

To: Dr. Annetty Soto, Chair, Clinical Affairs and Quality Assurance Committee

CC: Dr. Nadim Islam, Chair, Faculty Assembly
Dr. Joseph Riley III, Interim Associate Dean for Faculty Affairs

From: Dr. Isabel Garcia, Dean

Date: August 13, 2019

Subject: Charge to the Clinical Affairs and Quality Assurance Committee, 2019-2020

Thank you for your service to the University of Florida College of Dentistry as Chair of Clinical Affairs and Quality Assurance Committee for 2019-2020.

As stated in the constitution and bylaws, the responsibility of this committee is 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 and Quality 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.

As stated in the bylaws, 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 Quality 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.

This year I am asking the Clinical Affairs and Quality Assurance Committee to:

1. Identify and resolve patient access issues.

- Develop a dashboard of data to monitor and report monthly:
 - current wait times for first appointments in all student clinics.
 - patient load at the SOS Clinic and the number of patients denied access.
- Develop an electronic referral process that will help track timeliness and track how it helps our patients navigate our system once the 7.04 update to axiUm is completed.
- Create a workflow process that illustrates how requests for information are handled on the UF&Shands Web site, GatorAdvantage, and Gatordental.

2. Continue to monitor and improve patient satisfaction.

- Continue to administer the Focus Patient Satisfaction Survey and present data at faculty and staff assemblies.
- Create surveys that focus on specific areas of concern identified for each clinic.
- Work with the EasyMarkit workgroup of the axiUm Steering Committee to develop survey processes that can be incorporated into a daily satisfaction survey process.
- Work with the Patient Admissions Retention and Satisfaction subcommittee to implement EasyMarkit.
- Continue to develop the discharge survey to obtain a greater number of returns and that would address questions of concern.
- Develop process improvement projects for areas of concern identified in survey results.

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3. *Continue to monitor and improve comprehensive patient care.*
 - Working with the Director of Patient Assignment and Screening to analyze available data to track the number of patients screened, number of patients accepted, 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. Complex cases referred to specialty clinics also should be tracked and reported. Provide data to Associate Dean of Clinical Affairs and Quality to drive improvement activities to reduce cycle time and ensure comprehensive patient care.
4. *Revise and update clinical procedure manual/quality assurance manual.*
 - 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.
 - Update the electronic version that is accessible via the UFCD website.
 - Monitor and update existing policies and processes as needed.
5. *Continue to monitor and improve infection control.*
 - Annually review onboarding processes to assure the criteria for admissions of student, staff, volunteers and patients meets with current regulations, policies and standards.
 - Annually review training programs and revise as needed: BBP, OSHA and general safety.
 - Monitor waterline test results and resolve issues, as needed.
 - Monitor Clinic Surveillance outcomes for trends and resolve concerns as needed.
6. *Continue to monitor and improve quality of care.*
 - Ensure that all QA processes are instituted, working effectively and institutionalized across the college.
 - Work with clinical dean to follow up on maintenance of current medical histories, missing attending or treating provider approval of notes and forms and signed treatment plans.
 - Work with specialty clinics, division of oral and maxillofacial radiology and the associate dean for advanced education to address concerns about radiation safety.
 - Work with the division of oral and maxillofacial radiology, the associate dean for clinical affairs and quality and UF Health IT to address continuing image quality concerns.
 - Continue to verify that an adequate quantity and quality of post-treatment assessments are conducted.
 - Conduct a comprehensive quality report with a thorough analysis of quality measures and corrective actions/process improvements and provide to FAB.
 - Work to improve the internal referral process with a focus on the assignment and follow-up process
 - Review data from unexpected outcomes reported using clinic occurrence form (COF), and as trends develop, create appropriate workgroups to formulate process improvements and training materials as applies. Report details to CAQAC.
7. *Continue to monitor and improve faculty calibration.*
 - Continue to examine relevant topics for calibration sessions and continue to improve attendance and documentation of attendance/training.

In addition, work with the associate dean for clinical affairs and quality, the college's human resources office and the dean's office to review, and update the UFCD Patient Rights and Responsibilities policy. Revision should strengthen the expectations that clinicians, student/dentists, residents as well as patients respect the cultural diversity of our school and clinical care centers. Update should consider adding, "age, language, sex, gender identity or gender expression", to the existing section on rights to impartial access to dental care and amending "physical handicap" to reflect broader concept of "physical or mental disability".

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Each standing faculty committee is charged with reviewing relevant outcome measures from the college strategic plan. The measures that 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

The committee should refer all committee action items to the Faculty Advisory Board (FAB) on an ongoing basis for FAB's review, discussion and subsequent action, as needed. The committee should evaluate performance on these measures and when appropriate, action plans for improvement should be instituted in consultation with the dean, using the Plan-Do-Check-Act (PDCA) cycle. The PDCA is the college model for outcomes assessment and evaluation.

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