PATIENT SCREENING MANUAL

Standard Operating Procedures

Version 5-2022-10-01

Preamble

The single most important step in ensuring a great experience for our patients and students, begins with the screening appointment. Hence it is incumbent upon those responsible for the initial screening appointment to apply firm principles to determine suitability or a lack thereof. While we all want to help the folks who present to a screening appointment, invariably there will be times when the case is either too medically compromised, or dentally complicated to be treated at the school. Acceptance of unsuitable candidates will ultimately lead to hardship and disappointment for all parties including the patient.

The second major goal for the screening appointment is to gather enough information about the patient's clinical condition to assist the Mentors in assigning the patient to an appropriate student for the provision of their comprehensive care. Within reason, using a visual examination, the student and faculty member should attempt to document as much information as possible to classify the case accurately by completing the appropriate fields in the screening tab in Salud. Obviously, a firm diagnosis cannot be conferred without a comprehensive examination with radiographs, however, every attempt should be made to document potential treatment to assist the Mentors and to ultimately benefit the assigned students.

Patients who present with heavily restored dentitions or evidence of international dentistry involving complicated fixed prosthodontics may require a panoramic radiograph to preliminarily assess their suitability. Cases with multiple inadequately endodontically treated teeth necessitating retreatment are not suitable.

The third goal of screening is to ensure patients are of educational value. Since we are an educational facility, patients with little or no dental disease are not suitable since many hours will be spent on diagnostic records acquisition with minimal or no treatment needs. These patients then occupy a recall pool which is already over-crowded.

<u>A special note about Removable Prosthodontic Cases:</u>

Every effort should be made to preliminarily evaluate potential removable prosth cases for acceptance to the program. Screening faculty should not accept patients who present with clinical or anatomical factors that classify the case as too difficult for an undergraduate dental student to treat successfully. Use of the criteria within the Prosthodontic Diagnostic Indices (PDI) for completely and partially edentulous situations may assist the screeners in assessing suitability of patients for our clinic. Class IV patients are generally not suitable and Class III patients would require an assessment by a full-time Prosthodontic faculty member to determine their suitability.

Sample scenarios where a pt is NOT suitable for the clinic:

Severely medically compromised-therefore not suitable:

- ASA 4
- Prosthetic heart valve or any cardiac congenital defect that requires antibiotics prior to dental tx-exception may be CUD/CLD
- Primary, secondary, tertiary adrenal insufficiency or "acquired" adrenal insufficiency-(eg. Addison's disease or long-term corticosteroid use)
- Uncontrolled high blood pressure/hypertension-referral to MD for management PRIOR to acceptance
- Uncontrolled diabetes- referral to MD for management PRIOR to acceptance
- Patients undergoing active chemotherapy
- Patients who have any other underlying condition that renders them severely immunosuppressed

Restoratively/Clinically not suitable

- Minimal restorative dentistry eg. 2 occlusal restos, no missing teeth-this would be determined as not suitable due to a lack of educational value
- Pt only desires a "cleaning"-refer to Fanshawe College
- Desire or need for maxillary anterior implants/implant crowns
- Desire or need for Implant-retained maxillary overdenture
- PDI class 4 where alteration to the VDO would be required in order to restore the case
- PDI class 4 where extensive alteration to the occlusal scheme would be required in order to restore the case

Please note that as part of the Pre-Screening questionnaire and script, the patients over 65 should be pre-screened for potential eligibility for the Ontario Seniors Dental Care Program through the Middlesex-London Health Unit. A document outlining eligibility can be forwarded to the patient at their request or they can search online at the MLHU website.

Middlesex-London Health Unit

Ontario Seniors Dental Care Program

Free Routine Dental Care for Eligible Seniors

The Ontario Seniors Dental Care Program provides high quality dental care to all seniors who qualify. Seniors are more prone to dental decay, gum disease and oral cancer than other groups, so

it is important to have regular dental checkups. Untreated dental issues can lead to more problems in the future, including chronic disease. If you are unable to afford dental care, this program may be for you.

About the Program

Who is eligible?
You may be eligible if you:

- Are 65 or older
- Are a resident of Ontario
- Have an annual net income of $22,200 or less for a single person or a combined annual net income of $37,100 or less for a couple
- Have no access to any other form of dental benefits (e.g. private insurance or other government program)

What services are covered?

- Examinations and assessments
- Preventive services
- Restorative services to repair broken teeth and cavities
- X-rays
- Oral surgery to remove teeth or abnormal tissue
- Anaesthesia
- Endodontic services to treat infection and pain
- Periodontal services to treat gum conditions and diseases.
- Prosthodontic services, including dentures, are partially covered.

Start Screening Appointment:

1. Greet and seat patient-welcome them and advise them that the purpose of today's appointment is to determine if they are suitable to be accepted as a comprehensive patient at our clinic. Confirm the following:
   a. Ask if they require a translator and if so, confirm that they are aware that the translator must be provided **by them at each appointment**
   b. They are available to come to appointments at either 9am or 2pm on weekdays. Confirm that they are aware that we do not have evening or weekend appointments.
   c. Confirm that they are aware that appointments last up to 3 hours.
   d. Confirm that they are aware that the treatment will be carried out by student dentists under the direct supervision of licensed practitioners/instructors.

If they confirm understanding of all of the above, review the (1.1) Consent for Screening Examination form in Salud, including the fee of $20, and have them sign this form using the digital signature pad.

Click on Consents>New>
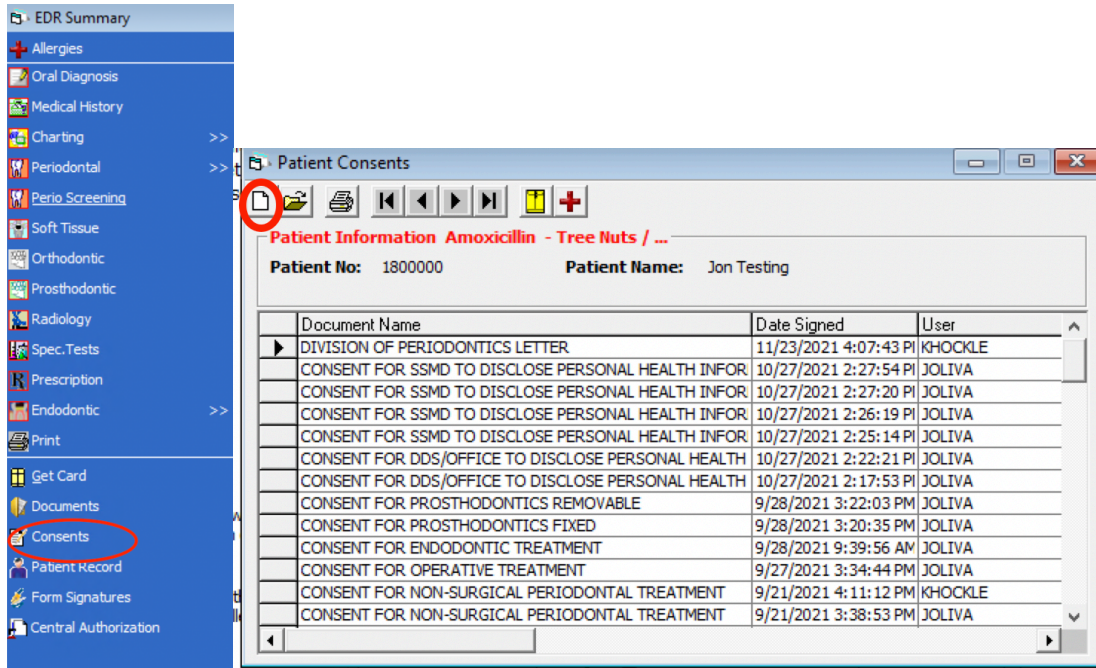
Select 1.1 CONSENT FOR SCREENING EXAMINATION>click on >Open
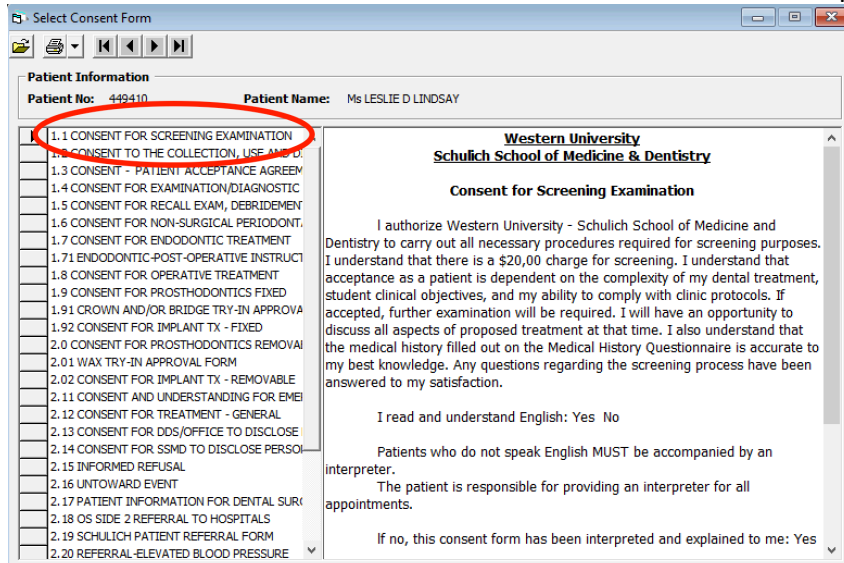
When the Consent document opens, adjust the sentence regarding reading and understanding English accordingly to represent the patient's situation.

A note about patients referred from the community:
Patients generally receive an appointment for screening by 1 of 2 methods:
- self-referring by completing the "Screening Registration Card" online at the Schulich Dentistry website. This generates a form for the front desk to then create a patient profile in Salud and place the patient on the Screening Waitlist.
- Being referred by a community partner for either, a specific treatment (eg. limited treatment for an implant) where the patient will be sent back to the referring partner for ongoing care, OR for comprehensive care and the request is made for the patient to remain a patient of the school. This is accomplished through submission of an online referral "Dentists Only-Patient Referral Forms" also located on the Schulich website. **PLEASE CHECK THE DOCUMENTS TAB IN THE EDR SUMMARY PRIOR TO THE APPOINTMENT TO SEE IF THE PATIENT IS REFERRED BY A DENTIST OR CLINIC IN THE COMMUNITY.** (this will usually be noted in the appointment notes of the actual appointment tab, but you will need to review the document in its entirety to determine the nature of the referral).
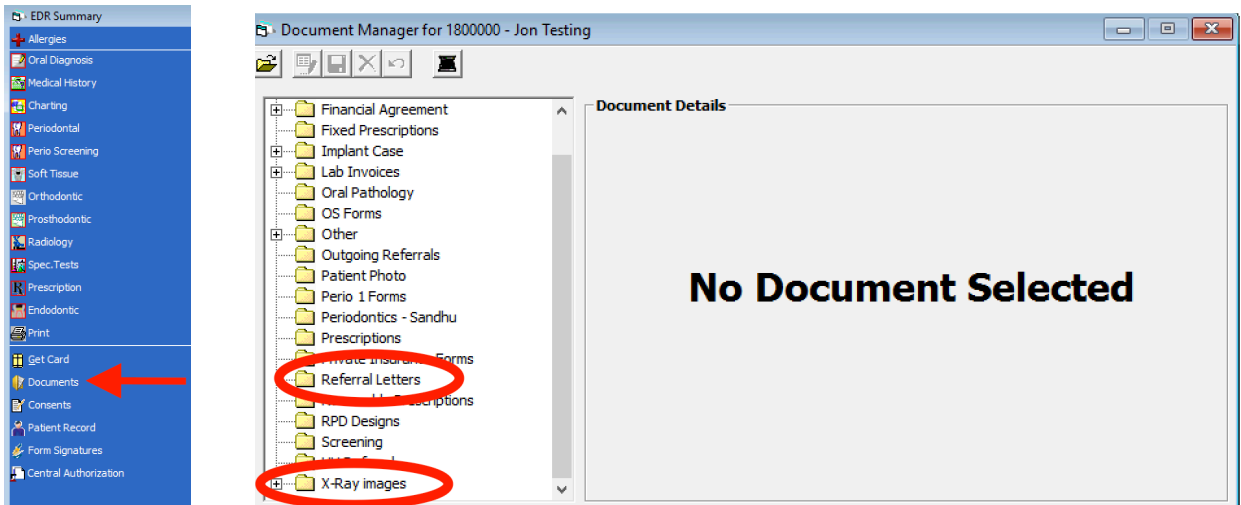
If there is a referral and it has been uploaded to Salud, it will be stored in the "Referral Letters" tab of the document manager and a "+" sign will be to the left of the Referral Letters Folder icon. Clicking on this plus sign will expand the tab and display all referral letters for selection. Be sure to also check the "X-ray images" tab as well for pertinent images that may have been sent/uploaded accompanying the online referral form.

These referrals are pre-screened by one of the Mentors (at present Dr. Gnidec) and placed on a referral priority screening Wait List to expedite these patients for possible patient care. This is carried out as a courtesy to our community partners.

2. Review the (1.2) Consent for Collection, Use and Disclosure of Personal Health Information document including the "SSMD Statement of Information Practices" document. Provide them with a paper copy of the Information Practices document to take home.
   a. Ask them if they have any questions regarding the Information Practices or the Consent for PHI, and answer their questions accordingly.
   b. Have the pt sign the Consent for Collection, Use and Disclosure of Personal Health Information form using the digital signature pad.

Click on Consents>New as above then, Select 1.2. CONSENT FOR THE COLLECTION, USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION and click on >Open
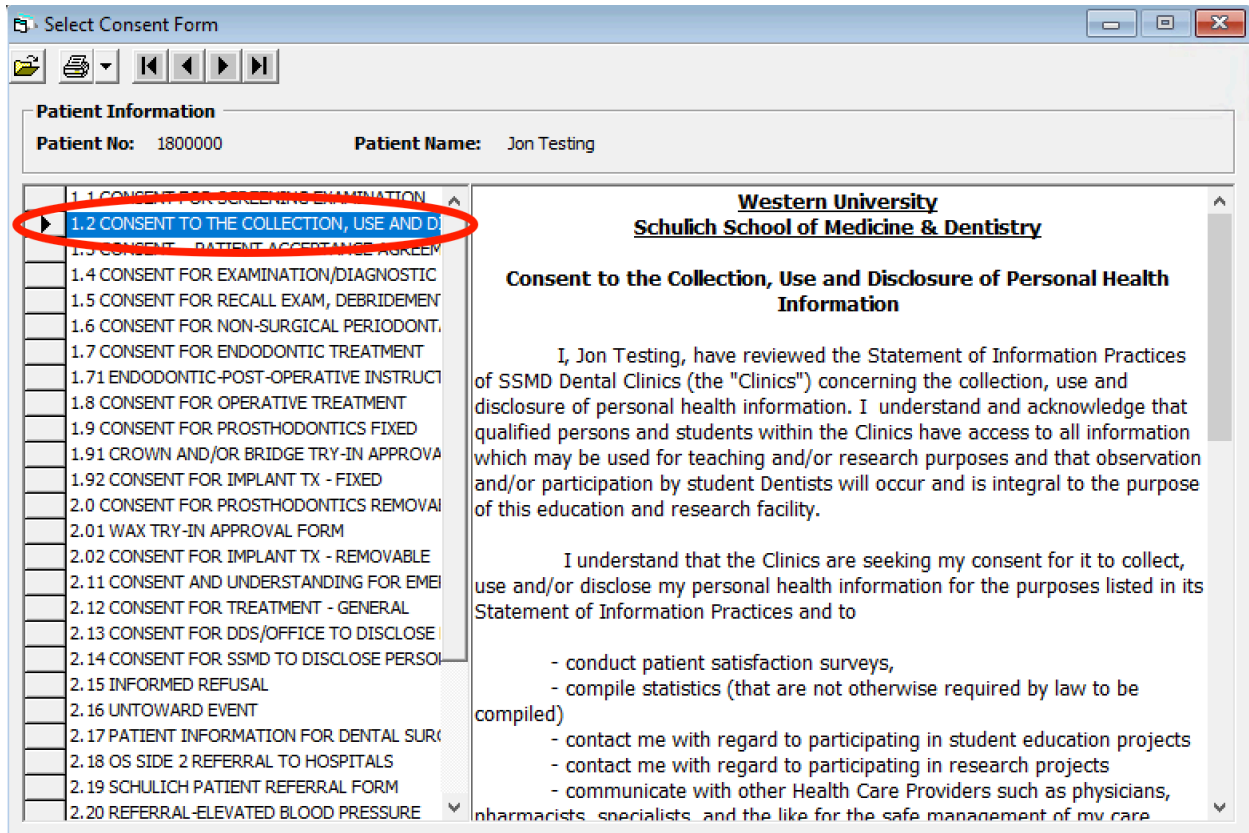
3. After these 2 consents are signed, proceed to open the "Oral Diagnosis" tab in Salud from either the Yellow Card or the EDR summary menu.
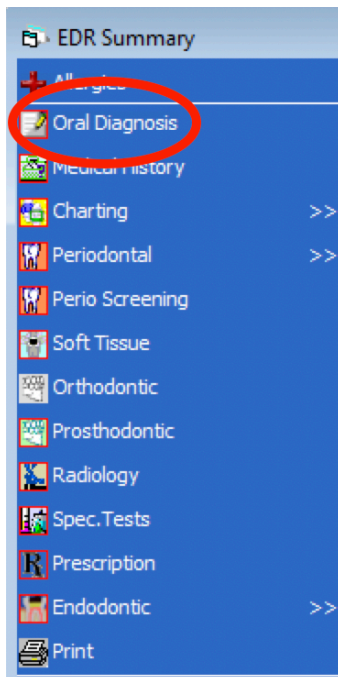
Click on 'New" to open a new form

Complete the preliminary assessment form including the patient vital signs.

4. Medical history:

The comprehensive medical history form does NOT need to be completed in Salud as part of the screening process, though a thorough verbal history still needs to be taken and documented, and this is to include vital signs. This information should be documented in the **Preliminary Assessment** tab. The exception to this is if the patient's medical history is complicated enough that they will not be suitable for acceptance, then we need to document this within the complete medical history form in Salud.

Perform a review of systems including the following:
- list of meds-if pharmacy list not available remind pt to bring to the next appointment
- med conditions currently treated for
- last visit to MD-for what?
- hx hospitalization/surgeries
- allergies
- adverse drug rxn's
- advised antibiotics prior to dental tx?
- smoking
- pregnant or breastfeeding
- Review of systems: cardiac, pulmonary, hepatic, renal, GI, Neuro, Endocrine, Haematologic, specifics: HTN, DM, STER, CVA, CA

****DETERMINE AND NOTE ASA CLASS

5. Click on Patient Screening Form tab

Complete section 1, 2 and 3 on the form using the drop-down menu and complete each text box where applicable:


REQUEST FOR TRANSFER OF RADIOGRAPHS

NOTE THE STEPS BELOW may be deferred until the end of the appointment **after** it has been determined that the pt is **Suitable**...**it is crucial to ensure this form signed prior to check-out if the patient is accepted to ensure receipt of rads prior to the OD/DPR.**

If recent radiographs or other relevant records are available, please open Consents tab in the EDR and select the form titled "2.13 CONSENT FOR DDS/OFFICE TO DISCLOSE PERSONAL HEALTH INFORMATION TO SSMD"

Click on Consents>New>select 2.13 CONSENT FOR DDS/OFFICE TO DISCLOSE PERSONAL HEALTH INFORMATION TO SSMD>then click open to access the form for editing and signature
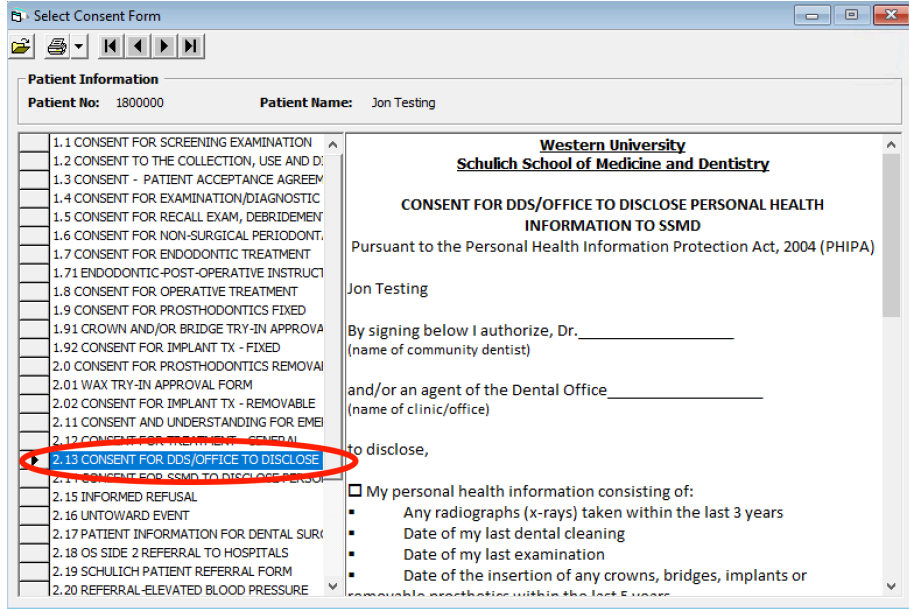
Review the form with the patient. Complete the appropriate fields as outlined below.
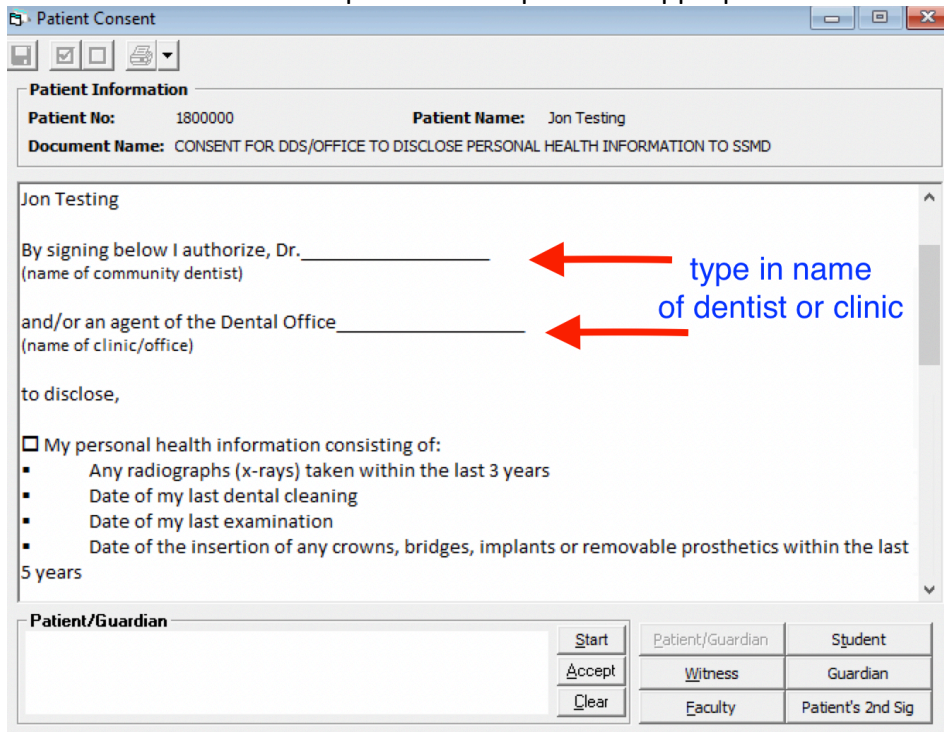
IMPORTANT NOTE ABOUT COMPLETION OF THIS FORM:

The student should Google the name of the Dentist and/or clinic reported by the pt, to properly complete the name by typing it in the correct field (or ideally Google the name reported and copy/paste the name into field to ensure proper spelling). Click on the website for the dentist and/or clinic>go to the **"Contact us" tab on the website and copy/paste the telephone number and MAIN OFFICE EMAIL ADDRESS** listed on the website**.** This extra step of thoroughly completing this form will facilitate expedient receipt of this information in advance of the DPR appointment and can be very time saving with respect to clinical appointment time for the patient and the student.

When complete, have the patient sign using the digital signature pad.

Please be sure to inform the front desk at check out that the patient signed the Transfer of Records form so that they can make arrangements to email the form to the dental office, receive and upload any records prior to the patient's next appointment -DPR/OD.

Patient Screening Form-Continued:

Item 4 in Screening Form-4. Dental Treatment Required:

In most cases, with purely a visual examination and lack of radiographs it won't be possible to make a definitive diagnosis. The purpose of the screening form and the accompanying documentation is to provide a decision on suitability of the patient and to provide the Mentors with enough accurate information to assign the patient to the appropriate student and year. Ideally most patients should be priority 1 for Oral Diagnosis to allow for a proper treatment plan to be formulated.

The exception to this might be a patient who is in pain and may be in need of urgent care, endodontic treatment or an extraction. If these procedures can't be delayed until after the DPR appointment, appropriate radiographs may be acquired. Appropriate case complexity forms may be completed for the proposed treatment along with approval from the respective discipline to allow for an appointment to be booked.

Scroll down

When screening for Fixed and Removable Prosthodontics please provide as much information as possible in the "Other/Notes:" text box in the form. Information such as missing tooth numbers, "patient interested in" comments, existing type and status of current prosthetics are all helpful to the Mentors. The statement "pt may be a candidate for…" is also helpful as it demonstrates that more information is required. An assessment of the position of potential abutment teeth for an RPD as well as condition of clinical crowns or potential need for survey crowns may also be helpful in the initial assessment.

Ideally, indication of the Prosthodontic Diagnostic Index (PDI) classification for each arch could be completed at the screening appointment. In complex cases of class III or IV, consultation with a full-time Prosth Faculty member may be helpful if they are accessible. This will decrease the chance that a patient is accepted and assigned to a student, only to have the case declined after a DPR/OD is completed. The students should be very familiar with the PDI system as it is taught as part of the second year Oral Diagnosis Course and is required to be completed as part of the OD process. Dentate or partially dentate over-closed cases or cases that require modification of the VDO or occlusal scheme are too complex to be treated at Schulich Dentistry

6. Patient is deemed Not Suitable-

Additional note about referred patients:
Please note that if a referred patient is deemed not-suitable as a patient for our clinic, it is imperative that the student completes the form under Consents # **"2.27-SCREENING-PATEINT NOT SUITABLE"**
This is a simple fillable form where the student will complete the information including the referring dentist's name, the reason why the patient was deemed not suitable for treatment in our undergraduate clinic (checkboxes), and sign the form under Faculty and Student. The front desk should be advised of the same and the form can be sent via Secure Send to the referring dentist.

Patient Consent

Patient Information
Patient No: 1800000   Patient Name: Jon Testing
Document Name: 2.27 SCREENING - PATIENT NOT SUITABLE

2022-07-02

Re: Patient Unsuitable for Treatment at SSMD Undergraduate Clinic

Jon Testing
123, London, Ontario N6H 5S9
2264483634
1971-

Dear Dr. Smith   *Complete referring dentist or Clinic Name*

Thank you for the kind referral of the above patient to our dental clinic to be assessed in our screening clinic. We completed a screening examination and medical history on 2022-07-02.

Unfortunately, this patient was determined to be "not suitable" for treatment in our undergraduate clinic at this time due to the following:

Patient/Guardian
Start   Patient/Guardian   Student
Accept   Witness   Guardian
Clear   Faculty   Patient's 2nd Sig

Patient Consent

Patient Information
Patient No: 1800000   Patient Name: Jon Testing
Document Name: 2.27 SCREENING - PATIENT NOT SUITABLE

Use checkboxes to quickly indicate reason not suitable

Unfortunately, this patient was determined to be "not suitable" for treatment in our undergraduate clinic at this time due to the following:

☐ Dental treatment that is required is deemed to be **too complex** and beyond the scope of the treatment that can be provided by undergraduate dental students.

☐ Treatment referred/requested is not part of services provided at the school:
    ☐ Endodontic retreatment
    ☐ **Maxillary** anterior implants
    ☐ **Maxillary** implant retained overdenture

☐ Patient presents with a **complex medical history** that precludes their treatment at Schulich Dental Clinics.

☐ Other _____

Patient/Guardian
Start   Patient/Guardian   Student
Accept   Witness   Guardian
Clear   Faculty   Patient's 2nd Sig

Patient Consent

Patient Information
Patient No: 1800000   Patient Name: Jon Testing
Document Name: 2.27 SCREENING - PATIENT NOT SUITABLE

    ☐ Endodontic retreatment
    ☐ **Maxillary** anterior implants
    ☐ **Maxillary** implant retained overdenture

☐ Patient presents with a **complex medical history** that precludes their treatment at Schulich Dental Clinics.

☐ Other _____

The patient is being referred back to your office for guidance on how to move forward with their treatment needs.

We thank you once again for your kind referral,   *1. Click on Faculty*

Faculty Name: <SIGNAMEPRINT_3>
Student Name: <SIGNAMEPRINT_4>   *2. Click start*

Patient/Guardian
Start   Patient/Guardian   Student
Accept   Witness   Guardian
Clear   Faculty   Patient's 2nd Sig

Use the digital signature pad to complete the Faculty signature, then click "Stop"

It is critical that this form is completed and sent to the referral to ensure that they are aware that we will not be providing care for the patient. Failure to do so would represent a lapse in our professional obligation to the patient and the community partners we collaborate with. If Consent 1.2-Consent to the Collection, Use and Disclosure of Personal Health Information is already signed, no additional consents are required to send this letter/form to the referral.

7. **Patient is deemed Suitable-select "suitable" in item 5-drop-down menu**

If a patient is deemed suitable, please review the **Patient Acceptance Agreement** with the patient. Provide them with a paper copy of the document.

To open electronic copy for review and signing:
Go to Consents in the EDR>Select "1.3 CONSENT-PATIENT ACCEPTANCE AGREEMENT"> CLICK Open

Review the key points as it relates to:

- Clinic sessions-weekdays, up to 3.5 hour appointments, no weekends or evenings, appointments at 9am and 2pm, closed in the summer and during exams/December Holiday period, patient expected to arrive early
- Treatment-performed by students, takes longer than in private practice
- **Patients should be available for at least 1 appointment per week, or at minimum 1 appointment every 2 weeks, not necessarily the same day or time each week. Flexibility is key.** **This needs to be reinforced as this is a common reason for dismissal after the student has already invested hours of time in the DPR/OD process!!!**
- 48 hour cancelation policy: repeated tardiness, 2 short notice cancelations may result in dismissal
- Communication-proper contact information is required
- Children-may not accompany parents or be left in waiting room during treatment
- Payment is due when services are rendered-cost of DPR/OD with Radiographs is $77.00
- Conduct-improper conduct, inappropriate language may result in dismissal
- Voice mail messages-scroll to item 5
  - Enter phone number and alternate number if applicable

Patient Consent

Patient Information

Patient No: 1800000   **Patient Name:** Jon Testing

Document Name: 1. CONSENT - PATIENT ACCEPTANCE AGREEMENT

5.0 Voicemail Messages

     5.1   The clinic will not leave voicemails containing your medical information without your consent.

     5.2   By providing us with a phone number below and signing in the designated spot next to it, you consent to the clinic leaving voicemails containing your medical information on the provided phone number. This may include, but is not limited to, demographic information (patient name, date of birth, address, etc.), billing information, and medical information (appointment dates, diagnosis, medications, test results, etc.).

Primary Phone: type phone number Alternate Phone (optional): _____

☐ I understand and consent to voicemails containing my medical information at the following phone number(s).

☐ I understand that the clinic cannot require me to provide a phone number in order to receive treatment.

☐ I understand that I have the right to revoke this consent at any time by sending a written request to the clinic.

☐ My decision to revoke this consent at any time does not apply to information disclosed in a voicemail prior to the date of revocation.

Patient/Guardian

Start	Patient/Guardian	Student
Accept	Witness	Guardian
Clear	Faculty	Patient's 2nd Sig

- o Check off 4 boxes as they are read to the patient if appropriate

- Patients may be seen for up to 1 year after the completion of their comprehensive tx plan for recall examinations/cleanings, after which time they will "graduate" from the clinic and need to seek ongoing care at another facility-community Dentist or Fanshawe College-Hygiene

Once reviewed, and the patient has had an opportunity to ask questions and have them answered, the patient and student should sign the document using the electronic signature pad. It is important to note in the appointment record that the documents 1.1, 1.2, 1.3 and the SSMD Statement of Information Practices were reviewed verbally, the patient signed the documents digitally, the patient had the opportunity to ask questions, and that paper copies of the 4 documents were provided for the patient to take home.

8. **Screening Appointment is Complete**

In the EDR navigate to Charting>Treatment Planning>enter procedure code 05201 for the screening consult. The fee is $20.00 but will be credited at the front desk if the patient is

determined to be not suitable. Please note that if the patient is referred for screening by a community partner, the charge will also be credited on the account in full.

After entering the code, change the status to "Complete" and click "Save" in the top left corner.

Advise the patient that they should be contacted by their assigned student within approximately 8 weeks depending on the treatment that is required. The patients should have paper copies representative of the documents that were reviewed or signed. These copies are available in the cupboards in the clinic along the wall beside the phone/computer bank adjacent to reception. Patients should be encouraged to retain these copies for future reference. Copies of the digitally signed documents are not necessary unless requested by the patient, but they should still be given the reference copies reviewed during the appointment.

A copy of:
- *Consent for Screening Examination*
- *Consent for Collection, Use and Disclosure of Personal Health Information*
- *SSMD Statement of Information Practices*
- *Patient Acceptance Agreement (if patient is deemed suitable)*

9. Place the Patient on the appropriate Waiting List

Screening students are required to assign the accepted/suitable patient to the OD/DPR Waiting List in Salud at the conclusion of the appointment. Please ensure that patients are correctly

assigned to the proper Waiting List.   For illustration purposes this flow chart shows the "Endo Waitlist" <mark>PLEASE SELECT THE ODDP WAITLIST IF PATIENT'S FRIST PRIORITY IS TO OD/DPR.</mark>

1) choose **Episode Plan**
2) choose **Waiting Lists**
3) choose **New** icon
4) choose ... **Waiting List**
5) choose **Waitlist**
6) click **Select**
7) click **Save**

Once the patient is placed on the wait list, the Information text box should be completed using a brief description of the case to assist the Mentors in assigning the cases appropriately

10. The patient can be escorted to the front desk for payment and processing.

Please be sure to inform the front desk at check out if the patient has been screened suitable or not suitable as and if any of the following apply:

- the patient signed the Consent form for their Dentist to release their records so that Patient Services can email the consent form to the dental office in order to receive/upload any records prior to the patient's next appointment -DPR/OD.
- The Patient was referred by a community partner however, deemed not suitable. The Form under Consents-2.27-Screening-Patient Not Suitable letter was completed and needs to be emailed to the referring dentist.

The patient's account will be credited $20 for the screening exam if they are not accepted as a patient or if they were referred by a community partner (whether suitable or not).

Revision History

Version	Date	Description of Changes	Author
01	2021-12-01	Initial Write up	Hockley
02	2021-12-06	Revisions-edits	Hockley
03	2022-02-07	Revisions-updated consent numbering list	Hockley
04	2022-07-01	Updated info about handling referrals from community, added "not Suitable for Treatment" letter, completion of text box in Waitlist Screen to assist Mentors-pages 5, 6, 15-18, 25	Hockley
05	2022-10-01	Removed UC Triage Reference-Appendix A	Hockley