Engage with your peers using the Chat feature.

Pose questions in the Q&A area. Let us know which speaker to direct your question to. You can also email us at Preparedness@nachc.org.
Take notes in the panel at the right side of your screen. They’ll be emailed to you when the session ends!

Need technical assistance? Click the button at the bottom of the screen and someone will help you with any issues you may have.
Our NACHC Team

Tom Van Coverden  
President and CEO, NACHC

Claudia Gibson  
Executive VP for Communications and Chief Diversity Officer

Rachel A. Gonzales-Hanson  
Senior VP, Western Operations, NACHC

Donald L. Weaver, M.D.  
Senior Advisor, Clinical Workforce, NACHC
Today’s Speakers

Dr. Isaac Zeckel, DDS
Dental Director, HealthLinc

Dr. Stephen Davis
Chief Dental Officer at Yakima Valley Farm Workers Clinic

Dr. E. Michele Chambliss, DNP, MS, RN, FAAN
Director of Federal Tort Claims Act Division, HRSA
Isaac Zeckel, DDS, graduated from Indiana University with a Doctor of Dental Surgery in 2011. While attending Indiana University, he researched new methods of identifying and classifying caries and developed an electronic training program that is used to teach early caries detection for dental students.

Since graduating from Indiana University School of Dentistry, Dr. Zeckel has been caring for the oral health needs of HealthLinc patients as a full-time staff dentist.

In May 2014, Dr. Zeckel accepted the Dental Director position at HealthLinc and has since been promoted to Chief Dental Officer due to the growth in his department. He strives to continue expanding and improving the dental care patients at HealthLinc receive.
HealthLinc's Journey to Reopen Dental

Isaac Zeckel
Chief Dental Officer
2019 Demographics

<table>
<thead>
<tr>
<th>Patients Served</th>
<th>40,048</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>69%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>19%</td>
</tr>
<tr>
<td>African American</td>
<td>17%</td>
</tr>
<tr>
<td>More than one race</td>
<td>8%</td>
</tr>
<tr>
<td>Homeless</td>
<td>311</td>
</tr>
<tr>
<td>Veterans</td>
<td>69</td>
</tr>
<tr>
<td>Agricultural Workers</td>
<td>12</td>
</tr>
</tbody>
</table>
The Start of the Journey

Encounters by Month

- January: 1732
- February: 1864
- March: 1094
- April: 143
- May: 539

- June: 50%
- July: 80%

Emergency dental procedures only
Procedures Resume

HEALTHLINCCHC.ORG
EAST CHICAGO | KNOX | LA PORTE | MICHIGAN CITY | MISHAWAKA | SOUTH BEND | VALPARAISO
Opportunity to Innovate

Successes
- Sharing of CE opportunities
- Peer discussions
- Workgroup collaborations
  - Dental emergency training
  - Peer review expansion
  - Revamped EHR templates
  - Trained new and existing procedures
- Tracking of attestations
- Collaboratively identified priority patients
**PPE/Infection control**

**Climbing the Learning Curve**

**SEQNCE FOR PUTTIN ON PERSONAL PROTECTIVE EQUIPMENT (PPE)**

1. **GOWN**
   - Fully cover from neck to knees, secure in front or back.
   - Tie at neck and front.
   - Tie at waist.
2. **MASK OR RESPIRATOR**
   - One layer for fluid barrier; two layers for added protection.
3. **GOGGLES OR FACE SHIELD**
   - One piece, nose, and eye shield.
4. **GLOVES**
   - Select the size and type of gloves appropriate.

**SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION**

1. Wash hands before and after each task.
2. Avoid touching face, nose, or mouth.
3. Clean workstations and surfaces.
4. Wear appropriate PPE.

**Identify suitable area for donning/doffing**

**Have staff practice with peer feedback**

**Demonstrate appropriate procedure & document PPE fitment**

**Limit movement with PPE**
Tackling the Schedule
Framework for procedures

High Aerosol/Low Priority

High Aerosol/High Priority

Low Aerosol/Low Priority

Low Aerosol/High Priority
Tackling the Schedule

Set the timeframe

- High risk aerosol/Low priority: 7/6
- High risk aerosol/high priority: 6/8
- Low risk aerosol/Low priority: 5/25

Develop timeline to allow staff to get accustomed to the changes in the workflow and PPE.
Financial Sustainability

Set Goals

Reassure patients

Identify & Address Concerns

Modify Templates & Workflows

Celebrate Successes

https://www.youtube.com/watch?v=R1dmrg87wdk&feature=youtu.be

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Looking ahead

Collaboration opportunities

Vaccination in a dental operatory
- Flu
- HPV
- COVID-19?

Same day dental visits
- Well child checks
- Pregnant women
- Diabetics
Thank You!

Questions?

Isaac Zeckel
Chief Dental Officer
izeckel@healthlincchc.org
219.462.7173 EXT: 2633
Dr. Stephen Davis

Dr. Davis took the role of Chief Dental Officer at Yakima Valley Farm Workers Clinic in November of 2019, but he’s no stranger to the system. His career at Yakima Valley Farm Workers Clinic began over 13 years ago, when making the transition from private practice to the community health care setting. In his previous post he served as Dental Director for the organization as well as Lead Dentist in Toppenish, WA the site of the organization’s first dental practice.

In his spare time, Dr Davis enjoys attending church with his family, canoeing local rivers with his wife, hiking, biking, and home brewing.
We Are Family

Stephen Davis, DDS
6/4/20
Communities Served

- 24 Medical locations
- 14 Dental locations
- 33 Dentists
- 13 Dental Residents
- 149 operators
- 2 mobile units
- 54,861 unique patients
- 141,433 encounters

64 unique service locations throughout Washington and Oregon
During Oregon and Washington Proclamations

- Screening at all entrances for patients and staff
- Clear barriers for direct facing front office staff
- Universal masking of all clinical staff
- Teledentistry visits in our system started in WA on April 6th and in OR on April 10th in Epic’s Wisdom EDR
- Remained open for emergencies and existing patients with emergent needs, continued pediatric GA services
- Work queues created to track at risk patients
- Averaged 974 monthly visits of which 193 were teledentistry (10,000 dental visits monthly pre-COVID)
Phase 1 reopening in Oregon 5/4 and Washington 5/18

• Screening and curbside care
• No at risk patients for in clinic (unless deemed emergent)
  • 65+
  • CDC/ADA guidelines conditions
  • Utilize teledentistry to manage needs

• Non patients entering office:
  • One parent of young child 13 and under
  • Children 14 and over seen without parent unless parent declines
  • No Siblings/spouses/children/parents
  • Visitors will be asked to bring a mask to the appointment or one will be
    provided upon entering

• Maintain current provider/staff reduction plans, will readaddress at
  each phase
  • Return providers and staff based on demand
  • No Hygiene
  • No Expanded Hygiene

• ½ schedules to start utilizing every other chairs for social distancing

• Waiting rooms utilized
  • Limit waiting rooms to 25% of original chairs and space out
  • Patient calls office at arrival from car
  • Patient waits in car until called to come in

• All procedures can be scheduled as needed
  • No Implants
  • Prioritize child recalls and restorative
  • Prioritize adult endo and critical restorative (existing treatment plans)

• Covid testing for invasive procedures (Endo/Restorative)
  • Lab test completed by medical curbside provider 3 days ahead of
    appointment
  • YVFWC requires Covid testing results required before appointment
  • The Dental provider will order the COVID test in EPIC
  • The patient will be sent through the COVID drive through to have the
    test completed
  • The result must be in the chart prior to the procedure
Phase 2 reopening in Oregon and Washington 6/1

- Maintain current provider/staff reduction plans, will readdress at each phase
  - *Return providers and staff based on demand*
  - *Add Hygiene Appointments*
    - Hand scaling should be utilized primarily
    - No use of the Cavition
    - A tooth brush prophylaxis can be used on younger children
    - If a prophy cup is utilized, then high volume suction is necessary
  - *No Expanded Hygiene – Except in dedicated Pediatric offices*
    - *Add normal level of dental assistants for 1 working provider*

- Utilize every other chair for social distancing

- Waiting rooms utilized
  - Limit waiting rooms to 25% of original chairs and space out
  - Patient calls office at arrival and waits in car until called to come in - Preferred Method. Required for at risk/vulnerable patients, may not always be possible as volume increases

- *All procedures can be scheduled as needed with volume limitations listed above*

- Covid testing for Implant surgeries and all positive screened patients is required, offered and optional to all patients of invasive procedures
  - Lab test completed by medical curbside provider 3 days ahead of appointment
  - YVFWC offering Covid testing results required before appointment

4/30/20: 558 positives  5/26/2020 1,200 positives
PPE guidance and conservation

- Routine care where aerosols are not expected
  - Gloves (nitrile)
  - Cloth gowns to be laundered after each use
  - Eye protection (goggles) with a surgical mask, or
  - Eye protection (face shield) with a surgical mask
  - Goggles and face shields - Disinfect between patients

- Clinical procedures which are invasive and producing aerosols is anticipated.
  - Gloves (nitrile)
  - Disposable gowns to be discarded after each patient.
  - Eye protection (face shield) - N95
    - Preferably welder's style shield with head covering
  - Head covering as needed

Both OR and WA have requested a 2 week emergency supply of PPE

Popular N95 reuse strategy from CDC

“One effective strategy to mitigate the contact transfer of pathogens from the respirator to the wearer could be to issue each HCP who may be exposed to COVID-19 patients a minimum of five respirators. Each respirator will be used on a particular day and stored in a breathable paper bag until the next week. This will result in each worker requiring a minimum of five N95 respirators if they put on, take off, care for them, and store them properly each day. This amount of time in between uses should exceed the 72 hour expected survival time for SARS-CoV2 (the virus that caused COVID-19).”
Current and next steps

- Facilities
  - Dedicated exhausting for closed operatories to convert them into negative pressure rooms
  - Increasing the Merv rating of existing inline filters to balance removal of particulates with appropriate room air exchanges
- Quality department
  - RH-N95 Mask decontamination unit

Phase 3 dental opening
- Return to full staffing levels
- Point of care testing (QUIDEL) – same day testing for patients with emergent needs that fail screening
Other Resources

- DOSH: General Coronavirus Prevention Under Stay Home – Stay Health Order
Dr. Chambliss became the Director of the Federal Tort Claims Acts Division at the Health Resources and Services Administration (HRSA) in August 2016. In this role she provides leadership for one of the largest federal medical malpractice programs in the country, improving the quality of care for 26 million Americans at 1,400 federally qualified health centers and over 200 free clinics.

Dr. Chambliss’s twenty years of public service has focused on improving access to health care by strengthening the health care workforce, building healthy communities, and achieving health equity. From, 2001 to 2016, she provided national leadership in the development, distribution, and retention of a diverse, culturally competent health professions workforce that provides high-quality holistic health care. During these years, she advised senior leadership and stakeholders on health policy issues affecting the Nation’s next generation of health care providers.

Dr. Chambliss began her career and clinical practice as a critical care nurse in New York State. She has held several executive positions in nursing, academia, and various health care consortiums or organizations. She has taught Nursing and Public Health courses at the undergraduate level at Howard Community College and Morgan State University.

Dr. Chambliss received an Associate Degree in Nursing from LaGuardia Community College, Bachelor of Science Degree in Nursing from Notre Dame of Maryland University, Master of Science Degree in Health Care Administration from Independence University and Clinical Doctoral Degree from Case Western Reserve University’s Frances Payne Bolton School of Nursing. She is a Fellow in the American Academy of Nursing, and member of Sigma Theta Tau International. She is dedicated to transforming the Nation’s health system by strengthen its greatest resources, the health workforce.
<table>
<thead>
<tr>
<th>COVID-19 Resources Found at nachc.org/coronavirus/</th>
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<tbody>
<tr>
<td>Centers for Disease Control Coronavirus (COVID-19) resources page – includes strategies for optimizing the supply of PPE</td>
</tr>
<tr>
<td>Health Resources and Services Administration (HRSA) Health Center Program COVID-19 Frequently Asked Questions (FAQ) – includes Federal Torts Claim Act (FTCA) updates</td>
</tr>
<tr>
<td>Centers for Medicare and Medicaid Services (CMS) FAQs – includes information on diagnostic lab services and hospital services</td>
</tr>
<tr>
<td>NACHC’s Coronavirus webpage – information, event postings, and resources for health centers; NACHC also manages the resources below</td>
</tr>
</tbody>
</table>
| NACHC's Elevate learning forum – evidence-based practices, tools and protocols for the health center response to COVID-19  
Health centers sign up @ bit.ly/2020ElevateCHC  
PCAs, HCCNs, and NCAs sign up @ bit.ly/2020ElevatePCA-HCCN-NCA |
| Health Center Resource Clearinghouse Priority Page COVID-19 –training events and tailored materials for serving special populations healthcenterinfo.org |
| Consolidates information from many sources in an easily-searchable format; enables health centers, PCAs, and HCCNs to share info and questions  
To join, contact Susan Hansen at shansen@nachc.org. |
Have more questions?

Email us at
Preparedness@NACHC.org
and we’ll get them answered!