APPENDIX B

QUALITY ASSURANCE

B-1. General

Quality assurance is an aspect of health care delivery which has received greatly increased visibility. In response, a dynamic system of continuous checks and balances has been implemented by The Surgeon General. This is the QA plan. The objectives of the plan are to—

- Deliver dental care consistent with the capabilities of the treatment facility and staff qualifications.
- Reduce risk-creating incidents for the patients treated.
- Improve provider-patient communication and patient satisfaction.
- Objectively evaluate practioner performance.

With respect to dental service, AR 40-68 addresses four major areas of interest: patient care evaluation, credentials/privileges, utilization management, and risk management. A detailed plan for implementation is also described.

B-2. Quality Assurance in the Theater of Operations

In dental units, the commander is responsible for the management of the unit's QA plan. Guidance and policy on QA matters comes from the technical/staff dental surgeon channels. As with other matters for which policy is stated in references directed at peacetime care and organizations, QA policy in AR 40-68 must be modified to fit the tactical situation. In any case, the *spirit of QA* must be addressed. The soldier in the TO has the same right to the highest possible quality of dental care, consistent with the tactical circumstances, as he would receive in a garrison dental facility. Establishment of a sound QA plan by dental commanders and staff dental surgeons at all levels helps to ensure that right.

B-3. Patient Care Evaluation

In the area of patient care evaluation, a system is required to evaluate the quality and appropriateness of care provided. This system should also ensure that appropriate dental treatment records are compiled and maintained. Periodic audit also aids the commander and staff dental surgeons in evaluating distribution of care and compliance with theater treatment policies regarding the type of care to be provided. Dental radiology, infection control, and barrier protection are areas which should be of special command interest in the field environment.

B-4. Credentials/Privileges

Credentials review and clinical privileging must be effective to maintain quality dental care. Credentials must be verified on all dental practitioners and decisions made for privileges to be granted as soon as possible after the individual joins the unit. Ideally, credentials and privileges should be established prior to the unit's deployment to the TO.

a. Practitioners Credentials File (PCF). When the size and situation of a dental unit permit, the commander may consider the establishment of a credentials committee for the purpose of monitoring, reviewing, and updating the PCF and making recommendations to the commander on issues requiring his attention. When formulation of a committee is not possible, credentialing is handled directly by the commander or the staff dental surgeon if appropriate.

b. Contents of the Practitioners Credentials File. Army Regulation 40-68 provides guidance on the establishment of the PCF. When the situation in the TO prevents full compliance, modifications may be necessary; however, every effort should be made to comply with the spirit and intent.

B-5. Utilization Management

a. The tactical situation dictates to a large degree the type and availability of dental care in the TO. However, the principle of utilization

management, providing the highest quality dental care possible in an efficient manner, should be a goal of the dental service support leadership in the TO.

b. Army Regulation 40-68 directs the dental utilization management program to review—

(1) Time management inpatient care.

(2) Patient waiting time.

(3) Number of patients treated per unit of practitioner's time.

(4) Equipment and facility management.

(5) Logistics management.

c. Application of these concepts by the dental treatment system in the theater will increase the mission accomplishment capability of the supported units. Emergency care will be rendered rapidly as far forward as possible, with the soldier patients RTD as soon as possible. Sustaining and maintaining care will be rendered at the convenience (to include location and time) of the supported units to improve their level of oral health and to minimize the number of dental emergencies.

B-6. Risk Management

a. The risk management program is concerned with the prevention of accident and injury. For dental support in the TO, it encompasses the reduction of risk to patients, visitors, and unit personnel.

b. Risk management in the TO includes investigating and reporting all significant adverse events. The primary reason for these reports is to reduce the potential for similar occurrences in the future. This is true whether the event delayed the soldier patient from returning to duty in his unit or injured an individual in the dental unit. Both would potentially affect the supported unit's mission accomplishment capability.

c. One of the main tenets of risk management is effective patient recordkeeping. Dental record maintenance in the TO will be difficult. There is a high probability that patients reporting for care, especially emergency patients, will not have their dental record available. This does not relieve the practitioner from the responsibility of ensuring that all necessary information is available and documented for him to perform the examination, derive the diagnosis, and record the treatment. If the patient is to be evacuated (either for the dental condition or some other medical condition), and the dental condition requires further care, it is imperative that these requirements be documented and evacuated with the patient.

B-7. Dental Radiology

a. Some of the major considerations for dental radiology QA in the TO are—

(1) All personnel operating dental x-ray units in the field should know and minimize the risks, to include—

(a) The proper way to set up and operate the equipment.

(b) The techniques of substituting distance for shielding during x-ray operations.

(c) Ensuring that exclusion areas are clear of all personnel prior to operation of the x-ray.

(d) The proper way to develop x-rays and the hazards of the materials used.

(2) All dental x-ray operators should have dosimeters (IM-9/PD) and these dosimeters must be handled and processed correctly.

(3) Radiographic information, including retakes, must be entered in the patient's records.

b. See Appendix C for additional information on dental radiology safety in the field.