Dental Program Review and Quality Assurance for Local City/County Health Departments and School-based Programs

In FY 2016, Virginia Department of Health (VDH) had clinical dental programs in 5 of 35 Health Districts that provided comprehensive treatment services and ten hygienist based community prevention programs assigned to broad areas of need across the State. The Quality Assurance Program operated by the Dental Health Program in the Office of Family Health Services was established at the request of local physician health directors many years ago to assure that quality care was being provided in public health dental clinics. Historically clinical dental programs are reviewed on a three year cycle or an as needed basis. The reviewing dentist uses standards of care outlined in the VDH Manual of Operations for Dental Clinics which is periodically updated to keep current with the practice of dentistry and the clinic roles in the community. While the number of public health dentists has diminished greatly in Virginia there has been an increase in community dental hygienists with clinical roles who are similarly reviewed annually in accordance with the State protocol for “Remote Supervision” Hygienists.

In implementing a quality assurance review, the reviewer collects and analyses appropriate clinical and community materials, including production data, and follows up with an on-site clinical and record quality review in which the reviewer observes other administrative aspects of the program. After the on-site visit, a summary is prepared and sent to the local supervisor. Technical assistance is provided by the state Dental Health Program to support the local health departments in addressing deficiencies identified through the reviews or opportunities which may be appropriate for the local program to pursue in service to the community.

Lessons Learned:

A well planned quality assurance program, beyond ensuring a quality service is provided to clients, offers a policy and procedure standardization that most clinics welcome as an asset to their operations. If implemented in a collaborative manner, the exchange of ideas, sharing of current information and program assessment feedback can be a positive contribution and not considered a challenge to an individual’s performance. Utilizing a peer evaluator who practices in the same setting has been valuable in terms of credibility and trust, which leads to more open discussion about clinic issues. Applying Statewide metrics from similar clinical programs helps assess performance and operations, while using comparators from appropriate “outside” programs avoids a limited vision of program effectiveness.

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