Defense Health Agency
PROCEDURAL INSTRUCTION

NUMBER 6410.02
May 21, 2021

DAD-MA

SUBJECT: Dental Universal Protocol

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) through (c), and in accordance with the guidance of References (d) through (l), establishes the Defense Health Agency's (DHA) procedures for the Dental Universal Protocol (Dental UP) policy. The Dental UP is designed to improve the quality and safety of dental care provided for beneficiaries within the Military Health System (MHS), including all military Medical Treatment Facilities (MTFs) and Dental Treatment Facilities (DTFs). This DHA-PI focuses on the prevention of patient harm events with an emphasis on wrong site surgery through standardized effective communication strategies, Dental UP, and infection control adherence. The DoD is on a continuous journey to transform the MHS into a high reliability organization, providing exceptional patient care that is consistently safe over long periods of time and across all Services and settings. The purpose of this DHA-PI is to provide guidance to MHS dental healthcare teams through a standardized Dental UP approach. The Dental UP approach includes a Universal Protocol Checklist to ensure conditions for the delivery of the safest care to DoD beneficiaries.

2. APPLICABILITY. This DHA-PI applies to the DHA, DHA Components (activities under the authority, direction, and control of DHA), the Military Departments (MILDEPS), and all personnel to include: assigned or attached Active Duty and Reserve Component members, members of the Commissioned Corps of the Public Health Service, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties at DHA and DHA Components under the authority, direction, and control of DHA.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (d) through (l), that this DHA-PI delineates procedures for establishing Dental UP processes to improve the quality and safety of dental care for MHS beneficiaries.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. PROPONENT AND WAIVERS. The proponent for this publication is the Deputy Assistant Director (DAD), Medical Affairs (MA). When Activities are unable to comply with this publication the activity may request a waiver that must include a justification, to include an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the DAD-MA to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: https://health.mil/Reference-Center/Policies and is also available to authorized users from the DHA SharePoint site at: https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx.

8. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (d).

9. FORMS. The following DHA forms can be found at: https://info.health.mil/cos/admin/DHA_Forms_Management/Lists/DHA%20Forms%20Management/AllItems.aspx#

a. DHA Form 205, Dental Universal Protocol Checklist

b. DHA Form 206, Dental Universal Protocol Compliance Report

RONALD J. PLACE
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Director

Enclosures
1. References
2. Responsibilities
3. Procedures

Appendices
1. Clinical and Treatment Teams Briefs and Debriefs
2. The Dental Universal Protocol Checklist
3. Treatment Team Brief and Debrief Example Topics
4. Acknowledgement and Receipt of the Dental Universal Protocol DHA-PI Template

Glossary

ENCLOSURE 1

REFERENCES

(a) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA))," September 30, 2013, as amended
(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) 10 USC 1073c, "Administration of Defense Health Agency and Military Medical Treatment Facilities," January 6, 2017
(d) DHA-Procedural Instruction 5025.01, "Publication System," August 24, 2018
(e) DHA-Procedures Manual 6025.13, "Clinical Quality Management in the Military Health System, Volumes 2 and 3," August 29, 2019
(f) DoD Patient Safety Program, "Eliminating Wrong Site Surgery and Procedure Events," May 2017[1]
(g) Military Health System Guidebook, "A Guidebook for the Identification and Reporting of Dental Patient Safety Events," October 2018[2]
(h) The Joint Commission Manual, "The Comprehensive Accreditation Manual for Hospitals (CAMH)," current edition
(i) Centers for Disease Control and Prevention Guidelines, "Guidelines for Infection Control in Dental Health-Care Settings," December 19, 2003[3]
(j) Center for Disease Control and Prevention Report, "Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care," October 2016[4]
(k) Agency for Health Research and Quality (AHRQ), "Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) for Office-Based Care Classroom Course"[5]
(l) United States Code, Title 10 Section 1102

[1] This reference can be requested from the DOD Patient Safety program at: https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits/Eliminating-WSS
[2] This reference can be found at: https://info.health.mil/hco/clinicsup/patientsafety/PSLCHome/Documents/Dental%20Reporting%20Guidebook.pdf
[3] This reference can be found at: https://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf
[4] This reference can be found at: https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care2.pdf
[5] This reference can be found at: https://www.ahrq.gov/teamstepps/officebasedcare/classroom.html

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will:

a. Ensure Markets, the Small Market and Stand-Alone Medical Treatment Facility Organization (SSO), and Defense Health Agency Regions (DHARs) assign responsibilities to implement Dental UP processes.

b. Support the Medical MILDEPS, Markets, SSO, DHARs, and MTFs/DTFs by identifying standard clinical, business, and administrative process changes or requirements and assigning resolution of clinical, business, and administrative process changes or requirement modifications to the DAD-MA or DAD-Health Care Operations when indicated.

c. Exercise authority, as outlined in Reference (b), over DHA-aligned MTFs/DTFs.

d. Ensure standardization of Dental UP workflow processes.

e. Assign responsibility for tracking compliance with the standard processes and criteria outlined in this DHA-PI to the DAD-MA.

f. Ensure compliance, tailored to meet individual facility capabilities, with guidance outlined in this DHA-PI.

2. DAD-MA. The DAD-MA must:

a. Manage standardization of data collection and key processes through the Chief, DHA Dental Clinical Management Team (CMT) to reduce variation in Dental UP across MTFs/DTFs.

b. Submit a quarterly Dental UP report, including adherence metrics, to the Director, DHA.

3. SECRETARIES OF THE MILDEPS. The Secretaries of the MILDEPS will ensure MTFs and DTFs outside the continental United States comply with this DHA-PI.

4. DIRECTORS, MARKETS, SSO, AND DHARs. Directors, Markets, SSO, and DHARs will:

a. Disseminate this DHA-PI and all updates to all MTF/DTF Directors.

b. Ensure MTFs/DTFs under Director's authority, direction, and control implement this DHA-PI.

c. Ensure standardized Dental UP training is based on individual MTF/DTF capabilities.

d. Monitor Dental UP adherence of MTFs/DTFs under Director's authority, direction, and control, as outlined in Enclosure 3.

e. Review data collection related to Dental UP adherence and compliance, and provide a quarterly status update to Chief, DHA Dental CMT.

f. Submit an annual Dental UP status update report to DAD-MA, including adherence metrics and, if applicable, data supported recommendations for Dental UP Checklist improvements.

5. DIRECTORS, MTFs/DTFs. Directors, MTFs/DTFs must:

a. Submit a Dental UP status update report to the Market, SSO, or DHAR Director. This data collection includes Dental UP metric values identified by Dental CMT.

b. Develop an MTF-level standard operating procedure that specifies roles, responsibilities, and communication channels for Dental UP.

c. Designate a Dental Patient Safety Officer (DPSO). DPSOs will ensure adherence to protocol identified by the DHA Dental CMT.

d. Disseminate this DHA-PI and all updates to all DTF providers and healthcare personnel.

6. DTF PROVIDERS. DTF dental teams will comply with procedures detailed in this DHA-PI.

ENCLOSURE 3

PROCEDURES

1. DENTAL UNIVERSAL PROTOCOL OVERVIEW

a. The Dental UP provides guidance for MHS dental healthcare facilities and teams. It consists of the following three key steps: conducting a pre-procedural verification process, marking the procedure site, and performing a time out. It also includes a Dental UP Checklist to provide a standardized review of pre- and post-procedural safe treatment relevant items.

b. This DHA Dental UP focuses on evidenced-based strategies to optimize patient safety (PS) and the prevention of patient harm events (e.g., wrong site surgery) through standardized high reliability principles and processes.

c. Preventable harm events include:

(1) Wrong site surgery (WSS) events include surgery or other invasive procedure(s) performed on the wrong site, surgery or other invasive procedure(s) performed on the wrong patient, and wrong surgical or other invasive procedures performed on a patient. The root causes underlying WSS include both human factors and system standardization failures.

(2) All Dental WSS are DoD Reportable Events.

(3) Dental WSS includes dental wrong site anesthesia. All wrong site anesthesia events (this includes nerve blocks and local infiltrations) are DoD Reportable Events.

(4) Unintended retained foreign objects; unintended retention of a foreign object in a patient after surgery or other invasive procedure.

(5) Lapses in Infection Control procedures (e.g., instrumentation and equipment failure).

d. Review of past preventable dental harm events has shown poor communication was a leading causative factor.

2. PROCEDURES. In accordance with References (d) through (l), all DTF staff will:

a. Adhere to this instruction guidance to improve patient treatment outcomes, reduce preventable harm, ensure patient safety, utilize the communication tool, Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS), and empower all members of the treatment team to speak up and "stop-the-line" (pause or terminate treatment until safe to proceed) when necessary.

b. Follow the processes outlined below:

(1) Clinic and Treatment Team Briefs (see Appendices 1 and 3).

(2) Use of the most current Dental UP Checklist for surgical, invasive, and irreversible procedures (see Appendix 2 and DHA Form 205).

(3) End of Treatment Check - Close-out (see Appendix 2).

(4) Debrief (see Appendices 1 and 3).

c. Annotate one of the following Dental Universal Protocol treatment narrative statements in the hard copy record/digital dental record:

(1) "The dental team (state names and roles) completed extraoral and intraoral pre-procedure verification, utilized the [specific technique] to mark the procedure site and performed a time out prior to initiating [specific teeth AND/OR site AND procedure]. Re-verification was continuous throughout the procedure."

(2) "The dental team (state names and roles) completed extraoral and intraoral pre-procedure verification, site marking was not accomplished due to [state reason; e.g., procedure involved the entire mouth] and performed a time out prior to initiating [procedure]. Re-verification was continuous throughout the procedure."

d. Ensure compliance through multiple processes:

(1) The DPSO, and/or designee(s) (based on facility operations) will review 10 percent of completed DHA Form 205s. Adherence compliance metrics will be reported to DTF leadership.

(2) DTF leadership teams will ensure compliance by conducting a representative monthly direct observation/assessment/sampling of appropriately completed Dental UP Protocols and DHA Form 205 in the treatment setting. At a minimum, 0.25 percent sampling of these procedures will occur by the DTF leadership teams. No less than five DTF leadership team assessments will occur monthly. Adherence metrics will be reported to DTF leadership.

(3) Empowered and responsible DTF teams will ensure compliance by conducting a representative monthly direct observation/assessment/sampling of appropriately completed Dental UP Protocols and DHA Form 205 in the treatment setting. At a minimum, 0.25 percent sampling of these procedures will occur by the empowered DTF teams. No less than five DTF team assessments will occur monthly. Adherence metrics will be reported to DTF leadership. All DTF clinical personnel (providers/technicians) will participate in team direct observation/assessment/sampling on a scheduled basis.

(4) All DTF Providers, Dental Hygienists, and Dental Assistants (e.g., Dental Technicians) will review, understand, and sign acknowledgement and receipt of this DHA-PI and the Dental Universal Protocol PI requirements. The signed acknowledgement (template at

Appendix 4) will be uploaded to the Provider Activity File, Technician Training File, or Service equivalents. One hundred percent compliance is required. Adherence metrics will be reported to DTF leadership.

(5) Compliance adherence metrics must be documented in the appropriate DTF executive meeting records for reporting to the Director, MTF/DTF. Compliance metrics will be reported to the Market, SSO, or DHAR Director and as noted to the Dental CMT and DAD-MA as outlined in Enclosure 2 and DHA Form 206, Dental Universal Protocol Compliance Report. The Dental CMT will report Market, SSO, or DHAR Director recommended Checklist improvements to the DHA Dental Clinical Community for consideration/action and adjudication with DHA Publications if approved.

(6) Compliance tracking data gathered in accordance with paragraphs 2.d.(1) through 2.d.(4) of this enclosure above may be used in a peer review process that contains Quality Assurance information and thus is privileged under Reference (l).

APPENDIX 1

CLINIC AND TREATMENT TEAM BRIEFS AND DEBRIEFS

1. PURPOSE. The Clinic Brief, Treatment Team Brief, Team Huddle, and Treatment Team Debrief establish and enhance communication between dental staff.

2. USAGE. These communication techniques are designed to convey pertinent information in a clear, concise, and timely manner to the dental team and to assist staff members in their daily clinic operations by increasing situational awareness, safety, and fostering process improvement.

3. CLINIC BRIEF. Prior to the start of daily operations, all dental clinic staff members will assemble at an assigned location or assigned locations (based on DTF size, location, or layout) to address topics impacting patient care and clinic operations. Topics to be covered include, but are NOT limited to, the following:

a. Identify treatment team and work assignments.

b. Schedule concerns or issues.

c. Sterilization concerns or issues.

d. Staffing concerns or issues.

e. Equipment or materiel issues.

f. Information Technology issues.

g. Missing Service Treatment Records (STRs).

h. Report Good Catches, Near Misses, DoD Reportable Events, and any relevant patient safety event(s) from the day prior.

i. Any other relevant clinic, patient care, safety concerns, or issues not addressed above.

4. TREATMENT TEAM BRIEF. A mandatory discussion of scheduled, assigned, and implied tasks between the provider and dental assistants prior to initiating patient care. This discussion should include any additional support elements required for patient care (e.g., anxiolysis/sedation monitor, circulator, lab technician). Examples of briefing topics may include, but are not limited to, paragraphs 4.a. through 4.f. below. See DHA Form 205 (Relevant Pre-Procedure Checks) and Appendix 3 for additional information.

a. Review the STR for appropriate dental forms (e.g., high caries risk, Class 3), referrals, consults, medical history, medications, or other special need requirements (e.g., pre-treatment prophylaxis, dietary restriction status, surgical assessment within 30 days, slips, trips and fall risk precautions).

b. Review and/or order appropriate radiographs.

c. Review the need for dental laboratory support.

d. Review required equipment, materiel, and instrumentation.

e. Review potential PS risks.

f. Individual PS assessment.

5. TEAM HUDDLE. If a significant interruption occurs during patient care (e.g., change in team composition, treatment plan, resources, or equipment failure), a huddle with the current team must be performed. This is a time for the treatment team to pause, re-group and re-assess the situation, and confirm treatment. Items to be covered may include, but are NOT limited to:

a. Re-establishment of situational awareness.

b. Discussion of critical issues and emergent events affecting patient care.

c. Reinforcement of current treatment plan(s) or adjustment to establish new treatment plan(s).

d. Address any team member concerns.

6. TEAM DEBRIEF. Team debriefs are to occur, at a minimum, after a daily period of operations/patient care, based on DTF operations, at an assigned location or assigned locations (based on DTF size, location, or layout) or more frequently if appropriate to emphasize Lessons Learned from patient treatment encounters. Debriefs reassess completed procedures and optimize future performance. Items to be covered may include, but are not limited to, paragraphs 6.a., through 6.f., below. See DHA Form 205 (Relevant Pre-Procedure Checks) and Appendix 3 for additional information.

a. Lessons Learned and recognition of good catches.

b. Identification of potential PS risks.

c. Discussion of error or harm that occurred during procedure.

d. Events to be documented in the Joint Patient Safety Reporting System and elevated to the PS Manager.

e. Any team member can perform the debrief.

f. Leaders are encouraged to allow ancillary staff to perform debriefs to foster team member inclusion and cohesion.

APPENDIX 2

THE DENTAL UNIVERSAL PROTOCOL CHECKLIST

1. PURPOSE. The purpose of the Dental UP Checklist is to achieve the goal of preventing wrong site, wrong side, wrong procedure, and wrong person surgical, invasive, or irreversible dental procedures. This section provides guidance for dental health care personnel on use of the Dental UP Checklist and consists of relevant pre-procedural checks, instrument sterilization verification, the Dental UP (three key steps: conducting a pre-procedural verification process, marking the procedure site, and performing a time out), and the end of treatment check/close-out processes. To ensure compliance with these key steps, the Dental UP Checklist must be used by the dental team for all surgical, invasive, or irreversible procedures.

2. IDENTIFY THE PATIENT. The requirement is to reliably identify the individual as the person for whom the service or treatment is intended and to match the treatment to that individual. The two patient identifiers (patient's full name and date of birth) must be used.

a. The patient or appropriate accompanying adult (e.g., parent, legal guardian) must provide the patient's full name and date of birth to the following points of contact:

(1) Front desk

(2) Provider/Dental Technician

b. The provided patient's full name and date of birth must be used to compare and to verify the full name and date of birth on the patient appointment/record information associated with that specific appointment and treatment(s) as the same/appropriate patient.

3. RELEVANT PRE-PROCEDURE CHECKS. The pre-procedure checks are performed as applicable to the patient treatment procedure(s) and patient requirements. Other relevant or required pre-procedural checks may be performed as needed. The pre-procedure checks ensure the following:

a. The correct patient Dental STR is present.

b. The correct radiographs and any images are present and appropriately oriented.

c. Medical/dental/surgical history (including lab results/diagnostic tests/consultations/referrals/history and physical/anesthesia/sedation forms) are present when required.

d. Vital signs are obtained if required.

e. Pre-procedural medications were taken or are readily available when required.

f. Pain assessment has been conducted when required.

g. Intraoperative solutions/medications are labeled.

h. Counts of treatment items are accomplished (e.g., needles, blades, cottonoids, retraction cord).

i. Appropriate instrumentation/equipment is available (including special equipment).

j. Safety precautions are taken consistent with the patient requirements and the procedure(s) to be performed.

k. Informed consent has been obtained. Risks, benefits, and alternatives with the procedure have been discussed with the patient or legally authorized representative, all questions were answered, and appropriately documented (signed by the patient or legally authorized representative, as appropriate) in the record (NOTE: Further details regarding informed consent for dental procedures are not included in this policy).

4. INSTRUMENT STERILIZATION VERIFICATION. To ensure at the point of care, the treatment instruments have been correctly processed or reprocessed to achieve sterility according to the most up-to-date Service and/or DHA policies:

a. Prior to opening any sterilization pack, team members must ensure the packing is intact and must visually inspect items to confirm no rust or debris (e.g., dried blood, cement, impression material).

b. The provider and dental assistant must review and verify all instrument pack chemical integrators have successfully changed appearance in accordance with manufacturer's instructions for use to indicate proper sterilization.

c. After opening any sterilization pack, team members must ensure the instruments have no rust or debris and are in proper form to perform the intended function(s).

d. If a new instrument pack is opened during treatment, team members must confirm verification of sterilization as for all other packs/pouches.

5. THE DENTAL UNIVERSAL PROTOCOL

a. Pre-Procedure Verification. The verification processes are designed with redundancies to decrease the risk of preventable harm events or WSS. Every member of the dental team must actively engage in this process.

(1) Verify the Correct Patient. Use the two patient identifiers and verify with respect to the patient STR and any other available patient treatment information corresponding to the appointment/treatment(s) for the patient.

(2) Verify the Correct Site. Review and visually confirm using: the STR; charting; radiographs and or images; referrals; anatomical landmarks or references; counting of teeth; and patient input (Reference (f)).

(3) Verify the Correct Procedure. Review and visually confirm using: the STR; charting; radiographs and or images; referrals; anatomical landmarks or references; counting of teeth; and patient (or parent/legal guardian when appropriate) input (the intended procedure is what they expected to be performed at this visit).

b. Mark the Site. Appropriate site marking techniques must be used for all invasive, irreversible, and surgical procedures. This provides additional awareness and orientation for the invasive and irreversible surgical procedure(s) to be performed. The following suggested steps and techniques are utilized during site marking.

(1) The team must verbally notify the patient that the site is being marked prior to marking and beginning the procedure.

(2) The site is marked by the Dental Licensed Independent Practitioner (LIP) (e.g., Dentist) and is confirmed by another member of the dental team.

(3) In limited circumstances, the Dental LIP may delegate site marking to an individual who is permitted by the organization to participate in the procedure and has the following qualifications:

(a) A Dental LIP in an accredited educational program who is supervised by a credentialed and privileged Dental/Medical LIP (e.g., Dental Resident)

(b) A licensed individual (LI) who performs duties requiring a collaborative agreement or supervisory agreement with the LIP (e.g., Registered Dental Hygienist)

(4) Direct marking techniques (others may be utilized as appropriate) include:

(a) Color transfer applicator

(b) Intra-oral marker

(c) Articulating paper

(d) Dental floss tied around the tooth

(e) Disposable archwire/disposable archwire marker

(f) Opal dam

(g) A highly pigmented (not tooth colored) resin composite

(h) Wax

(5) If unable to physically mark, acceptable alternative marking methods include but are not limited to:

(a) Mark the radiograph

(b) Mark an odontogram/diagram

(c) Mark an image or photograph

c. Time-Out. The Time-Out ensures the dental team conducts a final assessment, confirming the correct patient, site, and procedure(s) are properly identified and agreed upon prior to the initiation of any irreversible procedure (including local anesthesia). During the time-out, all activities are suspended/physically paused to allow team members to focus on the active confirmation of the correct patient, site, and procedure(s). The LIP or LI initiates the time-out, and it must include active communication amongst all relevant members of the team, to include the patient (when possible). All members of the dental care team have the responsibility to stop the procedure and request clarification if there are any concerns. The procedure is not started/restarted until all questions or concerns of the team are resolved. The Time-Out requirements include:

(1) Standardized application of the DHA Form 205, Dental Universal Protocol Checklist Time-Out section. When using this section, team members must agree on the:

(a) Patient Identity (using the two patient identifiers)

(b) Site (ensure site markings are visible)

(c) Procedure

(2) Active participation by all dental members (including the patient when possible).

(3) All team members focusing on the Time-Out to actively confirm the correct patient, correct site, and correct procedure.

(4) Utilization of interactive verbal and visual communication tools by all team members to ensure the information conveyed by the provider (or approved designee) is understood by the receiver (dental team and patient). This includes a check-back between the LIP and other team members.

(5) A verbal re-verification step prior to initiating each additional procedure. When two or more procedures are to be performed on the same patient, a verbal re-verification must occur prior to initiating each additional procedure action.

(6) Documentation of the Time-Out after the treatment is completed, to prevent interruption caused by turning away from the patient (e.g., signing).

d. Re-verification. Re-verification must be performed when there is an interruption, a change in treatment or treatment site, and environmental change. The following are recommended practices to re-verify a procedure(s):

(1) Call out to team members

(2) Tooth re-count

(3) X-ray/chart re-verification

6. END OF TREATMENT CHECK - CLOSE-OUT

a. End of Treatment Check

(1) The end of treatment check ensures the treatment has been verified and/or completed as per the pre-procedure verification.

(2) Dental treatment team will implement the unintended retained foreign objects prevention protocol based on local policy requirements. Ensure all counted objects have been removed and accounted for appropriately. Counts of foreign objects placed during the procedure(s), which must be removed at the end include, but are not limited to:

(a) Cotton rolls/pellets

(b) Gauze

(c) Sharps

(d) Retraction cord

(e) Wedges

(f) Intraosseous anesthetic delivery system components

b. Close-Out

(1) Post-operative instructions and discussions (to include addressing any patient concerns) include, but are NOT limited to:

(a) Expected/unexpected outcomes

(b) Pain management

(c) Medications

(2) Follow-up appointment(s)

7. COMPLETED CHECKLISTS. Hardcopy Dental UP Checklists will be appropriately disposed of after compliance review and documentation as described in paragraph 2.d.(1) of Enclosure 3, and appropriate narrative statement in the STR as noted in paragraph 2.c. of Enclosure 3.

APPENDIX 3

DENTAL TREATMENT TEAM BRIEF AND DEBRIEF EXAMPLE TOPICS

TREATMENT TEAM BRIEF

Frequency: Each morning after clinic morning brief

Who: Prior to starting patient care, the provider and technician must participate in a treatment team brief. This is to include additional staff who will support patient care for the day (e.g., nitrous oxide monitor, circulator). Topics to be covered include, but are not limited to:

(a) Review the Service Treatment Record for appropriate dental forms (e.g., High Caries Risk, Class 3), referrals, consults, medical history, medications or other special need requirements (e.g., blood draws, fall risk precautions)
(b) Review/order appropriate radiographs
(c) Review need for dental lab support
(d) Review required equipment, material or instrumentation (e.g., bone graft material, implant kits)
(e) Any additional potential patient safety risks
(f) Does staff feel safe to perform treatment today (I'M SAFE Checklist)

TREATMENT TEAM DEBRIEF

Frequency: Each afternoon after clinic morning brief

Who: Treatment Team debrief must occur at the end of the treatment/day to reassess completed procedures and optimize performance. Items to be covered may include, but not limited to:

- ✓ Recognize good catches
- ✓ Lessons Learned
- ✓ Potential patient safety risks
- ✓ Error or harm that occurred during the procedure
- ✓ Items to be elevated to Patient Safety Manager
- ✓ Report event in the JPSR system

APPENDIX 4

ACKNOWLEDGEMENT AND RECEIPT OF DENTAL UNIVERSAL PROTOCOL DHA-PI 6410.02 TEMPLATE

MEMO FOR RECORD:

FROM:

SUBJECT: Acknowledgement and Receipt of Dental Universal Protocol DHA-PI

Reference: (a) DHA-Procedural Instruction 6410.02, "Dental Universal Protocol"

1. I hereby acknowledge receipt of Reference (a).

2. I have read and understand the Dental Universal Protocol in Reference (a) and requirements. I agree to abide by Reference (a) requirements in my patient care activities to the best of my abilities. I will discuss any questions I have with my supervisor, the [Chief/Director] of Dental Services and/or the MTF/DTF Director. I realize this statement will become a permanent part of my Provider Activity File, Technician Training File, or Service equivalents.

3. The information in Reference (a) is subject to change. I understand changes in policies may supersede, modify, or eliminate the information in the Reference (a). As the Defense Health Agency provides updated policy information, I accept responsibility for reading and abiding by the changes.

Individual's Signature Block

FIRST ENDORSEMENT, [MTF/DTF Director Office Symbol]

1. I acknowledge receipt of this memo for record.

MTF/DTF Director Signature Block

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

CMT	Clinical Management Team
DAD-MA	Deputy Assistant Director for Medical Affairs
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
DHAR	Defense Health Agency Region
DPSO	Dental Patient Safety Officer
DTF	Dental Treatment Facility
LI	licensed individual
LIP	Licensed Independent Practitioner
MHS	Military Health System
MILDEPS	Military Departments
MTF	Military Medical Treatment Facility
PS	Patient Safety
SSO	Small Market and Stand-Alone Medical Treatment Facility Organization
STR	Service Treatment Record
TeamSTEPPS	Team Strategies and Tools to Enhance Performance and Patient Safety
UP	Universal Protocol
WSS	Wrong Site Surgery

PART II. DEFINITIONS

adverse event. PS event that resulted in harm to the patient. The event may occur by the omission or commission of medical care.

brief. A short session, prior to beginning an activity, to share the activity plan and discuss team information, assign roles and responsibilities, establish expectations and climate, anticipate outcomes, and likely contingencies.

check-back. Using closed-loop communication to ensure that information is understood by the receiver as intended.

debrief. Informal information exchange session designed to improve team performance and effectiveness through Lessons Learned and reinforcement of positive behaviors.

dental assistant. A member of a dental team that supports a dental operator in providing more efficient dental treatment.

DoD Reportable Event. Any PS event resulting in death, permanent harm, or severe temporary harm as per the Agency for Health Research and Quality Harm Scale, meeting The Joint Commission's sentinel event, or meeting the National Quality Forum's serious reportable event definitions. DoD Reportable Events require a Comprehensive Systematic Analysis and follow on Corrective Action Implementation Plan Report.

electronic health record. The electronically accessible and stored information comprising a person's health record. Armed Forces Health Longitudinal Technology Application is the legacy electronic health record system for which a user must have had an account to be able to access the Joint Longitudinal Viewer via the URL. MHS GENESIS is the new electronic health record system.

huddle. Ad hoc meeting to reestablish situational awareness, reinforce plans already in place, and assess the need to adjust the plan.

invasive procedure. A procedure in which skin or mucous membranes and/or connective tissue are incised or punctured, an instrument is introduced through a natural body orifice, or insertion of foreign material into the body for diagnostic or treatment-related purposes.

Joint Patient Safety Reporting (JPSR). DoD electronic system used to capture data for all types of PS events in MTF and other applicable healthcare environments, as well as PS events tracked and trended in other programs. The MTF Patient Safety Manager is responsible for Joint Patient Safety Reporting data management, the review of facts associated with the PS event, and ensuring an appropriate evaluation is performed as required by DHA guidance. Joint Patient Safety Reporting usage is the only authorized method for the reporting of adverse events, no harm events, near misses, and unsafe conditions.

LI. Licensed individuals such as Registered Dental Hygienist, Registered Nurse, and Certified Registered Nurse Anesthetist.

LIP. Any individual permitted by law and by the organization to provide care, treatment and services, without direction or supervision, and within the scope of the individual's license and consistent with individually granted clinical privileges.

near miss event. A PS event that did not reach the patient (also known as "close call" or "good catch").

no-harm event. A PS event that reached the patient but did not cause harm.

non-privileged provider. An individual who possesses a license, certification, or registration by a state, commonwealth, territory, or possession of the United States and is only permitted to engage in the delivery of healthcare as defined in their granted scope of practice. Examples include: registered nurse, licensed vocational nurse, registered dental hygienist, and medical technician.

PS event. An incident or condition that could have resulted, or did result, in harm to a patient. A PS event can be, but is not necessarily, the result of a defective system or process design, a system or process breakdown, equipment failure or malfunction, or human error. PS events include adverse events, no-harm events, near miss events, and unsafe/hazardous conditions.

privileged provider. An individual who possesses appropriate credentials and is granted authorized clinical privileges to diagnose, initiate, alter, or terminate regimens of healthcare with defined scope of practice.

sentinel event. A patient safety event (not related to the natural course of illness or underlying condition) that reaches the patient and results in death, permanent harm, or severe temporary harm.

Situation, Background, Assessment, Recommendation/Request (SBAR). A technique for communicating critical information that requires immediate attention and action concerning a patient's condition. The SBAR consists of communicating the situation with the patient, background (clinical), assessment (the problem), and recommendations (what needs to be corrected).

situation monitoring. The extent to which team members are aware of the status of the patient, other team members, the environment, and progress toward the goal.

TeamSTEPPS. An evidence-based teamwork system designed to improve communication and other teamwork skills among all healthcare teams. (See Agency for Health Research and Quality website: https://www.ahrq.gov/teamstepps/index.html).

unsafe/hazardous condition. A condition or a circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event.