

College of Dentistry
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MEMORANDUM

To: Dr. Geraldine Weinstein
Chair, Clinical Affairs and Quality Assurance Committee

Copy to: Dr. Neel Bhattacharya, Chair, Faculty Assembly
Dr. Clay Walker, Associate Dean for Faculty Affairs

From: Dr. Isabel Garcia, Dean

Date: July 1, 2015

Subject: Charge to the Clinical Affairs and Quality Assurance Committee, 2015-16

Thank you for your willingness to serve the University of Florida College of Dentistry as the Chair of the Clinical Affairs and Quality Assurance Committee in 2015-2016. As stated in the constitution and bylaws, it is the responsibility of this committee to expedite operations in the student clinics, to determine optimal instrument requirements for students, to update the Clinic Procedure Manual, and to advise the Associate Dean for Clinical Affairs on clinic operatory utilization in all dental clinics. This committee also is responsible for addressing college-wide quality assurance issues and updating the Quality Assurance Manual in conjunction with the Quality Assurance Director.

The Clinical Affairs and Quality Assurance Committee should align its work with the strategic plan. I request that the committee continue to advise me on issues related to our clinical enterprise and communicate any issue through our Faculty Advisory Board (FAB) committee to our faculty. FAB will appoint a liaison to your committee to help with this communication and any issues that need to be brought up to the faculty. Attachment (1) is a reporting tool for a six month and yearly report of committee activity.

1. *Identify and resolve patient access issues.*
 - a. Continue to provide support for planning and implementation of a college-wide call center.
 - b. Develop a dashboard of data to monitor and report monthly:
 - c. Current wait times for first appointments.
 - d. On the UF&Shands Web site, GatorAdvantage, and gatordental: create a workflow process that illustrates how requests for information are handled.
 - e. Patient load at the SOS Clinic and the number of patients denied access.
 - f. Develop an electronic referral process that will help track timeliness and track how it helps our patients navigate our system.
2. *Patient satisfaction.*
 - a. Continue to use the UF Survey Center to compile data and prepare presentations for the Focus Patient Satisfaction Survey to be made to faculty and staff assemblies.
 - b. Develop process improvement projects for areas of concern identified in survey results.
 - c. Create surveys that focus on specific areas of concern identified for each clinic.
 - d. Work with the Easy Markit workgroup of the axiUm Steering Committee to develop survey

- processes that can be incorporated into a daily satisfaction survey process.
- e. Continue to develop the discharge survey to obtain a greater number of returns and that would address questions of concern.
3. *Comprehensive patient care.* (Priority initiative, continued from last year.) Analyze available data to track the number of patients screened, completed comprehensive treatment planning, disease control care, definitive care (as applies) and maintenance care, as well as the cycle times of each step of the process. Use data to drive improvement activities to reduce cycle time and ensure comprehensive patient care.
 4. *Clinical Procedure Manual/Quality Assurance Manual.*
 - a. Complete major revision of manual, to include sections for standards of care, infection prevention and quality improvement to be updated and approved by the end of July each year.
 - b. Create a more user friendly format that is searchable. Also, the CAQAC should continually monitor existing and new policies and processes defined in the Clinical Procedural Manual and the Quality Assurance Manual.
 5. *Infection control.* (Continued from last year.) Oversight of infection prevention processes for the clinical enterprise.
 - a. Annually review onboarding processes to assure the criteria for admissions of student, staff, volunteers and patients meets with current regulations, policies and standards.
 - b. Annually review training programs and revise as needed: BBP, OSHA and general safety.
 - c. Monitor waterline test results and resolve issues, as needed.
 - d. Monitor Clinic Surveillance outcomes for trends and resolve concerns as needed.

This year, the committee should institute an infection control surveillance protocol to be included in the new Clinic Manual. The surveillance should be conducted in each dental center or dental practice on a once per semester basis. The data collected from the surveillance reports should be utilized to improve processes and incorporated into ongoing training with clinical staff.

6. *Quality Improvement.* (Continued from last year.) Ensure that all QA processes are instituted, working effectively and institutionalized across the college. The committee should continue to verify that an adequate quantity and quality of post-treatment assessments are conducted.

In addition to careful collection and review of all QA data, it is essential that all analyses (clinical occurrence forms, post-treatment assessments, chart audits and reviews, patient satisfaction data, etc.) be used to drive meaningful change, resulting in improvement. The effect of changes should then be assessed using continuous monitoring of the data. Framing the monitoring and action plans with the PDCA model, the college's model for outcomes assessment and evaluation, will ensure meaningful and effective improvements. This year, I would like a comprehensive quality report with a thorough analysis of quality measures and corrective actions/process improvements provided to me through the FAB.

- a. Radiology quality improvement project. Report out on the workgroups efforts here and in our continual look at our EHR.
- b. Internal referral process improvement (improve loop of assignment and follow-up)
- c. Update overdue conditions in preparation for enforcement
- d. Work toward tying training compliance to patient record access (HIPAA general awareness, confidentiality statement, BBP, MEU/IMEP and clinic safety).
- e. Show PDCA outcomes of the implementation of the Post Treatment Assessment (PTA) processes, improve the recall PTA process.
- f. Review reports from other sub-committees regarding opportunities to improve quality (PSS, Infx Prev, etc.)
- g. Work with faculty, staff and student training or calibration to communicate process improvements.

- h. Review data from unexpected outcomes reported using clinic occurrence form (COF), as trends develop, and create appropriate workgroups to formulate process improvements and training materials as applies. Report details to CAQAC.
7. *Faculty calibration.* (Continued from last year) The committee should continue to examine relevant topics for calibration sessions and continue to improve clinical documentation in the college. Efforts should be made to increase clinical faculty participation in the sessions. Attendance reporting should be provided to the Associate Dean for Clinical Affairs to be monitored for clinic privileges.
8. *Dental materials.* Monitor the development of new dental materials and equipment for possible introduction into the clinics.
9. *Referral of action items.* Refer all committee action items to the FAB on an ongoing basis for review, discussion and subsequent action, as needed.

This year, each standing faculty committee will be charged with reviewing relevant outcome measures from the college strategic plan. The measures which should be reviewed by the Clinical Affairs and Quality Assurance Committee include:

- Number of patient visits by department/location/care groups
- DMD chair utilization, productivity by procedure codes and clinical revenue by department/location/care group
- Patient satisfaction by department/clinic location
- Number of patient complaints by quarter and fiscal year, analyzed by department and clinic
- Trends in the number of patient treatment plans completed by assigned student dentist

Again, the committee should evaluate performance on these measures and when appropriate, action plans for improvement should be instituted using the PDCA cycle.

This committee consists of six full-time faculty elected by the Faculty Assembly and three students (one each from the second, third and fourth year classes). The Associate Dean for Clinical Affairs and the Quality Assurance Director will serve as ex-officio members. The Committee elects the chairperson and vice chairperson from among the members. The vice chairperson will become chairperson upon completion of the chairperson's term.

I am looking forward to another productive academic year for our college and thank you for all of your efforts leading the Clinical Affairs and Quality Assurance Committee.