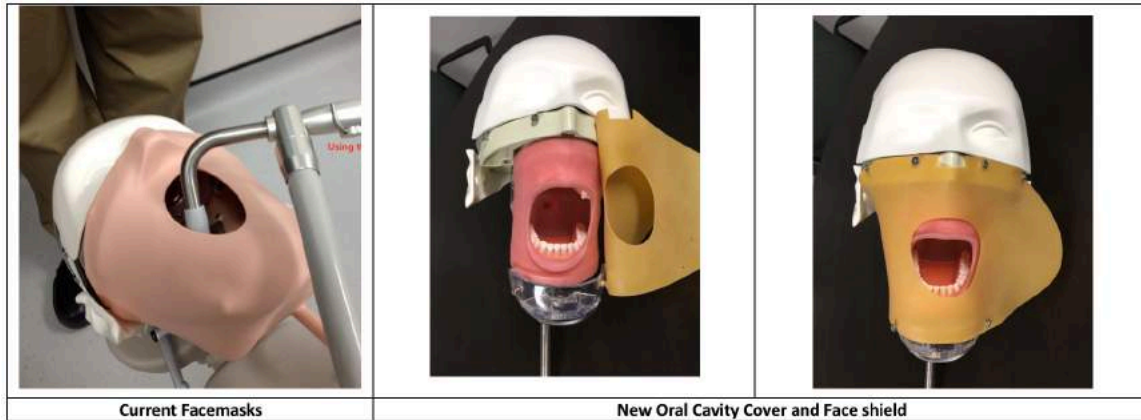


Clinic & Sim Lab Updates August 2018

Simulation Lab Conversion

All typodonts owned by our DDS1, DDS2, DDS3 and DH1 students have had a new oral cavity cover installed on their typodonts for use in the Simulation lab. The current facemasks have all been removed (as of August 24, 2018). Therefore, only typodonts with oral cavity covers can be used in the Sim Lab. The current DDS4 class will need to use the Frasco Heads in clinic if they are doing any simulation exercises on their adult or pedo typodont as their typodonts do not have oral cavity covers installed.



PLANMECA Radiology Units in the Sim Lab

The third PLANMECA radiology unit has arrived and will be installed shortly in the SIM Lab.



Clinic Renewal Project

Halleluja!!!!!!!

The clinic renovation is virtually complete. We moved into the last phase of the clinic renovation in January of this year.

The foundation has been fixed. We now have better control of temperature and humidity within the clinic space.



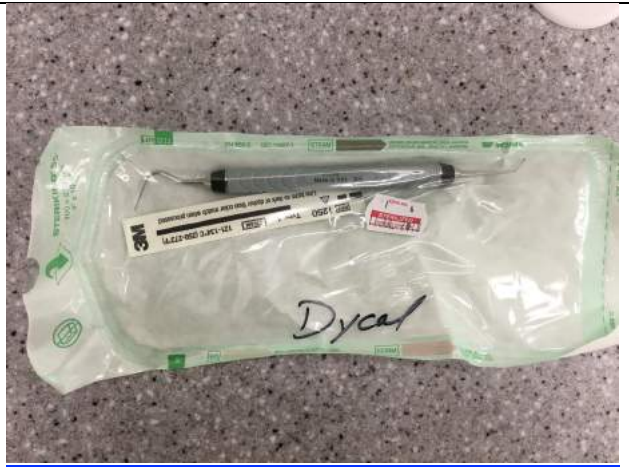
Portable Radiology Unit

A new portable Belmont X-ray unit is in the Surgery clinic. Its primary use will be to take radiographs for implant patients during surgery.



Double-ended Dycal Applicators

All of the small single-ended Dycal applicators have been removed from the instrument trays. Double-ended Dycal applicators will be available in clinic through the DA for any given cluster or small group practice.



Clinic Evaluation

The **Periodic Assessment Form** (Assessment of Professionalism, Knowledge, Pre/Clinical Skills and Degree of Independence & Competence) has been discontinued. It has been replaced with an online **Daily Clinical Evaluation** form (see below) in axiUm for DDS students. Each time a student is in clinic, the instructor will complete an evaluation for the clinic session.

Add/Edit Evaluation

Evaluation Information Provider: D111 Period: 1 Date: 07/18/2018 Discipline: Form: DCE01 <input type="checkbox"/> Show Exam Forms <input type="checkbox"/> Competency		Academic Information Evaluator: <input checked="" type="radio"/> Instructor <input type="radio"/> Provider Instructor: Pitman, Angela <input type="checkbox"/> Held For:		<input type="button" value="OK"/> <input type="button" value="Cancel"/>																																		
<table border="1"> <thead> <tr> <th>Question</th> <th>Grade</th> </tr> </thead> <tbody> <tr> <td>* PATIENT SAFETY CONCERN</td> <td></td> </tr> <tr> <td>* IRREVERSIBLE ERRORS</td> <td></td> </tr> <tr> <td>* INSTRUCTOR MANAGED CARE</td> <td></td> </tr> <tr> <td colspan="2">Grade Of 0, 1 Or 3 Will Require Comment</td> </tr> <tr> <td>Professionalism</td> <td></td> </tr> <tr> <td>Knowledge</td> <td></td> </tr> <tr> <td>Clinical Skill</td> <td></td> </tr> <tr> <td>Degree of Independence</td> <td></td> </tr> <tr> <td>Infection Control</td> <td></td> </tr> <tr> <td>Record Keeping</td> <td></td> </tr> </tbody> </table>		Question	Grade	* PATIENT SAFETY CONCERN		* IRREVERSIBLE ERRORS		* INSTRUCTOR MANAGED CARE		Grade Of 0, 1 Or 3 Will Require Comment		Professionalism		Knowledge		Clinical Skill		Degree of Independence		Infection Control		Record Keeping		<table border="1"> <thead> <tr> <th>Grade</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Y</td> <td>Yes</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Grade	Description	Y	Yes									<input type="checkbox"/> Add another evaluation
Question	Grade																																					
* PATIENT SAFETY CONCERN																																						
* IRREVERSIBLE ERRORS																																						
* INSTRUCTOR MANAGED CARE																																						
Grade Of 0, 1 Or 3 Will Require Comment																																						
Professionalism																																						
Knowledge																																						
Clinical Skill																																						
Degree of Independence																																						
Infection Control																																						
Record Keeping																																						
Grade	Description																																					
Y	Yes																																					
		Time (Hrs):	Total RVU:	<input type="button" value="View Other"/>																																		
Procedure	Site	Surf.	Stat.	Description	RVU	Question	Grade																															

The paper-based **Skills Assessment** Forms will now only be used when a student fails to show for an assigned clinic.

New axiUm code

To be used whenever a patient is seen but there is no fee/treatment code to use. For example, patients who are scheduled in clinic for a discussion, review of treatment plan, or for a referral/rebook in appropriate clinic block) use the code for each hour taken in clinic:

Consultation with patient - code 05201 - \$0 - RVU 1.0

New codes for immediate acrylic partial dentures

Immediate interim acrylic RPD 52111/52112 + lab
 Immediate acrylic RPD 52311/52312 + lab

Plume Evacuation System

A dedicated plume scavenging system is required when lasers or electrosurgery are used on patients in the clinic (as per CSA standard Z305.13.13). The portable Buffalo PlumeSafe Evacuation system is now on site and is to be used during all electrosurgery and laser procedures. Clinic staff have been trained on its use.



New Cough & Cold Stations

Wall-mounted holders for alcohol handwash, masks and Kleenex are situated at the entrances to clinic.



Revised Forms in axiUm

There is a new look to axiUm following the summer update.

Daily Clinic Evaluation form (see above) - training to follow (Angela Pitman).

Comprehensive Exam form - replaces Diagnostic Findings form and ICE/RCE forms to eliminate redundant information in multiple locations. Completed **once** at the initial comprehensive exam appointment and then **updated as needed** at recall appointments or as necessary. The original information always remains in the form history.

Nitrous Oxide and Sedation Fee Codes and Fees

5 operatories in the new Surgery clinic on Level 2 have been plumbed in for N₂O. Two portable N₂O units are on site for use in Oral Surgery, GPR and Grad Perio programs.



Nitrous oxide	92414	\$75.00
Nitrous oxide with oral sedation	92434	\$75.00 (no increase in fee because the oral med is prescribed and not provided)
Parenteral/single drug sedation	92444	\$125.00
Parenteral/2 Drugs	92445	\$150.00

Surgical Stent Codes and Fees

Surgical templates (stents) for implant placement must be included in the treatment plan as there are lab fees to be charged. Use one of: codes 03001, 03002, 03003 and 03004 + L conventional (\$100) or for 3-D (\$300) fabrication.


CBCT

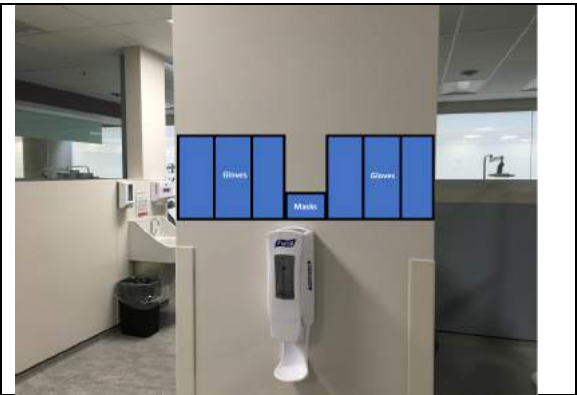
A new CBCT unit has just arrived and is being installed on Level 1. More information to follow.




Glove and Mask Dispensers

Once the clinic renovations were completed, we had planned to install glove and mask dispensers throughout all Level 1 and Level 2 clinics next to every handwash sink and next to most of the alcohol rub dispensers. The cubicle cabinets that have places for gloves will only be used to store unopened boxes of gloves. All boxes of gloves and masks will then be removed from the tops of the cubicles.

<p>Gloves and masks dispensers are be installed beside each handwashing sink.</p>	
---	--

<p>Many of the pillars in the clinic aisles have been designated to have glove and mask dispensers. More may added if there is a need.</p>	
--	---

<p>The glove dispensers in the cubicles will be used to store unopened boxes of gloves.</p>	
---	--

Previous Clinic Updates

Handwash Stations

Current healthcare standards recommend dedicated handwash stations in healthcare facilities (includes hospitals, dental clinics among others). The large gray sinks (shown below) will be labelled in the near future.

The handwash sinks are to be used at the beginning of each clinic and whenever hands are visibly soiled. Alcohol-based hand rubs are located on the walls throughout the clinics on both levels and can be used to clean hands at any other time.

Turn on the water with bare hands. After washing, turn the water off using a paper towel to prevent contamination of your hands.



Handwash station



Alcohol rub

Eyewash stations

These units are located throughout the clinics and are easily visible. Push on the yellow plate to open the lid and start the water stream.



Reverse Osmosis Water Stations

These units provide water for all the closed bottle water cubicles in our clinics. They are located in multiple areas on both Levels 1 and Level 2. The Red arrow indicates the water dispenser.

Each RO unit in clinic has a label with troubleshooting instructions. The label states:

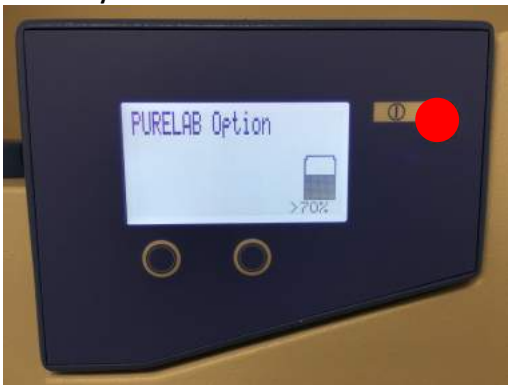
No water?
Push **RED BUTTON** once

Still no water? Unit is in alarm mode?
Contact Building Services
Ext. 4813

Once the RO unit is empty, it takes 4-5 hours to fill.



RO water system



Control panel

When this icon is showing, the water does not dispense. Push button once to go to the dispensing mode.



Control panel Dispensing mode

Water can be dispensed when this icon is showing.

Information on the RO system

Only use RO water in the dental units. Do not add water to the dental bottle; always dump and refill.

Food and Drink in Clinics

The food and drink policy for the Faculty of Dentistry clinics was written to be in compliance with the Department of Labour regulations for healthcare facilities. No food is allowed in clinics. Signs are posted on the clinic doors to reflect this.

We have been able to designate specific areas in clinic where drinks only may be consumed. Those rooms are away from chemical hazards and from patient care. The rooms are identified by green sheets on the entrances (see below).



Oxygen Tanks/Crash Carts/Defibrillators/First Aid Kits/Spill Kits/Emergency Suture Kits

These are located on both Level 1 and Level 2 clinics. Please familiarize yourself with their locations. An Emergency suture kit was added last year and is on each of the 4 crash carts in clinic (2 in Level 2-UG clinic, 1 in Level 2 Surgery clinic and 1 on Level 1-UG clinic).



Reception areas

New reception areas are now located inside the clinic on Level 2.



Clinic Lockers for PT Faculty



Level 2 PT Faculty lockers

A bank of lockers has been installed on Level 2 (across from the elevator) for use by PT faculty members. These lockers are not intended for long-term storage of personal belongings. Faculty may use them to store outerwear and valuables during their scheduled clinic block. Locks have been provided. At the end of clinic, the lockers are to be cleared and the lock (and key) left on the locker.

Cast Storage

Shelving for cast storage has been installed in room 1409 (Level 1). Each DDS3 and DDS4 student has been allocated space for their casts.

Clinic Lockers for DDS3 and DDS4

Small lockers for have been installed on Level 1 (DDS3) and Level 2 (DDS4) for storage of kit items that are required in clinics (ie. stethoscope, blood pressure cuff, loupes). No items are to be stored in the clinic cubicles.

Signage

Temporary signage has been posted. Permanent signage will be posted by September 2018.

Oral Pathology Clinic Fee schedule

We have reviewed the fee schedule for the Oral Pathology consultation, examination and treatment fees in an effort to simplify the process and keep the fee structure manageable for our patients. Please advise your patients that there are fees associated with a referral to the Oral Pathology clinic for the consultation/examination and fees for biopsies and cytological smears. There are no additional lab fees.

2017 Oral Pathology Clinic Fee Guide

01401 Oral mucosa disease or TMD consult & examination	\$65.00
01402 Oral Path recall	\$30.00
04311 Soft tissue biopsy – puncture	\$75.00
04312 Soft tissue biopsy – incision	\$75.00
04401 Cytology smear	\$75.00

The above codes and fees include the oral pathology interpretation and lab fee.

Veneers – October 18, 2017

Patients that need 1 or 2 veneers may be treated in the undergraduate clinic. The treatment must be supervised by Dr. Price, Dr. Vallee or Dr. Michaud. Patients that need or want more than 2 veneers can either be referred to the GPR program or to private practice.

Veneers, Lab processed, code 27602 + L

Endodontic Consults and Retreatment Codes

Please be advised that there is a unique consult code for **endodontic retreatment (05402-1)**. Whenever you are screening new patients, this code must be used whenever a tooth has had previous endodontic treatment.

The code to use for teeth that need or may need endodontic therapy is **05402 Consult - Endodontics**.

These two codes need to be used appropriately to ensure that staff assign patients appropriately. They will only count the **05402** codes as **potential endodontics patients**. They will ignore the **05402-1** codes in their count.

The Faculty **will not accept** any Limited Referral patients that require **endodontic retreatment only**.

We will accept **Limited Referral patients** that require **endodontics retreatment and a crown**. A pros and endo consult will need to be completed. Your patient will need to know that the retreatment will most likely require a referral to an endodontist. If the patient agrees to our treatment plan costs **and** the cost for retreatment by an endodontist, the crown may be able to be completed at the school.

Clinic Updates August 2017:

Management of Injuries

If a patient is injured while at the Faculty of Dentistry (ex. cut lip, fall, etc.) do the following:

1. Contact an instructor.
2. Provide immediate management (ex. apply pressure to a cut lip).
3. If further assistance is required, someone needs to stay with the patient and then someone contacts Sue Ellen Murphy (Phone 1673 / Rm. 2422) in OS on Level 2 OR

Go to the Grad Clinic on Level 2 and seek help from an Oral Surgeon, Dr. Lee (GPR), or Grad Perio instructor (in their absence seek assistance from a GPR or Grad Perio Resident).

4. Advise them of the nature of the injury and escort them to the cubicle.
5. Complete an Accident/Incident Report Form (in clinic with other Forms)

Updated Bed Bug Policy (see Dentistry web site – For Faculty and Staff > Publications and Policies)

New Clinic Jacket Room

This is now located in the back of the Patient Services area where charts were picked up and dropped off.

Clinic jackets

Normally one clinic jacket should be used for each day (morning and afternoon clinics) unless it is visibly soiled. Because students normally change cubicles from morning to afternoon clinics, student should leave their used clinic jacket on the hook at their morning cubicle. They should pick up the clinic jacket before the afternoon clinic when they begin setting up their new cubicle.

New Clinic Jackets (all new students)

There will be no student names on the clinic jackets. New students will pick up a clinic jacket by size and use it for the day.

Storage of Lab Cases

A storage room has been designated in the Level 1 clinic for storage of students' case boxes. There is no storage available in the cubicles.

Oral Pathology Clinic

New student rotation is scheduled for this year. The clinic will be located in the Surgery suites on Level 2 and will be supervised by Dr. Gu and Dr. Johnson. For ease of use, an abbreviated list of codes and fees will be posted in this clinic for Oral Path exams, Oral Path Recall exams, Biopsies and Lab Reports/Interpretations. The codes will also be available in the student fee guide.

Protocol on Tissue Biopsy Management – August 1, 2017

Biopsies performed in the Faculty of Dentistry must be submitted in the required container and have the appropriate paperwork completed.

The treating student will take the biopsy specimen and paperwork to room 5132 (OMFS Admin. Assistant). If after **3:30PM**, the biopsy container/paperwork is to be dropped off at Building Services in the Oral Pathology mailbox.

Biopsy results will be received by the Administrative Assistant in the Department of OMFS who will send reports to both the Oral Surgery Clinic Nurse and Patient Services so that results can be scanned into axiUm.

The Oral Surgery Clinic Nurse will then email the student and Supervising Dentist (Oral Pathologist/Oral Surgeon) to inform them that the biopsy result is available on axiUm.

The Oral Pathologist/Oral Surgeon will determine what follow up is necessary. If required, the Oral Surgery Clinic Nurse will book the patient into an Oral Surgery or Oral Pathology clinic (as appropriate). It is always hoped that the student involved with the recent biopsy will be available to see a patient who requires follow up.

When a phone call is deemed appropriate by the Oral Pathologist/Oral Surgeon, the student who was involved with the recent biopsy will call the patient to discuss the results. This phone call is best made from the Oral Pathology/Oral Surgery Clinic and when an Oral Pathologist/Oral Surgeon is present.

Change in fees for Unmounted and Mounted diagnostic casts

Unmounted Casts \$15.00

Mounted Diagnostic casts \$20.00

Finish restorations/removal of overhang

Code 16101 \$0 .25 RVUs

Fee decrease for implant supported restorations/prostheses

Single unit implant supported crowns and implant supported bridge retainers- \$1000 (including lab fees). Implant supported overdentures - \$1400. Note: Fee adjustments will be required for procedures in process or for treatments that have been consented to at the previous fees (see Kore-Lee or Angela).

Management of Needlestick and Mucous Membrane Exposures to Blood Final 19July2016

See full protocol on Faculty of Dentistry web site.

Procedures with Lab Fees – August 1, 2015

All procedures that have lab fees now have the fee split into a Faculty fee (40%) and a Lab fee (60%). The overall fee for procedures such as crowns, dentures, fixed partial dentures, removable partial dentures, etc. have increased approximately 2% since last year. In order to have the case started in the lab 100% of the lab fee (60% of the total fee) must be paid.

Faculty/Student Advisors – August 1, 2015

Time is now being scheduled for each student/cluster groups to meet with their assigned Faculty Advisor. Students will meet with their Advisor, review charts and treatment plans. Patients (and procedures) will be able to be transferred within the Cluster/Group to facilitate patient care and student experiences.

Fixed Partial Dentures – August 1, 2015

This is a procedure that is restricted to DDS4 students.

Molar Endodontics – August 1, 2015

Molar endodontic treatment is normally restricted to DDS4 students. DDS3 students must see Dr. Mello for approval before proceeding with molar endodontics.

Fees for Dental Care in Student Clinics – August 1, 2014

The student clinics operate on a fee for service basis. The fee schedule is approximately **50% of the NSDA fee schedule for general practitioners for most treatment**. All patients are expected to pay for services rendered at the Faculty.

Repairs to dentures or replacement of restorations – August 1, 2014

Denture repairs (fabricated at the Faculty of Dentistry)

Repairs to dentures (complete or partial) fabricated in the Faculty of Dentistry student clinics will normally be at **N/C** for the **first 3 months** after delivery if the fees for the denture have been paid in full. If it can be determined that the patient is responsible for the damage (denture was dropped, patient adjusted clasp, dog ate denture, etc.) then the patient is responsible for all costs associated with the repair.

Patients are responsible for all denture repairs that occur **more than 3 months after delivery**.

Denture Repairs (dentures fabricated in private practice) – August 1, 2014

Normally we do not repair dentures that were fabricated outside of the student clinics. Once we repair a denture we are now accepting responsibility for future adjustments or repairs. If the case has been evaluated and approved by Dr. Loney, we can repair a denture that was fabricated outside of the school. This should be an infrequent occurrence.

Failure of Direct Restorations (amalgams, composites) – August 1, 2014

Anytime a direct restoration fails within the **1st year after placement**, it will be replaced at N/C to the patient. The restoration can be replanned and completed. See Kore-Lee Cormier, Angela Pitman or Kathy McInnis with the chart to have the fee removed.

Patients are responsible for fees associated with the replacement of any direct restoration after 1 year.

Failure of Indirect Restorations – August 1, 2014

Patients are responsible for fees associated with the replacement of indirect restorations 2 years or more after placement. Dr. Cleghorn or Dr. Ackles may review **any failures that occur in the first 2 years** to determine if there should be a fee adjustment.

Replacement of Complete Dentures – August 1, 2014

Replacement of immediate or standard complete dentures at any time after delivery with a recommendation by Full-Time Faculty members in the Division of Removable Prosthodontics to be replaced at N/C must be reviewed and approved by either Dr. Cleghorn or Dr. Ackles. The clinical instructor must provide detailed notes explaining why the denture(s) should be replaced at N/C to the patient. Whenever possible, the patient should be seen for a consult on the clinic floor by Dr. Loney and his recommendations recorded in the chart.

If there are concerns or disputes regarding fees for repairs or replacement, students will need to meet with Dr. Cleghorn or Dr. Ackles to resolve the matter.

Responsibilities of Students and Faculty Members at the end of each Clinic Session – August 1, 2014

Faculty Members: Please ensure you sign off procedures prior to leaving at the end of clinics.

Students: Please ensure your charts are completed at the end of a clinic prior to dismissing patients or beginning lab work. Use your clinic downtime (such as waiting for a check from an instructor) rather than waiting until the end of clinic to make your chart entries.

Charts should be signed and the **Yubi Key approvals completed** by faculty on the **same day** the patient is seen. **Faculty members must complete the Yubi Key approvals at the student's cubicle. The student computers must remain connected to axiUm through the Ethernet connection in all cubicles where there is a hard wire connection. Wireless should only be used to access axiUm when students are in cubicles that do not have a hard wired connection (e.g. radiology cubicles).**

RATIONALE: **Disconnecting the computer, even if the wireless network is turned on will result in axiUm freezing.**

This is both a **medico-legal issue** of maintaining accurate records and also a **requirement for accreditation**. **Missing signatures** and missing **Yubi Keying** of procedures are creating **delay problems during clearance for graduation**.

When circumstances occur and charts are not signed the day the patient was seen, efforts should be made to rectify the problem as soon as possible.

Correcting Errors in the Chart

Errors made in the **paper chart** are corrected by drawing a line through the error with a pen, making the correction and signing and printing your name.

Errors made in **axiUm** (electronic chart) require completion of the **REQUEST FOR PATIENT RECORD MODIFICATION**. The form must be signed by the supervising clinical faculty member and then turned in to the Clinical Affairs office (Room 2530- April, 2016).

axiUm Updates August 2017

Treatment Planning Module - in use as of May 2017

Transactions Module - as of August 17, 2017

Students will be able to view their patients' accounts to confirm payments.

Caries Risk Assessment (CRA) form - attached to ICE/RCE

Updated at least yearly or more often if changes are noted.

Tobacco Dependence Education (TDE) form - separate form.

Forms removed from paper chart

PSR/Minor changes form

Treatment Planning page (used if axiUm goes down; available with other chart forms in clinic)

Active and Inactive Problem lists

Effective August 1, 2016

1. Lab Tracking Module – Requires the generation of an electronic Lab Order and an EPR form, which for the time being, will be printed and presented to the lab with your patient case. Both the Lab Order and the EPR form require Yubi-key approval.

2. Contact Notes – Now have the ability to electronically record provider/patient, patient/provider and patient/patient services interactions via axiUm without the need to have the patient chart present.

3. Planned Treatment – Students will no longer self-approve planned treatment. Faculty are responsible for ensuring accuracy and therefore all planned treatment will require Yubi-key approval.

4. Phase Restrictions – Providing Phase 2 treatment when the Perio Diagnosis line is always in Phase 1 has created patient care problems. Therefore, the Phase restriction with respect to the Perio Diagnosis has been removed.

5. Assisting Codes – Any student assisting another student during a complete clinic block may complete a Student General Assist code for 3 RVU's (code 91400). This requires Faculty Yubi-key approval. There will also be an Endo Surgery Assist code (code 91500) for 4 RVUs (this will be covered by Dr. Mello during orientation).

6. Implant Treatment and Implant Complications Forms – For every implant that is completed in the Undergraduate or Graduate clinics the Implant Treatment form will “pop up” and require completion for tracking purposes. Any complications that occur following the surgical or restorative phase of treatment will require completion of the Implant Complications form.

7. Grad Perio Template Notes – As a Pilot Project, Grad Perio will be using electronic Template Notes instead of paper Progress Notes when providing patient care. For continuity of care in the student clinics, a written entry in the patient chart will be required to indicate that an electronic entry has been made. This feature is not yet available for the undergraduate clinic.

8. Minor Changes to Treatment Plan – This section of the chart will no longer be used as it has not been used appropriately and has caused problems with patient care. Minor changes in treatment should be adjusted in axiUm on the Treatment History page and should be documented in the Progress notes. Faculty must approve (Yubi-key) these changes. **Major changes in treatment (for example - RCT, post & core, crown, removable or fixed prosthodontics, orthodontics, periodontal surgery, or any Phase 2 treatment) require a new comprehensive treatment plan that must be approved (Yubi-keyed) by Faculty and signed by the patient and the student.**

Minor Changes (examples)	Student	Faculty	Printed Treatment Plan Required?	Other
Add 2.6 MO amalgam	Plan code in axiUm	Yubi-Key approval	NO	
Change 1.4 MOD amalgam to 1.4 MOD composite resin	Remove amalgam code and add composite resin code in axiUm	Yubi-Key approval	NO	
Add 2U scaling	Plan code in axiUm	Yubi-Key approval	NO	

Major Changes (examples)	Student	Faculty	Printed Treatment Plan Required?	Other
Add 1.1 NSRCT	Plan code in axiUm	Yubi-Key approval	YES*	Comprehensive treatment plan must be developed and include definitive restoration
Add PUD	Plan code in axiUm	Yubi-Key approval	YES*	Comprehensive treatment plan must be developed
Add 2 implants to existing treatment plan for CUD/CLD	Plan codes in axiUm	Yubi-Key approval	YES*	Comprehensive treatment plan must be developed
Add 2.4 ACC	Plan codes in axiUm	Yubi-Key approval	YES*	Comprehensive treatment plan must be developed
Add periodontal surgery	Plan codes in axiUm	Yubi-Key approval	YES*	Comprehensive treatment plan must be developed
Addition of orthodontic extrusion	Plan codes in axiUm	Yubi-Key approval	YES*	Comprehensive treatment plan must be developed

* All Major Changes require a Comprehensive Treatment Plan and MUST be signed by the student, patient and faculty member.

New Electronic Form in axiUm – August 1, 2015

The paper INITIAL ORAL DIAGNOSIS APPOINTMENT form has been added as a series of electronic forms in axiUm. They include EXTRA ORAL HEAD AND NECK EXAMINATION, INTRAORAL EXAMINATION, RADIOGRAPHIC SUMMARY OF SIGNIFICANT FINDINGS and the DIAGNOSTIC SUMMARY AND TREATMENT GOALS forms. The electronic forms are to be used in place of the paper forms as of August 1, 2015.

Immediate Dentures – August 1, 2015

The fees for immediate dentures and hard relines have now been separated. When planning immediate dentures in axiUm you are to use the **Quick List** macro, IMMED U or IMMED L and it will automatically generate a separate reline code and fee. This change will clearly advise patients in advance of the fees associated with hard relines following the delivery of immediate dentures.

Wireless OFF in Clinic – August 1, 2015

Wireless should be turned off on all computers in clinics. Accessing the clinic information system (axiUm) needs to occur through a hard-wired connection. When wireless is ON at the same time as a hard-wired connection while accessing axiUm, the program often freezes.

5. axiUm Treatment Plans – Instructor signature beside each line of treatment – August 1, 2014

Effective June 23, 2014, the column for the Instructor's signature beside each line of treatment has been eliminated. This was done to improve efficiency and eliminate some redundancy. It applies to all existing treatment plans as well as to new treatment plans.

If a line of treatment on an approved, signed treatment plan is to be **deleted**, the student just needs to put a line through the treatment line, initial and date it. An explanation for the deletion should be included in the Progress Notes page (i.e. patient decided that they did not want a partial lower denture at this time).

Faculty approve all completed treatment and deletion of treatment lines in the electronic chart (axiUm) so additional instructor's signatures on the paper copy of the treatment plan have been deemed unnecessary.