COMOM MISSION

To provide quality dental services, at no cost, to individuals of all ages who cannot afford and access dental care; eliminating dental pain, promoting oral health, creating smiles, and providing oral health education.

Patient Care Philosophy – Most Urgent Need

COMOM’s goal for treatment is to relieve a patient’s pain and to address his/her most urgent needs. A patient’s identified priorities are to be addressed in a stepwise progression. Limiting treatment to a patient’s urgent need enables COMOM to serve more individuals.

Patient Treatment Priorities. In triage, patients will be asked about their dental care concerns and then the patient and triage dentist together will determine the COMOM treatment priorities. (Note treatment form)

- At most, three treatment priorities will be identified, each of which are to take roughly 45 minutes.
- Dentists/Dental Hygienists are to initially treat a patient’s first priority only.
- Dentists/Dental Hygienists are to treat a second priority only if a patient’s treatment record is copied onto a yellow sheet, and a third priority if a patient’s record is copied onto a green sheet. The colored sheet amplifies for the patient that s/he must follow the patient flow process for treatment.
- During the course of the dental clinic, if the number of patients waiting to be treated dwindle, a decision will be made by Joel Feinberg, DDS, and John Hanck, DDS, on whether patients are to be offered treatment for their second and third priorities.
**Overall Patient Flow**

While patients wait in line to enter the dental clinic, each will be given a numbered wristband. Patients will be provided entry into the clinic on a sequentially numbered basis.

Only patients with a COMOM wristband will be seen within dental clinic.

As patients enter the clinic, they will complete the upper portion of the COMOM treatment form related to contact information, health history, and dental concerns.

Health professionals will review patients’ health history, take pulse and blood pressure, and check glucose levels of patients with diabetes.

In dental triage, patients will be asked about their dental care concerns and then the patient and triage dentist together will determine the COMOM treatment priorities.

At most, three treatment priorities will be identified, each of which are to take roughly 45 minutes.

Based on a patient’s established dental care priorities, a patient will receive COMOM number routing cards for the varied treatment departments (e.g., restorative, oral surgery, endodontics).

Patients will undergo a given type of treatment in number order.

Patients will be escorted to treatment departments by a COMOM volunteer.

The patient escort will facilitate identification of an interpreter if patient’s preferred language is other than English.

After a patient is treated, a treatment coder will come to the patient’s chair and review the patient’s chart with the dentist/hygienist to ensure all care provided is coded on the patient treatment form.

The treatment coder will walk with the patient away from the dental chair and identify an escort to walk with the patient to the Clinic Exit Area.

Once within the Clinic Exit Area, the patient will be guided to the following departments:

- Pharmacy
- Flu Shot
- Oral Health Instruction
- Patient Interviews
- Friend/Family Waiting

**Patient Treatment Form (Attachment)**

Information is to be **printed** on the patient treatment form and in particular, **clinician's surname** is to be printed. **Only licensed dentists and dental hygienists are to have their name and signature on the treatment form.**

**BLUE INK** is to be used on treatment forms – **NO BLACK INK.**

Dental care provided is to be listed on the treatment form and treatment coders will assist clinicians. Documentation is important for patient tracking and also for COMOM’s evaluation process.
Patient Treatment Priority Process
After the patient receives first priority treatment, s/he is to be escorted to the clinic exit area and will be checked-out through the exit area departments.

During the patient interview, if the patient would like a second priority treatment performed, and if clinic availability exists, s/he will:
• Receive a copy of treatment form on yellow paper,
• Escorted to the end of the line for entrance to patient registration,
• At patient registration will be escorted to the patient routing table,
• Be routed for second priority care,
• Receive dental care, and then will,
• Be escorted to the Clinic Exit Area.

At the Clinic Exit Area, if the patient would like a third priority treatment performed, and if clinic availability exists, s/he will:
• Receive a copy of treatment form on green paper,
• Escorted to the end of the line for entrance to patient registration,
• At patient registration will be escorted to the patient routing table,
• Be routed for third priority care,
• Receive dental care, and then will
• Be escorted to the Clinic Exit Area.

Treatment Coding
A treatment coder will be assigned to each clinical department.

After a patient is treated, a treatment coder will come to the patient’s chair and review the patient’s chart with the dentist/hygienist to ensure all care provided is coded on the patient treatment form. Coding will be similar to that done at dental office with tooth/teeth number(s) and surface(s) recorded.

The treatment coder will walk with the patient away from the dental chair and identify an escort to walk with the patient to the Clinic Exit Area.

Colored Signaling Cards
Clinicians at each dental operatory will have colored signaling cards to help communicate with escorts, treatment coders, and department leads:
• The Green Card is raised when the clinician is ready for the escort to bring the next patient to the dental chair.
• The Red Card is raised when the clinician is finished treating the patient and is ready for the treatment coder to review patient treatment form.
• The Yellow Card is raised if the clinician has a question or needs assistance.

Prescriptions
COMOM will have pharmacists onsite. As shown below, the patient treatment form displays the medications available at the dental clinic. Dentists are to initial prescriptions to be filled. A dentist’s signature on the treatment form is required for a patient to obtain medications.

Dentists should bring their DEA number for prescription writing purposes. COMOM prescription forms, printed on security paper, are to be used for writing prescription for medications not available at the clinic site.

<table>
<thead>
<tr>
<th>INITIAL PRESCRIPTION TO BE FILLED</th>
<th>Dentist Name</th>
<th>(Print) Dentist Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dent. Int: _______ Amoxicillin 500 mg #21 – 1 tid x 7d</td>
<td>Filled: _______</td>
<td>Dent. Int: _______ Ibuprofen 400 mg #28 – 1-2q 4-6h pm pain</td>
</tr>
<tr>
<td>Dent. Int: _______ Clindamycin 150 mg #42 – 2 tid x 7d</td>
<td>Filled: _______</td>
<td>Dent. Int: _______ Tramadol 50 mg #28 – 1-2 q 4-6h pm pain</td>
</tr>
</tbody>
</table>
**Instrument Sterilization**

As instruments are used, wipe and lube them.

**Disengage all needles, sharps and anesthetic carpules, and discard them in the red containers nearby the dental operatory. No needles or sharps are allowed in the sterilization area.**

For your personal items, the sterilization bag must be labeled with your **chair number and name**. Please help COMOM make sure sterile instruments make it back to their rightful owners!

Place your labeled sterilization bag, then instruments on top of the bag (or bags) on the tray provided for sterilization.

Instruments will remain together throughout the sterilization process and sterile, bagged instruments will be returned to dentist/dental hygienist’s chair when finished.

**Infection Control**

Follow infection control best practices including, but not limited to, wearing masks and protective eye wear, wearing and changing of gloves between patients, sterilizing all instruments (including handpieces) between patients, and thoroughly wiping down equipment and surfaces between patients.

Place only biohazardous waste (e.g., blood soaked gauze, teeth) in red biohazard bags. No general trash in the red bags.

Dispose of sharps in the nearest sharps container to your station. Do not travel the clinic floor with sharps on a tray.

Place extra amalgam and amalgam capsules in the amalgam waste containers nearest your station.

In addition, the following must be adhered to throughout the dental clinic:

- Do not allow patient to form a lip seal on the saliva ejector or HIVAC.
- Before turning off HIVAC, remove it from the patient’s mouth, point it at the ceiling, and then turn it off.
- After each patient, obtain a pre-mixed peroxide and water solution, and suck peroxide/water through the evacuation system being used – the saliva ejector and/or the HIVAC.
- Place new air/water syringe tip between each patient.
- Place new saliva and/or HIVAC tip between each patient.

**Needle Stick or Sharp Instrument Cut**

If an individual is cut, stuck or skin is broken by a contaminated needle or sharp instrument, please follow these guidelines:

- Immediately clean the wound with soap and water.
- Immediately have someone advise the department head of the incident, and they in turn will notify a COMOM clinical director (Joel Feinberg, DDS, or John Hanck, DDS).
- If the patient for which the instrument was used on is known, **have the patient remain within the area.**
- Clinical director will make determination if there is a need for the dental professional and/or patient to be tested.

**Emergencies**

If a patient has a medical emergency, have one person stay with the patient, have one person contact the department head, and another person contact the paramedic/EMS professionals who will be onsite.
**DENTAL CLINIC DEPARTMENTS**

**Health Triage**
The Health Triage Department will be separated into two sections: one for adults and a nearby section for children.

The Health Triage Team will review patients’ health history and medications being taken. The team will specifically inquire whether patients are taking anticoagulant meds (e.g., Warfarin, Coumadin, Xarelto) or bisphosphonates (e.g., Fosamax, Zometa, Aredia). Patients will have their blood pressure and pulse taken, and also have their blood glucose level checked if they have a history of diabetes.

**Dental Triage**

| Special-circumstance treatment. Patients: | 
|--------------------------------------|---|
| Taking ASA or Plavix may undergo extractions. | |
| Taking Warfarin or other anticoagulant medication may not undergo extractions. | |
| Taking Bisphosphonates – | 
| May be provided routine dental care. | 
| May have local anesthetic. | 
| May have atraumatic scaling and prophylaxis with gentle soft tissue management. | 
| May have endodontic treatment and preparation of overdenture abutments if tooth is extensively carious. | 
| May not have dental extractions. | 

**Other special circumstances. Patients:**

- With blood pressure readings of more than 180/110 may not be treated.
- With blood glucose readings of more than 300 may not be treated.
- With heart stents may not have treatment within three months of surgery.
- Who have undergone heart surgery may not have treatment within six months of the procedure.
- Who are pregnant and have acute dental problems may be treated regardless of the state of pregnancy. Elective-type care should be provided to pregnant women only if they are in their second trimester.

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### DENTAL TRIAGE

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
<th>Procedure Approval</th>
<th>VELscope Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>P: _____________</td>
<td>yes/no</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>D: _____________</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>C: _____________</td>
<td></td>
</tr>
</tbody>
</table>

- Premedication ordered: **no**
- Amoxicillin
- Clindamycin
- Imaging ordered: **no**
- Periapical
- Bitewing
- Panoramic

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**D0150: Triage Dentist: ____________________________ (Print Name) **

**Signature:** ____________________________

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**Permanent Teeth**

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

R-------------------------------L

32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

**Deciduous Teeth**

A B C D E | F G H I J

R-------------------------------L

T S R Q P | O N M L K
**Dental Triage (continued)**

The Dental Triage Department will be separated into two sections: one for adults and a nearby section for children.

**Priority charting**

Patients are to be asked about their dental care concerns and then the patient and triage dentist together are to determine the COMOM treatment priorities. The triage dentist is to print name and sign treatment form.

At most, three treatment priorities are be identified, each of which are to take roughly 45 minutes. The priorities are to be written in the priority boxes on the patient treatment form using the teeth charting system shown on page 5.

Within a given priority, if necessary, interdepartment treatments can be indicated for interrelated dental care. For example:

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>OR</th>
<th>Priority 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Impression</td>
<td></td>
<td>A: Endo #8</td>
</tr>
<tr>
<td>B: Extract Teeth # 8, 9</td>
<td></td>
<td>B: Restorative #8</td>
</tr>
<tr>
<td>C: Flipper #7, 8, 9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Procedure Approval – Prosthodontics (P), Dentures (D), Ceramic Crowns (C)**

If a patient is a potential candidate for the preparation of a ceramic crown or denture, or to be seen in the prosthodontic department (Flipperville) – the patient is to be seen by a designate of the specific department.

The department designate will give the approval for the patient to proceed with the treatment.

At the start of each clinic day, patients undergoing these special procedures will be “fast tracked” to the given departments.

**Cancer screening**

Order VELscope cancer screening if:
- Patient is using tobacco at the time of the dental clinic or has used tobacco in the past, and/or
- Patient’s health history and/or triage exam indicates a closer exam via VELscope.

If post-COMOM follow-up is indicated, patient is to be encouraged to see a dentist near his/her home and identify a low-cost dentistry clinic from sheet enclosed in the patient envelope.

**Premedication**

Indicate whether premedication (Amoxicillin or Clindamycin) is needed or not needed. Premedication is indicated if a patient has any of the conditions listed below.
- Joint replacement
- History of infective endocarditis
- Artificial heart valves
- Cardiac transplant that develops a problem in a heart valve
- Certain specific, serious congenital (present from birth) heart conditions, including:
  - Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits
  - A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention, during the first six months after the procedure
  - Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device

**The signature of a dentist onsite is required for a patient to obtain medications.**
**Imaging**
COMOM will have two (possibly three) panoramic units and three nomad units. If imaging is indicated, the type is to be specified on the treatment form. Oral surgery patients are to have a pano ordered. Endodontics will have a dedicated Nomad for the department.

**Anesthesia**
As patients become ready to enter a treatment area, they will proceed to the Anesthesia Department. The time that an anesthetic is administered is to be noted on the patient treatment form. The goal is to have patients numb before they sit in the treatment chairs. Patient flow, however, can affect the timing of this process and patients may need to be administered additional anesthetic. At the start of each clinic day, patients will go directly to treatment chairs for numbing. Anesthesia for children will be administered by dentists in the Pediatric Department. Anesthesia for endodontic patients will be administered by dentists in the Endodontic Department.

**Endodontics**
Anterior teeth and premolars are to take precedence. Molar endo procedures are to be performed only in special circumstances in which the tooth is considered critical, the majority of the tooth structure is intact, if time permits, AND as assessed by the Endodontic Chair. Endodontic procedures are to be performed only on those teeth that have reasonable restoration potential. Placement of a ceramic crown onsite may be an option for patients undergoing root canal treatment. Approval by the lead for crown preparation is necessary. Patients taking bisphosphonates may have endodontic treatment and preparation of overdenture abutments if tooth is extensively carious. If there are questions about an endodontic procedure, please consult the Endodontic Department Chair, who in turn may choose to contact a Restorative Department Chair.

**Hygiene**
Dental Hygienist may use anesthesia if licensed to do so and comfortable with it.

Procedures performed:
- Adult and child prophy
- Debridement
- Sealants
- Fluoride varnish

Procedures not performed
- Deep scaling
- Root planning
- Curettage
- Gross debridements after molar extractions

Patients taking bisphosphonates or anticoagulation meds may have atraumatic scaling and prophylaxis with gentle soft tissue management.
**Oral Surgery**

To minimize postoperative follow-up, use only absorbable suture materials.

Extracts performed:
- Visibly nonrestorable teeth.
- Painful or infected teeth that are not amenable to endodontic treatment.
- Grossly carious teeth.
- Teeth that would complicate prosthetics fabrication if left in place.
- Third molars only if visible on clinical examination and/or carious or causing acute pain.

If indicated, alveoloplasty may be performed on patients with COMOM extracted teeth.

Procedures not performed:
- Extraction of third molars requiring hand piece (mandibular).
- Extraction of full-bony impacted maxilla or mandible third molar.
- Extraction of partial bony mandibular third molar.
- Full mouth extractions.
- Elective extraction of all four wisdom teeth.

Patients taking bisphosphonates or anticoagulation meds may not undergo dental extractions.

**Pediatrics**

A pediatric patient is defined as a child 12 years or younger (or special need person up to 18 years)
- If a back-up exists of adolescent patients waiting for care for restorative services and pediatrics is in need of patients, patients up to 18 years may be sent to the pediatric department.
- If the pediatric department gets too busy, the age cut-off can be changed to 10 years.

Pediatric dentists will administer anesthesia to pediatric patients.

Procedures performed:
- Extraction of nonrestorable teeth.
- Extraction painful or infected teeth that would require pulpectomy treatment.
- Restoration of moderately decayed teeth with composite or amalgam.
- Stainless steel crowns.
- Pulpectomy treatment when carious exposure occurs on previously asymptomatic teeth.

Procedures not performed:
- Pulpectomy.
- Esthetic stainless steel crowns.
- Space maintainers / fixed or removable appliances.
Prosthodontics

Services provided:
- Only anterior acrylic removable partial dentures ("flippers") will be provided
- On a limited case selection and space-available basis, simple denture repairs will be considered.

Services not provided:
- Relines, hard or soft.
- Posterior teeth flippers.
- Any fixed prosthesis work or repairs.

One-step dentures will be prepared onsite on a limited basis. In general, these patients will have been pre-evaluated prior to the clinic start. If a potential candidate for dentures is identified during the clinic, approval by the lead for denture preparation is necessary to proceed.

Restorative

If a patient’s tooth is compromised to the point that a reasonable restoration may not be a good treatment option, contact a Restorative Chair to jointly determine if it would be better to extract the tooth.

If a patient has a pulp exposure, contact the Restorative Chair to jointly determine if endo or extraction is the best option. Pulp capping is not generally a good option as there is limited follow-up.

Placement of a ceramic crown may be an option for patients having a tooth with 60 percent or greater decay on a premolar or first molar. Approval by the lead for crown preparation is necessary to proceed.

BE FLEXIBLE,
and Thank You for Making a Difference!!
### ATTACHMENT

**Patient Treatment Form**

Greeley COMOM  
October and 4 and 5, 2013  
Patient # 1001

<table>
<thead>
<tr>
<th>LAST Name:</th>
<th>FIRST Name:</th>
<th>Age:</th>
<th>Children 3 or Younger:</th>
<th>Gender: M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
<td>Phone Number:</td>
<td></td>
</tr>
</tbody>
</table>

What is your dental problem?

**HEALTH HISTORY (check all that apply):**

- [ ] Heart disease  
- [ ] Heart murmur  
- [ ] Heart Bypass  
- [ ] Mitral valve prolapse  
- [ ] Artificial heart valve  
- [ ] Rheumatic fever  
- [ ] Anemia  
- [ ] Excessive bleeding  
- [ ] High blood pressure  
- [ ] Low blood pressure  
- [ ] Lung transplant  
- [ ] Joint replacement  
- [ ] Diabetes  
- [ ] Lupus  
- [ ] Rheumatoid arthritis  
- [ ] Other (describe): |

Are you on:

- [ ] Blood thinner meds:  
- [ ] Fosamax-type meds:  
- [ ] If yes, please indicate:

**List medications or supplements you are currently taking:**

**Time of last dose:**

**Drop Allergies (check all that apply):**

- [ ] Latex Allergy  
- [ ] Penicillin  
- [ ] Amoxicillin  
- [ ] Cecloxin  
- [ ] Hypertension  
- [ ] Tobacco use:  

Presently under a physician’s care? [ ] yes [ ] no  
Why:

**Date of last medical visit:**

**Glucose**  
**Blood Pressure**  
**Pulse**

### DENTAL TRIAGE

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
<th>Procedure Approval</th>
<th>VELscope Ordered:</th>
<th>P</th>
<th>D</th>
<th>Other (describe):</th>
</tr>
</thead>
</table>

Premedication ordered: [ ] no  
[ ] Amoxicillin  
[ ] Clindamycin  
Imaging ordered: [ ] no  
[ ] Periapical  
[ ] Bitewing  
[ ] Panoramic

**O1150: Triage Dental**  
(First Name): Signature:

**PREMEDICATION:**  
[ ] Amoxicillin 500 mg (4) STAT  
Time given:  
By: (Print Name)

[ ] Clindamycin 150 mg (4)  
Time given:  
By: (Print Name)

**IMAGING:**  
0202 Periapical  
0272 Bitewing  
0303 Panoramic

**ANESTHETIC:**  
Area/Amount  
Time adm:  
By: (Print Name)

**PROCEDURES COMPLETED:**

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>by: (Print Name)</th>
<th>by: (Print Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2140 Amalgam - 1 surf</td>
<td>2740 Ceramic Crown</td>
<td>7111 Coronal Rem - Dec Th</td>
</tr>
<tr>
<td>2150 Amalgam - 2 surf</td>
<td>2930 Prefab SS Crown - Prim</td>
<td>7140 Extraction/Roots</td>
</tr>
<tr>
<td>2160 Amalgam - 3 surf</td>
<td>2650 Core Buildup for Crown</td>
<td>7210 Surgical Removal</td>
</tr>
<tr>
<td>2161 Amalgam - 4 surf</td>
<td>3220 Therapeutic Pulpotomy</td>
<td>7220 Ext Impact Soft Tissue</td>
</tr>
<tr>
<td>2330 Art Comp - 1 surf</td>
<td>3310 Root Canal - Anterior</td>
<td>7230 Ext Impact Part Bony</td>
</tr>
<tr>
<td>2331 Art Comp - 2 surf</td>
<td>3320 Root Canal - Bisospid</td>
<td>7240 Ext Impact Comp Bony</td>
</tr>
<tr>
<td>2352 Art Comp - 3 surf</td>
<td>3350 Root Canal - Mohr</td>
<td>7250 Ext Roots - Surgical</td>
</tr>
<tr>
<td>2353 Art Comp - 4 surf</td>
<td>5650 Add Tooth - Partial</td>
<td>7310 Alveoplasty/Ext pocket</td>
</tr>
<tr>
<td>2391 Post Comp - 1 surf</td>
<td>5610 Upper One-step Denture</td>
<td>9951 Occlusal Adj - Limited</td>
</tr>
<tr>
<td>2392 Post Comp - 2 surf</td>
<td>5611 Lower One-step Denture</td>
<td>9971 Ondontoplasty</td>
</tr>
<tr>
<td>2393 Post Comp - 3 surf</td>
<td>5620 Upper Flipper</td>
<td>Not listed procedure</td>
</tr>
<tr>
<td>2394 Post Comp - 4 surf</td>
<td>5621 Lower Flipper</td>
<td>Not listed procedure</td>
</tr>
</tbody>
</table>

**HYGIENE**

<table>
<thead>
<tr>
<th>Procedure Description</th>
<th>by:</th>
<th>by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1110 Adult Prophy (≥ 12 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1206 Fluoride Varnish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4355 Full Mouth Debridement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1120 Child Prophy (&lt; 11 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1351 Sealants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INITIAL PRESCRIPTION TO BE FILLED:**

<table>
<thead>
<tr>
<th>Prescription Description</th>
<th>Dent. Int.</th>
<th>Q</th>
<th>Filled:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin 500 mg k21 - 1 x 7d</td>
<td></td>
<td>Q</td>
<td>Filled:</td>
</tr>
<tr>
<td>Buprenorphine 400 mg k28 - 1-2 q 4-6 hr pain</td>
<td></td>
<td>Q</td>
<td>Filled:</td>
</tr>
<tr>
<td>Clindamycin 150 mg k42 - 2 x 7d</td>
<td></td>
<td>Q</td>
<td>Filled:</td>
</tr>
<tr>
<td>Tramadol 50 mg k28 - 1-2 q 4-6 hr pain</td>
<td></td>
<td>Q</td>
<td>Filled:</td>
</tr>
</tbody>
</table>