

Roles and Responsibilities

The core project team members at each site are essential for promoting the program to patients and staff as well as reporting to the Regional Coordinators. The hygienist is the captain of the team. Here are some brief summaries of each individual team member's role and how every person contributes to the overall goals for the project.

PA161 Hygienist

The registered dental hygienist provides care, educates, and refers the patients to establish a dental home. This individual is responsible for completing the patient screening form, collecting and entering the saliva test results, dropping the codes into the EDR chart, and working with the rest of the team to ensure the goals of the project are met.

Admin Champion

The admin champion is in a management position. This individual would have some connection to the hiring and supervision of the hygienist. This person makes sure the room, armamentarium, and supplies are in place to facilitate the project. This requires a close relationship with the hygienist who tracks the stock of supplies and reports any equipment failures. The admin champion is a liaison between the hygienist, the IT/Data reporter, and the Regional Coordinator.

Clinical Champion

The clinical champion is either a medical (preferable) or dental director who can promote the project to multiple stakeholders within the organization, i.e. bridges the gap between medical and dental clinics. This role can also be performed by an OBGYN nurse manager or other clinical personnel if the medical and/or dental director is already in another role on the team. However, it is important that at least one medical or dental director is on the team. This individual would likely co-author any scientific articles that get written for the project and might also present the material at a conference.

IT/Data Reporter

The IT/data reporter provides frequent reports directly to the Regional Coordinator for procedures that take place within this project. The data are based on the denominator of patient counts for women who are pregnant (the only criteria for inclusion) and complete an OBGYN pre- or post-natal visit. Certain reimbursable procedure codes {D0191, D1110, and D1351} and other non-reimbursable interventions {saliva test, education, and referral} are also part of the data. The only data excluded from the responsibility of the reporter are the saliva test data.

Protocol for Data Reporting

Please use the "Form for Data Reporting" to compile data from codes dropped by the hygienist during the visit. The paper "Patient Screening Form" guides the hygienist during a visit but data is also pulled from the Electronic Dental Record (EDR).

1. These billing codes must be in the Electronic Dental Record (EDR) system: **D0191; D1110; D1351; D1120; D1206**
2. The following "dummy" codes must be created in the EDR: **UDM1; UDM2; UDM3; UDMP** and **UDMC**
 - These codes indicate a patient is enrolled in the program and her trimester, e.g. "UDM1" = 1st Trimester
 - The "UDMC" code will count children served by the program
 - *If your site already has similar codes created, feel free to use existing codes, e.g. "1st Tri" and "Post"*
3. One additional "dummy" care code should be created: **REF**
 - This code indicates a patient was referred to a dentist during the visit
 - For purposes of this program, we will only be counting aggregate sums of referrals

Data for the previous month should be emailed to girdwojr@udmercy.edu by the second Tuesday of the subsequent month.



Project Managed by:
 Division of Dental
 Public Health
 and Outreach

Form for Data Reporting

Site:

	UDM1			UDM2			UDM3			UDMP			UDMC			REF	
	Total	D0191	D1110	D1351	Total	D0191	D1110	D1351	Total	D0191	D1110	D1351	D0191	D1120	D1206		D1351
10/2017																	
11/2017																	
12/2017																	
01/2018																	
02/2018																	
03/2018																	
04/2018																	
05/2018																	
06/2018																	
07/2018																	
08/2018																	
09/2018																	
Totals																	

Please email data for the previous month to girdwojr@udmercy.edu by the second Tuesday of the subsequent month.

Protocol for Patient Care: Maternal and Infant Oral Health

Pre-Appointment

- Schedule adjoining oral health visits for *every prenatal patient* who visits the medical clinic
- Centering patients are included in this protocol and may require special scheduling
- Complete the *patient screening form* for all patients **during EVERY visit**
- Review prior visit history and document care during 1st, 2nd, 3rd, and postnatal visits on the form

Informed Consent

- Provide patient with relevant information regarding all diagnosis and treatment needs so that an educated decision regarding treatment can be made *by the patient*
- Explain *research participation* options (prn); obtain relevant signed consent forms; *perform test*
 - If patient consents, follow Research Project Calibration Checklist (on reverse side of page)

Risk Assessment (D0191)

- Assess **Caries Risk** (High, Moderate, Low)
- Document oral health risks, including: Periodontal Disease Risk, Gingivitis Risk, and Infection Risk

Education (Study)

- Offer every patient the “**Healthy teeth versus teeth with plaque**” handout
- Instruct patient about good oral hygiene and healthy diet
 - Avoid *sugary* drinks; choose water
 - Avoid *sticky* foods; choose healthy snacks
 - Brush teeth twice a day with *fluoride toothpaste* and floss daily (give any available tools)
- Inform parent of *bacteria transfer* and avoid sharing *utensils*
 - Avoid *cleaning bottles and pacifiers with your mouth*
- Perform *motivational interviewing* to *develop a plan* to be reviewed at next visit

Intervention

- Provide the following care for mother as needed, based on the risk assessment:
 - **D1110** Prophylaxis (Adult)
 - **D1351** Sealant
- Document oral care history, including:
 - New cavities since last prenatal visit
 - New fillings since last prenatal visit
 - New extractions since last prenatal visit

Family Care

- Offer every parent the following services for any other *children* in the family:
 - **D0191** Assessment (Child)
 - **D1120** Prophylaxis (Child)
 - **D1206** Fluoride Varnish (Child)
 - **D1351** Sealant (Child)
- **EVERY VISIT**: Offer to schedule a dental appointment for every patient to establish a dental home
- *Thank every patient* for helping improve the oral health of herself, her children, and her family

Protocol for Research: Maternal Oral Health

Research Project Calibration Checklist

TASK	DONE	INITIALS
Patient informed consent (discuss, sign & collect) <ul style="list-style-type: none"> • Patient to receive a copy of the informed consent. 		
Collect saliva and perform Saliva-Check Mutans (SCM) test. <ul style="list-style-type: none"> • Mention test measures the amount of a cavity-causing bacterium called Streptococcus mutans 		
While test is processing (approximately 15 min.), discuss plaque, bacteria and oral diseases (the bacteria/plaque on teeth eat sugars which makes acid that can eat away at the teeth/enamel). Discuss how we should remove the plaque and bacteria. Also, discuss how the bacteria can be transmitted to a child. Write down the patient responses to these scenarios on the take home handout for the patient. (See 12/14/17 calibration session PowerPoint Slides 39-42 for specific content)		
Check results of SCM test; inform patient: positive (+) OR negative (-) <ul style="list-style-type: none"> • Should always be a band at "C" 		
(+) If test is positive (band at "T"), discuss how to bring bacteria levels down (good oral hygiene) and why it is important from a disease transmission standpoint		
(-) If test is negative (No band at "T"), discuss what the patient must be doing correctly (daily brushing, flossing, use of mouth rinse) and stress that they keep these behaviors up for optimal oral health and reduction of bacterial/disease transmission to a child		
On the Pregnancy Saliva-Check Pre-Survey, the supervising dental hygienist needs to provide the research number (from the mother screen form), the week of pregnancy, and result of SCM test (positive, partial positive, or negative).		
Turn the computer towards the patient and let them click their responses to the remaining questions on the survey. You can read along with them as they do this.		
At the end of the session, mention the second SCM test at the post-partum visit (after the baby is born)		
<u>BE SURE YOU KEEP/SAVE THE SIGNED COPY OF THE INFORMED CONSENT TO BE GIVEN TO DR. THOMSON.</u>		
THE PATIENT TAKES HOME A COPY OF THE INFORMED CONSENT PAPERWORK AND A COPY OF THE ORAL HYGIENE HANDOUT/WORKSHEET!		
Thank you!		



MOM'S NAME: _____

TODAY'S DATE OF FIRST VISIT: _____

Patient Screening Form: Maternal Oral Health

What is MOM'S date of birth?

____ / ____ / ____

Is MOM part of a
"Centering Pregnancy" program?

Yes No

What is BABY'S expected birthdate
(due date)?

____ / ____ / ____

ABOUT YOU!

Is this your 1st pregnancy?

Yes No

Have you ever visited a dentist for pain or cavities?

Do you currently have any pain in your mouth or your teeth?

Have you had any cavities, fillings, or teeth pulled during the past year?

Have you seen changes (white or brown spots or holes) on your teeth this past year?

Do you drink juice or sugary drinks or eat sugary snacks between meals?

Do you brush teeth twice daily with a fluoride toothpaste?

Do you use tobacco products?

STOP HERE! YOUR REGISTERED DENTAL HYGIENIST WILL COMPLETE THE REST! STOP HERE!

	TRIMESTER	+ / - Saliva-Check Mutans Test	CARIES RISK			OTHER RISK			PATIENT CARE			Since last visit... HISTORY			CARE FOR FAMILY				REFERRAL to Dentist	← Date with Dental	Completed Dental Visit
			High	Moderate	Low	Periodontal Disease Risk	Gingivitis Risk	Infection Risk	D0191 Assessment for Mom	D1110 Prophylaxis for Mom	D1351 Sealant for Mom	# New Cavities	# New Fillings	# New Extractions	# D0191 Assessment (Child)	# D1120 Child Prophylaxis	# D1206 Fl. Varnish (Child)	# D1351 Sealant (Child)			
/ /18	1																				
/ /18	2																				
/ /18	3																				
/ /18	P																				

Additional Information

BABY'S NAME:

BABY'S DOB:

SCM RESEARCH #