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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 46 TO 50 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 46

Hernandez V. County of Monterey

DENTAL MONITOR'S REPORT (8th Dental Audit Tour) HERNANDEZ V. COUNTY OF MONTEREY, May 24-25, 2022										
				6	7	8	9	10	14	15
#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			GRADING SCALE:	#	1	0.5	0	NA DF NM	%	86% or greater
A.1.1 Access to Care Audit Tool Data - Sign Language Interpreter Services										
A.1.1.1	System	Sign Language - Interpreter Service - Available	Are sign language (video and/or in person) interpreter services available to hearing impaired inmate/patients (I/Ps) through the County and the contracted health care service?	1	1	0	0	0		
A.1.1.2	Chart Audit	Sign Language - Interpreter Service Used during Nurse Dental Sick Call	Is a sign language interpreter service used throughout the nurse (also PA, NP, MD) dental sick call appointment when indicated? Was the name and certification number of the sign language interpreter noted in the progress notes?	0	0	0	0	1		
A.1.1.3	Chart Audit	Sign Language - Interpreter Service Used during Dental Triage and Treatment	Is a sign language interpreter service used throughout the dental triage and/or dental treatment appointment when indicated? Was the name and certification number of the sign language interpreter noted in the progress notes?	0	0	0	0	1		
			TOTAL:	1	1	0	0	NA:2 DF:0 NM:0	100.0%	Y
A.1.2 Access to Care Audit Tool Data - Certified Language Interpreter/Translator Services										
A.1.2.1	System	Certified Language Interpreter/ Translator Services - Available	Are certified (telephone, video and/or in person) language interpreter/translator services available to I/Ps through the County and the contracted health care service?	1	1	0	0	0		
A.1.2.2	System	Certified Language Interpreter/ Translator Services - Posted	Is the certified language interpreter/translator service information posted in the dental clinic?	1	1	0	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.1.2.3	System	Certified Language Interpreter/ Translator Services - Access	Of the I/Ps who need language interpreter services, how many have accessed dental care services? Are there any barriers to access to care noted?	0	0	0	0	1		
A.1.2.4	Chart Audit	Certified Language Interpreter/ Translator Services - Used during Nurse Dental Sick Call	Was a certified language interpreter used throughout the nurse (also PA, NP, MD) dental sick call appointment when an interpreter needed is noted in the patient's chart? Was the name and certification number of the language interpreter noted in the progress notes?	4	3	0	1	0		
A.1.2.5	Chart Audit	Certified Language Interpreter/ Translator Services - Used during Dental Triage and Treatment	Was a certified language interpreter used throughout the dental triage and/or dental treatment appointment when a sign language interpreter is indicated in the patient's chart? Was the name and certification number of the language interpreter noted in the progress notes?	4	0	0	4	0		
			TOTAL:	10	5	0	5	NA:0 DF:1 NM:0	50.0%	N
A.2 Access to Care Audit Tool Data - Oral Hygiene Supplies										
A.2.1	System	Oral Hygiene Supplies	Are oral hygiene supplies (toothbrush, toothpaste, dental flossers) available to all I/Ps?	1	0	1	0	0		
A.2.2	System	Oral Hygiene Supplies	Does all toothpaste issued to all I/Ps carry the ADA seal of acceptance?	1	0	1	0	0		
A.2.3	System	Oral Hygiene Supplies	Are toothbrush and toothpaste made available, without a fee, for each I/P on a monthly basis or upon demand?	1	1	0	0	0		
A.2.4	System	Indigent Oral Hygiene Supplies (Interview)	Are weekly indigent packs available to I/Ps, at no fee, which include toothbrush, toothpaste, and floss loops? (Note the floss loops are upon request from the I/P).	1	1	0	0	0		
A.2.5	System	Indigent Oral Hygiene Supplies (Interview)	Is denture adhesive available at no fee to the partially and/or fully edentulous indigent patients for use with their dentures?	1	1	0	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.2.6	System	Commissary	Does the commissary carry toothpaste and denture adhesive with the ADA seal of acceptance as well as correctionally approved toothbrushes and floss for purchase?	1	1	0	0	0		
A.2.7	System	Oral Hygiene Policy & Procedure	Is there a current Policy and Procedure (P&P) present in both the County and in Dental to address oral hygiene supplies, including supplies for indigent patients?	1	0	1	0	0		
			TOTAL:	7	4	1.5	0	NA:0 DF:0 NM:0	78.6%	N
A.3 Access to Care Audit Tool Data - Oral Hygiene Instruction/Education										
A.3.1	System	Oral Hygiene Instruction and Education (Interview)	Is meaningful oral hygiene instruction (OHI) and education given to patients upon arrival at Intake?	1	0	1	0	0		
A.3.2	System	Oral Hygiene Instruction and Education	Is brushing and flossing OHI/Education, such as a video and brochures from the American Dental Association (ADA), available to the inmate/patient's, i.e., on their computer tablet?	1	0	1	0	0		
A.3.3	System	Oral Hygiene Instruction and Education (Interview)	Is meaningful OHI given to every I/P during the 14-Day Exam/Health Appraisal?	1	0	0	1	0		
A.3.4	System	Oral Hygiene Instruction and Education (Interview)	Is OHI/Education available to I/PS upon request and is meaningful OHI given by dental per the request?	1	0	1	0	0		
A.3.5	System	Oral Hygiene Instruction and Education (Interview)	Is meaningful OHI/Education given to patients during their dental triage and/or dental examination?	1	0	1	0	0		
			TOTAL:	5	0	2	1	NA:0 DF:0 NM:0	40.0%	N
A.4 Access to Care Audit Tool Data - Inmate Handbook										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.4.1	System	Inmate Handbook Overview	Is the Inmate Orientation Handbook up to date per the Implementation Plan and Settlement Agreement with true, comprehensive, and pertinent dental information, as well as how to access dental care through the dental sick call system?	1	0	1	0	0		
A.4.2	System	Inmate Handbook Overview	Is there a verbal overview of dental services and how to access dental care via the dental sick call system, using effective communication, given at the time of Intake?	1	0	1	0	0		
A.4.3	System	Inmate Handbook Overview	Is there a separate sheet given to the I/P with the Inmate Orientation Handbook highlighting any dental updates/changes until the new handbook is published?	1	0	0	1	0		
A.4.4	System	Inmate Handbook Specifics	Does it state when dental examinations, treatment and other dental services are available inside the facility?	1	0	1	0	0		
A.4.5	System	Inmate Handbook Specifics	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?	1	0	1	0	0		
A.4.6	System	Inmate Handbook Specifics	Does it state that I/Ps incarcerated for 12 months or more can receive a comprehensive dental examination and eligible treatment? Is the eligible treatment included in the handbook?	1	0	1	0	0		
A.4.7	System	Inmate Handbook Specifics	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?	1	0	1	0	0		
A.4.8	System	Inmate Handbook Specifics	Does it state that patients refusing dental care, can reinstate care by placing a new dental sick call request?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			TOTAL:	8	0	3.5	1	NA:0 DF:0 NM:0	43.8%	N
A.5 Access to Care Audit Tool Data - Intake Form										
A.5.1	System	Intake Form	Does the dental section of the Intake Form address the necessary dental criteria for patients at Intake?	1	0	1	0	0		
A.5.2	Chart Audit	Intake Form	Is the dental section of the Intake Form completely filled out at the time of Intake.	9	0	9	0	1		
A.5.3	Chart Audit	Intake Form	Is a dental referral box checked and the referral from Intake to dental completed when appropriate?	9	5	0	4	1		
A.5.4	Chart Audit	Intake Form	Is the referral to dental scheduled within DL1 or DL2 (Emergent/ Urgent or Routine) timeframes?	4	0	0	4	6		
A.5.5	Chart Audit	Intake Form	Is the referral to dental from Intake seen in Dental as scheduled?	0	0	0	0	10		
			TOTAL:	23	5	5	8	NA:18 DF:0 NM:0	43.5%	N
A.6 Access to Care Audit Tool Data - Intake - Urgent/Emergent Dental Level 1										
A.6.1	Chart Audit	Intake – DL1 Scheduled Within Parameters	Of the Urgent/Emergent DL1 patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).	5	3	0	2	0		
A.6.2	Chart Audit	Intake – DL1 Correctly assigned the DL1	Of the Urgent/Emergent DL1 patients above, were they correctly assigned the DL1 designation?	5	4	1	0	0		
A.6.3	Chart Audit	Intake – DL1 Seen in Dental as Scheduled	Of the Urgent/Emergent DL1 patients above, were they seen as scheduled in Dental?	5	2	3	0	0		
A.6.4	Chart Audit	Total Intake Compliance DL1	Of the overall Urgent/Emergent DL1 patients referred to Dental from Intake, what percentage were scheduled within DL1 parameters?	5	0	5	0	0		
			TOTAL:	20	9	4.5	2	NA:0 DF:0 NM:0	67.5%	N

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.7 Access to Care Audit Tool Data - Intake - Routine Dental Level 2										
A.7.1	Chart Audit	Intake – DL2 Scheduled Within Parameters	Of the Routine DL2 patients referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 calendar days).	5	2	0	2	0		
A.7.2	Chart Audit	Intake – DL2 Correctly assigned the DL2	Of the Routine DL2 patients above, were they correctly assigned the DL2 designation?	5	1	1	2	0		
A.7.3	Chart Audit	Intake – DL2 Seen in Dental as Scheduled	Of the Routine DL2 patients above, were they seen in Dental as scheduled?	5	0	2	2	0		
A.7.4	System	Total Intake Compliance DL2	Of the overall Routine DL2 patients referred to Dental from Intake, what percentage were scheduled within DL2 parameters?	1	0	1	0	0		
			TOTAL:	16	3	2	6	NA:0 DF:0 NM:0	31.3%	N
A.8 Access to Care Audit Tool Data - 14-Day Exam (Health Appraisal) Form										
A.8.1	Chart Audit	14-Day Exam (Health Appraisal) Form	Is the dental section of the Health Inventory & Communicable Disease Screening (14-Day Exam now named Health Appraisal) completed within 14 calendar days of booking?	5	5	0	0	0		
A.8.2	Chart Audit	14-Day Exam (Health Appraisal) Form	Per the Wellpath IP 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?	5	0	0	5	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.8.3	Chart Audit	14-Day Exam (Health Appraisal) Form	Is the Odontogram completely filled out?	5	0	0	5	0		
A.8.4	Chart Audit	14-Day Exam (Health Appraisal) Form	If a referral is appropriate, is the "Dental Sick Call" box checked on the 14-Day Exam form? Is the referral to dental completed and scheduled per the Dental Level assignment?	5	5	0	0	0		
			TOTAL:	20	10	0	10	NA:0 DF:0 NM:0	50.0%	N
A.9 Access to Care Audit Tool Data - 14-Day Exam - Urgent/Emergent Dental Level 1										
A.9.1	Chart Audit	14-Day Exam – DL1 Scheduled Within Parameters	Of the Urgent/Emergent DL1 patients referred to dental from the 14-Day Exam, were they scheduled within the DL1 parameters? (Next dental day).	0	0	0	0	4		
A.9.2	Chart Audit	14-Day Exam – DL1 Correctly assigned the DL1	Of the Urgent/Emergent DL1 patients above, were they correctly assigned the DL1 designation?	0	0	0	0	4		
A.9.3	Chart Audit	14-Day Exam – DL1 Seen in Dental as Scheduled	Of the Urgent/Emergent DL1 patients above, were they seen in Dental as scheduled?	0	0	0	0	4		
A.9.4	System	Total 14-Day Exam Compliance DL1	Of the overall Urgent/Emergent DL1 patients referred to Dental from the 14-Day Exam, what percentage were scheduled within DL1 parameters?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:13 NM:0	DF	DF
A.10 Access to Care Audit Tool Data - 14-Day Exam - Routine Dental Level 2										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.10.1	Chart Audit	14-Day Exam – DL2 Scheduled Within Parameters	Of the Routine DL2 patients referred to Dental from the 14-Day Exam, were they scheduled within the DL 2 parameters? (14 calendar days).	0	0	0	0	5		
A.10.2	Chart Audit	14-Day Exam – DL2 Correctly assigned the DL2	Of the Routine DL2 patients above, were they correctly assigned the DL2 designation?	0	0	0	0	5		
A.10.3	Chart Audit	14-Day Exam – DL2 Seen in Dental as Scheduled	Of the Routine DL2 patients above, were they seen in Dental as scheduled?	0	0	0	0	5		
A.10.4	System	Total 14-Day Exam Compliance DL2	Of the overall Routine DL2 patients referred to Dental from the 14-Day Exam, what percentage were scheduled within DL2 parameters?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:16 NM:0	DF	DF
A.11 Access to Care Audit Tool Data - Dental Sick Call Requests										
A.11.1	System	Sick Call Requests (Intelmate)	Is the inmate dental request clearly identified as a dental sick call request or is it under medical or mental health. If under medical and/or mental health, was the dental aspect of the request seen within 24 hours?	1	0	1	0	0		
A.11.2	System	Sick Call Requests (Intelmate)	Is the Inmate Dental Sick Call request seen by a RN, MD, PA, NP within 24 hours of the dental request reported by the inmate/patient in Intelmate?	1	0	0	1	0		
A.11.3	System	Sick Call Requests (Intelmate)	Is there a report, a methodology and a policy and procedure to track all inmate requests for dental, even if they are within medical or mental health categories, through to be seen in dental?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.11.4	System	Sick Call Requests (Intelmate)	Is the Inmate Dental Sick Call request referred to dental when indicated, given an appropriate Dental Level (urgent/emergent DL1 or routine DL2) and scheduled within the above parameters (next dental and within 14 calendar days respectively).	1	0	1	0	0		
A.11.5	System	Sick Call Requests (Intelmate)	Is there a system to track and match the inmate requests to the nurse sick calls to the dental clinic triage and treatment?	1	0	1	0	0		
A.11.6	System	Sick Call Requests (Intelmate)	What is the overall percentage of Inmate Dental Sick Call Requests seen within 24 hours? 100% required.	1	0	1	0	0		
			TOTAL:	6	0	2.5	1	NA:0 DF:0 NM:0	41.7%	N
A.12 Access to Care Audit Tool Data - Dental Sick Call - Urgent/Emergent DL1										
A.12.1	Chart Audit	Sick Call – DL1 Scheduled Within Parameters	Of the Urgent/Emergent DL1 patients referred to dental from Dental Sick Call, were they scheduled within the DL1 parameters? (Next dental day).	0	0	0	0	1		
A.12.2	Chart Audit	Sick Call – DL1 Correctly assigned the DL1	Of the Urgent/Emergent DL1 patients above, were they correctly assigned the DL1 designation?	0	0	0	0	1		
A.12.3	Chart Audit	Sick Call – DL1 Seen in Dental as Scheduled	Of the Urgent/Emergent DL1 patients above, were they seen in Dental as scheduled?	0	0	0	0	1		
A.12.4	System	Total Dental Sick Call Compliance DL1	Of the overall Urgent/Emergent DL1 patients referred to Dental from the Dental Sick Call, what percentage were scheduled within DL1 parameters?	1	0	1	0	0		
			TOTAL:	1	0	0.5	0	NA:0 DF:3 NM:0	50.0%	N
A.13 Access to Care Audit Tool Data - Dental Sick Call - Routine DL2										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.13.1	Chart Audit	Sick Call – DL2 Scheduled Within Parameters	Of the Routine DL2 patients referred to Dental from Dental Sick Call, were they scheduled within the DL 2 parameters? (14 calendar days).	0	0	0	0	1		
A.13.2	Chart Audit	Sick Call – DL2 Correctly assigned the DL2	Of the Routine DL2 patients above, were they correctly assigned the DL2 designation?	0	0	0	0	1		
A.13.3	Chart Audit	Sick Call – DL2 Seen in Dental as Scheduled	Of the Routine DL2 patients above, were they seen in Dental as scheduled?	0	0	0	0	1		
A.13.4	System	Total Dental Sick Call Compliance DL2	Of the overall Routine DL2 patients referred to Dental from Dental Sick Call, what percentage were scheduled within DL2 parameters?	1	0	1	0	0		
			TOTAL:	1	0	0.5	0	NA:0 DF:3 NM:0	50.0%	N
A.14 Access to Care Audit Tool Data - Physician on Call (POC)										
A.14.1	System	Physician on Call (POC)	Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ?	1	1	0	0	0		
A.14.2	Chart Audit	Physician on Call (POC)	Of the patients reported to the Physician on Call (POC) for dental emergencies, were their dental emergencies addressed, given the appropriate DL1 designation or sent out to emergency care, scheduled next dental day, and seen in dental as scheduled?	3	2	1	0	0		
			TOTAL:	4	3	0.5	0	NA:0 DF:0 NM:0	87.5%	Y
A.15 Access to Care Audit Tool Data - Referred to Outside Specialist/Specialty Care										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.15.1	System	Referral to Outside Specialist	Is there a system to track outside referrals to specialists including patients sent to hospital for emergency care? Is this system available through a report?	1	0	1	0	0		
A.15.2	Chart Audit	Referral to Outside Specialist - Seen back in dental next dental day	Were the inmate/patients who were referred to an outside specialist, (also to a hospital for emergency dental care) seen by the specialist within 30 days of the referral? For example, oral surgeon, endodontist, prosthodontist.	3	0	2	1	0		
A.15.3	Chart Audit	Referral to Outside Specialist - Report Available	Were the inmate/patients, who were referred to a specialist above or to a hospital for emergency dental care, seen back in Dental on the next dental day following their appointment with the specialist?	1	0	0	1	2		
A.15.4	Chart Audit	Referral to Outside Specialist - Report Available	For those inmate/patients listed above, was the report available to be reviewed by the dentist for the follow up appointment?	1	0	0	1	2		
			TOTAL:	6	0	1.5	3	NA:4 DF:0 NM:0	25.0%	N

A.16 Access to Care Audit Tool Data - Chronic Care

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.16.1	Chart Audit	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? Note seen within timeframe question is evaluate in the timeliness of care section B.	10	0	0	10	0		
A.16.2	Chart Audit	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 and 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?	0	0	0	0	1		
A.16.3	Chart Audit	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 and 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?	0	0	0	0	1		
A.16.4	Chart Audit	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 and 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?	0	0	0	0	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.16.5	Chart Audit	Chronic Care (SIM)	Are patients with chronic care problems (patients on 4 or more psych medications, Serious Mental Illness (SMI), and/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 and 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?	0	0	0	0	1		
			TOTAL:	10	0	0	10	NA:0 DF:4 NM:0	0.0%	N
A.17 Access to Care Audit Tool Data - Comprehensive Dental Examination										
A.17.1	Chart Audit	Comp Dental Care	Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?	9	3	0	6	0		
A.17.2	Chart Audit	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 seen in dental per their annual recall schedule if still in custody? Note that a periodontal recall (cleaning recall) is different than the annual comprehensive dental examination recall.	9	8	0	1	0		
			TOTAL:	18	11	0	7	NA:0 DF:0 NM:0	61.1%	N
A.18 Access to Care Audit Tool Data - Periodontal Disease Program										
A.18.1	System	Periodontal Disease Program	Is there an established Periodontal Disease Program per Wellpath's Implementation Plan? Is there a local policy and procedure in place and being followed for this program?	1	0	0	1	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.18.2	Chart Audit	Periodontal Disease Program	Are inmate/patient requests for a periodontal screening, cleaning or other language related to the I/Ps gum and/or periodontal condition, appropriately screened by the RN, given the correct DL and correctly determined to be in the Periodontal Disease Program? Is the appointment scheduled within DL parameters and seen in dental as scheduled for the comprehensive and periodontal dental examination, within the 90 day timeframe?	0	0	0	0	1		
			TOTAL:	1	0	0	1	NA:0 DF:1 NM:0	0.0%	N
A.19 Access to Care Audit Tool Data - Refusals and Refusal Form										
A.19.1	Chart Audit	Refusals	Are the patients who refuse (cellside or chairside) given the appropriate informed discussion of risks, benefits, alternatives and consequences; obtained and documented by the licensed dentist and witnessed by a health care person on the day of the refusal? Scanned timely into CorEMR?	4	2	1	1	1		
			TOTAL:	4	2	0.5	1	NA:1 DF:0 NM:0	62.5%	N
A.20 Access to Care Audit Tool Data - Grievances										
A.20.1	Chart Audit	Grievances (Intelmate)	Were grievances (dental complaints) addressed and seen within - 24 hours - of the request in Intelmate?	37	11	4	21	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			TOTAL:	37	11	2	21	NA:0 DF:0 NM:0	35.1%	N
B.1 Timeliness of Care Audit Tool Data - Dental Level (Urgent/Emergent/Priority 1 and Routine/Priority 2) Seen Within Timeframe?										
B.1.1	Chart Audit	DL1 Intake (Priority 1)	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	0	0	0	0	1		
B.1.2	Chart Audit	DL2 Intake (Priority 2)	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	0	0	0	0	1		
B.1.3	Chart Audit	DL1 14-Day Exam (Priority 1)	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	0	0	0	0	1		
B.1.4	Chart Audit	DL2 14-Day Exam (Priority 2)	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	0	0	0	0	1		
B.1.5	Chart Audit	DL1 Sick Call (Priority 1)	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	0	0	0	0	1		
B.1.6	Chart Audit	DL2 Sick Call (Priority 2)	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	0	0	0	0	1		
B.1.7	Chart Audit	DL1 MD (Priority 1)	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	0	0	0	0	1		
B.1.8	Chart Audit	DL2 MD (Priority 2)	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	0	0	0	0	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			TOTAL:	0	0	0	0	NA:0 DF:8 NM:0	DF	DF
B.2 Timeliness of Care Audit Tool Data - Dental Priority Code (DPC) - Priority 1 thru 5										
B.2.1	Chart Audit	DPC Emergency Care (Priority 1)	Were the patients who were given a DPC of Emergency Care (Priority 1) seen for their dental treatment within DPC timeframes: treated the same day as diagnosed?	0	0	0	0	1		
B.2.2	Chart Audit	DPC Emergency Care (Priority 1)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of Emergency Care (Priority 1) for the condition?	0	0	0	0	1		
B.2.3	Chart Audit	DPC 1A (Priority 2)	Were the patients who were given a DPC of 1A (Priority 2) seen for their dental treatment within DPC timeframes: treated within 24 hours of the diagnosis?	0	0	0	0	1		
B.2.4	Chart Audit	DPC 1A (Priority 2)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 1A (Priority 2) for the condition?	0	0	0	0	1		
B.2.5	Chart Audit	DPC 1B (Priority 3)	Were the patients who were given a DPC of 1B (Priority 3) seen for their dental treatment within DPC timeframes: treated within 30 days of the diagnosis?	0	0	0	0	1		
B.2.6	Chart Audit	DPC 1B (Priority 3)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 1B (Priority 3) for the condition?	0	0	0	0	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
B.2.7	Chart Audit	DPC 1C (Priority 4)	Were the patients who were given a DPC of 1C (Priority 4) seen for their dental treatment within DPC timeframes: treated within 60 days of the diagnosis?	0	0	0	0	1		
B.2.8	Chart Audit	DPC 1C (Priority 4)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 1C (Priority 4) for the condition?	0	0	0	0	1		
B.2.9	Chart Audit	DPC 2 (Priority 5)	Were the patients who were given a DPC of 2 (Priority 5) seen for their dental treatment within DPC timeframes: treated within 120 days of the diagnosis?	0	0	0	0	1		
B.2.10	Chart Audit	DPC 2 (Priority 5)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 2 (Priority 5) for the condition?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:10 NM:0	DF	DF
B.3 Timeliness of Care Audit Tool Data - Chronic Care										
B.3.1	Chart Audit	Chronic Care (HIV)	Are patients with chronic care problems (HIV) who were scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination - seen within the 90 day timeframe?	0	0	0	0	1		
B.3.2	Chart Audit	Chronic Care (Seizure)	Are patients with chronic care problems (SEIZURES) who were scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination - seen within the 90 day timeframe?	0	0	0	0	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
B.3.3	Chart Audit	Chronic Care (Diabetes)	Are patients with chronic care problems (DIABETES) who were scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination - seen within the 90 day timeframe?	0	0	0	0	1		
B.3.4	Chart Audit	Chronic Care (Pregnancy)	Are patients with chronic care problems (PREGNANCY) who were scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination - seen within the 90 day timeframe?	0	0	0	0	1		
B.3.5	Chart Audit	Serious Mental Illness (SIM), Patients on 4 or more psych medications	Are patients with chronic care problems (PATIENTS on 4 or more psych meds or serious mental illness) who were scheduled in dental for a comprehensive dental examination within 90 days from the date of the referral from the 7-day chronic care examination - seen within the 90 day timeframe?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:5 DF:0 NM:0	NA	NA
B.4 Timeliness of Care Audit Tool Data - Comprehensive Dental Care										
B.4.1	Chart Audit	Comprehensie Dental Care	Are patients with 1 year of incarceration seen for their comprehensive dental examination, periodontal probing and treatment plan within 30 days following their one-year anniversary of the date of their initial booking?	0	0	0	0	1		
B.4.2	Chart Audit	Comprehensie Dental Care	Are the comprehensive dental examination (including treatment plan) and periodontal examination forms scanned into CorEMR within 24 hours?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:2 NM:0	DF	DF

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
B.5 Timeliness of Care Audit Tool Data - Periodontal Disease Program										
B.5.1	Chart Audit	Periodontal Disease Program	Are inmate/patient requests for a periodontal screening, cleaning or other language related to the I/Ps gum condition, screened by the RN and determined to be in the Periodontal Disease Program, seen in dental for the comprehensive and periodontal dental examination, within the 90 day timeframe?	1	0	0	1	0		
B.5.2	Chart Audit	Periodontal Disease Program	Are prescribed dental treatment(s), with the appropriate DPC, from the Periodontal Disease Program seen within DPC timeframe?	1	0	0	1	0		
B.5.3	Chart Audit	Periodontal Disease Program	Is the treatment plan completed, a DPC provided for every line item of prescribed treatment, appointments scheduled and the forms scanned within 24 hours into CorEMR from the Periodontal Disease Program?	1	0	0	1	0		
			TOTAL:	3	0	0	3	NA:0 DF:0 NM:0	0.0%	N
B.6 Timeliness of Care Audit Tool Data - Refusals										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
B.6.1	System	Refusals	Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?	1	1	0	0	0		
B.6.2	Chart Audit	Refusals	Are the refusals (cellside or chairside) given the appropriate informed discussion of risks, benefits, alternatives and consequences with the patient; obtained and documented by the licensed dentist and witnessed by a health care person on the day of the informed refusal occurred? Is the refusal forms scanned into CorEMR within 24 hours?	0	0	0	0	1		
			TOTAL:	1	1	0	0	NA:0 DF:1 NM:0	100.0%	Y
B.7 Timeliness of Care Audit Tool Data - Reschedules										
B.7.1	System	(R/S) Reschedules	Are reschedules maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?	1	0	0	1	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
B.7.2	Chart Audit	(R/S) Reschedules	Are rescheduled nursing sick call patients scheduled again and their appointment seen and completed within compliance timeframe?	0	0	0	0	1		
B.7.3	Chart Audit	(R/S) Reschedules	Are rescheduled dental sick call patients scheduled again and their appointment seen and completed within compliance timeframe?	0	0	0	0	1		
			TOTAL:	1	0	0	1	NA:0 DF:2 NM:0	0.0%	N
B.8 Timeliness of Care Audit Tool Data - Cancelled by Staff										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
B.8.1	Chart Audit	Cancelled by Staff	Are Cancelled by Staff appointments maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?	0	0	0	0	1		
B.8.2	Chart Audit	Cancelled by Staff	Are the Cancelled by Staff dental sick call or dental treatment patients scheduled again and their appointment seen and completed within compliance timeframe?	0	0	0	0	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			TOTAL:	0	0	0	0	NA:0 DF:2 NM:0	DF	DF
B.9 Timeliness of Care Audit Tool Data - Custody										
B.9.1	System	No Shows due to Custody	Is custody available for patient transport to the dental department?	0	0	0	0	1		
B.9.2	System	No Shows due to Custody	Are not seen due to custody maintained under 5% SC; 5-10% PC; >10% NC?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:2 NM:0	DF	DF
C.1 Quality of Care Audit Tool Data - Dental Triage										
C.1.1	Chart Audit	Dental Triage - Informed Consent	<ul style="list-style-type: none"> Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? Is the informed consent discussion noted in the clinical note? Is the form(s) scanned or digital copy in the EHR? 	10	0	9	1	0		
C.1.2	Chart Audit	Dental Triage - Medical and Dental History	<ul style="list-style-type: none"> Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? Is the patient's chief complaint addressed? Is the blood pressure taken and recorded in the clinical note? Is a medical consult completed if indicated? 	10	0	0	10	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.1.3	Chart Audit	Dental Triage - Objective Findings	<ul style="list-style-type: none"> • Are appropriate radiograph(s) taken and of diagnostic quality? • Are objective findings identified and noted in the clinical note? • Are all radiographic findings identified, documented and discussed with the patient? • Is the scanned or digital copy of the x-ray in the EHR? 	10	5	5	0	0		
C.1.4	Chart Audit	Dental Triage - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the pulpal and/or periodontal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Is the episodic treatment plan placed on an odontogram and scanned into the EHR? 	10	3	7	0	0		
C.1.5	Chart Audit	Dental Triage - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	4	0	1	3	6		
C.1.6	Chart Audit	Dental Triage - Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given? 	10	10	0	0	0		
C.1.7	Chart Audit	Dental Triage - Referrals	<ul style="list-style-type: none"> • Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note? 	0	0	0	0	10		
C.1.8	Chart Audit	Dental Triage - Continuity of Care	<ul style="list-style-type: none"> • Was the patient informed to submit a dental sick call for any incidental finding(s) found on the radiograph(s), or if pain any pain/issue. • Is the next visit stated and scheduled per the DPC for continuity of care in the clinical note? 	10	10	0	0	0		
			TOTAL:	64	28	11	14	NA:16 DF:0 NM:0	60.9%	N
C.2 Quality of Care Audit Tool Data - Comprehensive Dental Care										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.2.1	Chart Audit	Comprehensive Dental Exam - Informed Consent	<ul style="list-style-type: none"> • Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR? 	8	0	8	0	1		
C.2.2	Chart Audit	Comprehensive Dental Exam - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	8	0	8	0	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.2.3	Chart Audit	Comprehensive Dental Exam - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? • Are the radiographs scanned or digitized into the EHR? 	8	0	8	0	1		
C.2.4	Chart Audit	Comprehensive Dental Exam - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	8	5	3	0	1		
C.2.5	Chart Audit	Comprehensive Dental Exam - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	1	1	0	0	8		
C.2.6	Chart Audit	Comprehensive Dental Exam - Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	8	8	0	0	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.2.7	Chart Audit	Comprehensive Dental Exam - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	9		
C.2.8	Chart Audit	Comprehensive Dental Exam - Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	8	8	0	0	1		
			TOTAL:	49	22	13.5	0	NA:23 DF:0 NM:0	72.4%	N
C.3 Quality of Care Audit Tool Data - Chronic Care - HIV										
C.3.1	Chart Audit	Chronic Care HIV - Informed Consent	• Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR?	5	0	0	5	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.3.2	Chart Audit	Chronic Care HIV - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	5		
C.3.3	Chart Audit	Chronic Care HIV - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	5		
C.3.4	Chart Audit	Chronic Care HIV - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.3.5	Chart Audit	Chronic Care HIV - Medications	• Is an appropriate medication(s) prescribed when indicated and supported by objective findings?	0	0	0	0	5		
C.3.6	Chart Audit	Chronic Care HIV - Education	• Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note?	0	0	0	0	5		
C.3.7	Chart Audit	Chronic Care HIV - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	5		
C.3.8	Chart Audit	Chronic Care HIV - Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	0	0	0	0	5		
			TOTAL:	5	0	0	5	NA:35 DF:0 NM:0	0.0%	N
C.4 Quality of Care Audit Tool Data - Chronic Care - Seizures										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.4.1	Chart Audit	Chronic Care Seizures - Informed Consent	<ul style="list-style-type: none"> • Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR? 	5	0	0	5	0		
C.4.2	Chart Audit	Chronic Care Seizures - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.4.3	Chart Audit	Chronic Care Seizures - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	5		
C.4.4	Chart Audit	Chronic Care Seizures - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	5		
C.4.5	Chart Audit	Chronic Care Seizures - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	5		
C.4.6	Chart Audit	Chronic Care Seizures - Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.4.7	Chart Audit	Chronic Care Seizures - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	5		
C.4.8	Chart Audit	Chronic Care Seizures - Continuity of Care	<ul style="list-style-type: none"> • Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note? 	0	0	0	0	5		
			TOTAL:	5	0	0	5	NA:35 DF:0 NM:0	0.0%	N
C.5 Quality of Care Audit Tool Data - Chronic Care - Diabetes										
C.5.1	Chart Audit	Chronic Care Diabetes - Informed Consent	<ul style="list-style-type: none"> • Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR? 	5	0	0	5	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.5.2	Chart Audit	Chronic Care Diabetes - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	5		
C.5.3	Chart Audit	Chronic Care Diabetes - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	5		
C.5.4	Chart Audit	Chronic Care Diabetes - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	5		
C.5.5	Chart Audit	Chronic Care Diabetes - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.5.6	Chart Audit	Chronic Care Diabetes - Education	<ul style="list-style-type: none">• Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan?• Is oral hygiene instruction given and documented in the clinical note?	0	0	0	0	5		
C.5.7	Chart Audit	Chronic Care Diabetes - Referrals	<ul style="list-style-type: none">• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	5		
C.5.8	Chart Audit	Chronic Care Diabetes - Continuity of Care	<ul style="list-style-type: none">• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note?• Is patient informed to request an annual recall exam?• Is the next visit stated in the clinical note?	0	0	0	0	5		
			TOTAL:	5	0	0	5	NA:35 DF:0 NM:0	0.0%	N
C.6 Quality of Care Audit Tool Data - Chronic Care - Pregnancy										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.6.1	Chart Audit	Chronic Care Pregnancy - Informed Consent	<ul style="list-style-type: none"> • Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR? 	3	0	0	3	0		
C.6.2	Chart Audit	Chronic Care Pregnancy - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	3		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.6.3	Chart Audit	Chronic Care Pregnancy - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	3		
C.6.4	Chart Audit	Chronic Care Pregnancy - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	3		
C.6.5	Chart Audit	Chronic Care Pregnancy - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	3		
C.6.6	Chart Audit	Chronic Care Pregnancy - Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	0	0	0	0	3		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.6.7	Chart Audit	Chronic Care Pregnancy - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	3		
C.6.8	Chart Audit	Chronic Care Pregnancy - Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	0	0	0	0	3		
			TOTAL:	3	0	0	3	NA:21 DF:0 NM:0	0.0%	N
C.7 Quality of Care Audit Tool Data - Chronic Care - SIM										
C.7.1	Chart Audit	Chronic Care SMI, SN, MHP - Informed Consent	• Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR?	8	0	0	7	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.7.2	Chart Audit	Chronic Care SMI, SN, MHP - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	8		
C.7.3	Chart Audit	Chronic Care SMI, SN, MHP - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	8		
C.7.4	Chart Audit	Chronic Care SMI, SN, MHP - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	8		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.7.5	Chart Audit	Chronic Care SMI, SN, MHP - Medications	• Is an appropriate medication(s) prescribed when indicated and supported by objective findings?	0	0	0	0	8		
C.7.6	Chart Audit	Chronic Care SMI, SN, MHP - Education	• Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note?	0	0	0	0	8		
C.7.7	Chart Audit	Chronic Care SMI, SN, MHP - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	8		
C.7.8	Chart Audit	Chronic Care SMI, SN, MHP - Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	0	0	0	0	8		
			TOTAL:	8	0	0	7	NA:56 DF:0 NM:0	0.0%	N
C.8 Quality of Care Audit Tool Data - Periodontal Treatment										
C.8.1	Chart Audit	Periodontal Treatment - Informed Consent	• Is the specific treatment listed on the periodontal informed consent form and signed by the patient, dentist and witnessed by the dental assistant? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR?	5	0	5	0	2		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.8.2	Chart Audit	Periodontal Treatment - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available? 	5	0	5	0	2		
C.8.3	Chart Audit	Periodontal Treatment - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current periodontal charting and findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, is the treatment supported by the diagnosis and is the diagnosis listed in the assessment for each periodontal treatment procedure? • Was Dental Priority Code (DPC) prescribed at the time of the periodontal exam? • Is the scanned or digital copy of the x-ray(s) in the EHR? 	5	2	3	0	2		
C.8.4	Chart Audit	Periodontal Treatment - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the periodontal treatment listed in the Plan portion of the clinical note? • Is the anesthetic type and quantity listed? 	5	4	1	0	2		
C.8.5	Chart Audit	Periodontal Treatment - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? • And if so, did the I/P receive the medication timely? 	1	0	1	0	6		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.8.6	Chart Audit	Periodontal Treatment - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	7		
C.8.7	Chart Audit	Periodontal Treatment - Education	• Are post-oral hygiene care instructions given?	5	5	0	0	2		
C.8.8	Chart Audit	Periodontal Treatment - Continuity of Care	<ul style="list-style-type: none"> • Was the next visit/recall identified – periodontal re-evaluation or periodontal maintenance given with the appropriate recall frequency? • Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note? 	5	4	1	0	2		
			TOTAL:	31	15	8	0	NA:25 DF:0 NM:0	74.2%	N
C.9 Quality of Care Audit Tool Data - Restorative and Palliative Care										
C.9.1	Chart Audit	Restorative and Palliative Care - Informed Consen & DMFS	<ul style="list-style-type: none"> • Is the restorative portion of the general informed consent form reviewed, with the specific procedure identified and signed by the patient, dentist and witnessed by the dental assistant? • Is there discussion of risks, benefits, alternatives and consequences noted in the clinical note? • Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. • Is the form(s) scanned or digital copy placed in the EHR? 	9	0	7	2	1		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.9.2	Chart Audit	Restorative and Palliative Care - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available? 	9	0	8	1	1		
C.9.3	Chart Audit	Restorative and Palliative Care - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current objective findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, the treatment supported by the diagnosis and the diagnosis listed in the assessment for each restorative procedure? • Was Dental Priority Code (DPC) prescribed at the time of the exam? • Is the scanned or digital copy of the x-ray in the EHR? 	9	2	0	7	1		
C.9.4	Chart Audit	Restorative and Palliative Care - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the time out protocol utilized and noted in the clinical note. • Is the anesthetic type and quantity listed? • Is the decay indicated as being removed? • Is the restorative material(s) utilized listed in the clinical note? • Is the occlusion and contact(s) verified? 	9	0	8	1	1		
C.9.5	Chart Audit	Restorative and Palliative Care - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? • And if so, did the I/P receive the medication timely? 	0	0	0	0	10		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.9.6	Chart Audit	Restorative and Palliative Care - Education	• Are post-operative instructions given?	8	8	0	0	2		
C.9.7	Chart Audit	Restorative and Palliative Care - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	10		
C.9.8	Chart Audit	Restorative and Palliative Care - Continuity of Care	• If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? • Is the appropriate DPC given, scheduled accordingly and the next visit stated in the clinical note?	7	7	0	0	3		
			TOTAL:	51	17	11.5	11	NA:29 DF:0 NM:0	55.9%	N
C.10 Quality of Care Audit Tool Data - Extractions / Oral Surgery										
C.10.1	Chart Audit	Oral Surgery/ Extraction - Informed Consent	• Is the oral surgery/ extraction consent form reviewed, with the specific procedure identified on the form and signed by the patient, dentist and witnessed by the dental assistant? • Is there discussion of risks, benefits, alternatives and consequences noted in the clinical note? • Is the form(s) scanned or digital copy placed in the EHR?"	10	8	0	1	0		
C.10.2	Chart Audit	Oral Surgery/ Extraction - Medical and Dental History	• Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available?	10	9	0	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.10.3	Chart Audit	Oral Surgery/ Extraction - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current objective findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, the treatment supported by the diagnosis and the diagnosis listed in the assessment for each oral surgery procedure? • Was Dental Priority Code (DPC) prescribed at the time of the exam? • Is the scanned or digital copy of the x-ray in the EHR? 	10	8	1	1	0		
C.10.4	Chart Audit	Oral Surgery/ Extraction - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the time out protocol utilized and noted in the clinical note. • Is the anesthetic type and quantity listed? • Is the tooth number listed as extracted? • Was hemostasis achieved prior to releasing the patient? 	10	0	8	0	0		
C.10.5	Chart Audit	Oral Surgery/ Extraction - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? • And if so, did the I/P receive the medication timely? 	10	10	0	0	0		
C.10.6	Chart Audit	Oral Surgery/ Extraction - Education	<ul style="list-style-type: none"> • Were post-operative instructions given both written and verbally? 	10	0	6	2	0		
C.10.7	Chart Audit	Oral Surgery/ Extraction - Referrals	<ul style="list-style-type: none"> • Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note? 	8	0	0	0	2		
C.10.8	Chart Audit	Oral Surgery/ Extraction - Continuity of Care	<ul style="list-style-type: none"> • Is the appropriate DPC given, scheduled accordingly and the next visit stated in the clinical note? 	8	3	0	3	2		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			TOTAL:	76	38	7.5	7	NA:4 DF:0 NM:0	59.9%	N
C.11 Quality of Care Audit Tool Data - Endodontics (Root Canal Treatment)										
C.11.1	Chart Audit	Endodontic - Informed Consent	<ul style="list-style-type: none">• Is the endodontic informed consent form reviewed, with the specific procedure identified and signed by the patient, dentist and witnessed by the dental assistant?• Is there discussion of risks, benefits, alternatives and consequences noted in the clinical note?• Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed.• Is the form(s) scanned or digital copy placed in the EHR?	0	0	0	0	2		
C.11.2	Chart Audit	Endodontic - Medical and Dental History	<ul style="list-style-type: none">• Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note?• Is the patient's chief complaint addressed?• Is the blood pressure taken and recorded in the clinical note?• If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available?	0	0	0	0	2		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.11.3	Chart Audit	Endodontic - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current objective findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, the treatment supported by the diagnosis and the diagnosis listed in the assessment for each restorative procedure? • Was Dental Priority Code (DPC) prescribed at the time of the exam? • Is the scanned or digital copy of the x-ray in the EHR? 	0	0	0	0	2		
C.11.4	Chart Audit	Endodontic - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the time out protocol utilized and noted in the clinical note. • Is the anesthetic type and quantity listed? • Is the decay indicated as being removed? • Is the restorative material(s) utilized listed in the clinical note? • Is the occlusion and contact(s) verified? • Is a rubber dam utilized for the procedure? • Is working length x-rays taken and the length of the file(s) noted? • Is the type of irrigant noted in the progress note? • Is the materials used written into the progress note? • Is the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? • Is a post op radiograph taken? 	0	0	0	0	2		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.11.5	Chart Audit	Endodontic - Medications	<ul style="list-style-type: none"> Is an appropriate medication(s) prescribed when indicated and supported by objective findings? And if so, did the I/P receive the medication timely? 	0	0	0	0	2		
C.11.6	Chart Audit	Endodontic - Education	<ul style="list-style-type: none"> Are post-operative instructions given? 	0	0	0	0	2		
C.11.7	Chart Audit	Endodontic - Referrals	<ul style="list-style-type: none"> Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note? 	0	0	0	0	2		
C.11.8	Chart Audit	Endodontic - Continuity of Care	<ul style="list-style-type: none"> If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? Is the appropriate DPC given, scheduled accordingly and the next visit stated in the clinical note? 	0	0	0	0	2		
			TOTAL:	0	0	0	0	NA:16 DF:0 NM:0	NA	NA
C.12 Quality of Care Audit Tool Data - Prosthodontics										
C.12.1	Chart Audit	Prosthodontics	Was a patient with over 1 year of incarceration requiring prosthodontic care appropriately referred to an outside specialist?	0	0	0	0	1		
C.12.2	Chart Audit	0	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?	0	0	0	0	1		
C.12.3	Chart Audit	0	Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day?	0	0	0	0	1		

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C.12.4	Chart Audit	0	Is the appropriate continuity of care listed for this patient?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:4 DF:0 NM:0	NA	NA
C.13 Quality of Care Audit Tool Data - Progress Notes										
C.13.1	Chart Audit	Clinical Notes Written for Every Patient including R/S	Updated: Will determine wording at next audit 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)?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:1 NM:0	DF	DF
D Infection Control / Regulatory Compliance Audit Tool Data - Summary Table of Compliance - Facility Dental Audit Tool – (Protective Order):										
D.1	Clinic Audit	Housekeeping	Counters appear clean	1	1	0	0	0	100.0%	Y
D.2	Clinic Audit	Housekeeping	Floors appear clean	1	1	0	0	0	100.0%	Y
D.3	Clinic Audit	Housekeeping	Sinks appear clean	1	1	0	0	0	100.0%	Y
D.4	Clinic Audit	Housekeeping	Food/Personal Items (Staff aware no food storage, eating, drinking, applying cosmetics or handling contact lenses in occupational exposure areas)	1	1	0	0	0	100.0%	Y
D.5	Clinic Audit	Housekeeping	Clinical areas free of clutter, well organized, with good computer cable hygiene	1	1	0	0	0	100.0%	Y
D.6	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Separate container for non-infectious (general) waste in place	1	1	0	0	0	100.0%	Y
D.7	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste containers have lids	1	1	0	0	0	100.0%	Y
D.8	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste containers labeled (Top and all 4 sides, so as to be visible from any lateral direction)	1	1	0	0	0	100.0%	Y

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D.9	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste containers lined with Red Bag	1	1	0	0	0	100.0%	Y
D.10	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste Red Bag removed regularly based on clinic need	1	1	0	0	0	100.0%	Y
D.11	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Chemical Spill Kit in place (Staff aware of location)	1	1	0	0	0	100.0%	Y
D.12	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Mercury Spill Kit in place (Staff aware of location)	1	1	0	0	0	100.0%	Y
D.13	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Eyewash Station in good working order connected to tepid water (60 - 100 degrees F per ANSI requirements)	1	1	0	0	0	100.0%	Y
D.14	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (Approved type)	1	1	0	0	0	100.0%	Y
D.15	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (Located as close as feasible to area where disposable item used)	1	1	0	0	0	100.0%	Y
D.16	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (Mounted securely; not easily accessible to patients)	1	1	0	0	0	100.0%	Y
D.17	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (No more than 3/4 full before container is removed)	1	1	0	0	0	100.0%	Y
D.18	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Pharmaceutical Waste container in place and labeled for Incineration Only	1	1	0	0	0	100.0%	Y
D.19	Clinic Audit	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	1	0	0	0	100.0%	Y
D.20	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Commercial amalgam disposal/recycling container in place (for all amalgam)	1	1	0	0	0	100.0%	Y
D.21	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet)	1	1	0	0	0	100.0%	Y
D.22	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Amalgam Separator filter date of installation posted	0	0	0	0	1	NA	NA

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
D.23	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Amalgam Separator filter (Checked weekly and documented in housekeeping log)	0	0	0	0	1	NA	NA
D.24	Clinic Audit	Sterilization & Equipment	Handpieces cleaned and lubricated prior to sterilization	1	1	0	0	0	100.0%	Y
D.25	Clinic Audit	Sterilization & Equipment	Ultrasonic Unit tested monthly with aluminum foil (Used to clean contaminated instruments prior to sterilization)	1	0	1	0	0	50.0%	N
D.26	Clinic Audit	Sterilization & Equipment	Sterilization Clean and Dirty Areas (Demarcations clearly marked)	1	1	0	0	0	100.0%	Y
D.27	Clinic Audit	Sterilization & Equipment	Staff places appropriate amount of instruments in sterilization pouch (Not overfilled)	1	1	0	0	0	100.0%	Y
D.28	Clinic Audit	Sterilization & Equipment	Sterilized dental instruments (Bags/Pouches intact)	1	1	0	0	0	100.0%	Y
D.29	Clinic Audit	Sterilization & Equipment	Sterilized dental instruments (Bags/Pouches legibly labeled with sterilizer ID#, sterilization date and operator's initials)	1	1	0	0	0	100.0%	Y
D.30	Clinic Audit	Sterilization & Equipment	Unsterilized instruments ready for sterilization and prepackaged if stored overnight	1	1	0	0	0	100.0%	Y
D.31	Clinic Audit	Sterilization & Equipment	Amalgamator (Safety cover in place with no cracks/damage)	1	0	0	1	0	0.0%	N
D.32	Clinic Audit	Sterilization & Equipment	Dental Lab Lathe/Model Trimmer (Securely mounted in separate lab, away from Sterilizer. Eye protection available.)	0	0	0	0	1	NA	NA
D.33	Clinic Audit	Sterilization & Equipment	Dental Lab Burs / Rag Wheels (Changed after each patient, sterilized after use, stored in Bags / Pouches)	0	0	0	0	1	NA	NA
D.34	Clinic Audit	Sterilization & Equipment	Pumice Pans (Pumice and disposable plaster liner changed after each patient.)	0	0	0	0	1	NA	NA
D.35	Clinic Audit	Sterilization & Equipment	Water Lines (Flushed at least 2 minutes at beginning and end of each shift)	1	0	0	1	0	0.0%	N
D.36	Clinic Audit	Sterilization & Equipment	Water Lines (Flushed a minimum of 30 seconds between patients)	1	0	0	1	0	0.0%	N

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
D.37	Clinic Audit	Sterilization & Equipment	Water Lines (Cleaned and maintained according to manufacturer's recommendations)	1	0	0	1	0	0.0%	N
D.38	Clinic Audit	Sterilization & Equipment	Vacuum System (Manufacturer's recommendations followed for cleaning, disinfection and maintenance)	1	1	0	0	0	100.0%	Y
D.39	Clinic Audit	Emergency Procedures	Emergency #'s (Prominently posted near telephone in clinic)	1	1	0	0	0	100.0%	Y
D.40	Clinic Audit	Emergency Procedures	Evacuation Plan (Prominently posted in clinic)	1	0	0	1	0	0.0%	N
D.41	Clinic Audit	Emergency Procedures	Fire Extinguishers (All staff aware of location)	1	1	0	0	0	100.0%	Y
D.42	Clinic Audit	Emergency Procedures	Emergency Medical Response protocol in place (Proof of practice of annual EMR training and annual EMR dental drill)	1	1	0	0	0	100.0%	Y
D.43	Clinic Audit	Emergency Procedures	Emergency Kit (Zip tied) Drugs current and Staff aware of location	1	1	0	0	0	100.0%	Y
D.44	Clinic Audit	Emergency Procedures	Oxygen tanks, masks, tubes and keys present	1	1	0	0	0	100.0%	Y
D.45	Clinic Audit	Emergency Procedures	Oxygen tank charged (Dentist monthly review documented on inventory sheet attached to outside of Emergency Kit)	1	1	0	0	0	100.0%	Y
D.46	Clinic Audit	Emergency Procedures	Ambu-Bag (Bag-valve-mask) Latex free; present and in working order	1	1	0	0	0	100.0%	Y
D.47	Clinic Audit	Emergency Procedures	One-way pocket mask Latex free; present and in working order	1	1	0	0	0	100.0%	Y
D.48	Clinic Audit	Emergency Procedures	Blood pressure cuff & Stethoscope or Blood Pressure machine Latex free; present and in working order	1	1	0	0	0	100.0%	Y
D.49	Clinic Audit	Emergency Procedures	AED Accessible (staff aware of location)	1	1	0	0	0	100.0%	Y
D.50	Clinic Audit	Emergency Procedures	AED in working order and pads / batteries are current / not expired	1	1	0	0	0	100.0%	Y

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
D.51	Clinic Audit	Safety	Dental Board Regulations on Infection Control posted	1	0	0	1	0	0.0%	N
D.52	Clinic Audit	Safety	Sterile Water Unopened/unexpired containers (Used for invasive oral surgical procedures)	1	0	0	1	0	0.0%	N
D.53	Clinic Audit	Safety	Hand Hygiene (Observed staff)	1	1	0	0	0	100.0%	Y
D.54	Clinic Audit	Safety	PPE (Worn and correctly disposed of; observed staff)	1	1	0	0	0	100.0%	Y
D.55	Clinic Audit	Safety	Barriers used to cover environmental surfaces replaced between patients	1	1	0	0	0	100.0%	Y
D.56	Clinic Audit	Safety	Saliva Ejector (Staff aware that patients MUST NOT close lips around tip to evacuate oral fluids)	1	1	0	0	0	100.0%	Y
D.57	Clinic Audit	Safety	Radiation Safety Program in place/Dosimeter results available and within normal limits / Dental radiographic unit inspection date posted.	1	0	0	1	0	0.0%	N
D.58	Clinic Audit	Safety	Caution X-ray Sign (Placed where all permanent radiographic equipment installed)	1	1	0	0	0	100.0%	Y
D.59	Clinic Audit	Safety	Lead Shields (Thyroid collar, hanging, free from tears or holes inspected regularly)	1	1	0	0	0	100.0%	Y
D.60	Clinic Audit	Safety	Is an area dosimeter posted no more than 6 ft from source of beam?	1	0	0	1	0	0.0%	N
D.61	Clinic Audit	Safety	Dental staff wearing dosimeters at chest level or higher (first year of monitoring, newly installed or moved x-ray equipment)	1	0	0	1	0	0.0%	N
D.62	Clinic Audit	Safety	Dosimeter Badge (For pregnant staff working within the vicinity of radiographic equipment)	0	0	0	0	1	NA	NA
D.63	Clinic Audit	Safety	Material Dates (Check expiration dates)	1	1	0	0	0	100.0%	Y
D.64	Clinic Audit	Safety	Dental Impression Materials / Waxes (Stored in secured location)	0	0	0	0	1	NA	NA
D.65	Clinic Audit	Safety	Gloves available in sizes per staff needs.	1	1	0	0	0	100.0%	Y

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
D.66	Clinic Audit	Clinic Admin and Logs	Spore Test Log Weekly Testing	1	1	0	0	0	100.0%	Y
D.67	Clinic Audit	Clinic Admin and Logs	Housekeeping Log Up-to-Date	1	0	1	0	0	50.0%	N
D.68	Clinic Audit	Clinic Admin and Logs	Eyewash Log Up-to-Date	1	1	0	0	0	100.0%	Y
D.69	Clinic Audit	Clinic Admin and Logs	Tool Control Log (Complete entries)	1	1	0	0	0	100.0%	Y
D.70	Clinic Audit	Clinic Admin and Logs	Pharmaceutical Log (Complete entries)	1	1	0	0	0	100.0%	Y
D.71	Clinic Audit	Clinic Admin and Logs	SDS Binder (Accessible and current for materials used in clinic)	1	1	0	0	0	100.0%	Y
D.72	Clinic Audit	Clinic Admin and Logs	Dentist on Call posted	0	0	0	0	1	NA	NA
D.73	Clinic Audit	Clinic Admin and Logs	Radiographic Certificate, Rules and Regulations posted	1	0	1	0	0	50.0%	N
D.74	Clinic Audit	Clinic Admin and Logs	Annual Training (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)	1	1	0	0	0	100.0%	Y
D.75	Clinic Audit	Clinic Admin and Logs	Staff aware of equipment repair protocol?	1	1	0	0	0	100.0%	Y
D.76	Clinic Audit	Clinic Admin and Logs	Respiratory Protection Plan in place (Fit testing records for N95 masks or PAPRs available for staff)	1	0	0	1	0	0.0%	N
D.77	Clinic Audit	Clinic Admin and Logs	Injury Log and IIPP (Injury, Illness Protection Plan) in place for MCJ.	1	1	0	0	0	100.0%	Y
D.78	Clinic Audit	Clinic Admin and Logs	Injury Log and IIPP (Injury, Illness Protection Plan) in place specifically for Dental Department.	1	1	0	0	0	100.0%	Y
D.79	Clinic Audit	Clinic Admin and Logs	Sharps injury log for Dental and other employee exposure events is maintained according to state and federal requirements?	1	1	0	0	0	100.0%	Y
D.80	Clinic Audit	Clinic Admin and Logs	Post injury protocol in place?	1	1	0	0	0	100.0%	Y

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
D.81	Clinic Audit	Clinic Admin and Logs	Written infection prevention policies and procedures available, current & based on evidence-based guidelines?	1	0	1	0	0	50.0%	N
D.82	Clinic Audit	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	1	0	0	0	100.0%	Y
D.83	Clinic Audit	Clinic Admin and Logs	Facility has an exposure control plan that is tailored to specific requirements of the facility?	1	1	0	0	0	100.0%	Y
D.84	Clinic Audit	Clinic Admin and Logs	Personal Protective Equipment (PPE) and other supplies necessary for adherence to Standard Precautions are readily available?	1	1	0	0	0	100.0%	Y
D.85	Clinic Audit	Clinic Admin and Logs	Postings per Regulatory Compliance	1	0	0	1	0	0.0%	N
			TOTAL:	77	61	2	12	NA:8 DF:0 NM:0	81.8%	N
E.1 Dental Program Management Audit Tool Data - Chief Dental Officer, Corporate and Local Management										
E.1.1	System	Corporate and Local Management - Chief Dental Officer and HSA	Is there an involved, accessible, supervisory chain of command and reporting structure capable of providing meaningful supervisory, management and training for the dentist(s), dental assistant(s), hygienist(s), and office dental staff both clinically and administratively?	1	0	1	0	0		
E.1.2	System	Corporate and Local Management - Support & Resources	Is there appropriate corporate support and resources for the dental department to operate efficiently, both clinically and administratively?	1	0	1	0	0		
E.1.3	System	Corporate and Local Management - Org Chart	Is the organizational chart completed and current under Wellpath and the County?	1	0	0	1	0		
			TOTAL:	3	0	1	1	NA:0 DF:0 NM:0	33.3%	N
E.2 Dental Program Management Audit Tool - Dashboard & Documented Qualitative Self Review Process										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.2.1	System	Documented Qualitative External Review Process	Is there evidence of an external or corporate auditing system from supervisor to subordinate?	1	0	1	0	0		
E.2.2	System	Documented Qualitative Internal Review Process	Is there evidence of an internal self-auditing, self-evaluation, self-monitoring, and self-governance system for continuous improvement of the dental department?	1	0	0	1	0		
E.2.3	System	Documented Qualitative Self Review Process Utilizing Statistics	Are viable statistics utilized for self-auditing, evaluation, monitoring, and self-governance using a documented, qualitative and quantitative process? "If you can't measure it, you can't improve it" ~Peter Drucker quote	1	0	0	1	0		
			TOTAL:	3	0	0.5	2	NA:0 DF:0 NM:0	16.7%	N
E.3 Dental Program Management Audit Tool - Electronic Dental Record System (EDRS)										
E.3.1	System	Electronic Dental Record System - Full Clinical Dental Charting	Is there a viable electronic dental record system capable of full clinical dental charting, using a documented, qualitative and quantitative process which is HIPPA compliant, with the ability to track episodic, comprehensive dental care including treatment and management of its' dental program?	1	0	0	1	0		
E.3.2	System	Electronic Dental Record System - Tracking Referrals and DPC	Does the electronic dental record system track Urgent/Emergent and Routine referrals from nursing, track referrals from chronic care and the periodontal disease program, track referrals to outside specialists, track dental treatment plans, priority codes (DPC) and appointments for dental treatment, within compliance timeframes?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.3.3	System	Electronic Dental Record System - Reports	Does the EDRS have a data dashboard capable of providing consolidated reports of data and statistics, reported in a concise manner for use in the monthly dental subcommittee meeting requirements?	1	0	0	1	0		
			TOTAL:	3	0	0.5	2	NA:0 DF:0 NM:0	16.7%	N
E.4 Dental Program Management Audit Tool - Digital X-Rays										
E.4.1	System	Digital X-rays - Diagnostic	Are digital radiographs utilized in all dental clinics to minimize radiation to the patient and to provide diagnostic x-rays?	1	0	1	0	0		
E.4.2	System	Digital X-rays - Stored	Is there a safe data backup and storage system for the digital x-rays?	0	0	0	0	1		
E.4.3	System	Digital X-rays - Integrated	Are digital radiographs integrated directly into the clinic's electronic dental record system?	1	0	0	1	0		
			TOTAL:	2	0	0.5	1	NA:1 DF:0 NM:0	25.0%	N
E.5 Dental Program Management Audit Tool - Panoramic X-Ray Unit										
E.5.1	System	Panoramic Radiographic Unit - Available Onsite	Is a panoramic radiograph utilized onsite to visualize third molars and other areas of the jaw?	1	0	0	1	0		
E.5.2	System	Panoramic Radiographic Unit - Available Offsite	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?	1	1	0	0	0		
E.5.3	System	Panoramic Radiographic Unit - Referral	Are referrals for a panoramic radiograph occurring in a timely manner?	1	0	0	1	0		
			TOTAL:	3	1	0	2	NA:0 DF:0 NM:0	33.3%	N
E.6 Dental Program Management Audit Tool - Equipment and Supplies										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.6.1	System	Equipment and Supplies	Are the necessary resources and supplies available for dental to operate within OSHA parameters?	1	1	0	0	0		
E.6.2	System	Equipment and Supplies - Space	Is there sufficient equipment and space to accommodate the provision of dental care for the inmate/patients?	1	0	1	0	0		
E.6.3	System	Equipment and Supplies - Repair Contract	Is there a viable repair contract with a dental supply/equipment company?	1	0	1	0	0		
			TOTAL:	3	1	1	0	NA:0 DF:0 NM:0	66.7%	N
E.7 Dental Program Management Audit Tool - Nurse Training by DON, HSA and Dentist										
E.7.1	System	Nurse Training by DON, HSA and Dentist	Does the HSA, Dentist and DON when appropriate provide thorough and ongoing training to the nurses regarding dental, having a documented sign in sheet, with feedback, to the nursing staff as it relates to the evaluation and referral of inmate/patients to dental through Intake, 14-Day Exam, Sick Call and Physician on Call?	1	0	1	0	0		
E.7.2	System	Nurse Training by DON, HSA and Dentist - DL1 and DL2	Is there a clear understanding from the nurses of DL1 and DL2 parameters and how to evaluate and assign a DL for the dental condition as well as when to schedule the dental appointment within timeframe? Has documented training occurred to rectify any deficiencies in this area?	1	0	1	0	0		
E.7.3	System	Nurse Training by DON, HSA and Dentist - Referral documentation	Do the nurses include at a minimum in the dental referral the chief complaint, history of the dental problem(s), location of the problem(s), and the appropriate dental level?	1	0	1	0	0		
E.7.4	System	Nurse Training by DON, HSA and Dentist - One on One Training	Does the HSA, DON and/or Dentist provide documented one on one training for any areas of deficiency?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.7.5	System	Nurse Training by DON, HSA and Dentist - Barriers to Care	Are any remaining barriers to care which training has not corrected despite the deficiency being identified, brought to the quality assurance meeting to be remedied?	1	0	0	1	0		
			TOTAL:	5	0	2	1	NA:0 DF:0 NM:0	40.0%	N
E.8 Dental Program Management Audit Tool - Staffing and Staffing Analysis – Clinical and Administrative										
E.8.1	System	Staffing – Clinical and Administrative - Filled	Are the dental clinical and administrative staffing positions filled either with permanent or temporary employees?	1	0	1	0	0		
E.8.2	System	Staffing – Clinical and Administrative - Staffing Analysis	Is there sufficient staff, as determined by a full staffing analysis, to accommodate all the dental program needs as outlined in the Wellpath Implementaton Plan and Settlement Agreement?	1	0	0	1	0		
E.8.3	System	Staffing – Clinical and Administrative - Job Description	Is a job description for each position listed, encompassing the duties and expectations of the position(s)?	1	0	0	1	0		
E.8.4	System	Staffing – Clinical and Administrative - Plan, Policy and Procedure	Is there a written plan/policy and procedure 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?	1	0	1	0	0		
			TOTAL:	4	0	1	2	NA:0 DF:0 NM:0	25.0%	N
E.9 Dental Program Management Audit Tool - Staffing – Illness and Injury Prevention Plan (IIPP)										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.9.1	System	Illness and Injury Prevention Plan (IIPP) - Completed and Trained On	Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly, trained on by dental, posted where applicable, and documented in the QA minutes?	1	0	1	0	0		
E.9.2	System	Illness and Injury Prevention Plan (IIPP) - Exposure Control Plan	I. IIPP - Exposure Control Plan, Hazard Communication, Fire Emergency, General Office Safety and Ergonomics	1	0	1	0	0		
E.9.3	System	Illness and Injury Prevention Plan (IIPP) - Waste Disposal	II. Waste Disposal - 1. Medical waste (sharps, biohazardous waste and pharmaceutical waste), 2. Hazardous waste, 3. Universal waste	1	0	1	0	0		
E.9.4	System	Illness and Injury Prevention Plan (IIPP) - Radiation Safety	III. Radiation Safety - Dentist and staff responsibilities, radiographic machine requirements/registration and Patient/Employee/Operator Protection.	1	0	0	1	0		
			TOTAL:	4	0	1.5	1	NA:0 DF:0 NM:0	37.5%	N
E.10 Dental Program Management Audit Tool - Policies and Procedures, Including Dental, Corporate and Local										
E.10.1	System	Policies and Procedures, Including Dental, Corporate and Local Operating Procedures	Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ Dental Clinic completed, approved and signed by the dental staff at MCJ?	1	0	0	1	0		
			TOTAL:	1	0	0	1	NA:0 DF:0 NM:0	0.0%	N
E.11 Dental Program Management Audit Tool - Licenses, Credentialing, CURES & Job Performance										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.11.1	System	Licenses, Cred, CURES & Job Performance - Dentist(s)	Are licenses, credentials, and job performances current and maintained for the Dentist(s)? • Dental License • BLS/CPR • DEA • Cures 2.0 Registration • Annual Review/Job Performance	1	0	1	0	0		
E.11.2	System	Licenses, Cred, CURES & Job Performance - Dental Assistant(s)	Are licenses, credentials, and job performances current and maintained for the Dental Assistants(s)? • Register Dental Assistant (RDA) License • X-ray license • CE if not an RDA • BLS/CPR • Coronal Polish • Annual Review/Job Performance	1	0	1	0	0		
E.11.3	System	Licenses, Cred, CURES & Job Performance - Hygienist(s)	Are licenses, credentials, and job performances current and maintained for the dentist(s)? • Dental Hygiene License (RDH) • BLS/CPR • Annual Review/Job Performance	0	0	0	0	1		
			TOTAL:	2	0	1	0	NA:1 DF:0 NM:0	50.0%	N
E.12 Dental Program Management Audit Tool - OSHA Review and Infection Control Training										
E.12.1	System	OSHA Review and Infection Control Training	Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?	1	1	0	0	0		
			TOTAL:	1	1	0	0	NA:0 DF:0 NM:0	100.0%	Y
E.13 Dental Program Management Audit Tool - Hepatitis B Vaccination Record										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.13.1	System	Hepatitis B Vaccination Record	Has a Hepatitis B vaccination been offered and taken, or a declination form been completed?	0	0	0	0	1		
E.13.2	System	Covid-19 Vaccination Record	Has a Covid-19 vaccination been offered and taken, or a declination form been completed?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:2 NM:0	DF	DF
E.14 Dental Program Management Audit Tool - Pharmacy & Medication Management										
E.14.1	System	Pharmacy & Medication Management	Is there a pharmacy onsite or offsite providing timely pharmacy services to the inmate/patients?	1	1	0	0	0		
E.14.2	System	Pharmacy & Medication Management	Does the Pharmacy communicate effectively with Dental to provide information regarding any problems with the prescription(s)?	1	1	0	0	0		
E.14.3	System	Pharmacy & Medication Management	Are stock medications pre-packaged and accounted for, for each patient in the pharmacy program?	1	0	1	0	0		
E.14.4	System	Pharmacy & Medication Management	Does the pharmacy provide feedback to the dentist if a patient refuses to take their prescribed medication?	1	1	0	0	0		
			TOTAL:	4	3	0.5	0	NA:0 DF:0 NM:0	87.5%	Y
E.15 Dental Program Management Audit Tool - Peer Review										
E.15.1	System	Peer Review	Is there a peer review system with a written protocol in place? Are the minutes written for each Peer Review meeting? Are deficiencies and resulting corrective action plan and training requirements noted in the peer review minutes?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.15.2	System	Peer Review	Does the peer review worksheet include a review of the Health History, Consent, Clinical Examination, Radiographs, Diagnosis, Treatment Plan, Continuity of Care, Progress Notes, Quality of Care and Outcome of Treatment? Is the dentist(s) peer reviewed at least 2x/year, at a minimum of 6 months intervals, by a peer? Is the peer review audit tool and minutes kept for a minimum of three (3) years? Are the Peer Review minutes submitted to the monthly Dental Subcommittee?	1	0	1	0	0		
			TOTAL:	2	0	1	0	NA:0 DF:0 NM:0	50.0%	N
E.16 Dental Program Management Audit Tool - Monthly Dental Subcommittee										
E.16.1	System	Monthly Dental Subcommittee	Is there an established monthly Dental Subcommittee meeting occurring monthly with associated minutes? Are, at a minimum, with the dental staff, the Chief Dental Officer, 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? Are the monthly Dental Subcommittee Agenda items followed, discussed, addressed, and included in the minutes of this meeting?	1	0	0	1	0		
E.16.2	System	Monthly Dental Subcommittee	Are the minutes addressing the agenda items, completed, action items listed and discussed, statistics included and submitted timely to this monitor for review?	1	0	0	1	0		

Hernandez V. County of Monterey

#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.16.3	System	Monthly Dental Subcommittee	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?	1	0	0	1	0		
			TOTAL:	3	0	0	3	NA:0 DF:0 NM:0	0.0%	N
E.17 Dental Program Management Audit Tool - Quality Assurance (QA)										
E.17.1	System	Quality Assurance Meeting with PowerPoint Presentation	Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the dental monthly subcommittee minutes, statistics and action items included in the QA meeting and identified, discussed, resolved and improvements made which may include revisions to policy and procedures for continuous improvement? Is Dental represented and present at the QA meeting?	1	0	1	0	0		
E.17.2	System	Quality Assurance Meeting with PowerPoint Presentation	Is there a Quality Improvement Team (QIT) with ongoing studies conducted to improve the quality, quantity, efficiency of dental care at MCJ?	1	0	0	1	0		
			TOTAL:	2	0	0.5	1	NA:0 DF:0 NM:0	25.0%	N

Exhibit 47

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: December 5-6, 2022

Draft Report #9

-
1. See the attached Excel spreadsheet which contains the Dental Audit Tool, Database, Statistics, Summary Results, Source References, Findings and Recommendations.
 2. See attached Class Case Reviews
 3. See the attached Corrective Action Plan (CAP) for December 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

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Introduction

Objective and Purpose for Dental Tour #9 – December 5-6, 2022

“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)

The purpose and objectives are the same and have not changed since the previous reports. Therefore, I am reiterating them here. Wellpath and Monterey County Jail (MCJ) are to achieve and maintain substantial compliance with the mandates set forth in the Implementation Plan (IP) and the Settlement Agreement (SA).

The purpose for the dental program at MCJ is to have the following:

- Systems in place, supported by policies and procedures, and staff provided documented training,
- An electronic dental record system capable of tracking patient’s episodic and comprehensive dental care with accurate statistics and continuity of care,
- Become fully transparent through data collection and review,
- Provide consistent quality dental care in a safe and sanitary environment,
- Implement the programs identified in the Implementation Plan,
- Utilize the Dental Subcommittee and Quality Assurance Committee for communication, problem solving and feedback,
- Consistently self-monitor, self-audit, evaluate, assess, re-assess, re-evaluate, document, and self-govern themselves in order to maintain and continuously improve quality, efficiency and safety without oversight.

Corrective Action Plan (CAP), Dental Audit Tool, Statistics and Previous Reports

Please refer to all the previous reports for any and all additional information. See the attached Excel spreadsheets, Dental CAP and Dental Audit Tool, 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, database, statistics, summary results, source references, monitor findings and recommendations, support the outcomes within this dental report #9.

Deficiencies from this audit tour are found in the Executive Summary and within the attached spreadsheets. There are “system” type questions and “chart audit” review questions found within the Dental Audit Tool. I recommend the dental staff and supporting staff become

familiar with the dental audit tool and statistics so they can use this as a foundation for their internal self-audits and self-governance.

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)

The dental standard of care is statewide and not regional by county¹. The Dental Practice Act², 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.³

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 (now called Via Path),
3. Data provided by RN [REDACTED] Implementation Specialist,
4. Dental clinic evaluation conducted in conjunction with my Dental Facility Compliance Auditor, Paige York, RDA.

No inmate/patients were clinically examined by me during any part of dental tour #9. Three inmate/patients were questioned by me and Dr. [REDACTED] Chief Dental Officer (CDO) for Wellpath, regarding their ability to request and receive dental oral care supplies.

The charts reviewed span June 1st, 2022, thru December 31st, 2022, and use the parameters of the Implementation Plan, Settlement Agreement, and the statewide dental standard of care.

In Attendance for Dental Tour #9

The following individuals attended the exit interview either in person or by Zoom on December 6th, 2022: [REDACTED] RN, Implementation Specialist, I(A), DON(A) for Wellpath; Dr. [REDACTED], Chief Dental Officer for Wellpath; [REDACTED], RDO for Wellpath; Dr. [REDACTED], Dentist for Wellpath; Commander Rebecca Smith, for Monterey County Jail; Peter Bertling, Counsel for the Defendants; Van Swearingen, Caroline Jackson, Ben Hattem, Counsel for the Plaintiffs; Susan Blitch, Senior Counsel for Monterey County; Ellen Lyons and Janet Holmes, Counsel for Monterey County; Paige York, RDA, Dental Facility Compliance Auditor; Dr. Viviane G. Winthrop, Dental Neutral Court Monitor.

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

³ https://www.courts.ca.gov/partners/documents/Judicial_Council_of_California_Civil_Jury_Instructions.pdf.

Logistics Reminder – MCJ/Wellpath Dental Department

Dental uses two main tracking systems for scheduling inmate/patients (I/Ps) according to their emergency, emergent, urgent, and routine dental needs:

- **Dental Level (DL) / Priority 1-2**
 - Provided by the Nurses (RN), Nurse Practitioners (NP), Physician Assistants (PA) and Physicians.
- **Dental Priority Code (DPC) / Priority 1-5**
 - Provided by the Dentist.
- The DL and DPC are used for monitoring compliance in the Access to Care, Timeliness of Care and Quality of Dental Care sections, respectively.

Dental Levels (DL)

- A DL is used when an I/P's request is seen and triaged (within one day) by the RN, NP, PA or Physician at the time of Intake, 14-Day Exam (Health Appraisal), 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 timeframe listed below.
 - **Urgent/Emergent problem(s) – Priority 1 – formally DL 1** – Scheduled for the next dental day.
 - **Non-Urgent/Routine problem(s) – Priority 2 – formally DL 2** – Scheduled within 14 calendar days.

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.⁴
- 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 drop down priority classification codes in CorEMR are used by the RNs et al for the DL assignment (Priority 1-2) of patients as well as for the DPC assigned by the Dentist (Priority 1-5) This can create some confusion when identifying timelines, so awareness is key.

⁴ 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>

OLD DPC Nomenclature	DPC Timeframe	DPC Treatment Plan	NEW CorEMR DPC Priority Code
Immediate	Seen today and treated immediately	Emergency Care	1
DPC 1A	Treatment within 1 calendar day/24 hours	Emergent	2
DPC 1B	Treatment within 30 calendar days	Urgent	3
DPC 1C	Treatment within 60 calendar days	Unusual hard/soft tissue pathology	4
DPC 2	Treatment within 120 calendar days	Routine/Interceptive Care	5
DPC 4	Patient is on periodic/annual recall for their dental exam schedule	Comprehensive dental treatment is completed	No longer used for now, since no priority code in CorEMR
DPC 5	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.	No longer used for now, since no priority code in CorEMR

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/not 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. Also detailed information can be seen in the Dental Audit Tool worksheets.
- If a spore test is not performed during a week in which the dental clinic was open, then it constitutes an overall failure for the entire Infection Control and Regulatory Compliance section. Patient safety and the prevention of infectious diseases, i.e., HIV, Hepatitis B or C, is paramount in a dental clinical setting. (*Wellpath IP, p. 98*)
- Inmate requests for dental services and the mandated timeline of that screening currently carries equal weight however please 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.
 - *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*)
- 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.

Training, Mentoring, Shadowing, Guidance⁵

- April 10th – 14th, 2023.
- If possible, I am requesting the presence of Dr. [REDACTED] for this training session

Next Planned Dental Audit Tour #10.

- June 26th – 27th, 2023
- June 28th – 30th, 2023: Training to follow the Dental Audit Tour #10
- Charts and Statistics to be reviewed: January 1st, 2023, thru June 30th, 2023.

⁵ [Dkt 751] Joint Status Report and ORDER_ 6-3-2022_ 1187-8

Summary Results for Dental Tour #9

Section	Section Title	# Of Questions	% Compliance Report #8	% Compliance Report #9	SC, PC, NC, N/A
A	Access to Care	21 questions. 19 questions evaluated	45.5%	55.1%	NC
B	Timeliness of Care	9 questions. 3 questions evaluated	20.0%	19.4%	NC
C	Quality of Care	13 questions. 10 questions evaluated	57.7%	57.0%	NC
D	Infection Control/ Regulatory Compliance	85 questions. 77 questions evaluated	81.8%	52.6% 0.0%*	NC
E	Dental Program Management	17 questions. 16 questions evaluated	37.8%	28.7%	NC
F	Case Reviews	6 class case reviews 6 evaluated	Reviewed in Appendix	20.8%	NC
OVERALL TOTAL: *Spore Test Protocol Failure Had the spore tests been completed, the overall score would have been 42.6%			48.6%	32.0%	NC

Executive Summary

For this Dental Audit Tour #9, which occurred December 5th thru 6th, 2022, MCJ's Dental Department was found to be in **non-compliance (NC) with an overall score of 32.0%**. Compartmentally, there was an increase in compliance of 10% for access to care. Overall, however, there is a decrease in compliance from the previous tour, where compliance was 48.6%. Had the spore test been completed this round, the overall score would have been 42.6% which would have been a decrease of 6%. This is the 9th consecutive report of non-compliance.

For this audit tour, many of the CAP items necessary to audit access and timeliness of care were not updated by CorEMR. During the previous audit a Deferred Finding (DF) was given for those categories, but significant time has elapsed, and no forward motion has occurred, therefore these items are now marked as NC.

History of Delays from Defendants for Audit Tour, Training and Production Reports

History of Delays Receiving Production Reports

One month prior to the audit tour, a request for production documents was emailed. There were several delays receiving any reports, mostly due to the Implementation Specialists unavailability, due to often working three acting positions for Wellpath. The reports for the December 5-6th, 2022 audit were sent 02/23/2023.

A request for dental monthly production reports was made years ago, Plaintiffs agreed, but there was no answer from Defendants and the production documents were never sent. Receiving monthly production reports will significantly decrease the amount of production reports needed the month before the dental audit tour. Medical and Mental Health both receive monthly production reports, and I am requesting monthly dental production reports again for the following information.

1. Dental Subcommittee: Agenda, Minutes and Statistics
2. QA Meeting: Agenda, Minutes, and PowerPoint
3. Offsite Referrals: ERMA Care Management Report Dental Specific
4. ER Send Outs
5. Grievances
6. Inmate Sick Call Requests
7. Dental Schedule and Hours Worked
8. Dental Compliance reports from World of Wellpath (Wow) for
 1. Dental Priority Code System (DPC)
 2. Referrals from Intake, 14-Day Health Appraisal, Sick Calls, Physicians
 3. Referrals from Chronic Care

History of Delays in Scheduling Audit Tour #9 and Training/Mentoring

The following timeline are for the events of the past seven months.

- 08/16/22: In the draft dental report circulated on August 16th, 2022, the on-site dental audit tour was listed as September 19th thru 20th with mentoring to be September 21-23, 26-27.
- 09/10/22: Ben Rice requests additional time to respond to draft report so a new plan was created for postponing the audit tour and providing training/mentoring for September 19-23, 2022.
- 09/13/22: The digital x-ray was not calibrated by Henry Schein as scheduled therefore had to delay the training/mentoring visit. A new plan was created for the Dental Audit Oct. 17-18, mentoring Oct. 19-21.
- 10/05/22: Per RN [REDACTED] RDA [REDACTED] has taken employment elsewhere and is no longer employed with Wellpath/MCJ. Last day being October 5th, 2022. She will be missed.
- 10/07/22: Since there would not be a dental assistant to train, sent emails to Counsel saying I would train/mentor onsite Oct. 17-21. There were several emails from Pete attempting to postpone the site training/mentoring visit. I was told to cancel my travel plans.

- 10/10/22: The new digital x-ray system was installed on a dental laptop at MCJ; however, training was not provided by Henry Schein. Also, the dental x-ray was not certified nor registered with the State of California, so no x-rays could be taken until this step was completed. In hindsight the registration occurred in February 2023.
 - Consequently, Dr. [REDACTED] who did not have a dental assistant, was unable to take diagnostic radiographs as the x-ray developer was broken and no parts were available to repair it.
 - 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 digital x-ray program is contacted to provide training as an alternative when the new dental assistant (DA) begins on November 7th. However, the new DA did not start in the clinic until December 20th, 2022.
- 10/11/22: Zoom meeting in which Pete continued to postpone the onsite training session until it was agreed that Dr. [REDACTED] RN [REDACTED] and I would meet via Zoom to review and update the Dental CAP. Counsels decided to involve Judge Cousins in this dispute to be allowed to visit the facility in order to provide training/mentoring.
- 10/05/22 thru 12/20/22: Dr. [REDACTED] did not have a dental assistant and also stated in the clinical notes that the x-ray developer was broken. Therefore, he could not treat patients during this time. No x-rays were taken even after digital x-ray training was provided to the Dentist in November 2022. No x-rays were taken, dipped in the developer/fixer, dried and scanned into CorEMR. There was no staffing rescue plan so the patients were medicated and delayed diagnosis and treatment until the new dental assistant could be hired. Only 18 patients were referred to the offsite specialist/oral surgeon for treatment during this time period.
- 10/17/22: Dr. [REDACTED] RN [REDACTED] and I started to review the Dental CAP via Zoom.
 - Dr. [REDACTED] provided several training emails to Dr. [REDACTED] during this CAP review.
- 10/26/22: Requested Wellpath to update the dental CAP with training documentation in preparation for the future visit. As of Jan. 26, no updates provided despite repeated follow up requests. Received the CAP on 02/23/23.
- 10/27/22: Met with Judge Cousins. He affirmed the right for this monitor to visit at my discretion. Therefore, a new plan was put into effect: Dental Audit Tour #9 from December 5-6, 2022, and for the shadowing/mentoring session from December 7-8, 2022.
- 12/5/22: The dental audit happened but no mentoring due to no working x-ray in the new clinic and the and new dental assistant was hired but was not onsite yet as was undergoing credentialing and was receiving training.
- 12/06/22: New plan discussed at the exit interview, train/mentor January 24-25, 2023.
- 12/20/22: New Dental Assistant, [REDACTED], starts in the rotunda dental clinic.
- 12/28/22: Dr. Emeterio's last day at MCJ prior to being transferred to another Wellpath dental clinic closer to his home.
- 12/29/22 – 01/20/23: No dentist at all. No full-schedule dentist from Jan. 3 – Feb. 13, 2023, although the new dentist Dr. [REDACTED] worked a few days here and there to diagnose patients prior to his 02/13/23 start date.

- I was not advised of this change, neither were Plaintiff's Counsel until 01/20/23 even after repeated requests for information as I was trying to plan the training/mentoring visit for January 24, 2022. It was "radio silence" until 01/20/23.
- 01/20/23: Learned from an email from RN [REDACTED] that Dr. [REDACTED] left on December 28, 2022, and MCJ only had a part-time dentist from Jan. 20 to Feb. 12, who would also not be present January 24-25.
- 01/20/23: Sent in questions regarding the lack of communication and the lack of transparency.
 - I had to cancel my travel plans after being advised that there would be no dentist during the planned training visit on 01/24/23.
 - Proposed a new plan in the email response: train/mentor 02/20/23 – 02/22/23.
 - Per RN [REDACTED] here is a portion of the letter, "As of January 3, 2023, Dr. [REDACTED] has been repositioned to Wellpath Santa Ana jail. He is no longer working at the Monterey Co. jail dental clinic. Dr. [REDACTED] who has been working for Wellpath at the Santa Cruz & San Benito County Jails, will now be taking on duties at the Monterey Co. dental clinic. On a more positive note, we are currently moving into the new dental clinic. [REDACTED], the newly hired dental assistant for Monterey who replaced [REDACTED], has been in training & has been involved in moving into the new dental clinic, she is a great addition to the team."
- 01/26/23: It was unclear if the part-time dentist could treat patients or just triage them. As of that day, the x-ray in the new clinic was not registered with CDPH. Wellpath had not responded to my January 20th questions nor confirmed the new training/mentoring dates.
- 02/13/23: Dr. [REDACTED] started 3 days a week, 8 hour days. The Contract between Wellpath and MCJ was ratified but didn't get the new 6 hours which Dr. [REDACTED] had requested and had implemented with Dr. [REDACTED]
- 02/20/23 – 02/22/23: Arrived at MCJ and found the clinic in disarray.
- 02/23/23: Received the advanced production reports. Originally the chart review for this dental audit period was to end November 30, 2022, but due to Dr. [REDACTED] leaving, and thus discussion with Dr. [REDACTED] the chart review date extended to the end of December 31, 2022, to coincide with Dr. [REDACTED] completing his tenure at MCJ.
- 02/28/2023: Dr. [REDACTED] asked if I could postpone training from March 13 to April 10th as he stated the onsite staff has two other mentoring tours and were feeling overwhelmed. Defendant's Counsel sent an email. Confirmed April 10th training/mentoring onsite visit.
- 03/15/23: Planmeca the maker of the digital x-ray sensor and software came to MCJ to provide training. They are uploading the x-rays into CorEMR.
- 03/17/23: Dental Audit Tour #10 scheduled for June 26-27, 2023, with training to follow.

December 5-6, 2022 – Highlights of Dental Audit Tour #9

Referrals to offsite has improved significantly and nurse scheduling of Priority 2 routine dental sick calls are within compliance timeframe!

Please review the Statistics tab within the attached Dental Audit Tool for inmate requests and for grievances, Table 5 and 9 respectively. This is an area where much improvement can be made with training and nurse resources.

Only 26.2% of inmate requests categorized as Dental were seen within 24 hours. There were 859 categorized as Dental plus 144 dental inmate requests within the Medical category, for a total of 1003 inmate requests from June 1st thru December 31st, 2022. This means that 3 out of every 4 inmate/patients' pain or dental requests, were not addressed and seen as mandated by the Implementation Plan.

There were 65 grievances categorized as Dental and 18 dental grievances with the Medical category for a total of 83 dental grievances. Of the 65 Dental labeled grievances, only 4.6% of the dental grievances were addressed and seen within 24 hours.

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)

There shall be, at all times, sufficient staff to ensure compliance with the CFMG Implementation Plan. (Wellpath IP, p. 115)

Additional issues are listed below.

"If you can't measure it, you can't improve it". ~Peter Drucker quote

- Data and the ability of the dental program to self-monitor itself per the IP has not occurred yet. There were no Dental Subcommittee meetings nor Quality Assurance (QA) meetings during this audit period.
 - The Dental Priority Code compliance report which CorEMR was to implement has been created but per RN [REDACTED] states it is not a functional report yet, therefore the report in World of Wellpath (Wow) was not provided to me. See Dental CAP #51. If possible, I am requesting access to Wow.
 - Inaccurate data is skewing statistics. Dr. [REDACTED] was completing appointments without doing the dental work. Then creating a new appointment for the procedure(s) that were set complete and extending the dental priority code from the newer appointment and not from the date of diagnosis. This skews the data and creates a false sense that compliance is achieved.
 - [REDACTED] Triage for #19 extraction occurred and was given a DPC 3 (30 days) for the extraction to be performed. Not seen within timeframe. No appointment was made for this extraction from the triage. It was made from a sick call asking for the extraction. Essentially the appointment was not created, and the patient was lost in the system. Had the patient not submitted a sick call, patient would not have received care. And the dental

treatment for extraction was shown "completed" on 06/08/22 when in fact the treatment was not done until 07/19/22, outside of timeframe.

- [REDACTED] Patient here for extraction #17, 18, 13, 14. No x-rays taken at the dental triage exam on 10/17/22. Previous x-rays from 03/17/21. Task shows dental treatment for extractions "completed" on 11/22/22 when they were NOT extracted. A new task was created on 11/22/22 for 12/14/22, using a DPC 4, starting from 11/22/22 rather than from the date of diagnosis on 10/17/22.

Incidental finding. On 12/14/22 extractions #17 & 18 were completed without current x-rays and #13 & 14 were NOT listed for next visit. No task was created to address treatment of #13 & 14. This means that this treatment plan fell through the cracks of both the dentist and CorEMR. CorEMR is not an EDRS and does not track treatment plans, only tracks tasks. On January 20, 2023, the patient was referred for urgent referral to the outside specialist for extraction #13 & 14. Patient had an appointment with the oral surgeon 01/30/23 and was released 01/31/23. The patient was seen for a consultation and no extraction occurred because #13 & 14 are not in the patient's mouth. #3 & 4 are however, and #12 & 15 are as well.

- Had a panoramic x-ray been available onsite, much of the confusion over labeling teeth would not occur. *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)*
 - There were 21 dental sick call appointments set completed by the nurse rather than the dentist. Although most of those were for duplicate appointments, there were some whose appointment were set complete without work being completed and the patient did not receive care.
- No rescue plan for dental staffing emergencies is in place, which caused the inmate/patients at MCJ to not have diagnoses and dental treatments performed onsite from October 5th – December 20th, 2022. And then again from December 29th, 2022, thru February 13, 2023.
- There was little training provided this audit period for new and existing nurses. Additionally, there was a lack of internal audits, and documented re-trainings when supplemental training was needed.

These main issues may or may not transfer to the new dental team. There is much training which must occur for them to come up to par with the Implementation Plan.

CorEMR is not an Electronic Dental Record System (EDRS) and is not set up to track episodic or comprehensive dental treatment plans on an odontogram or run the dental clinic to locate unscheduled patients. An Electronic Dental Record System (EDRS) such as Dentrax Enterprise already updated for use in a correctional facility, is a viable option to run the dental program more effectively and minimize errors and omissions as well as identify where there are any barriers to access, timeliness and quality of care through accurate reporting and statistics.

New Dental Team & Status of February 20-22, 2023, Training Session

Paige York, RDA and I arrived at MCJ to mentor/train on 02/20/22. After a brief team meeting with RN [REDACTED] and Dr. [REDACTED] on Zoom, we were escorted to the new Dental Clinic by RN [REDACTED] and [REDACTED] the Regional Director of Operations. We met the new dentist, Dr. [REDACTED] and the new dental assistant, [REDACTED]. They are both personable and eager to provide excellent patient care.

In regard to the physical layout of the new dental clinic, MCJ graciously accepted to share their new educational space, which is adjacent to the new dental clinic. A wall was constructed to provide HIPPA compliance and safety between the educational and dental spaces. This will also provide dental an egress and a much-needed administrative area.

When we arrived at the new clinic, we found many deficiencies. We noted that, although the clinic was clean in appearance, there was a lack of flow for the processing of dental instruments from the "dirty" side to the "clean" side. We also found in the late afternoon that no spore tests had been performed on the new Statim sterilizer since it had been put in to use, and no spore tests had been performed on the Midmark sterilizer for at least a month. Paige was able to get into the online account to discover the missing spore tests. There were no logs in place for housekeeping duties and no tool and sharps control. There were also many expired dental materials. These were promptly removed.

Dr. [REDACTED] and [REDACTED] directed the dental team to stop patient care until spore tests were performed, and results were received on the 2 sterilizers. Dr. [REDACTED] was given permission to pick up onsite spore tests from another jail facility the following day, for use in the new MCJ clinic.

There was a problem with the plumbing with new compressor/vacuum system. It ran very loudly and there was a red fluid backed up into the amalgam separator filter. There was also an air leak under the cabinet in the operatory. Dr. [REDACTED] was informed of this issue, and he scheduled a Henry Schein technician to come out to service the unit during the next week.

There is no radiation monitoring system in place, which is required during the first year of use of a new X-ray machine. We were told that there is an overdue bill and dosimeters will be sent after payment is received by the monitoring company. It was also noted that there is no AED in the clinic, which is also required to be kept on-site in case of any emergencies in the dental clinic.

Paige and I worked on correcting and streamlining the flow of instruments from the dirty to clean side, bringing supplies up from the Rotunda Clinic and hanging required signage and regulatory compliance posters in the dental clinic area as well. [REDACTED] organized cabinetry, desks and a multitude of other tasks in order for IT to place computers and proper cabling to the dental clinic.

We worked on the organization of the dental instruments and creating a tool control log and a housekeeping log. Paige trained [REDACTED] on the daily, weekly and monthly duties to be performed on the housekeeping log.

On 02/22/2023 the spore test for the Statim sterilizer was negative for growth, so patient care could be resumed. Mail-in spore tests were performed on both units, as well.

While the dental team was seeing patients, Paige worked on finalizing the tool control log and the housekeeping log. She created a sharps log and a bur count log. [REDACTED] requested Paige create a daily checklist for the dental team. She also gave [REDACTED] a To-Do list for putting processes in place in the dental clinic, making binders for the logs, supplies that need to be ordered and various other duties that will need to be performed as soon as feasible. Paige went over these lists in detail with [REDACTED] and answered questions she had about the duties.

The new H.S.A. now meets with [REDACTED] weekly to assist and support her in her duties. [REDACTED] now scans the x-rays into CorEMR from digital x-ray system and will have to make sure the x-rays are not scan reversed.

Additionally, Dr. [REDACTED], dental staff and several other stakeholders meet every Monday to move the clinic processes forward.

CorEMR, Backlog, Reschedules and Appointments Cancelled by Staff

An open and rescheduled task report for dental from January 1st, 2023, to March 13, 2023, identified there were 1385 rescheduled dental appointments. Not patients but dental appointments. Approximately 300-400 are appointments for patients who are no longer at MCJ. There may be several appointments per patient.

The County ratified contract eliminated 6 hours per week. At 45 minute per procedure, that is 30 patients a month that was taken away from patient care. Perform a workforce, workflow and staffing analysis to identify if full time dental care is needed in order to provide the dental care identified in the IP. Determine if adding another dental assistant would help maximize the efficiency of care onsite.

Supervisory Monthly Audit Reports & Peer Reviews

Dr. [REDACTED] provided a peer review in September 2022. I only received a summary of the 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 before reviewing them with the Dentist.

Dr. [REDACTED] spoke to me about the feasibility of doing 10 clinically relevant chart audits per month, CAP #102, and advised me that he has over 80 peer reviews to do. Therefore, in order to maintain the spirit of cooperation, I can audit 10 charts monthly and review them with Dr. [REDACTED] in order for us to calibrate ourselves.

- We are planning to meet Wednesday mornings when possible and this can be one of the items on the meeting agendas. 10 clinically relevant charts, 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 also recommend that the respective monthly chart audit results reviewed 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 believe the new Dentist and the Dental Assistant have an attitude of openness and collaboration which is essential in the journey towards resolution of the CAP items and substantial compliance.

Staffing

RN [REDACTED] was quick to advertise for the new dental assistant, interviews occurred, and an offer was made with a potential start date of November 7th. Unfortunately, with credentialing and training, [REDACTED] was unable to start until December 20th (please correct). 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*)

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] did not have a dental assistant for over 2.5 months since [REDACTED] departure. Patients who requested dental care did not received a dental diagnosis nor a treatment on site, as no x-rays were taken nor dental treatment performed due to this staffing issue.

Patients were medicated for months with antibiotics and pain medications which have inherent risks which can outweigh quickly removing the infected tooth. Dr. [REDACTED] advised Dr. [REDACTED] to refer patients to a higher level of care when clinically indicated. I was advised that he only referred 18 patients out to the oral surgeon, on an emergent basis, by the end of December.

The hygienist position has not been filled per the Implementation Plan. It is currently being advertised, but due that direct supervision is needed if the hygienist is to administer local anesthetic, this hiring will be tricky if the hygienist is to work alone. In other words, if the hygienist is to work alone, then he/she cannot administer local anesthetic which limits the types of services they can offer.

The Director of Nursing (DON) position has also 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] has taken over the H.S.A. position.

Staffing Analysis / Workflow Study and Dental Days

Ultimately these staffing issues become burdensome to the inmate/patient's ability to access timely access to dental care when staffing is not available. A staffing analysis and a chair time workflow audit is recommended and requested, per the CAP item #112. Now that the new dental team is in place, I would not hesitate to conduct this study.

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". Now that the contract has lowered the hours, this is an opportune time to conduct the study.

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.

The staffing and workflow analysis must take into consideration the following in their report when anticipating dental care needs:

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 for dental care as mentioned in the IP. For example, advising the inmate/patients that they can request the comprehensive dental care and subsequent dental treatment plan 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

Once again, 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 internal and external audits, committing to transparency through data collection, analyzing and solving clinical efficiency using key outcome measures and communication through the Dental Committee.

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 causing non-compliance were found within this report as were found in previous report(s). The same deficiencies are identified below as they were in the last report except for the section on infection control. More nuanced deficiencies and recommendations are found in the Dental Audit Tool adjacent to the sources.

Overwhelm and the lack of a repeatable, sustainable dental system of policies, procedures and protocols, is causing the inmate/patients to be without adequate and quality dental care, exacerbating wait times and pain.

Deficiencies & Recommendations

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.
2. The general, periodontal, root canal and surgical informed consent forms have not been amended, updated nor approved by the Wellpath forms committee.
3. There is no available, established or approved form 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 and I recommend they be used until the other forms can be brought up to par and updated.

Recommendation: Complete the informed consent form with the discussion between patient and dentist, witnessed by the dental assistant. Have the root canal, periodontal, 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.

Deficiency: The 14-Day Exam/Health Appraisal was restarted in September 2022. 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 looks more often but there are instances where the nurse does not consistently look in the patient's mouth during the 14-Day Exam, especially 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 low but there was a progressive increase in the number of dental appointments "cancelled by staff". See the Statistics tab in the Dental Audit Tool.

Recommendation: Continue to minimize reschedules and cancelled by staff and state in the clinical note the reason the dental appointment was cancelled by staff.

Quality of Care Including Deficiencies from the Class Case Reviews

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: Dentist routinely failed to make objective findings. Note that there is some improvement and consistency in this area.

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 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: Perform internal documented audits and observe 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)

Note the spore test is mandated by state guidelines and the California Dental Practice Act, Title 16. If a spore test is not performed during a week in which autoclaving is conducted, then it is an automatic failure for the entire infection control section and regulatory compliance section. Patient safety and the prevention of transmission of infectious diseases is paramount in a dental clinical setting.

There were several missing and delayed spore tests in which no documentation was present to explain why they were not performed, were misplaced by the mail or other reason(s). Therefore, the overall score is 0% and subsequently non-compliance. Had the spore testing been performed the overall score would have been 52.6% which is a decrease from 81.8% during Dental Audit Tour #8.

Deficiency: D.1.1A - Clean but with clutter.

Recommendation: Remove clutter and have a designated place for supplies. Utilize custodial/janitorial services for clean-up.

Deficiency: D.1.2A - There was debris (glove, X-ray film packet and pieces of paper) noted on the clinic floor.

Recommendation: Utilize custodial/janitorial services for clean-up.

<p>Deficiency: D.1.3A - The clinic sink was not clean. There was dust around the edges of the sink, dirty instruments and a sterilization pouch in the sink.</p> <p>Recommendation: Utilize custodial/janitorial services consistently.</p>
<p>Deficiency: D.1.5A - The clinic counters had clutter such as boxes, packages, mail and paper.</p> <p>Recommendation: Put items away where they cannot be possibly contaminated by any aerosol produced during dental procedures.</p>
<p>Deficiency: D.1.10A - There was regular trash observed in the red Biohazardous Waste container.</p> <p>Recommendation: Train as to what types of waste are to be disposed of in the red Biohazard container, i.e., blood, blood products, material soaked or caked with blood, etc.</p>
<p>Deficiency: D.1.11A - There was no Chemical Spill Kit or Mercury Spill Kit on site. The clinic had only a Blood and Bodily Fluid Spill Kit available. Dental had a universal spill kit previously, but it is no longer there.</p> <p>Recommendation: Purchase a Universal Spill Kit, which contains materials for cleaning up all types of spills.</p>
<p>Deficiency: D.1.12A - This Dental clinician does not use amalgam however no mercury spill kit in place. Dental had a universal spill kit previously, but it is no longer there.</p> <p>Recommendation: Re-purchase a Universal Spill Kit, which contains materials for cleaning up all types of spills.</p>
<p>Deficiency: D.1.19A - The Pharmaceutical Waste Container was well past the 275-day disposal date. Date of first use was recorded as 1/5/2022, so the date of disposal should have been 10/7/2022. RDA was advised of this rule during last visit in May 2022. No disposal date was written on container, so staff was unaware that it was overdue to be disposed.</p> <p>Recommendation: Compute and record the future date of disposal at the same time as date of first use is recorded.</p>
<p>Deficiency: D.1.20A - Dental is no longer using a mail-in recycling system for scrap amalgam. They are using a reusable scrap amalgam container.</p> <p>Recommendation: Recommend using Amalgon brand, or similar, to mail in scrap amalgam to be recycled.</p>
<p>Deficiency: D.1.24A – At last visit, RDA stated that Spray N' Clean and Midwest lubricant are used for handpiece maintenance. Not witnessed this tour. Per Dr. [REDACTED] only visual exams done since RDA departure, per Dr. [REDACTED]</p> <p>Recommendation: Train the Dentist and new Dental Assistant to use the lubricant prior to sterilization.</p>
<p>Deficiency: D.1.25A - The ultrasonic cleaner has not been foil tested since September 2022. Previous tests had documentation that foil was used.</p> <p>Recommendation: Train the new Dental Assistant on the procedure for foil testing the ultrasonic cleaner. Use a new ultrasonic cleaner as the other one had a weak ultrasonic action.</p>
<p>Deficiency: D.1.29A - Not all the sterilization pouches had the date of sterilization or operator's initials written on them.</p> <p>Recommendation: Train the Dentist and new Dental Assistant to write the date of sterilization and initials on the pouches.</p>

Deficiency: D.1.31A - The amalgamator that is currently being used in the clinic to mix encapsulated dental cement is out of date. It appears to be manufactured before safety covers were required to be attached to the machines.

Recommendation: Purchase a new amalgamator with a safety cover in place.

Deficiency: D.1.35A - Water lines have not been flushed since September. RDA moved to another job and Dentist did not flush water lines between patients. At last visit in May 2022, RDA confused flushing vacuum line with flushing water line. Therefore, the water lines were not being flushed for 2 minutes at the beginning and end of each shift. This can cause bacteria to accumulate in the lines and therefore could be passed on to the patient. Bacteria can live in the biofilm.

Recommendation: Ensure that new Dental Assistant and Dentist are trained to flush lines for 2 minutes at the beginning and end of each shift and for 30 seconds in between patients. Provide documented training.

Deficiency: D.1.36A - Water lines have not been flushed since September. Therefore, the water lines were not being flushed for 30 seconds after each procedure and between each patient. This can cause bacteria to accumulate in the lines and therefore could be passed on to the patient. Bacteria can live in the biofilm.

Recommendation: Ensure that new Dental Assistant and Dentist are trained to flush lines for 2 minutes at the beginning and end of each shift and for 30 seconds in between patients, including after a surgical extraction procedure is performed. Provide documented training.

Deficiency: D.1.37A - The water and vacuum lines have not been cleaned and disinfected per manufacturer's instructions since September 2022. No shock treatment was used since RDA left. This can cause bacteria to accumulate in the lines and therefore could be passed on to the patient. Bacteria can live in the biofilm.

Recommendation: Train the new Dental Assistant in the upkeep of water and vacuum lines and recommend purchasing waterline shock treatment tablets. Using shock treatment tablets, such as Citrisil or ICX is recommended to cleanse water lines of bacteria and biofilm. This should be added as a monthly task on the updated Housekeeping Log. Provide documented training.

Deficiency: D.1.38A - The vacuum lines have not been cleaned and disinfected per manufacturer's instructions since September 2022. RDA was using Turbo Vac at the time of last visit in May 2022. If the vacuum lines get clogged, it can lessen the suction and cause an accumulation of fluid in the patient's mouth.

Recommendation: Recommend training for the new Dental Assistant in the upkeep of water and vacuum lines.

Deficiency: D.1.40A - The evacuation plan is still not posted in the Emergency Procedures binder. Evacuation plan is not allowed to be posted in plain view of inmates as it could jeopardize the safety and security of the institution.

Recommendation: Recommend printing evacuation plan and putting it in to the binder. Reminded [REDACTED] to put plan in binder. Staff should be instructed to know where the binder is located.

Deficiency: D.1.42A - [REDACTED] unable to access World of Wellpath (Wow) system for training records. No Proof of Practice seen for staff training.

<p>Recommendation: [REDACTED] to provide copies of training records. Recommend records are printed out prior to court monitor visits and/or grant Monitor access to Wow.</p>
<p>Deficiency: D.1.43A- Zip tie is intact, and staff is aware of the location of emergency kit. Inventory list with expiration dates is attached to outside of kit. Noted that sterile water had expired 8/2022.</p> <p>Recommendation: Check inventory list regularly.</p>
<p>Deficiency: D.1.45A - Observed. Log attached to cart however no signatures.</p> <p>Recommendation: Possibly change to DA checking and signing off oxygen tank. Discuss with CDO and have duty entered into local operating policy.</p>
<p>Deficiency: D.1.47A - A one-way pocket mask was listed as being in the zip-tied emergency kit, where it is not easily accessible.</p> <p>Recommendation: Keep the pocket mask elsewhere in the clinic where it be quickly accessed, if and when needed.</p>
<p>Deficiency: D.1.49A and D.1.50A - There is no longer an AED in the Dental Clinic. At last visit in May 2022, observed AED had new battery and new pads with expiration 12/2024. No one knew where the AED was now located.</p> <p>Recommendation: Obtain an AED to keep in the clinic for emergencies.</p>
<p>Deficiency: D.1.52A - All sterile water in the Dental Clinic had expired as of 8/2022. The use of sterile water was not observed during a surgical procedure at last visit in May 2022.</p> <p>Recommendation: Train all dental staff to discard expired products, per manufacturer's instructions. Have current supplies on hand. Provide documented training.</p>
<p>Deficiency: D.1.55A - Barriers not placed between patients and chair not disinfected between patients.</p> <p>Recommendation: Place barriers and disinfect operatory between patients.</p>
<p>Deficiency: D.1.57A - There is no Radiation Safety protocol in place. It was also noted that staff are not wearing dosimeters. There was a box containing dosimeters on the counter, but staff are not using them. 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. No yearly consecutive reports are available from Wellpath.</p> <p>Recommendation: Complete protocol and train new Dental Assistant and HSA on Radiation Safety Plan and Protocol. Arrangements should also be made for the inspection of radiographic equipment.</p>
<p>Deficiency: D.1.58A - The Caution X-Ray sign is posted on the back of the clinic door and cannot be seen when the door is open.</p> <p>Recommendation: Move sign to a more prominent area.</p>
<p>Deficiency: D.1.60A and D.1.61A - There is no area dosimeter in place and staff were not wearing dosimeters. There was a box containing dosimeters on the counter, but staff are not using them. Unable to determine if they were area monitors or individual monitors.</p> <p>Recommendation: Recommend putting an area and/or staff monitoring system in place. If the Dental Department can provide 12 months of consecutive monitoring with acceptable readings, monitoring will not be required for 3 years from the month of the last monitoring</p>

report. Note: Staff monitoring in the new clinic will be mandatory, as they will be using new X-Ray equipment.

Deficiency: D.1.63A - There were several expired items found in clinic, dated 5/2022 and 8/2022. Expiration dates are written on packaging.

Recommendation: Train all dental staff to continue to write expiration dates on packaging, check dates regularly and discard of expired products, per manufacturer's instructions.

Deficiency: D.1.66A - Last spore test date was end of September 2022, before [REDACTED] left. None of the clinic logs have been updated since 9/2022. These logs include Spore Testing, Housekeeping, Eyewash, Tool Control and Pharmaceutical Logs. Instruments have been passed through the sterilizer without a spore test being conducted. Not having a conclusive spore test can cause harm to the patient since the staff nor this monitor don't know if the sterilizer is properly sterilizing the instruments.

Recommendation: Train all dental staff on the importance of spore testing and keeping these logs up-to-date and provide instruction as to how these logs are completed. Provide documented training.

Deficiency: D.1.67A - The housekeeping log, which reflects all duties/maintenance that needs to be performed daily, weekly, and monthly, is not up to date. None of the clinic logs have been updated since end of September 2022. These logs include Spore Testing, Housekeeping, Eyewash, Tool Control and Pharmaceutical Logs.

Recommendation: Recommend training of all dental staff on the importance of keeping these logs up-to-date and provide instruction as to how these logs are completed. Provide documented training.

Deficiency: D.1.68A, D.1.69A, D.1.70A - None of the clinic logs have been updated since 9/2022. At the time of last clinical audit, they were all up to date. These logs include Spore Testing, Housekeeping, Eyewash, Tool Control and Pharmaceutical Logs.

Recommendation: Train all dental staff on the importance of keeping these logs up-to-date and provide instruction as to how these logs are completed. Provide documented training.

Deficiency: D.1.73A - Radiographic certificate is not posted. Rules and regulations are now posted in clinic.

Recommendation: Obtain certificate and post in the dental clinic. 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. This is in progress, per [REDACTED]

Deficiency: D.1.74A - [REDACTED] was unable to access training records on WoW site. Per [REDACTED] training on these topics is done annually and Dental staff is in compliance, which is tracked by Wellpath HQ.

Recommendation: Recommend regularly printing out training information once a staff member has completed a class or print training records prior to court monitor visits.

Deficiency: D.1.76A - There is no Respiratory Protection Plan (RPP) in place. Although the masking mandate has been lifted for Monterey County, staff have never been fit tested for N95 masks.

Recommendation: Recommend N95 fit testing for the clinical dental staff. followed by the use of N95 masks anytime the aforementioned patient types are being treated. There is no 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 2022. As of December 5, 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. A written RPP is also recommended. RN [REDACTED] may need to reach out to Wellpath HQ to see if 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.1.81A - Infection prevention binder kept in clinic. Binder and protocol need to be updated. There are no corporate or updated local dental policies and procedures. There are no set processes in place to maintain clinical operations.

Recommendation: Write local operating procedures from the corporate dental policies and procedures.

Deficiency: D.1.82A - [REDACTED] was unable to access training records on the World of Wellpath (WOW) site.

Recommendation: Recommend regularly printing out training information once a staff member has completed a class or print training records prior to court monitor visits.

Deficiency: D.1.83A - Binder with guidelines kept in dental office. No staff signatures to acknowledge training.

Recommendation: Update the plan and have dental staff sign off on reading and acknowledging the exposure control plan.

Deficiency: D.1.85A - Dr. [REDACTED] posted dental license is expired. Posters are present in clinic and staff break areas.

Review CA regulations

<https://www.cda.org/Home/Practice/Practice-Support/Regulatory-Compliance>.

Recommendation: Print and post the updated license.

Dental Program Management

Deficiency: Although Defendant's Counsel provided some policies and procedures they were not local MCJ operating 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. This can cause harm to the patient if the patient does not receive dental care.

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 and comprehensive 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.

Class Case Reviews

Please see the attached file containing the deficiencies and recommendations for the Class Case Reviews.

Post-Implementation Monitoring

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)

“If you can’t measure it, you can’t improve it”.⁶ There were no Dental Subcommittee meetings or QA meetings this audit period. This means there were no meeting minutes, agenda, data, statistics, items discussed to improve the situation at MCJ, nor any plan of action delivered to the QA team. There were also no QA meetings which occurred this audit period.

Data and statistics identifying any breakdowns in the dental systems, are still not able to be accurately tracked, reported and evaluated. CorEMR has not successfully produced the compliance report it was supposed to build for Wellpath and MCJ. There are few reports capable of providing meaningful information to the Dental Subcommittee. Without the Dental Subcommittee providing quality information to the Quality Assurance (QA) committee, no continuous improvement to MCJ’s dental department occurred.

Risk Elimination / Corrective Action Plan (CAP)

Corrective action plans will be developed and instituted for identified deficiencies, including re-audits within a stipulated time frame. (Wellpath IP, p. 8)

The CAP requirements and its implementation and progress towards compliance is tracked in the enclosed Excel spreadsheet.

For Custody, there was an 8.4% improvement towards implementation of the CAP items in December 2022 as compared to May 2022 for their CAP items #1-12 and #49. MCJ went from *plan development* to *progress towards implementation* in their above-mentioned CAP items. The Inmate Orientation Handbook has been recently published, however the requested changes as seen in the enclosed Inmate Orientation Handbook using track changes, has not been implemented nor published.

For Wellpath, there was an 8.5% improvement from plan development to progress towards implementation towards compliance of the CAP in December 2022 as compared to May 2022. The staffing crisis although still ongoing is improving and there is less of a staffing shortage and

⁶ Peter Drucker quote

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a lower staff turnover rate than a few months ago. The caveat is this may change again. So far it has 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.

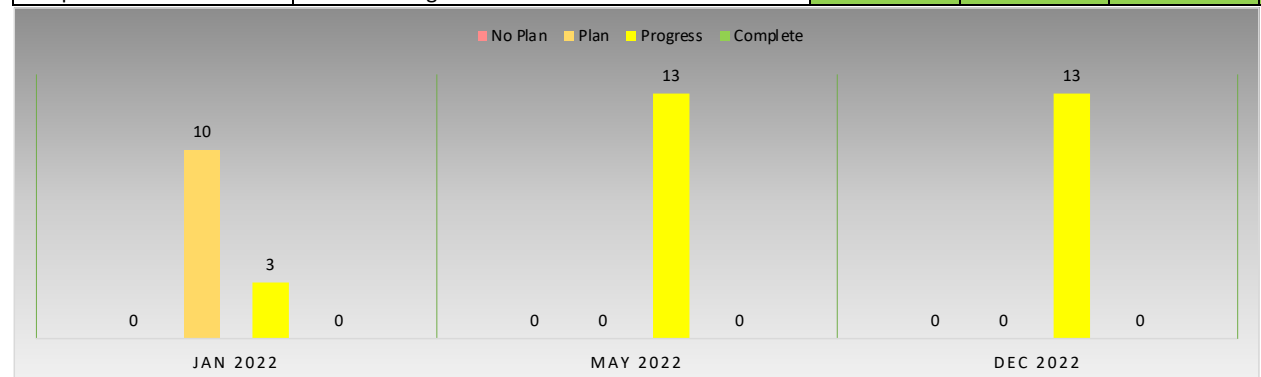
Note, that both Wellpath and MCJ are continuing their commitment towards implementation and compliance of their respective Dental CAP.

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.

If new deficiencies listed in the Executive Summary are not rectified however, and continue to not be addressed, then these may be added to the Dental CAP. Please see the CAP progress below including the self-assessment report from MCJ and Wellpath, followed by this Monitor's report of both areas.

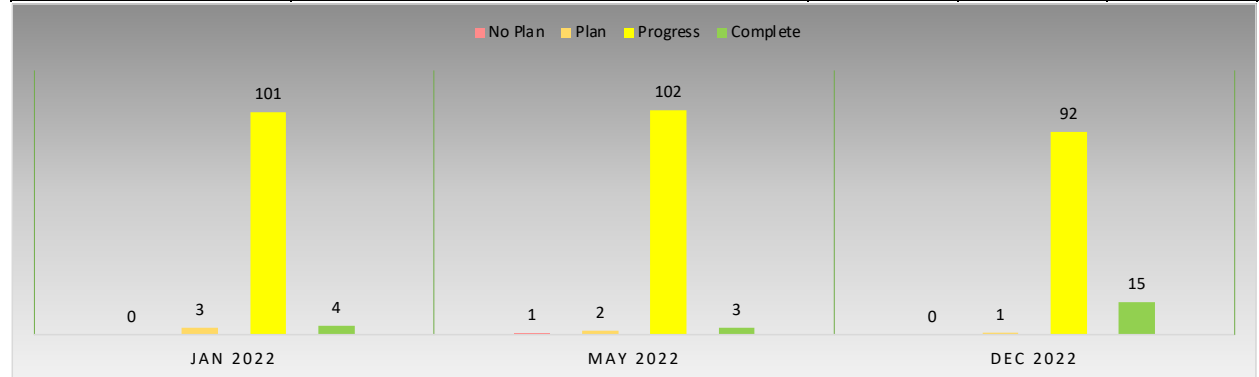
MCJ Custody Self-Assessment Report (13)

Implementation Specialist Assessment	Description	Jan 2022	May 2022	Dec 2022
No Plan	not started, not completed	0	0	0
Plan	have developed a plan	10	0	0
Progress	have started to implement the plan	3	13	13
Complete	achieved the goal of the CAP item	0	0	0

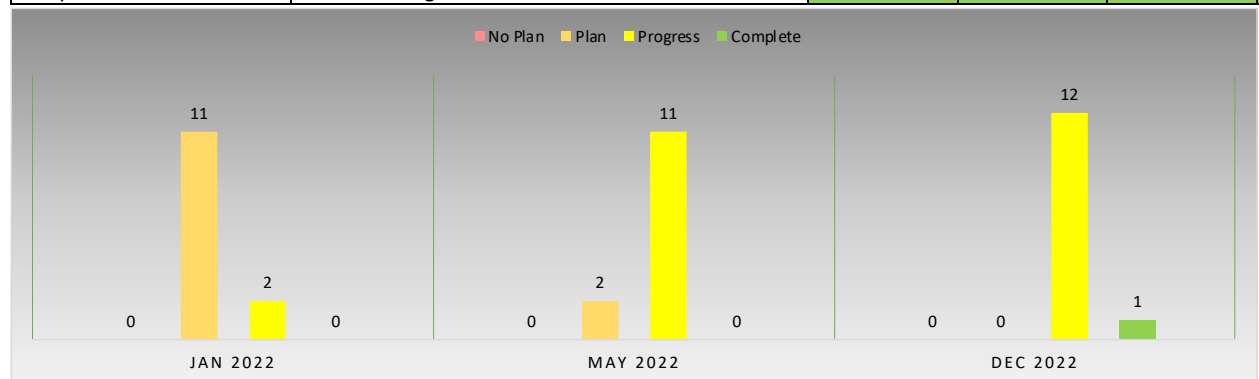


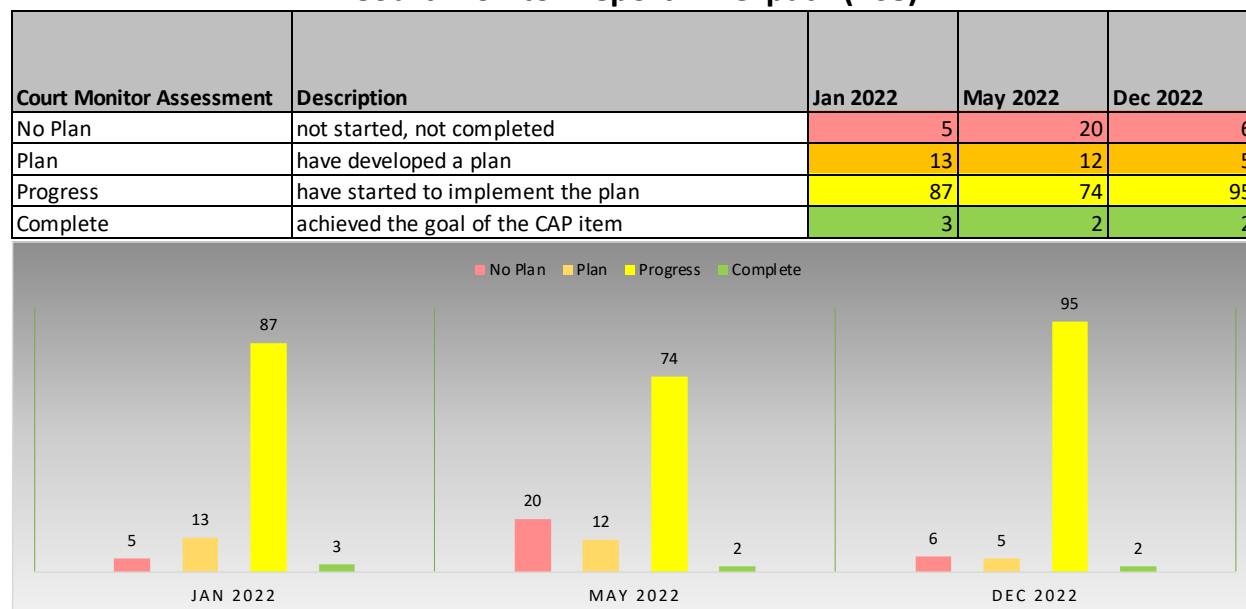
Wellpath Implementation Specialist Self-Assessment Report (108)

Implementation Specialist Assessment	Description	Jan 2022	May 2022	Dec 2022
No Plan	not started, not completed	0	1	0
Plan	have developed a plan	3	2	1
Progress	have started to implement the plan	101	102	92
Complete	achieved the goal of the CAP item	4	3	15

**Court Monitor Report - MCJ Custody (13)**

Court Monitor Assessment	Description	Jan 2022	May 2022	Dec 2022
No Plan	not started, not completed	0	0	0
Plan	have developed a plan	11	2	0
Progress	have started to implement the plan	2	11	12
Complete	achieved the goal of the CAP item	0	0	1



Court Monitor Report - Wellpath (108)**Closing Comments and Conclusion**

The dental program remains in non-compliance. Although this time it appears that this is due to a staffing crisis in both the administrative and clinical aspect of the facility, corporate oversight is lacking in providing resources and communication to the Chief Dental Officer. The Implementation Specialist, who for the great majority of this audit tour's span of review, was also acting as the H.S.A., floor nurse and Director of Nursing. I am a fan of the Implementation Specialist, but burnout is a real danger and being stretched too thin working 4 jobs for Wellpath, I believe contributed to my receiving important monitoring data nearly 3 months late.

Although not currently as challenging as it was previously, due to a continued, significant staff nursing shortage this audit period, consistent training and feedback was inconsistent and occurred much less often than in the previous dental report.

Once the nursing shortage is relieved and RN [REDACTED] can return to her main job as Implementation Specialist, I believe dental will benefit from her time and expertise in conjunction with Dr. [REDACTED] directives to the dental staff.

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 local and corporate resources they need to be successful. 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 an asset to Wellpath and already provides solutions to MCJ's dental department whenever possible. My concern however is that the CDO is not given autonomy. Corporate communication, full support and resources needed for Dr. [REDACTED] to continue his oversight. All these issues discussed throughout the body of this report and within the attached Dental Audit Tool, are all implementable and actionable items that can be completed timely.

The Corrective Action Plan (CAP) contemplates a variety of self-monitoring provisions, including chart audits, peer reviews, supervisory audits and regular Dental Subcommittee and QA committee meetings, designed to ensure that nurses and dental staff comply with the Implementation Plan, Settlement Agreement and community standards of dental care. The Dental Subcommittee and QA meetings did not occur this audit period. These must occur in order for there to be a vehicle of communication in both direction and in feedback between dental, medical, mental health, pharmacy, custody, local and corporate administration.

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 including documented training, internal auditing and retraining, for consistent dental care to be provided in a timely, effective, efficient, equitable, patient-centered and safe manner can be achieved.^{7,8} Having a system in place, including local operating policies, procedures, and protocols, a fully functioning dental subcommittee and QA committee with feedback and communication, 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.

⁷ Quality Measurement in Dentistry Guidebook

⁸ https://www.ada.org/~media/ADA/DQA/2019_Guidebook.pdf?la=en

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Dental Neutral Court Monitor

Exhibit 48

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**DENTAL MONITOR'S DRAFT REPORT (9th Dental Audit Tour) HERNANDEZ V. COUNTY OF MONTEREY,
December 5-6, 2022**

				6	7	8	9	10	14	15
#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			GRADING SCALE:	#	1	0.5	0	NA DF NM	%	86% or greater
A.1 Access to Care Audit Tool Data - Certified Interpreter Services - Sign Language and Translator										
A.1.1	System	Sign Language - Interpreter Service - Available	Are sign language (video and/or in person) interpreter services available to hearing impaired inmate/patients (I/Ps) through the County and the contracted health care service for all dental related services?	1	1	0	0	0		
A.1.2	Chart Audit	Sign Language - Interpreter Service Used during Nurse Dental Sick Call	Is a sign language interpreter service used throughout the nurse (also PA, NP, MD) dental sick call appointment when indicated? Was the name and certification number of the sign language interpreter noted in the progress notes?	0	0	0	0	1		
A.1.3	Chart Audit	Sign Language - Interpreter Service Used during Dental Triage and Treatment	Is a sign language interpreter service used throughout the dental triage and/or dental treatment appointment when indicated? Was the name and certification number of the sign language interpreter noted in the progress notes?	0	0	0	0	1		
A.1.4	System	Certified Language Interpreter/ Translator Services - Available	Are certified (telephone, video and/or in person) language interpreter/translator services available to I/Ps through the County and the contracted health care service? Is the certified language interpreter/translator service information posted in the dental clinic?	1	1	0	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.1.5	Chart Audit	Certified Language Interpreter/ Translator Services - Used during Nurse Dental Sick Call	Was a certified language interpreter used throughout the nurse (also PA, NP, MD) dental sick call appointment when an interpreter needed is noted in the patient's chart? Was the name and certification number of the language interpreter noted in the progress notes?	10	0	2	8	0		
A.1.6	Chart Audit	Certified Language Interpreter/ Translator Services - Used during Dental Triage and Treatment	Was a certified language interpreter used throughout the dental triage and/or dental treatment appointment when a sign language interpreter is indicated in the patient's chart? Was the name and certification number of the language interpreter noted in the progress notes?	10	0	0	10	0		
			TOTAL:	22	2	1	18	NA:2 DF:0 NM:0	13.6%	N
A.2 Access to Care Audit Tool Data - Oral Hygiene Supplies										
A.2.1	System	Oral Hygiene Supplies	Are oral hygiene supplies (toothbrush, toothpaste, dental flossers) available to all I/Ps? Are toothbrush and toothpaste made available, without a fee, for each I/P on a monthly basis or upon demand?	1	1	0	0	0		
A.2.2	System	Oral Hygiene Supplies	Does all toothpaste issued to all I/Ps carry the ADA Seal of Acceptance?	1	1	0	0	0		
A.2.3	System	Indigent Oral Hygiene Supplies - Toothpaste, Toothbrush, Floss	Are weekly indigent packs available to I/Ps, at no fee, which include toothbrush, toothpaste, and floss loops? (Note the floss loops are upon request from the I/P).	1	1	0	0	0		
A.2.4	System	Indigent Oral Hygiene Supplies - Denture Adhesive	Is denture adhesive available at no fee to the partially or fully edentulous indigent patients for use with their dentures?	1	0	1	0	0		
A.2.5	System	Commissary	Does the commissary carry toothpaste and denture adhesive (zinc free formulation) with the ADA Seal of Acceptance, as well as correctionally approved toothbrushes and floss for purchase?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.2.6	System	Oral Hygiene Policy & Procedure	Is there a current Policy and Procedure (P&P) present in both the County and in Dental to address oral hygiene supplies, including supplies for indigent patients and denture adhesive?	1	0	1	0	0		
			TOTAL:	6	3	1.5	0	NA:0 DF:0 NM:0	75.0%	N
A.3 Access to Care Audit Tool Data - Oral Hygiene Instruction/Education										
A.3.1	System	Oral Hygiene Instruction and Education	Is meaningful oral hygiene instruction (OHI) and education given to patients upon arrival at Intake? Is brushing and flossing OHI/Education, such as a video and brochures from the American Dental Association (ADA), available to the inmate/patient's, i.e., on their computer tablet?	1	0	1	0	0		
A.3.2	System	Oral Hygiene Instruction and Education	Is meaningful OHI given to every I/P during the 14-Day Exam/Health Appraisal?	1	0	1	0	0		
A.3.3	System	Oral Hygiene Instruction and Education	Is OHI/Education available to I/Ps upon request and is meaningful OHI given by dental per the request?	1	0	1	0	0		
A.3.4	System	Oral Hygiene Instruction and Education	Is meaningful OHI/Education given to patients during their dental triage and/or dental examination?	1	0	1	0	0		
			TOTAL:	4	0	2	0	NA:0 DF:0 NM:0	50.0%	N
A.4 Access to Care Audit Tool Data - Inmate Handbook										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.4.1	System	Inmate Handbook Overview	Is the Inmate Orientation Handbook up to date per the Implementation Plan and Settlement Agreement with true, comprehensive, pertinent dental information, as well as how to access dental care through the dental sick call system?	1	0	1	0	0		
A.4.2	System	Inmate Handbook Overview	Is there a verbal and written overview of dental services and how to access dental care via the dental sick call system, using effective communication, given at the time of Intake?	1	0	1	0	0		
A.4.3	System	Inmate Handbook Overview	Is there a separate sheet given to the I/P with the Inmate Orientation Handbook highlighting any dental updates/changes until the new handbook is published?	1	0	0	1	0		
A.4.4	System	Inmate Handbook Specifics	Does it state when dental examinations, treatment and other dental services are available inside the facility?	1	0	1	0	0		
A.4.5	System	Inmate Handbook Specifics	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?	1	0	0	1	0		
A.4.6	System	Inmate Handbook Specifics	Does it state that I/Ps incarcerated for 12 months or more can receive a comprehensive dental examination and eligible treatment? Is the eligible treatment included in the handbook?	1	0	0	1	0		
A.4.7	System	Inmate Handbook Specifics	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?	1	0	0	1	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.4.8	System	Inmate Handbook Specifics	Does it state that patients refusing dental care, can reinstate care by placing a new dental sick call request?	1	0	0	1	0		
			TOTAL:	8	0	1.5	5	NA:0 DF:0 NM:0	18.8%	N
A.5 Access to Care Audit Tool Data - Intake Form										
A.5.1	System	Intake Form	Does the dental section of the Intake Form address the necessary dental criteria for patients at Intake?	1	0	1	0	0		
A.5.2	Chart Audit	Intake Form	Is the dental section of the Intake Form completely filled out at the time of Intake.	10	0	10	0	0		
A.5.3	Chart Audit	Intake Form	Is a dental referral box checked and the referral from Intake to dental completed when appropriate?	0	0	0	0	10		
A.5.4	Chart Audit	Intake Form	Is the referral to dental scheduled within DL1 or DL2 (Emergent/ Urgent or Routine) timeframes?	0	0	0	0	10		
A.5.5	Chart Audit	Intake Form	Is the referral to dental from Intake seen in Dental as scheduled?	0	0	0	0	10		
			TOTAL:	11	0	5.5	0	NA:30 DF:0 NM:0	50.0%	N
A.6 Access to Care Audit Tool Data - Intake - Urgent/Emergent Dental Level 1										
A.6.1	Chart Audit	Intake – DL1 Scheduled Within Parameters	Of the Urgent/Emergent DL1 patients referred to dental from Intake, were they scheduled within the DL1 parameters? (Next dental day).	10	3	5	2	0		
A.6.2	Chart Audit	Intake – DL1 Correctly assigned the DL1	Of the Urgent/Emergent DL1 patients above, were they correctly assigned the DL1 designation?	10	4	5	1	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
A.6.3	Chart Audit	Intake – DL1 Seen in Dental as Scheduled	Of the Urgent/Emergent DL1 patients above, were they seen as scheduled in Dental?	10	9	0	1	0		
A.6.4	System	Total Intake Compliance DL1	Of the overall Urgent/Emergent DL1 patients referred to Dental from Intake, what percentage were scheduled within DL1 parameters?	1	0	1	0	0		
			TOTAL:	31	16	5.5	4	NA:0 DF:0 NM:0	69.4%	N
A.7 Access to Care Audit Tool Data - Intake - Routine Dental Level 2										
A.7.1	Chart Audit	Intake – DL2 Scheduled Within Parameters	Of the Routine (DL2) patient referred to Dental from Intake, were they scheduled within the DL 2 parameters? (14 calendar days).	10	7	1	2	0		
A.7.2	Chart Audit	Intake – DL2 Correctly assigned the DL2	Of the Routine (DL2) patient above, were they correctly assigned the DL2 designation?	10	1	6	3	0		
A.7.3	Chart Audit	Intake – DL2 Seen in Dental as Scheduled	Of the Routine (DL2) patient above, were they seen in Dental as scheduled?	10	8	1	1	0		
A.7.4	System	Total Intake Compliance DL2	Of the overall Routine DL2 patients referred to Dental from Intake, what percentage were scheduled within DL2 parameters?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
			TOTAL:	31	16	4.5	6	NA:0 DF:0 NM:0	66.1%	N
A.8 Access to Care Audit Tool Data - 14-Day Exam (Health Appraisal) Form										
A.8.1	Chart Audit	14-Day Exam (Health Appraisal) Form	Is the dental section of the Health Inventory & Communicable Disease Screening (14-Day Exam now named Health Appraisal) completed within 14 calendar days of booking?	10	8	2	0	0		
A.8.2	Chart Audit	14-Day Exam (Health Appraisal) Form	Per the Wellpath IP 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?	10	8	1	1	0		
A.8.3	Chart Audit	14-Day Exam (Health Appraisal) Form	Is the Odontogram completely filled out?	10	0	0	10	0		
A.8.4	Chart Audit	14-Day Exam (Health Appraisal) Form	If a referral is appropriate, is the "Dental Sick Call" box checked on the 14-Day Exam form? Is the referral to dental completed and scheduled per the Dental Level assignment?	10	4	5	1	0		
			TOTAL:	40	20	4	12	NA:0 DF:0 NM:0	60.0%	N

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A.9 Access to Care Audit Tool Data - 14-Day Exam - Urgent/Emergent Dental Level 1										
A.9.1	Chart Audit	14-Day Exam – DL1 Scheduled Within Parameters	Of the Urgent/Emergent DL1 patients referred to dental from the 14-Day Exam (Health Appraisal), were they scheduled within the DL1 parameters? (Next dental day).	1	0	0	1	0		
A.9.2	Chart Audit	14-Day Exam – DL1 Correctly assigned the DL1	Of the Urgent/Emergent DL1 patients above, were they correctly assigned the DL1 designation?	1	0	1	0	0		
A.9.3	Chart Audit	14-Day Exam – DL1 Seen in Dental as Scheduled	Of the Urgent/Emergent DL1 patients above, were they seen in Dental as scheduled?	0	0	0	0	1		
A.9.4	System	Total 14-Day Exam Compliance DL1	Of the overall Urgent/Emergent DL1 patients referred to Dental from the 14-Day Exam, what percentage were scheduled within DL1 parameters?	1	0	1	0	0		
			TOTAL:	3	0	1	1	NA:1 DF:0 NM:0	33.3%	N
A.10 Access to Care Audit Tool Data - 14-Day Exam - Routine Dental Level 2										
A.10.1	Chart Audit	14-Day Exam – DL2 Scheduled Within Parameters	Of the Routine DL2 patients referred to Dental from the 14-Day Exam, were they scheduled within the DL 2 parameters? (14 calendar days).	10	6	2	2	0		
A.10.2	Chart Audit	14-Day Exam – DL2 Correctly assigned the DL2	Of the Routine DL2 patients above, were they correctly assigned the DL2 designation?	10	4	6	0	0		
A.10.3	Chart Audit	14-Day Exam – DL2 Seen in Dental as Scheduled	Of the Routine DL2 patients above, were they seen in Dental as scheduled?	8	3	1	4	2		

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A.10.4	System	Total 14-Day Exam Compliance DL2	Of the overall Routine DL2 patients referred to Dental from the 14-Day Exam, what percentage were scheduled within DL2 parameters?	1	0	1	0	0		
			TOTAL:	29	13	5	6	NA:2 DF:0 NM:0	62.1%	N
A.11 Access to Care Audit Tool Data - Dental Sick Call Requests										
A.11.1	System	Inmate Sick Call Requests (ViaPath)	Is the inmate dental request clearly identified as a dental sick call request or is it under medical or mental health. If under medical and/or mental health, was the dental aspect of the request seen within 24 hours?	1	0	1	0	0		
A.11.2	Chart Audit	Inmate Sick Call Requests (ViaPath)	Is the Inmate Dental Sick Call request seen by a RN, MD, PA, NP within 24 hours of the dental request reported by the inmate/patient in ViaPath?	10	0	4	6	0		
A.11.3	System	Inmate Sick Call Requests (ViaPath)	Is there a report, a methodology and a policy and procedure to track all inmate requests for dental, even if they are within medical or mental health categories, through to be seen in dental?	1	0	1	0	0		
A.11.4	Chart Audit	Inmate Sick Call Requests (ViaPath)	Is the Inmate Dental Sick Call request referred to dental when indicated, given an appropriate Dental Level (urgent/emergent DL1 or routine DL2) and scheduled within the above parameters (next dental and within 14 calendar days respectively).	0	0	0	0	0		
A.11.5	System	Inmate Sick Call Requests (ViaPath)	Is there a system to track and match the inmate requests to the nurse sick calls to the dental clinic triage and treatment?	1	0	0	1	0		
A.11.6	System	Inmate Sick Call Requests (ViaPath)	What is the overall percentage of Inmate Dental Sick Call Requests seen within 24 hours? 100% required.	1	0	0	1	0		
			TOTAL:	14	0	3	8	NA:0 DF:0 NM:0	21.4%	N

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A.12 Access to Care Audit Tool Data - Dental Sick Call - Urgent/Emergent DL1										
A.12.1	Chart Audit	Sick Call – DL1 Scheduled Within Parameters	Of the Urgent/Emergent DL1 patient referred to dental from Dental Sick Call, were they scheduled within the DL1 parameters? (Next dental day).	10	5	1	4	0		
A.12.2	Chart Audit	Sick Call – DL1 Correctly assigned the DL1	Of the Urgent/Emergent DL1 patient above, were they correctly assigned the DL1 designation?	10	7	3	0	0		
A.12.3	Chart Audit	Sick Call – DL1 Seen in Dental as Scheduled	Of the Urgent/Emergent DL1 patient above, were they seen in Dental as scheduled?	10	9	1	0	0		
A.12.4	System	Total Dental Sick Call Compliance DL1	Of the overall Urgent/Emergent DL1 patients referred to Dental from the Dental Sick Call, what percentage were scheduled within DL1 parameters?	1	0	1	0	0		
			TOTAL:	31	21	3	4	NA:0 DF:0 NM:0	77.4%	N
A.13 Access to Care Audit Tool Data - Dental Sick Call - Routine DL2										
A.13.1	Chart Audit	Sick Call – DL2 Scheduled Within Parameters	Of the Routine DL2 patients referred to Dental from Dental Sick Call, were they scheduled within the DL 2 parameters? (14 calendar days).	10	9	1	0	0		
A.13.2	Chart Audit	Sick Call – DL2 Correctly assigned the DL2	Of the Routine DL2 patients above, were they correctly assigned the DL2 designation?	10	6	2	2	0		
A.13.3	Chart Audit	Sick Call – DL2 Seen in Dental as Scheduled	Of the Routine DL2 patients above, were they seen in Dental as scheduled?	10	10	0	0	0		
A.13.4	System	Total Dental Sick Call Compliance DL2	Of the overall Routine DL2 patients referred to Dental from Dental Sick Call, what percentage were scheduled within DL2 parameters?	1	0	1	0	0		
			TOTAL:	31	25	2	2	NA:0 DF:0 NM:0	87.1%	Y

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A.14 Access to Care Audit Tool Data - Physician on Call (POC)										
A.14.1	System	Physician on Call (POC)	Is there an on-call process in place to provide Dentist on Call (DOC) services 24/7 at MCJ?	1	1	0	0	0		
A.14.2	System	Physician on Call (POC)	Of the patients reported to the Physician on Call (POC) for dental emergencies, were their dental emergencies addressed, given the appropriate DL1 designation or sent out to emergency care, scheduled next dental day, and seen in dental as scheduled?	1	0	0	1	0		
			TOTAL:	2	1	0	1	NA:0 DF:0 NM:0	50.0%	N
A.15 Access to Care Audit Tool Data - Referred to Outside Specialist/Specialty Care										
A.15.1	System	Referral to Outside Specialist	Is there a system to track outside referrals to specialists including patients sent to hospital for emergency care? Is this system available through a report?	1	0	1	0	0		
A.15.2	Chart Audit	Referral to Outside Specialist - Seen back in dental next dental day	Is the referral scanned? Is the inmate/patient who was referred to an outside specialist, (also to a hospital for emergency dental care) seen by the specialist within 30 days of the referral? For example, oral surgeon, endodontist, prosthodontist.	10	8	2	0	0		
A.15.3	Chart Audit	Referral to Outside Specialist - Report Available	Is the inmate/patient, who was referred to a specialist above or to a hospital for emergency dental care, seen back in Dental on the next dental day following their appointment with the specialist?	10	7	3	0	0		

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A.15.4	Chart Audit	Referral to Outside Specialist - Report Available	For the inmate/patient listed above, was the report available to be reviewed by the dentist for the follow up appointment? Is it co-signed by the dentist?	10	4	5	1	0		
			TOTAL:	31	19	5.5	1	NA:0 DF:0 NM:0	79.0%	N
A.16 Access to Care Audit Tool Data - Chronic Care										
A.16.1	Chart Audit	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?	6	1	0	5	0		
A.16.2	Chart Audit	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?	5	0	0	5	1		
A.16.3	Chart Audit	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?	5	0	0	5	0		
A.16.4	Chart Audit	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?	3	0	1	2	1		
A.16.5	Chart Audit	Chronic Care (SIM)	Are patients with chronic care problems (patients on 4 or more psych medications, Serious Mental Illness (SMI), and/or Special Needs) referred by the provider (MD) at the 7-day chronic care examination, to the Dental?	5	0	1	4	0		
			TOTAL:	24	1	1	21	NA:2 DF:0 NM:0	8.3%	N
A.17 Access to Care Audit Tool Data - Comprehensive Dental Examination										
A.17.1	Chart Audit	Comp Dental Care	Was a comprehensive dental examination conducted for patients at their 1 year of incarceration?	9	4	0	5	1		

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A.17.2	Chart Audit	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 seen in dental per their annual recall schedule if still in custody? Note that a periodontal recall (cleaning recall) is different than the annual comprehensive dental examination recall.	4	4	0	0	6		
			TOTAL:	13	8	0	5	NA:7 DF:0 NM:0	61.5%	N
A.18 Access to Care Audit Tool Data - Periodontal Disease Program										
A.18.1	System	Periodontal Disease Program	Is there an established Periodontal Disease Program per Wellpath's Implementation Plan? Is there a local policy and procedure in place and being followed for this program?	1	0	1	0	0		
A.18.2	System	Periodontal Disease Program	Are inmate/patient requests for a periodontal screening, cleaning or other language related to the I/Ps gum and/or periodontal condition, appropriately screened by the RN, given the correct DL and correctly determined to be in the Periodontal Disease Program? Is the appointment scheduled within DL parameters and seen in dental as scheduled for the comprehensive and periodontal dental examination, within the 90 day timeframe?	1	0	1	0	0		
			TOTAL:	2	0	1	0	NA:0 DF:0 NM:0	50.0%	N
A.19 Access to Care Audit Tool Data - Refusals and Refusal Form										

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A.19.1	Chart Audit	Refusals	Are the patients who refuse (cellside or chairside) given the appropriate informed discussion of risks, benefits, alternatives and consequences; obtained and documented by the licensed dentist and witnessed by a health care person on the day of the refusal?	10	0	4	6	0		
			TOTAL:	10	0	2	6	NA:0 DF:0 NM:0	20.0%	N
A.20 Access to Care Audit Tool Data - Grievances										

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A.20.1	Chart Audit	Grievances (ViaPath)	Were grievances (dental complaints) addressed and seen within - 24 hours - of the request in ViaPath?	10	1	0	9	0		
			TOTAL:	10	1	0	9	NA:0 DF:0 NM:0	10.0%	N
B.1 Timeliness of Care Audit Tool Data - Dental Level (Urgent/Emergent/Priority 1 and Routine/Priority 2) Seen Within Timeframe?										
B.1.1	System	Priority 1 DL1 Intake	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	1	0	0	1	0		
B.1.2	System	Priority 2 DL2 Intake	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	1	0	0	1	0		

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B.1.3	System	DL1 14-Day Exam (Priority 1)	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	1	0	0	1	0		
B.1.4	System	DL2 14-Day Exam (Priority 2)	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	1	0	0	1	0		
B.1.5	System	DL1 Sick Call (Priority 1)	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	1	0	0	1	0		
B.1.6	System	DL2 Sick Call (Priority 2)	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	1	0	0	1	0		
B.1.7	System	DL1 MD (Priority 1)	Were the patients who were given a DL1 of Urgent/Emergent (Priority 1) seen in dental for their dental triage within timeframe: seen next dental day?	1	0	0	1	0		
B.1.8	System	DL2 MD (Priority 2)	Were the patients who were given a DL2 of Routine (Priority 2) seen in dental for their dental triage within timeframe: seen within 14 calendar days?	1	0	0	1	0		
			TOTAL:	8	0	0	8	NA:0 DF:0 NM:0	0.0%	N
B.2 Timeliness of Care Audit Tool Data - Dental Priority Code (DPC) - Priority 1 thru 5										
B.2.1	System	Priority 1 DPC Emergency Care	Were the patients who were given a DPC of Emergency Care (Priority 1) seen for their dental treatment within DPC timeframes: treated the same day as diagnosed?	1	0	0	1	0		

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B.2.2	Chart Audit	DPC Emergency Care (Priority 1)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of Emergency Care (Priority 1) for the condition?	1	0	0	1	0		
B.2.3	System	Priority 2 (DPC 1A)	Were the patients who were given a DPC of 1A (Priority 2) seen for their dental treatment within DPC timeframes: treated within 24 hours of the diagnosis?	1	0	0	1	0		
B.2.4	Chart Audit	DPC 1A (Priority 2)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 1A (Priority 2) for the condition?	1	0	0	1	0		
B.2.5	System	Priority 3 (DPC 1B)	Were the patients who were given a DPC of 1B (Priority 3) seen for their dental treatment within DPC timeframes: treated within 30 days of the diagnosis?	1	0	0	1	0		
B.2.6	Chart Audit	DPC 1B (Priority 3)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 1B (Priority 3) for the condition?	1	0	0	1	0		
B.2.7	System	(Priority 4 (DPC 1C)	Were the patients who were given a DPC of 1C (Priority 4) seen for their dental treatment within DPC timeframes: treated within 60 days of the diagnosis?	1	0	0	1	0		

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B.2.8	Chart Audit	DPC 1C (Priority 4)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 1C (Priority 4) for the condition?	1	0	0	1	0		
B.2.9	System	Priority 5 (DPC 2)	Were the patients who were given a DPC of 2 (Priority 5) seen for their dental treatment within DPC timeframes: treated within 120 days of the diagnosis?	1	0	0	1	0		
B.2.10	Chart Audit	DPC 2 (Priority 5)	Were these patients above triaged, provided a diagnosis commensurate with the objective findings, treatment planned according to the diagnosis and given the appropriate DPC of 2 (Priority 5) for the condition?	1	0	0	1	0		
			TOTAL:	10	0	0	10	NA:0 DF:0 NM:0	0.0%	N
B.3 Timeliness of Care Audit Tool Data - Chronic Care										
B.3.1	Chart Audit	Chronic Care (HIV)	Is the chronic care patient (HIV) 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?	6	0	1	5	0		
B.3.2	Chart Audit	Chronic Care (Seizure)	Is the chronic care patient (Seizures) scheduled and 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?	5	0	0	5	1		

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B.3.3	Chart Audit	Chronic Care (Diabetes)	Is the chronic care patient (Diabetes) scheduled and 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?	5	0	0	5	0		
B.3.4	Chart Audit	Chronic Care (Pregnancy)	Is the chronic care patient (Pregnancy) scheduled and 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?	3	0	2	1	1		
B.3.5	Chart Audit	Serious Mental Illness (SIM), Patients on 4 or more psych medications	Is the chronic care patient (on 4 or more psych meds or having serious mental illness) scheduled and 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?	5	0	2	3	0		
			TOTAL:	24	0	2.5	19	NA:2 DF:0 NM:0	10.4%	N
B.4 Timeliness of Care Audit Tool Data - Comprehensive Dental Care										
B.4.1	Chart Audit	Comprehensie Dental Care	Is the patient with 1 year of incarceration seen for their comprehensive dental examination, periodontal probing and treatment plan within 30 days following their one-year anniversary of the date of their initial booking?	9	4	0	5	1		
B.4.2	Chart Audit	Comprehensie Dental Care	Are the comprehensive dental examination (including treatment plan) and periodontal examination forms scanned into CorEMR within 24 hours?	4	4	0	0	6		

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			TOTAL:	13	8	0	5	NA:7 DF:0 NM:0	61.5%	N
B.5 Timeliness of Care Audit Tool Data - Periodontal Disease Program										
B.5.1	Chart Audit	Periodontal Disease Program	Are inmate/patient requests for a periodontal screening, cleaning or other language related to the I/Ps gum condition, screened by the RN and determined to be in the Periodontal Disease Program, seen in dental for the comprehensive and periodontal dental examination, within the 90 day timeframe?	1	0	0	1	0		
B.5.2	Chart Audit	Periodontal Disease Program	Are prescribed dental treatment(s), with the appropriate DPC, from the Periodontal Disease Program seen within DPC timeframe?	1	0	0	1	0		
B.5.3	Chart Audit	Periodontal Disease Program	Is the treatment plan completed, a DPC provided for every line item of prescribed treatment, appointments scheduled and the forms scanned within 24 hours into CorEMR from the Periodontal Disease Program?	1	0	0	1	0		

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			TOTAL:	3	0	0	3	NA:0 DF:0 NM:0	0.0%	N
B.6 Timeliness of Care Audit Tool Data - Refusals										
B.6.1	System	Refusals	Are refusals maintained under 5% SC; 5-10% PC; >10% NC during the scheduled dental month?	1	1	0	0	0		
B.6.2	Chart Audit	Refusals	Are the refusals (cellside or chairside) given the appropriate informed discussion of risks, benefits, alternatives and consequences with the patient; obtained and documented by the licensed dentist and witnessed by a health care person on the day of the informed refusal occurred? Is the refusal forms scanned into CorEMR within 24 hours?	1	0	0	0	0		
			TOTAL:	2	1	0	0	NA:0 DF:0 NM:0	50.0%	N
B.7 Timeliness of Care Audit Tool Data - Reschedules										
B.7.1	System	(R/S) Reschedules	Are reschedules maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?	1	1	0	0	0		

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B.7.2	Chart Audit	(R/S) Reschedules	Are rescheduled nursing sick call patients scheduled again and their appointment seen and completed within compliance timeframe?	1	0	0	0	0		
B.7.3	Chart Audit	(R/S) Reschedules	Are rescheduled dental sick call patients scheduled again and their appointment seen and completed within compliance timeframe?	1	0	0	0	0		
			TOTAL:	3	1	0	0	NA:0 DF:0 NM:0	33.3%	N
B.8 Timeliness of Care Audit Tool Data - Cancelled by Staff										

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B.8.1	System	Cancelled by Staff	Are Cancelled by Staff appointments maintained under 5% SC, 5-10% PC, >10% NC during the scheduled dental month?	1	0	0	1	0		
B.8.2	Chart Audit	Cancelled by Staff	Are the Cancelled by Staff dental sick call or dental treatment patients scheduled again and their appointment seen and completed within compliance timeframe?	1	0	0	0	0		
			TOTAL:	2	0	0	1	NA:0 DF:0 NM:0	0.0%	N
B.9 Timeliness of Care Audit Tool Data - Custody										

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B.9.1	System	No Shows due to Custody	Is custody available for patient transport to the dental department?	1	0	1	0	0		
B.9.2	System	No Shows due to Custody	Are not seen due to custody maintained under 5% SC; 5-10% PC; >10% NC?	1	0	0	1	0		
			TOTAL:	2	0	0.5	1	NA:0 DF:0 NM:0	DF	DF
C.1 Quality of Care Audit Tool Data - Dental Triage										
C.1.1	Chart Audit	Dental Triage - Informed Consent	<ul style="list-style-type: none"> • Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR? 	10	1	6	3	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.1.2	Chart Audit	Dental Triage - Medical and Dental History	<ul style="list-style-type: none"> Is the patient's chief complaint stated and addressed? Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? Is the blood pressure taken and recorded in the clinical note? Is a medical consult completed if indicated? 	10	0	10	0	0		
C.1.3	Chart Audit	Dental Triage - Objective Findings	<ul style="list-style-type: none"> Are appropriate radiograph(s) taken and of diagnostic quality? Are objective findings identified and noted in the clinical note? Are all radiographic findings identified, documented and discussed with the patient? Is the scanned or digital copy of the x-ray in the EHR? 	10	2	7	1	0		
C.1.4	Chart Audit	Dental Triage - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> Do the objective findings substantiate the pulpal and/or periodontal diagnosis? Does the diagnosis substantiate the treatment plan? Is each treatment plan item assigned the appropriate DPC? Is the episodic treatment plan placed on an odontogram and scanned into the EHR? 	10	0	8	2	0		
C.1.5	Chart Audit	Dental Triage - Medications	<ul style="list-style-type: none"> Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	10	7	3	0	0		
C.1.6	Chart Audit	Dental Triage - Education	<ul style="list-style-type: none"> Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? Is oral hygiene instruction given? 	10	6	4	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.1.7	Chart Audit	Dental Triage - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	10		
C.1.8	Chart Audit	Dental Triage - Continuity of Care	• Was the patient informed to submit a dental sick call for any incidental finding(s) found on the radiograph(s), or if pain any pain/issue. • Is the next visit stated and scheduled per the DPC for continuity of care in the clinical note?	10	3	7	0	0		
			TOTAL:	70	19	22.5	6	NA:10 DF:0 NM:0	59.3%	N
C.2 Quality of Care Audit Tool Data - Comprehensive Dental Care										
C.2.1	Chart Audit	Comprehensive Dental Exam - Informed Consent	• Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR?	4	0	4	0	6		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.2.2	Chart Audit	Comprehensive Dental Exam - Medical and Dental History	<ul style="list-style-type: none"> Is the patient's chief complaint addressed? Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? Is the blood pressure taken and recorded in the clinical note? Is a medical consult completed if indicated? 	4	0	4	0	6		
C.2.3	Chart Audit	Comprehensive Dental Exam - Objective Findings	<ul style="list-style-type: none"> Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? Are all radiographic findings identified, documented and discussed with the patient? Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? Are objective findings including identified and noted in the clinical note? Is an oral cancer screening (OCS) performed and documented? Is a full mouth periodontal charting completed and documented? Are the radiographs scanned or digitized into the EHR? 	4	0	4	0	6		
C.2.4	Chart Audit	Comprehensive Dental Exam - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> Do the objective findings substantiate the periodontal and pulpal diagnosis? Does the diagnosis substantiate the treatment plan? Is each treatment plan item assigned the appropriate DPC? Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	4	2	2	0	6		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.2.5	Chart Audit	Comprehensive Dental Exam - Medications	• Is an appropriate medication(s) prescribed when indicated and supported by objective findings?	4	4	0	0	6		
C.2.6	Chart Audit	Comprehensive Dental Exam - Education	• Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note?	4	3	1	0	6		
C.2.7	Chart Audit	Comprehensive Dental Exam - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	1	0	0	1	9		
C.2.8	Chart Audit	Comprehensive Dental Exam - Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	4	2	2	0	6		
			TOTAL:	29	11	8.5	1	NA:51 DF:0 NM:0	67.2%	N

C.3 Quality of Care Audit Tool Data - Chronic Care - HIV

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.3.1	Chart Audit	Chronic Care HIV - Informed Consent	<ul style="list-style-type: none"> • Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR? 	0	0	0	0	6		
C.3.2	Chart Audit	Chronic Care HIV - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	6		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.3.3	Chart Audit	Chronic Care HIV - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	6		
C.3.4	Chart Audit	Chronic Care HIV - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	6		
C.3.5	Chart Audit	Chronic Care HIV - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	6		
C.3.6	Chart Audit	Chronic Care HIV - Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	0	0	0	0	6		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.3.7	Chart Audit	Chronic Care HIV - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	6		
C.3.8	Chart Audit	Chronic Care HIV - Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	0	0	0	0	6		
			TOTAL:	0	0	0	0	NA:48 DF:0 NM:0	NA	NA
C.4 Quality of Care Audit Tool Data - Chronic Care - Seizures										
C.4.1	Chart Audit	Chronic Care Seizures Informed Consent	• Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR?	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.4.2	Chart Audit	Chronic Care Seizures Medical and Dental History	<ul style="list-style-type: none">• Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note?• Is the patient's chief complaint addressed?• Is the blood pressure taken and recorded in the clinical note?• Is a medical consult completed if indicated?	0	0	0	0	5		
C.4.3	Chart Audit	Chronic Care Seizures Objective Findings	<ul style="list-style-type: none">• Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines?• Are all radiographic findings identified, documented and discussed with the patient?• Are all existing conditions completed in the odontogram supported by clinical and radiographic findings?• Are objective findings including identified and noted in the clinical note?• Is an oral cancer screening (OCS) performed and documented?• Is a full mouth periodontal charting completed and documented?	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.4.4	Chart Audit	Chronic Care Seizures Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	5		
C.4.5	Chart Audit	Chronic Care Seizures - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	5		
C.4.6	Chart Audit	Chronic Care Seizures Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	0	0	0	0	5		
C.4.7	Chart Audit	Chronic Care Seizures Referrals	<ul style="list-style-type: none"> • Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note? 	0	0	0	0	5		
C.4.8	Chart Audit	Chronic Care Seizures Continuity of Care	<ul style="list-style-type: none"> • Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note? 	0	0	0	0	5		
			TOTAL:	0	0	0	0	NA:40 DF:0 NM:0	NA	NA
C.5 Quality of Care Audit Tool Data - Chronic Care - Diabetes										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.5.1	Chart Audit	Chronic Care Diabetes Informed Consent	<ul style="list-style-type: none">• Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care?• Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form?• Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant?• Is the informed consent discussion noted in the clinical note?• Is the form(s) scanned or digital copy in the EHR?	0	0	0	0	5		
C.5.2	Chart Audit	Chronic Care Diabetes Medical and Dental History	<ul style="list-style-type: none">• Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note?• Is the patient's chief complaint addressed?• Is the blood pressure taken and recorded in the clinical note?• Is a medical consult completed if indicated?	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.5.3	Chart Audit	Chronic Care Diabetes Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	5		
C.5.4	Chart Audit	Chronic Care Diabetes Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	5		
C.5.5	Chart Audit	Chronic Care Diabetes - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	5		
C.5.6	Chart Audit	Chronic Care Diabetes Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.5.7	Chart Audit	Chronic Care Diabetes Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	5		
C.5.8	Chart Audit	Chronic Care Diabetes Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	0	0	0	0	5		
			TOTAL:	0	0	0	0	NA:40 DF:0 NM:0	NA	NA
C.6 Quality of Care Audit Tool Data - Chronic Care - Pregnancy										
C.6.1	Chart Audit	Chronic Care Pregnancy - Informed Consent	• Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR?	0	0	0	0	4		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.6.2	Chart Audit	Chronic Care Pregnancy - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	4		
C.6.3	Chart Audit	Chronic Care Pregnancy - Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	4		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.6.4	Chart Audit	Chronic Care Pregnancy - Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	4		
C.6.5	Chart Audit	Chronic Care Pregnancy - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	4		
C.6.6	Chart Audit	Chronic Care Pregnancy - Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	0	0	0	0	4		
C.6.7	Chart Audit	Chronic Care Pregnancy - Referrals	<ul style="list-style-type: none"> • Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note? 	0	0	0	0	4		
C.6.8	Chart Audit	Chronic Care Pregnancy - Continuity of Care	<ul style="list-style-type: none"> • Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note? 	0	0	0	0	4		
			TOTAL:	0	0	0	0	NA:32 DF:0 NM:0	NA	NA
C.7 Quality of Care Audit Tool Data - Chronic Care - SMI										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.7.1	Chart Audit	Chronic Care SMI, SN Informed Consent	<ul style="list-style-type: none"> • Does the general informed consent form include at a minimum examination, radiographs, medications, local anesthetic, restorative, routine dental treatment, prosthetics, occlusal adjustments and dental hygiene care? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the general informed consent form reviewed and signed by the patient, dentist and witnessed by the dental assistant? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR? 	0	0	0	0	5		
C.7.2	Chart Audit	Chronic Care SMI, SN Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • Is a medical consult completed if indicated? 	0	0	0	0	5		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.7.3	Chart Audit	Chronic Care SMI, SN Objective Findings	<ul style="list-style-type: none"> • Does the comprehensive dental examination include a full mouth series of x-rays (FMX), and a panoramic radiograph per the ADA guidelines? • Are all radiographic findings identified, documented and discussed with the patient? • Are all existing conditions completed in the odontogram supported by clinical and radiographic findings? • Are objective findings including identified and noted in the clinical note? • Is an oral cancer screening (OCS) performed and documented? • Is a full mouth periodontal charting completed and documented? 	0	0	0	0	5		
C.7.4	Chart Audit	Chronic Care SMI, SN Diagnosis, Treatment Plan, DPC	<ul style="list-style-type: none"> • Do the objective findings substantiate the periodontal and pulpal diagnosis? • Does the diagnosis substantiate the treatment plan? • Is each treatment plan item assigned the appropriate DPC? • Are the comprehensive dental exam and periodontal charting forms scanned into the EHR? 	0	0	0	0	5		
C.7.5	Chart Audit	Chronic Care SMI, SN Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? 	0	0	0	0	5		
C.7.6	Chart Audit	Chronic Care SMI, SN Education	<ul style="list-style-type: none"> • Is the discussion of risks, benefits, alternatives, and consequences been discussed and noted in the clinical notes specific to the treatment plan? • Is oral hygiene instruction given and documented in the clinical note? 	0	0	0	0	5		

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C.7.7	Chart Audit	Chronic Care SMI, SN Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	5		
C.7.8	Chart Audit	Chronic Care SMI, SN Continuity of Care	• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note? • Is patient informed to request an annual recall exam? • Is the next visit stated in the clinical note?	0	0	0	0	5		
			TOTAL:	0	0	0	0	NA:40 DF:0 NM:0	NA	NA
C.8 Quality of Care Audit Tool Data - Periodontal Treatment										
C.8.1	Chart Audit	Periodontal Treatment Informed Consent	• Is the specific treatment listed on the periodontal informed consent form and signed by the patient, dentist and witnessed by the dental assistant? • Is there discussion of risks, benefits, alternatives and consequences as well as a discussion if exam and treatment is not done in the consent form? • Is the informed consent discussion noted in the clinical note? • Is the form(s) scanned or digital copy in the EHR?	0	0	0	0	10		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.8.2	Chart Audit	Periodontal Treatment - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available? 	0	0	0	0	10		
C.8.3	Chart Audit	Periodontal Treatment - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current periodontal charting and findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, is the treatment supported by the diagnosis and is the diagnosis listed in the assessment for each periodontal treatment procedure? • Was Dental Priority Code (DPC) prescribed at the time of the periodontal exam? • Is the scanned or digital copy of the x-ray(s) in the EHR? 	0	0	0	0	10		
C.8.4	Chart Audit	Periodontal Treatment - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the periodontal treatment listed in the Plan portion of the clinical note? • Is the anesthetic type and quantity listed? 	0	0	0	0	10		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.8.5	Chart Audit	Periodontal Treatment - Medications	<ul style="list-style-type: none">• Is an appropriate medication(s) prescribed when indicated and supported by objective findings?• And if so, did the I/P receive the medication timely?	0	0	0	0	10		
C.8.6	Chart Audit	Periodontal Treatment - Referrals	<ul style="list-style-type: none">• Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note?	0	0	0	0	10		
C.8.7	Chart Audit	Periodontal Treatment - Education	<ul style="list-style-type: none">• Are post-oral hygiene care instructions given?	0	0	0	0	10		
C.8.8	Chart Audit	Periodontal Treatment - Continuity of Care	<ul style="list-style-type: none">• Was the next visit/recall identified – periodontal re-evaluation or periodontal maintenance given with the appropriate recall frequency?• Is the treatment plan sequenced and scheduled per the DPC for continuity of care and noted in the clinical note?• Is patient informed to request an annual recall exam?• Is the next visit stated in the clinical note?	0	0	0	0	10		
			TOTAL:	0	0	0	0	NA:0 DF:80 NM:0	DF	DF
C.9 Quality of Care Audit Tool Data - Restorative and Palliative Care										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
C.9.1	Chart Audit	Restorative and Palliative Care - Informed Consen & DMFS	<ul style="list-style-type: none"> • Is the restorative porton of the general informed consent form reviewed, with the specific procedure identified and signed by the patient, dentist and witnessed by the dental assistant? • Is there discussion of risks, benefits, alternatives and consequences noted in the clinical note? • Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed. • Is the form(s) scanned or digital copy placed in the EHR? 	8	4	1	3	0		
C.9.2	Chart Audit	Restorative and Palliative Care - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available? 	6	4	1	1	2		

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C.9.3	Chart Audit	Restorative and Palliative Care - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current objective findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, the treatment supported by the diagnosis and the diagnosis listed in the assessment for each restorative procedure? • Was Dental Priority Code (DPC) prescribed at the time of the exam? • Is the scanned or digital copy of the x-ray in the EHR? 	6	1	3	2	2		
C.9.4	Chart Audit	Restorative and Palliative Care - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the time out protocol utilized and noted in the clinical note. • Is the anesthetic type and quantity listed? • Is the decay indicated as being removed? • Is the restorative material(s) utilized listed in the clinical note? • Is the occlusion and contact(s) verified? 	6	1	5	0	2		
C.9.5	Chart Audit	Restorative and Palliative Care - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? • And if so, did the I/P receive the medication timely? 	6	6	0	0	2		
C.9.6	Chart Audit	Restorative and Palliative Care - Education	<ul style="list-style-type: none"> • Are post-operative instructions given? 	6	0	6	0	2		
C.9.7	Chart Audit	Restorative and Palliative Care - Referrals	<ul style="list-style-type: none"> • Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note? 	0	0	0	0	8		

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C.9.8	Chart Audit	Restorative and Palliative Care - Continuity of Care	<ul style="list-style-type: none"> • If palliative care, (i.e., sedative filling, temporary filling), is a follow up appointment made to place a permanent filling if indicated? • Is the appropriate DPC given, scheduled accordingly and the next visit stated in the clinical note? 	6	6	0	0	2		
			TOTAL:	44	22	8	6	NA:20 DF:0 NM:0	68.2%	N
C.10 Quality of Care Audit Tool Data - Extractions / Oral Surgery										
C.10.1	Chart Audit	Oral Surgery/ Extraction - Informed Consent	<ul style="list-style-type: none"> • Is the oral surgery/ extraction consent form reviewed, with the specific procedure identified on the form and signed by the patient, dentist and witnessed by the dental assistant? • Is there discussion of risks, benefits, alternatives and consequences noted in the clinical note? • Is the form(s) scanned or digital copy placed in the EHR?" 	9	2	2	0	0		
C.10.2	Chart Audit	Oral Surgery/ Extraction - Medical and Dental History	<ul style="list-style-type: none"> • Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note? • Is the patient's chief complaint addressed? • Is the blood pressure taken and recorded in the clinical note? • If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available? 	8	1	3	0	1		

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C.10.3	Chart Audit	Oral Surgery/ Extraction - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current objective findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, the treatment supported by the diagnosis and the diagnosis listed in the assessment for each oral surgery procedure? • Was Dental Priority Code (DPC) prescribed at the time of the exam? • Is the scanned or digital copy of the x-ray in the EHR? 	8	3	1	0	1		
C.10.4	Chart Audit	Oral Surgery/ Extraction - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the time out protocol utilized and noted in the clinical note. • Is the anesthetic type and quantity listed? • Is the tooth number listed as extracted? • Was hemostasis achieved prior to releasing the patient? 	7	3	0	0	2		
C.10.5	Chart Audit	Oral Surgery/ Extraction - Medications	<ul style="list-style-type: none"> • Is an appropriate medication(s) prescribed when indicated and supported by objective findings? • And if so, did the I/P receive the medication timely? 	8	4	0	0	1		
C.10.6	Chart Audit	Oral Surgery/ Extraction - Education	• Were post-operative instructions given both written and verbally?	7	3	0	0	2		
C.10.7	Chart Audit	Oral Surgery/ Extraction - Referrals	• Is a referral to an outside specialist indicated and if yes, is the referral completed in a timely manner, patient informed and the referral noted in the clinical note?	5	1	0	0	4		
C.10.8	Chart Audit	Oral Surgery/ Extraction - Continuity of Care	• Was the appropriate DPC given, scheduled accordingly and the next visit and DPC stated in the clinical note?	8	2	0	2	1		

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			TOTAL:	60	19	3	2	NA:12 DF:0 NM:0	36.7%	N
C.11 Quality of Care Audit Tool Data - Endodontics (Root Canal Treatment)										
C.11.1	Chart Audit	Endodontic - Informed Consent	<ul style="list-style-type: none">• Is the endodontic informed consent form reviewed, with the specific procedure identified and signed by the patient, dentist and witnessed by the dental assistant?• Is there discussion of risks, benefits, alternatives and consequences noted in the clinical note?• Is the current Dental Material Fact Sheet (DMFS) given to the patient and the acknowledgment of receipt signed.• Is the form(s) scanned or digital copy placed in the EHR?	5	1	1	3	1		
C.11.2	Chart Audit	Endodontic - Medical and Dental History	<ul style="list-style-type: none">• Is the medical and dental history, including allergies, existing medications and lab results reviewed and noted in the clinical note?• Is the patient's chief complaint addressed?• Is the blood pressure taken and recorded in the clinical note?• If a medical consult or clearance was requested, was it completed if indicated? Are the medical provider's notes available?	4	3	1	0	2		

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C.11.3	Chart Audit	Endodontic - Objective Findings	<ul style="list-style-type: none"> • Were appropriate diagnostic radiograph(s) taken at the time of the exam? • Are current objective findings identified and noted in the clinical note? • Is the diagnosis supported by the objective findings, the treatment supported by the diagnosis and the diagnosis listed in the assessment for each restorative procedure? • Was Dental Priority Code (DPC) prescribed at the time of the exam? • Is the scanned or digital copy of the x-ray in the EHR? 	4	3	1	0	2		
C.11.4	Chart Audit	Endodontic - Treatment Plan and DPC	<ul style="list-style-type: none"> • Is the time out protocol utilized and noted in the clinical note. • Is the anesthetic type and quantity listed? • Is the decay indicated as being removed? • Is the restorative material(s) utilized listed in the clinical note? • Is the occlusion and contact(s) verified? • Is a rubber dam utilized for the procedure? • Is working length x-rays taken and the length of the file(s) noted? • Is the type of irrigant noted in the progress note? • Is the materials used written into the progress note? • Is the root canal treatment temporized or a permanent restoration placed at the conclusion of the appointment? • Is a post op radiograph taken? 	3	1	1	1	3		

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C.11.5	Chart Audit	Endodontic - Medications	<ul style="list-style-type: none"> Is an appropriate medication(s) prescribed when indicated and supported by objective findings? And if so, did the I/P receive the medication timely? 	4	4	0	0	2		
C.11.6	Chart Audit	Endodontic - Education	<ul style="list-style-type: none"> Are post-operative instructions given? 	4	1	2	1	2		
C.11.7	Chart Audit	Endodontic - Referrals	<ul style="list-style-type: none"> Is a referral to an outside specialist indicated and if yes, is the referral completed, patient informed and noted in the clinical note? 	0	0	0	0	6		
C.11.8	Chart Audit	Endodontic - Continuity of Care	<ul style="list-style-type: none"> If palliative care, (i.e., sedative filling, temporary filling) is a follow up appointment made to place a permanent filling if indicated? Is the appropriate DPC given, scheduled accordingly and the next visit stated in the clinical note? 	4	2	0	2	2		
			TOTAL:	28	15	3	7	NA:20 DF:0 NM:0	64.3%	N
C.12 Quality of Care Audit Tool Data - Prosthodontics										
C.12.1	Chart Audit	Prosthodontics	Is a patient requesting a denture? Does the patient have over 1 year of incarceration and a minimum of six months remaining before release? Is this denture for medical necessity? Is the prosthodontic care appropriately referred to an outside specialist? Or is this a request to fix a sore spot/denture adjustment? Was the chief complaint addressed?	3	2	1	0	2		
C.12.2	Chart Audit	Prosthodontics	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?	0	0	0	0	5		

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C.12.3	Chart Audit	Prosthodontics	Did the patient receive treatment from the specialist? Was the report from the specialist available on the next dental day?	0	0	0	0	5		
C.12.4	Chart Audit	Prosthodontics	Is the appropriate continuity of care listed for this patient?	0	0	0	0	5		
			TOTAL:	3	2	0.5	0	NA:17 DF:0 NM:0	83.3%	N
C.13 Quality of Care Audit Tool Data - Progress Notes										
C.13.1	System	Clinical Notes Written for Every Patient including R/S	Is there a local operating policy and procedure (LOP) to address clinical notes which are to be written in the SOAPE Format?	1	0	1	0	0		
			TOTAL:	1	0	0.5	0	NA:0 DF:0 NM:0	50.0%	N
D.1 Clinic 1: Infection Control / Regulatory Compliance Audit Tool Data - Summary Table of Compliance - Facility Dental Audit Tool – (Protective Order										
D.1.1	Clinic Audit	Housekeeping	Counters appear clean	1	0	1	0	0	50.0%	N
D.1.2	Clinic Audit	Housekeeping	Floors appear clean	1	0	0	1	0	0.0%	N
D.1.3	Clinic Audit	Housekeeping	Sinks appear clean	1	0	0	1	0	0.0%	N
D.1.4	Clinic Audit	Housekeeping	Food/Personal Items (Staff aware no food storage, eating, drinking, applying cosmetics or handling contact lenses in occupational exposure areas)	1	1	0	0	0	100.0%	Y
D.1.5	Clinic Audit	Housekeeping	Clinical areas free of clutter, well organized, with good computer cable hygiene	1	0	0	1	0	0.0%	N

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D.1.6	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Separate container for non-infectious (general) waste in place	1	1	0	0	0	100.0%	Y
D.1.7	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste containers have lids	1	1	0	0	0	100.0%	Y
D.1.8	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste containers labeled (Top and all 4 sides, so as to be visible from any lateral direction)	1	1	0	0	0	100.0%	Y
D.1.9	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste containers lined with Red Bag	1	1	0	0	0	100.0%	Y
D.1.10	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Biohazard Waste Red Bag removed regularly based on clinic need	1	0	0	1	0	0.0%	N
D.1.11	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Chemical Spill Kit in place (Staff aware of location)	1	0	1	0	0	50.0%	N
D.1.12	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Mercury Spill Kit in place (Staff aware of location)	1	0	0	1	0	0.0%	N
D.1.13	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Eyewash Station in good working order connected to tepid water (60 - 100 degrees F per ANSI requirements)	1	1	0	0	0	100.0%	Y
D.1.14	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (Approved type)	1	1	0	0	0	100.0%	Y
D.1.15	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (Located as close as feasible to area where disposable item used)	1	1	0	0	0	100.0%	Y
D.1.16	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (Mounted securely; not easily accessible to patients)	1	1	0	0	0	100.0%	Y
D.1.17	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Sharps container (No more than 3/4 full before container is removed)	1	1	0	0	0	100.0%	Y
D.1.18	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Pharmaceutical Waste container in place and labeled for Incineration Only	1	1	0	0	0	100.0%	Y
D.1.19	Clinic Audit	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	0	0	1	0	0.0%	N
D.1.20	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Commercial amalgam disposal/recycling container in place (for all amalgam)	1	0	0	1	0	0.0%	N

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D.1.21	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet)	1	1	0	0	0	100.0%	Y
D.1.22	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Amalgam Separator filter date of installation posted	0	0	0	0	1	NA	NA
D.1.23	Clinic Audit	Biohazard Waste/ Haz Mat Procedures	Amalgam Separator filter (Checked weekly and documented in housekeeping log)	0	0	0	0	1	NA	NA
D.1.24	Clinic Audit	Sterilization & Equipment	Handpieces cleaned and lubricated prior to sterilization	1	0	1	0	0	50.0%	N
D.1.25	Clinic Audit	Sterilization & Equipment	Ultrasonic Unit tested monthly with aluminum foil (Used to clean contaminated instruments prior to sterilization)	1	0	1	0	0	50.0%	N
D.1.26	Clinic Audit	Sterilization & Equipment	Sterilization Clean and Dirty Areas (Demarcations clearly marked)	1	1	0	0	0	100.0%	Y
D.1.27	Clinic Audit	Sterilization & Equipment	Staff places appropriate amount of instruments in sterilization pouch (Not overfilled)	1	1	0	0	0	100.0%	Y
D.1.28	Clinic Audit	Sterilization & Equipment	Sterilized dental instruments (Bags/Pouches intact)	1	1	0	0	0	100.0%	Y
D.1.29	Clinic Audit	Sterilization & Equipment	Sterilized dental instruments (Bags/Pouches legibly labeled with sterilizer ID#, sterilization date and operator's initials)	1	0	0	1	0	0.0%	N
D.1.30	Clinic Audit	Sterilization & Equipment	Unsterilized instruments ready for sterilization and prepackaged if stored overnight	1	1	0	0	0	100.0%	Y
D.1.31	Clinic Audit	Sterilization & Equipment	Amalgamator (Safety cover in place with no cracks/damage)	1	0	0	1	0	0.0%	N
D.1.32	Clinic Audit	Sterilization & Equipment	Dental Lab Lathe/Model Trimmer (Securely mounted in separate lab, away from Sterilizer. Eye protection available.)	0	0	0	0	1	NA	NA
D.1.33	Clinic Audit	Sterilization & Equipment	Dental Lab Burs / Rag Wheels (Changed after each patient, sterilized after use, stored in Bags / Pouches)	0	0	0	0	1	NA	NA

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D.1.34	Clinic Audit	Sterilization & Equipment	Pumice Pans (Pumice and disposable plaster liner changed after each patient.)	0	0	0	0	1	NA	NA
D.1.35	Clinic Audit	Sterilization & Equipment	Water Lines (Flushed at least 2 minutes at beginning and end of each shift)	1	0	0	1	0	0.0%	N
D.1.36	Clinic Audit	Sterilization & Equipment	Water Lines (Flushed a minimum of 30 seconds between patients)	1	0	0	1	0	0.0%	N
D.1.37	Clinic Audit	Sterilization & Equipment	Water Lines (Cleaned and maintained according to manufacturer's recommendations)	1	0	0	1	0	0.0%	N
D.1.38	Clinic Audit	Sterilization & Equipment	Vacuum System (Manufacturer's recommendations followed for cleaning, disinfection and maintenance)	1	0	1	0	0	50.0%	N
D.1.39	Clinic Audit	Emergency Procedures	Emergency #'s (Prominently posted near telephone in clinic)	1	1	0	0	0	100.0%	Y
D.1.40	Clinic Audit	Emergency Procedures	Evacuation Plan (Prominently posted in clinic)	1	0	0	1	0	0.0%	N
D.1.41	Clinic Audit	Emergency Procedures	Fire Extinguishers (All staff aware of location)	1	1	0	0	0	100.0%	Y
D.1.42	Clinic Audit	Emergency Procedures	Emergency Medical Response protocol in place (Proof of practice of annual EMR training and annual EMR dental drill)	1	0	0	1	0	0.0%	N
D.1.43	Clinic Audit	Emergency Procedures	Emergency Kit (Zip tied) Drugs current and Staff aware of location	1	0	0	1	0	0.0%	N

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D.1.44	Clinic Audit	Emergency Procedures	Oxygen tanks, masks, tubes and keys present	1	1	0	0	0	100.0%	Y
D.1.45	Clinic Audit	Emergency Procedures	Oxygen tank charged (Dentist monthly review documented on inventory sheet attached to outside of Emergency Kit)	1	0	1	0	0	50.0%	N
D.1.46	Clinic Audit	Emergency Procedures	Ambu-Bag (Bag-valve-mask) Latex free; present and in working order	1	1	0	0	0	100.0%	Y
D.1.47	Clinic Audit	Emergency Procedures	One-way pocket mask Latex free; present and in working order	1	0	1	0	0	50.0%	N
D.1.48	Clinic Audit	Emergency Procedures	Blood pressure cuff & Stethoscope or Blood Pressure machine Latex free; present and in working order	1	1	0	0	0	100.0%	Y
D.1.49	Clinic Audit	Emergency Procedures	AED Accessible (staff aware of location)	1	0	0	1	0	0.0%	N
D.1.50	Clinic Audit	Emergency Procedures	AED in working order and pads / batteries are current / not expired	1	0	0	1	0	0.0%	N
D.1.51	Clinic Audit	Safety	Dental Board Regulations on Infection Control posted	1	1	0	0	0	100.0%	Y
D.1.52	Clinic Audit	Safety	Sterile Water Unopened/unexpired containers (Used for invasive oral surgical procedures)	1	0	0	1	0	0.0%	N
D.1.53	Clinic Audit	Safety	Hand Hygiene (Observed staff)	1	1	0	0	0	100.0%	Y
D.1.54	Clinic Audit	Safety	PPE (Worn and correctly disposed of; observed staff)	1	1	0	0	0	100.0%	Y
D.1.55	Clinic Audit	Safety	Barriers used to cover environmental surfaces replaced between patients	1	0	0	1	0	0.0%	N
D.1.56	Clinic Audit	Safety	Saliva Ejector (Staff aware that patients MUST NOT close lips around tip to evacuate oral fluids)	0	0	0	0	1	NA	NA

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D.1.57	Clinic Audit	Safety	Radiation Safety Program in place/Dosimeter results available and within normal limits / Dental radiographic unit inspection date posted.	1	0	0	1	0	0.0%	N
D.1.58	Clinic Audit	Safety	Caution X-ray Sign (Placed where all permanent radiographic equipment installed)	1	0	1	0	0	50.0%	N
D.1.59	Clinic Audit	Safety	Lead Shields (Thyroid collar, hanging, free from tears or holes inspected regularly)	1	1	0	0	0	100.0%	Y
D.1.60	Clinic Audit	Safety	Is an area dosimeter posted no more than 6 ft from source of beam?	1	0	0	1	0	0.0%	N
D.1.61	Clinic Audit	Safety	Dental staff wearing dosimeters at chest level or higher (first year of monitoring, newly installed or moved x-ray equipment)	1	0	0	1	0	0.0%	N
D.1.62	Clinic Audit	Safety	Dosimeter Badge (For pregnant staff working within the vicinity of radiographic equipment)	0	0	0	0	1	NA	NA
D.1.63	Clinic Audit	Safety	Material Dates (Check expiration dates)	1	0	0	1	0	0.0%	N
D.1.64	Clinic Audit	Safety	Dental Impression Materials / Waxes (Stored in secured location)	0	0	0	0	1	NA	NA
D.1.65	Clinic Audit	Safety	Gloves available in sizes per staff needs.	1	1	0	0	0	100.0%	Y
D.1.66	Clinic Audit	Clinic Admin and Logs	Spore Test Log Weekly Testing	1	0	0	1	0	0.0%	N

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D.1.67	Clinic Audit	Clinic Admin and Logs	Housekeeping Log Up-to-Date	1	0	0	1	0	0.0%	N
D.1.68	Clinic Audit	Clinic Admin and Logs	Eyewash Log Up-to-Date	1	0	0	1	0	0.0%	N
D.1.69	Clinic Audit	Clinic Admin and Logs	Tool Control Log (Complete entries)	1	0	0	1	0	0.0%	N
D.1.70	Clinic Audit	Clinic Admin and Logs	Pharmaceutical Log (Complete entries)	1	0	0	1	0	0.0%	N
D.1.71	Clinic Audit	Clinic Admin and Logs	SDS Binder (Accessible and current for materials used in clinic)	1	1	0	0	0	100.0%	Y
D.1.72	Clinic Audit	Clinic Admin and Logs	Dentist on Call posted	1	1	0	0	0	100.0%	Y
D.1.73	Clinic Audit	Clinic Admin and Logs	Radiographic Certificate, Rules and Regulations posted	1	0	1	0	0	50.0%	N
D.1.74	Clinic Audit	Clinic Admin and Logs	Annual Training (Infection Control, Radiation Safety, Oxygen Use, Hazmat and SDS)	1	0	0	1	0	0.0%	N
D.1.75	Clinic Audit	Clinic Admin and Logs	Staff aware of equipment repair protocol?	1	1	0	0	0	100.0%	Y

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D.1.76	Clinic Audit	Clinic Admin and Logs	Respiratory Protection Plan in place (Fit testing records for N95 masks or PAPRs available for staff)	1	0	1	0	0	50.0%	N
D.1.77	Clinic Audit	Clinic Admin and Logs	Injury Log and IIPP (Injury, Illness Protection Plan) in place for MCJ.	1	1	0	0	0	100.0%	Y
D.1.78	Clinic Audit	Clinic Admin and Logs	Injury Log and IIPP (Injury, Illness Protection Plan) in place specifically for Dental Department.	1	1	0	0	0	100.0%	Y
D.1.79	Clinic Audit	Clinic Admin and Logs	Sharps injury log for Dental and other employee exposure events is maintained according to state and federal requirements?	1	1	0	0	0	100.0%	Y
D.1.80	Clinic Audit	Clinic Admin and Logs	Post injury protocol in place?	1	1	0	0	0	100.0%	Y
D.1.81	Clinic Audit	Clinic Admin and Logs	Written infection prevention policies and procedures available, current & based on evidence-based guidelines?	1	0	1	0	0	50.0%	N
D.1.82	Clinic Audit	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	0	0	1	0	0.0%	N
D.1.83	Clinic Audit	Clinic Admin and Logs	Facility has an exposure control plan that is tailored to specific requirements of the facility?	1	0	1	0	0	50.0%	N

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
D.1.84	Clinic Audit	Clinic Admin and Logs	Personal Protective Equipment (PPE) and other supplies necessary for adherence to Standard Precautions are readily available?	1	1	0	0	0	100.0%	Y
D.1.85	Clinic Audit	Clinic Admin and Logs	Postings per Regulatory Compliance	1	0	1	0	0	50.0%	N
			TOTAL:	77	34	6.5	30	NA:8 DF:0 NM:0	52.6%	N
E.1 Dental Program Management Audit Tool Data - Chief Dental Officer, Corporate and Local Management										
E.1.1	System	Corporate and Local Management - Chief Dental Officer and HSA	Is there an involved, accessible, supervisory chain of command and reporting structure capable of providing meaningful supervision, consistent management and training for the dentist(s), dental assistant(s), hygienist(s), and office dental staff both clinically and administratively?	1	0	1	0	0		
E.1.2	System	Corporate and Local Management - Support & Resources	Is there appropriate corporate support given to the CDO and resources for the dental department to operate efficiently, both clinically and administratively?	1	0	1	0	0		
E.1.3	System	Corporate and Local Management - Org Chart	Is the organizational chart completed and current under Wellpath and the County?	1	0	0	1	0		
			TOTAL:	3	0	1	1	NA:0 DF:0 NM:0	33.3%	N
E.2 Dental Program Management Audit Tool - Dashboard & Documented Qualitative Self Review Process										
E.2.1	System	Documented Qualitative External Review Process	Is there evidence of an external or corporate auditing system from supervisor to subordinate?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.2.2	System	Documented Qualitative Internal Review Process	Is there evidence of an internal self-auditing, self-evaluation, self-monitoring, and self-governance system for continuous improvement of the dental department?	1	0	0	1	0		
E.2.3	System	Documented Qualitative Self Review Process Utilizing Statistics	Are viable statistics utilized for self-auditing, evaluation, monitoring, and self-governance using a documented, qualitative and quantitative process? "If you can't measure it, you can't improve it" ~Peter Drucker quote	1	0	0	1	0		
			TOTAL:	3	0	0.5	2	NA:0 DF:0 NM:0	16.7%	N
E.3 Dental Program Management Audit Tool - Electronic Dental Record System (EDRS)										
E.3.1	System	Electronic Dental Record System - Full Clinical Dental Charting	Is there a viable electronic dental record system capable of full clinical dental charting, using a documented, qualitative and quantitative process which is HIPPA compliant, with the ability to track episodic, comprehensive dental care including treatment and management of its' dental program?	1	0	0	1	0		
E.3.2	System	Electronic Dental Record System - Tracking Referrals and DPC	Does the electronic dental record system track Urgent/Emergent and Routine referrals from nursing, track referrals from chronic care and the periodontal disease program, track referrals to outside specialists, track dental treatment plans, priority codes (DPC) and appointments for dental treatment, within compliance timeframes?	1	0	0	1	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.3.3	System	Electronic Dental Record System - Reports	Does the EDRS have a data dashboard capable of providing consolidated reports of data and statistics, reported in a concise manner for use in the monthly dental subcommittee meeting requirements?	1	0	0	1	0		
			TOTAL:	3	0	0	3	NA:0 DF:0 NM:0	0.0%	N
E.4 Dental Program Management Audit Tool - Digital X-Rays										
E.4.1	System	Digital X-rays - Diagnostic	Are digital radiographs utilized in all dental clinics to minimize radiation to the patient and to provide diagnostic x-rays?	1	0	1	0	0		
E.4.2	System	Digital X-rays - Stored	Is there a safe data backup and storage system for the digital x-rays?	1	0	1	0	0		
E.4.3	System	Digital X-rays - Integrated	Are digital radiographs integrated directly into the clinic's electronic dental record system?	1	0	0	1	0		
			TOTAL:	3	0	1	1	NA:0 DF:0 NM:0	33.3%	N
E.5 Dental Program Management Audit Tool - Panoramic X-Ray Unit										
E.5.1	System	Panoramic Radiographic Unit - Available Onsite	Is a panoramic radiograph utilized onsite to visualize third molars and other areas of the jaw?	1	0	0	1	0		
E.5.2	System	Panoramic Radiographic Unit - Available Offsite	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?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.5.3	System	Referral	Is there a system of referrals to outside specialists capable of tracking referrals, as well as returns from an outside referral, in a timely manner? Is this information tracked for dental?	1	0	1	0	0		
			TOTAL:	3	0	1	1	NA:0 DF:0 NM:0	33.3%	N
E.6 Dental Program Management Audit Tool - Equipment and Supplies										
E.6.1	System	Equipment and Supplies	Are the necessary resources and supplies available for dental to operate within OSHA parameters?	1	1	0	0	0		
E.6.2	System	Equipment and Supplies - Space	Is there sufficient equipment and space to accommodate the provision of dental care for the inmate/patients?	1	0	1	0	0		
E.6.3	System	Equipment and Supplies - Repair Contract	Is there a viable repair contract with a dental supply/equipment company?	1	0	1	0	0		
			TOTAL:	3	1	1	0	NA:0 DF:0 NM:0	66.7%	N
E.7 Dental Program Management Audit Tool - Nurse Training by DON, HSA and Dentist										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.7.1	System	Nurse Training by DON, HSA and Dentist	Does the HSA, Dentist and DON when appropriate provide thorough and ongoing training to the nurses regarding dental, having a documented sign in sheet, with feedback, to the nursing staff as it relates to the evaluation and referral of inmate/patients to dental through Intake, 14-Day Exam, Sick Call and Physician on Call?	1	0	0	1	0		
E.7.2	System	Nurse Training by DON, HSA and Dentist - DL1 and DL2	Is there a clear understanding from the nurses of Urgent/Emergent DL1 and Routine DL2 parameters and how to evaluate and assign a DL for the dental condition as well as when to schedule the dental appointment within timeframe? Has documented training occurred to rectify any deficiencies in this area?	1	0	1	0	0		
E.7.3	System	Nurse Training by DON, HSA and Dentist - Referral documentation	Do the nurses include at a minimum in the dental referral the chief complaint, history of the dental problem(s), location of the problem(s), and the appropriate dental level?	1	0	1	0	0		
E.7.4	System	Nurse Training by DON, HSA and Dentist - One on One Training	Does the HSA, DON and/or Dentist provide documented one on one training for any areas of deficiency?	1	0	1	0	0		
E.7.5	System	Nurse Training by DON, HSA and Dentist - Barriers to Care	Are any remaining barriers to care which training has not corrected despite the deficiency being identified, brought to the quality assurance meeting to be remedied?	1	0	0	1	0		
			TOTAL:	5	0	1.5	2	NA:0 DF:0 NM:0	30.0%	N
E.8 Dental Program Management Audit Tool - Staffing and Staffing Analysis – Clinical and Administrative										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.8.1	System	Staffing – Clinical and Administrative - Filled	Are the dental clinical and administrative staffing positions filled either with permanent or temporary employees?	1	0	1	0	0		
E.8.2	System	Staffing – Clinical and Administrative - Staffing and Workflow Analysis	Is there sufficient staff and staffing hours, as determined by a full staffing analysis, to accommodate all the dental program needs as outlined in the Wellpath Implementaton Plan and Settlement Agreement?	1	0	0	1	0		
E.8.3	System	Staffing – Clinical and Administrative - Job Description	Is a job description for each position listed, encompassing the duties and expectations of the position(s)?	1	0	0	1	0		
E.8.4	System	Staffing – Clinical and Administrative - Plan, Policy and Procedure	Is there a written plan/policy and procedure 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?	1	0	0	1	0		
			TOTAL:	4	0	0.5	3	NA:0 DF:0 NM:0	12.5%	N
E.9 Dental Program Management Audit Tool - Staffing – Illness and Injury Prevention Plan (IIPP)										
E.9.1	System	Illness and Injury Prevention Plan (IIPP) - Completed and Trained On	Is the Illness and Injury Prevention Plan (IIPP) completed, updated yearly, trained on by dental, posted where applicable, and documented in the QA minutes?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.9.2	System	Illness and Injury Prevention Plan (IIPP) - Exposure Control Plan	I. IIPP - Exposure Control Plan, Hazard Communication, Fire Emergency, General Office Safety and Ergonomics	1	0	1	0	0		
E.9.3	System	Illness and Injury Prevention Plan (IIPP) - Waste Disposal	II. Waste Disposal - 1. Medical waste (sharps, biohazardous waste and pharmaceutical waste), 2. Hazardous waste, 3. Universal waste	1	0	0	1	0		
E.9.4	System	Illness and Injury Prevention Plan (IIPP) - Radiation Safety	III. Radiation Safety - Dentist and staff responsibilities, radiographic machine requirements/registration and Patient/Employee/Operator Protection.	1	0	0	1	0		
			TOTAL:	4	0	1	2	NA:0 DF:0 NM:0	25.0%	N
E.10 Dental Program Management Audit Tool - Policies and Procedures, Including Dental, Corporate and Local										
E.10.1	System	Policies and Procedures, Including Dental, Corporate and Local Operating Procedures	Are the Wellpath corporate dental policies and procedures as well as the local operating procedures (LOPs) for MCJ Dental Clinic completed, approved and signed by the dental staff at MCJ?	1	0	0	1	0		
			TOTAL:	1	0	0	1	NA:0 DF:0 NM:0	0.0%	N
E.11 Dental Program Management Audit Tool - Licenses, Credentialing, CURES & Job Performance										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.11.1	System	Licenses, Cred, CURES & Job Performance - Dentist(s)	Are licenses, credentials, and job performances current and maintained for the Dentist(s)? • Dental License • BLS/CPR • DEA • Cures 2.0 Registration • Annual Review/Job Performance	1	0	1	0	0		
E.11.2	System	Licenses, Cred, CURES & Job Performance - Dental Assistant(s)	Are licenses, credentials, and job performances current and maintained for the Dental Assistants(s)? • Register Dental Assistant (RDA) License • X-ray license • CE if not an RDA • BLS/CPR • Coronal Polish • Annual Review/Job Performance	1	0	1	0	0		
E.11.3	System	Licenses, Cred, CURES & Job Performance - Hygienist(s)	Are licenses, credentials, and job performances current and maintained for the dentist(s)? • Dental Hygiene License (RDH) • BLS/CPR • Annual Review/Job Performance	1	0	0	1	0		
			TOTAL:	3	0	1	1	NA:0 DF:0 NM:0	33.3%	N
E.12 Dental Program Management Audit Tool - OSHA Review and Infection Control Training										
E.12.1	System	OSHA Review and Infection Control Training	Has yearly OSHA and Infection Control been given and is there a sign in sheet confirming the training?	1	0	0	1	0		
			TOTAL:	1	0	0	1	NA:0 DF:0 NM:0	0.0%	N
E.13 Dental Program Management Audit Tool - Hepatitis B Vaccination Record										

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.13.1	System	Hepatitis B Vaccination Record	Has a Hepatitis B vaccination been offered and taken, or a declination form been completed?	0	0	0	0	1		
E.13.2	System	Covid-19 Vaccination Record	Has a Covid-19 vaccination been offered and taken, or a declination form been completed?	0	0	0	0	1		
			TOTAL:	0	0	0	0	NA:0 DF:2 NM:0	DF	DF
E.14 Dental Program Management Audit Tool - Pharmacy & Medication Management										
E.14.1	System	Pharmacy & Medication Management	Is there a pharmacy onsite or offsite providing timely pharmacy services to the inmate/patients?	1	1	0	0	0		
E.14.2	System	Pharmacy & Medication Management	Does the Pharmacy communicate effectively with Dental to provide information regarding any problems with the prescription(s)?	1	1	0	0	0		
E.14.3	System	Pharmacy & Medication Management	Are stock medications pre-packaged and accounted for, for each patient in the pharmacy program?	1	0	0	1	0		
E.14.4	System	Pharmacy & Medication Management	Does the pharmacy provide feedback to the dentist if a patient refuses to take their prescribed medication?	1	1	0	0	0		
			TOTAL:	4	3	0	1	NA:0 DF:0 NM:0	75.0%	N
E.15 Dental Program Management Audit Tool - Peer Review										
E.15.1	System	Peer Review	Is there a peer review system with a written protocol in place? Are the minutes written for each Peer Review meeting? Are deficiencies and resulting corrective action plan and training requirements noted in the peer review minutes?	1	0	1	0	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.15.2	System	Peer Review	Does the peer review worksheet include a review of the Health History, Consent, Clinical Examination, Radiographs, Diagnosis, Treatment Plan, Continuity of Care, Progress Notes, Quality of Care and Outcome of Treatment? Is the dentist(s) peer reviewed at least 2x/year, at a minimum of 6 months intervals, by a peer? Is the peer review audit tool and minutes kept for a minimum of three (3) years? Are the Peer Review minutes submitted to the monthly Dental Subcommittee?	1	0	1	0	0		
			TOTAL:	2	0	1	0	NA:0 DF:0 NM:0	50.0%	N
E.16 Dental Program Management Audit Tool - Monthly Dental Subcommittee										
E.16.1	System	Monthly Dental Subcommittee	Is there an established monthly Dental Subcommittee meeting occurring monthly with associated minutes? Are, at a minimum, with the dental staff, the Chief Dental Officer, 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? Are the monthly Dental Subcommittee Agenda items followed, discussed, addressed, and included in the minutes of this meeting?	1	0	0	1	0		
E.16.2	System	Monthly Dental Subcommittee	Are the minutes addressing the agenda items, completed, action items listed and discussed, statistics included and submitted timely to this monitor for review?	1	0	0	1	0		

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#	System Chart Audit Interview	Outcome Measure Category	Question	Number Charts / Item Reviewed	Number Charts/Items SC	Number Charts/Items PC	Number Charts/Items NC	Number Charts/Items Other	Percent Compliance	Substantial Compliance (Y / N)
E.16.3	System	Monthly Dental Subcommittee	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?	1	0	0	1	0		
			TOTAL:	3	0	0	3	NA:0 DF:0 NM:0	0.0%	N
E.17 Dental Program Management Audit Tool - Quality Assurance (QA)										
E.17.1	System	Quality Assurance Meeting with PowerPoint Presentation	Is there a viable and consequential quality assurance meeting occurring at a minimum every quarter? Are the dental monthly subcommittee minutes, statistics and action items included in the QA meeting and identified, discussed, resolved and improvements made which may include revisions to policy and procedures for continuous improvement? Is Dental represented and present at the QA meeting?	1	0	0	1	0		
E.17.2	System	Quality Assurance Meeting with PowerPoint Presentation	Is there a Quality Improvement Team (QIT) with ongoing studies conducted to improve the quality, quantity, efficiency of dental care at MCJ?	1	0	0	1	0		
			TOTAL:	2	0	0	2	NA:0 DF:0 NM:0	0.0%	N

Exhibit 49

Dental Corrective Action Plan (CAP)				
#	Deficiency	Finding and Corrective Action Plan	Start Date	Defendants' (Anticipated) Completion Date
1	Oral Hygiene Supplies	Confirm that all the toothpaste carries the American Dental Association (ADA) seal.	06/18/21	Complete (verified in 6th Dental Report).
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	Complete, per County representation.
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	Complete, per County representation.
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	Complete, per County representation.
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	Waiting for Dr. Winthrop to provide video.
11	Inmate Handbook	Handbook to contain information regarding dental program. Neutral monitor to approve content.	06/18/21	Waiting for Dr. Winthrop to approve handbook language.
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	Waiting for Dr. Winthrop to approve handbook language.

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	Waiting for Dr. Winthrop to approve handbook language.
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 <u>and dental treatment.</u>	06/18/21	Waiting for Dr. Winthrop to approve handbook language.
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	Waiting for Dr. Winthrop to approve handbook language.
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	Waiting for Dr. Winthrop to approve handbook language.
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	Waiting for Dr. Winthrop to approve handbook language.
18	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.	06/18/21	Complete, per Wellpath representation on 8/11/21
19	Intake Form	Add "Full" as the other option for Dentures, in addition to "Partial".	06/18/21	9/30/2021
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	9/30/2021

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	9/30/2021
22	Intake Form	Update CorEMR to identify the DL 1 or 2 automatically in the "task" with a drop-down menu.	06/18/21	9/30/2021
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	8/31/2021
24	Intake Form	Follow through with the referral to dental for all listed single or multiple dental problems.	06/18/21	9/30/2021
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	9/30/2021
26	Intake Form	The Dentist provides nurse training, retraining, feedback and monitoring.	06/18/21	9/30/2021
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	9/30/2021
29	14-Day Exam Form	RNs to perform an <u>intraoral</u> screening and evaluation on every inmate/patient during their 14-Day Exam per the Implementation Plan.	06/18/21	9/30/2021
31	14-Day Exam Form	Check the Oral Hygiene Education box on the IMQ form once OHI is given.	06/18/21	9/30/2021
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	9/30/2021

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	9/30/2021
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	9/30/2021
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	9/30/2021
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	9/30/2021
40	Physician on Call (POC) Logs	Wellpath will provide the neutral monitor with the monthly ER SendOut log, with dental send-outs highlighted.	06/18/21	Complete, per Wellpath representation on 8/11/21
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	9/30/2021

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	9/30/2021
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. <u>See Case Review #6.</u>	06/18/21	9/30/2021
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	9/30/2021
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	10/31/2021
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	Complete, per Wellpath representation on 8/11/21
49	Comprehensive Dental Care	The dental department is to differentiate between the annual comprehensive dental examination (yearly) vs a periodontal recall (cleaning).	06/18/21	9/30/2021
50	Periodontal Program/Cleaning Requests	All patients per the Implementation Plan are eligible, through the Periodontal Program, for a periodontal screening.	06/18/21	8/31/2021

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	07/29/21	9/30/2021
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	9/30/2021
53	Periodontal Program / Cleaning Requests	Create a new periodontal informed consent form, separate from the general informed consent form.	06/18/21	10/31/2021
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	Complete, per Wellpath representation on 8/11/21
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	9/30/2021
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	9/30/2021

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	9/30/2021
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	9/30/2021
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	10/31/2021
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	Complete, per Wellpath representation on 9/1/21

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	Waiting for Dr. Winthrop to approve handbook language.
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	9/30/2021
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	07/29/21	11/30/2021

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	9/30/2021
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	9/30/2021
74	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.	06/18/21	9/30/2021
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	9/30/2021
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	9/30/2021
78	Quality of Care - General Issues	Fill out the education portion of the SOAPE note as given to the patient.	06/18/21	9/30/2021
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	Complete, per Wellpath representation on 9/1/21
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	9/30/2021
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	9/30/2021

89	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.	06/18/21	9/30/2021
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	9/30/2021
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	9/30/2021
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	9/30/2021
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	9/30/2021
94	Triage	Follow through with all referrals so patient obtain their constitutionally mandated dental care.	06/18/21	9/30/2021
95	Comprehensive Dental Care	Objective findings during the comprehensive dental examination must substantiate the dental diagnosis / assessment.	06/18/21	9/30/2021
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	9/30/2021

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	9/30/2021
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	9/30/2021
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	9/30/2021
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	9/30/2021
104	Periodontal Treatment	Periodontal re-evaluation is to be scheduled and completed as a DPC-1c.	06/18/21	9/30/2021
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 https://loveperio.com/2012/08/31/ada-classification/	06/18/21	9/30/2021

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	Complete, per Wellpath representation on 8/11/21
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	9/30/2021
109	Extractions / Oral Surgery	Utilize a "time out" protocol and document its use prior to an irreversible procedure being performed.	06/18/21	9/30/2021
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	9/30/2021
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	9/30/2021
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	9/30/2021
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	9/30/2021
118	Infection Control & Regulatory Compliance	Infection control binder needs to be updated because it says 2018.	06/18/21	Complete, per Wellpath representation on 8/11/21

119	Infection Control & Regulatory Compliance	Radiation safety binder be updated as it says – 2013.	06/18/21	Complete, per Wellpath representation on 8/11/21
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	8/31/2021
121	Biohazard Waste / Haz Mat Procedures	Sharps container (No more than 3/4 full before container removed)	06/18/21	Complete, per Wellpath representation on 8/11/21
122	Biohazard Waste / Haz Mat Procedures	Flammable Hazardous Materials (Inventoried and stored in fireproof locked cabinet). Need to inventory.	06/18/21	Complete, per Wellpath representation on 8/11/21
123	Sterilization & Equipment	Perform monthly Ultrasonic unit test and purchase new unit if doesn't pass the aluminum foil test.	06/18/21	Complete, per Wellpath representation on 8/11/21
124	Sterilization & Equipment	Vaccum System - follow manufacturer's recommendations for cleaning, disinfection and maintenance.	06/18/21	Complete, per Wellpath representation on 8/11/21
126	Emergency Procedures	Emergency Medical Response protocol - need proof of practice of annual EMR training and annual EMR dental drill.	06/18/21	10/31/2021
127	Safety	Dental Board regulations on infection control - need to post and other corresponding paperwork.	06/18/21	Complete, per Wellpath representation on 8/11/21
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	Complete, per Wellpath representation on 8/11/21
129	Safety	Hand hygiene - need to implement hand hygiene audit to ensure staff are complying with IC protocols.	06/18/21	9/30/2021
130	Safety	X-ray unit - need to disinfect in between uses and cover when not in use.	06/18/21	Complete, per Wellpath representation on 8/11/21
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	10/31/2021
134	Clinic Admin and Logs	Create and implement an exposure control plan tailored to the facility that is dental specific.	06/18/21	10/31/2021
135	Clinic Admin and Logs	Must have accurate Pharmaceutical Logs (COCR 7438).	06/18/21	Complete, per Wellpath representation on 8/11/21
136	Clinic Admin and Logs	Radiographic certificate, rules and regulates - must post.	06/18/21	9/30/2021

137	Clinic Admin and Logs	Perform annual Infection Control, Radiation Safety, Oxygen Use, HazMat and SDS training.	06/18/21	10/31/2021
138	Clinic Admin and Logs	Create and implement post injury protocol.	06/18/21	10/31/2021
139	Regulatory Compliance	Must post all CA regulatory postings.	06/18/21	8/31/2021
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	Complete, per Wellpath representation on 8/11/21
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	9/30/2021
144	Dashboard & Dental Excel Spreadsheet	Dentist to enter his portion of the completed dental procedures and next visit parameters into sickcall after every patient.	06/18/21	10/31/2021
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	10/31/2021
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	Complete, per Wellpath representation on 8/11/21

151	Space, Dental Equipment & Supplies	Dentist and Dental Assistant both receive two monitors each.	06/18/21	Complete, per Wellpath representation on 8/11/21
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	10/31/2021
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 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.	06/18/21	9/30/2021
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	9/30/2021

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	9/30/2021
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	9/30/2021
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	11/30/2021
159	Administrative and Clinical	Add dental services to Wellpath's existing "rapid response team" for staffing shortages.	06/18/21	Complete, per Wellpath representation on 8/11/21
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	11/30/2021
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	11/30/2021
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	Complete, per Wellpath representation on 8/11/21
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	11/30/2021

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	11/30/2021
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	9/30/2021
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	Complete, per Wellpath representation on 8/11/21
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	Complete, per Wellpath representation on 8/11/21

Exhibit 50

EXHIBIT FILED
UNDER SEAL