

# Patients as Partners in Promoting Quality and Safety at the Dental Office

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**Eni Obadan-Udoh, DDS, MPH,  
Dr.Med.Sc.**

Assistant Professor,

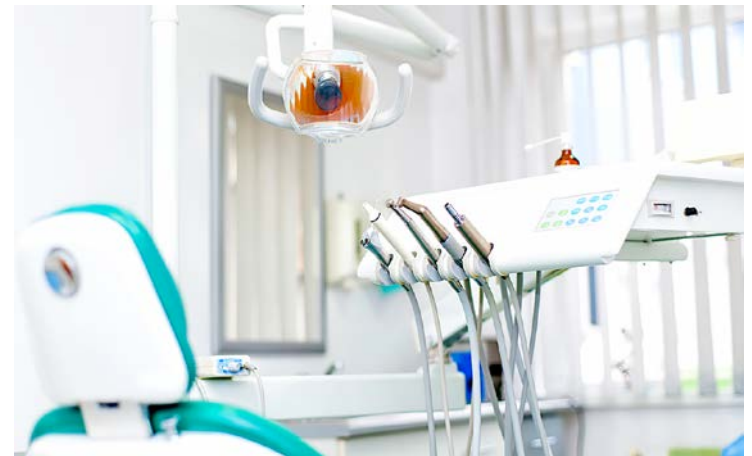
Director, Dental Public Health Postgraduate  
Program

Division of Oral Epidemiology and Dental Public  
Health

Department of Preventive and Restorative Dental  
Sciences



University of California  
San Francisco



# Presentation Overview

- **My Personal Journey into Quality and Safety**

1

- **Overview of the Quality and Safety Landscape in Dentistry**

2

- **Importance of the Patient's Perspective**

3

- **Main Findings from Past Studies**

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- **Roadmap for Future Studies**

5

- **DPH Residency Program (HRSA Grant Opportunities)**

6

# My Journey...



Medication

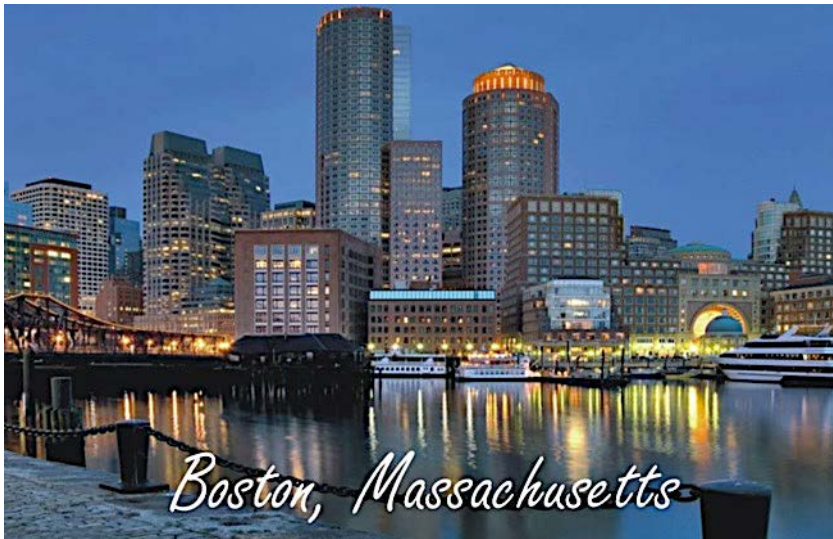
**ERROR**

# LAGOS



**STOP**  
**BULLYING**

# ADVERSE EVENT



**Dr. Lucian Leape MD**  
**Physician and professor at**  
**Harvard School of Public Health**  
**Boston, Massachusetts**

**A TWO-PRONGED APPROACH TO UNDERSTANDING QUALITY AND SAFETY EVENTS  
AT THE DENTAL OFFICE**

A Thesis Presented by

*Enihomo Mary Obadan-Udoh, DDS, MPH*

to

The Faculty of Medicine

In partial fulfillment of the requirements

for the degree of

Doctor of Medical Sciences

*Research Mentors: Elsbeth Kalenderian, DDS, MPH, PhD, Associate Professor*

*Rachel Badovinac Ramoni, DMD, ScD, Assistant Professor*

Harvard School of Dental Medicine

Boston, Massachusetts

April 2016



The Journal of the American Dental Association

Volume 146, Issue 5, May 2015, Pages 318-326.e2



Original Contributions

Patient Safety

## Lessons learned from dental patient safety case reports

Enihomo M. Obadan DDS, MPH  , Rachel B. Ramoni DMD, ScD, Elsbeth Kalenderian DDS, MPH, PhD

## Patient-Reported Dental Safety Events A South African Perspective

Obadan-Udoh, Enihomo DDS, MPH, DMSc<sup>\*</sup>; Van der Berg-Cloete, Sophy BChD, PGDip, MBA, DHSM<sup>†</sup>; Ramoni, Rachel DMD, ScD<sup>‡</sup>; Kalenderian, Elsbeth DDS, MPH, PhD<sup>‡</sup>; White, John George BChD, MBA, PhD<sup>‡</sup>

**Author Information** 

Journal of Patient Safety: January 23, 2018 - Volume Publish Ahead of Print - Issue -

doi: 10.1097/PTS.0000000000000464

## Perceptions of quality and safety among dental patients

SADJ August 2019, Vol. 74 No. 7 p374 - p382

E Obadan-Udoh<sup>1</sup>, R Ramoni<sup>2</sup>, S Van Der Berg-Cloete<sup>3</sup>, G White<sup>4</sup>, E Kalenderian<sup>5</sup>

# Overview of the Quality and Safety Landscape in Dentistry

Healthcare quality is *“doing the right things, for the right patient, at the right time, in the right way to achieve the best possible results”* - AHRQ (2008)





**“Patient safety is the absence of preventable harm to a patient during the process of health care.”**

**- World Health Organization (WHO) Patient Safety**





*“... to advance performance measurement as a means to improve oral health, patient care, and safety through a consensus-building process.”*

- Academy of General Dentistry
- American Academy of Oral & Maxillofacial Pathology
- American Academy of Oral & Maxillofacial Radiology
- American Academy of Pediatric Dentistry
- American Academy of Periodontology
- American Association of Endodontists
- American Association of Oral and Maxillofacial Surgeons
- American Association of Orthodontists
- American Association of Public Health Dentistry
- American Association for Dental Research
- American Board of Pediatric Dentistry
- American College of Prosthodontists
- American Dental Association
- American Dental Education Association
- American Dental Hygienists' Association
- America's Health Insurance Plans
- Delta Dental Plans Association
- DentaQuest
- eClinicalWorks
- Managed Care of North America Dental
- National Association of Dental Plans
- National Network for Oral Health Access
- The Joint Commission

## From good to better

Toward a patient safety initiative in dentistry

Rachel B. Ramoni, DMD, ScD <sup>1</sup> • Muhammad F. Walji, PhD <sup>2</sup> • Joel White, DDS, MS <sup>3</sup> • ...

Ram Vaderhobli, DDS <sup>5</sup> • Debora Simmons, PhD, RN, CCRN, CCNS <sup>6</sup> •

Elsbeth Kalenderian, DDS, MPH <sup>7</sup> ✉ • Show all authors • Show footnotes

DOI: <https://doi.org/10.14219/jada.archive.2012.0303>



J Patient Saf. Author manuscript; available in PMC 2018 Dec 30.

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Published online 2017 Jun 30. doi: 10.1097/PTS.0000000000000407

PMCID: PMC5748012

NIHMSID: NIHMS880323

PMID: 28671915

### Classifying Adverse Events in the Dental Office

Elsbeth Kalenderian, DDS, MPH, PhD,<sup>1,\*</sup> Enihomo Obadan-Udoh, DDS, MPH, Dr., Med.Sc.,<sup>1,\*</sup> Peter Maramaldi, PhD, MPH,<sup>2</sup> Jini Etolue, DDS, MPH,<sup>3</sup> Alfa Yansane, PhD,<sup>1</sup> Denice Stewart, DDS, MHSA,<sup>4</sup> Joel White, DDS, MS,<sup>1</sup> Ram Vaderhobli, BDS, MS,<sup>1</sup> Karla Kent, PhD, NH,<sup>4</sup> Nutan B. Hebballi, BDS, MPH, PMP,<sup>5</sup> Veronique Delattre, DDS,<sup>5</sup> Maria Kahn, DDS,<sup>3</sup> Oluwabunmi Tokede, BDS, MPH,<sup>3</sup> Rachel B. Ramoni, DMD, ScD,<sup>6</sup> and Muhammad F. Walji, PhD<sup>5</sup>

Obadan-Udoh et al. BMC Oral Health (2019) 19:38  
<https://doi.org/10.1186/s12903-019-0725-4>

BMC Oral Health

DEBATE

Open Access



## Unintended consequences and challenges of quality measurements in dentistry

Enihomo M. Obadan-Udoh<sup>1\*</sup>, Jean M. Calvo<sup>2</sup>, Sapna Panwar<sup>1</sup>, Kristen Simmons<sup>1</sup>, Joel M. White<sup>1</sup>, Muhammad F. Walji<sup>4</sup> and Elsbeth Kalenderian<sup>1</sup>

FEATURES A BETTER PRACTICE | VOLUME 149, ISSUE 4, P322-326, APRIL 01, 2018

## Quality measures everywhere

The case for parsimony

Elsbeth Kalenderian, DDS, MPH, PhD ✉ ✉ • Rachel Ramoni, DMD, DMSc • Heiko Spallek, DDS, PhD •

Joel White, DDS, MS • Muhammad Walji, PhD

DOI: <https://doi.org/10.1016/j.adaj.2018.01.046>



The Journal of the American Dental Association

Volume 144, Issue 7, July 2013, Pages 808-814



Dental Trigger Tool

## An adverse event trigger tool in dentistry: A new methodology for measuring harm in the dental office

Elsbeth Kalenderian DDS, MPH <sup>1</sup> ✉, Muhammad F. Walji PhD <sup>2</sup>, Anamaria Tavares DDS <sup>3</sup>, Rachel B. Ramoni DMD, ScD <sup>4</sup>



The Journal of the American Dental Association

Volume 147, Issue 10, October 2016, Pages 803-811



Original Contributions

Adverse Event

## How dental team members describe adverse events

Peter Maramaldi PhD, MPH, LCSW, Muhammad F. Walji PhD, Joel White DDS, MS, Jini Etolue DDS, MPH, Maria Kahn DDS, Ram Vaderhobli DDS, MS, Japneet Kwatra BDS, MS, Veronique F. Delattre DDS, Nutan B. Hebballi BDS, MPH, PMP, Denice Stewart DDS, MHSA, Karla Kent PhD, Alfa Yansane PhD, Rachel B. Ramoni DMD, ScD, Elsbeth Kalenderian DDS, MPH, PhD ✉ ✉

JDR Clinical & Translational Research

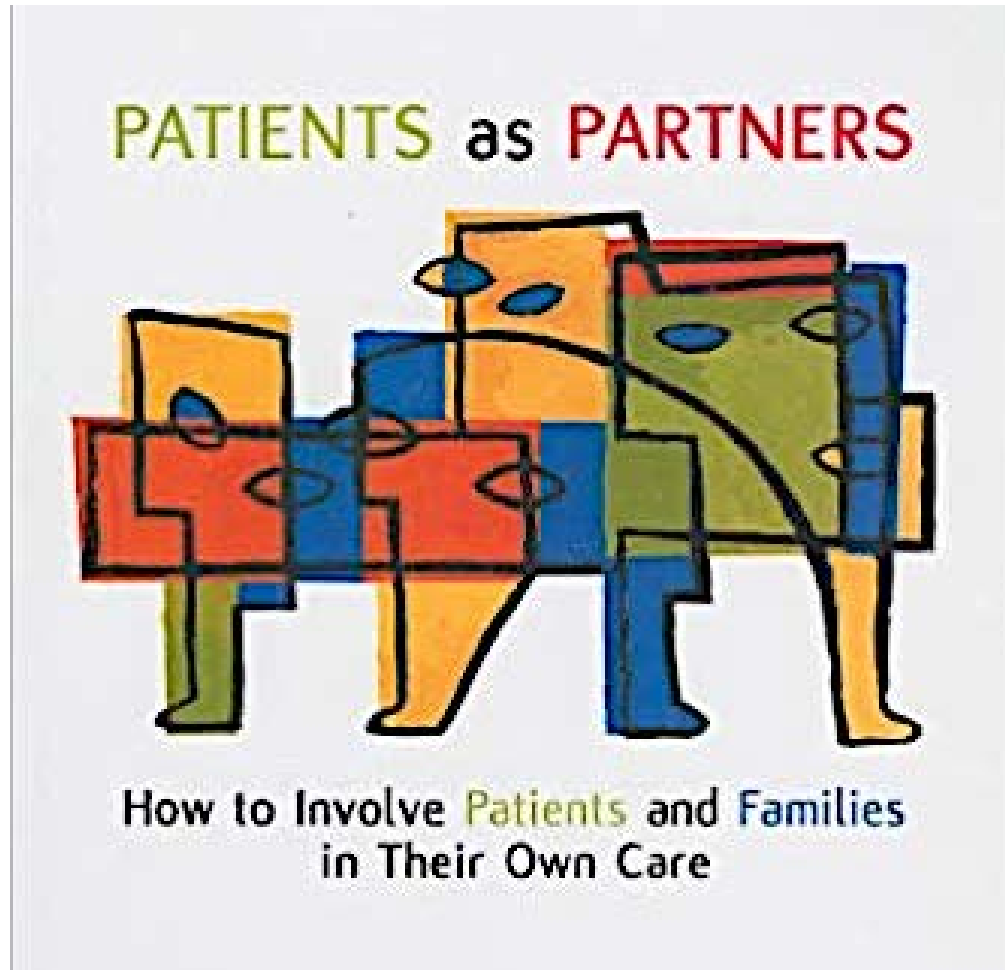
April 2020

SPECIAL COMMUNICATION

## An International Working Definition for Quality of Oral Healthcare

A.J. Righolt<sup>1</sup> , M.F. Walji<sup>2</sup>, J.S. Feine<sup>3,4</sup>, D.M. Williams<sup>5</sup>, E. Kalenderian<sup>6</sup>, and S. Listl<sup>1,7</sup>

# Why is the patient's perspective important?



Arch Pathol Lab Med. 2006 Aug;130(8):1103-5.

**How safe is safe enough? Ask a patient.**

Myers JL.

# Patients are the primary recipients of harm

Qual Saf Health Care. 2002 Mar;11(1):76-80.

## **Patient safety: what about the patient?**

Vincent CA<sup>1</sup>, Coulter A.



Hosp Health Netw. 2003 Dec;77(12):36-40, 49, 2.

## **"Can you hear me now?" Providers must give patients a voice in efforts to reduce medical errors.**

Spath PL.



AMIA Annu Symp Proc. 2017 Feb 10;2016:609-617. eCollection 2016.

## **"Scared to go to the Hospital": Inpatient Experiences with Undesirable Events.**

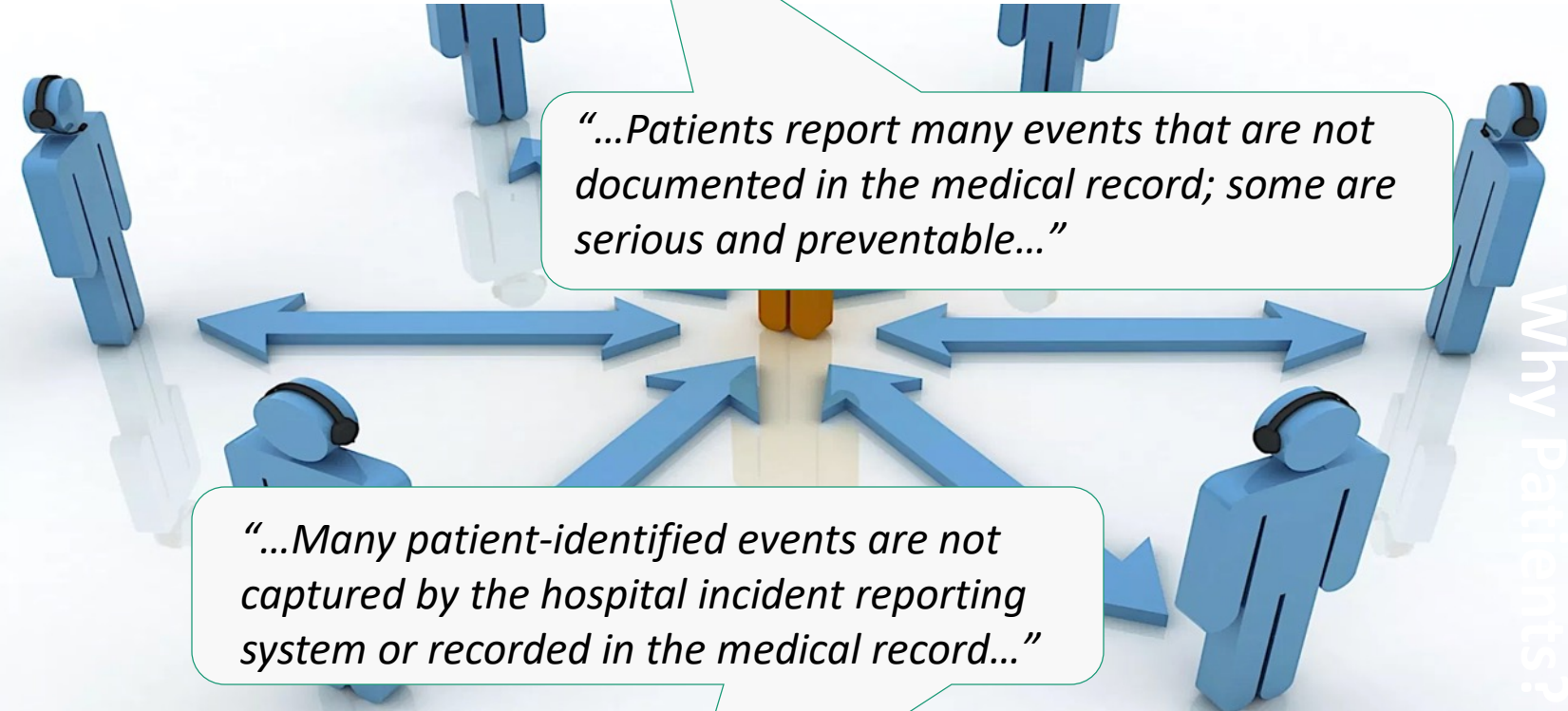
Haldar S<sup>1</sup>, Filipkowski A<sup>1</sup>, Mishra SR<sup>1</sup>, Brown CS<sup>1</sup>, Elera RG<sup>1</sup>, Pollack AH<sup>2</sup>, Pratt W<sup>1</sup>.

# Patients are present throughout the continuum of care

Ann Intern Med. 2008 Jul 15;149(2):100-8.

## Comparing patient-reported hospital adverse events with medical record review: do patients know something that hospitals do not?

Weissman JS<sup>1</sup>, Schneider EC, Weingart SN, Epstein AM, David-K, I, Feibelmann S, Annas CL, Ridley N, Kirle L, Gatsonis C.



*"...Patients report many events that are not documented in the medical record; some are serious and preventable..."*

*"...Many patient-identified events are not captured by the hospital incident reporting system or recorded in the medical record..."*

Why Patients?

J Gen Intern Med. 2005 Sep; 20(9): 830–836.  
doi: [10.1111/j.1525-1497.2005.0180.x]

PMCID: PMC1490203  
PMID: 16117751

## What Can Hospitalized Patients Tell Us About Adverse Events? Learning from Patient-Reported Incidents

Saul N Weingart, MD, PhD,<sup>1,2,3</sup> Odelya Pagovich, BA,<sup>4</sup> Daniel Z Sands, MD, MPH,<sup>2,3,5</sup> Joseph M Li, MD,<sup>2,3</sup> Mark D Aronson, MD,<sup>2,3</sup> Roger B Davis, ScD,<sup>2,3</sup> David W Bates, MD, MSc,<sup>3,6</sup> and Russell S Phillips, MD<sup>2,3</sup>

# Patients are reliable witnesses

[Health Serv Res.](#) 2016 Dec; 51(Suppl Suppl 3): 2600–2614.

PMCID: PMC5134352

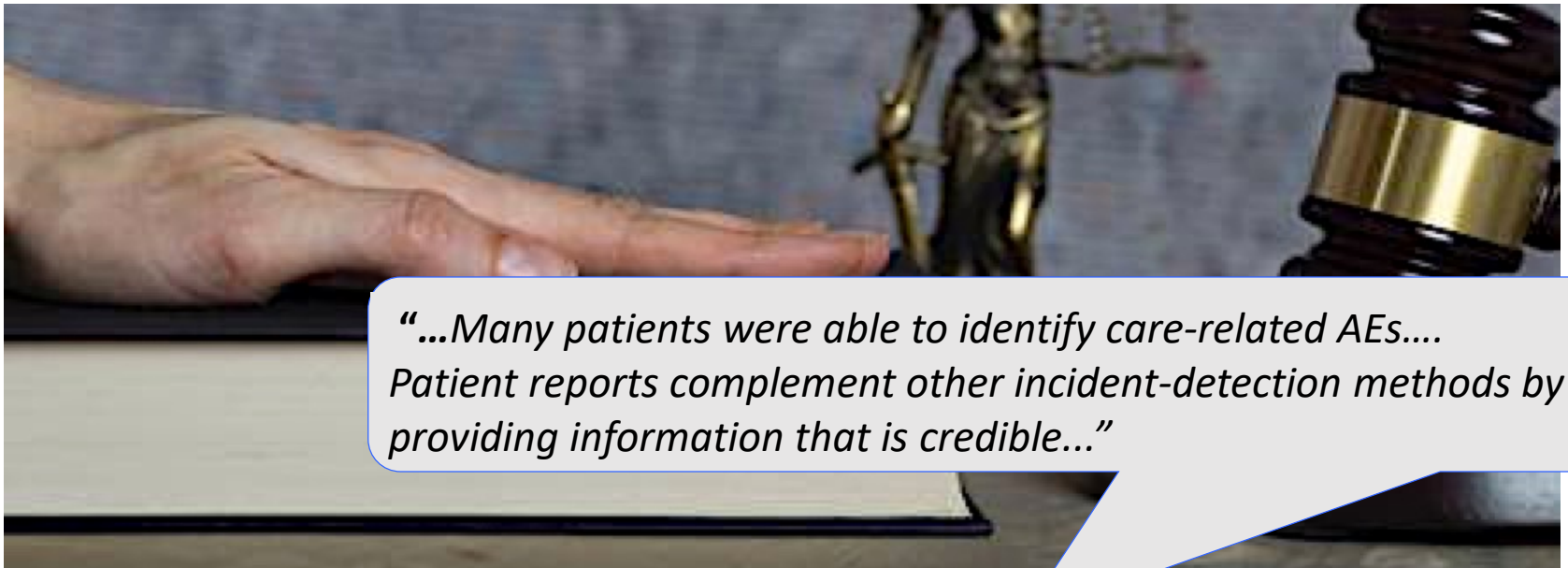
Published online 2016 Oct 24. doi: [\[10.1111/1475-6773.12593\]](https://doi.org/10.1111/1475-6773.12593)

PMID: [27778321](https://pubmed.ncbi.nlm.nih.gov/27778321/)

## Patients as Partners in Learning from Unexpected Events

Monitoring Editor: M. Susan Ridgely, Michael D. Greenberg, and Carolyn M. Clancy

[Jason M. Etchegaray](#), Ph.D.,<sup>1</sup> [Madelene J. Ottosen](#), Ph.D., R.N.,<sup>2</sup> [Aitebureme Aigbe](#), Dr.P.H.,<sup>3</sup> [Emily Sedlock](#), M.P.H.,<sup>4</sup> [William M. Sage](#), M.D., J.D.,<sup>5</sup> [Sigall K. Bell](#), M.D.,<sup>6,7</sup> [Thomas H. Gallagher](#), M.D.,<sup>8</sup> and [Eric J. Thomas](#), M.D., M.P.H.<sup>9</sup>



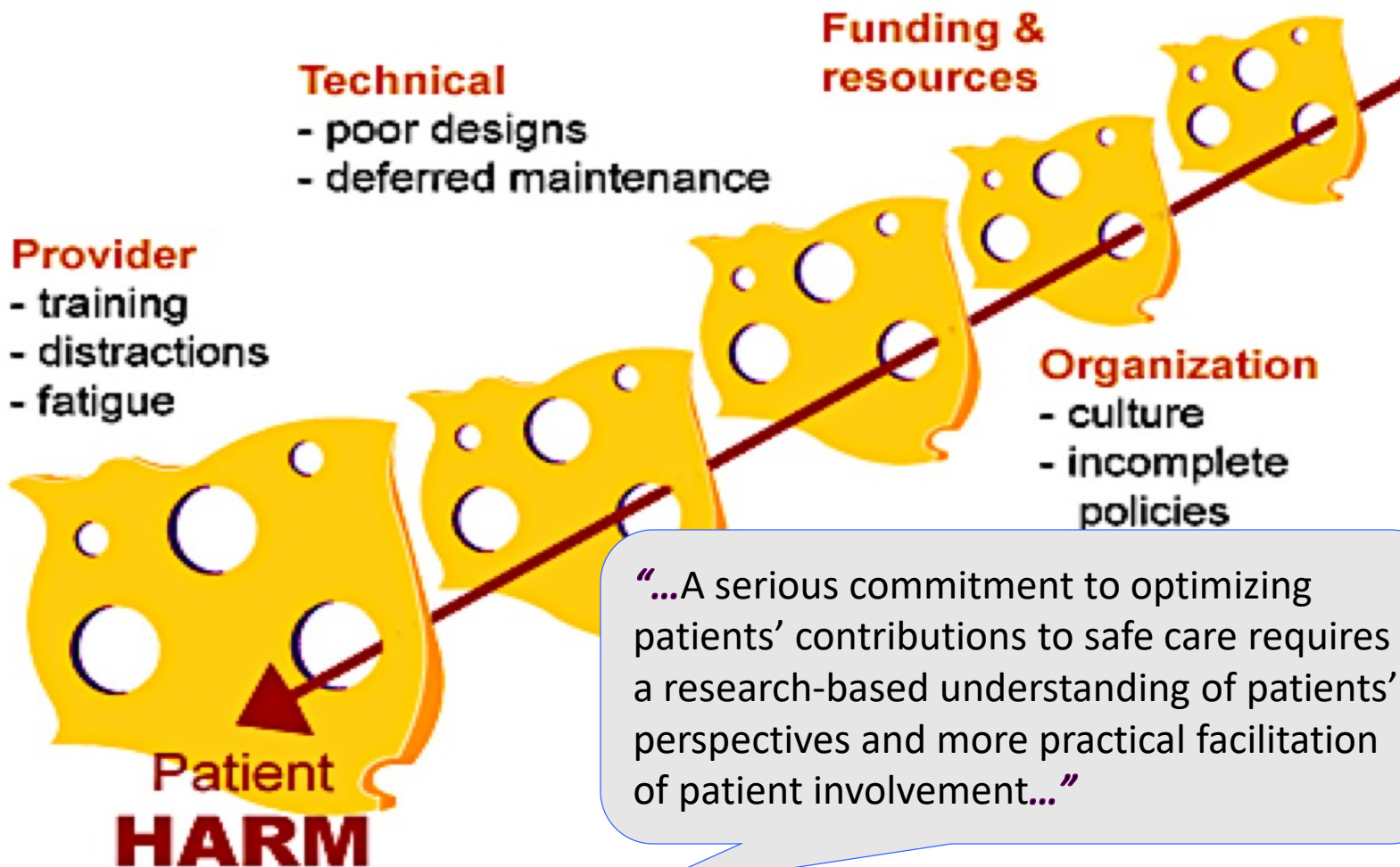
*“...Many patients were able to identify care-related AEs...  
Patient reports complement other incident-detection methods by  
providing information that is credible...”*

Can We Rely on Patients' Reports of Adverse Events?

Author(s): Junya Zhu, Sherri O. Stuver, Arnold M. Epstein, Eric C. Schneider, Joel S. Weissman and Saul N. Weingart

Source: *Medical Care*, Vol. 49, No. 10 (October 2011), pp. 948–955

# Vigilant patients add an extra layer of defense



*Jt Comm J Qual Patient Saf.* 2005 Sep;31(9):483-94.

**Advising patients about patient safety: current initiatives risk shifting responsibility.**

Entwistle VA<sup>1</sup>, Mello MM, Brennan TA.

# NATIONAL PATIENT SAFETY GOALS

## **Goal 13 states:**

“Encourage patients’ active involvement in their own care as a patient safety strategy”

## **Goal 13A states:**

“Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so”





# Main Findings from Past Studies

# Timeline

Survey: Prevalence  
(Pretoria, SA)

Focus Group: Role  
(San Francisco, CA)

Focus Group: Role  
(Houston, TX;  
Minneapolis, MN)

2017

2018

2020

2015

2018

2019

Survey: Reporting  
(San Francisco, CA)

Phone Interviews/ EHR  
(San Francisco, CA)

Survey: Patient Portals  
(San Francisco, CA)



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Setting:  
Pretoria, South  
Africa



# Patient-Reported Dental Safety Events

## A South African Perspective

Obadan-Udoh, Enihomo DDS, MPH, DMSc<sup>\*</sup>; Van der Berg-Cloete, Sophy BChD, PGDip, MBA, DHSM<sup>†</sup>;  
Ramoni, Rachel DMD, ScD<sup>‡</sup>; Kalenderian, Elsbeth DDS, MPH, PhD<sup>\*</sup>; White, John George BChD, MBA, PhD<sup>†</sup>

**Author Information** 

Journal of Patient Safety: January 23, 2018 - Volume Publish Ahead of Print - Issue -  
doi: 10.1097/PTS.0000000000000464

# Methods (2015 Survey)

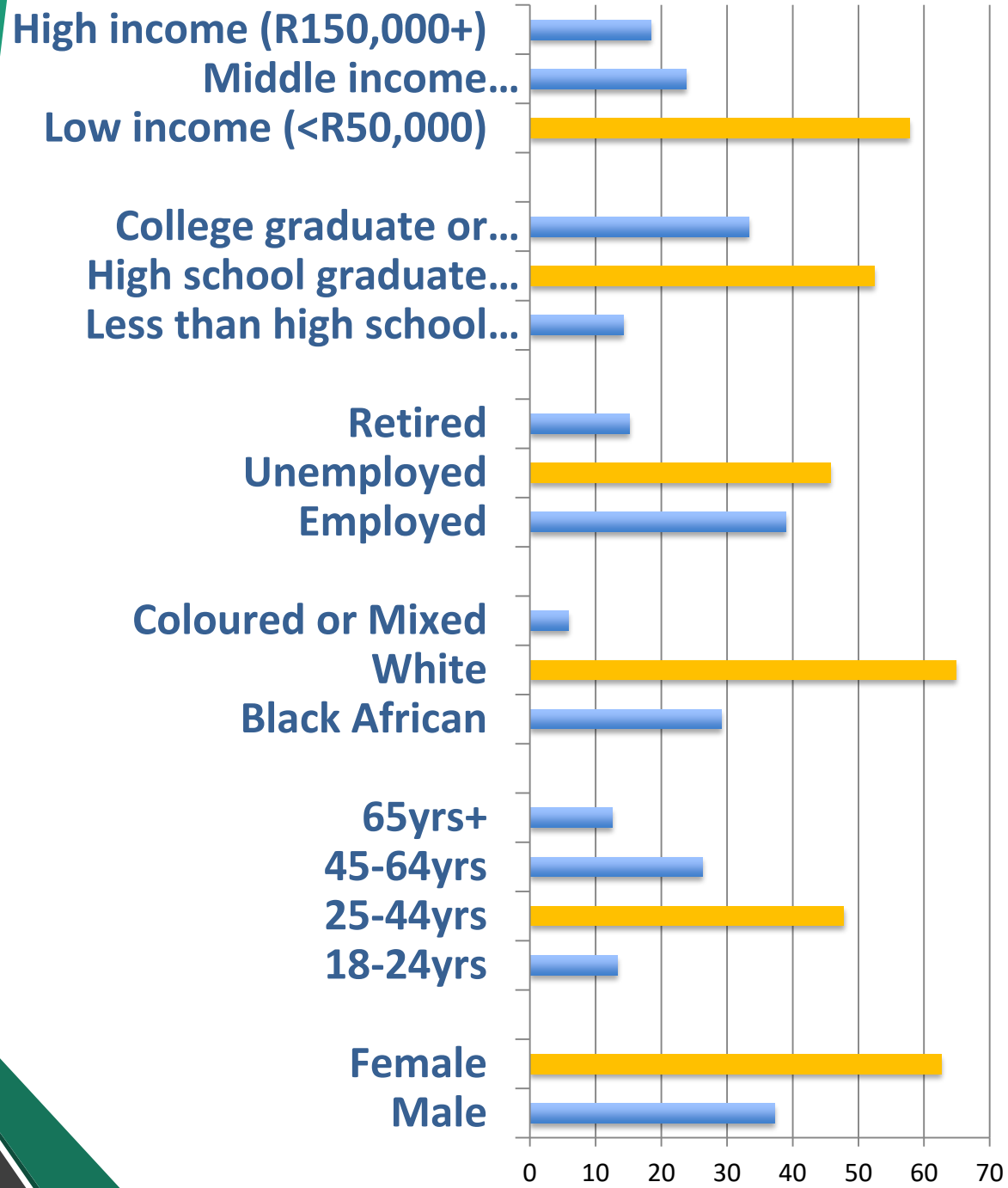
**Design: Cross-sectional Study**

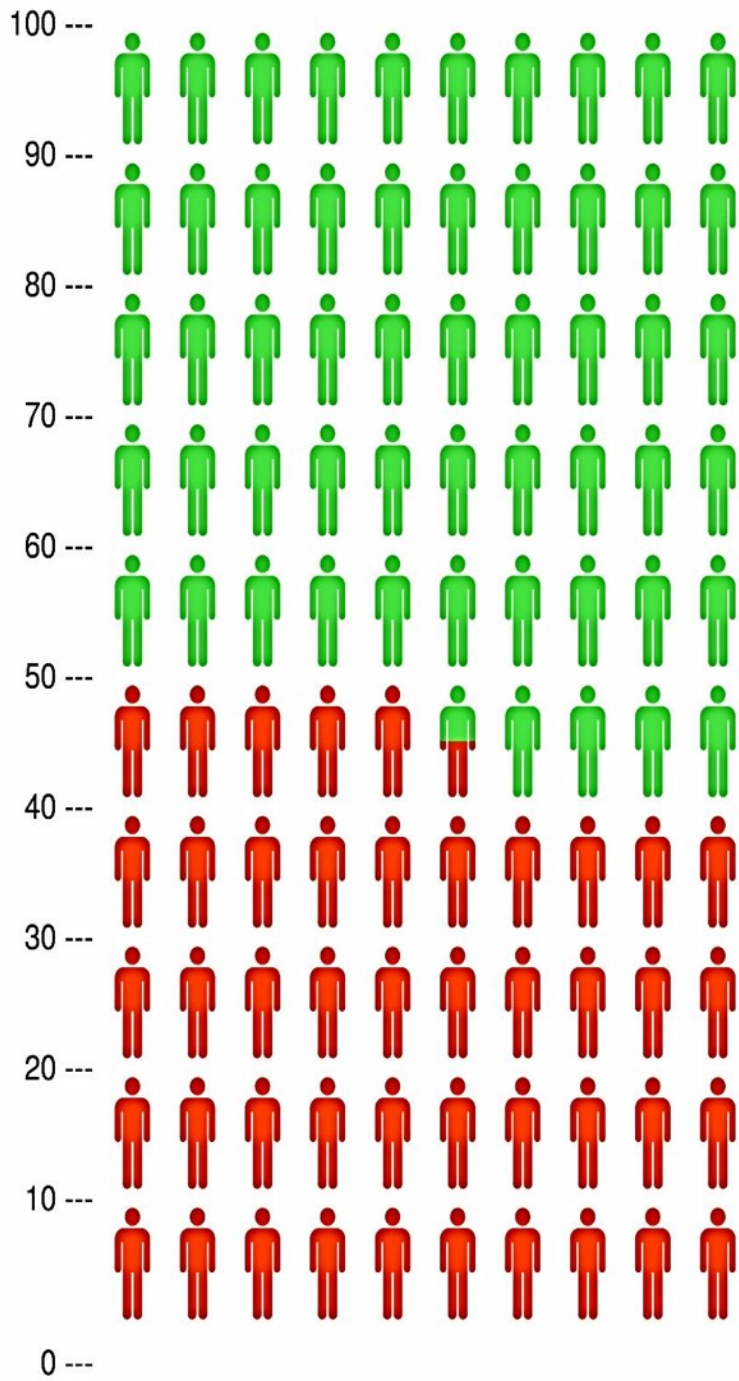
**Participants:** Dental patients seen at the Patient Management Section, weekdays (May – June 2015)

**Procedures:**

- Self-Administered Questionnaire
- Sample size (n) – 440 (Response rate 97.8%)
- Inclusion Criteria: New and Existing (active) patients; Adults (>18yrs)
- Exclusion criteria: Emergency patients

# Participant Demographics





45.5 out of 100 respondents had experienced one or more DAEs



54.5 out of 100 respondents had no past experience of DAEs

**Dental AE Prevalence:  
1.6 events per respondent**

# Most Common Types of Patient-reported Harm



Unexpected Pain (11.6%)

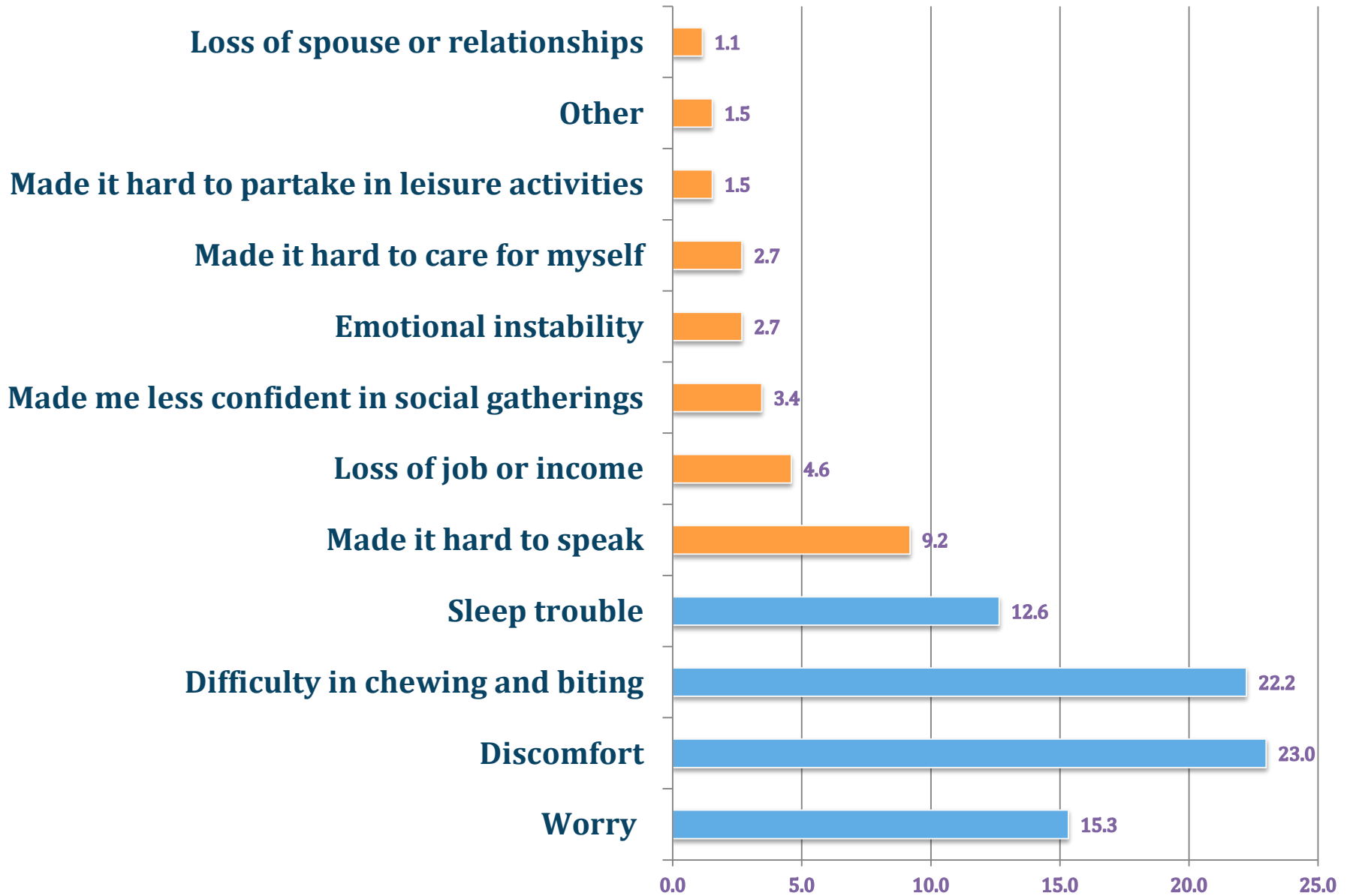
Intra-oral Soft-tissue Injury (24%)



Intra-oral Hard Tissue Damage (30.4%)



# Lifestyle Effects of DAE Experience





# DAE Experience and Associated Factors

Variables	Adjusted PRR (95%CI)	P-value
<b>Age</b>		
45-64yrs vs 18-24yrs	1.5 (1.07, 2.1)	0.02
65yrs+ vs 18-24yrs	2.18 (1.02, 4.66)	0.04
45-64yrs vs 24-44yrs	1.39 (1.05, 1.85)	0.02
<b>Annual Household Income</b>		
Low vs High income (>R150,000)	1.49 (1.12-1.97)	0.01
<b>Oral Health Status</b>		
Satisfied vs Dissatisfied	1.3 (1.0-1.68)	0.05
<b>Satisfaction with last dental visit</b>		
Satisfied vs Dissatisfied	1.44 (1.15-1.82)	<0.001

# Perceptions of quality and safety among dental patients

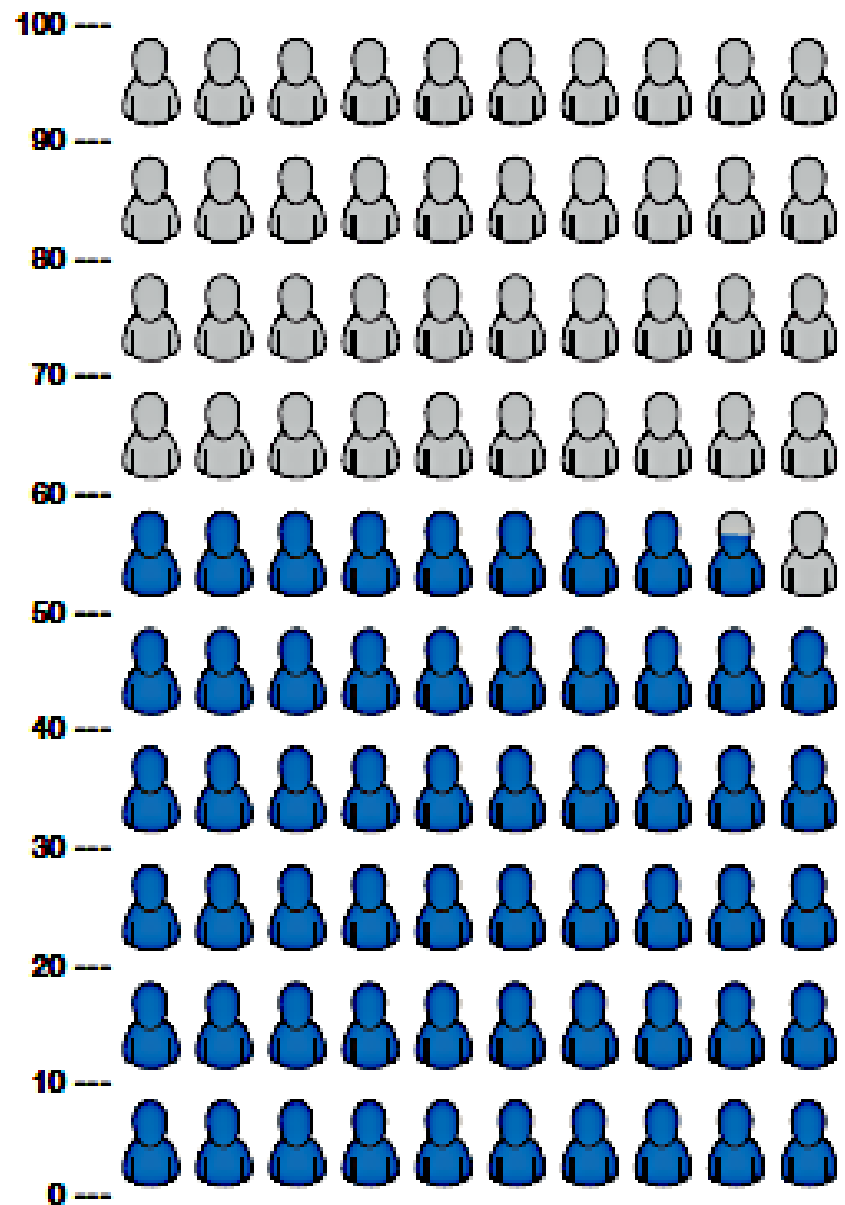
SADJ August 2019, Vol. 74 No. 7 p374 - p382

E Obadan-Udoh<sup>1</sup>, R Ramoni<sup>2</sup>, S Van Der Berg-Cloete<sup>3</sup>, G White<sup>4</sup>, E Kalenderian<sup>5</sup>

## Dimensions of Quality:

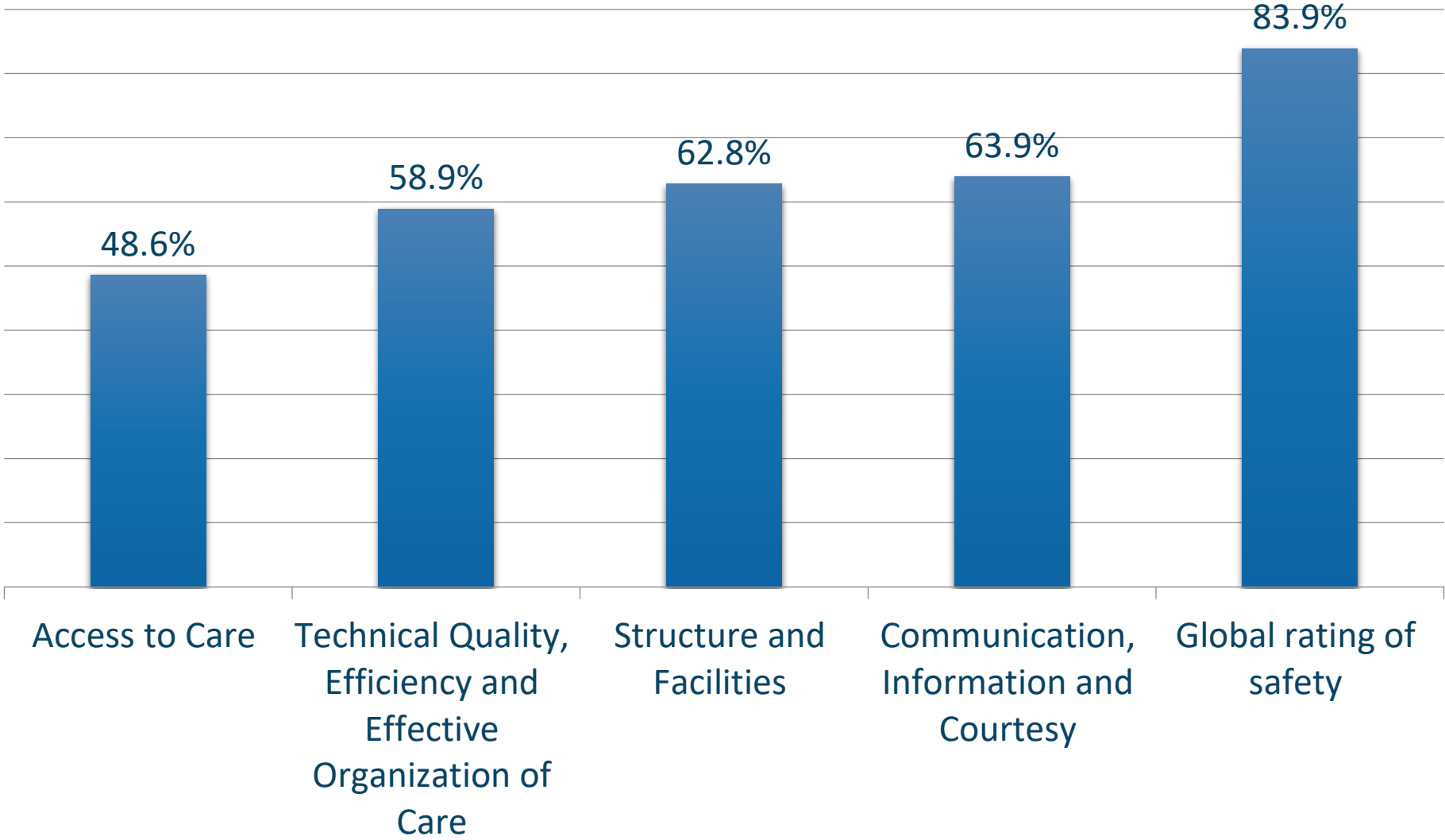
- A) Access to Care
- B) Technical Quality, Efficiency and Effective Organization of Care
- C) Structure and Facilities
- D) Communication, Information and Courtesy
- E) Global rating of safety

# Overall Perception of Dental Quality



58.6 out of 100 people rated the quality of dental care as high.

# Positive Perception of Quality by Dimension



Dimensions of Quality	% Positive (95% CI)	Mean ± SD
<b>Most Positive</b>		
The instruments used in treating me appeared clean	97.6 (95.9-99.3)	3.8±0.5
The clinic was kept clean	95.9 (93.8-98.0)	3.7±0.6
The dentist spoke to the other dental staff with respect	94.6 (92.3-97.0)	3.7±0.6
<b>Most Negative</b>		
Whenever I was sent to a new dentist, I had to repeat the tests that I did at the previous dentist*	36.9 (31.0-42.8)	2.1±1.1
I was able to see the dental provider within <b>one hour</b> of my appointment	46.7 (41.1-52.2)	2.5±1.0
I was able to get an appointment within <b>24hrs</b> for a <b>dental emergency</b>	55.3 (49.8-60.7)	2.6±1.1

Questions?





# Journal of Evidence Based Dental Practice

Volume 20, Issue 3, September 2020, 101424



Original Article

## Are Dental Patients Concerned About Safety? An Exploratory Study

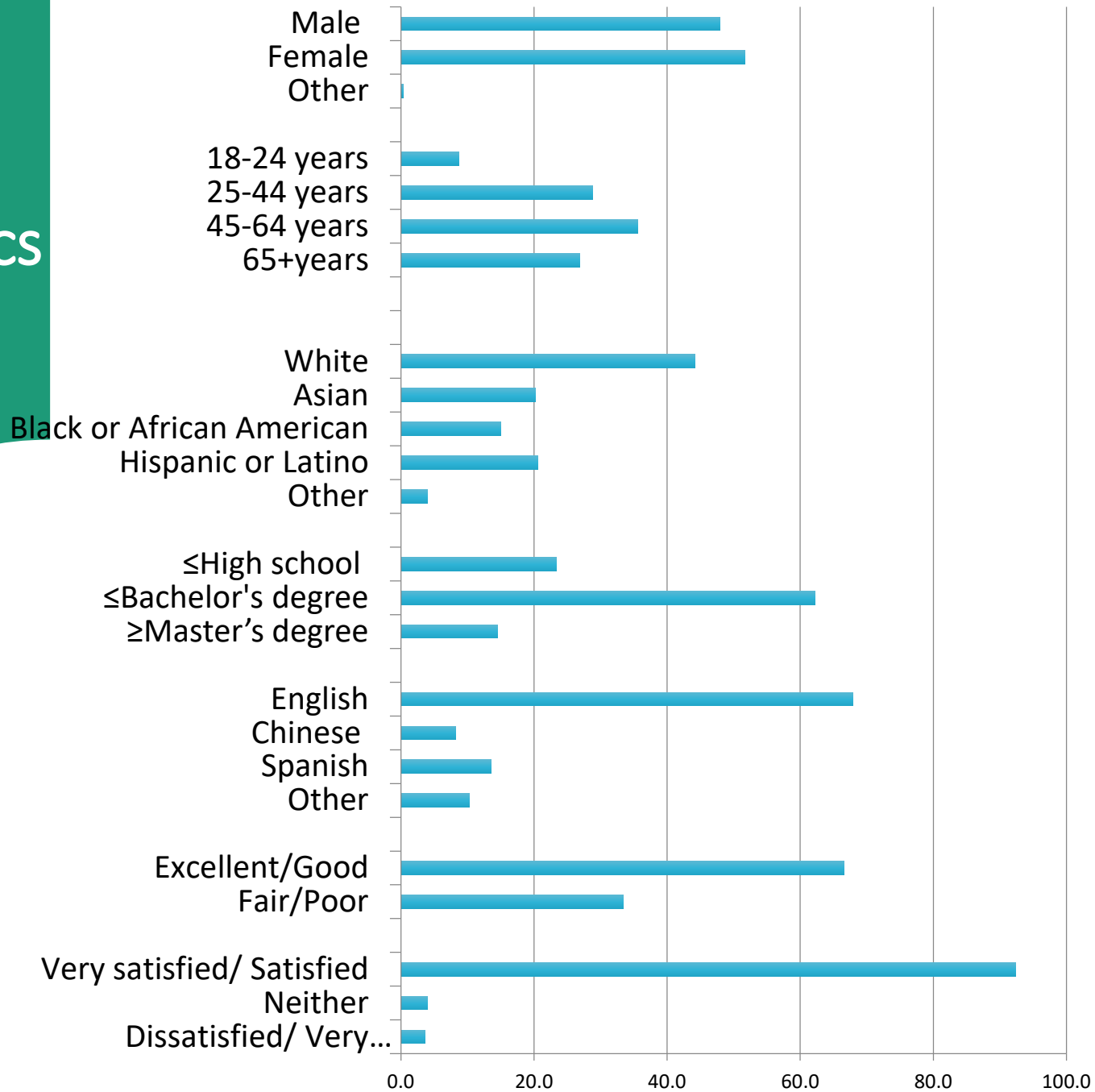
Enihomo Obadan-Udoh DDS, MPH, Dr Med Sc  , Sapna Panwar BDS, MPH, Alfa-Ibrahim Yansane PhD, Anuradha Nayudu BDS, MPH, Jason Pang BS, Joel White DDS, MS, Elsbeth Kalenderian DDS, MPH, PhD

# Methods (2017 Survey)

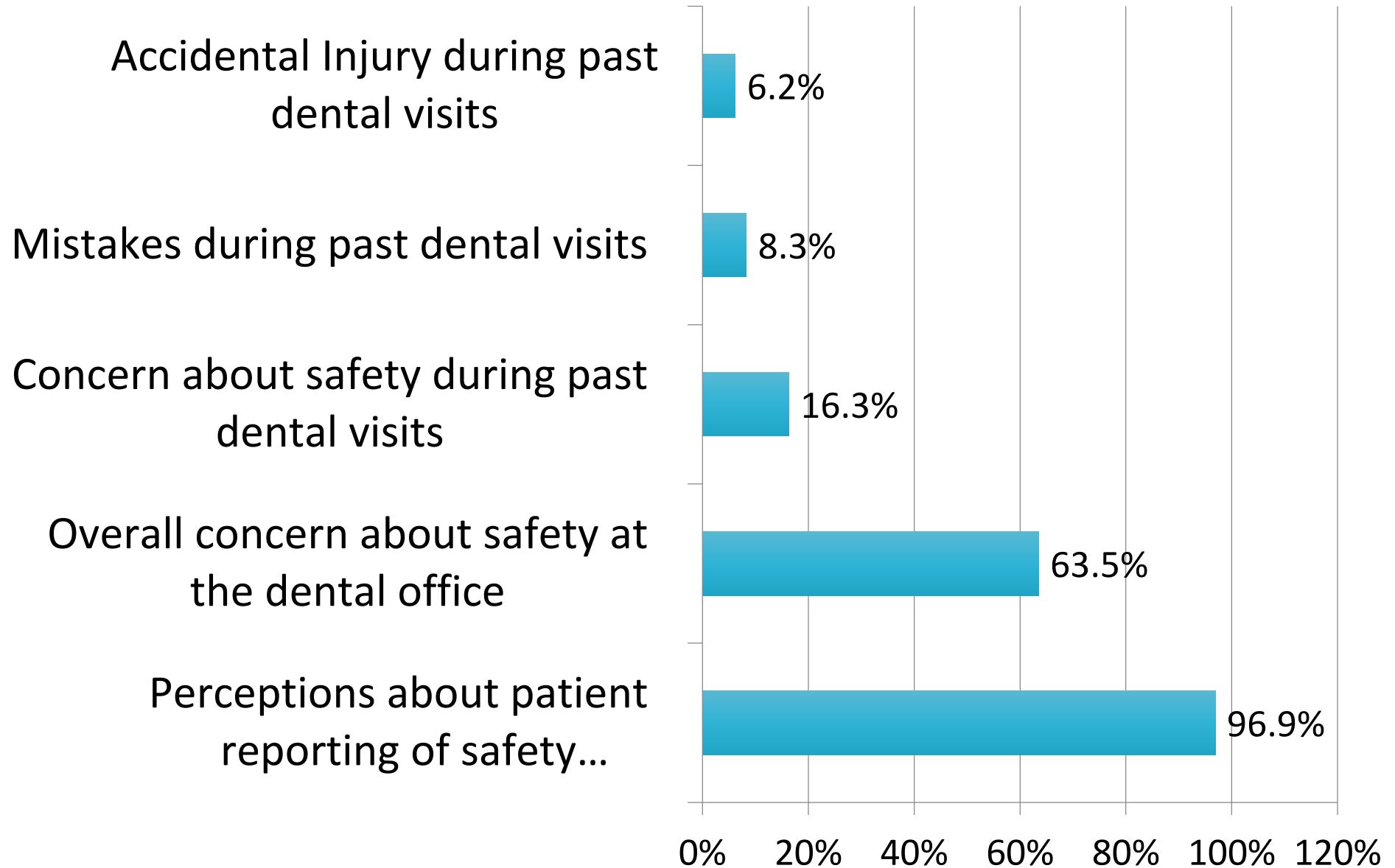
- **Study Design:** Cross-sectional study
- **Participants:** Dental patients attending predoctoral clinic at UCSF
- **Procedures:**
  - Six-week study period (July-August 2017)
  - Self-administered questionnaires
  - Sample size – 488 (68.3% response rate)
- **Inclusion criteria:** (1) adults (aged  $\geq 18$  years); (2) English, Spanish, or Mandarin-speaking; and (3) had at least one prior dental visit at this dental center
- **Exclusion criteria:** Presented for an emergency procedure or in obvious pain



# Participant Demographics



# Past Experiences and Overall Perceptions



# Patient-reported Quality and Safety Incidents

- *“My student drilled into my tongue twice and didn’t make corrections promptly as recommended by the faculty”*
- *“Temp crown poorly attached and fell off within 6 hours, perm crown had to be recast”*
- *“My permanent wire (retainer) was severed during a cleaning”*
- *“Incomplete root canal- could not get scheduled for over 30 days due to student scheduling. The tooth broke before the appointment and so the tooth was lost as well as the time and effort and pain of the partially complete procedure.”*

# Patient Reporting of Safety Incidents



**Friend or family (38%)**



**Did not share (35%)**



**Provider (21%)**



**"Difficult patient" (24%)**



**Significant injury (26%)**



**Financial loss (27%)**

# Relationship between Patient Characteristics and Outcome Measures

Patient Characteristics	Outcome 1	Outcome 3	Outcome 4
Sex (Male vs Female)	0.97 (0.88-1.08)	0.98 (0.92-1.05)	<b>0.97 (0.94-0.99)*</b>
Race (White vs AI/AN/NH/OPI)	<b>1.21 (1.11-1.32)*</b>	0.99 (0.83-1.19)	1.04 (0.93-1.16)
Education (<HS vs ≥Master's degree)	1.08 (0.93-1.26)	1.01 (0.89-1.15)	<b>0.94 (0.90-0.99)*</b>
Language (English vs Spanish)	0.93 (0.70-1.23)	1.10 (0.94-1.30)	<b>1.10 (1.00-1.22) *</b>
Oral health Status (Good/Excellent vs Fair/ Poor)	1.02 (0.92-1.14)	1.01 (0.94-1.09)	<b>0.97 (0.95-0.99) *</b>
Last Dental Visit (V. Satisfied vs V. Dissatisfied)	<b>0.34 (0.13-0.87)*</b>	1.08 (0.86-1.34)	0.98 (0.95-1.02)



# FOCUS GROUPS (2018)

# Methods



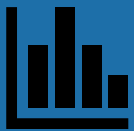
## Study Design

Qualitative (Focus Group Sessions; n=3)



## Participants

Adult Dental Patients (N=16)



## Data Analysis

Thematic Analysis Using Nvivo

# Main Themes

Understanding  
and past  
experiences of  
safety incidents

Factors associated  
with safety  
incidents

Impact of safety  
incidents

Barriers to  
reporting of safety  
incidents

Benefits of  
reporting safety  
incidents

Recommended  
strategies for  
engaging dental  
patients



# Partnering with patients for safety should focus on preventing harm



“I was choking...and I knew that was wrong. The impression was going to be wrong...it didn't fit...That was the second impression... and it was wrong.”

“He literally broke the instrument in my mouth and cut my lip and then just walked away and didn't do anything. Didn't say, I'm sorry.”

“So... the teeth fell into my mouth... she was trying to put on a temporary and it fell”

“Because one time she [was] working here...she put her hand against my lip here... and it stayed for a week like that,.. painful and bruised”

**Factors  
Associated  
with  
Dental  
Safety  
Incidents**

---

Provider Overconfidence

---

Provider Inexperience

---

Faulty Techniques

---

Profit-motives

---

Patient Ignorance

---

Patient Demographics

---

Human Nature

---

Dental Material Quality



# Impact of Dental Safety Incidents

Patients were most upset by the:

- **Nonchalant behavior of the provider**

*("and then [he] just walked away and didn't do anything. Didn't say, I'm sorry")*

- **Repeat visits or repeat procedures**

*("I come three times and every time I come there, I open my mouth and I sit for 2-3 hours and that's not fair to me")*

- **Disruption to their daily activities**

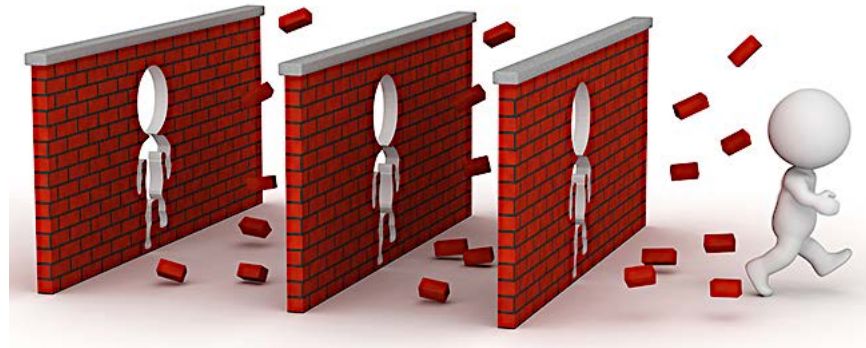
*("I'm walking around with my mouth looking horrid trying to get employment")*

- **Cost of any recommended follow-up treatment**

*("I said, ... "Are you gonna pay the money so we can order?" I said, "before I pay anything or you order it, I want to make sure maybe you got somebody else.")*

- They described feeling:
  - **shocked**
  - **angry**
  - **disappointed** (*“I was very disappointed, and it took me a very long time to really start trusting dentists”*),
  - **disrespected** (*“I think that's not only disrespectful, but it's disregarding my rights as a patient”*), and
  - **disempowered** (*“I just felt that at that point there was nothing that I could do”; “we sign a [lot of] forms initially, that releases you guys from a lot of responsibility...”*)
- Most patients indicated that they would find a new dentist if the same incident were to occur in a private practice setting

# Barriers to Patient Reporting of Safety Incidents



## **Lack of Knowledge**

*(“ in the middle of a procedure, or even afterwards, I have no idea if it was done well or not”)*

## **Power Differential Between Patients and Providers**

*(“I don't think any patient is in a position to question a dentist until after the fact”)*

## **Lack of Awareness about Reporting Protocol**

*(“Some people don't know that they can speak up”; “But the question is, who is it to? I mean, the only person I could go to was the dentist who I think messed me up”)*

## **Discomfort with Confrontation**

*(“You know, some patient[s]-- a lot of people are afraid to speak up.”; “You don't want to look like the one who's the B or ...the troublemaker...”; “That's awkward. It's awkward how to bring it up”)*



## **Inadequate/ Unavailable Reporting Options**

*("I wasn't happy that there was no one to talk to when I went out to the front desk. There were minimal people and I had to... just go on my merry way. Like all this just happened to me and it was like, "Oh, well")*

## **Fear of Retribution**

*("I felt that if I said what had happened then the next time I see them in six months then like my visit might be bad because he saw what I said"; "...sometimes we're not going to say anything until something goes wrong because we don't want to be retaliated against... also I think they're concerned about making mountains out of mole hills")*

## **Unclear Direct Benefit to Patients**

*(“I think the benefits are, there's no benefit, little benefit to reporting other than to get rid of the bad apple.”; “There's no benefit to reporting in a private practice? ...No, not that I'm aware of”)*

## **Perceived Provider Discomfort/ Damage to Provider Advancement**

*(“Well, the stakes are so high. I mean these students are here pursuing a dream and you don't want to hold them back, right? So, you're hesitant to share anything that might slow their advancement, their progression through and affect their grades in dental school”)*

## **Self-blame**

*(“...you feel like, ‘Oh well, I'm only getting this level of care because my insurance isn't good enough’; ‘I don't have enough insurance’ ...so then you feel like, ‘I'm too poor’”)*



# Benefits of Patient Reporting of Safety Incidents

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**Better Communication**

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**Improved Health**

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**Better Service Quality**

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**Increased Accountability**

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**Patient Empowerment**

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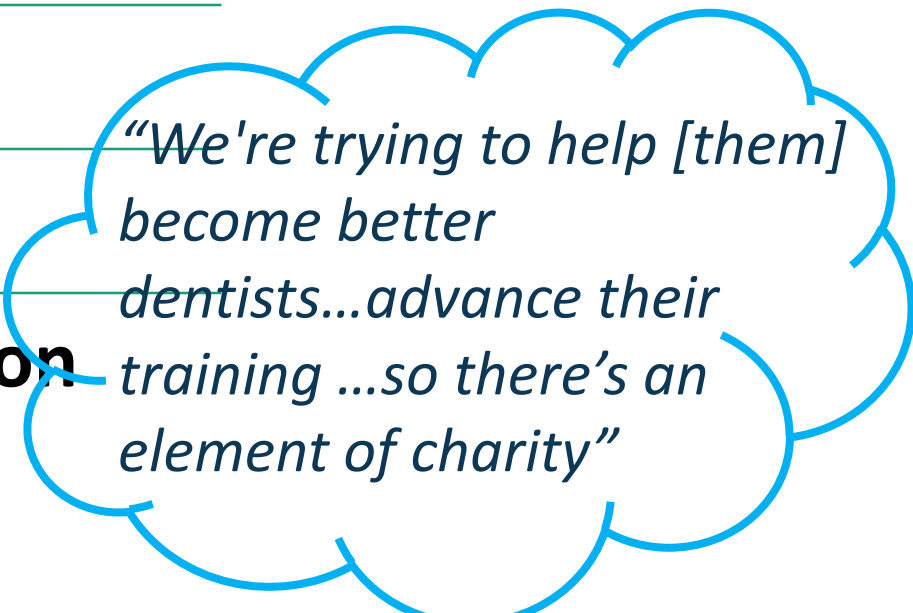
**Complaint Resolution**

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**Service to Society/Profession**



*“It's about having...like the policemen wear a video [camera] so you get to see what they actually do. And it [makes] so much sense with dentists too.”*



*“We're trying to help [them] become better dentists...advance their training ...so there's an element of charity”*

# Strategies for Improving Patient Reporting of Safety Incidents



 What-to-expect Checklist or Pre-Visit Questionnaire

 Continuous Communication During Visit/Procedures and Universal Stop Protocol

 End-of-visit Discussions, After-visit Summaries and Clear Incident Reporting Protocols

 Pro-active Solicitation of Feedback (Visit Experience Surveys, Calls)

 Closed Feedback Loop

 Use of Technology (Animated Videos, Waiting Room Kiosks/ Tablets, Integrated EHRs)


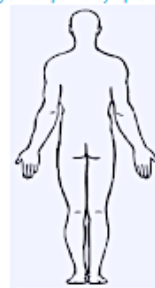
 Independent Third-party Safety Incident Reporting Platform



# SOCIETY to IMPROVE DIAGNOSIS in MEDICINE

My Symptoms or Pain
Patient's Toolkit for Diagnosis

Use this drawing to show where you feel pain or symptoms

1. Where is it? Mark the drawing with an X.
2. How would you describe your pain or symptom?  
Add words near the X, such as sharp, achy, dull, stabbing, tingling.
3. Use a 1-10 scale to tell how much pain you feel, with 10 being the very highest.  
How severe is the pain at its worst? \_\_\_\_\_  
How severe is the pain right now? \_\_\_\_\_
4. Is the pain constant or does it come and go? \_\_\_\_\_
5. Does the pain radiate to some other area? Draw an arrow to this second place.

What is my symptom?	When did it start?	What makes it better or worse? <small>Ex: exercise, eating, waking up, time of day</small>	What do I think caused this symptom? <small>Ex: accident, new medication</small>

List treatments for my symptoms and whether they helped: \_\_\_\_\_

-3-

## Patient's Toolkit for Diagnosis

Source: <https://www.improvediagnosis.org/patients-toolkit/>

# Prepare for My Appointment

# Patient's Toolkit for Diagnosis

Welcome to this resource for patients, created by patients.

Use this toolkit to help tell your story clearly.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Medical History: Surgeries, major illnesses, major procedures	Treatment or medication for this in the past?	Did this treatment or medicine help or not?	Any important notes or extra information
List any tests (Ex: CT scan, MRI, X-rays, blood work) I have had for current symptoms. When?			
<b>CONCERNS:</b> My top three medical concerns are:	1	2	3
What do I want to discuss first?			
What are my goals for this appointment?			

Questions to ask your doctor or nurse during an appointment:

1. What is my diagnosis? What else could it be?
2. Why do you think this is my diagnosis? From test results? From my physical exam?
3. Can you give me written information on my diagnosis? A pamphlet? A website?
4. Can you explain the test/treatment you want me to have?
5. What are the risks to the test/treatment you want me to have? What happens if I do nothing?
6. When do I need to follow up with you?
7. What should I do if my symptoms worsen or change, or I don't respond to treatment?



LESSONS



LEARNED

- Dental patients can identify safety incidents, when prompted appropriately
- Majority of patient-reported incidents were temporary and not severe
- Most patients shared their experiences with friends, and family members, or did not share it at all
- The **financial cost, fear of retribution, severity** of the incident and its **impact** on their health, were important factors affecting patient reporting of safety incidents
- Patients often equated poor quality of care with adverse events

- Patients would rather work with us to prevent harm from occurring than report harm
- Academic centers have a unique opportunity to work with patients as safety partners
- Providers need to understand the barriers with safety reporting and work to overcome them



# Roadmap for Future Studies



**Educate**



**Empower**

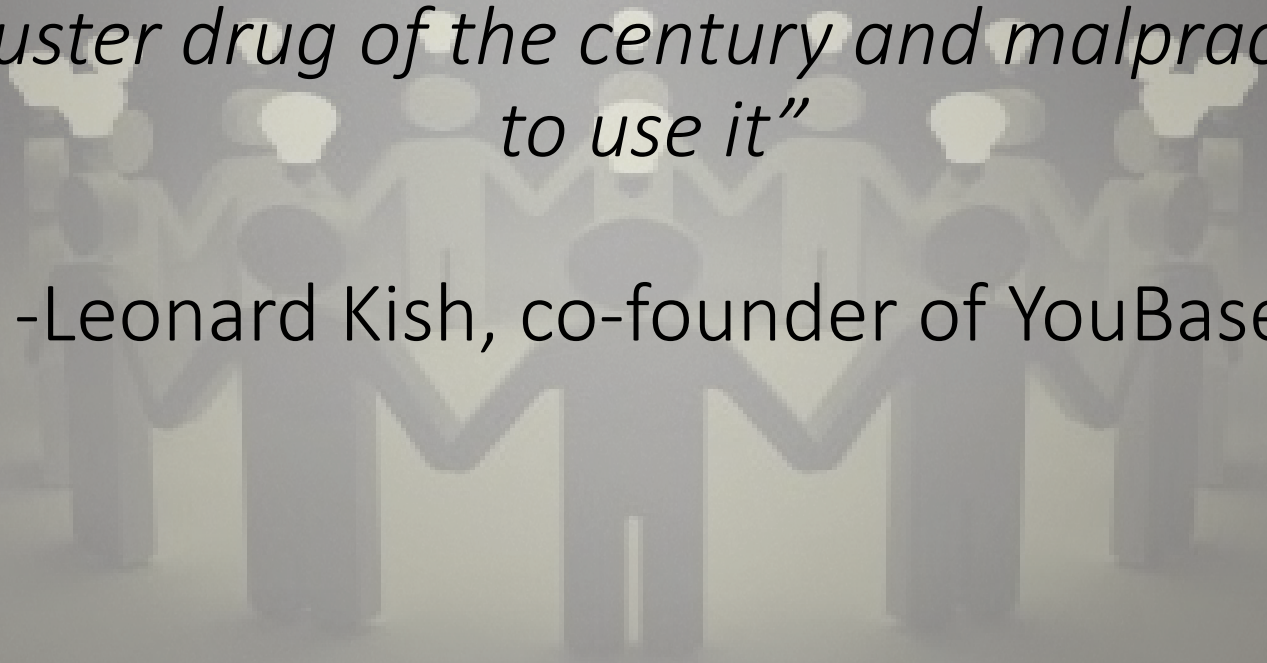


**Enable**



*“If patient engagement were a drug, it would be the blockbuster drug of the century and malpractice not to use it”*

-Leonard Kish, co-founder of YouBase



# Thank You!!!



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*To err is human, to cover up is unforgivable, and to fail to learn is inexcusable*

*- Sir Liam Donaldson*





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# UCSF

University of California  
San Francisco



**Dental Public Health Postgraduate Program**

# Program Overview

- Dentists with a Master of Public Health (MPH) or equivalent degree
- 12-month full-time, supervised program of field experiences, academic courses, and research
- Prepares students for board certification by the [American Board of Dental Public Health](#)
- Apply through the [Postdoctoral Application Support Service](#) (ADEA PASS) by Feb. 1
- Program webpage: <https://dentistry.ucsf.edu/programs/post-grad/dental-public-health>

# **New Opportunities for DPH Residents (HRSA Grant 2020-2025)**

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Tuition support (\$35,000)

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Travel expenses to FQHCs and rural LOHPs

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Elective courses in pediatric dentistry

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Field experiences at rural LOHPs, FQHCs

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Quality improvement training and projects

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Medical-Dental integration training

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School-based virtual dental home program

# Contact Information:

- Email: [enihomo.obadan-udoh@ucsf.edu](mailto:enihomo.obadan-udoh@ucsf.edu)

- Tel.: 415-502-6508

- Office Address:

University of California San Francisco School of Dentistry

Department of Preventive and Restorative Dental Sciences

Division of Oral Epidemiology and Dental Public health

3333 California Street, Ste. 495c,

San Francisco, CA 94565

Twitter: @DrEniObadanUdoh