary time with Dr. [redacted] in order for them to begin the process of self-auditing, self-evaluating and self-monitoring for compliance. In addition, it is important for Dr. [redacted] to regularly attend all monthly dental subcommittee meetings

5.2: Dashboard & Documented Qualitative Self Review Process
- "If you can't measure it, you can't improve it".[6]
- There is no dashboard to track metrics, statistics, dental priority codes timeframes, trends and other outcome measures in order to get a bird's eye view of barriers to access to care, timeliness of care and quality of dental care at MCJ.
- There is no transparency within the dental program as clinical and management data and statistics are not easily available within CorEMR.

[6] Peter Drucker quote

5.3: Electronic Dental Record System (EDRS)

- Although CorEMR is being upgraded to perform some of the tasks seen in a fully integrated dental clinical record, there is no Electronic Dental Record System (EDRS) at MCJ/Wellpath. CorEMR is not an EDRS.
- Just as Medical and Mental Health have an electronic medical record to run their program, I continue to recommend an EDRS such as Dentrix Enterprise to Dental the version which has already been programed for a correctional health care dental clinical and management, to fully run its dental program.

5.4: Digital X-rays

- Currently within the rotunda dental clinic, the dental department captures radiographic images with analog, called traditional, film x-rays.
    - "While traditional X-rays are considered safe, digital X-rays produce 80% less radiation than traditional. The cost effectiveness of using digital radiography rather than film comes down to the fact that film is expensive. If you have ever owned a film camera, you will know that back in the height of Kodak film it was costly to purchase, and then costly to develop as well. With film, it is difficult to store and then retrieve images as they degrade over time, but digital images can be saved and easily accessed without image degradation later on."[7]
    - "When you're relying on your doctor to make an accurate diagnosis, image quality is everything. Not only do you get results within seconds, but the image can also be easily resized to enlarge hard-to-see potential issues without distorting or degrading the quality of the image."[8]
- Per the Dental Practice Act of California, x-rays should be of diagnostic quality, which includes capturing the root apex of third molars as well as any pathology. Removing teeth without full radiographic visualization can cause potential harm to the patients by increasing the possibility of jaw fracture, root fracture, damage to the mandibular nerve as well as increased liability to MCJ.
- Digital x-rays reduce radiation to the patient and if retakes are necessary, can be visualized immediately, taken immediately without waiting another 6 to 7 minutes out of the schedule of the only, already busy, Dental Assistant.
    - My Registered Dental Assistant facility compliance auditor, Paige York, RDA, reviewed several Full Mouth X-ray (FMX) sets taken by [redacted] She noted that [redacted] mainly has trouble with bitewings and getting a straight shot through the contacts, there were also some issues with posterior periapical X-rays. [redacted] expressed to Paige that she would like more training on taking x-rays. Paige proceeded to give her some tips on angulation and taking better bitewings. Paige recommended that she provide additional training to [redacted] on actual patients, as she feels this would be most beneficial to [redacted] **Digital x-rays will be a great tool for [redacted] to use, as she can immediately re-take an x-ray, as well as see any mistakes she is making and learn how to correct them immediately and with Dr. [redacted] instant feedback as well.**

[7] https://www.independentimaging.com/digital-x-rays-vs-traditional-x-rays/
[8] https://www.independentimaging.com/digital-x-rays-vs-traditional-x-rays/

5.5: Panoramic X-ray

- There currently is no panoramic radiographic unit at MCJ. Recommend leasing or purchasing a panoramic x-ray.
  - "Panoramic radiography, also called panoramic x-ray, is a two-dimensional (2-D) dental x-ray examination that captures the entire mouth in a single image, including the teeth, upper and lower jaws, surrounding structures and tissues. Panoramic dental x-rays use a small dose of ionizing radiation to capture the entire mouth in one image. A panoramic x-ray is a commonly performed examination by dentists and oral surgeons in everyday practice and is an important diagnostic tool".[9]
- In the case of an inmate/patient complaining of pain with a wisdom tooth and a diagnostic radiograph is unable to be obtained, then the referral to the outside oral surgeon specialist for a panoramic radiograph, diagnosis and treatment should be done timely.
- Additionally, I have found that some patients keep being rescheduled for third molar / wisdom teeth extractions that could have been referred to the oral surgeon at their first visit. **Refer timely.**

5.6: Space, Dental Equipment and Supplies

- Dr. [redacted] is to evaluate both new and rotunda dental clinics in more detail for supplies, egress and equipment in order to quickly move forward with improving the dental facility at MCJ.
- The current proposal from Dr. [redacted] is to consolidate both dental clinics into the dental clinic in the rotunda; use the, what previously is the Pharmacy to become the hygiene room and to install the new

5.7: Nurse Training by DON, HSA and Dentist

- I found that patients with pain, toothaches, swelling, infection, bleeding and abscesses are not always referred timely to Dental by using the Dental Level 1 parameter. They are often assigned a Dental Level 2 (patients to be scheduled within 14 calendar days) versus a Dental Level 1 (patients to be scheduled next dental day).
  - This monitor was assured that this lack of nurse training was rectified however a look at the data indicates otherwise. Most of the patients referred to Dental are receiving a DL2 from a Dental Sick Call request with the above-mentioned complaints at Intake.
  - Provide Dental Level 1 (DL1) and Dental Level 2 (DL2) nurse training and feedback for RNs at Intake, Sick Call, 14-Day Exam and for Physicians, Nurse Practitioners and Physician Assistants so that patients are assessed correctly and hence scheduled in Dental correctly.
- Recommend nurse training, feedback and monitoring be provided by the DON, HSA, Dr. [redacted] and overseen by Dr. [redacted]
  - Nurse training, in regard to DL1 and DL2 referrals from Intake, Dental Sick Call and 14-Day exam to Dental, remains incomplete due to missing staff education since there has been so much nurse turnover.
  - Please use a complete roster of all clinical staff to show who still needs to receive training.

[9] https://www.radiologyinfo.org/en/info.cfm?pg=panoramic-xray

- Additionally, I recommend follow up, one-on-one training when needed.

5.8: Staffing - Administrative and Clinical Lack of Staff

- The "lack of resources" is used on many occasions as the reason for rescheduling patients. This was used even prior to the lack of a dental assistant when the permanent dental assistant was out on leave. "Lack of resources" appears to translate to lack of staff.
- Dental Level 1 patients are not scheduled within timeframe due to lack of available dental staff.
- 14-Day Exam is not referring patients to Dental as per the Implementation Plan. This appears due to lack of training more than lack of staff.
- [redacted] main duty is to take care of assisting the Dentist with patient care. She also orders dental supplies, performs OSHA and infection control requirements, maintains logs, monitors sterilization, cleans, performs monthly maintenance on such things as the sterilizer, and enters all the data in the excel spreadsheet.
- **The staffing analysis is not comprehensive.** Staffing analysis with whoever performs this analysis has an understanding of the services which are not being offered such as the Periodontal Disease Program, the 14-day exam, the chronic care referrals for comprehensive care. Increasing the number of dental days to full time and adding another Dental Assistant/Registered Dental Assistant so that the full complement of dental services is offered to the inmate/patients at MCJ, i.e., periodontal program, per the Implementation Plan.
- ***If desired, Paige and I are available to assist Dr. [redacted] in retrofitting the rotunda dental office with the new equipment, so this occurs immediately and prevents good equipment from sitting in boxes accumulating dust.
- Hire a Hygienist position as recommended in the Implementation Plan. Due to working in a jail, the Hygienist is not to work without a Dental Assistant, therefore hire a Dental Assistant/Registered Dental Assistant to work with the Hygienist.
- Add dental services to Wellpath's existing "rapid response team" for staffing shortages. *(New Cap Item 159).*

5.9: Illness and Injury Prevention Plan (IIPP)

- There is no access to the dosimetry badge results and this is an **OSHA safety issue** for the employees.
- There is no registration for the x-ray unit and there has been no maintenance of the x-ray unit for years.
- **These items above need to be remedied immediately!**

5.10: Policies and Procedures Including Dental, Corporate and Local

- Since there are no Wellpath headquarter or local operating policies and procedures, regarding dental care to the Monterey County Jail, **this needs to be addressed immediately.** *See CAP items.*
  - Here is a reference from the California Department of Corrections and Rehabilitation for assistance is formulating dental policies and procedures.
  - https://cchcs.ca.gov/hcdom/

5.11: Licenses, Credentials, CURES and Job Performance

- Job Performance Reviews have not been performed since the start of dental auditing process since 2017.
- The Dentist has two chains of command in which to be reviewed, administrative by the HSA and clinically by the CDO.
- Perform a clinical and administrative job performance review yearly for both the Dentist and Dental Assistant.

5.12: OSHA Review and Infection Control Training

- OSHA Review is a good source of information and provides necessary trainings with updated information.
    - Discuss purchasing OSHA Review, https://oshareview.com/ with the CDO and complete the monthly continuing education.

5.13: Hepatitis B Vaccination Record

Deferred findings.

5.14: Pharmacy and Medication Management

- CorEMR has a system in place to monitor when patients do and do not take their medication as well as when the medications are given.
- Stock medications should be fully accounted for including to whom they are prescribed in both the on-site log and in CorEMR. Recommend adding Acetaminophen to the stock analgesics for those unable to take NSAIDS.

5.15: Peer Review

- Perform a peer review, of at least 10 charts (will include charts relating to Examination and Diagnosis, Periodontal, Restorative, Oral Surgery, and Endodontic treatment), at least once every 6 months on the dentist at MCJ, using dentist peers from other Wellpath facilities or hire a contracted Peer Review examiner.
- Make sure each section of the dental record is reviewed to include Health History, Consent, Clinical Examination, Radiographs, Diagnosis, Treatment Plan, Continuity of Care, Progress Notes, Quality of Care, Outcome of Treatment.
- Although the Peer Review is to be confidential, an exception due to this litigation is to be made and a copy of the peer review audit tool is to be sent to this monitor for evaluation of the Dentist at MCJ's peer review audit.
    - It is recommended for the Dentist that the peer review system is considered confidential. This enables the Dentist to receive peer to peer discussion and feedback in a collegial atmosphere.
    - "Section 1157 of the California Evidence Code provides, in pertinent part, that "[n]either the proceedings nor the records of . . . a peer review body, as defined in Section 805 of the Business and Professions Code, . . . having the responsibility of evaluation and improvement of the quality of care, shall be subject to discovery." Moreover, except as otherwise provided in this section, "no person in attendance at a meeting of any of those committees shall be required to testify as to what transpired at that meeting." This section of the Evidence Code protects peer review records from discovery in a civil action but

does not preclude committee members from testifying voluntarily about proceedings of the committee. Therefore, CDA has taken steps to close this loophole by requiring peer review committee members and staff to hold such information in confidence. Thus, it is CDA policy that neither records nor testimony may be provided in a civil action, unless ordered by a court after a hearing has been held concerning the protection afforded by this section."

5.16: Monthly Dental Subcommittee

- Continue to improve the Dental Subcommittee meeting with the noted agenda items and invite the recommended members to attend the monthly meeting.
- Submit the minutes to the Quality Assurance meeting for continuous improvement of the dental program.

5.17: Quality Assurance Meeting w/ PowerPoint Presentation

- Dr. [redacted] was not present in the last 3 QA meetings. What statistics were presented? There were no PowerPoint presentations submitted to this monitor with the dental data presented to the QA meeting.
    - Dental representation must be made available at the QA meeting.
- Although improved from the last audit, the minutes lacked content and meaningful dental data. The PowerPoint presentations, if any, should be included in the minutes to this monitor.
- The dental component of the QA meeting minutes has little in terms of structure and content.
- There is no dental Quality Improvement Team (QIT), with ongoing studies conducted to improve the quality and quantity of dental care at MCJ. Recommend develop key performance indicators.
- This monitor reserves the right to present information at the QA meetings as well as at the Monthly Dental Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content.

Section III.6 Case Reviews Audit Tool

This section evaluates individual overall dental case reviews at MCJ.

Summary Table of Compliance – Case Reviews – (Protective Order):

Section VI Outcome Measure	Audit Tool Questions	Score	Compliance
6.1	Case Review 1 - Class	0%	NC
6.2	Case Review 2 - Class	50%	NC
6.3	Case Review 3 - Class	50%	NC
6.4	Case Review 4 - Class	0%	NC
6.5	Case Review 5 - Class	0%	NC
6.6	Case Review 6 - Class	0%	NC
6.7	Case Review 7 – Class	0%	NC
6.8	Case Review 8 – Class	0%	NC
6.9	Case Review 9 – Class	0%	NC
6.10	Case Review 10 – Class	0%	NC
6.11	Case Review 11 – Class	28.9%	NC
6.12	Case Review 12 – Class	16.7%	NC
6.13	Case Review 13 – Class	0%	NC
6.14	Case Review 14 – Class	N/A	N/A
6.15	Case Review 15 – Class	N/A	N/A
6.16	Case Review 16 – Class	15.0%	NC
6.17	Case Review 17 – Class	5.9%	NC
6.18	Case Review 18 – Class	50.0%	NC

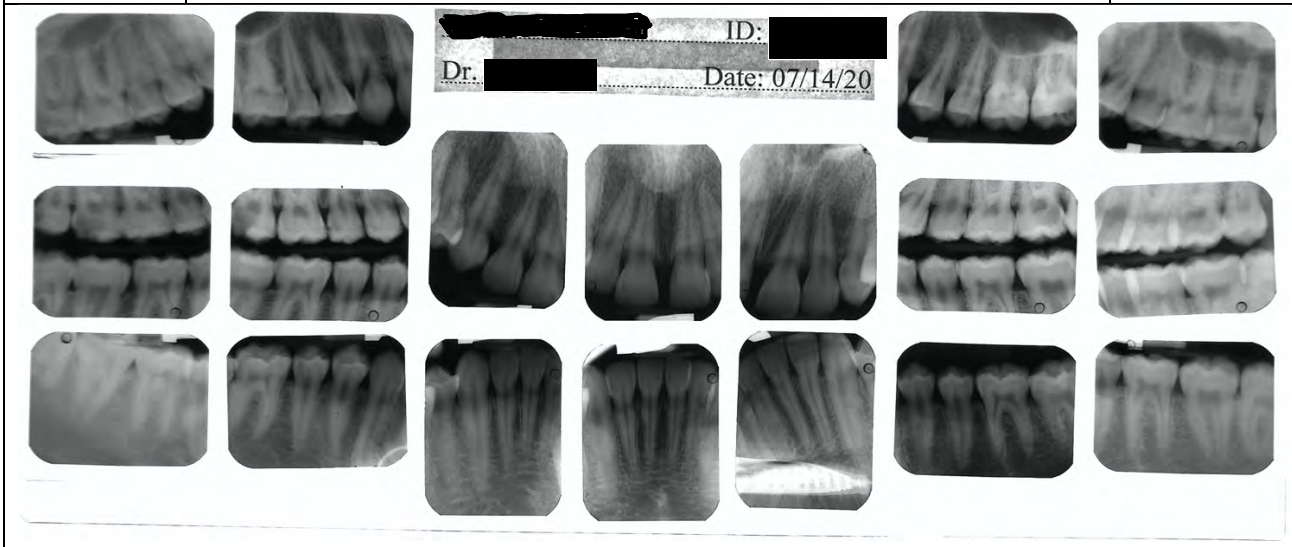
Section VI Outcome Measure	**Audit Tool Questions**	**Score**	**Compliance**
6.19	Case Review 19 – Class	62.5%	NC
6.20	Case Review 20 – Class – **MUST BE ADDRESSED IMMEDIATELY.**	7.7%	NC
6.21	Case Review 21 – Class	55.0%	NC
6.22	Case Review 22 – Class	75.0%	PC
TOTAL	**22 Class Case Reviews, 2 N/A, 20 Class Case Reviews. 416.7/20 = 20.8%**	**20.8%**	**NC**

Section III.6 Case Reviews Audit Tool Data Findings

A. Timeliness of Care

6.1: Case Review #1 – 0%

Patient filed a grievance on May 9, 2021, stating he was in severe pain and had been waiting months for a return visit with the dentist.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
07/14/2019	Booked	
07/14/2020	Dental Appt – Annual Dental Exam – FMX only completed. No stated chief complaints. nv. AE (Annual Exam) and PC (Perio Charting) 1b *Findings: X-rays not reviewed by Dentist. No apex of teeth #1, 11, 16; partial apex #2, 22, 17, 32. Posterior images blurry and overlapped.* *Recommendation: NEED PANORAMIC X-RAY*	
		
09/08/2020	Dental Appt two months later for AE and PC. "Upper posterior arch decay penetrates dej; 2 and 15 decay is very deep". Dx (*Diagnosis*): Gingivitis Dx: 2,3,4,5,13,14,15 multisurface decay defect. nv. prophy/fills (2) *Findings: Patient not seen for treatment plan until May 2021, outside of DPC timeline.*	
12/23/2020	Patient came for his cleaning (Prophy). Next visit is fillings.	

	Findings: All treatment should have been completed by the longest DPC which means that all treatment should have been completed by 01/08/2021.	
05/13/2021	Medical appt for "severe teeth pain" … Pt reports dental pain x3 weeks from upper and lower L molars. States that they were to be filled in Jan, but he was never called for dental. No redness or edema noted. Pt reports 7/10 pain when eating. Patient scheduled for dental.	
05/18/2021	Dental Appt - Pt has been requesting to see dental d/t teeth pain. Currently scheduled for 7/2021 (*for treatment*). Can he please be seen sooner? "2nd to last tooth on top left is breaking down" Pt points to 2 • Dx: "15 deep decay; broken through buccal wall; no pain, concerned with hole inside of tooth". • "Hqr, rba, ocs tx options discussed; pt given opportunity for 15 resin restoration; however, pt would like to come back at later time; nv. 15 fill 1b" • "Ohi; pt informed decay on 2 and 15 very deep; if teeth react unfavorably after fillings, rct or os tx recommended". *Findings: Patient pointed to# 2; assessment/diagnosis is for 15. #2 cavity is deeper and to the pulp. Again, DPC extended instead of treatment plan being completed. If patient refused treatment, have patient sign a refusal and discuss risks, benefits, alternatives and consequences. Patient can reinstate care. No new x-rays taken since 09/08/2020 of #2 and/or #15 which is 8 months and potentially new clinical presentation. At least explain why no new x-ray taken of #2 and #15 taken. Treatment is still for filling #15 (no surfaces are listed) but no diagnosis and no treatment plan are made for #2 which the decay was already near pulp on 09/08/2020.*	
07/20/2021	Dental Appt for treatment 15. • **"Subjective:** 15 fill "I have pain on the lower wisdom tooth" "It feels like an open nerve" "Pt points to 32; lower right". • **Objective:** 1pa 1; deep distal decay penetrates pulp chamber; distal half of coronal tooth structure destroyed; Referred pain to lower right arch; No pain in lower arch after anesthesia to 1,2; Difficult to access • **Assessment:** 1 irreversible pulpitis, unrestorable; 2 reversible pulpitis, multisurface decay defect. • **Plan:** hqr, rba, ocs, tx options discussed; Rx Ibu 600mg stat/1t bid x 10d; Extraction 1 Completed; (unable to get complete pa due to severe gag reflex) 2 carps 2%lido x 1/100000 epi given; Perio flap, elevation, removal with forcep, no comp, poi. • nv. 2 sedative fill 1b" *#15 still not addressed or scheduled. Objective findings not stated for #32 and no x-ray taken of this tooth although he assessed it for pain post local anesthetic. Extraction #1 without seeing apex of tooth and*	

	#2 still needs objective findings (how did he determine #2 has reversible pulpitis, which tests did he perform?) to substantiate this new diagnosis.	
08/03/2021	Dental Appt **Subjective:** 2 sedative fill, upper right fills "Molar on top left hurts" Pt points to 15. Pt has no discomfort w upper right. **Objective:** See AE and PC/Comp Care **Assessment:** 15 reversible pulpitis, multisurface decay defect; **Plan:** hqr, rba, tx options discussed; 15 Sedative Fugi 9 Restoration Completed; Decay removed, very deep, indirect pulp cap, Fugi 9 GI restoration placed; nv. cont. Comp care 1b; **Education:** pt informed decay very close to pulp chamber; if tooth reacts unfavorably, rct or x recommended tx; ***Potential harm to patient.*** *Nearly one year since annual dental exam. No updated x-ray or objective findings for #15. Shows now an indirect pulp cap due to size of decay which if done within original DPC timeframe could have prevented decay progressing to near pulp. No objective findings, i.e., hot, cold, lingering pain, percussion, palpation sensitive noted in the progress notes to achieve a diagnosis of reversible pulpitis. Fuji 9 is a temporary material, not commonly utilized as a sedative filling. Was anything else used as the indirect pulp cap or just the Fugi 9?*	
09/08/2021	Dental Appt **Subjective:** 2 Sedative fill "Filling on last tooth upper right" pt points to 2. 15 is feeling fine since last visit's tx" **Objective:** See AE and PC **Assessment:** 2 reversible pulpitis, unsupported cusps, multisurface decay defect; **Plan:** hqr, rba, tx options discussed; 2 OB GI sedative GI restoration Completed; 1 carp 2%lido x 1/100000 epi given; Removed decay, buccal gingival collar incised and removed (grown over into dental lesion), cord packed, conditioner, Fugi 9 Glass ionomer restoration placed, adj, poi; nv. upper right fills, 3,4,5, 1b *No objective findings #2, i.e., hot, cold, lingering pain, percussion, palpation sensitive noted in notes to achieve a diagnosis of reversible pulpitis.* *Note that DPC states that all decay should have been completed by 01/08/2021 and is now 8 months late. Potential harm to patient as decay can progress to pulp and patient may require additional treatment such as a root canal and full coverage crown.*	
10/20/2021	Dental Appt **Subjective:** fills (upper left) "fills on the top left" Pt points to 14 and 13. **Objective:** See AE and PC **Assessment:** 13,14 multisurface decay defect.	

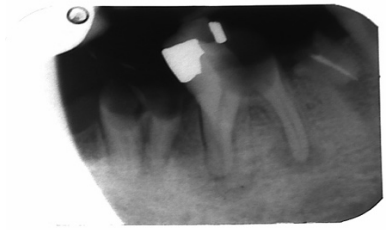
	Plan: hqr, rba, tx options discussed; 14 MO 13DO Resin Restoration Completed; 2 carp 2%lido x 1/100000 epi given; Removal of decay, etch, bond, Esthet resin placed, adj, no comp; nv. fills (ur) 1b *Findings: Note that DPC states that all decay should have been completed by 01/08/2021 and is now 8 months late. Potential harm to patient as decay can progress to pulp and patient may require additional treatment.*	
10/27/2021	Rescheduled – Task: fills (upper right)	
11/10/2021	Dental Appt Task: fills UR (Completed) Completed Form: Dental Service and Treatment Record **Subjective:** fills UR "Fills on right side" Pt points to 3,4 **Objective:** na **Assessment:** 3,4 multisurface decay defect. **Plan:** hqr, rba, tx options discussed; nv. Recall (2). **Education:** ohi Addendum: Treatment record- Lime-lite base liner placed over deep pulp. Task Created - 03/09/2022 - Dental Recall *Findings: Treatment plan has not been completed within DPC requirements and next visit does not include continuation of fillings located in the treatment plan record.* *States fillings #3 and 4 but not treatment plan appointment to have these completed per the annual exam. Potential harm to patient by not seeing patient timely.*	
12/01/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/02/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/03/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/04/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/04/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/05/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/06/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/07/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/08/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/09/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/10/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/11/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/12/2021	Rescheduled - Task: C/O “filling came out causing pain”.	
12/13/2021	• Medical appt for C/O "filling came out causing pain" - Pt. believes he has a "filling fall out" that was filled "3 months ago." Pt. states that he feels pain whenever he eats and is sensitive to cold drinks… Pt. points to left upper and right upper teeth. • Med hx unremarkable. • Rx for Tylenol given 325 mg 2 tabs by mouth 2x/day for 10 days. • Task created for Referral DL2 scheduled for 12/21/2021.	

	No pain level noted.	
12/21/2021	**Subjective:** Level 2 Pt. states he had fillings on top left and top right tooth "fall out." This RN noted to metal fillings in place. DSC for further evaluation. No edema/swelling/redness/bleeding noted. "My filling are sensitive to cold" " **Objective:** na **Assessment:** generalized post op resin sensitivity **Plan:** hqr, rba, tx options discussed; nv. 1yr dental recall; **Education:** ohi *Findings: No x-rays taken to visualize chief complaint! Occlusion not evaluated, perhaps the filling was high occlusion as patient complained of cold sensitivity. No objective findings stated. Cavities near the pulp should be called 1B, not a 2.* ***See patient as scheduled. Perform quadrant dentistry to minimize delays in patient care. Make sure objective findings are made to substantiate the diagnosis. Make sure to have the radiographic apex of a tooth prior to extraction.***	
	TOTAL: NC	**0**

6.2: Case Review #2 – 50%

Patient filed a grievance on May 27, 2021, stating he was in a lot of dental pain and did not know whether he would be seen by dental. He was scheduled to see the dentist on June 5, but it unclear whether that visit occurred and how long he had been waiting at the time of the grievance.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
04/28/2021	Booked *Intake decay, abscess, gum disease not checked and from dental radiograph taken 06/10/21 which is 1.5 months later, significant decay noted and would have been seen on evaluation at Intake or 14-Day Exam/Health Appraisal. No referral to dental made.*	
05/07/2021	14 Day Exam – Denies dental and no referrals to dental made. *Patient had a dental radiograph taken one month later showing significant decay of teeth lower right. This would have been seen by RN had dental examination taken place and should have been referred.*	

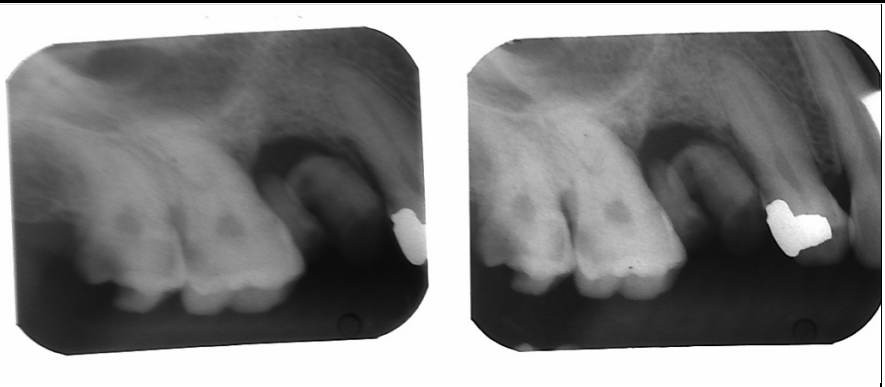
	[redacted] 	
05/14/2021	Nurse Sick Call – "dental pain" and seen by medical 05/15/2021	
05/15/2021	Medical Sick Call – Dental Pain	
06/10/2021	Dental Sick Call: **Subjective:** L2- Broken Bottom right tooth **Objective:** #29,30,31 broken down tooth and root tip. No swelling present. **Assessment:** Recommend extracting #29,30,31. Teeth are non-restorable. **Plan:** RBA discussed pt decided to go ahead with the extraction. Discussed with xray and explained why we need to remove these teeth. NV ext #29,30,31 GC **Education:** *blank* *No DPC given although this dentist was new and not trained to give a DPC by Wellpath staff.*	
06/12/2021	Rescheduled - Dental Sick Call for extraction #29, 30, 31 – no reason given	
06/16/2021	Rescheduled - Nurse Sick Call - "I would li!e to continue meds for tooth pain. Thank you" – *No reason given*	
06/17/2021	Rescheduled - Nurse Sick Call - "I would li!e to continue meds for tooth pain. Thank you" – *No reason given*	
06/19/2021	Rescheduled - Dental Sick Call for extraction #29, 30, 31 – *no reason given*	
06/21/2021	Medical Sick Call – Requesting pain medication for tooth pain *Note patient not seen for dental care for 3 more weeks*	
06/23/2021	Rescheduled - Dental Sick Call for extraction #29, 30, 31 – Per Supervisor Kristen	
06/24/2021	Rescheduled - Dental Sick Call for extraction #29, 30, 31 – *no reason given*	
06/27/2021	Rescheduled - Dental Sick Call for extraction #29, 30, 31 – *no reason given*	
06/29/2021	Rescheduled – Dental Sick Call for extraction #29, 30, 31 – states "lack of resources"	

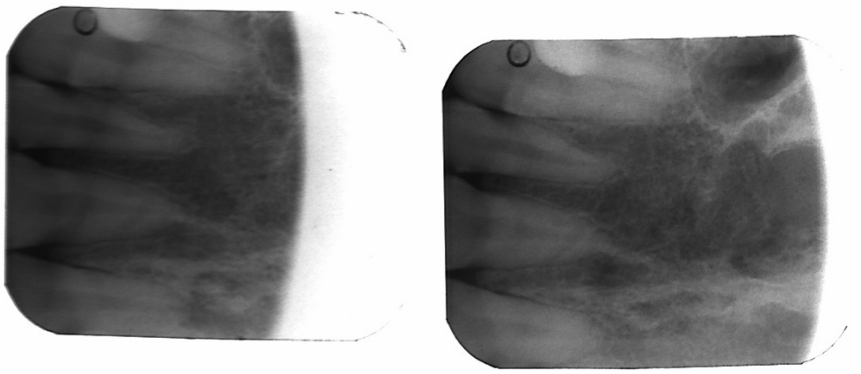
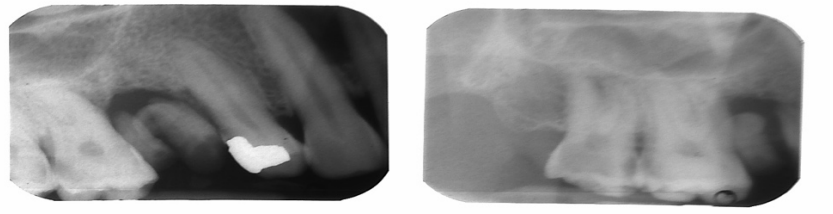
07/10/2021	Rescheduled - Dental Sick Call for extraction #29, 30, 31 – *no reason given*	
07/13/2021	**Subjective:** ext #29,30,31 "I would like one or two removed today" Pt points to 29 and 31 **Objective:** See 6-10-21 DSC. **Assessment:** 29,30,31 unrestorable **Plan:** hqr, rba, tx options discussed; Extraction 29, 30 distal roots,31 Completed; 2 carp 2%lido x 1/100000 epi given; Perio flap, elevation, removal with ronguer, no comp, poi; Rx Ibu 600mg stat/1t bid x 7d; nv. x-30 mesial root 1b **Education:** ohi; bc portable dental unit is not working, alveolar crestal bone removal needed for 30 mesial root removal was not completed; pt informed and understands.	
07/14/2021	**Subjective:** x-30 mesial root "No pain today" Pt points to extraction sites LR **Objective:** See 7-13-21 DSC **Assessment:** 30 root tip/unrestorable **Plan:** hqr, rba, tx options discussed; Extraction mesial root 30 Completed; 2 carp 2%lido x 1/100000 epi given; Surgical flap, lingual alveolar bone removed, elevation, removal with forcep, no comp; nv. prn **Education:** ohi *No Post op instructions noted.*	
7/20/2021	**Subjective:** Lvl 2- S/P extraction- I can't sleep, eat or drink without it hurting. "The 2 teeth on the top also hurt" "Extractions LR are good" Pt points to 2,3 **Objective:** 1pa 2,3; 2 is a single unit crown with a direct pulpectomy/pulpotomy; root canal tx has not been completed; history of swelling; distal buccal root apical lesion; crown is slightly open on lingual margins. **Assessment:** 2 necrotic pulp, defective crown. **Plan:** hqr, rba, tx options discussed; Rx Amox 500mg 2t bid x 10d; nv. prn **Education:** pt would like to wait to have 2 treated (rct)by family dentist in San Jose when released in Sept; Pt is not interested in 2 x. *Refusal not filed.* *#4 has a periapical lucency not addressed in the notes. All pathology must be noted as seen in the radiograph.*	
	Findings: not referred by intake or health appraisal for dental decay. No refusal on file for #2. Missed #4 periapical lucency on radiograph on 07/20/2021. Credit given for extracting #29, 30, 31 somewhat close to a DPC 1B.	
09/05/2021	Released	
	TOTAL – NC	**0.5**

6.3: Case Review #3 – 50%

Patient filed a grievance on June 5, 2021, stating he was in "unbearable tooth pain" and had been requesting care. He was scheduled to see the dentist on June 10, but it remains unclear whether that visit occurred and how long he had been waiting at the time of the grievance.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
01/31/2021	Booked. Intake performed. *Finding: Broken #3 should have been seen and referred at time of intake and/or during health appraisal. See x-ray below. Recommend additional nurse training. Referring patient would have minimized patient's pain by addressing problem before it becomes problematic.*	
02/10/2021	No 14-Day examination performed. Deleted appointment - Health appraisal scheduled from intake. Patient not seen, states: **Delete Appointment** - Inmate was released 08-12-2021 [System, CorEMR on 08-12-2021] Says Health Appraisal done 01-08-2021 but patient not booked yet. ???	
04/29/2021	Medical Sick Call - pt c/o tooth pain **Assessment:** PAIN RELATED TO BROKEN TEETH Dental Form used – states – UR caries/decay, no swelling, pain 8/10, gradual onset, duration 3 months, sensitive to hot, cold, pressure. Task Created for 05/04/21 Dental Level 2 *Findings: Does not indicated if tooth is broken and at which level…broken to gumline? Broken in other areas? Need additional information to substantiate the assessment/diagnosis. Says broken top right but towards the back, towards the front? Need additional details. Assessment states broken teeth (just one or more?) – Recommend additional RN training. Pt states pain 8/10, not DL2 but DL1.*	
05/12/2021	Dental Sick Call **Subjective:** L2- Broken Top Right 'Bad teeth" Pt points to 1 and 3. **Objective:** 2pa; 1, 3; 3 complete destruction coronal tooth structure w roots remaining; abscessed; fistula present; 1 gross decay penetrates the pulp chamber; constant pain. **Assessment:** 1 irreversible pulpitis, unrestorable; 3 unrestorable **Plan:** hqr, rba, ocs, tx options discussed; Rx Amox 500mg 2t bid x 10d; Rx Ibu 600mg 1t bid x 10d; nv. x-1,3 1c **Education:** ohi; pt informed of deep decay on 2 and recommendations of rct/crwn or x. *For tooth #1 to be diagnosed with irreversible pulpitis and be in constant pain with irreversible pulpitis, a DPC of 1c is not appropriate, should be 1b where patient should be seen within 30*	

	days at a maximum. #1 Irreversible pulpitis also has no objective findings stated to substantiate this diagnosis, even though it may be correct, need objective findings to be noted. *#2 visible decay in x-ray and addressed in education portion –but no diagnosis made in assessment. Did patient refuse extraction #2? No BWX, why not filling? Or at least a temp filling?* *#3 unrestorable dur to remaining roots.* *#4 Distal recurring decay not addressed.*	
	[redacted] 	
06/10/2021	Progress notes state: "Wrong entry for above pt. please delete this entry". Dental Sick Call Task created for 06/12/2021 - filling upper front teeth/ Chk UR side (planned extraction #1 and #3-not done) **Subjective:** x 1,3 *pt c/o increased pain S: pt is having pain upper front teeth **Objective:** upper front teeth #8,9,10 have mesial and distal decay. Heavy stained. Unsure about depth but looks like it is not into nerve. 2PA did not captured tooth. **Assessment:** Explained to pt, we can try placing fillings on front teeth and see it can calm the teeth down. Possible RCT needed. Pt will be leaving in 2 months. Explained to pt he will need to get RCT done outside. **Plan:** Tx planned explained to patient. Pt agreed to schedule fillings on front teeth next time. NV filling upper front teeth/ Chk UR side GC **Education:** *blank*	

	[redacted]  *PA #8 although crown not visible in radiograph therefore undiagnostic radiograph. Anterior teeth could have been option of desensitizer or have occlusion checked. Bonding agent also option.*	
06/12/2021	Dental Sick Call **Subjective:** filling upper front teeth/ Chk UR side (planned extraction #1 and #3-not done) S: Pt is here ext #1 and #3. Have been hurting for couple months **Objective:** #1 decay to pulp #3 broken root tip to gumline **Assessment:** Both teeth are non-restorable. Rec ext. Advised pt of RBA. Pt decided to have teeth taken out today. **Plan:** Consent signed BP/P chk LA/PDL 3x septo simple ext. Curette socket Hemostasis obtained POI given NV 1 wk chk GC **Education:** *blank* *#2 not addressed for either extraction or RCT/Crown on outside at patient's cost. States nv 1 week post op but patient not seen.*	
	[redacted] 	

06/29/2021	Deleted Dental Sick Call **Delete Appointment** - 3 wks since 1,3 extraction (po check) [DDS [redacted] on 06-29-2021]	
08/11/2021	Released	
	Findings: Items not scanned into chart timely. *#2 not addressed and #4 distal caries not discussed.* *Have a system where can see chronologically in patient's chart the history, not have to go to various locations to find the information. This is too time consuming.* *No follow up for #8, 9, 10 or #2 or follow up #1 & #3 per dentist request. Odontogram needed to visualize treatment plan.* *Can't see the treatment plan as one not created yet.* *However, patient was treated for #1 & #3 within DPC timeframe of 1B.*	
	TOTAL = NC	**0.5**

6.4: Case Review #4 – 0%

Patient filed grievances on June 15 and 28, 2021, stating she was in severe pain due to a broken tooth and exposed nerves. It appears she was not seen by dental until June 29, 2021.

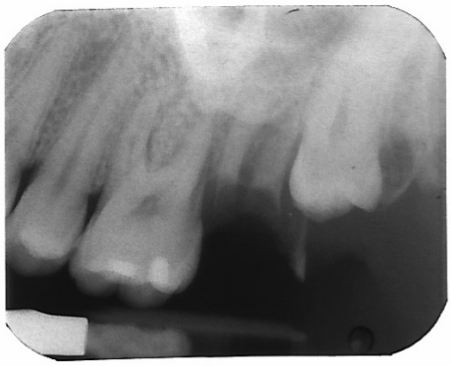
DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
4/28/21	Booked	
05/08/2021	14-day exam	
06/24/2021	Medical Sick Call	
06/27/2021	Dental sick call rescheduled	
06/29/2021	**Subjective:** ***Please see pt today*** DENTAL SICK CALL LEVEL 2, PT HAS FRONT LEFT TOOTH CHIPPED "Sharp pain on the back of front tooth. It feels thin" Pt points to 9 **Objective:** 1pa 9; enamel is very thin on lingual wall due to erosion from acidic diet and drug abuse per pt. No visible decay. incisal fracture. **Assessment:** 9 reversible pulpitis, partial lingual wall dentin exposure. **Plan:** hqr, rba, ocs, tx options discussed; recommended tx 9 full coverage crown and new crown 8 to match. nv. prn Rx Tylenol 325mg 2t bid x 10d. **Education:** pt formed of replacement of crown 8. margin rough, poor contour. *Findings: No objective findings to substantiate diagnosis of reversible pulpitis. Possible fracture of bone at apex.*	

	X-ray scanned 09/23/21. Cannot change contrast on x-ray as it is only scannable, not digital. Treatment options such as desensitizer (Gluma), bonding, fluoride varnish, composite if occlusion allows not discussed. Status of opposing dentition not discussed or evaluated. Does she have a deep impinging bite? Traumatic occlusion? Possible harm to patient if no definitive treatment. N/V should be treatment, not per patient (prn).	
07/13/2021	*Medical sick call complaint of tooth pain should have referred back to dental. It is medical's responsibility to send patient who is in pain back to dental.*	
07/27/2021	Nurse sick call rescheduled	
08/03/2021	Dental sick call rescheduled	
08/04/2021	Refused dental appt ***NO SIGNED REFUSAL FORM, NO PROGRESS NOTE STATING WHAT RBAC's were discussed.	
9/19/21	Released.	
	TOTAL = NC	**0**

6.5: Case Review #5 – 0%

Patient filed a grievance on July 31, 2021, stating two weeks had passed since he had last been seen for a broken tooth, and that the pain and sensitivity of his tooth severely affected his ability to eat, drink and sleep. We do not have a record of the Jail's response.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
06/10/2021	Booked. *Finding: Tooth #15 has broken roots which would be visible during intake and/or 14-Day Exam/Health Appraisal. No referral to dental done.*	
07/20/2021	Dental sick call **Subjective:** L2- Broken Upper left molar "Broken tooth is hurting" Pt points to last tooth/roots on upper left side. **Objective:** 1 pa needed; roots remain; coronal tooth structure destroyed; inflamed tissue; **Assessment:** 15 unrestorable **Plan:** hqr, rba, ocs, tx options discussed; Rx Amox 500mg 2t bid x 10d; nv. x-15 1b **Education:** ohi	

	[redacted] 	
08/03/2021	Dental Treatment Appointment **Subjective:** x-15 * "My tooth has started to hurt" Pt points to 15 remaining roots **Objective:** See 7-20-21 DSC. **Assessment:** 15 unrestorable **Plan:** hqr, rba, tx options discussed; Extraction 15 rt Completed; 1 carp 2%lido x 1/100000 epi given; Elevation, removal with ronguer, no comp, poi; nv. prn; Rx Ibu 600mg stat/1t bid x 7d. **Education:** ohi *Findings: on 07/20/2021 #14 possible periodontal issue of mesial root with possible enlarged PDL. Need additional view.* *#16 dentigerous cyst not listed in the SOAPE notes.* ***No radiographic apex #16 visible.*** *No objective findings i.e., fever, swelling, lymphadenopathy #14, 15 or 16 even though antibiotics prescribed.* ***#15 extracted within timeframe but consent only list extraction but not the tooth number and no signature by dentist. Make sure surgical consent form is completely filled as it can be considered battery and can be a liability to MCJ/Wellpath.***	
10/04/2021	Released	
	TOTAL = NC	**0**

6.6: Case Review #6 – 0%

Patient filed a grievance on June 18, 2021, stating he had a tooth that was loose and bleeding, and he had filed two prior grievances. It was unclear whether he had previously raised this issue with healthcare staff.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
05/12/2021	Booked	
	Rescheduled 2 times by nursing before being seen. Rescheduled 7 times by dental for LUQ loose tooth. Appointment on 06/27/2021 shows completed but no progress notes, no follow up care. **Never seen in dental.**	
06/23/2021	Seen in Medical, given Ibuprofen and states "already scheduled for dental sick call" but n**ever seen in dental. Patient has gone 8.5 months without dental care.**	
03/03/2022	Released.	
	TOTAL = NC	**0**

6.7: Case Review #7 – 0%

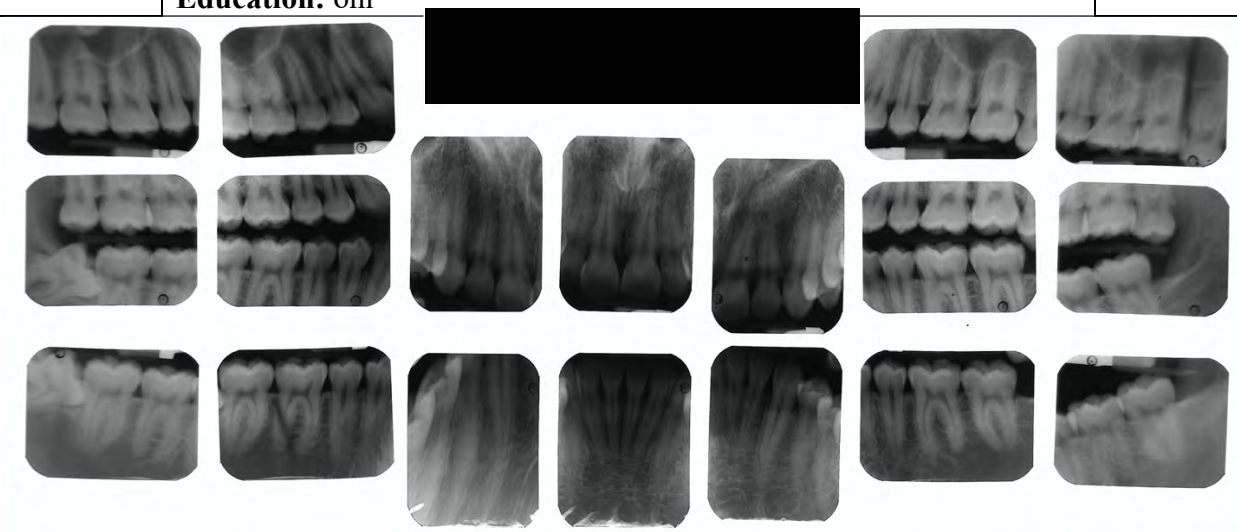
Patient filed a grievance on September 13, 2021, complaining that his dental needs were ignored despite raising several complaints and submitting a sick slip.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
09/08/2021	Booked.	
09/18/2021	Nurse Sick Call states "Ok to distribute tube of denture cream". *Note that intake form states no dentures*	
	Never seen in dental even though patient filled out dental sick call request.	
09/21/2021	Released.	
	TOTAL = NC	**0**

6.8: Case Review #8 – 0%

Patient filed grievances on May 22 and June 24, 2021, stating he had been waiting for his annual cleaning since December and had been at the jail for over 18 months.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
11/13/2019	Booked	
11/13/2020	Eligible for comprehensive exam and cleaning	
11/07/2020	**Rescheduled** – Dental Sick Call for Annual Dental Exam	
11/10/2020	**Rescheduled** – Dental Sick Call for Annual Dental Exam	
02/09/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam – due to lack of resources	
04/06/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – due to lack of resources; limited coverage w/ part time DA	
04/07/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – due to lack of resources; limited coverage w/ part time DA	
05/22/2021	**Grievance filed – patient not seen until 07/07/2021**	
05/31/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – due to Dr. [redacted] out, covering dentist here Saturday	
06/02/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – due to Dr. [redacted] out	
06/05/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – no reason given	
06/12/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – no reason given	
06/19/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – no reason given	
06/23/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – per supervisor [redacted]	
06/24/2021	**Grievance filed – patient not seen until 07/07/2021**	
06/24/2021	**Rescheduled** – Dental Sick Call for Annual Dental Exam pt requesting cleaning – no reason given	
07/07/2021	**Dental Sick Call – received annual dental exam** **Subjective:** Annual Dental Exam pt requesting cleaning PT HAS BEEN HERE 19 MONTHS "I would like a cleaning" Pt has no other CCs **Objective:** FMX/AE/PC **Assessment:** Gingivitis **Plan:** hqr, rba, ocs, FMX, Annual Exam, and Periodontal Charting Completed; nv. prophy 1b	

	Education: ohi  *Findings: note the horizontal impaction of lower wisdom tooth #32 and no radiographic apex of the #1, 16 and 32 visible. This would have been a patient which should have been sent to the oral surgeon for a panoramic radiograph. There appears a small lucency #32 in coronal portion.*	
07/21/2021	**Dental Treatment** Prophy Dx: Gingivitis **Plan:** hqr, rba, tx options discussed; Prophy w cavitron/polish/ohi Completed; nv. Recall *Findings: Covid protocol states to minimize aerosolized procedures Per the Dental Directive dated 01-25/2021 "Dental hygiene will be done using only hand instruments and absent the use of ultrasonics/piezos scalers."* *Recall timeframe not listed.*	
08/28/2021	**Medical Sick Call for dental pain.** Ibuprofen given. States dental sick call already scheduled but patient not seen for two months.	
10/31/2021	**Dental Sick Call** **Subjective:** lvl 2- There is a pain in my lower left molar I believe my filling may have fallen and I have a nerve exposed. "I may have had something stuck between my teeth on bottom right, no issue now" Pt points to 31/32. **Objective:** Clinically, teeth perfect, no restorations, no inflammation, or decay. **Assessment:** no dental path; asymptomatic 32 horizontal impaction. **Plan:** hqr, rba, tx options discussed; no further tx recommended; nv. prn **Education:** when released, elective x of thirds molar recommended. *Findings: Potential harm to patient: No x-ray taken this visit, only a clinical assessment was performed by the dentist. Patient not referred to oral surgeon for panoramic x-ray, evaluation and possible extraction #32. Patient complained of pain between #31 and #32 prior*	

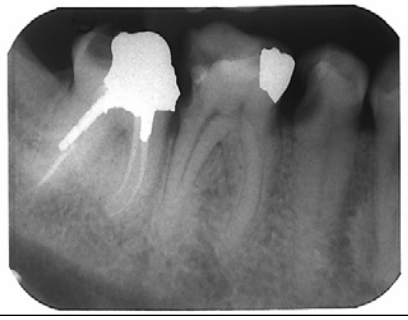
	to visit. Patient continued to complain of pain in future nurse sick calls and medical sick call. Had patient's possible pathology been addressed at this appointment or even earlier at the 07/08/2021 annual dental exam, then patient would not have had to experience continued pain during incarceration. Patient's #32 roots not visible on x-ray as no panoramic radiographic equipment on site. Horizontal impaction of third molar with a small lucency at mesial. Possible early formation of dentigerous cyst. Possible clinical caries. Unable to visualize apex therefore current radiograph undiagnostic.	
12/01/2021	**Rescheduled - Nurse Sick Call** c/o right lower molar pain	
12/02/2021	**Nurse Sick Call** c/o right lower molar pain	
12/03/2021	**Medical Sick Call** **Subjective:** c/o right lower molar pain **Objective:** SEE DENTAL EXAM FORM **Assessment:** PAIN RELATED TO DENTAL DECAY	
	Findings: patient rescheduled multiple times prior to release and patients dental sick call requests went unaddressed for two months. Radiographs of third molars undiagnostic. Patient rescheduled 16 times for his exam request on 11/07/2020.	
12/06/2021	Released	
	TOTAL = NC	**0**

6.9: Case Review #9 – 0%

Patient filed a grievance on October 31, 2021, stating that he had a bad tooth and needs dental work, but had not yet received an appointment. We have no record of whether patient had submitted these requests nor how the Jail responded.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
09/26/2021	Booked. Intake/Receiving screening – no dental issues reported.	
10/03/2021	**Rescheduled Nurse Sick Call Appointment** - Rescheduled Appointment sick slip: "need medical to check out my contacts eyes **teeth** and im having trouble swallowing my food".	
10/04/2021	**Rescheduled Nurse Sick Call Appointment** - Rescheduled Appointment sick slip: "need medical to check out my contacts eyes **teeth** and im having trouble swallowing my food"	
10/06/2021	Medical Sick Call	

	C/O cavities to bilateral upper teeth and problems swallowing food Referred to dentist	
10/13/2021	**Refused Appointment** - L2: C/O bilateral lower cavities DSC Refusal [DDS [redacted] on 10-13-2021] *Findings: Refusal form scanned but no reason for the refusal given. No discussion of RBAC given in notes.* ****Refusal protocol needs to be created.*	
10/31/2021	**Grievance filed**	
11/07/2021	Medical Sick Call C/O of Dental Pain Dental form filled out. States "Pain, gradual onset of 1 week, interferes with play; Sensitivity to hot, cold, pressure; Worse with meals, pain 2/10, right lower; fever no, no swelling; right lower caries decay and no lymphadenopathy." **Plan:** OTC pain medication - Acetaminophen (Tylenol) 325 mg, 2 tabs by mouth twice a day as needed for 10 days Setup for dental L2	
11/17/2021	Dental Sick Call **Subjective:** Sick Call - L2 - R Lower toothache Tylenol ordered x 10 days "tooth in front of molar hurts" Pt points to 29. **Objective:** *blank (but located in Dental Service and Treatment Record it states "*29 deep distal decay penetrates dej close to pulp chamber; intermittent pain;" **Assessment:** *blank* ***(none given)*** **Plan:** hqr, rba, tx options discussed; nv. 29 fill 1c **Education:** Pt informed that all three teeth 29,30,31 recommended for full coverage crowns bc of extensive decay and undermined cusps. If 29 reacts unfavorably, rct recommended. Dental Service and Treatment Record – CMG filled out. 1 PA (periapical) #29 "29 deep distal decay penetrates dej close to pulp chamber; intermittent pain;" *Findings:* **No objective findings stated, no diagnosis given other than decay. What is the pulpal diagnosis? On 11/07/2021 patient was seen by medical and stated that he had pain to hot, cold and pressure. No objective findings of these were identified during this visit.* **X-ray was scanned on 12/02/2021* **Not all lesions on the x-ray are documented in the notes and therefore not all diagnosis provided for the x-ray. Note the opacity on distal root #28 also not mentioned.* **Apex #29 not fully visible on radiograph.* **DPC of 1c given for a tooth which may have had irreversible pulpitis. Should be a 1b.* **Decay is down to bone level, no BWX taken. Restoration will need to have crown lengthening and possible RCT. Tx option should be*	

	discussed to include extraction. A refusal of extraction can be obtained if patient does not want proposed treatment. *Patient was scheduled*	
	[redacted] 	
12/25/2021	Released.	
	Findings: *List surface of restoration to be performed.* *List diagnosis and objective findings. The objective findings must substantiate the diagnosis.* *Need access to sick call logs in Intelmate* *Take diagnostic x-rays.* *DPC of 1c given for a tooth which may have had irreversible pulpitis. Should be a 1b and patient should have been scheduled for treatment prior to patient being released.* *Potential harm to patient: no pulpal diagnosis and no diagnosis of the entire radiograph.*	
	TOTAL = NC	**0**

6.10: Case Review #10 – 0%

Patient filed a grievance on August 24, 2021, stating he had requested his comprehensive exam on July 17, but still had not been seen. He reported that he had been at the jail for "well over a year".

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)

	(Book-in: 02/06/2020 1241) (Release: 11/15/2021 1400)	
07/17/2021	Dental Sick Call Request for annual exam	
08/24/2021	Grievance filed.	
08/24/2021	Only FMX x-rays taken, not read or evaluated by Dentist.	
09/08/2021	Annual Exam and Perio Charting completed, **Plan:** hqr, rba, tx options discussed; Gross scaling/FM Srps w cavitron Completed; nv. polish/light scale/Ohi (2). *Findings: form not filled out completely, missing existing filling, missing caries. Note #31, not #32.*	
10/20/2021	Prophy/polish and Extraction #16 completed. States next visit #31 fill. *Findings: No objective findings to substantiate #16 irreversible pulpitis. No surfaces indicated for filling #31. Referral to medical not done for HP of 146/104 prior to extraction. Indicate that the post op instruction is given out verbally and in writing. Important to remember that all treatment is to be completed by longest length DPC noted at the comp exam.* ***Patient was rescheduled 10 times prior to receiving his Annual Dental Exam.***	
	TOTAL = NC	**0**

6.11: Case Review #11 – 28.9%

We understand that this patient may not have received timely care and treatment in April after reporting an abscess. He may have experienced significant pain and swelling, rendering him unable to eat for 3-4 days, but did not see the dentist for seven days.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 02/25/2021 1827) (Release: 01/21/2022 0930)	
03/23/2021	DL 1 referral to dental for pain and abscess #32 (wisdom tooth LR side) but states patient points to #29. X-ray #29, states necrotic pulp, given a 1c (60 days) to have it removed. Augmentin antibiotics and pain meds prescribed. *Findings: #29 x-ray apex not visualized. No mention of non-diagnostic x-ray to be retaken. Would suggest a DPC of 1b instead of 1c as the swelling was extensive per treatment with Augmentin.*	PC
04/14/2021	Dental Sick call for top left and patient points #15. No objective findings, no diagnosis/assessment given. #15 extracted. No x-ray #15. *Findings: Dentist may appear to have used x-ray taken #UL and LL from one year prior 05/19/2020 for extraction #15 on 04/14/2021.This x-ray was scanned 11/02/2021.*	NC
04/16/2021	Dental Sick Call Request for pain meds for pain teeth.	--

05-04-21	Patient was scheduled for extraction #29 per sick call prior appointment on 3-23-21. Pt was **rescheduled** by DDS because of lack of resources.	NC
05-05-21	Pt was not seen for extraction of #29. Pt requesting extension of ibuprofen and Tylenol-multiple requests. Patient rescheduled but states: **Rescheduled Appointment** - hqr, rba, tx options discussed; Extraction 19 Completed; 2 carp 4%septo x 1/100000 epi given; Elevation, removal with forcep, no comp, poi; Rx ibu 600mg stat/1t bid x 10d; nv. prn [DDS [redacted] on 05-05-2021] Appointment for #29 not completed until 05/11/2021. No note regarding #19.	NC
05-11-21	New PA taken #29. Pt was seen & treatment was provided for extraction #29. *Findings: Consent present for extraction #29 No second witness signature. Updated radiograph taken. Patient seen within 1c timeframe. Unrestorable is a description not a diagnosis.*	SC
05-20-21	Patient for LV2 Right front tooth is" dead "per pt. Requesting extraction. Pt was rescheduled by RN- no reason noted.	NC
05-25-21	Patient **rescheduled** by DDS – no reason noted.	NC
05-29-21	Pt refused to see dental for sick call. Refusal present. RBACs not listed. Pt refused to sign.	PC
06-05-21	Patient rescheduled by DDS – no reason noted.	NC
06-12-21	Patient was seen for sick call. Patient stated UL side hurting & treatment was provided for extraction #14. Follow up appointment for extraction site.	NC
06-19-21	Patient seen for 1 week follow up and treatment was provided for dry socket. Follow up appointment in 2 weeks was given.	SC
06-23-21	Rescheduled per supervisor (RN)-no reason noted.	NC
06-24-21	Rescheduled by RN- no reason noted.	NC
06-27-21	Rescheduled by RN- no reason noted.	NC
08-17-21	LV2 pt. has multiple dental issues. Pt C/o pain in upper left. Pt was rescheduled by DDS (full schedule).	NC
08-31-21	Pt refused appointment.	SC
11-09-21	Patient seen for L2 decaying left frontal tooth. X-ray was taken, not diagnostic. Xray not very clear. Findings of Xray not noted i.e., PA radiolucency on #10. #7 retained root. no supporting findings to support the diagnosis. Antibiotics prescribed no supporting symptoms or findings.	PC
11-16-21	Patient scheduled for extraction #7 & 10. Consent was taken for extraction #7. Refusal of extraction taken for tooth #10. No printing of the name of the witness. Notes does not indicate if extraction of #7 was completed.	SC
	Findings and Recommendations: *Need to fill the consent forms its completion.*	

	Radiographs taken should be diagnostic & all findings evident in Xray should be documented. *List diagnosis and objective findings. The objective findings must substantiate the diagnosis.* *Reason for antibiotics must be stated.* *Need access to sick call logs in Intelmate* *Potential harm to patient: no pulpal diagnosis, treatment not provided in timely manner.*	
	TOTAL 5.5/19 = 28.9%	**NC**

B. Dental Care Supplies

6.12: Case Review #12 – 16.7%

Patient submitted a grievance on September 22, 2021, complaining that she had not been provided floss. The Director of Nursing responded stating: "We do not provide floss".

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 08/04/2021 1838)	
09-13-21	Patient was seen for the medical sick call & patient stated that 'grinds teeth at need, require mouthguard." *Findings: Patient was seen by PA & informed patient that "do not offer custom made dental guards while in custody." Patient was sent to dental for dental concern or treatment as needed.* *Recommendations: If patient has any dental concerns. Patient should be scheduled in dental. Was not referred to dental for grinding.*	NC
09/22/2021	Grievance filed stating not provided floss. Unable to determine if patient is indigent. If patient indigent, then per the IP, floss is given free of charge. If patient has money on the books, then per the IP patient must purchase floss loops from Commissary.	PC
03/22/2022	Patient finally seen (6 months later) for evaluation for a nightguard. **Education:** No wear facets, TMJ, pt informed 14 fill to completed then evaluate for night guard. *Findings: was told #14 to be evaluated first and filling prescribed but surfaces not identified.* ***States no facet wear however #15 appears to have a facet radiographically evident on occlusal.*** *No mention of moderate bone loss. No bitewing taken to evaluate for caries #14.*	NC
	TOTAL = 0.5/3 = 16.7%	

6.13: Case Review #13 – 0%

Patient submitted grievances on June 14 and 21, 2021, complaining that dental floss was not available through sick call or commissary. The Director of Nursing responded that he could request commissary to carry it.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 05/18/2021 1400) (Release: 01/13/2022 2215)	
	As per the grievances no dental sick call appointments were found and patient not seen in dental for the request for floss or education.	NC
	Recommendations: To prevent harm to the patient, RN should be trained to submit the dental concerns for the patient to the dental department. During the initial screening the patient should be given the information as how to obtain the hygiene supplies from the commissary or custody.	
	TOTAL = 0% - NC	

6.14: Case Review #14 – N/A

We understand that patient does not receive a free toothbrush or toothpaste from the County and must buy his own. We do not know if he is indigent or has found other ways to acquire these supplies.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 07/15/2021 1016) (Release: 01/10/2022 0915)	
	"Patients receive a toothbrush and toothpaste at their initial booking but no floss unless they are indigent. Toothpaste and a toothbrush are available upon reasonable request." *"Inmates are given toothbrushes and can receive instruction in proper brushing technique from the medical staff upon request. Dental floss loops are available through the commissary for routine flossing. Indigent inmates shall be provided with dental care supplies."* *Wellpath IP, P. 99*	
	I do not have access to see if patient was indigent at the time of the request for dental care supplies. Patient was not seen in dental during his most recent incarceration. ***Recommendation: to prevent harm to the patient, patient should be educated during screening by RN as how to submit the request to dental for any concerns or to request for the dental hygiene care.***	
	TOTAL = N/A as unable to determine indigent status	**N/A**

6.15: Case Review #15 – N/A

We also have concern that patient is not receiving dental floss. We do not know if she has requested floss, specifically, nor if she is indigent.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 08/20/2021 1433) (Release: 02/10/2022 0345)	
10-20-21	Dental sick call L2: right bottom toothache. Patient refused sick call appointment. Refusal present but not second witness signature.	
10-27-21	Patient was rescheduled by DDS – "light schedule due to quarantine".	
11-04-21	Rescheduled by DA – no dental	
11-09-21	Patient seen for dental sick call .LV2 - lower right molar, pt states pain 8/10. General consent taken but no dentist signature. X-ray reveals #32 retained root with PA radiolucency & #30 MOD carious lesion with PA radiolucency. No findings noted in the clinical notes. Objective findings not noted. Amoxicillin was prescribed but no findings to support the medication.	
11-16-21	Extraction consent but no dentist signature, although initials adjacent to the tooth to be extracted. Extraction #32 done. Post op instructions and hemostasis achieved is not mentioned. #30 not indicated for future care.	
	During the dental appointments patient did not mention the concern of receiving dental floss. Patient was seen for sick call & patient did not mention any concerns regarding access to floss. Patient was prescribed antibiotics on 11/9/21 but no supportive documentation. Completing the extraction consent is important.	
	Recommendation: To prevent harm to the patient the oral hygiene education is highly recommended & patient's OHI should be reinforced during the dental appointments. TO prevent abuse of the antibiotics, supportive documentation is highly recommended. Also, patient should be educated by RN for hygiene care during the initial screening process.	
	TOTAL = N/A as unable to determine indigent status	**N/A**

C. Other Individual Class Member Issues

6.16: Case Review #16 – NC

Patient filed grievances on July 7 and August 12, 2021, stating she was in excruciating dental pain. She reported that she had "seen the dentist twice and he's took [sic] two x-ryas of same tooth," but as of August 12, she still had not received treatment. Patient also filed multiple grievances requesting permission to use her family-provided mouth guard due to her grinding her teeth. Please provide an opinion as to whether the IP requires Defendants to permit class members to use family-provided dental equipment such as mouth guards.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 05/30/2021 1445) (Release: 08/31/2021 0730)	---
06-27-21	Dental sick call L2 -left upper cracked molar. Rescheduled appointment by RN- no reason noted.	NC
06-29-21	Rescheduled Appointment by DDS - Lack of resources	NC
06-30-21	Patient was seen for sick call for left upper cracked molar & triage was done. X-ray taken for tooth #12. Medication given but stated clinical presentation (does not state swelling, pain to percussion) doesn't warrant antibiotics. Education was given for decay #13 but no task made to address this issue). Task created for extraction #12.	PC
07-06-21	Patient scheduled for extraction #12, but pt requested that tooth on lower right is hurting more. Pt triaged for #31. X-ray taken for tooth #31 & scheduled for filling #30. Misnumbering has occurred and also in the education portion states distal caries #29 when it is #30. Please update the progress notes. Pt also has the nightguard dropped by the family member for evaluation by dental.	PC
07-13-21	Patient was provided treatment for tooth #12. extraction was done for #12. Extraction consent does not have the complete signature & second witness signature missing.	PC
08-03-21	Dental sick call: Pt night guard dropped off on 7/4 and placed on dental desk for eval. Has this been checked? Does it need custody eval? Pt requesting. Rescheduled Appointment by DDS- Lack of resources	NC
08-11-21	Dental sick call for extraction #12. Rescheduled Appointment by DDS - schedule opening	NC
08-11-21	Dental sick call: Pt night guard dropped off on 7/4 and placed on dental desk for eval. Has this been checked? Does it need custody eval? Pt requesting. Rescheduled Appointment - Full schedule of Triage and episodic care today	NC

08-17-21	Dental sick call. LVL2 -broken tooth Patient was evaluated for the existing night guard & OHI reinforced during the use of the nightguard.	NC
08-25-21	Tooth #31 filling Rescheduled by DDS – Full schedule.	NC
	Patient was seen for the treatment of #12 in timeframe & was given antibiotics without any supporting documentation causing abuse of the medication. Misnumbering (#30 should be #31) of patient treatment plan. Patient has not been seen for the filling of #31 until the release (8-3-21). ***Pt was evaluated & delivered nightguard on 8-25-21 without evaluation of condition of existing nightguard.***	
	Recommendation: To prevent harm to the patient the treatment should be provided at the time of the triage. Patient should be given medication when clinically indicated.	
	TOTAL = 1.5/10=15.0%	**NC**

6.17: Case Review #17 – NC

Patient filed grievances on June 30, July 12 and 14, and August 7 and 14, 2021, stating that he had severe tooth pain and had not received adequate care. Responses indicate he was scheduled in dental on July 3, 13, and 29, but it appears that either he was not seen, or he did not receive adequate care. The August 7 grievance states that his tooth has a gaping hole, blood was coming out and that it hurt to close is mouth fully.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 04/24/2021 2009) (Release: 11/30/2021 0930)	
04-27-21	Dental sick call LVL-2 -Right upper tooth broken. Rescheduled by DDS (Quarantine)	NC
05-18-21	Patient seen in dental clinic per LV2 for right upper tooth broken. Patient denied pain & stated that left lower wisdom tooth bothers sometime. Patient was triaged for tooth #17. PA Xray taken, non-diagnostic as apical area of the retained root of #17 is not evident. Patient scheduled for extraction #17. Patient was given medications but no supporting documentation for the prescription of antibiotics or analgesics.	NC
05-31-21	Dental sick call for extraction #17. Rescheduled Appointment by DDS (Dr [redacted] out, covering dentist here Monday)	NA
06-02-21	Dental sick call for extraction #17. Rescheduled Appointment by DDS (Dr [redacted] out, covering dentist here Monday)	NA
06-05-21	Dental sick call for extraction #17. Rescheduled Appointment by DDS – no reason noted.	NC

06-12-21	Dental sick call for extraction #17. Rescheduled Appointment by DDS – no reason noted.	NC
06-12-21	Dental sick call for extraction #17. Rescheduled Appointment by DDS – no reason noted.	NC
06-19-21	Dental sick call for extraction #17. Rescheduled Appointment by DDS – no reason noted.	NC
06-23-21	Dental sick call for extraction #17. Rescheduled Appointment - PER RN SUPERVISOR -No reason noted.	NC
06-24-21	Dental sick call for extraction #17. Rescheduled Appointment -Per RN – no reason given.	NC
06-24-21	Dental sick call for extraction #17. Rescheduled Appointment - Per DDS no reason given.	NC
06-29-21	Dental sick call for extraction #17. Rescheduled Appointment	NC
07-03-21	Patient was triaged for tooth #4. PA taken and scanned & scheduled for extraction #4. NO PROGRESS NOTE on this date.	NC
07-10-21	Dental sick call for extraction #4. Rescheduled Appointment by RN (no reason noted)	NC
07-13-21	Dental sick call for extraction #4. Rescheduled Appointment by DDS (Portable Dental unit not working/No suction or water)	NC
07-17-21	Dental sick call for extraction #4. Rescheduled Appointment by DDS (lack of resources)	NC
08-11-21	Dental sick call for extraction #4. Rescheduled Appointment by DDS (full schedule of triage & episodic care.)	NC
08-25-21	PA taken for tooth #4. General consent taken but no dentist signature present. Patient rescheduled multiple times before being sent to dental for triage. Pt was prescribed medication & scheduled for extraction #4.	PC
08-31-21	Patient seen in dental clinic. Extraction consent taken but no signature of the second witness although initials adjacent to tooth number. Extraction #4 completed. Hemostasis not stated prior to release of patient following extraction. Patient seen for treatment within 30 day timeframe.	PC
	Patient was rescheduled 10 times & no treatment for #17 was ever provided. Patient could have been referred to the oral surgeon to address the lucency adjacent to the hardware used to repair broken jaw. Patient did not receive adequate dental care due to multiple reschedules.	
	Recommendation: Multiple reschedules, an undiagnostic x-ray and the lack of a referral is harmful to the patient. The diagnosis should be based on the radiographic findings & intra-oral evaluation. Diagnostic radiographs are very important for the plan of the treatment. Take diagnostic x-rays or refer out for diagnostic radiographs. ***Medication abuse should be avoided by providing adequate objective findings and basing the treatment on the assessment which is based on objective findings.***	

	Treatment should be provided in timely manner.	
	TOTAL = 1/17=5.9%	**NC**

6.18: Case Review #18 – NC

We understand that patient may have had a dead or dying nerve in one of his teeth and experienced a lengthy delay in accessing treatment even after the problem was identified.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 08/27/2021 0112) (Release: 11/23/2021 2215)	
09-29-21	Patient seen for dental sick call. Peri-apical & bitewing radiograph taken for tooth #30. Tooth diagnosis as reversible pulpitis but no supporting tests were done or noted in the clinical notes. No surface was stated for the filling.	**PC**
10-26-21	#30 Filling Rescheduled Appointment - Covid+ Quarantined. R/S by DA for following dental week.	**NA**
11-02-21	#30 Filling Rescheduled by DDS -Quarantine	**NA**
	Patient was seen for sick call on 09-29-21 for tooth #30. No pulpal objective findings to achieve a diagnosis for reversible pulpitis. Given DPC 1B & should be provided treatment within 30 days. Due to Covid-19 circumstance, patient was delayed Patient was given the appointment for filling but was rescheduled twice & was not seen for the treatment prior to release.	
	Recommendations: To prevent harm to the patient the treatment should be provided in timely manner as per the DPC and Covid-19 protocols. Dr. [redacted] will provide an updated Covid-19 directive to address patients with emergency, urgent/emergent and routine dental care needs. ***Patient is back in custody and should be seen for his prescribed dental treatment.***	
	TOTAL = .5/1= 50.0%	**NC**

6.19: Case Review #19 – NC

Patient filed a grievance on May 21, 2021, stating he had been waiting for a dental appointment for over one year and was in "excruciating pain". We do not have access to records that would indicate whether and how frequently he had previously requested access, except that the Jail's response stated he had last been seen by dental in September 2020.

DATE	CHART NOTE [redacted]	COMMENT SC (1) PC (0.5)

	(Class) **Protective Order**	**NC (0)**
	(Book-in: 05/15/2019 1507)	
05-25-21	Dental Sick Call request: This pt has been waiting for a cleaning and has placed sick call after sick call asking about his turn. He is complaining about gum pain in his latest sick call. Would it be possible to see him sooner than August? Rescheduled by DDS (no reason noted). *No mention of "excruciating pain".*	SC
06-05-21	Rescheduled by DDS (no reason noted).	NC
06-12-21	Patient was seen in dental clinic & full mouth scaling was performed. No x-rays taken for this exam. No mention of "excruciating pain". Cleaning given 9 months following comprehensive dental exam which is longer than what is stated in the IP.	PC
08-18-21	Full mouth polish completed. Given a recall appointment task.	SC
	Patient had FMX done on 06/04/20. The annual exam was completed on 09-08-2020, given a 1c for cleaning to be performed within 60 days, however patient had to wait 9 months before receiving a cleaning on 06/12/21, with a final polish and charted dental exam and perio charting two months later on 08/18/21. No mention of "excruciating pain" in any of the clinical notes however patient received his cleaning outside of the mandated timeframe per the IP. Potential harm to the patient can occur when there is a delay in patient dental care and treatment.	
	Recommendations: To prevent harm to the patient the treatment should be provided in timely manner as per the IP and DPC protocol.	
	TOTAL =2.5/4= 62.5%	**NC**

6.20: Case Review #20 – NC – ATTEND TO THIS IMMEDIATELY

We understand that patient is unsatisfied with dental care at the jail. It is possible the dentist proposed performing an extraction when a different approach would have addressed his needs more effectively. Further, patient filed a grievance on June 27, 2021, complaining of a length delay in accessing dental care for abscessed teeth. The response stated, in part: "Our dental department is incredibly backed up."

DATE	**CHART NOTE** [redacted] **(Class)** **Protective Order**	**COMMENT** **SC (1)** **PC (0.5)** **NC (0)**
	(Book-in: 04/28/2021 0050) (Release: 05/19/2022 0730)	
06-10-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by DDS (no reason stated)	NC
06-12-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by DDS (no reason stated)	NC

06-19-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by DDS (no reason stated)	NC
06-22-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by RN (no reason stated)	NC
06-23-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by RN supervisor (no reason stated)	NC
06-24-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by RN (no reason stated)	NC
06-27-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by RN (no reason stated). Second DSC placed.	NC
06-29-21	L-2 DSC Pain Rt upper molar. Pt rescheduled by DDS (Lack of resources.) Second sick call placed -multiple areas of pain.	NC
06-30-21	Pt seen for triage for upper rt tooth. X ray #2/3 taken; Diagnosis given & scheduled for ext. #2 & 3 within 60 days. Incidental finding #5 explained in education portion of SOAPE but not scheduled.	PC
08-24-21	Patient was provided treatment as per the treatment plan within timeframe. Per clinical notes extraction #2 & 3 was completed. ***Consent taken for tooth #3 on 11/21/2018 but surgically the notes indicated extraction was for #19 at that time. ***No surgical consent form present for extraction #2 & # 3 on 08/24/2021.	NC
08-25-21	Follow up appointment after extraction #2 & 3. Possible oral antral communication stated in notes. No clinical notes indicating why a periapical radiograph not taken.	PC
09-22-21	L-2 DSC Patient requesting his front teeth be fixed. States he has some" cavities that need to be filled. Pt rescheduled by DDS (Quarantine)	NA
10-06-21	L-2 DSC Patient requesting his front teeth be fixed. States he has some" cavities that need to be filled. Pt rescheduled by DDS (Quarantine)	NA
10-20-21	Pt seen per L-2 request for fillings. Patient was turned away without an x-ray and told he can come back at his one year date of incarceration. Patient is entitled to have fillings per the IP with an eligible diagnosis. No x-ray taken, no objective findings noted, no diagnosis, no treatment plan and no DPC given to address patient's chief complaint. This is a breach of the IP and training is recommended ASAP.	NC
12-21-21	Patient seen for triage. Pt requesting routine dental care. Scheduled for annual dental exam. This same situation as on 10/20/21 happened again. Patient filled out a dental sick call requesting fillings, and patient was turned away again without an x-ray, objective findings, diagnosis, treatment plan and a DPC. **Note this patient was turned away again on 04/12/22.**	NC
	-Turning away a patient without addressing his/her chief complaint is a clear violation of the Implementation Plan. Note that this patient also has special needs as indicated in the medical record and may	

	not have been able to advocate for himself with pain or discomfort. Patient has asked 5 times for fillings (seen and turned away 3 times in the dental clinic) over a six months' time period. *"B. Services for Inmates Incarcerated for less than One Year. Treatment provided is based on the inmate's needs, length of stay and the priorities listed below: (1) Relief of pain and treatment of acute infections and other urgent conditions…. (4) Repair of injured or carious teeth. (Wellpath IP, p. 99-100)* ***-Patient was rescheduled 8 times before being seen on 06/30/21 for triage about pain in his upper right teeth.*** ***-Not having a signed, accurate and witnessed informed consent for the extraction #2 & #3 is a clear violation of the Implementation Plan. Additionally, the informed consent on 11/21/2018 indicated #3 however the extraction was done on #19. The inaccuracy in the informed consent for #19 and not having an informed consent for #2 & #3 is a liability for MCJ.*** ***"****Written informed consent shall be obtained for all invasive and other procedures in accordance with established CFMG procedure and community standards of practice." (Wellpath IP, P. 20-21)*	
	Recommendation: Turning the patient away and not addressing the patient's chief complaint is harmful to the patient, especially as this patient has requested fillings 5 times over a 6 month period of time. ***At a minimum obtaining objective findings, making a diagnosis which is supported by the objective findings, and prescribing a treatment plan and a DPC supported by the assessment is the expected per the IP. Only then, if it is determined that this restorative procedure can be reasonably deferred, then that can be determined following the diagnosis and treatment plan.*** ***Training is mandatory and ASAP for these two violations. A signed in-service training sheet with the training module must be completed.***	
	TOTAL = 1/13=7.7 %	**NC**

6.21: Case Review #21 – NC

We understand that Ms. [redacted] reported severe pain, as well as difficulty eating and chewing, but experienced a lengthy delay of over one month before seeing the dentist.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 05/16/2021 1524) (Release: 09/08/2021 2346)	
07-05-21	Nurse Sick Call - C/O Dental issue – Rescheduled, no reason given.	NC

07-06-21	Nurse Sick Call - C/O Dental issue – Rescheduled, no reason given.	NC
07-07-21	Nurse Sick Call - C/O Dental issue – Rescheduled, no reason given.	NC
07-09-21	Nurse Sick Call - C/O Dental issue – Rescheduled, no reason given.	NC
07-10-21	Nurse Sick Call - C/O Dental issue – Seen and referred to Dental SC	SC
07-11-21	Medical Sick Call - C/O Dental issue – Seen. Referred to Dental Sick Call for L2- Bottom right molar filling falling out.	SC
07-13-21	Dental Sick Call - L2 bottom molar falling out. Pt complains about left top wisdom tooth loose. Pt was triaged for left upper area & scheduled for ext. #15 & 16. DPC given of 1B to be seen within 30 days.	SC
07-27-21	Treatment for Extraction # 15 & 16 was completed as per the DPC guidelines. Hemostasis not indicated as being achieved in the progress note prior to patient being released back to unit. Consent form present although signature not on witness line.	PC
08-04-21	L2 Intermate: Pt. now states that she needs a "filling refilled" and "it is hard for me to chew". Patient triaged for #30. DPC given 1B. Notes state that extraction site 14, 15 healing well, but it is 15, 16. Please amend notes.	SC
09-01-21	Extraction #30 was completed. Consent form present for #30. No signature on witness signature line but Dentist initials present adjacent to #30. Treatment completed. Treatment was completed as per the DPC guidelines.	SC
	Patient experienced a 4 day delay following the placement of an inmate sick call slip. Per the IP, the patient will be seen within 24 hours of the sick call request. *"All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. The complaint is prioritized and referred to Dental Sick call as deemed necessary. Interim treatment for pain and infection is provided until the patient is seen by the dentist." (Wellpath IP, p. 101)* ***Patient was seen for triage & treatment within timeframe once referred to dental. Patient was given the pain medication as indicated after the triage & treatment.***	
	Recommendation: To prevent the harm, see the patient as scheduled and the treatment should be provided on the same day as the triage. Provide nurse training to comply with mandates of the IP.	
	TOTAL 5.5/10 = 55.0%	**NC**

6.22: Case Review #22 – PC

We understand that patient may have experienced significant delays in accessing dental care due to attempting to report her concerns to jail personnel, who did not follow through with requesting care on her behalf.

DATE	CHART NOTE [redacted] (Class) Protective Order	COMMENT SC (1) PC (0.5) NC (0)
	(Book-in: 08/20/2021 1433) (Release: 02/10/2022 0345)	
10-27-21	Sick call. L2: Right bottom toothache. Rescheduled Appointment by DDS - Light schedule due to Quarantine	NA
11-04-21	Rescheduled Appointment by DA- NO DENTAL DAY. R/S FOR NEXT DENTAL DAY	NA
11-09-21	Dental Sick Call – Seen for "LV2 - lower right molar, pt states pain 8/10 ***Please do not reschedule** "Last tooth hurts" Pt points to 32." Consent taken but no witness signature and no consent to examination. X-ray taken. Medication prescribed but no supporting documentation (signs or symptoms) for antibiotics prescription.	PC
11-16-21	Extraction consent taken & treatment of extraction #32 was provided. States bleeding established but assumed meant hemostasis established. Treatment seen within 1B/30 day timeframe.	SC
	Findings: *Initial consent taken but no witness signature and no consent to examination. The consents are to be updated by Dr.* [redacted] *and sent to the forms committee for approval.* ***Dr.*** [redacted] ***will provide an updated Covid-19 directive to address patients with emergency, urgent/emergent and routine dental care needs.*** ***Recommendations:*** *In order to prevent harm to the patient, the patient should not be prescribed antibiotics without any supporting clinical signs & symptoms in order to prevent harm to the patient. Provide the dental treatment at the time of the triage appointment.*	
	TOTAL = 1.5/2=75.0%	**PC**

Section IV. Appendix

Appendix 1. Wellpath's Covid–19 Current Phase for MCJ

- Per email from [redacted], as of January 2021, here are the following instructions from Wellpath Dental to MCJ Dental Department.
- Unknown if there is a more current update from Wellpath.

Dental Directives

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For sites with very low(less than 1% of the population) patient cases of COVID-19, the following dental treatment will be rendered provided that the required PPE is available.

- Offsite referrals for trauma involving fracture or suspected fracture of facial bones
- Offsite referrals for complex extractions
- Dental trauma with avulsion or luxation should be assessed immediately or sent offsite
- Post-op osteitis, please treat with your best judgement.
- Any orthodontic wire which is cause soft tissue trauma may need to be cut or removed
- Permanent or sedative restorations should be considered for carious teeth that are restorable.
- Dental hygiene will be done using only hand instruments and absent the use of ultrasonics/piezos scalers.
- Routine extractions can be performed
- Surgical extractions can be performed

Additional Directives:

- All examinations, and radiographs will be performed as usual
- No patient will be seen if they are not in the facility more than 14 continuous days.
- Each patient needs to have a temperature check done before treatment is rendered
- Each patient will rinse with chlorhexidine gluconate or peroxyl before a treatment procedure is rendered.
- Proper PPE should consist of N95, comparable KN95 or level 3 surgical masks with a face shield are preferred with low/moderate risk of infection, full-length gown, face shield and gloves.
- Please practice full Infection Control protocol after each patient as usual

Appendix 2. Covid Protocols

https://www.ada.org/resources/coronavirus
https://www.cda.org/Home/Resource-Library/COVID-19
https://www.dbc.ca.gov/licensees/covid19.shtml
https://www.dir.ca.gov/dosh/coronavirus/
https://www.cdc.gov/coronavirus/2019-ncov/index.html

Appendix 3. Corrective Action Plan (CAP) with Due Dates

- **Wellpath has converted this approved CAP into their own spreadsheet and renumbered the items, but they remain the same items.**
- I have changed Dr. [redacted] to Dr. [redacted] who is the current Chief Dental Officer.
- **See Appendix 4 for the CAP comparison and the separately attached CAP with all progress information and timelines.**

#	Deficiency	Finding and Corrective Action Plan	Start & Due Date	Completed per Wellpath
1	Oral Hygiene Supplies	Confirm that all the toothpaste carries the American Dental Association (ADA) seal.	06/18/21 08/31/21	See attached CAP for results
2	Oral Hygiene Supplies	Indigent pack of toothbrush and toothpaste will be available cost free to the indigent inmate/patient (I/P). Correctionally approved flossers (e.g., floss loops) will be available cost free to the indigent I/P upon request.	06/18/21 08/31/21	See attached CAP for results
3	Oral Hygiene Supplies	Denture adhesive is to be available cost free to edentulous indigent I/P with full dentures. A dental policy is available to address how the denture adhesive will be made available to the indigent inmate/patient.	06/18/21 08/31/21	See attached CAP for results
6	Oral Hygiene Supplies	Complete and approve a formal policy and procedure to address oral hygiene supplies for all booked patients, including for indigent inmate/patients.	06/18/21 08/31/21	See attached CAP for results
7	Oral Hygiene Education	Oral hygiene instruction, both brushing and flossing videos from the American Dental Association (ADA) are available on the inmate/patient's tablet, otherwise an oral hygiene instruction pamphlet is to be available to each booked inmate/patient.	06/18/21 08/31/21	See attached CAP for results

8	Oral Hygiene Education	Meaningful oral hygiene instruction is given to every I/P during the 14-day exam. Check the box "OHI" in the Health Appraisal Questionnaire (IMQ) upon completion of this verbal and written oral hygiene instruction. Once the videos are uploaded to the tablet, the viewing of both the brushing and flossing videos at the 14-day exam will qualify for the box OHI to be checked.	06/18/21 08/31/21	See attached CAP for results
11	Inmate Handbook	Handbook to contain information regarding dental program. Neutral monitor to approve content.	06/18/21 08/31/21	See attached CAP for results
12	Inmate Handbook	List the available dental services available in the Inmate Handbook as outlined in the Implementation Plan for those under and over 12 months of incarceration.	06/18/21 08/31/21	See attached CAP for results
13	Inmate Handbook	In the Inmate Handbook, inform patients with chronic care diseases (HIV, Seizures, Diabetes, Pregnancy, Pts on more than 4 psych meds) they are eligible for comprehensive care within 90 days of their referral from dental from the physician's chronic care appointment.	06/18/21 08/31/21	See attached CAP for results
14	Inmate Handbook	Include in the Inmate Handbook that the inmates incarcerated for 12 months, or more are eligible to receive a comprehensive dental exam and dental treatment.	06/18/21 08/31/21	See attached CAP for results
15	Inmate Handbook	Inform inmate/patients that per the Implementation Plan, XI.B.2.b., 2nd paragraph and XI.C.2, inmate/patients can request a periodontal screening to see if they are eligible for a cleaning (e.g., at the Dental Sick Call. Subsequently a dental cleaning may be available if they are eligible, no matter their length of incarceration, as indicated in the Periodontal Program section of the Implementation Plan.	06/18/21 08/31/21	See attached CAP for results
16	Inmate Handbook	Educate patients in the Inmate Handbook that they could reinstate dental care if they previously refused dental care, by placing another sick call.	06/18/21 08/31/21	See attached CAP for results
17	Inmate Handbook	Remove the $3.00/dental examination and/or treatment fee for dental services. Inmate Orientation Manual, Health Services, B.1.	06/18/21 08/31/21	See attached CAP for results
18	Intake Form	RNs are to fully answer all dental questions in the Intake "Receiving Screening" form in the Dental section of the Intake Form.	06/18/21 08/31/21	See attached CAP for results
19	Intake Form	Add "Full" as the other option for Dentures, in addition to "Partial".	06/18/21 08/31/21	See attached CAP for results

20	Intake Form	Every referral to dental when indicated, must be checked in the refer to dental portion of the Receiving Screening form and also entered into the dental log to make sure the referrals from intake to dental are not lost.	06/18/21 08/31/21	See attached CAP for results
21	Intake Form	Every dental referral from intake will list the date of referral, the dental problem/chief complaint, the DL, pain level, location and description of the dental problem(s), the date referred to dental and the date scheduled in dental.	06/18/21 08/31/21	See attached CAP for results
22	Intake Form	Update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.	06/18/21 08/31/21	See attached CAP for results
23	Intake Form	Until CorEMR is updated, RN place the DL information in the appointment notes in both the task box and in the dental log.	06/18/21 08/31/21	See attached CAP for results
24	Intake Form	Follow through with the referral to dental for all listed single or multiple dental problems.	06/18/21 08/31/21	See attached CAP for results
25	Intake Form	Determine if a problem is from trauma or from decay. Check the decay box if indicated. Write in if it is from trauma. Note the DL with the referral.	06/18/21 08/31/21	See attached CAP for results
26	Intake Form	The Dentist provides nurse training, retraining, feedback and monitoring.	06/18/21 08/31/21	See attached CAP for results
27	Intake Form	If a patient refuses a referral to dental, check the box for the referral to dental and then obtain the refusal and write the explanation in the progress notes.	06/18/21 08/31/21	See attached CAP for results
29	14-Day Exam Form	RNs to perform an intraoral screening and evaluation on every inmate/patient during their 14-Day Exam per the Implementation Plan.	06/18/21 08/31/21	See attached CAP for results
30	14-Day Exam Form	At 14-day exam, nurses will show a video giving oral hygiene instruction. The video will either be the ADA-approved video available on the tablets or a video availability through Dentrix.	06/18/21 08/31/21	See attached CAP for results
31	14-Day Exam Form	Check the Oral Hygiene Education box on the IMQ form once OHI is given.	06/18/21 08/31/21	See attached CAP for results
32	14-Day Exam Form	RN notes every referral on the handwritten dental log (Intake, 14-Day, Sick Call) unless another solution can be found. It is important that all referrals to dental are tracked so that all referrals to dental receive the appropriate dental appointment and are seen in dental.	06/18/21 08/31/21	See attached CAP for results

34	14-Day Exam Form	If the patient refuses the referral to dental from the 14-Day Exam, check the box for the referral to dental and then obtain the written refusal, inform the patient regarding the risks, benefits, alternatives and consequences of refusing care, write the explanation in the progress notes and scan the form into CorEMR,	06/18/21 08/31/21	See attached CAP for results
36	14-Day Exam - DL 2 Scheduled within timeframe	Per the Implementation Plan every booked patient is to receive their dental screening at the 14-day exam and the RN is to fill out the odontogram, answer the questions as listed in the Implementation Plan and refer the patients to dental when indicated.	06/18/21 08/31/21	See attached CAP for results
37	Sick Call seen by nursing within 24 hours of request	Inmate generated dental sick call requests are to be processed and seen by nursing within 24 hours of the request, per the Implementation Plan.	06/18/21 08/31/21	See attached CAP for results
38	Sick Call seen by nursing within 24 hours of request	Nursing staff is to receive from the Dentist and DON training, feedback and monitoring to see the patients within 24 hours of their dental sick call request. Nursing staff are to correctly triage for urgent/emergent dental issues versus non-urgent dental issues, assign the appropriate Dental Level and schedule within DL timeframe.	06/18/21 08/31/21	See attached CAP for results
40	Physician on Call (POC) Logs	Wellpath will provide the neutral monitor with the monthly ER Send Out log, with dental send-outs highlighted.	06/18/21 08/31/21	See attached CAP for results
41	Specialty Care Referrals / To Outside Specialists	Referrals to outside providers must be given a DPC 5. Patients are not delayed in the referral to the oral surgeon and/or other outside specialists. Patients are to be seen by the outside specialist within 30 days of the referral. If unable to schedule appointment within 30 days, will document reason why.	06/18/21 08/31/21	See attached CAP for results
42	Specialty Care Referrals / To Outside Specialists	If the apex of a wisdom tooth cannot be achieved radiologically on the first visit, then refer to the OS for a panoramic x-ray and consultation/evaluation so as not to delay dental care.	06/18/21 08/31/21	See attached CAP for results
43	Specialty Care Referrals / To Outside Specialists	If a patient's medical history prevents the dentist from completing care, and a referral to the outside specialist is in order, request a medical consult and do not delay in referring the patient to the outside specialist. See Case Review #6.	06/18/21 08/31/21	See attached CAP for results
45	Specialty Care Referrals / To Outside Specialists	The dentist must see the patient the next dental day after the patient was seen and/or treated by the outside provider. The report must be available to the dentist for this appointment.	06/18/21 08/31/21	See attached CAP for results

46	Specialty Care Referrals / To Outside Specialists	Complete and have approved a written procedure and protocol for referrals to outside specialists and returns from the outside specialist.	06/18/21 08/31/21	See attached CAP for results
48	Comprehensive Dental Care	Those individuals who did not receive the automatic comprehensive dental care appointment scheduled one year from their date of booking, have their dental appointment manually entered.	06/18/21 08/31/21	See attached CAP for results
49	Comprehensive Dental Care	The dental department is to differentiate between the annual comprehensive dental examination (yearly) vs a periodontal recall (cleaning) which can be at 3 months recall (3MRC), 4 months recall (4MRC), or 6 months recall (6MRC).	06/18/21 08/31/21	See attached CAP for results
50	Periodontal Program/ Cleaning Requests	All patients per the Implementation Plan are eligible, through the Periodontal Program, for a periodontal screening.	06/18/21 08/31/21	See attached CAP for results
51	Periodontal Program / Cleaning Requests	I/Ps who report any kind of gum issue or who request a cleaning through dental sick call will first meet with a nurse within 24 hours for triage. Nurses will identify whether the complaint is localized or generalized. Nurse will use standard protocols to assess clinical symptoms. If localized, nurses will assign a DL1 or DL2 and refer to dental. If generalized, nurses will refer to the periodontal disease program, but may assign a DL1 or DL2 as necessary based on severity of symptoms. Nurses will look for the following clinical symptoms: inflammation/inflamed/irritated; bleeding gums; tartar/calculus build-up; pain; recession; bad breath; generalized hyperplasia; loose teeth. Patients referred to the periodontal disease program will see a dentist within 90 days or sooner, depending on severity of symptoms. The dentist will perform a periodontal evaluation and determine what treatment, if any, is required according to https://www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/selection-patients-dental-radiographic-examinations. Any prescribed treatment will be completed within 120 days.	07/29/21 09/30/21	See attached CAP for results
52	Periodontal Program / Cleaning Requests	An appropriate treatment plan, for the patient to obtain the completed cleaning (prophy or deep cleaning/SRP), is completed within the assigned DPC timeline, not to exceed 120 days from the date of diagnosis.	06/18/21 08/31/21	See attached CAP for results

53	Periodontal Program / Cleaning Requests	Create a new periodontal informed consent form, separate from the general informed consent form.	06/18/21 08/31/21	See attached CAP for results
54	Grievances	Grievances will be reviewed by medical leadership (Health service administrator, director of nurses, medical director) within 1 business day after submitted by inmate.	06/18/21 08/31/21	See attached CAP for results
56	Timeliness of Care - DPC	Each line item in the dental treatment plan must be listed with a corresponding DPC so it is clear if treatment is completed within timeframe.	06/18/21 08/31/21	See attached CAP for results
61	Timeliness of Care - Comp Dental Care	Patients who qualify for and request a comprehensive dental exam shall be seen for the comprehensive dental exam within 30 days of their request.	06/18/21 08/31/21	See attached CAP for results
62	Timeliness of Care - Comp Dental Care	If dental is to take the FMX without the exam and perio charting on the same day, then any radiographic pathology is documented in the progress note that same day. See the patient within 7 days of the FMX to complete the comprehensive dental examination and periodontal charting.	06/18/21 08/31/21	See attached CAP for results
64	Timeliness of Care - Comp Dental Care	Follow the California Dental Board guidelines which state the dentist is responsible for identifying any disease process within the entire x-ray even if the patient presents only for episodic care. The dentist can then inform the patient of the issue and advise the patient to put in a new sick call request to address the other items not diagnosed at the time of the original episodic dental care appointment.	06/18/21 08/31/21	See attached CAP for results
65	Refusals	Wellpath will develop one or more forms, subject to the approval of the neutral monitor, explaining the risks, benefits, alternatives and consequences of refusing dental treatment ("RBAC Form"). The RBAC Form will indicate the nature of the patient's diagnosis and proposed treatment. The RBAC Form will include the patient's diagnosis (if applicable), the proposed treatment, and in the event of refusal, the risks, benefits, alternatives and consequences of refusing treatment (to include death). The RBAC Form will be signed by the patient, dental assistant, and dentist. [**NOTE: The RBAC Form can be within an informed consent document; it does not have to be a separate form. **] This form does not replace Wellpath's refusal form.	06/18/21 08/31/21	See attached CAP for results

67	Refusals	The refusal form should have a printed name of witness as well as a signature, in the signature block section for refusals.	06/18/21 08/31/21	See attached CAP for results
68	Refusals	Language will be placed in the handbook regarding the consequences of refusing a dental evaluation or exam. Individuals refusing evaluation or examination do not need to sign a RBAC Form.	06/18/21 08/31/21	See attached CAP for results
70	Reschedules	Reschedules must include the reason why the patient is being reschedule. All rescheduled patients must have a progress note or chart note as well as an entry in the dental excel spreadsheet. A "lack of resources" needs more detailed explanation. Which resource is lacking? Make sure to indicate this so that Wellpath and MCJ can assist the dental department in obtaining the necessary resources.	06/18/21 08/31/21	See attached CAP for results
71	Reschedules	Wellpath will devise a system to perform the following functions: (1) ensure rescheduled patients receive a new appointment within the IP timeframe; (2) monitor whether episodic patients are evaluated and treated as indicated for their chief complaint within the IP timeframe, including patients referred to outside specialists; (3) monitor whether comprehensive care patients are evaluated and have their treatment plan completed within the IP timeframes, including patients referred to outside specialists; (4) clearly indicate the date upon with any prescribed treatment has been completed or refused., including patients referred to outside specialists; (5) track the source of all referrals to dental (intake, sick call, periodontal program, etc.); (6) flag medical conditions that affect dental decision-making (e.g., need for pre-medication); (7) identify statistical information regarding quantitative measurements for the number of extractions, fillings, cleanings, root canals, etc.; and, (8) include an odontogram for each patient.	07/29/21 09/30/21	See attached CAP for results
72	Quality of Care - General Issues	Wellpath will update the General Informed Consent form for dentistry, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date.	06/18/21 08/31/21	See attached CAP for results

73	Quality of Care - General Issues	The general informed consent form is reviewed and signed prior to the examination and prior to taking radiographs.	06/18/21 08/31/21	See attached CAP for results
74	Quality of Care - General Issues	Take the blood pressure at every appointment and record the result in the progress note. Address any hypertensive issues which may affect the dental encounter.	06/18/21 08/31/21	See attached CAP for results
75	Quality of Care - General Issues	Amending the following prescription practice. Most charts are showing as medication given is Amoxicillin 500 mg two (2) capsules twice daily. This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg one (1) tab (or capsule) three (3) times per day.	06/18/21 08/31/21	See attached CAP for results
77	Quality of Care - General Issues	State in progress notes as to why no prescription for pain following an extraction or other procedure is given, i.e., if patient is already on pain medication.	06/18/21 08/31/21	See attached CAP for results
78	Quality of Care - General Issues	Fill out the education portion of the SOAPE note as given to the patient.	06/18/21 08/31/21	See attached CAP for results
80	Quality of Care - General Issues	Make sure the "problem list" in CorEMR is updated and accurate. Review of medical history is paramount to the safety of the patient. The Dentist must be assured all medical conditions are listed and reviewed which may impact surgical treatment.	06/18/21 08/31/21	See attached CAP for results
81	Quality of Care - General Issues	So as not to delay care, if a patient has a complex medication history in which the Dentist needs assistance, have the Dentist request a medical consult.	06/18/21 08/31/21	See attached CAP for results
84	Quality of Care - General Issues	There is accurate charting of left and right quadrants and placing the correct tooth or area in the progress notes.	06/18/21 08/31/21	See attached CAP for results
89	Triage	Take a periapical (PA) and a bitewing x-ray (BWX) for each inmate/patient seen for episodic care where a temporary or permanent restorative procedure is being considered. Use this objective finding with other objective findings to provide an accurate assessment and diagnosis for the patient's chief complaint.	06/18/21 08/31/21	See attached CAP for results
90	Triage	List the Objective findings in the SOAPE notes so they are used to substantiate the Assessment/Diagnosis, i.e., pain or sensitivity, lingering or not to hot, cold; pain to percussion, palpation; swelling; exudate; diagnostic radiographs, etc.	06/18/21 08/31/21	See attached CAP for results

91	Triage	Provide the pulpal diagnosis when appropriate during episodic/sick call dental appointments using the following resource: https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf	06/18/21 08/31/21	See attached CAP for results
92	Triage	If unable to obtain the apex of a tooth radiographically, such as molars/wisdom teeth, create a plan of action so dental care is not delayed, i.e., refer patient to the oral surgeon for evaluation of wisdom teeth concurrent with the use of a panoramic radiograph. State how many attempts were done to try and obtain a diagnostic x-ray and how you propose to obtain the apex for accurate diagnosis and subsequent treatment.	06/18/21 08/31/21	See attached CAP for results
93	Triage	If no medication is prescribed for a patient's chief complaint, state the reason, especially if a patient states pain in his/her chief complaint.	06/18/21 08/31/21	See attached CAP for results
94	Triage	Follow through with all referrals so patient obtain their constitutionally mandated dental care.	06/18/21 08/31/21	See attached CAP for results
95	Comprehensive Dental Care	Objective findings during the comprehensive dental examination must substantiate the dental diagnosis / assessment.	06/18/21 08/31/21	See attached CAP for results
96	Comprehensive Dental Care	Take the Full Mouth X-rays (FMX) at the same time as the annual comp exam (ACE). This was discussed in a prior recommendation.	06/18/21 08/31/21	See attached CAP for results
99	Comprehensive Dental Care	Take diagnostic radiographs. Many x-rays have overlap, are foreshortened or elongated, are overdeveloped or underdeveloped or have artifacts because of a bend in the film. If an x-ray is undiagnostic, retake or indicate reason not to retake in the progress notes.	06/18/21 08/31/21	See attached CAP for results
100	Comprehensive Dental Care	Give the periodontal diagnosis in the assessment portion of the SOAPE note at the time of the comprehensive dental examination.	06/18/21 08/31/21	See attached CAP for results
101	Chronic Care	Perform and chart a full comprehensive dental examination for patients referred from chronic care with the following issues: HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.	06/18/21 08/31/21	See attached CAP for results
102	Periodontal Treatment	Wellpath will create a separate informed consent form for periodontics, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later	06/18/21 08/31/21	See attached CAP for results

		than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date.		
103	Periodontal Treatment	Periodontal probings, mobility, attachment loss due to recessions and other periodontal findings as stated in the American Dental Association (ADA), CDT code D0180, is to be charted by the Dental Assistant at the time of the periodontal examination performed by the Dentist.	06/18/21 08/31/21	See attached CAP for results
104	Periodontal Treatment	Periodontal re-evaluation is to be scheduled and completed as a DPC-1c.	06/18/21 08/31/21	See attached CAP for results
106	Periodontal Treatment	Update to the new periodontal classifications and use the 2018 classification when providing a periodontal diagnosis. **https://www.perioimplantadvisory.com**/clinical-tips/article/16412257/the-new-classification-of-periodontal-disease-that-you-your-patient-and-your-insurance-company-can-understand (2018) **https://www.ada.org**/~/media/JCNDE/pdfs/Perio_Disease_Classification_FAQ.pdf?la=en **https://www.perio.org**/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf o https://loveperio.com/2012/08/31/ada-classification/	06/18/21 08/31/21	See attached CAP for results
107	Restorative and Palliative Care	Update, with current language, the acknowledgment of receipt of the DMFS with the current Dental Material Fact Sheet (DMFS).	06/18/21 08/31/21	See attached CAP for results
108	Restorative and Palliative Care	Discuss with the Chief Dental Officer the clinical use of amalgam as a restorative agent for posterior restorations, which is still considered a viable posterior restoration, and which is not as technique sensitive as a posterior composite. Identify all restorative materials to be used at MCJ.	06/18/21 08/31/21	See attached CAP for results
109	Extractions / Oral Surgery	Utilize a "time out" protocol and document its use prior to an irreversible procedure being performed.	06/18/21 08/31/21	See attached CAP for results
110	Extractions / Oral Surgery	Indicate in the progress notes that hemostasis has been achieved prior to releasing the patient, when it is achieved, and that post op instructions given are both written and verbal.	06/18/21 08/31/21	See attached CAP for results
111	Extractions / Oral Surgery	When performing a surgical extraction and cutting on tooth or bone, it is to be done with an irrigant such as sterile saline or sterile water (do not use unsterilized water).	06/18/21 08/31/21	See attached CAP for results

112	Extractions / Oral Surgery	Purchase at least 2 surgical handpieces in order to prevent an air embolism when highspeed cutting of tooth or bone during a surgical extraction.	06/18/21 08/31/21	See attached CAP for results
113	Endodontics	Make a separate informed consent form for endodontics and Dentist to review and sign with the patient prior to the start of a root canal. Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.	06/18/21 08/31/21	See attached CAP for results
114	Prosthodontics	Referrals for the fabrication of partial and full dentures is tracked by dental so that the appointment with the outside specialist is completed within 30 days of the referral. If unable to schedule within 30 days, will document reason why. Also making sure that the patient is seen back in the dental department after every appointment with the outside specialist and noted in the progress notes and in the excel spreadsheet.	06/18/21 08/31/21	See attached CAP for results
118	Infection Control & Regulatory Compliance	Infection control binder needs to be updated because it says 2018.	06/18/21 08/31/21	See attached CAP for results
119	Infection Control & Regulatory Compliance	Radiation safety binder be updated as it says – 2013.	06/18/21 08/31/21	See attached CAP for results
120	Infection Control & Regulatory Compliance	Review recapping techniques to perform this task safely. Use the cardboard protectors. § https://oshareview.com/2014/09/safe-needle-handling-during-dental-treatment-infection-control/ § https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm	06/18/21 08/31/21	See attached CAP for results
121	Biohazard Waste / Haz Mat Procedures	Sharps container (No more than 3/4 full before container removed)	06/18/21 08/31/21	See attached CAP for results
122	Biohazard Waste / Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet). Need to inventory.	06/18/21 08/31/21	See attached CAP for results
123	Sterilization & Equipment	Perform monthly Ultrasonic unit test and purchase new unit if doesn't pass the aluminum foil test.	06/18/21 08/31/21	See attached CAP for results
124	Sterilization & Equipment	Vacuum System - follow manufacturer's recommendations for cleaning, disinfection and maintenance.	06/18/21 08/31/21	See attached CAP for results

126	Emergency Procedures	Emergency Medical Response protocol - need proof of practice of annual EMR training and annual EMR dental drill.	06/18/21 08/31/21	See attached CAP for results
127	Safety	Dental Board regulations on infection control - need to post and other corresponding paperwork.	06/18/21 08/31/21	See attached CAP for results
128	Safety	Sterile water - recommend using for OS procedures. Currently not using sterile water or sterile saline for surgical procedures. Must implement immediately.	06/18/21 08/31/21	See attached CAP for results
129	Safety	Hand hygiene - need to implement hand hygiene audit to ensure staff are complying with IC protocols.	06/18/21 08/31/21	See attached CAP for results
130	Safety	X-ray unit - need to disinfect in between uses and cover when not in use.	06/18/21 08/31/21	See attached CAP for results
133	Clinic Admin and Logs	Create and implement employee job specific training on infection prevention policies and procedures and the OSHA blood board pathogens standard.	06/18/21 08/31/21	See attached CAP for results
134	Clinic Admin and Logs	Create and implement an exposure control plan tailored to the facility that is dental specific.	06/18/21 08/31/21	See attached CAP for results
135	Clinic Admin and Logs	Must have accurate Pharmaceutical Logs (CRCR 7438).	06/18/21 08/31/21	See attached CAP for results
136	Clinic Admin and Logs	Radiographic certificate, rules and regulates - must post.	06/18/21 08/31/21	See attached CAP for results
137	Clinic Admin and Logs	Perform annual Infection Control, Radiation Safety, Oxygen Use, HazMat and SDS training.	06/18/21 08/31/21	See attached CAP for results
138	Clinic Admin and Logs	Create and implement post injury protocol.	06/18/21 08/31/21	See attached CAP for results
139	Regulatory Compliance	Must post all CA regulatory postings.	06/18/21 08/31/21	See attached CAP for results
140	Management Structure & Chief Dental Officer	The H.S.A. shall provide oversight to the dental program by monitoring compliance, attending the monthly Dental Subcommittee, reviewing statistics, auditing charts, reviewing workflow, making sure the	06/18/21 08/31/21	See attached CAP for results

		Dentist has the resources he needs to assist with eliminating barriers to access to care, timeliness of care, quality of care, training of nurses and so forth, as appropriate to her qualifications.		
141	Management Structure & Chief Dental Officer	A supervisory audit report from the CDO is due to this monitor as part of Wellpath's monthly document production and is to include two of each of the following categories: triages and diagnoses, comprehensive dental examinations, periodontics, restorative, oral surgery, endodontics, as available, as well as an evaluation of refusals, reschedules, OTM, OTC and NIC. Dr. [redacted] Chief Dental Officer (CDO) to audit multiple charts as well as provide routine, monthly supervisory oversight. The H.S.A. may perform these tasks, as appropriate. ***Use the Peer Review audit tool as a guideline when performing the supervisory audit review	07/29/21 09/30/21	See attached CAP for results
144	Dashboard & Dental Excel Spreadsheet	Dentist to enter his portion of the completed dental procedures and next visit parameters into the dental excel spreadsheet after every patient.	06/18/21 08/31/21	See attached CAP for results
148	Digital X-rays	Wellpath will purchase a high-quality scanner for film x-rays, capable of reflecting x-rays of diagnostic quality and scanning a full-mouth series of x-rays. Scan the FMX as a whole rather than piecemeal.	07/29/21 09/30/21	See attached CAP for results
150	Space, Dental Equipment & Supplies	Test ultrasonic cleaner to determine if it still works. If it does not, purchase a new ultrasonic cleaner to clean the dental instruments after each patient encounter.	06/18/21 08/31/21	See attached CAP for results
151	Space, Dental Equipment & Supplies	Dentist and Dental Assistant both receive two monitors each so they can have one for CorEMR and the other for the spreadsheet (requested multiple times).	06/18/21 08/31/21	See attached CAP for results
152	Nurse Training by DON, HAS and Dentist	Nurse training, feedback and monitoring of the 14-Day Exam evaluation and filling out of the Odontogram as well as including evaluating for the proper Dental Levels in Intake, 14-Day Exam and Sick Call is to be provided by the DON, HAS, Dentist and overseen by Dr. [redacted]. (Have a complete roster of all clinical staff who need to receive this training and show sign off from the roster so can tell who still needs to receive the training.)	06/18/21 08/31/21	See attached CAP for results
153	Nurse Training by DON, HAS and Dentist	Training will be provided to the Registered nurses, physicians, nurse practitioners and physician assistants, upon hire and yearly thereafter. Training will consist of Monterey County Dental Level 1 vs. Level 2, and proper determination between levels including use of	06/18/21 08/31/21	See attached CAP for results

		subjective and objective pain scales. Dental referrals made from intake, Sick call, and 14-day health exams. This training is in addition to the Virtual Onboarding Experience class (dental assessment) for Nurses that all new hire Registered Nurses receive and the annual Dental Screening - ANCC - E-LEARNING provided to each employee. Dentist to participate in annual training. A roster will be kept onsite for all attendees.		
154	Nurse Training by DON, HAS and Dentist	Recommend one on one nurse training when needed, such as with the 14-Day Exam RN. Per the audit interview with the RN usually performing the 14-Day exam, he stated he does not routinely see inside the patient's mouth unless they report pain. Per the Implementation Plan all patients are to receive a screening and answer the questions stated in the plan as well as fill out an odontogram.	06/18/21 08/31/21	See attached CAP for results
155	Nurse Training by DON, HAS and Dentist	Fill out an odontogram and answer all questions as directed in the Implementation Plan on every patient at the 14-Day Exam. Train nurses to receive additional training and feedback in filling out the odontogram per the Implementation Plan.	06/18/21 08/31/21	See attached CAP for results
156	Nurse Training by DON, HAS and Dentist	Create the 14-Day Exam form (odontogram and questions) per the Implementation Plan or use Dentrix Enterprise. See Section 5.7 for additional information.	06/18/21 08/31/21	See attached CAP for results
157	Administrative and Clinical	Conduct Staffing Analysis / Workflow Analysis, taking into account increased demand expected by increased compliance with the IP. Adjust staffing (including hiring) if/as necessary, including hiring the Hygienist position, as recommended in the IP.	06/18/21 08/31/21	See attached CAP for results
159	Administrative and Clinical	Add dental services to Wellpath's existing "rapid response team" for staffing shortages.	06/18/21 08/31/21	See attached CAP for results
163	Policies and Procedures Including Dental, Corporate and Local	Wellpath will tailor its newly created (2021) policies and procedures regarding dental care to the Monterey County Jail. These new policies will be evaluated to ensure they incorporate and do not conflict with the Implementation Plan.	07/29/21 09/30/21	See attached CAP for results
165	Licenses, Credentials, CURES and Job Performance	Job Performance Reviews, Dentist - Have a clinical and administrative job performance review of the dental staff completed yearly.	06/18/21 08/31/21	See attached CAP for results

168	Pharmacy and Medication Management	Identify which stock medications will be at the dental clinic and the stock medications are to be fully accounted for including to whom the medication is prescribed in both the on-site log and in CorEMR. See report for details.	06/18/21 08/31/21	See attached CAP for results
170	Peer Review	Establish a peer review system with a peer review performed at least once every 6 months on the dentist at MCJ, using dentist peer from other Wellpath facilities or hire a contracted Peer Review examiner.	06/18/21 08/31/21	See attached CAP for results
172	Peer Review	Create a peer review audit tool/worksheet to be completed for each selected dental chart. A minimum of 10 charts are to be pulled at random for the most recent 6-month period and will include charts relating to Examination and Diagnosis (Annual Exams and Triages), Periodontal Treatment Restorative, Oral Surgery, and Endodontics. See Section 5.15 for details on the content of the Peer Review audit tool. ***Use the Peer Review audit tool as a guideline when performing a supervisory audit review.	06/18/21 08/31/21	See attached CAP for results
174	Monthly Dental Subcommittee	Form Dental Subcommittee, to include the Dentist, Dental Assistant, CDO, administrative staff who assist in Dental, Custody, the DON, the HSA, the Regional Director when possible, and anyone else deemed necessary to collaborate on ongoing dental issues. Subcommittee shall meet monthly and proceed according to the agenda, framework and details reflected in the Fifth Dental Report, plus Key Performance Indicators (see item 179). Daily, weekly and monthly data is to be included in the Dental Subcommittee meeting and taken from the dental excel spreadsheet and CorEMR to be reviewed, discussed and provided to the dental monthly subcommittee meeting minutes and given to the Quality Assurance (QA) meeting.	06/18/21 08/31/21	See attached CAP for results
180	Quality Assurance Meeting with Power Point Presentation	This monitor reserves the right to present information at the QA meetings as well as at the Monthly Dental Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content (as recommended in the above-mentioned sections).	06/18/21 08/31/21	See attached CAP for results
181	Quality Assurance Meeting with Power Point Presentation	QA minutes have a standard reporting structure which includes Dental. Dental must participate and provide data and the minutes from the monthly Dental Subcommittee.	06/18/21 08/31/21	See attached CAP for results

Appendix 4. Wellpath/MCJ Renumbered their CAP – Will use this one now

See attached CAP within the email of this report for results.
Wellpath CAP items: 108
Custody CAP items: 13

#	Section	Deficiency	Due Date	Corrective Actions	Category	Responsible Party (Person)
1	Oral Hygiene Supplies	Confirm that all the toothpaste carries the American Dental Association (ADA) seal.	09/30/21	Commissary	Custody	Capt. Moses
2	Oral Hygiene Supplies	Indigent pack of toothbrush and toothpaste will be available cost free to the indigent inmate/patient (I/P). Correctionally approved flossers (e.g., floss loops) will be available cost free to the indigent I/P upon request.	09/30/21	Indigent hygiene packs	Custody	Capt. Moses
3	Oral Hygiene Supplies	Denture adhesive is to be available cost free to edentulous indigent I/P with full dentures. A dental policy is available to address how the denture adhesive will be made available to the indigent inmate/patient.	09/30/21	Commissary	Custody	Capt. Moses and RN [redacted]
4	Oral Hygiene Supplies	Complete and approve a formal policy and procedure to address oral hygiene supplies for all booked patients, including for indigent inmate/patients.	09/30/21	Update P&P	Custody	Capt. Moses
5	Oral Hygiene Education	Oral hygiene instruction, both brushing and flossing videos from the American Dental Association (ADA) are available on the inmate/patient's tablet, otherwise an oral hygiene instruction pamphlet is to be available to each booked inmate/patient.	09/30/21	I/P Tablet	Custody	Capt. Moses/ Dr. [redacted]
6	Inmate Handbook	Handbook to contain information regarding dental program. Neutral monitor to approve content.	09/30/21	Update/Add to I/M Handbook	Custody	Capt. Moses
7	Inmate Handbook	List the available dental services available in the Inmate Handbook as outlined in the Implementation Plan for those under and over 12 months of incarceration.	09/30/21	Update/Add to I/M Handbook	Custody	Capt. Moses
8	Inmate Handbook	In the Inmate Handbook, inform patients with chronic care diseases (HIV, Seizures, Diabetes, Pregnancy, Pts on more than 4 psych meds) they are eligible for comprehensive care within 90 days of their referral from dental from the physician's chronic care appointment.	09/30/21	Update/Add to I/M Handbook	Custody	Capt. Moses
9	Inmate Handbook	Include in the Inmate Handbook that the inmates incarcerated for 12 months, or more are eligible to receive a comprehensive dental exam and dental treatment.	09/30/21	Update/Add to I/M Handbook	Custody	Capt. Moses
10	Inmate Handbook	Inform inmate/patients that per the Implementation Plan, XI.B.2.b., 2nd paragraph and XI.C.2, inmate/patients can request a periodontal screening to see if they are eligible for a cleaning (e.g., at the Dental Sick Call.	09/30/21	Update/Add to I/M Handbook	Custody	Capt. Moses

		Subsequently a dental cleaning may be available if they are eligible, no matter their length of incarceration, as indicated in the Periodontal Program section of the Implementation Plan.				
11	Inmate Handbook	Educate patients in the Inmate Handbook that they can reinstate dental care if they previously refused dental care, by placing another sick call.	09/30/21	Update/Add to I/M Handbook	Custody	Capt. Moses
12	Inmate Handbook	Remove the $3.00/dental examination and/or treatment fee for dental services. Inmate Orientation Manual, Health Services, B.1.	09/30/21	Update/Add to I/M Handbook	Custody	Capt. Moses
13	Intake Form	RNs are to fully answer all dental questions in the Intake "Receiving Screening" form in the Dental section of the Intake Form.	08/11/21	CORE CHANGE	Wellpath	RN [redacted]
14	Intake Form	Add "Full" as the other option for Dentures, in addition to "Partial".	09/30/21	Changes made in CORE	Wellpath	RN [redacted]
15	Intake Form	Every referral to dental when indicated, must be checked in the refer to dental portion of the Receiving Screening form and also entered into the dental log to make sure the referrals from intake to dental are not lost.	09/30/21	Nurse Training	Wellpath	RN [redacted]
16	Intake Form	Every dental referral from intake will list the date of referral, the dental problem/chief complaint, the DL, pain level, location and description of the dental problem(s), the date referred to dental and the date scheduled in dental.	09/30/21	Nurse Training	Wellpath	RN [redacted]
17	Intake Form	Update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.	09/30/21	CORE CHANGE	Wellpath	RN [redacted]
18	Intake Form	Until CorEMR is updated, RN place the DL information in the appointment notes in both the task box and in the dental log.	08/31/21	Nurse Training	Wellpath	RN [redacted]
19	Intake Form	Follow through with the referral to dental for all listed single or multiple dental problems.	09/30/21	Nurse Training	Wellpath	RN [redacted]
20	Intake Form	Determine if a problem is from trauma or from decay. Check the decay box if indicated. Write in if it is from trauma. Note the DL with the referral.	09/30/21	Nurse Training	Wellpath	RN [redacted]
21	Intake Form	The Dentist provides nurse training, retraining, feedback and monitoring.	09/30/21	Nurse Training	Wellpath	RN [redacted]
22	Intake Form	If a patient refuses a referral to dental, check the box for the referral to dental and then obtain the refusal and write the explanation in the progress notes.	09/30/21	Nurse Training	Wellpath	RN [redacted]
23	14-Day Exam Form	RNs to perform an intraoral screening and evaluation on every inmate/patient during their 14-Day Exam per the Implementation Plan.	09/30/21	Nurse Training	Wellpath	RN [redacted]
24	14-Day Exam Form	Check the Oral Hygiene Education box on the IMQ form once OHI is given.	09/30/21	Nurse Training	Wellpath	RN [redacted]
25	14-Day Exam Form	RN notes every referral on the handwritten dental log (Intake, 14-Day, Sick Call) unless another solution can be found. It is important that all referrals to dental are tracked so that all referrals to dental receive the appropriate dental appointment and are seen in dental.	09/30/21	Nurse Training	Wellpath	RN [redacted]

26	14-Day Exam Form	If the patient refuses the referral to dental from the 14-Day Exam, check the box for the referral to dental and then obtain the written refusal, inform the patient regarding the risks, benefits, alternatives and consequences of refusing care, write the explanation in the progress notes and scan the form into CorEMR,	09/30/21	Nurse Training	Wellpath	RN [redacted]
27	14-Day Exam - DL 2 Scheduled within timeframe	Per the Implementation Plan every booked patient is to receive their dental screening at the 14-day exam and the RN is to fill out the odontogram, answer the questions as listed in the Implementation Plan and refer the patients to dental when indicated.	09/30/21	Nurse Training	Wellpath	RN [redacted]
28	Sick Call seen by nursing within 24 hours of request	Inmate generated dental sick call requests are to be processed and seen by nursing within 24 hours of the request, per the Implementation Plan.	09/30/21	Nurse Training	Wellpath	RN [redacted]
29	Sick Call seen by nursing within 24 hours of request	Nursing staff is to receive from the Dentist and DON training, feedback and monitoring to see the patients within 24 hours of their dental sick call request. Nursing staff are to correctly triage for urgent/emergent dental issues versus non-urgent dental issues, assign the appropriate Dental Level and schedule within DL timeframe.	09/30/21	Nurse Training	Wellpath	RN [redacted]
30	Physician on Call (POC) Logs	Wellpath will provide the neutral monitor with the monthly ER Send Out log, with dental send-outs highlighted.	Complete, per Wellpath representation on 8/11/21	PRODUCTION OF EXISTING LOG	Wellpath	RN [redacted]
31	Specialty Care Referrals / To Outside Specialists	Referrals to outside providers must be given a DPC 5. Patients are not delayed in the referral to the oral surgeon and/or other outside specialists. Patients are to be seen by the outside specialist within 30 days of the referral. If unable to schedule appointment within 30 days, will document reason why.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
32	Specialty Care Referrals / To Outside Specialists	If the apex of a wisdom tooth cannot be achieved radiologically on the first visit, then refer to the OS for a panoramic x-ray and consultation/evaluation so as not to delay dental care.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
33	Specialty Care Referrals / To Outside Specialists	If a patient's medical history prevents the dentist from completing care, and a referral to the outside specialist is in order, request a medical consult and do not delay in referring the patient to the outside specialist. See Case Review #6.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
34	Specialty Care Referrals / To Outside Specialists	The dentist must see the patient the next dental day after the patient was seen and/or treated by the outside provider. The report must be available to the dentist for this appointment.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]

35	Specialty Care Referrals / To Outside Specialists	Complete and have approved a written procedure and protocol for referrals to outside specialists and returns from the outside specialist.	10/31/21	Need to create new written procedure to be used on site.	Wellpath	RN [redacted] Dr. [redacted]
36	Comprehensive Dental Care	Those individuals who did not receive the automatic comprehensive dental care appointment scheduled one year from their date of booking, have their dental appointment manually entered.	Complete, per Wellpath representation on 8/11/21	Fixed by DA	Wellpath	RN [redacted] Dr. [redacted]
37	Comprehensive Dental Care	The dental department is to differentiate between the annual comprehensive dental examination (yearly) vs a periodontal recall (cleaning).	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
38	Periodontal Program/Cleaning Requests	All patients per the Implementation Plan are eligible, through the Periodontal Program, for a periodontal screening.	08/31/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
39	Periodontal Program / Cleaning Requests	I/Ps who report any kind of gum issue or who request a cleaning through dental sick call will first meet with a nurse within 24 hours for triage. Nurses will identify whether the complaint is localized or generalized. Nurse will use standard protocols to assess clinical symptoms. If localized, nurses will assign a DL1 or DL2 and refer to dental. If generalized, nurses will refer to the periodontal disease program, but may assign a DL1 or DL2 as necessary based on severity of symptoms. Nurses will look for the following clinical symptoms: inflammation/inflamed/irritated; bleeding gums; tartar/calculus build-up; pain; recession; bad breath; generalized hyperplasia; loose teeth. Patients referred to the periodontal disease program will see a dentist within 90 days or sooner, depending on severity of symptoms. The dentist will perform a periodontal evaluation and determine what treatment, if any, is required according to https://www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/selection-patients-dental-radiographic-examinations. Any prescribed treatment will be completed within 120 days.	09/30/21	Staff Training	Wellpath	RN [redacted] Dr. [redacted]
40	Periodontal Program / Cleaning Requests	An appropriate treatment plan, for the patient to obtain the completed cleaning (prophy or deep cleaning/SRP), is completed within the assigned DPC timeline, not to exceed 120 days from the date of diagnosis.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
41	Periodontal Program / Cleaning Requests	Create a new periodontal informed consent form, separate from the general informed consent form.	10/31/21	Form to be created by CDO	Wellpath	RN [redacted] Dr. [redacted]

42	Grievances	Grievances will be reviewed by medical leadership (Health service administrator, director of nurses, medical director) within 1 business day after submitted by inmate.	Complete, per Wellpath representation on 8/11/21	PROCEDURE CHANGE	Wellpath	RN [redacted] Dr.
43	Timeliness of Care - DPC	Each line item in the dental treatment plan must be listed with a corresponding DPC so it is clear if treatment is completed within timeframe.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
44	Timeliness of Care - Comp Dental Care	Patients who qualify for and request a comprehensive dental exam shall be seen for the comprehensive dental exam within 30 days of their request.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
45	Timeliness of Care - Comp Dental Care	If dental is to take the FMX without the exam and perio charting on the same day, then any radiographic pathology is documented in the progress note that same day. See the patient within 7 days of the FMX to complete the comprehensive dental examination and periodontal charting.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
46	Timeliness of Care - Comp Dental Care	Follow the California Dental Board guidelines which state the dentist is responsible for identifying any disease process within the entire x-ray even if the patient presents only for episodic care. The dentist can then inform the patient of the issue and advise the patient to put in a new sick call request to address the other items not diagnosed at the time of the original episodic dental care appointment.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
47	Refusals	Wellpath will develop one or more forms, subject to the approval of the neutral monitor, explaining the risks, benefits, alternatives and consequences of refusing dental treatment ("RBAC Form"). The RBAC Form will indicate the nature of the patient's diagnosis and proposed treatment. The RBAC Form will include the patient's diagnosis (if applicable), the proposed treatment, and in the event of refusal, the risks, benefits, alternatives and consequences of refusing treatment (to include death). The RBAC Form will be signed by the patient, dental assistant, and dentist. [**NOTE: The RBAC Form can be within an informed consent document; it does not have to be a separate form.] This form does not replace Wellpath's refusal form.	10/31/21	Form to be created by CDO	Wellpath	RN [redacted] Dr.
48	Refusals	The refusal form should have a printed name of witness as well as a signature, in the signature block section for refusals.	Complete, per Wellpath representation on 9/1/21	Form to be created by CDO	Wellpath	RN [redacted] Dr.
49	Refusals	Language will be placed in the handbook regarding the consequences of refusing a dental evaluation or exam. Individuals refusing	09/30/21	Handbook	Custody	RN [redacted] Dr.

		evaluation or examination do not need to sign a RBAC Form.				Captain Moses
50	Reschedules	Reschedules must include the reason why the patient is being reschedule. All rescheduled patients must have a progress note or chart note as well as an entry in the dental excel spreadsheet. A "lack of resources" needs more detailed explanation. Which resource is lacking? Make sure to indicate this so that Wellpath and MCJ can assist the dental department in obtaining the necessary resources.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
51	Reschedules	Wellpath will devise a system to perform the following functions: (1) ensure rescheduled patients receive a new appointment within the IP timeframe; (2) monitor whether episodic patients are evaluated and treated as indicated for their chief complaint within the IP timeframe, including patients referred to outside specialists; (3) monitor whether comprehensive care patients are evaluated and have their treatment plan completed within the IP timeframes, including patients referred to outside specialists; (4) clearly indicate the date upon with any prescribed treatment has been completed or refused., including patients referred to outside specialists; (5) track the source of all referrals to dental (intake, sick call, periodontal program, etc.); (6) flag medical conditions that affect dental decision-making (e.g., need for pre-medication); (7) identify statistical information regarding quantitative measurements for the number of extractions, fillings, cleanings, root canals, etc.; and, (8) include an odontogram for each patient.	11/30/21	E.H.R/ CHARTING CHANGES NEEDED	Wellpath	RN [redacted] Dr. [redacted]
52	Quality of Care - General Issues	Wellpath will update the General Informed Consent form for dentistry, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date.	09/30/21	Form to be created by CDO	Wellpath	RN [redacted] Dr. [redacted]
53	Quality of Care - General Issues	The general informed consent form is reviewed and signed prior to the examination and prior to taking radiographs.	09/30/21	Form to be created by CDO	Wellpath	RN [redacted] Dr. [redacted]
54	Quality of Care - General Issues	Take the blood pressure at every treatment appointment and record the result in the progress note. Address any hypertensive issues which may affect the dental encounter.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
55	Quality of Care -	Amending the following prescription practice. Most charts are showing as medication given is Amoxicillin 500 mg two (2) capsules twice daily.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]

	General Issues	This is over the usual and customary dosage. Usual prescription is Amoxicillin 500 mg one (1) tab (or capsule) three (3) times per day.				
56	Quality of Care - General Issues	State in progress notes as to why no prescription for pain following an extraction or other procedure is given, i.e., if patient is already on pain medication.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
57	Quality of Care - General Issues	Fill out the education portion of the SOAPE note as given to the patient.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
58	Quality of Care - General Issues	Make sure the "problem list" in CorEMR is updated and accurate. Review of medical history is paramount to the safety of the patient. The Dentist must be assured all medical conditions are listed and reviewed which may impact surgical treatment.	Complete, per Wellpath representation on 9/1/21	PROCESS in place	Wellpath	RN [redacted] Dr. [redacted]
59	Quality of Care - General Issues	So as not to delay care, if a patient has a complex medication history in which the Dentist needs assistance, have the Dentist request a medical consult.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
60	Quality of Care - General Issues	There is accurate charting of left and right quadrants and placing the correct tooth or area in the progress notes.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
61	Triage	Take the necessary x-rays for each inmate/patient seen for episodic care where a temporary or permanent restorative procedure is being considered. Use this objective finding with other objective findings to provide an accurate assessment and diagnosis for the patient's chief complaint.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
62	Triage	List the Objective findings in the SOAPE notes so they are used to substantiate the Assessment/Diagnosis, i.e., pain or sensitivity, lingering or not to hot, cold; pain to percussion, palpation; swelling; exudate; diagnostic radiographs, etc.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
63	Triage	Provide the pulpal diagnosis when appropriate during episodic/sick call dental appointments using the following resource: https://www.aae.org/specialty/wp-content/uploads/sites/2/2017/07/endodonticdiagnosisfall2013.pdf	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
64	Triage	If unable to obtain the apex of a tooth radiographically, such as molars/wisdom teeth, create a plan of action so dental care is not delayed, i.e., refer patient to the oral surgeon for evaluation of wisdom teeth concurrent with the use of a panoramic radiograph. State how many attempts were done to try and obtain a diagnostic x-ray and how you propose to obtain the apex for accurate diagnosis and subsequent treatment.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]

65	Triage	If no medication is prescribed for a patient's chief complaint, state the reason, especially if a patient states pain in his/her chief complaint.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
66	Triage	Follow through with all referrals so patient obtain their constitutionally mandated dental care.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
67	Comprehensive Dental Care	Objective findings during the comprehensive dental examination must substantiate the dental diagnosis / assessment.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
68	Comprehensive Dental Care	Take the Full Mouth X-rays (FMX) at the same time as the annual comp exam (ACE). This was discussed in a prior recommendation.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
69	Comprehensive Dental Care	Take diagnostic radiographs. Many x-rays have overlap, are foreshortened or elongated, are overdeveloped or underdeveloped or have artifacts because of a bend in the film. If an x-ray is undiagnostic, retake or indicate reason not to retake in the progress notes.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
70	Comprehensive Dental Care	Give the periodontal diagnosis in the assessment portion of the SOAPE note at the time of the comprehensive dental examination.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
71	Chronic Care	Perform and chart a full comprehensive dental examination for patients referred from chronic care with the following issues: HIV, Seizures, Diabetes, Pregnancy, and Patients on over 4 psych medications.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted] Medical Director
72	Periodontal Treatment	Wellpath will create a separate informed consent form for periodontics, subject to Dr. Winthrop's approval. Wellpath will provide the updated form to Dr. Winthrop no later than June 2. A finalized consent form, approved by Dr. Winthrop, will be completed no later than July 2. Wellpath's forms committee will consider the form for approval at the earliest practicable date.	09/30/21	Form to be created by CDO	Wellpath	RN [redacted] Dr. [redacted]
73	Periodontal Treatment	Periodontal re-evaluation is to be scheduled and completed as a DPC-1c.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
74	Periodontal Treatment	Update to the new periodontal classifications and use the 2018 classification when providing a periodontal diagnosis. https://www.perioimplantadvisory.com/clinical-tips/article/16412257/the-new-classification-of-periodontal-disease-that-you-your-patient-and-your-insurance-company-can-understand (2018) https://www.ada.org/~/media/JCNDE/pdfs/Perio_Disease_Classification_FAQ.pdf?la=en https://www.perio.org/sites/default/files/files/Staging%20and%20Grading%20Periodontitis.pdf o https://loveperio.com/2012/08/31/ada-classification/	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
75	Restorative and Palliative Care	Update, with current language, the acknowledgment of receipt of the DMFS with the current Dental Material Fact Sheet (DMFS).	Complete, per Wellpath represent	update in clinic	Wellpath	RN [redacted] Dr. [redacted]

			ation on 8/11/21			
76	Restorative and Palliative Care	Discuss with the Chief Dental Officer the clinical use of amalgam as a restorative agent for posterior restorations, which is still considered a viable posterior restoration, and which is not as technique sensitive as a posterior composite. Identify all restorative materials to be used at MCJ.	09/30/21	conversation needed between Winthrop and CDO	Wellpath	RN [redacted] Dr.
77	Extractions / Oral Surgery	Utilize a "time out" protocol and document its use prior to an irreversible procedure being performed.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
78	Extractions / Oral Surgery	Indicate in the progress notes that hemostasis has been achieved prior to releasing the patient, when it is achieved, and that post op instructions given are both written and verbal.	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
79	Extractions / Oral Surgery	When performing a surgical extraction and cutting on tooth or bone, it is to be done with an irrigant such as sterile saline or sterile water (do not use unsterilized water).	09/30/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
80	Endodontics	Make a separate informed consent form for endodontics and Dentist to review and sign with the patient prior to the start of a root canal. Doing a root canal without a reviewed and signed informed consent form is a serious liability issue.	09/30/21	Form to be created by CDO	Wellpath	RN [redacted] Dr.
81	Prosthodontics	Referrals for the fabrication of partial and full dentures is tracked by dental so that the appointment with the outside specialist is completed within 30 days of the referral. If unable to schedule within 30 days, will document reason why. Also making sure that the patient is seen back in the dental department after every appointment with the outside specialist and noted in the progress notes and in the excel spreadsheet.	09/30/21	TRAINING/ CREATION OF LOG	Wellpath	RN [redacted] Dr.
82	Infection Control & Regulatory Compliance	Infection control binder needs to be updated because it says 2018.	Complete, per Wellpath representation on 8/11/21	update in clinic	Wellpath	RN [redacted] Dr.
83	Infection Control & Regulatory Compliance	Radiation safety binder be updated as it says – 2013.	Complete, per Wellpath representation on 8/11/21	update in clinic	Wellpath	RN [redacted] Dr.
84	Infection Control & Regulatory Compliance	Review recapping techniques to perform this task safely. Use the cardboard protectors. § https://oshareview.com/2014/09/safe-needle-handling-during-dental-treatment-infection-control/ § https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5217a1.htm	08/31/21	Dental Staff Training	Wellpath	RN [redacted] Dr.

85	Biohazard Waste / Haz Mat Procedures	Sharps container (No more than 3/4 full before container removed)	Complete, per Wellpath representation on 8/11/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
86	Biohazard Waste / Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet). Need to inventory.	Complete, per Wellpath representation on 8/11/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
87	Sterilization & Equipment	Perform monthly Ultrasonic unit test and purchase new unit if doesn't pass the aluminum foil test.	Complete, per Wellpath representation on 8/11/21	Testing regularly	Wellpath	RN [redacted] Dr.
88	Sterilization & Equipment	Vacuum System - follow manufacturer's recommendations for cleaning, disinfection and maintenance.	Complete, per Wellpath representation on 8/11/21	follow recommendations	Wellpath	RN [redacted] Dr.
89	Emergency Procedures	Emergency Medical Response protocol - need proof of practice of annual EMR training and annual EMR dental drill.	10/31/21	create protocol/ perform drill	Wellpath	RN [redacted] Dr.
90	Safety	Dental Board regulations on infection control - need to post and other corresponding paperwork.	Complete, per Wellpath representation on 8/11/21	updated in clinic	Wellpath	RN [redacted] Dr.
91	Safety	Sterile water - recommend using for OS procedures. Currently not using sterile water or sterile saline for surgical procedures. Must implement immediately.	Complete, per Wellpath representation on 8/11/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
92	Safety	Hand hygiene - need to implement hand hygiene audit to ensure staff are complying with IC protocols.	09/30/21	hand hygiene audit needed	Wellpath	RN [redacted] Dr.
93	Safety	X-ray unit - need to disinfect in between uses and cover when not in use.	Complete, per Wellpath representation on 8/11/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
94	Clinic Admin and Logs	Create and implement employee job specific training on infection prevention policies and procedures and the OSHA blood board pathogens standard.	10/31/21	Dental Staff Training	Wellpath	RN [redacted] Dr.
95	Clinic Admin and Logs	Create and implement an exposure control plan tailored to the facility that is dental specific.	10/31/21	Create exposure control plan	Wellpath	RN [redacted] Dr.

				specific to Dental		
96	Clinic Admin and Logs	Must have accurate Pharmaceutical Logs (CRCR 7438).	Complete, per Wellpath representation on 8/11/21	update in clinic	Wellpath	RN [redacted] Dr. [redacted]
97	Clinic Admin and Logs	Radiographic certificate, rules and regulates - must post.	09/30/21	update in clinic	Wellpath	RN [redacted] Dr. [redacted]
98	Clinic Admin and Logs	Perform annual Infection Control, Radiation Safety, Oxygen Use, HazMat and SDS training.	10/31/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
99	Clinic Admin and Logs	Create and implement post injury protocol.	10/31/21	create protocol	Wellpath	RN [redacted] Dr. [redacted]
100	Regulatory Compliance	Must post all CA regulatory postings.	08/31/21	update in clinic	Wellpath	RN [redacted] Dr. [redacted]
101	Management Structure & Chief Dental Officer	The H.S.A. shall provide oversight to the dental program by monitoring compliance, attending the monthly Dental Subcommittee, reviewing statistics, auditing charts, reviewing workflow, making sure the Dentist has the resources he needs to assist with eliminating barriers to access to care, timeliness of care, quality of care, training of nurses and so forth, as appropriate to her qualifications.	Complete, per Wellpath representation on 8/11/21	H.S.A To perform oversite	Wellpath	RN [redacted] Dr. [redacted]
102	Management Structure & Chief Dental Officer	A supervisory audit report from the CDO is due to this monitor as part of Wellpath's monthly document production and is to include two of each of the following categories: triages and diagnoses, comprehensive dental examinations, periodontics, restorative, oral surgery, endodontics, as available, as well as an evaluation of refusals, reschedules, OTM, OTC and NIC. Dr. [redacted], Chief Dental Officer (CDO) to audit multiple charts as well as provide routine, monthly supervisory oversight. The H.S.A. may perform these tasks, as appropriate. ***Use the Peer Review audit tool as a guideline when performing the supervisory audit review	09/30/21	CDO to perform oversite	Wellpath	RN [redacted] Dr. [redacted]
103	Dashboard & Dental Excel Spreadsheet	Dentist to enter his portion of the completed dental procedures and next visit parameters into sick call after every patient.	10/31/21	Dental Staff Training	Wellpath	RN [redacted] Dr. [redacted]
104	Digital X-rays	Wellpath will purchase a high-quality scanner for film x-rays, capable of reflecting x-rays of diagnostic quality and scanning a full-mouth series of x-rays. Scan the FMX as a whole rather than piecemeal.	10/31/21	purchase needed	Wellpath	RN [redacted] Dr. [redacted]
105	Space, Dental Equipment & Supplies	Test ultrasonic cleaner to determine if it still works. If it does not, purchase a new ultrasonic cleaner to clean the dental instruments after each patient encounter.	Complete, per Wellpath represent	Testing regularly	Wellpath	RN [redacted] Dr. [redacted]

			ation on 8/11/21			
106	Space, Dental Equipment & Supplies	Dentist and Dental Assistant both receive two monitors each.	Complete, per Wellpath representation on 8/11/21	purchase needed	Wellpath	RN [redacted] Dr. [redacted]
107	Nurse Training by DON, HAS and Dentist	Nurse training, feedback and monitoring of the 14-Day Exam evaluation and filling out of the Odontogram as well as including evaluating for the proper Dental Levels in Intake, 14-Day Exam and Sick Call is to be provided by the DON, HSA, Dentist and overseen by Dr. [redacted]. (Have a complete roster of all clinical staff who need to receive this training and show sign off from the roster so can tell who still needs to receive the training.)	10/31/21	Nurse Training	Wellpath	RN [redacted] Dr. [redacted]
108	Nurse Training by DON, HAS and Dentist	Training will be provided to the Registered nurses, physicians, nurse practitioners and physician assistants, upon hire and yearly thereafter. Training will consist of Monterey County Dental Level 1 vs. Level 2, and proper determination between levels including use of subjective and objective pain scales. Dental referrals made from intake, Sick call, and 14-day health exams. This training is in addition to the Virtual Onboarding Experience class (dental assessment) for Nurses that all new hire Registered Nurses receive and the annual Dental Screening - ANCC - E-LEARNING provided to each employee. Dentist to participate in annual training. A roster will be kept onsite for all attendees.	09/30/21	Nurse Training	Wellpath	RN [redacted] Dr. [redacted]
109	Nurse Training by DON, HAS and Dentist	Recommend one on one nurse training when needed, such as with the 14-Day Exam RN. Per the audit interview with the RN usually performing the 14-Day exam, he stated he does not routinely see inside the patient's mouth unless they report pain. Per the Implementation Plan all patients are to receive a screening and answer the questions stated in the plan as well as fill out an odontogram.	09/30/21	Nurse Training	Wellpath	RN [redacted] Dr. [redacted]
110	Nurse Training by DON, HAS and Dentist	Fill out an odontogram and answer all questions as directed in the Implementation Plan on every patient at the 14-Day Exam. Train nurses to receive additional training and feedback in filling out the odontogram per the Implementation Plan.	09/30/21	Nurse Training	Wellpath	RN [redacted] Dr. [redacted]
111	Nurse Training by DON, HAS and Dentist	Create the 14-Day Exam form (odontogram and questions) per the Implementation Plan or use Dentrix Enterprise. See Section 5.7 for additional information.	09/30/21	form created	Wellpath	RN [redacted] Dr. [redacted]
112	Administrative and Clinical	Conduct Staffing Analysis / Workflow Analysis, taking into account increased demand expected by increased compliance with the IP.	11/30/21	staffing analysis needed	Wellpath	RN [redacted] Dr. [redacted]

		Adjust staffing (including hiring) if/as necessary, including hiring the Hygienist position, as recommended in the IP.				
113	Administrative and Clinical	Add dental services to Wellpath's existing "rapid response team" for staffing shortages.	Complete, per Wellpath representation on 8/11/21	staffing for dental coverage hired	Wellpath	RN [redacted] Dr.
114	Policies and Procedures Including Dental, Corporate and Local	Wellpath will tailor its newly created (2021) policies and procedures regarding dental care to the Monterey County Jail. These new policies will be evaluated to ensure they incorporate and do not conflict with the Implementation Plan.	11/30/21	policy tailoring	Wellpath	RN [redacted] Dr.
115	Licenses, Credentials, CURES and Job Performance	Job Performance Reviews, Dentist - Have a clinical and administrative job performance review of the dental staff completed yearly.	11/30/21	Dental oversite to be provided	Wellpath	RN [redacted] Dr.
116	Pharmacy and Medication Management	Identify which stock medications will be at the dental clinic and the stock medications are to be fully accounted for including to whom the medication is prescribed in both the on-site log and in CorEMR. See report for details.	Complete, per Wellpath representation on 8/11/21	update in clinic	Wellpath	RN [redacted] Dr.
117	Peer Review	Establish a peer review system with a peer review performed at least once every 6 months on the dentist at MCJ, using dentist peer from other Wellpath facilities or hire a contracted Peer Review examiner.	11/30/21	peer review	Wellpath	RN [redacted] Dr.
118	Peer Review	Create a peer review audit tool/worksheet to be completed for each selected dental chart. A minimum of 10 charts are to be pulled at random for the most recent 6-month period and will include charts relating to Examination and Diagnosis (Annual Exams and Triages), Periodontal Treatment Restorative, Oral Surgery, and Endodontics. See Section 5.15 for details on the content of the Peer Review audit tool. ***Use the Peer Review audit tool as a guideline when performing a supervisory audit review.	11/30/21	peer review	Wellpath	RN [redacted] Dr.
119	Monthly Dental Subcommittee	Form Dental Subcommittee, to include the Dentist, Dental Assistant, CDO, administrative staff who assist in Dental, Custody, the DON, the HSA, the Regional Director when possible, and anyone else deemed necessary to collaborate on ongoing dental issues. Subcommittee shall meet monthly and proceed according to the agenda, framework and details reflected in the Fifth Dental Report, plus Key Performance Indicators (see item 179). Daily, weekly and monthly data is to be included in the Dental Subcommittee meeting and taken from the dental excel	09/30/21	Form subcommittee, hold regular meetings	Wellpath	RN [redacted] Dr.

		spreadsheet and CorEMR to be reviewed, discussed and provided to the dental monthly subcommittee meeting minutes and given to the Quality Assurance (QA) meeting.				
120	Quality Assurance Meeting with Power Point Presentation	This monitor reserves the right to present information at the QA meetings as well as at the Monthly Dental Subcommittee meetings if the Dental Subcommittee and QA minutes are not informational, structured with usable data, or content (as recommended in the above-mentioned sections).	Complete, per Wellpath representation on 8/11/21	Dental Subcommittee Mtg	Wellpath	RN [redacted] Dr. [redacted]
121	Quality Assurance Meeting with Power Point Presentation	QA minutes have a standard reporting structure which includes Dental. Dental must participate and provide data and the minutes from the monthly Dental Subcommittee.	Complete, per Wellpath representation on 8/11/21	QA Mtg	Wellpath	RN [redacted] Dr. [redacted]

Exhibit 45

Winthrop Dental Consulting, LLC
Viviane G. Winthrop, DDS, CEO
Dental Neutral Court Monitor

Dental Audit Tour

Monterey County Jail (MCJ) and Wellpath

On Site Audit Review: May 24-25, 2022

Final Report #8

1. See the attached Excel spreadsheet which contains the statistics, dental audit tool, dental audit tool data, summary results, source references, findings and recommendations.
2. See the attached Corrective Action Plan (CAP) for May 2022.

Jesse Hernandez et al

v.

County of Monterey,
Monterey County Sheriff's Office,
California Forensic Medical Group, Incorporated.
(Now Wellpath)

Case No. 5:13-cv-02354-PSG

Table of Contents

Introduction

Objective and Purpose for Dental Tour #8 – May 24-25, 2022

The objective is for Wellpath and Monterey County Jail (MCJ) to achieve and maintain substantial compliance with the mandates set forth in the Implementation Plan (IP) and the Settlement Agreement (SA).

The purpose is for the dental program to have systems in place, to fully, transparently, and consistently self-monitor, audit, evaluate, assess, and self-govern themselves supported by policies and procedures, in order to maintain and continuously improve quality without oversight.

"Non-systemic deviations from the requirements of the Settlement Agreement and the Implementation Plans shall not prevent a finding of substantial compliance, provided that the Defendants demonstrate that they have (a) implemented a system for tracking compliance, where appropriate and practical, and for taking corrective measures in response to instances of non-compliance, and (b) that Defendants have instituted policies, procedures, practices, and resources that are capable of durable and sustained compliance." (Settlement Agreement ¶ 10)

Corrective Action Plan (CAP) and Dental Audit Tool

See the attached Excel spreadsheets for Monterey County Jail's Dental Program. This report is structured such that both the accompanying and separately attached Corrective Action Plan (CAP) and the Excel spreadsheet containing the dental audit tool, dental audit tool database, statistics, summary results, source references, monitor findings and recommendations, support the outcomes within this dental report #8.

Newly identified deficiencies from this report are found in the Executive Summary.

Standard of Care

Health services shall be provided by licensed health care professionals in accordance with community standards and professional ethical codes for confidential and appropriate practices. (Wellpath IP, p. 20)

Per Art Curley, JD[1], who teaches risk management and the Dental Practice Act at the California Dental Association, he states that the dental standard of care is statewide and not regional by county. He also states that the Dental Practice Act[2], published by the Dental Board of California is statewide, supported on page 508 of the Judicial Council of California Civil Jury Instructions which only references statewide cases. Therefore, MCJ's dental standard of care is statewide and not localized by county.
https://www.courts.ca.gov/partners/documents/Judicial_Council_of_California_Civil_Jury_Instructions.pdf.

[1] https://www.professionals-law.com/attorneys/ Mr. Curley is on faculty at the University of the Pacific, Arthur A. Dugoni School of Dentistry and UCSF, and has contributed to dental textbooks."
[2] https://www.dbc.ca.gov/about_us/lawsregs/index.shtml

Site Overview

This audit was conducted in person at MCJ. The audit was performed with "read only access" to CorEMR. The assessment for quality of dental care was made primarily through:
1. Chart reviews, tasks and reports from CorEMR; 2. Intelmate reports; 3. Data provided by RN [redacted] Implementation Specialist; and 4. Dental clinic evaluation conducted in conjunction with my Dental Facility Compliance Auditor, Paige York, RDA.

No inmate/patients were clinically examined or interviewed by me during any part of dental tour #8. The plan is to interview patients during the dental audit tour #9.

The charts reviewed use the Implementation Plan and Settlement Agreement parameters, and span January 1st, 2022, thru May 31st, 2022.

In Attendance for Dental Tour #8

The following individuals attended the exit interview either in person or by Zoom on March 25th, 2022: [redacted] RN, Implementation Specialist, HSA (A), DON(A) for Wellpath; Dr. [redacted], Chief Dental Officer for Wellpath; Dr. [redacted], Dentist for Wellpath; [redacted], Registered Dental Assistant for Wellpath; Commander J. Moses, for Monterey County Jail; Cara Trapani, Counsel for Plaintiffs; Ben Rice, Counsel for Defendants; Susan Blitch, Senior Counsel for Monterey County; Ellen Lyons, Counsel for Monterey County; Paige York, RDA, Dental Facility Compliance Auditor; Dr. Viviane G. Winthrop, Dental Neutral Court Monitor.

Logistics - MCJ/Wellpath Dental Department

Dental uses *two* main tracking systems for scheduling inmate/patients (I/P) according to their emergent, urgent, and routine dental needs:

- **Dental Level (DL):** provided by the nurses (RN), nurse practitioners (NP), physician assistants (PA) and physicians.
- **Dental Priority Code (DPC):** provided by the Dentist.
- The DL and DPC are used for monitoring compliance in the Access to Care and Timeliness of Care sections, respectively.

Dental Levels (DL)

- A DL is used when an I/P is seen and triaged (within one day) by the RN, NP, PA or Physician at the time of Intake, 14-Day Exam, Dental Sick Call, Physician visit or Physician on Call. The DL classification is used to assess the severity of a patient's dental problem(s). *(Wellpath IP, p. 98-99, 101)*:
- The DL classification of DL1 or DL2 is then used to refer the patient to the dental clinic within the prescribed period listed below.
    - **DL 1** – **Urgent/Emergent problem(s)** - Scheduled for the next dental day
    - **DL 2 – Non-Urgent/Routine problem(s)** - Scheduled within 14 calendar days –
- The DL is also used to assess:
    - If patients with a DL1 or DL2 classification were scheduled within timeframe to the dental clinic and if patients were seen as scheduled in the dental clinic.

Dental Priority System – Dental Priority Code (DPC)

- The DPC is assigned by the dentist for each dental treatment planned item, for both Episodic & Comprehensive Dental Care *(Wellpath IP, p. 100-103)*
- It is the system utilized for identifying the severity of a patient's dental problem(s) at the dental triage/diagnosis appointment and assigned as the timeframe in which the diagnosed dental treatment is to be performed.[3]
- Per RN [redacted] CorEMR was updated to track the DPC as of January 15th, 2022, using the classification listed below, however CorEMR's reporting capability is not completed for this audit tour #8 but I am advised that it will be available during Dental Audit Tour #9. CAP #51.
- Dr. [redacted] Dentist, was trained and has also received updated training in the use of this new classification feature. He was instructed to use this priority code in the drop down menu within CorEMR, see guide below, for each patient's dental treatment planned item.
    - The potential error(s) occur if the dentist does not enter the DPC correctly for each patient's dental treatment planned item. The default is a 1 in the Priority Code drop-down menu (same day treatment), which then affects compliance.
- **Note** that the same priority classification codes are used by the RNs et al for the DL triaging of patients and this can create some confusion when identifying timelines.

OLD DPC Nomenclature	NEW CorEMR Drop Down Priority Code	Timeframe	Treatment Plan
Immediate	1	Seen today and treated immediately	Emergency Care
DPC 1A	2	Treatment within 1 calendar day/24 hours	Emergent
DPC 1B	3	Treatment within 30 calendar days	Urgent
DPC 1C	4	Treatment within 60 calendar days	Unusual hard/soft tissue pathology
DPC 2	5	Treatment within 120 calendar days	Routine/Interceptive Care
DPC 4	No longer used for now	Patient is on periodic/annual recall for their dental exam schedule	Comprehensive dental treatment is completed
DPC 5	No longer used for now	Seen by the outside specialist within 30 days of the referral from Dental. Seen by Dental the next dental day following the appointment with the outside specialist.	Referral to outside specialist Referral for outside special needs dental care.

[3] Additional definition: "To ensure that all patients have equal access to dental services based upon the occurrence of disease, significant malfunction, or injury and medical necessity." https://cchcs.ca.gov/wp-content/uploads/sites/60/HC/HCDOM-ch03-art3.5.3.pdf

Statistical Parameters for Assessment of Compliance

Grading parameters:
Substantial Compliance (SC) = 86% - 100%
Partial Compliance (PC) = 75% - 85%
Non-Compliance (NC) = 74% and below

For grading purposes:
SC = a grade/weight of "1" is given on the audit tool when all parameters of the audit question has been fully and completely answered.
PC = a grade/weight of "0.5" is given on the audit tool when one or more areas of the audit tool question is not fully answered.
NC = a grade/weight of 0 is given on the audit tool when the question is not answered or not clinically favorable.

Abbreviations:
NM = Items not measured/evaluated by Wellpath/MCJ
NE = Items not evaluated by Monitor
DF = Deferred findings by Monitor

Weight of each question:
- Other than the spore test and the inmate requests, all questions carry equal weight at this time and a total is given following each of the graded sections. A grand total compiling all data is found in the following Summary Results section.
- If a spore test was not performed during a week in which autoclaving was or should have been conducted, then it constitutes an overall failure for the entire Infection Control and Regulatory Compliance section. Patient safety and the prevention of infectious diseases such as Hepatitis B or C is paramount in a dental clinical setting. *(Wellpath IP, p. 98)*
- Inmate requests for dental services and the mandated triage timeline… *All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. (Wellpath IP, p. 101)* currently carries equal weight however note that this area may be weighted more stringently in the future if the percentage of nurse triages do not increase following a request for dental services i.e., pain, toothache, swelling.
- An overall compliance score has been determined by averaging the scores. Averaging does not consider individual incidents that are problematic and therefore averaging could still be a risk to patient health.

Next Planned Dental Audit Tour #9.
- December 5th thru 6th, 2022
- Charts and Statistics to be reviewed - June 1st, 2022, thru November 30th, 2022.

Shadowing, Guidance, Training, Mentoring[4]
- December 7th thru 8th, 2022

[4] [Dkt 751] Joint Status Report and ORDER_ 6-3-2022_ 1187-8

Summary Results for Dental Tour #8

Section	Section Title	# Of Questions	% Compliance	SC, PC, NC, N/A
III. 1	Access to Care	21 questions and 19 questions evaluated	**45.5.%**	NC
III. 2	Timeliness of Care	9 questions; 3 questions evaluated	**20.0%**	NC
III. 3	Quality of Care	13 questions; 10 questions evaluated	**57.7%**	NC
III. 4	Infection Control/ Regulatory Compliance	85 questions; 77 questions evaluated	**81.8%**	PC
III. 5	Dental Program Management	17 questions; 16 questions evaluated	**37.8%**	NC
III. 6	Case Reviews	4 class case reviews 4 evaluated	**Reviewed in Appendix**	--
OVERALL TOTAL:			**48.6%**	**NC**

Executive Summary

For this Dental Audit Tour #8, which occurred May 24th thru May 25th, 2022, MCJ's Dental Department was found to be in **non-compliance with an overall score of 48.6%.** This is an improvement and an increase in compliance from the previous tour which was at 20.2%.

Defendants provided their first written response to this dental audit report #8 on September 30th. Plaintiffs' response occurred October 7th.

Please review all previous dental audit reports including findings, recommendations and the corrective action plan (CAP) for a complete picture of the dental program at MCJ.

For this audit tour, many of the CAP #51 items were not updated by CorEMR. Rather than assign non-compliance, deferred findings (DF) were assigned to the question, and these questions will be re-evaluated during the dental audit tour #9.

Note that in Column I of the dental audit tool, the "system" questions will only have one value vs the "chart audit" will have several charts reviewed and the number of charts reviewed are tallied in the dental audit tool with the compliance score. Just scroll to your right in the database when it says chart audit to see the data.

Please note that RDA [redacted] has taken employment elsewhere and is no longer employed with Wellpath/MCJ since the end of September 2022. She will be missed. See the staffing section below for additional information.

The New Jail's Dental Clinic

MCJ has graciously accepted to share their new educational space, which is adjacent to the new dental clinic. This will provide dental an egress and a much-needed administrative area. A wall is to be constructed to provide HIPPA compliance and safety between the educational and dental spaces.

Due to this improvement in safety and new equipment, Dr. [redacted] and RN [redacted] decided to move the dental services into the new jail's dental clinic. This was to take place August 29th, 2022, however due to some equipment, software, training and staffing challenges, this move to the new clinic has been delayed. As of the writing of this report, dental services are continuing to occur in the rotunda clinic with the new dental clinic not yet being utilized.

Although I have not been advised how dental will handle the sterilization issue in the new dental clinic as identified in report #7, a site visit by Henry Schein was scheduled on August 11th. Due to technical and staffing difficulties from the vendor, the visit did not occur until October 10th. No update has been issued regarding the sterilizer placement; therefore, an evaluation of this issue will occur during the next dental audit tour #9.

On October 10th the new digital x-ray system was installed on a dental laptop, however training was not provided by Henry Schein. Consequently, Dr. [redacted] who did not have a dental assistant, was unable to take diagnostic radiographs. Training was requested multiple times by Dr. [redacted] and as of late October it had yet to be provided by Henry Schein. Planmeca, the manufacturer of the program may provide training as an alternative when the new dental assistant begins on November 7th.

Note that the dental sensors and the laptop are portable, and the digital x-ray system can be used at both facilities (rotunda and new jail) for no extra cost. Once implemented with a solid backup system, this digital x-ray system will greatly reduce non-diagnostic x-rays and increase the efficiency and timeliness of taking dental radiographs.

Deficiencies & Recommendations

The CAP requirements and its implementation and progress towards compliance is tracked in the enclosed Excel spreadsheet.

For Custody there was a 21% improvement in May 2022 as compared to January 2022 in their CAP items #1-12 and #49. Although the updated Inmate Orientation Handbook has yet to be published, MCJ went from *plan development* to *progress towards implementation* in their above-mentioned CAP items.

For Wellpath there was a decrease of 7% in the implementation and progress towards compliance of the CAP in May 2022 as compared to January 2022. This is mainly due to the staffing shortage and the high staff turnover which prevented consistent training to be effective. Additionally, RN [redacted] had multiple acting assignments which took her away from her Implementation Specialist duties. As of mid-October, there is a temporary H.S.A. and hopefully this has relieved RN [redacted] from many of her extra duties and responsibilities. I truly hope

that Wellpath appreciates her valiant efforts in keeping everything running at the very least for dental.

Note, that both Wellpath and MCJ are continuing their commitment towards implementation and compliance of their Dental CAP. This is an exciting and necessary step in accomplishing the mandates set forth in the Implementation Plan.

Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. (Wellpath IP, p. 8)
From the evaluation of the dental program for its systemic durability and sustainability, as well as through chart audits, the following deficiencies have been identified. See the corrective action plan for additional information. These deficiencies must be corrected by taking accountability, and using consistent training, measurement and feedback. A policy and procedure to which training is based upon is foundational to consistent success.

Access to Care

Deficiency: Dental staff has failed to use a certified language interpreter, when mandated in CorEMR, to ensure patient understanding. **Recommendation:** Identify when the patient requires an interpreter. Use the certified language line service or a certified interpreter on site.
Deficiency: 1. The Dentist routinely failed to sign the general informed consent form. Note that there is no signature line for this form although it was requested that he sign the form in previous reports when informed consent is discussed with the patient. The general, periodontal and surgical informed consent forms have not been amended, updated nor approved by the Wellpath forms committee. 2. There is no available, established or approved root canal informed consent form nor one for the removal of orthodontic braces, brackets and wires. 4. Dental has in the meantime begun to use some of the informed consent forms from the California Dental Association. **Recommendation:** Complete the informed consent form with the discussion between patient and dentist, witnessed by the dental assistant. Have the root canal form created, a periodontal form, an orthodontic removal consent form, all approved by the forms committee, implemented, provide documented training and use consistently as directed by the CDO in the dental clinic. Performing a procedure on an inmate/patient without a documented, completed, accurate, reviewed and signed informed consent form, can become a liability for MCJ and Wellpath. **Note:** RN [redacted] set up a weekly meeting to work through the informed consent forms in early August. She organized a folder with all of the consent forms and requirements so the meetings could proceed efficiently. On August 24, 2022, she emailed "Hey all... I know for a few weeks due to many unstoppable forces we have been missing our meeting.... Hoping we can start fresh next week!". Seven meetings were then scheduled every Wednesday to occur prior to the next originally scheduled dental tour. Unfortunately, various family emergencies happened to all three of us and only a few meetings occurred. Those meetings were used instead to discuss urgent staffing issues, scheduling, CAP items, and only one meeting was

used to preliminarily review the accumulated consent forms for standardization. Regarding scheduling, we decided to meet in person to formulate the final consent forms. We were also going to put local policies and procedures together as well, but this meeting was denied by Defendants. They did however allow for interactions via Zoom to discuss CAP updates.
Deficiency: The 14-Day Exam/Health Appraisal was paused in May due to nurse shortages. Prior to the pause, not all I/Ps received a dental screening during the 14-day exam although this area showed marked improvement in its process. The nurse does not consistently look in the patient's mouth during the 14-Day Exam if pain is not reported. **Recommendation:** The 14-Day Exam/Health Appraisal was re-activated in mid-September. For those I/Ps who are still at the Jail and who did not receive a dental evaluation during this period, please schedule I/Ps to receive the evaluation as soon as possible. Look in each I/P's mouth, regardless of pain status during the 14-Day Exam to screen for the dental conditions listed in Wellpath's Implementation Plan on p. 98.
Deficiency: The new Inmate Orientation Handbook with required dental information has not been published. Inmates are not informed of important aspects of dental care. **Recommendation:** Publish the Inmate Orientation Handbook, with the dental updates listed in the final report #7 and make it available to new and existing inmate/patients. Eliminate this barrier to access to care.
Deficiency: Dental does not have a reportable method of referrals to dental from intake, sick call, 14-day exam, physician and POC in CorEMR, although the reporting is in the works. CAP #51. Referrals to outside specialists, from dental, do not have a priority classification code in CorEMR but is tracked through ERMA. It is not an immediate trackable nor reportable system and takes some time to be seen back into CorEMR. There is no system to specifically monitor dental's timeframe for the referral to the outside specialist. CAP #31-35. **Recommendation:** Track referrals to and from dental, make it reportable in CorEMR using the dental levels from intake, sick call, 14-day exam, physician and POC; and add a priority classification code as is done with the dental priority codes from dental to measure compliance. Once the report is available use it to make sure all patients are seen within timeframes. Track referrals who were sent to the ER.
Deficiency: Patients with chronic care issues were not referred to, scheduled for, or seen in dental for comprehensive dental examination as required by the CAP. **Recommendation:** Refer I/Ps with chronic care issues, (i.e., HIV, Diabetes, Seizures, Pregnancy, and patients on 4 or more psychiatric medications or with serious mental illness) to dental from the 7 day chronic care appointment. Schedule the I/Ps for a comprehensive dental examination within 90 days of the referral to dental.
Deficiency: The dental program has failed to implement the Periodontal Disease Program per the IP and the CAP. **Recommendation:** Implement the Periodontal Disease Program, create policies and procedures. Make periodontal treatment part of comprehensive dental care.

Deficiency: The intake nurse does not look in each newly booked I/P's mouth to identify the questions listed on the intake form within CorEMR. The intake form has not been updated in CorEMR to reflect yes or no answers to address these dental questions. **Recommendation:** Remove this barrier to access to dental care by updating the intake form within CorEMR. The nurse(s) must look into the patient's mouth, even if briefly as intake is the first catch of dental problems. Identify the correct dental level classification, determine if the referrals from intake are scheduled within timeframe and if rescheduled, is the I/Ps seen within timeframe as well.
Deficiency: The dental program has not sent out requests to every I/Ps on the date of their one year incarceration anniversary in order to inform them of their eligibility for a comprehensive dental examination, periodontal examination and individualized treatment plan. **Recommendation:** TracNet successfully schedules a patient with a dental appointment at their one year anniversary of their incarceration. Send out the letters ample time prior to this dental appointment date in order for the patient to return the request for their dental comprehensive exam in time to make the appointment. Make sure there is a system in place for I/Ps who need assistance with reading and comprehension to understand and act upon the eligibility letter, in order to return it in a timely manner. See the patients as scheduled.

Timeliness of Care

Deficiency: Nursing has failed to consistently triage inmate/patient's dental requests within 24 hours of the request for a sick call. **Recommendation:** All dental complaints are assessed, provided treatment for obvious infection and pain relief at regularly scheduled medical sick call by the MD, PA or RN to be seen within one day of the request. (Wellpath IP, p. 101)
Deficiency: The timeliness of care report for all DPC compliance parameters has not been completed per the CAP #51. **Recommendation:** Update CorEMR, per the dental CAP, to report timeliness of care compliance for every priority classification in the dropdown menu of the Dental Priority Code (DPC) system.
Deficiency: The timeliness of care report for all referrals to dental from Intake, Sick Call, 14-Day Exam, Physician visit and Physician on Call. (See access to care as well). Report on compliance parameters has not been completed per the CAP. **Recommendation:** Update CorEMR to report timeliness of care compliance for Dental Level referrals to Dental and if the patients are seen within timeframe.
Deficiency: Reschedules were high in January and February during a Covid-19 outbreak. Improvements occurred such that in May, dental had 0 reschedules, as seen in Table 2 of the statistics portion of the dental audit tool. Combining March, April and May still had "reschedules" at 21% but this is a major improvement!

Note there was a progressive increase in the number of dental appointments "cancelled by staff". Will review further at next dental audit. Month Jan Feb Mar April May Rescheduled by Dental 107 213 119 71 0 Rescheduled by Dental % 61% 74% 38% 26% 0% Cancelled by Dental Staff 23 15 23 28 28 Cancelled by Dental Staff % 13% 5% 7% 10% 17% **Recommendation:** Continue to minimize reschedules and state in the clinical note the reason the dental appointment was cancelled by staff.

Quality of Care

Deficiency: The radiographic apex of wisdom teeth in particular are not always visible in the x-ray. See CAP #64. Extracting a tooth for example without a complete visual picture of the clinical situation, i.e., missing pathology, abscess, a fused root, unexpected curvature of the roots, mandibular nerve physiology, decay, impacted adjacent tooth, bone defect, is an outcome risk to both the patient and the clinician. **Recommendation:** Obtain the radiographic apex of teeth prior to diagnosis and treatment planning to prevent unforeseen events due to the lack of visualization. Refer to an outside provider or specialist when a panoramic x-ray is necessary as this type of x-ray is not available onsite.
Deficiency: Dental treatment is not always provided in a timely manner to relieve the patient's pain when a patient is not assigned a DPC at the time of diagnosis. At times patients are scheduled multiple times and medicated with antibiotics and analgesics rather than receiving treatment available for them to get out of pain. **Recommendation:** Provide dental treatment in a timely manner to relieve the patient's pain. Do not delay care by medicating the patient when there is a treatment available for them to get out of pain.
Deficiency: The digital x-ray system is available to be used but training has not occurred and therefore the system is not in operation. **Recommendation:** Train the RDA and the Dentist on the use of the digital x-rays system. Make sure the x-ray machines in both clinics are certified and authorized to be in service.
Deficiency: Dentist routinely failed to make objective findings. Note that there is some improvement and consistency in this area towards May 2022. **Recommendation:** To prevent harm to patient, provide objective findings to substantiate the proper diagnosis and thus the proposed and subsequent dental treatment. Dr. [redacted] provided training and gave Dentist a chart of pulpal diagnosis which also included a list of correlating objective findings. Self-audit this category and provide continued training when necessary.
Deficiency: All pathology visible in a radiograph is not consistently identified, documented in the chart and/or the information shared with the patient. CAP #46.

Recommendation: During the episodic and the comprehensive dental examination, all pathology in a radiograph is to be charted, documented, and discussed with the patient. **Note:** Advise the patient that he/she can fill out a sick call to request the additional dental care needs found in the radiograph. Plan for another appointment or if it can be done within that same appointment, then that is a plus for the patient. Having an actively documented odontogram for each patient or a digital charting system, is valuable in charting current and past dental history and pathology.
Deficiency: There are scanning inconsistencies with documents and x-rays, especially inmate requests for dental sick calls, being scanned in a timely manner or at all within CorEMR. **Recommendation:** Scan all documents and x-rays in a timely manner within CorEMR, preferably within 24 hours. Organize these in such a way that the documents are available in consistent categories which will minimize long searches for documents within CorEMR.
Deficiency: The Dentist does not consistently take and chart blood pressures in the clinical record. Note that there is definite improvement closer to May 2022 in this area. Well done! **Recommendation:** Take the blood pressure, review medical history, allergies, and lab results at every visit with the patient and chart, update the problem list when appropriate, and refer to medical if indicated.
Deficiency: Inmate patients when rebooked and screened at the 14-Day Exam, who had an existing dental treatment plan at the previous incarceration listed in their deleted dental treatment tasks, are not screened and referred back to dental. **Recommendation:** Establish a system of continuity of care so when patients are rebooked, any incomplete treatment plans are referred back to dental at the 14-Day Exam, as to not delay a previously identified disease process or pathology.
Deficiency: Observed the dental team performing a surgical extraction and the dentist cutting on bone without the use of a sterile irrigant, i.e., sterile saline or sterile water. This is a potential route of entry infections. **Recommendation:** Mandating, that when performing a surgical extraction and cutting on bone, that it is done using an irrigant such as sterile saline or sterile water with a sterile delivery system. https://oshareview.com/2015/09/sterile-irrigants-required-during-oral-surgery-dental-infection-control/

Infection Control & Regulatory Compliance

All dental services will be provided in a safe and sanitary environment. (Wellpath IP, p. 98)

Deficiency: D.22-The mobile dental cart in the rotunda clinic does not have consistent power to the handpiece. This may prevent safe and efficient removal of decay, bone or teeth. **Recommendation:** Consider repairing or purchasing new mobile dental cart if not moving to the new jail dental clinic in the near future in order to have consistent power to the handpieces.
Deficiency: D.25-RDA is documenting that foil is used to test the ultrasonic. The current ultrasonic action is weak.

Recommendation: Recommend purchase of a new unit as current ultrasonic action is weak. Ultrasonic unit was tested with aluminum foil during site visit on 3/10/22. Foil was placed in unit and ran for one 15-minute cycle. Several small holes were made in the foil. This shows that ultrasonic action is weak. The foil should be full of holes, much like Swiss Cheese, after being ran for a full cycle. Purchasing a new ultrasonic unit is recommended. If a new unit is available at the new clinic, that one can be brought to the Rotunda clinic, foil tested and used. As of 5/24/22 dental staff is using the same ultrasonic. RDA [redacted] is documenting foil testing.
Deficiency: D.31- The amalgamator that is currently being used in the clinic to mix capsulated dental cement is out of date. It appears to be manufactured before safety covers were required to be attached to the machines. **Recommendation:** Purchasing a new amalgamator with a safety cover is recommended.
Deficiency: D.35, D.36-Did not observe RDA [redacted] flushing lines during clinical audit. Staff confused flushing vacuum line with flushing water line. Therefore, the water lines were not run for 2 minutes at the beginning and end of each shift. Additionally, the water lines were not run after a surgical extraction procedure was performed, in which the surgical handpiece was used. **Recommendation:** Flush the water lines for 2 minutes at the beginning and end of each shift. Provide documented training. Flush the water lines for 30 seconds after every patient procedure, including after a surgical extraction procedure is performed. Provide documented training.
Deficiency: D.37-Blue Tab brand used. Shock treatment not performed. **Recommendation:** RDA [redacted] stated that although they use daily water treatment tablets for the water that is run through the handpieces and air/water syringe, they do not use a monthly shock treatment. Using shock treatment tablets, such as Citrisil or ICX is recommended to cleanse water lines of bacteria and biofilm. This will be added as a monthly task on the updated Housekeeping Log.
Deficiency: D.40- Evacuation plan is not allowed to be posted in plain view of inmates. Staff will be allowed to keep a plan in a binder in the office. **Recommendation:** It is recommended that a current evacuation plan is printed and kept in a binder out of view of the inmates.
Deficiency: D.51 and D.85- Regulatory posters are not present in the dental clinic. **Recommendation:** Currently, there are no regulatory postings displayed in the dental clinic. Staff was advised to purchase an annual subscription to OSHA Review. This company provides all of the regulatory postings that are required by law to be displayed in the dental clinic and provides regular updates. Per RN [redacted] the postings were purchased through another vendor and should be onsite by 5/26/22.
Deficiency: D.52-Although the dental clinic has sterile water on hand, the use of sterile water for irrigation was not observed during a surgical extraction procedure. **Recommendation:** Although the dental clinic has sterile water on hand, the use of sterile water for irrigation was not observed during a surgical extraction procedure. Use a sterilized

delivery method with the concurrent use of sterile water or sterile saline. Provide documented training.
Deficiency: D.57, D.61-There is no Radiation Safety protocol in place. It was also noted that staff are not wearing dosimeters. These devices are worn to determine the amount of radiation that dental staff are being exposed to on at least a quarterly basis. Per OSHA and CDPH guidelines, after one year of consecutive individual tests with low readings, the dental clinic can switch to quarterly area monitoring. It is recommended that Dental staff obtain previous dosimeter reports from Wellpath HQ to determine if individual monitoring needs to be continued or if they can begin area monitoring. **Recommendation:** There is no Radiation Safety protocol in place. It was also noted that staff are not wearing dosimeters. These devices are worn to determine the amount of radiation that dental staff are being exposed to on at least a quarterly basis. Per OSHA and CDPH guidelines, after one year of consecutive individual tests with low readings, the dental clinic can switch to quarterly area monitoring. It is recommended that Dental staff obtain previous dosimeter reports from Wellpath HQ to determine if individual monitoring needs to be continued or if they can begin area monitoring. Provide documented training.
Deficiency: D.67- Need to update Housekeeping Log to reflect all duties/maintenance that needs to be performed on a daily, weekly and monthly basis. [redacted] and [redacted] are working on a new housekeeping log, old log is still being used. **Recommendation:** Housekeeping logs need to be updated to encompass all clinical duties that are to be performed on a daily, weekly, and monthly basis. RN [redacted] and RDA [redacted] are working together to create a new housekeeping log for the dental department. A sample log was sent to them for use, but they prefer to create their own. This log will need to be evaluated to determine if all of the necessary duties are recorded.
Deficiency: D.73- Radiographic certificate is not posted. Rules and regulations are now posted in the clinic. **Recommendation:** Dental Staff is currently waiting for their radiographic certificate to be sent to them from Wellpath HQ. Contact CDPH and have this expedited as it's been several years without a posted certificate even though the site states the certificate is up to date.
Deficiency: D.76- There is no RPP in place. Fit testing has not been conducted for dental staff for N95 respirators. **Recommendation:** There is no Respiratory Protection Plan (RPP) in place. Under Cal/OSHA's Respiratory Protection Standard, when surgical N95 respirators are necessary to protect dental staff, the employer is required to implement a formal, comprehensive written respiratory protection plan that is tailored to the specific conditions of the dental clinic. Per RN [redacted] Fit testing for N95 masks was to be performed in June. As of August 2, 2022, this has not been accomplished. Per Cal/OSHA requirements, the use of N95 masks is required to be worn if dental staff are seeing a Covid-19 positive or suspected patient or treating an asymptomatic patient when any aerosol generating procedures are being performed. Immediate fit testing for clinical staff is recommended, followed by the use of N95 masks anytime the aforementioned patient types are being treated. A written RPP is also recommended. RN [redacted] may need to reach out to Wellpath HQ to see of this information is

available for Wellpath dental clinics. If not, a written plan will need to be created and implemented by local staff.
Deficiency: D.81-Binders kept in the clinic. There are no corporate or local dental policies and procedures. **Recommendation:** Need to have corporate and local policies and procedures specific to Dental available.

Dental Program Management

Deficiency: As of the May 2022 dental audit tour, there are no local MCJ dental policies and procedures (P&Ps) nor dental standard operating procedures (SOPs) based on the Implementation Plan, Settlement Agreement, and community standards. CAP #114. P & Ps are foundational to an established, systematic, efficient, transparent, standardized and functioning dental program. **Recommendation:** Wellpath and MCJ to formulate and approve localized dental P&Ps and SOPs, and train staff upon these consistently and document the training accordingly. (Settlement Agreement ¶ 10).
Deficiency: Nurse marked dental appointment complete without the patient being seen by the Dentist. **Recommendation:** Completing a dental appointment is only for the Dentist to complete. Documented training is necessary for this to be remediated.
Deficiency: On at least one occasion, a patient was triaged in dental and determined to require treatment, was given a DPC, but the treatment was never scheduled. See E.1 in the database. **Recommendation:** There must be a system in place to catch if a treatment is prescribed but is not scheduled. Create or purchase a system where no patients are lost in the system and receive their mandated dental treatment as prescribed in a timely basis.
Deficiency: There is no active clinical dental record system for charting episodic dental care. **Recommendation:** The system of chart audits and peer review put into place only catch errors after the fact. An electronic dental records system (EDRS) contains safeguards that can prevent continuing errors from happening. See CAP #60, 62, 63. Seeing the dental x-rays adjacent to the clinical odontogram assists in visualizing the complete clinical field. I continue to recommend the purchase and implementation of an electronic dental record system (EDRS) which can integrate digital x-rays into the clinical record and where the diagnosis and treatment plan is visible on an odontogram and actively charted to the patient's individualized the clinical situation. Strong search functions are also available in an EDRS to schedule patients per their DPC. An EDRS also can be programmed to have drop-down menus that limit available diagnoses to only those options that correspond with the objective findings entered. At a minimum institute a clinical dental charting system for episodic dental care. Comprehensive dental care is currently charted on a clinical form and scanned into CorEMR and rescanned with every change. Currently a task is created to schedule for every treatment

planned item. At a minimum use this clinical form with an odontogram to chart the diagnosis and treatment plan for current and future episodic clinical dental care, individualized for each patient.
Deficiency: CorEMR has not been programmed to have reports easily available in order to search for compliance. DPC report in progress but not available nor submitted for this audit period. **Recommendation:** Update CorEMR to provide reports for compliance on every level. Dental program information, in order for it to be evaluated for compliance and self-auditing, should be fully accessible, easily searchable, and fully transparent. Course corrections can be made when data and statistics can be viewed, decided, and acted upon easily and effortlessly. Although CorEMR at MCJ does not provide these reports at this time, there are many reports in progress of being written into CorEMR. Please make these reports available and easily accessible as soon as possible.
Deficiency: This audit period no documentation from the dentist of any nurse training or any one-on-one nurse training. No documentation of self-audits and no remediation noted as being needed. Dentist self-auditing and self-monitoring has not been documented during this audit period. There is no documentation in the Dental Subcommittee of the charts and systems being self-audited and self-monitored. **Recommendation:** The CDO to train the Dentist as listed in the CAP and provide a signed document of any clinical training performed. The Dentist to provide documented annual nurse training and one-on-one training when remediation is necessary. Perform training, continue training, re-evaluate and provide remediation training. Discuss this training in the QA meeting. **Note:** Although training has not proved effective during this dental tour, it may improve in the next dental audit tour when nurse staffing shortages are resolved. Apply all reasonable measures of training prior to considering employee counseling and progressive discipline. Provide employee counseling and progressive discipline when indicated and when necessary.
Deficiency: Monthly Dental Subcommittee minutes are not given to this monitor timely. **Recommendation:** Provide the minutes of the monthly Dental Subcommittee meeting to this monitor for review within a week of the meeting and attach the data presented in the meeting. The minutes of the previous meeting and the agenda of the future meeting are to be made available to this monitor as well. I request to be present via zoom or phone to the monthly Dental Subcommittee. Complete the invitations to the required personnel necessary to have a full Dental Subcommittee meeting. Present the minutes of the Dental Subcommittee to the QA meeting.
Deficiency: A dental staff has not been present nor represented Dental at the QA meeting. **Recommendation:** Have an involved dental staff present at each QA meeting.
Deficiency: There is minimal and lack of meaningful information in the dental portion of the QA minutes. **Recommendation:** Improve the content and meaningful dental information within QA meeting minutes. Include the PowerPoint presentations to this monitor. Include the Dental Subcommittee meeting minutes into the QA meeting. Establish a dental Quality Improvement

Team (QIT), with ongoing studies conducted to improve the quality and quantity of dental care at MCJ. Develop key performance indicators. Use the peer review, dental subcommittee, and quality assurance functions to assess the conditions of the dental program. Perform internal audits to highlight court mandates, achieve the standard of care and increase the health of the dental program. Put systems into place for self-governance.
Deficiency: CAP #112. No thorough Staffing Analysis and timed Workflow Analysis has been conducted. **Recommendation:** Conduct a thorough Staffing Analysis and Workflow Analysis with someone experienced in this process and who has dental knowledge. Consider the increased dental demand expected by the increased compliance with the IP. Adjust the staffing (including hiring) if/as necessary, including hiring the Hygienist position as recommended in the IP.

Dr. [redacted] is providing consistent peer review. I request access to the peer review worksheets. His peer review charts are furnished by the Dental Assistant for his review. I recommend that he performs a search and finds the charts and audits them confidentially.

Although the supervisory monthly audits from the CDO have not occurred yet, CAP #102, I am confident that they will start as soon as this report is received. In regard to the supervisory audits:

- The CDO will audit monthly a minimum of 10 clinically relevant charts and send findings to this Dental Neutral Court Monitor, reporting on the review of the patient's chief complaint, x-rays, objective findings, diagnoses, treatment plans, DPC assignment, completed treatment, continuity of care and identify that all documents relating to the visit are scanned within CorEMR.

- I recommend a monthly meeting with the CDO, to review audited charts and make progress on the CAP items by completing tasks which can increase the compliance to the Implementation Plan.

- I recommend the Dental Monitor perform a similar monthly chart audit using 10 different patient charts than the CDO. This is to be done until it becomes evident that MCJ and Wellpath are completing their CAP timely and improving their outcome measures to improve their overall dental program.

- I also recommend that the respective monthly chart audit results performed by the CDO, and the Neutral Monitor are discussed and calibrated upon, either following the monthly dental subcommittee meeting or during another agreed upon meeting time. Timely feedback is key to improvement.

- Once calibration has occurred, I recommend the CDO with the Neutral Monitor review and provide feedback to the MCJ Dentist and Dental Assistant. I request that the Dentist has an

open attitude of collaboration as this is an essential step in the journey towards resolution of the CAP items.

- I recommend training, shadowing, mentoring, guidance and feedback from this monitor either in conjunction with the next audit tour as currently planned or independent of the audit tour. This to be discussed following the results of the next dental audit tour. Note that the Dentist only works 3 days a week and is not available all week. See [Dkt 751] Joint Status Report and ORDER_ 6-3-2022_ 1187-8.pdf.

Additional Dental Days and Staffing

I am sad to report that [redacted] has taken a new job and her last day was at the end of September. She will be sorely missed. RN [redacted] was quick to advertise for a new dental assistant, interviews occurred, and an offer was made with a potential start date of November 7th.

Dr. [redacted] was offered a permanent Dentist position at Wellpath and an increase in dental hours. Dr. [redacted] set a clinical and professional code of conduct expectation both verbally and in writing for Dr. [redacted] as he transitioned to being a Wellpath employee. Starting at the end of August the dental staff began seeing inmate/patients Monday, Tuesday, Wednesday, for an expected total of 30 hours per week. The Dental Assistant was given an administrative day on Thursday to perform all the duties necessary to maintain a safe and sanitary dental facility. *(Wellpath IP, p. 98)*

Due to the additional 10 hour days (previously 2x12 hour days), a temporary custody scheduling hiccup occurred but I understand this has been resolved. To be evaluated at next audit tour.

No back up dental assistant was made available through Wellpath's "Rapid Response Team" CAP 113, nor by a temporary agency or contract registry. Therefore Dr. [redacted] has not had a dental assistant for over a month since [redacted] departure. Patients who requested dental care have not received a dental diagnosis nor a treatment plan on site, as no x-rays have been taken nor dental treatment been performed due to this staffing issue.

Additionally, the x-ray developer (PeriPro) in the rotunda dental clinic has been broken. Although x-rays can be taken and dipped in the developer and fixer solution, this method does not archive the radiographs well and the x-ray quality degrades over time. This option was not exercised by Dr. [redacted] Dr. [redacted] CDO indicated that the cost is too excessive to purchase a new x-ray developer, and the parts are not easily available to have it repaired. He stated that the digital x-ray system is available and can be portable in both clinics once training from Henry Schein and/or Planmeca occurs. I stated that all patients in the meantime should be referred out for x-rays, diagnosis and treatment in order not to overuse antibiotics and create resistance. Dr. [redacted] advised Dr. [redacted] to refer patients to a higher level of care when clinically indicated. I was advised that 6 patients were referred out, on an emergent basis, as of October 28th.

The hygienist position has not been filled per the Implementation Plan.

The Director of Nursing (DON) position has not been filled for a significant amount of time. I understand that a temporary floating Wellpath H.S.A. position was made available to relieve RN

[redacted] It is unknown if RN [redacted] is able to return to her main position or must still help out considerably in these acting positions, including occasionally as a floor nurse.

Staffing Analysis

Ultimately these staffing issues become burdensome to the inmate/patient's ability to access timely access to dental care when staffing is not in compliance or available. A staffing analysis and a chair time workflow audit is recommended and requested, per the CAP item #112.

Defendants originally agreed to the staffing analysis but per the Plaintiffs October 7th Response to Wellpath's Comments re Draft 8th Dental Report page 3, they are no longer willing to conduct a staffing analysis "for the dental program due to recently increasing Dr. [redacted] hours".

I recommend the staffing analysis and chair time/workflow analysis to occur as soon as possible, utilizing an independent seasoned dental professional familiar with these analyses, who can relate the staffing and workflow to the mandates of the Implementation Plan. I take into consideration the following in this recommendation:

1. the lack of implementation of the Periodontal Disease Program,
2. the lack of referrals from chronic care,
3. the lack of the Inmate Orientation Handbook being published advising patients of their eligibility to comprehensive dental care at their one year anniversary of their incarceration,
4. the increasing number of dental appointments cancelled by staff,
5. the lack of a dental hygienist and support from a permanent fulltime H.S.A., DON and Implementation Specialist,
6. the lack of a completed Corrective Action Plan, and
7. the lack of CorEMR reporting updates making strategic decisions regarding the dental program challenging.

Self-Monitoring Provisions, Self-Auditing, Self-Evaluation, & Self-Governing

The goal for MCJ and Wellpath is to self-assess, self-audit, self-monitor and provide self-governance to their dental program. This is achieved by performing quality audits, committing to transparency through data collection and the analysis of identified and reported key outcome measures.

This system of reporting must be consistently submitted to the monthly Dental Subcommittee meeting. Establishing a system of reporting that accurately reflects Dental's self-monitoring provisions must be sent to the Quality Assurance (QA) committee. The QA must have in place a method for continuous improvement with results showing that these methods and action plans adhere to the Implementation Plan and Settlement Agreement. The results of the continuous improvement efforts are to be noted in the minutes of the QA meeting minutes and the feedback returned to Dental for a continuous loop of training and improvement.

Likewise, the quality of these self-monitoring provisions can provide insight into the viability of successful approaches to remedy deficiencies. The same issues were found within this report as were found in previous reports. I see no evidence from Wellpath and MCJ that any self-

monitoring provisions are in place at this time. This must be remedied immediately. They can use the excel form enclosed in this report to perform these self-monitoring provisions.

Post-Implementation Monitoring

"If you can't measure it, you can't improve it".[5] Data is only one of the metrics due monthly to the Dental Subcommittee. Data and statistics are to be accurately tracked and evaluated. I did not see any Dental Subcommittee meeting minutes this period, nor any attached to or discussed in the QA meeting minutes. The Dental Subcommittee shall provide the Quality Assurance (QA) committee with minutes of their monthly meeting in order to provide continuous improvement to MCJ's dental department.

Post-implementation monitoring will include focused process and outcome audits to measure compliance with the elements of the CFMG Implementation Plan. Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. All monitoring and audit findings will be reported to the Quality Management Committee at its quarterly meetings. (Wellpath IP, p. 8)

Closing Comments

The Corrective Action Plan (CAP) contemplates a variety of self-monitoring provisions, including chart audits, peer reviews, supervisory audits and regular dental sub-committee and QA meetings, designed to ensure that nurses and dental staff comply with the IP, Settlement Agreement and community standards of dental care.

Due to a significant staff nursing shortage this audit period, consistent training and feedback was minimal at best due to high staff turnover and RN [redacted] was working 3 jobs with Wellpath, in order to keep things running smoothly. Even the health assessment was paused temporarily.

MCJ and Wellpath must allocate the resources (Settlement Agreement ¶ 10) and create a culture which emphasizes overall quality dental care, achieved by measuring and improving their dental program and practices. The dental staff cannot perform to their full potential without being given the resources they need to be successful. Once the nursing shortage is relieved and RN [redacted] can return to her main job, I believe dental will benefit from her time and expertise in conjunction with Dr. [redacted] and the dental staff. Coordination between medical, mental health and dental, especially regarding nursing and access to care, is paramount in establishing substantial compliance.

Dr. [redacted] the Chief Dental Officer is a wonderful addition to Wellpath and already provides solutions to MCJ's dental department whenever possible. My concern however is that the CDO is contracted for only 16 hours a week and has 285 other clinics to supervise in addition to MCJ in this short amount of time. I hope that he is given the corporate support and resources he needs to continue providing this oversight. All these issues discussed throughout the body of this report and the attached dental audit tool, are all implementable and actionable items that can be completed timely.

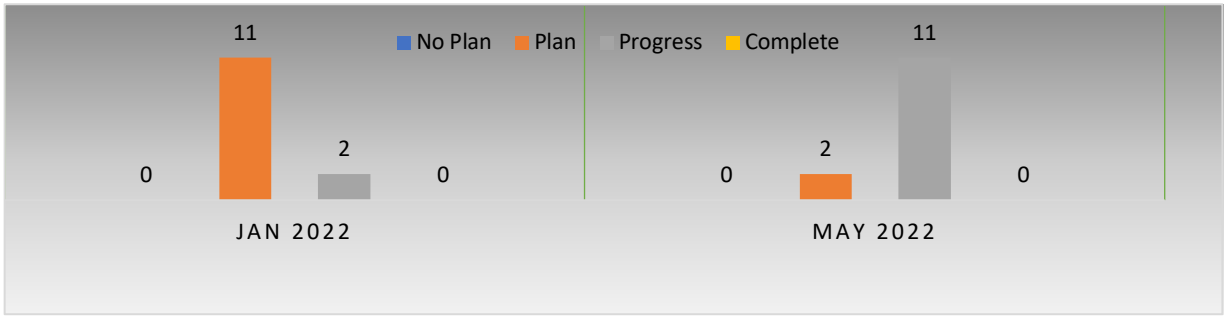
[5] Peter Drucker quote

Risk Elimination / Corrective Action Plan (CAP)

New items may need to be added to the Dental CAP, from the list of deficiencies in the Executive Summary, if the deficiencies are not rectified and continue to not be addressed.

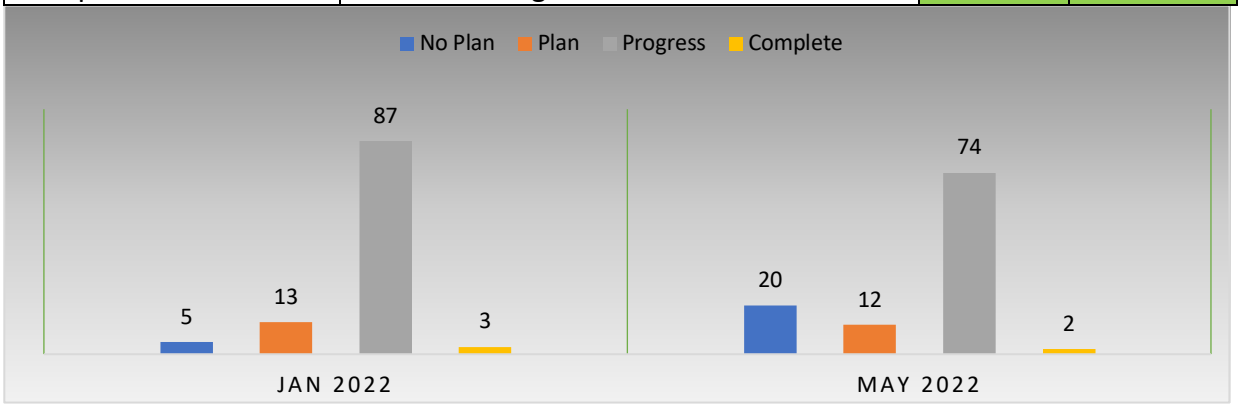
CAP - Court Monitor Report - Custody (13 Items)

Court Monitor Assessment	Description	Jan 2022	May 2022
No Plan	Not started, not completed	0	0
Plan	Have developed a plan	11	2
Progress	Have started to implement the plan	2	11
Complete	Achieved the goal of the CAP item	0	0



CAP - Court Monitor Report - Wellpath (108 Items)

Court Monitor Assessment	Description	Jan 2022	May 2022
No Plan	Not started, not completed	5	20
Plan	Have developed a plan	13	12
Progress	Have started to implement the plan	87	74
Complete	Achieved the goal of the CAP item	3	2



Conclusion

Even though dental program is still in non-compliance, the improvements by the Implementation Specialist, CDO, Dentist and Registered Dental Assistant don't go unnoticed.

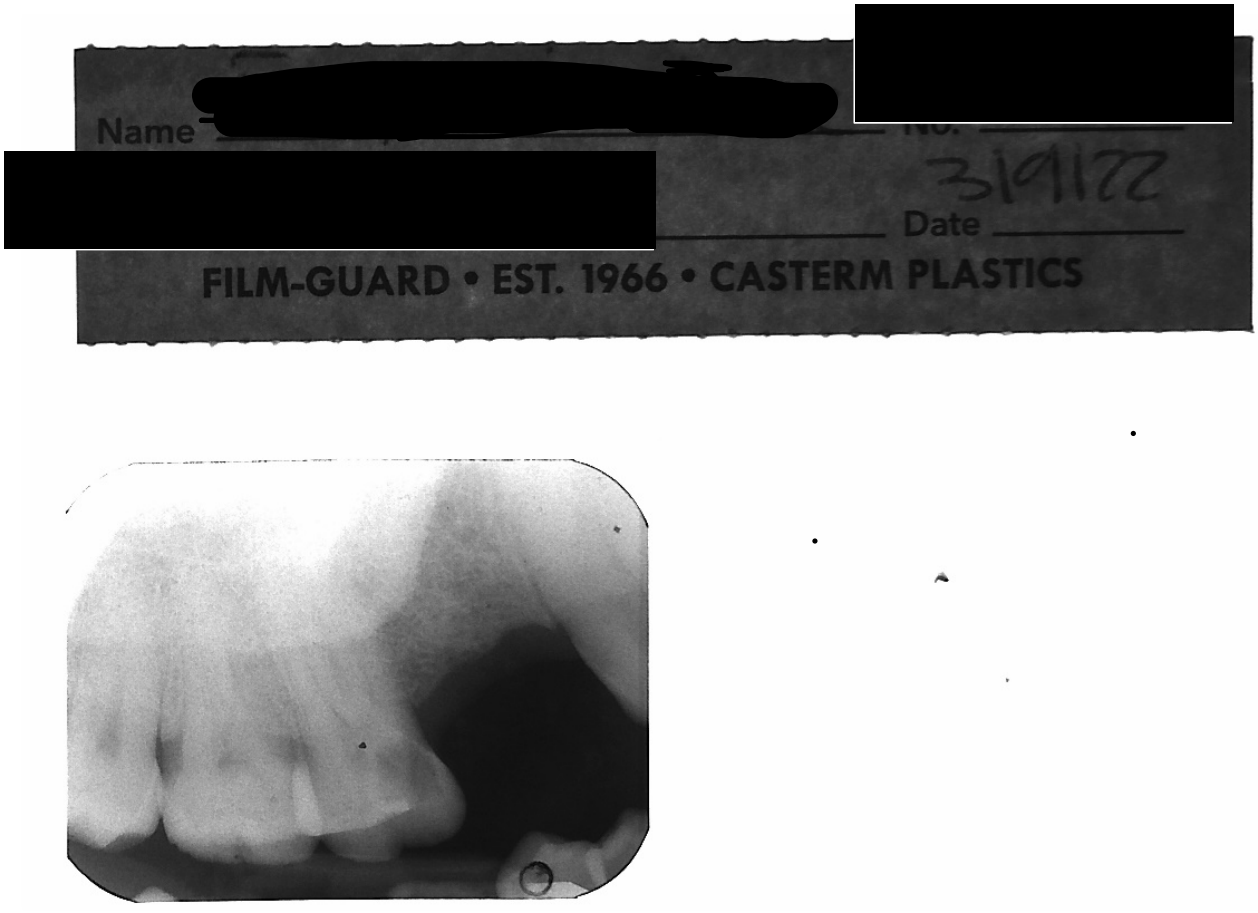
The key is to continue to set parameters to identify, measure, quantify and improve the quality of all aspects of the dental program at Monterey County Jail. Setting up systems for consistent dental care to be provided in a timely, effective, efficient, equitable, patient-centered and safe manner can be achieved.[6,7] Having a system in place, including policies and procedures and local operating procedures, will create consistency and foundational steppingstones for success.

All that is needed is a commitment of time and resources for these deficiencies to be rectified and made into systems that anyone can follow.

[6] Quality Measurement in Dentistry Guidebook
[7] https://www.ada.org/~/media/ADA/DQA/2019_Guidebook.pdf?la=en

Appendix – Opinion Reports:

1. [redacted]
Booked: 02/16/2022, still in custody as of today.
Interpreter: Needed



FINDINGS:

- Interpreter indicated but was not used by dental on 03/09/2022, 03/23/2022, 05/10/2022 nor medical when addressing a dental issue on 02/20/2022, 03/08/2022, 05/04/2022.
    - [redacted] the Registered Dental Assistant, speaks fluent Spanish and is being used at MCJ to translate for the patients without being certified nor getting paid to do so.
    - Dentist must use a certified interpreter and indicate the interpreter and interpreter certification number in his clinical/progress notes.

- Intake screening on 02/15/2022 states patient under influence of methamphetamines at time of booking. Patient states no dental pain however patient placed dental inmate sick call request and seen in nurse sick call 5 days later on 02/20/2022 for dental pain.
    - Patient given a Dental Level 2 (DL2) for "Pain to upper right 1st molar x 4 days".

- Patient should have been given a DL1 on 02/20/2022.
- Even with the DL2 designation, patient was not seen within the DL2 timeframe of 14 calendar days.
- Due to the DL2 assignment, patient ended up waiting 17 days to be seen by dental for a toothache and subsequent swelling on 03/09/2022.

- Patient was also not referred to dental from the 14-day exam on 02/21/2022.
  - Only "missing teeth" was noted, no odontogram was filled out, no questions per the Implementation Plan were answered, nor scanned into documents. Even large decay of first molar on upper right side not indicated during the 14-day exam.

- Note that the same tooth #3 was a problem during patient's previous incarceration on 08/04/2021. Had an electronic dental record system been in place already, this patient could have been referred to dental at intake for a previous dental condition.

- Training is needed on dental level designation, visualizing the oral and performing the mandated evaluation as indicated in the Implementation Plan and training should be provided to the nursing staff with continuous feedback from the dentist. The Dentist and/or the Chief Dental Officer needs to be given the time to provide this training.
  - Looking at radiograph taken by dental on 03/09/2022 from nurse sick call referral on 02/20/2022, there is a large decay which would have been spotted if a mirror was used to visualize the oral cavity during the intake screening on 02/15/2022 and during the 14-day exam on 02/21/2022.
  - Patient was not referred to dental from Intake nor from the 14-day exam.
  - On 08/04/2021, "Pt has a broken tooth/ upper right - visible decay "Tooth really hurts" Pt points to 3".
  - If it was visible on 08/04/2021, it is visible on 02/15/2022 during intake and on 02/21/2022 during the 14-day exam.
  - **Perform dentistry at the time of the dental triage/dental sick call as often as possible rather than prolonging the treatment plan.**

- Dental Triage on 03/09/2022, patient states ""Pain in my tooth all the time". Pt points to 3.
  - Consent form does not state consent for exam. Not signed by the dentist. Does not state interpreter used to understand form.
    - Wellpath needs to update consent forms.
  - Radiograph is overlapped and cannot visualize the distal aspect of the tooth. Unable to visualize the apex due to under development of the x-ray.
    - X-ray training for the Dental Assistant and digital x-rays is recommended
  - Dentist gave a diagnosis of necrotic pulp with a history of swelling and intermittent pain, but no objective findings on this day indicating if tooth sensitive to lingering pain to cold, hot, palpation (current swelling) or percussion to substantiate this diagnosis.
    - Note that patient identifies pain to hot, cold and pressure on 05/04/2022. Recommend CDO to provide training to Dr. [redacted] on obtaining objective findings so that these findings can substantiate the diagnosis.

- Patient given antibiotics but does not say if there is current swelling or lymphadenopathy to substantiate using antibiotics.

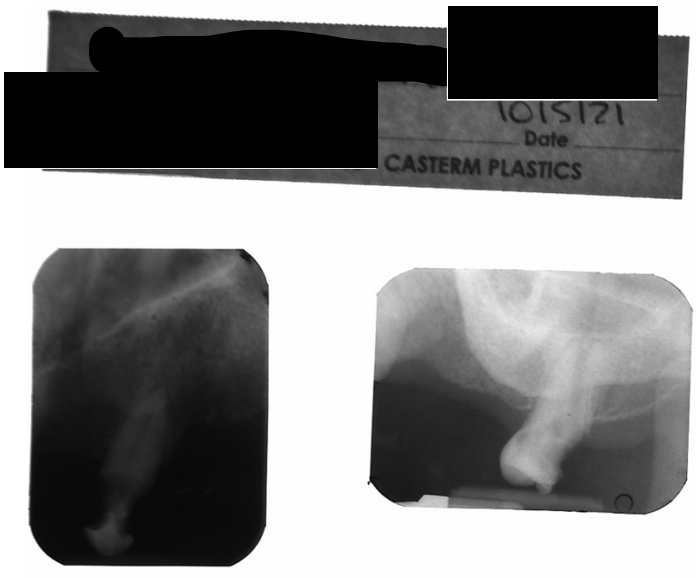
- Patient refused dental treatment, extraction #3, on 03/23/2022 and dentist issued pain meds. Refusal information was filled out by Dr. [redacted] and signed by the patient without a Spanish interpreter noted. Unable to determine who was the witness on the form (no printed names). The form was scanned into CorEMR.

- Patient was seen for Nurse Sick Call on 05/04/2022 for request to see the dentist, "I need to see the dentist please. A tooth hurts a lot".

- Patient scheduled for 6 days later on 05/10/2022 which is the first dental day following the nurse sick call.
  - Patient refused treatment on 05/10/2022.
  - Chart note does not state the reason for the refusal.
  - **Recommend the dental schedule return to 3 days a week, 8 hours a day rather than 2 days a week 12 hours a day.**
  - Per the chart note, no interpreter used.

- **Recommendation:** Dental is to use a certified language interpreter when indicated and is to note the name and certification number of the interpreter.
- **Recommendation:** Form not scanned into CorEMR. I recommend that all documents are scanned on the same day as the appointment.

2. [redacted]
Booked: 03/10/2022, still in custody as of today.



FINDINGS:

Interpreter: Needed

- Interpreter needed was indicated, however was not used by dental on 03/29/2022 or 04/05/2022 per the progress notes on these dates.
    - As mentioned in the previous patient, [redacted] the Registered Dental Assistant, speaks fluent Spanish and is being used at MCJ to translate for the patients without being certified nor is getting paid to do so.
    - A Spanish consent to extraction was used on 04/05/2022 and scanned into CorEMR however not noted in the progress notes.
    - **Dental is to use a certified interpreter and indicate the interpreter and the interpreter certification number in the clinical/progress notes.**

- Intake on 03/10/2022. No dental concerns or pain noted. No referral was made from intake on the form, but a task was created on this date for a referral to dental stating "L UPPER TOOTH PAIN CURRENTLY ON TYLENOL 500 MG BID".
    - **Mark the referral box on the intake form when making a referral to dental. By checking the appropriate box, the computer can be updated to identify in a report the number of referrals from intake and if they have been scheduled per the dental level and subsequently seen in dental as scheduled.**

- Patient was scheduled in dental for 03/15/2022 and this appointment was rescheduled to 03/29/2022 due to quarantine.
    - **CDO is to update Wellpath's Covid-19 protocol per the CDC so that patients can be seen for urgent/emergent issues when indicated.**

- Initial Health History and Physical Exam (NCCHC): Not started. Therefore, no dental referrals. No mandated dental evaluation per the Implementation Plan performed.
    - **Perform the 14-day exam and the mandated screening on the odontogram and answer the dental questions per the Implementation Plan.**

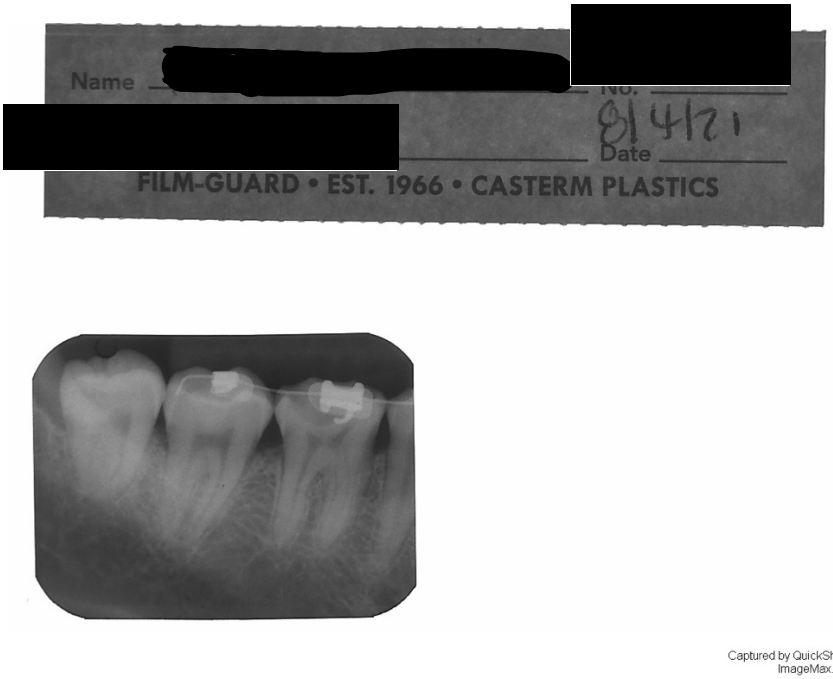
- Dental Sick Call on 03/29/2022, objective findings state "Broken coronal tooth structure, decay penetrates pulp chamber, no temp or swelling".
    - Dentist did not take updated radiograph and used x-ray taken 10/05/2021 but did not list a current diagnosis. Previous diagnosis on 10/05/2021 was irreversible pulpitis. No current objective findings listed.
    - Patient given antibiotics for no temp or swelling.
    - Diagnosis is stated as "unrestorable" and this is a description of a diagnosis but not a diagnosis. The objective findings above are lacking to substantiate a pulpal diagnosis.
    - **CDO to train dentist on use of antibiotics, objective findings, and diagnosis.**
    - Note that this patient was seen 09/14/2021 an 10/05/2021 during a previous incarceration for decayed molar #15 as well as #11.
    - Perform dentistry, when possible, at the time of the dental triage/dental sick call rather than prolonging treatment plan as in this case – issue of tooth #15 for this patient has continued since 09/14/2021.

- Extraction #15 occurred on 04/05/2022. Only Ibuprofen prescribed stat but does not state why additional pain medication not given. Looking at the medication review, patient was already taking Acetaminophen, but this was not noted in progress notes.

- Continuity of dental care did not occur for tooth #11 which was treatment planned on 10/05/2021 for extraction.
  - Tooth #11 whose x-ray was taken on 10/05/2021 at the same time as #15 was not addressed, nor was the patient scheduled for extraction as it was indicated on 10/05/2021. (DPC was listed then as a 1c which means patient to have extraction within 60 days).
  - A "denture discussion" occurred on 04/05/2021, although not specified in the dental notes if the discussion was regarding upper and lower teeth and the general condition of these teeth which inspired the denture discussion, but the patient was not scheduled for any further evaluation even though previous dental sick calls indicated several broken teeth.

- **Recommendation:** Utilize and interpreter as noted in the patient's chart. Please advise the patient to put in a sick call to have her #11 extracted as prescribed and for her other broken teeth to be addressed.

3. [redacted]
Booked: 07/22/2021, released 09/28/2022



FINDINGS:

Interpreter: Needed, however interpreter not used during dental sick call appointments on 08/04/2021 and 10/06/2021. Patient has not been seen since 10/06/2021 even though he has braces on his teeth and a treatment plan for #30 to be filled.

Intake (Receiving Screening): Done 07-22-2021. States no pain. No mention of braces. States "Does patient need a referral". Answered "No". Therefore, no referral to Dental from Intake although this should have occurred even though patient not in pain.

14 Day Exam (Retired Initial Health History/IMQ): Done 07-28-2021 and approved 08-05-2021. States "Patient has braces. Patient has had them for the past 3 months and has not seen a dentist since then." Dental Sick Call referral not checked therefore per the form; patient not referred to Dental using the form. However, patient was referred using a task on 07-28-2021 to refer patient to Dental and patient seen 08/04/2021.

Dental Sick Call: 08-04-2021.
CC: Seen in Dental for PATIENT needs a referral for braces CURRENTLY HAS BRACES. HAS HAD THEM FOR THE PAST 3 MONTHS AND HAS NOT SEEN A DENTIST SINCE THEN. "How are my braces and I have a hole in my molar, lower right side; Pt points to 30".
Consent Form: no consent for exam but consent for x-ray signed and witnessed by Dental Assistant but not Dentist.
X-ray: Periapical x-ray taken #30, braces visible, but no bitewing x-ray taken. Bitewing necessary to determine amount of erosion, how close to the pulp it is which and which surfaces are involved. From the periapical radiograph #30, mesial pulp horn close to occlusal erosion.
Objective findings: Does the patient have opposing dentition? This is not listed. No determination of pulpal status - hot, cold, lingering, palpation, percussion. Are there any signs of occlusal trauma from opposing dentition? Is the erosion the only contributing cause for the wear on #30?
Diagnosis: The diagnosis is not fully supported by the objective findings. Per periapical radiograph it appears that it is more than one surface and that there is decay although Dr. [redacted] lists "30 1 surface decay defect" but in his objective findings states no decay.
DPC: 30 fill 1c which means patient is to be seen within 60 days, which means patient to be seen prior to 10/04/2021.
Referral: Dentist did not make referral to orthodontist. Dr. [redacted] states "braces appear wnl". Dentist is not an orthodontist. Referral should have been made to the orthodontist to request either continued treatment with the outside orthodontist at patient's expense or for the removal of braces approved by the orthodontist for Dr. [redacted] to remove. At a minimum, at least a documented phone call to the orthodontist to discuss the case. No discussion of these options are noted. Patient is still incarcerated, and no referral was made to the orthodontist. This is potential harm to the patient to not have any follow up from the orthodontist for either continuation of treatment or discontinuation of treatment with removal of braces per the Implementation Plan.

Dental Sick Call: 09-22-2021. #30 fill rescheduled to 10/06/2021 due to "Quarantine- Covid".

Dental Sick Call: 10-06-2021.

- Not seen within DPC timeframe. Should have been seen within 60 days per dentist assessment on 08-04-2021.
- **Interpreter:** Dental notes show no Spanish interpreter used.
- **Consent Form:** Shows consent form for filling #30 in English with the Dental Assistant witness but no Dentist witnessed signature.
- **Dental Material Fact Sheet (DMFS)** acknowledgement signed and scanned but using the old version and not in Spanish. Does not state that patient was informed in Spanish. No witness signature on the form.
- **Task** states appointment completed for 30 fill at 9:43 am but addendum states tooth #19 was completed instead. Task was not updated to reflect #19.
- **Patient scheduled for #30 filling but from addendum it appears that treatment was performed on #19. "**Plan: 19 O Resin Completed; (pt requested); condition-occlusal erosion, no decay;"
    - **There is no x-ray for #19, no objective findings, no diagnosis, and no treatment plan.**
    - No anesthetic used for the filling which in the notes states is #30 but, in the addendum, Dentist states is #19. There is no discussion of patient declining anesthetic.
    - Since no bitewing was taken, we do not know the status of the opposing occlusion and if the erosion is due also to bruxism which would potentially cause the filling to be worn away in the long term.
- Next visit: No next visit was given for the patient although the task still shows that #30 needs a filling. Dental Sick Call on 10-20-2021 for 30 fill is rescheduled by Dr. [redacted] for "Quarantine lifted". ***There is no future task for the filling #30.** Schedule the patient.

- **It appears that Dr. [redacted] performed treatment on tooth #19 without an x-ray, objective findings, or diagnosis. This is below the standard of care and can be constituted as causing harm to the patient.** Also, note that there was no mention in the chief complaint of a request for a filling on tooth #19.
    - Please have the patient brought into Dental ASAP for PA and BWX radiograph of #30 and #19 and send these radiographs to Dr. [redacted] and I for further evaluation.
        - Patient was not brought in to address this issue listed above prior to his release.
    - Use a certified Spanish interpreter for every dental appointment and use appropriate Spanish forms when appropriate.
        - **Indicate the name of the certified translator and their certification number in the progress notes.**
    - Schedule a dental appointment for re-evaluation #30 and have the referral to the orthodontist completed as soon as possible. **It is important for the patient to be scheduled with the outside specialist for continuity of care.**
    - On 08-04-2021 objective findings of no decay but the assessment/diagnosis states there is decay, "30 1 surface decay defect". Objective findings do not correlate, and the diagnosis/assessment is not substantiated by the objective findings.

- **Recommendation:** Have an orthodontic informed consent form reviewed and signed by the dentist, patient and witness for the removal of existing orthodontist placed braces.
- **Recommendation:** Clearly take indicated radiographs, list the objective findings and provide a diagnosis that is substantiated by the objective findings and a treatment plan commensurate with the diagnosis.
- **Recommendation:** Have a charted clinical system to identify diagnoses and treatment plans, so dental care is not forgotten at the next dental appointment. Make sure to bring forth any treatment plan to the next appointment.
- **Recommendation:** Use a certified language interpreter when interpreter needed listed in the chart.

4. [redacted]
Booked: 06/28/22, released 09/01/2022

History of chief complaint:
We understand that Mr. [redacted] got into a fight on Friday, July 29. As a result of the fight, a root canal treated front incisor broke down to the gum and two other incisors were pushed at an odd angle. This left him in such severe pain he could not close his mouth or chew. He communicated these concerns to medical staff.

The nurse who treated him that day prescribed pain medication (Motrin) and scheduled him for the next dental day (Tuesday). Dr. [redacted] also saw him on Sunday, examined his mouth, and prescribed antibiotics.

We further understand he was seen in dental as scheduled. By that time, his false tooth had to be extracted and, although Dr. [redacted] could move his other teeth back into place, he advised that he may need to extract them as well. Dr. [redacted] stated that if Mr. [redacted] had been treated earlier, they likely could have saved his teeth.

We are concerned that this case may demonstrate a failure to abide by the IP requirements for emergent dental care. We would appreciate it if you would be able to look into his case and offer an opinion as to whether the care he received was appropriate (delaying care from Friday until the next dental day on Tuesday), or whether he should have been sent to Natividad Medical Center or other treatment center on an emergent basis.

Findings:
Patient was seen by RN following the altercation but initially not referred to dental nor to a higher level of care. No examination for a fracture was documented. No documentation to rule out fracture tooth was not aspirated. Patient discharged back to cell with analgesic.

A malocclusion was noted by the patient later in the day on 07/29/2022 where patient asked the nurse for assistance. There was no mention of a radiograph(s) being ordered or taken nor an evaluation performed to rule out a Le Fort fracture or evaluate and treat the fractured and partially avulsed teeth on the day of the altercation. Patient saw physician over the weekend.

1. Was the altercation witnessed by anyone, so as to know if the crown of tooth #9 and the partial avulsion of #7 & #8 occurred during the altercation or after, during the tasing phase of the incident? Our understanding is the dental damage occurred during the altercation when Mr. [redacted] was hit on the left side of the mouth by another incarcerated person. The dental damage did not occur during the tasing. The altercation was captured on video.
2. Was the fractured crown of tooth #9 found, retrieved or discarded? I did not find any documentation to rule out that tooth #9 was not swallowed or aspirated. Our understanding is that yes, a deputy found Mr. [redacted] tooth and put it in his property.
3. For my clarity, please confirm that Mr. [redacted] did not fall and/or hit his face or head at any time during the altercation or during/after being tased? From what we understand, Mr. [redacted] did not fall and/or hit his face or head at any time during the altercation or during/after being tased.

Opinion:
It appears that the tooth was not aspirated but there was no documentation by medical of this fact. I reviewed the chart and x-rays. Since the Dentist was not on site at the time of the altercation and Mr. [redacted] experienced partially avulsed teeth, Mr. [redacted] should have been sent out on the day of the altercation to a higher level of care such as to Natividad Medical Center for x-rays, evaluation, and treatment of the partially avulsed teeth and the retained fractured root.

Note that patient was seen 4 days following the incident. Dentist indicated "9 crown knocked out, fractured below gum; 8,7 partially extruded w partial separation of the periodontal ligament. 8,9 partially also displaced distal out of socket; some small tooth fragments of 9 present". Diagnosis was "7, 8 partial extrusion and displaced; 9 missing crown/root remains, guarded". No mention of the condition of #10's pulpal or periodontal condition. This tooth is adjacent to the fractured root canal treated tooth and was also used to stabilize #7-8. Root #9 was not extracted but small fragments surrounding the root tip were removed. Since patient was released, there is no information as to the pulpal condition of the partially avulsed teeth #7 & 8, nor plans for the retained root tip #9.