VIRTUAL DENTAL HOME

COMMUNITY SITE OPERATIONS GUIDE

Contents

Introduction

The Virtual Dental Home (VDH) system of care involves a community-based Registered Dental Hygienist (RDH), a dental assistant and a dental coordinator who collaborate with a clinic/practice-based dentist using tele-dentistry technology. The community-based dental team collects electronic dental records such as x-rays, photographs, dental and medical histories, and uploads these records to a secure website where they are reviewed by the clinic/practice-based dentist. The community-based dental team provides as much clinical care as is authorized by scope of practice laws to a patient at the community site at a recall frequency based upon risk level. Meanwhile, the dentist reviews the patient's information and creates a tentative dental treatment plan. The services provided by the community-based dental team includes:

- Health promotion and prevention education.
- Dental disease risk assessment.
- Dental hygiene services and other preventive procedures such as application of fluoride varnish, sealants, dental prophylaxis (cleaning) and periodontal scaling.
- Interim therapeutic restorations which stabilizes the tooth or teeth until additional care can be provided by a dentist which may include virtual monitoring only, not replacement of the ITR. These types of fillings are done with hand instruments – no drilling or anesthetic is involved in these procedures.
- Support and case management when the dentist determines the individual needs follow up care than can only be provided in the dental office. This includes help with making an appointment and case management to support the individual and family to successfully keep the treatment appointments.

The principles upon which this system is built are a team approach to care with all members practicing to the top of respective scopes of practice while creating a continuous dental presence at the community site. This system ideally results in improved oral health and increased dental literacy of patients, families, school staff and administration. Ongoing, open communication is essential to develop and create a successful school-based dental practice with staff development and patient/caregiver/ staff engagement occurring as often as possible.

Community Site Contact Information

Community Site:	Site Address:	Main Phone Number:
Site Manager:	Site Manager Phone:	Site Manager e-mail:
Other Staff Name/Title:	Other Staff Phone	Other Staff e-mail:
Other Staff Name/Title:	Other Staff Phone	Other Staff e-mail:
Other Staff Name/Title:	Other Staff Phone	Other Staff e-mail:
Janitor:	Janitor Cell:	
Hours of Operation:		
Site Event Calendar Website Address:		
Notes		

School Site Contact Information

School Name:	School Address:	Main Phone Number:
Main Phone Number:	Principal Name:	Principal e-mail:
Office Manager Name:	Office Manager Name:	Office Manager e-mail:
School Nurse:	School Nurse Cell:	School Nurse e-mail:
Health Assistant:	Health Assistant Cell:	Health Assistant e-mail:
Janitor:	Janitor Cell:	
Grade XX Teacher:	Grade XX Teacher Cell:	Grade XX Teacher e-mail:
Grade XX Teacher:	Grade XX Teacher Cell:	Grade XX Teacher e-mail:
Grade XX Teacher:	Grade XX Teacher Cell:	Grade XX Teacher e-mail:
Other Staff:		
School Calendar Website Address:		
Notes		

Dental Office Contact Information

Dental Office:	Office Address:	Main Phone Number:
Hygienist:	Hygienist Cell:	Hygienist e-mail:
Dental Assistant Name:	Dental Assistant Name:	Dental Assistant e-mail:
Dental Coordinator Name:	Dental Coordinator Cell:	Dental Coordinator e-mail:
Dentist Name:	Dentist Cell:	Dentist e-mail:
Office Manager Name:	Office Manager Cell:	Office Manager e-mail:
Notes		

Other important contact information to include??

Community Site and Patient Population

Criteria for Inclusion

- Participants are clients/students of community site.
- Minor participants must have consent from a parent, legal guardian, or other authorized person in order to participate.
- Parents and caregivers of minors are encouraged to attend their dental visits.
- Participants must have the ability to cooperate for collection of at least minimal records (oral photographs).

Opt-in / Consent:

- The RDH, dental navigator and/or community site staff member at each site will specifically enroll participants in the VDH program. The method of identifying individuals who could potentially participate will vary from site to site.
- Participants and/or the individual authorized to provide consent for participation will be provided with a fact sheet describing the program, which is available in languages relevant to the site.
- The dental team will obtain complete demographic information for each participant. Sources for this information can be:
    1. From the participant, guardian or family directly
    2. From a school student information sheet
    3. From other facility records
- All participants must have valid consent to participate.
    - Consent will be obtained using the VDH project consent forms.
    - Consent will be obtained from the participant or parent if the individual is under 18 years of age, or from someone authorized to provide consent for the participant. Authorized persons may include:
        1. Parents
        2. Legal guardians
    - **If necessary**, a medical release from a health provider will be obtained prior to providing care to the participant.
- Completed consents must include the following:
    - A copy of participant's insurance card
    - A copy of parent/guardian ID
    - Complete medical/dental history questionnaire
    - Signatures indicated on consents
    - Completed demographics questionnaire
    - HIPAA acknowledgement signed

Opt-In / Consent Process

- A designated clinic staff member will interact with site officials, including the health services coordinator or someone in a similar position, to determine the process that will best suit the integration of VDH into the community site.
- The Dental team will provide copies of consent forms (translated as needed) to community site staff to distribute to potential patients or parents/guardians.
- The Dental team will work with the community site in order to determine a process to obtain consent forms, then monitor and track the return of completed consent forms while maintaining participant privacy.
- Obtain consent from clients/parents at events and forums and be ready to assist clients/parents with enrollment forms.
- Have informational flyers for those not ready to enroll. People are at different stages of readiness for these services and thus giving them both options will provide enrollment opportunities at a later time. A sign-up sheet would be helpful for those who don't want/have time to complete the forms at the first interaction, but a reminder phone call or email or text later may help.
- If no bilingual dental team member is available, have a separate sign-up for those individuals then mail or send home the consents in appropriate language later.
- The Dental team will collaborate with community site staff to schedule clinical days to see patients based upon completed consent and enrollment forms, holidays and site schedules.

Consent forms to be collected by:	Completed consent forms will be located at:
Person who will confirm eligibility:	
Treatment space/room:	Is treatment room secured (can leave equipment set up)?
Equipment storage available? Is it secure? Who has access/keys (include cell phone number)?	Equipment storage location:

Who will track absences due to dental problems?	
Outline process for getting patients to treatment space/room:	

On-Site Safety Practices

Sign in/out policies:
Recommended restrooms for clinical team and adults:
Food restrictions and storage for dental team
Eyewash access
Immigration and Customs Enforcement (ICE)
Earthquake

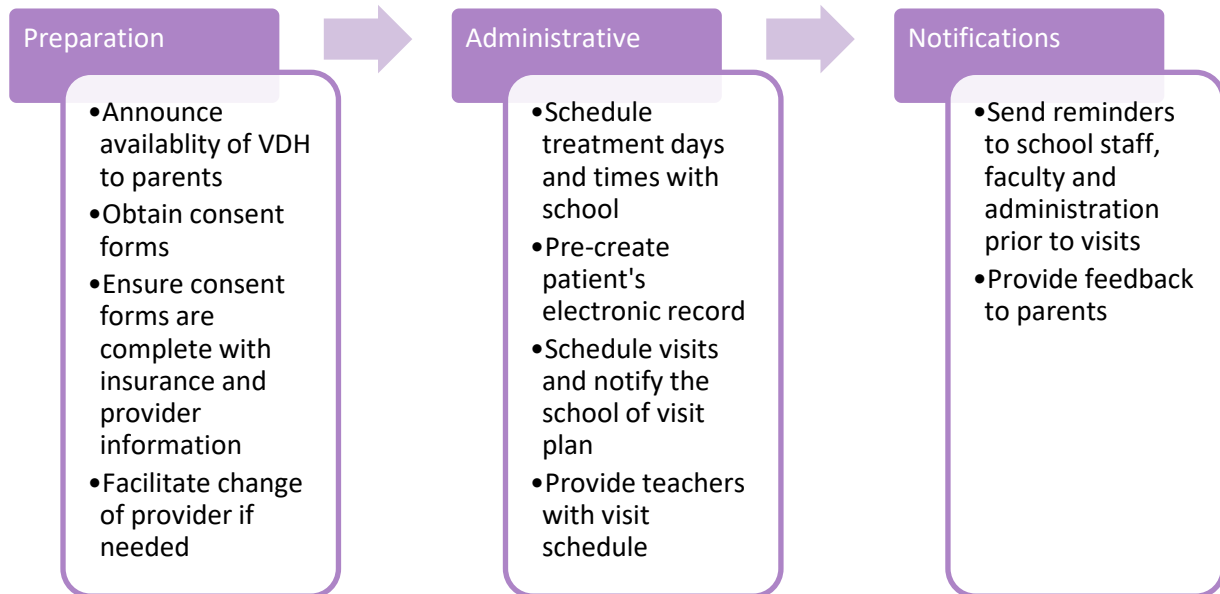| |
|---|
| Fire alarm |
| Emergency lockdown |
| Interaction with Child Protective Services |
| Parking |

Integration & Communication

- Effective communication is essential to the long term integration of dental services into an educational setting. Integration requires commitment and support from many people including parents, teachers, administration and health service coordinators, as well as the dental team. The various team members will commit to:
    - Open and timely communication designed to enhance and improve systems and health outcomes.
    - Critical feedback based upon a patient and family-centered approach to community-based care.
    - Commitment to improvement and enhancement of the system
    - Health improvement of patients and families

Considerations for integration & communication success

- Add information/article about onsite dental team and services in school's weekly newsletter or website
- Consider information about diet, frequent snacking, brushing, dental disease prevention
- Include photos of the dental team in communication so students, staff and families begin to recognize and feel familiar with the team.
- Dental team emails a brief summary of the practice day to site administrators:

Process Flowcharts

Enrollment and Consent

Preparation	Administrative	Notifications
• Announce availablity of VDH to parents • Obtain consent forms • Ensure consent forms are complete with insurance and provider information • Facilitate change of provider if needed	• Schedule treatment days and times with school • Pre-create patient's electronic record • Schedule visits and notify the school of visit plan • Provide teachers with visit schedule	• Send reminders to school staff, faculty and administration prior to visits • Provide feedback to parents

Student (patient) Visits

Appointment Scheduled

First Visit
Collect Records
• Photos, x-rays, charting

Clinical Care
• Prophy
• Flouride Varnish
• Sealants
• Determine Risk Level (?)

Assessment/ Diagnosis/Treatment Plan(?)
• Determine Risk Level (?)
• Records reviewed by dentist
  • ITR if diagnosed
  • Office visit if urgent