

Loma Linda University Medical Center
HOSPITAL DENTISTRY SERVICE
Rules and Regulations May 2010

A. RESPONSIBILITIES

The Hospital Dentistry Service of the Medical Center shall be responsible for:

1. The evaluation of the qualifications of those individuals applying or reapplying for membership on the medical staff in the Hospital Dentistry Service.
2. The monitoring of the ethical and professional practices of the medical staff members on the Hospital Dentistry Service and monitoring of the quality of care provided by them.
3. The monitoring of the clinical activities of the students and residents assigned to the Hospital Dentistry Service.
4. The provision of continuing education activities to its members and guests.

B. MEMBERSHIP

The Hospital Dentistry Service shall be made up of dentists who perform procedures and provide services at Loma Linda University Medical Center.

Requirements for membership in the Hospital Dentistry Service of the medical staff shall be determined by the Executive Committee of the Medical Staff and shall be implemented through the Bylaws and Rules and Regulations of the Medical Staff. Notwithstanding this requirement, membership shall be available only to those qualified by training and/or experience to fulfill all the requirements of these service rules and regulations.

C. OFFICERS

The Chief of the Hospital Dentistry Service shall be the Dean of the School of Dentistry or designee, subject to approval by the Medical Staff Executive Committee.

The Chief of Service shall:

1. Serve as chairman of the Hospital Dentistry Service Committee
2. Organize and chair regular meetings of the members of the Hospital Dentistry Service
3. Appoint service committees as needed or required
4. Maintain records of the Hospital Dentistry Service

D. COMMITTEES

1. The Hospital Dentistry Service Committee
2. Chair: Chief of Service
3. Membership: The Chief of Service shall appoint Members of the Hospital Dentistry Service Committee for indefinite periods at the discretion of the Chief of Service. The number of members may vary from time to time.
4. Function:
 - a. Review applications for appointment and reappointment to the Hospital Dentistry Service

- b. Recommend (to the Chief of Service) the granting of specific clinical privileges.
 - c. Recommend (to the entire Service) Service policies and rules and regulations.
 - d. Assist the Chief of Service in the administrative activities of the Service as directed.
5. Quality Improvement Committee
- a. Chair: Chief of Service
 - b. Membership: All active full-time members of the Hospital Dentistry Service shall serve as members of the Committee.
 - c. Function: This committee will review selected aspects of care on the Hospital Dentistry Service with the goal of achieving continuing quality improvement.
 - 1) The committee will present recommendations to the Chief of Service for changes in policies, procedures and regulations that are intended to improve the quality of care on the Hospital Dentistry Service.
 - 2) The committee will present to the entire Service the results of its monitoring activities.
 - 3) The committee will arrange for the presentation to the Hospital Dentistry Service educational program in response to its (the committee) quality improvement activities.

E. POLICIES

Rules and regulations governing the Hospital Dentistry Service will be developed as policies. These policies shall be approved by the Hospital Dentistry Service Committee, the active members of the Service, and the Executive Committee of the Medical Staff. These policies will be summarized in a document titled **RULES AND REGULATIONS** which will be reviewed annually and distributed to all members of the Hospital Dentistry Service after review.

F. PRIVILEGES

- 1. General
 - a. Members of the Hospital Dentistry Service shall be granted practice/clinical privileges consistent with their ability. Training and experience are major indicators of ability. Many privileges require specific observation by a peer to evaluate ability. Dentists seeking privileges in areas outside their approved category would request those privileges individually and clinical service approval would be determined individually based on documented clinical experience or educational training.
 - b. The supervision of resident requires endorsement by the appropriate Service Residency Program Director or designee. The supervision of dental students requires endorsement by the Chief of Service.
- 2. Specific: Categories
 - a. Category 1: General Dentists
 - b. Category 2: Specialty Board-eligible/certified or General Dentists with a combination of advanced training/education/experience.

3. Privileges
 - a. Category 1 Privileges
 - 1) The privileges involved with the routine care of dental patients other than those procedures in Category 2. General dentists with two years clinical experience are presumed to have gained initial proctoring is required. Proctoring of specific privileges is not required except the performance of dentistry under general anesthesia.
 - 2) These procedures are commonly performed in the ambulatory setting, and required a certification of competency from the medical staff member for each procedure on the Privilege Request Form at the time of initial application and reapplication. Proctoring specific to these procedures is not required.
 - b. Category 2 Privileges
The privileges involve procedures of advanced complexity, or are involved in the care of patients with dental/medical problems of such severity or complexity that the management is frequently provided by general dentists with advanced education or advanced experience. Proctoring specific to the area of privileges is required at the time of initial application. Dentists shall present evidence of specialty board eligibility/certification or advanced education or advanced experience at the time these procedures are requested and at the time of reapplication. Procedure specific proctoring is required.
 - c. Category 2 Privileges: Anesthesia
All applicants for anesthesia privileges shall present evidence of advanced training and experience at the time these procedures are requested and at the time of reapplication. The Chairman of the Department of Anesthesiology shall review and approve all requests for moderate sedation, deep sedation, and general anesthesia. Procedure specific proctoring is required.

G. PROCTORING

1. General Proctoring:
All initial appointments to the Hospital Dentistry Service are contingent on the applicant demonstrating to his/her peers that he/she has the capability to provide the evaluation and management services required by his/her patients. The individual will be required to demonstrate his/her ability to manage dental patient in the hospital environment. The usual requirement is that a peer reviews 10 cases. In special circumstances the number may be reduced by action of the Service Committee. The absolute minimum in 5 cases.
2. Specific Proctoring:
Category 2 privileges require procedure-specific proctoring each procedure.

H. QUALITY IMPROVEMENT

1. Policy
The quality of patient care provided by members with clinical privileges on the Hospital Dentistry Service will be monitored and evaluated on a concurrent and retrospective basis by members of the Hospital Dentistry Service as defined below:

- a. As part of the Medical Center’s QI program, the quality of patient care provided by members of the Hospital Dentistry Service is consistently and systematically evaluated.
 - b. Identified problems and opportunities for improvement will be addressed, investigated as necessary, and reduced, resolved or improved as indicated by the severity and/or scope of the issue.
 - c. The Chief of Service is responsible for insuring that the quality improvement process is implemented and maintained in a planned, ongoing, and systematic manner.
 - d. The staff members will identify “indicators of care” and develop objective, measurable criteria that reflect current knowledge, standards of practice and clinical experience.
 - e. Important aspects of patient care including “high volume”, “high risk”, “high cost”, and/or “problem-prone” diagnosis, treatments and procedures will be monitored on a periodic basis as determined by the scope and impact of the issue or problem. The process will be performed by the following:
 - 1) Chart review by peers
 - 2) Quarterly QI Committee meeting
 - 3) Quarterly Staff meeting
 - 4) Quarterly Service Committee meeting
 - f. Documentation of the review, findings, and recommendation, actions taken, and the results of the actions will be maintained with the minutes of the Hospital Dentistry QI Committee, and reported to the respective LLUMC QI Committee. Anesthesia QI will be reported to the Department of Anesthesiology QI Committee.
 - g. Relevant information pertaining to patient care monitoring and evaluation outcomes will be shared with the appropriate individuals, departments and/or services as indicated.
 - h. Reappointment and credentialing activities will include the critical review of the individual practitioner’s monitoring and evaluation of outcomes.
2. Responsibility for QI:
Chief of Service/designee
 3. Scope of Services/Description of QI Program
The patients covered by the QI program include:
 - a. Patients treated by the members of the Hospital Dentistry Service
 - b. Consultative services by requested of other staff physicians
 4. Important Aspects – Indicators/Methods of Monitoring
Determined by the QI Committee on an ongoing basis
 5. Review of Reports/Referrals From:
Medical Record Committee
Infection Control Committee
Pharmacy & Therapeutics Committee
Other Services and Committees as applicable

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