

To: Dr. Andrew Corsaro, Chair, Clinical Affairs and Quality Assurance Committee

Copy to: Dr. Marcelle Nascimento, Chair, Faculty Assembly
Dr. Joseph Riley III, Associate Dean for Faculty Affairs

From: Dr. Isabel Garcia, Dean

Date: August 15, 2021

Subject: Charge to the Clinical Affairs and Quality Assurance Committee, 2021-2022

Thank you for agreeing to serve as Chair of the University of Florida College of Dentistry Peer Review Committee.

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.

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 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.

- Continue to provide support for planning and implementation of a college-wide call center.
- Develop a dashboard of data to monitor and report monthly:
 - current wait times for first appointments.
 - 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.
- 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 Easy Market workgroup of the axiUm Steering Committee to develop survey processes that can be incorporated into a daily satisfaction survey process.
- 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.

3. *Continue to monitor and improve comprehensive patient care.*
 - 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. Provide data to Associate Dean of Clinical Affairs 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.
 - Create a more user-friendly format that is electronically searchable.
 - 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.
 - 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.

The committee's 2021-2022 suggestion for an additional charge: This is an integral committee to the operation of the collage, and it could benefit from meaningful collaboration with other departments in the college.

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 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.