

**MINUTES: Clinical Affairs and Quality Assurance Committee Meeting**

**Date: April 27, 2020**

**Time: noon-1:00 PM**

**Location: Zoom Conference**



**Present:** Annetty Soto F2020 (Chair), Thomas Bowers F2022, Andrew Corsaro F2022, Ryan Clance 2020, Hannah Eder 2021, Nicole Escoffier 2022, Cesar Migliorati-ADCA (ex-officio), Stephen Kostewicz (ex-officio-staff), Nick Kaleel (ex-officio- Chair of Infection Prevention Subcommittee), Richelle Janiec (ex-officio-staff)

**Absent:** Micaela Gibbs F2021 (Chair-elect) Excused, John Hardeman F2020 Excused, Abi Adewumi F2021 Excused

AGENDA	Discussion	Action
Welcome		
Approval of Minutes	February 24, 2020 minutes reviewed and approved	Carrie Thurman to update the Intranet
Highlights from Sub-committees	Introduction of Teledentistry: <ul style="list-style-type: none"><li>• Implemented for screening patients with urgent/emergent dental needs.</li><li>• Allows active patients to be referred to one central location to help answer for their emergency needs</li><li>• Message to providers- we have patients who come from Teledentistry state they have been told they will be the first to be seen. Dr. Soto stated they do tell the patients that this is a walk-in clinic, first-come/first-served. Dr. Migliorati recommended stating they will be served according to the prioritization by the attending oral surgeon.</li><li>• Dr. Soto shared her experiences and how this service</li></ul>	<ul style="list-style-type: none"><li>• Need an official message regarding the Teledentistry fee and whether the exam fee will be waived when the patient appears for the emergency dental clinic.</li><li>• Richelle to work with Karen to create messaging for active patients regarding emergency care.</li></ul>

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	<p>can be useful in reducing patient visits to the clinic.</p> <ul style="list-style-type: none"> <li>• Dr. Corsaro states that a majority of the patients are not patients of records and that about a third of the persons who requests they are not able to contact. He estimates we are keeping about 25% of the patients out of the clinic that are not true dental emergencies.</li> <li>• Dr. Soto indicated this is a good opportunity to educate the patient and that the patients are very grateful for the service.</li> <li>• Richelle asked about the \$40 charge, in particular when the patient comes into the emergency clinic. Dr. Corsaro stated the discussion covered that the clinic will not double charge, the clinic will unbundle the charges</li> <li>• Aside from Teledentistry, Dr. Corsaro shared that during screening we are finding a number of patients who do not realize the difference between emergent and urgent dental needs. Stephen stated this may be a good opportunity to use Intiveo to educate active patients about emergency dentistry.</li> </ul>	
<p><b>Old Business/New Business</b></p>	<p>Update from Clinic Affairs:</p> <ul style="list-style-type: none"> <li>• Infection Prevention Protocols: Clinic Administration is drafting the language for the new protocols. Dr. Migliorati shared that the SOS/Pediatric clinics are already using these protocols. He shared that there</li> </ul>	

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will be a need to reinforce protocols, and that we will get support from the subcommittee finding literature and utilizing the information in our protocols. We will be fitting each of the clinics to minimize the aerosols. We are installing additional hoses with more potent high volume evacuation, there will be requirements for 4-handed dentistry.

- Dr. Kaleel offered that we should do hands on when the students arrive and that we can better demonstrate how to use HVE to maintain.
- Dr. Corsaro asked if we use materials from OSAP
- Dr. Kaleel stated some of the Donning/Doffing videos do not show the need for hand hygiene.
- Dr. Bowers stated there needs to be a very clear zero tolerance policy and that we need to make sure everyone realizes we are under close scrutiny because it can have a very negative result on the college and dentistry in general. Dr. Migliorati supported this perspective and indicated that this is why he will lead the effort with the help from his team, the faculty and staff. Dr. Soto asked the students on the call for ideas on how we can best apply this policy. Ryan stated that most of the students will follow this policy, and that they had very clear language. Hannah asked if the message can be consolidated into one message, rather than many emails. Nicole stated it would be helpful to have someone attend a Friday meeting with Dr. Pereira to share the details in with the

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	<p>students. Dr. Migliorati also stated the Clinic Procedure Manual will be updated, and linked in axiUm. Follow up with a video and quiz would be helpful for students.</p> <ul style="list-style-type: none"> <li>• Centralization of PPE supplies/GNV:</li> </ul> <p>Update from IT: Working remotely, and the clinic applications team still providing support. Each of the team members were asked to take one day of PTO each week, Stephen takes Wednesday off. He stated using the support ticket portal is our best practice for getting IT issues answered.</p> <ul style="list-style-type: none"> <li>• Working on eLabs so the providers can use a digital scans versus stone models to the labs.</li> <li>• Working with course directors to get their courses online, and to help prepare the seniors for graduation.</li> </ul> <p>Dr. Soto spoke to the efforts from the team leaders to prepare the patient records for a clean transfer. Dr. Corsaro identified an issue with the QA family report due to the students are not able to review their associate's reports. The seniors cannot see what is happening in the pool. Ryan recommended setting up the report so the students can review both primary and secondary assigned patients.</p>	
<b>Student Roundtable</b>	Class of 2020: No updates- one thing the class is trying to	

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pursue as a whole is a refund of some sort of the DIES fees. A letter has been drafted the dean. "It has been a sore subject for us."

Class of 2021: No updates per se, but any updates on how the return to clinic will occur would be very helpful. Stay in communication. Additional concern will Sim-Lab will be reopened so they may practice their hand-skills. Dr. Soto shared that there is also a lot of planning involved in setting up the sim-lab sessions to adjust to the new protocols. Dr. Migliorati stated, the first clinics to open would be OMFS, Pediatric and Endodontics. IN the meantime we will train staff and faculty for the next groups. Each advancement will be step-wise. The last group in the whole pyramid will be the students.

Class of 2022: 1) Is there going to be a process to reevaluate the clinical requirements and when will it take place? Dr. Soto stated as a course director they are looking at reality and making adjustments. There will be a lot of flexibility, but there will be competencies that have to be met throughout the clinic progression. There will be a great deal of assisting, collaborating with your associate, the faculty are working toward making the assisting encounters meaningful. The clinical courses will be phased.

2) When we get into clinic will we be required exclusively taking manual blood pressure? YES.

3) Can we use Teledentistry to minimize the patient visit?

Dr. Soto stated she is working on some OSCE to triage patients before clinic, and will begin the process and mentorship. Dr. Migliorati, shared concerns that the interview with the patient is the most important part of the patient encounter where you as a provider learn to develop a

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	rapport with the patient and you really get to know your patient.	
<b>Faculty Roundtable</b>	No updates at this time.	
<b>Adjourn</b>	1:01 PM	

**NEXT meeting: May 18, 2020 (time? Zoom?)**