

Putting the “I” in Team: Interprofessional Client Centered Care



Providing Total Care

- Patients have more dental visits vs. medical visits
- Screenings treat entire patient
- Screenings detect undiagnosed disease
- Screenings save millions
- Screenings differentiate your practice

Medical Screenings

- Blood Pressure
- Oral Cancer
- Age Related
- Depression “*You seem sad, what’s going on in your life?*”
- Skin Cancer
- HPV Screening

Health Guidelines according to Canadian Cancer Society

- Men and women age 50+: colonoscopy every 2 years
- Women age 50-69: most beneficial– every 2 years
- Women age 20+: clinical breast exam annually
- Skin cancer screenings vary
- Bone density screenings vary—National Osteoporosis Foundation recommends both men and women over age 50

Screening Devices

- BP Screenings: Wrist monitors

Blood Pressure Category	Systolic mm Hg (upper#)	Diastolic mm Hg (lower#)
Normal	Less than 120	and less than 80
Prehypertension	120 - 139	or 80 – 89
High Blood Pressure (Hypertension) Stage 1	140 - 159	or 90- 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or 100 or higher
Hypertensive Crisis (Emergency care needed)	Higher than 180	or > 110

Susan Woodley RDH

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Susan Woodley RDH has realized a successful career expanding three decades.

She was a faculty member at the local college, both didactic and clinical for many years.

Susan is past President of her local Dental Hygienists’ Society and continues with an active role on the executive as well as an active role in two study clubs. She continues to practice clinically part-time.

Susan is the Manager of Professional Education for Canada West/Ontario with Philips North America. She and her husband recently relocated to Kelowna BC

Notes: _____

Resources:

Philips Oral Healthcare

www.philipsoralhealthcare.com

Philips Online Learning Center

www.theonlinelearningcenter.com

<http://www.cancer.ca/en/prevention-and-screening/early-detection-and-screening/screening/?region=on>

<https://www.caseyhein.com/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2988535/>

<http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2685263/>

<http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/wrist-blood-pressure-monitors/faq-20057802>

http://www.cda.org/Portals/0/journal/journal_012007.pdf

<http://2.bp.blogspot.com/-eTdlkpe-1cs/T-UBaPmQ-OI/AAAAAAAAAAc/T-Gaopmalkg/s1600/blood+pressure+chart.jpg>

Oral Cancer Screenings

- Consistent
- Routine
- Intra-Oral
- Extra-Oral: face, head, neck, palpation of lymph nodes
- Recommended order: pre-auricular, submandibular, anterior cervical, posterior auricular and posterior cervical regions

Oral Pathology Detection

- Palliative-provides relieve care
- Supportive-Topical or Systemic Interventions
 - ⇒ OHI
 - ⇒ Treatment of local discomfort, secondary infection, nutritional therapy
- Curative-provides care with intent to improve symptoms and cures the patient's medical problem

Optimal Care

- Suspicious lesion: biopsy if not resolved in 2 weeks
- Supportive care: topical or systemic interventions which may include nutritional therapy, oral discomfort mgmt., oral hygiene instructions, mgmt. of secondary infection, local disease control, referral as necessary

Skin Cancer Screening

Asymmetry: 1/2 abnormal area is different from other 1/2

Borders: edges of growth are irregular

Color: color changes from one area to another

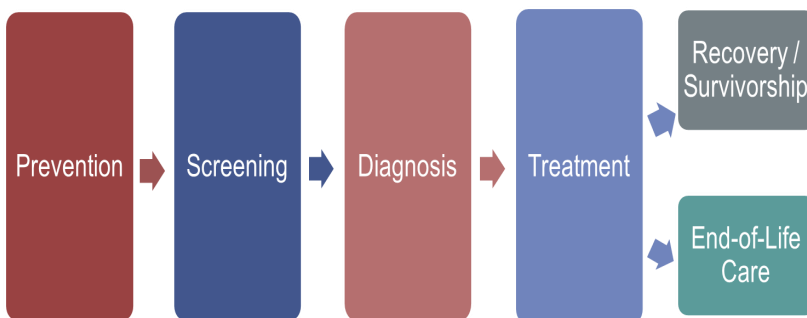
Diameter: area is usually (but not always) larger than 6mm

Evolution: area changes appearance

The Cancer Journey

Integrating Risk into Diagnosis / Treatment Planning

- Philips Risk Assessment Tool: Three Assessments
 1. Caries
 2. Periodontal Diseases
 3. Oral Pathology



Notes: _____

Resources:

<http://oralcancer.org/dental/oral-cancer-images.php>

<http://www.philipscare.com/>

https://www.philipsoralhealthcare.com/en_us/marketing/systemichealth.php#oral-infections-are-

Sleep Apnea—Risks

- Early death
- Hypertension
- Stroke
- Diabetes
- insomnia
- Daytime drowsiness
- Heart attack
- Memory loss
- Depression

Transplant Patients

- Consult with medical team
- Evaluate dental health
- Treat active disease before transplant
- Pre-med? Follow AHA guidelines

Post-Transplant Patients

Phase 1: Immediate post-transplant (up to 6 mos.)

No routine dental tx

Only emergency dental care confirmed by medical consultation
Stable Graft Period

Phase 2: Stable

Transplant/Graft has healed, acute rejection reaction has been controlled

Medical confirmation required-any indicated dental treatment can be performed

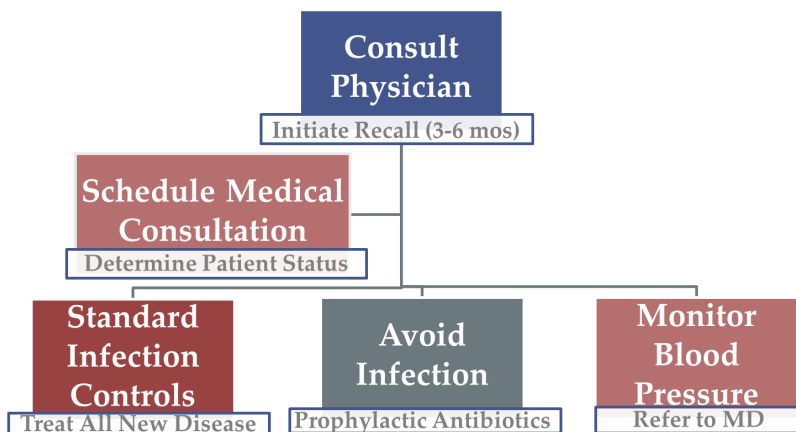
Phase 3: Chronic Rejection Period

Significant signs/symptoms of chronic rejection-established after medical consult

Only emergency or immediate dental needs treated

Applied Principles: Stable Graft Period

Are You Prepared for a Medical Emergency?



- Quick recognition of signs and symptoms
- Fast response time (4-6 min w/out oxygen=brain damage)
- Systematic monitoring of patient's well being using an algorithm
- Positioning: Supine, except conscious insulin shock (upright)

Philips HeartStart

- Designed for rapid response
- Easy to use

Notes: _____

Resources:

<http://www.jcda.ca/article/c5>

<http://www.diabetes.org/living-with-diabetes/treatment-and-care/blood-glucose-control/a1c/#2thash.eS4ItHZc.dpuf>

http://professional.diabetes.org/diapro/glucose_calc

Dental Management of the Medically Compromised Patient

<http://www.nidcr.nih.gov/oralhealth/Topics/OrganTransplantationOralHealth/OrganTransplantProf.htm>

<http://www8.healthcare.philips.com/ems/Product/FR3.aspx#s3>

<http://advancedsleeprx.com/wp-content/uploads/2014/10/sleep-apnea-snoring-health-risks1.png>

<http://www.sleepapnea.org/treat/treatment-options.html>

<http://somniaed.com/wp-content/uploads/2015/05/WEIGHT-LOSS-sleep-apnea.png>

Team Communication - INTRA-Office Communication

- Hiring the right team
- Annual meetings
- Monthly meetings
- Daily huddles

Annual Meeting

- Yearly action plan
- Detailed agenda
- Special event
- Team attendance

Office / Department Monthly Meetings

- Follow up on annual meeting
- Reflect on previous month
- Prepare for next month

Morning Huddle

- Daily
- On-Time
- Entire team
- Checklist

Protecting Your Practice-Chart Audits

- Reactivates patients
- Tracks active patients
- Increase revenue
 - ⇒ Incentivize team members on schedule success
- SOP
 - ⇒ Include all team members
 - ⇒ Conduct during down time
 - ⇒ Maintain records of correspondence and follow up
- Monitor chart accuracy



The Six X's

- Hx
- Ex
- Dx
- Tx
- Rx
- Nx

Notes: _____

Resources:

Team Communication Tips: How to reframe accountability. Ginny Hegarty, <https://www.dentalproductsreport.com/dental/article/team-communication-tips-how-reframe-accountability>

Finding, training and keeping the right people for your dental practice, Albert Brannen, Esq, July 7 2014. <http://www.productivitybits.com/10-tips-for-more-effective-office-meetings>

Inspired Hygiene, Rachel Wall, 12 Months of Hygiene Department Meetings, 2014.

Dentistry IQ, Laurie Burns, 2014, 100 tips from 100 practice management experts in 100 words or less. <http://www.dentaleconomics.com/articles/print/volume-97/issue-5/departments/practice-success/nine-ways-to-improve-office-meetings.html>

<http://www.mckenziemgmt.com>

<http://www.rdhmag.com/articles/print/volume-25/issue-2/feature/straight-from-the-chart.html>.

Maximize Dental Software Program Features

- Specialist referral notations
- Summary of conversations specialists
- Record patient refusal/decline of referral recommendation

Professional Ethics

- Organized
- Legible
- Readily accessible
- Understandable

Record Considerations

- Consistent
- Checklist
- Specific vocabulary
- Legible
- Accurate
- Objective
- Factual
- No destroying
- No re-writing
- No judgment

Team Communication—INTER-Office Communication

- Involves clear and decisive leadership from the dentist
- Can involve dental and medical specialty practices
- Collaborate as a multi-disciplinary team

Successful Hand-Off

- Eliminate confusion
- Creates consistent flow
- Streamlines & simplifies
- Involves patient
- Promotes patient confidence

Dental Specialist Referrals

- Endodontist
- Periodontist
- Pediatric
- Oral Surgeon
- Prosthodontist
- Orthodontist
- Cosmetic
- Oral Medicine

Interspecialist Collaboration

- Cardiologist
- Endocrinologist
- Oncologist
- ENT
- Integrative Medicine
- Dietician
- Mental Health
- Dermatologist
- Pediatrician



Image Resource: <http://heightsmedical.com/wp-content/uploads/2013/10/care-coordination-4.jpg>

Notes: _____

Resources:

<http://www.stepsinstonesuccess.com/products/selfstudy1.htm>

Guidelines May 2008, Dental Record Keeping: The Guidelines of the Royal College of Dental Surgeons of Ontario

<http://www.lindaharvey.net/resources/free-tools/top-ten-best-practices-for-record-keeping/>

Team communication tips: How to reframe accountability, Ginny Hegarty
<http://www.dentalproductsreport.com/dental/article/team-communication-tips-how-reframe-accountability>

Inspired Hygiene October 2013 Mastermind Call "Secrets to Successful Handoffs w/Angela Sullivan
<http://www.inspiredhygiene.com>

<http://www.dentistrytoday.com/management/1396>

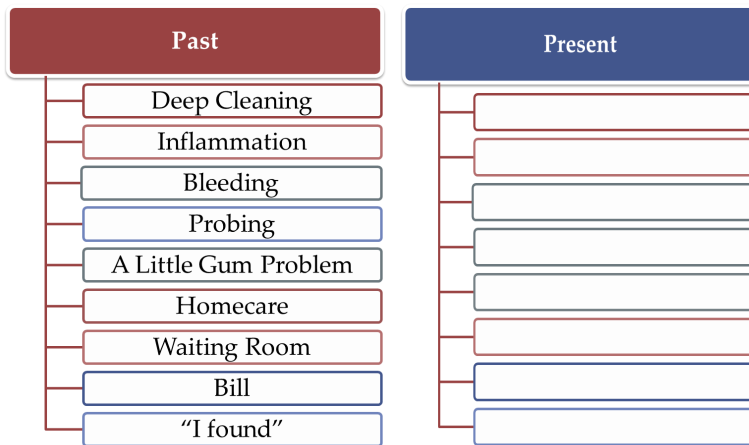
McCormick, Suzanne U. and Larry Stigall. "The Ethics of Referrals: Building Relationships to Build Your Practice." Ethical Decision Making in Dentistry (2013): 43.

http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf

Fletcher, J. The Prevention and Treatment of Oral Mucositis. Access Journal of Dental Hygiene. July 2014: p.21.

Jahn, C. The Dental Hygiene Process of Care: The Foundation of the Standards for Clinical Dental Hygiene Practice. Access Journal of Dental Hygiene. August 2014: p. 13.

Terminology Trends



Significance of Referrals

- Superior Inter-Office Communication
- Easier Referral Process
- Well-Controlled Process
- Vibrant Study Club

When To Refer

- Comfort level of dentist
- Complexity of treatment
- Medical complications
- Patient desires
- Behavioral concerns

Management After Referral

- Establish tracking procedure
- Follow-up phone calls
- Clear communication

Harmony of Referrals

- Protocol awareness
- Assigned team member manages
- Aligned goals/expectations

What Could Go Wrong? True Story:

- 1st Referral to Specialist-Pt took no action
- 2nd Referral-Office Mgr scheduled w/Specialist but patient canceled the next day
- 18 months later, patient sued both dentist and specialist for malpractice
- Malpractice insurer settled case out of court in patient's favor

Referral Documentation

- Mandatory
- Conversations
- Correspondence
- Patient consent
- HIPPA

Electronic Referrals: Streamlines the referral process

Notes: _____

Resources:

Glossary of Dental Clinical and Administrative Terms-
<http://www.ada.org/en/publications/cdt/glossary-of-dental-clinical-and-administrative-ter>

<http://www.dentistryiq.com/articles/2013/07/strengthening-the-patient-referral-process.html>

<http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/Standards%20for%20Dental%20Professionals.pdf>

ADA Principles of Ethics and Code of Professional Conduct, Council on Ethics, Bylaws and Judicial Affairs, American Dental Association, see <http://www.ada.org>.



Game Changers in Dentistry

- CCOSH
- Implants/Cosmetic Dentistry
- Risk Assessment
- Biofilm Disruption/Power Toothbrushes

Dentistry + Medicine

- Be in the “correct lane”
- Use proper signals
- Anticipate what others will do

Communication

- Health Care Systems
- Health Care Professionals
- Finance

Interprofessional Education (IPE)

- ADEA studied IPE in US and Canadian dental schools
- New CODA Standards implemented July 13, 2013
- Two standards related to IPE were implemented

What's Our Role in IDC?

- Continuing Education
- Improve Communication
- Collaborate in Community

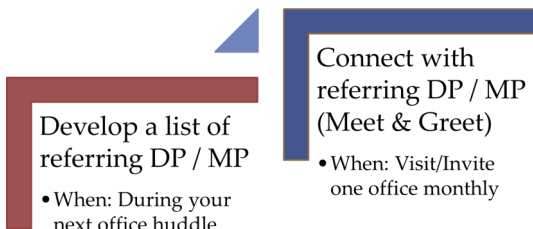
Other Opportunities

- Tele dentistry
- Real Time Consultation
- Store and Forward: RDH collects, stores images, clinical information and later forwards for consultation and treatment planning

According to the Centers for Disease Control:

- 8.1 million undiagnosed diabetes
- 31.5 million undiagnosed hypertension
- 47 million high cholesterol

27 million dental visits annually but no medical visits



Interdisciplinary Team: a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient.

Notes: _____

Resources:

<http://www.ccohs.ca/> (Canadian Centre for Occupational Health and Safety)

<http://www.hrsa.gov/publichealth/clinical/oralhealth/primarycare/integrationoforalhealth.pdf>

<http://www.ada.org/en/public-programs/action-for-dental-health/access-to-care>

<http://kaiserhealthnews.org/news/california-to-launch-medicare-funded-teledentistry/>

<https://www.philipsoralhealthcare.com/systemichealth>

[http://www.ada.org/en/publications/ada-news/2014-archive/march/chairside-medical-screenings-could-save-\\$102-milli](http://www.ada.org/en/publications/ada-news/2014-archive/march/chairside-medical-screenings-could-save-$102-milli)

Team Meeting



Facilitator: _____ Note Taker: _____

Time keeper: _____

Attendees: _____

Please read: _____

Please bring: _____

Agenda Items

Topic	Presenter	Time Allotted
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Other information

Observers: _____

Resources: _____

Special notes: _____

Philips Oral Healthcare Professional Education Program Evaluation

Thank you for attending the program. We appreciate your feedback.

Date: November 5, 2016

Instructor: Susan Woodley RDH

Methodology: Lecture

Course: Putting the "I" in Team

Organization: Okanagan Periodontal Dental Hygienist Study Club

Course Location: Kelowna

AGD Subject Code: 550

AGD Verification Code: 0013

Participants: Dentist Dental Hygienist Dental Assistant Business Administrator
 (Circle all that apply) Faculty Dental Student DH Student DA Student

What other topics would you like to have offered?

Rate each criterion using the following scale:

	Strongly Disagree			Strongly Agree		Not Applicable
	1	2	3	4	5	NA
Course objectives were consistent with the course as advertised	1	2	3	4	5	NA
Were the course objectives adequately addressed and achieved	1	2	3	4	5	NA
Course material was up-to-date, well-organized, and presented in sufficient depth	1	2	3	4	5	NA
Instructor demonstrated a comprehensive knowledge of the subject	1	2	3	4	5	NA
Instructor appeared to be interested and enthusiastic about the subject	1	2	3	4	5	NA
Audio-visual materials used were relevant and of high quality	1	2	3	4	5	NA
Handout materials enhanced course content	1	2	3	4	5	NA
Overall, I am satisfied with this course	1	2	3	4	5	NA
Overall, I am satisfied with this instructor and teaching methods	1	2	3	4	5	NA
Overall, this course met my expectations	1	2	3	4	5	NA
Meeting site was adequate in size, comfortable, and convenient	1	2	3	4	5	NA
Course administration was efficient and friendly	1	2	3	4	5	NA

What did you find to be the most valuable part of this course?

What sections/topics in the program should be shortened?

What will you immediately implement or change as a result of attending this course?

1. _____
2. _____

Comments (positive or negative):
