



June 1, 2009

FINAL REPORT

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With special acknowledgement and support in the development and implementation of the MI
Door Oral Health Day

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MI Door Lead – Jill Moore

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Oral Health Staff – Susan Deming, Nivideta Akarte and Tameika Hart

The University of Detroit Mercy School of Dentistry

The sponsors of the MI Door Event

The volunteers of the MI Door Event

*The State of Michigan and the Department of Community Health will
provide equal employment opportunity for all persons regardless of race,
religion, color, sex, height, weight, marital status, national origin, age, or
disability.*

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The Michigan Day of Oral Health Outreach (MI Door) began in November 2008 through the leadership of Governor Jennifer Granholm. Following the viewing of a Mission of Mercy™ video clip, Governor Granholm, enlisted the assistance of the Michigan Department of Community Health to hold a similar project in four to five areas of the state to address the many underserved adults who lack access to dental services. The target areas include Detroit, the thumb region, the Upper Peninsula, the southwestern region, and the northern Lower Peninsula. The Goals for MI Door were to:

- Providing free access to dental care for uninsured adults while placing a high priority on patients suffering from dental infections or pain
- Raising public awareness of the increasing difficulty low-income adults and children face in accessing critical dental care
- Challenging Medicaid patients, policy-makers and dental professionals to work together to improve the oral health of those who have been promised care by the state.

A dedicated committee comprised of dental professionals, dental and dental hygiene professional associations, academia, Salvation Army, United Way, Head Start, MDCH, the Governor's office and other stakeholders was formed to develop the infrastructure for the series of MI Door events. The University of Detroit Mercy School of Dentistry graciously offered their modern facility to host the first event. Over 30 sponsors provided monetary contributions, donated supplies or assisted with the project. The first event held on May 16, 2009 included Governor Jennifer Granholm as the keynote speaker. Governor Granholm joined 320 dental and non-dental volunteers in providing oral health education and emergency dental treatment to 413 uninsured adults. It is impossible to determine how many people came to the event in need of services, but by 7:30 am the gates were closed and patients turned away. Of the 1,200 waiting since 7:30 am to be seen, 413 patients did receive care. An additional 250 vouchers were given to patients by the University of Detroit Mercy School of Dentistry to return to the school at a later date for emergency care. Over \$241,000 worth of dental services were provided.

Of the volunteers completing a post-event survey, all stated that they would participate in an annual MI Door event in Detroit. As one dentist noted: "These people NEEDED services and were there at 7 in the morning waiting. They thanked me for being there. The experience moved me greatly and the connection between humans was inspiring." A second story shared by a volunteer "At the end of the day, after 5 pm., a middle aged African-American woman approached me to share what a difference this event had made in her life. Over the course of the past year her adult son had been to the emergency room, over five times, placed on antibiotics and pain meds and told each time he needed to see a dentist. Problem: They had no insurance or

money to pay for a dentist. She stated "Tonight I will be able to get some sleep", her son had eight extractions and was out of pain for the first time in over a year."

Future MI Door projects are being planned by the committee. The availability of resources to implement the next projects will determine if the projects are viable. The discontinuation of adult dental Medicaid on July 1, 2009 will bring a more desperate need for dental services for the uninsured. While MI Door events are not a sufficient health care delivery system for meeting the needs of the state's low-income population, it is an important way to make a difference in the lives of many individuals.

Brief Chronological order of events

- November 2008 – first meeting of MDCH Administration, OH Program Director, and Pam Yager of the Governor's office
- December 2008 – MI Door Committee assembled from academia, dental and dental hygiene professional organizations, not-for-profit charitable organizations/foundations, etc. (refer to MI Door Committee members for a detailed list)
- January – March 2009 – the MI Door Committees to select the first MI Door event, determine logistics, seek donations, recruit volunteers, etc.). Jill Moore, a contract SEMHA employee with the MDCH Oral Health Program and Lynda Horsley, a graduate student from Central Michigan University, assigned as the manager of the MI Door project.
- January 2009 – Dr. Mert Aksu of the University of Detroit Mercy School of Dentistry volunteers UDM for the first MI Door event.
- May 15, 2009 – 25 patients prescreened for the MI Door event to ensure that a patient base is prepared for the 9:00 am start of patient treatment on May 16, 2009.
- May 16, 2009 – The first MI Door event is held at the University of Detroit Mercy School of Dentistry.
- May 19 Survey of the MI Door event was electronically distributed to all volunteer participants.

Dental services provided

- Dental services were limited to basic emergency services – extractions and fillings. Dental prophylaxis (dental cleaning) was available but not promoted to the public. A dental lab provided removable oral prosthesis repair (dentures and partials). Dentist volunteers were requested to only provide service for the emergent dental need of the patient rather than attempt to provide comprehensive care for each patient.
- It is estimated that over 1,200 people presented on May 16, 2009 for dental services; of these patients approximately 413 patients were provided services during MI Door; approximately 250 vouchers for care were provided by the University of Detroit Mercy School of Dentistry for patients to return to the school for initial emergency care; and over 600 people were turned away as capacity for services had been exceeded.
- Services provided:
 - 153 fillings
 - 445 extractions
 - 64 prophylaxis
 - 13 endodontic treatment

- 8 denture repairs
- Over 800 radiographs taken
- 143 individuals received free prescriptions for antibiotics and Ibuprofen – donated and organized by Wal-Mart.
- Two patients were referred directly to the care of a physician for high blood pressure or unstable blood sugar levels and could not receive dental services
- The value of dental treatment delivered exceeds \$241,000.00 for the one-day event.

Additional services provided:

- Display tables were set up in the waiting room for by the University of Detroit Mercy Student Dental Hygiene Association to provide education on geriatric, adult, and children oral health care.
- Additional tables provided services and/or information to include:
 - Education on nutrition
 - Smoking cessation
 - Oral cancer
 - Blood pressure screening
 - Diabetes testing
 - Cholesterol level testing
 - AIDS/HIV testing
- Prescriptions – Through a generous donation of Wal-Mart, prescriptions for antibiotics and simple pain medication (i.e. Ibuprofen) were faxed to Wal-Mart pharmacists. The pharmacist would fill the prescription and drive the prescription to UDM for dispensing to the patient, all free of charge.

MI Door Committee Members

- The original concept was to develop a core of committee members that would oversee all MI Door events across the state. Additional members would be added specific to the region of the event to ensure that local input and expertise would be utilized to increase the success of the event.
- Refer to Appendix B for a list of the core committee members and regional members for the MI Door event.

Volunteers

- Volunteers were need to provide dental services, take radiographs, register patients, assist patients in navigating through the dental school (patient advocates), pre-screen patients the day prior, set-up for the event, and assist patients through check-out.
- Volunteer dentists and dental hygienists from as far away as Traverse City, Grand Rapids, and Lansing.
- 74 Dentists (general dentists, oral surgeons, endodontists, and other specialists)
- 33 Dental hygienists
- 22 Dental assistants/Registered Dental Assistants
- 167 Students (dental, dental hygiene, physician's assistant)
- 37 Other: (RNs, MDs, patient advocates, recruitment of patients)

Sponsors

- 28 sponsors donated supplies, volunteer support, services, or monetary contributions to the event. Unfortunately, a mechanism could not be put in place to accept monetary donations.
- A list of sponsors can be found as Appendix C

Project Budget

A complete budget can be found as Attachment D

- Cost of the May 16, 2009 MI Door Event was **\$16,206**, not including the in-kind donations of the facilities, supplies, and equipment of the University of Detroit Mercy School of Dentistry (UDM); donated supplies; and the volunteer time of committee members or the time of dental providers, UDM School of Dentistry faculty, staff and students, and other volunteers on the day of the event.
- Monetary donations: **\$16,206**. However \$750 could not be used as a system has not been established to accept funding from donors for this project.
- Over 1,150 hours of MDCH staff time and 200 hours of UDM administrators, faculty and staff time was spent in planning, implementing and evaluating the event.

Volunteer Survey Responses (from Survey Monkey)

Refer to Appendix E for the survey and responses in their entirety.

- Respondents
 - 47.3 % general dentists or dental specialists
 - 25% dental assistants, Registered Dental Assistants (RDA) or Registered Dental Hygienists (RDH)
 - 4.2% dental or dental hygiene students
 - 11.8% dental assistants, RDAs or RDHs serving in a non-clinical capacity
 - 26.5% non-dental volunteers
- 96.9% felt that patients receiving care were truly in need
- 100% of the volunteers would volunteer for an annual MI Door adult dental day in Detroit
- When asked what region the volunteer would participate in:
 - 20 % would volunteer in the upper peninsula
 - 32.7 % would volunteer in the northern lower peninsula
 - 30.9 % would volunteer in the thumb area
 - 70.0 % would volunteer in southeast
 - 41.8 % would volunteer in the southwest
 - 52.7 % would volunteer in mid-Michigan
- Volunteers expressed the highest satisfaction (very satisfied) with:
 - Ease of volunteer registration
 - Leadership of organizing staff
 - Equipment and instruments
 - Event setting (UDM clinic)
 - Infection control
- Volunteers were “satisfied” with the following:
 - Flow of the day/organization of the day
 - Lunch
 - Speakers (tie with “very satisfied and satisfied”)

- The highest percentage of “not satisfied” was with flow of day/organization of day (13.2%)

Lessons Learned

- The first event of any major endeavor such as MI Door can expect some glitches. It is through these lessons learned, that each successful MI Door event will be improved.
- The lessons learned include feedback from volunteers the day of the event, from a post-event survey (Survey Monkey), the MDCH Oral Health managers of the project, and others associated with the event
 - Planning time should be at least 9 months
 - Pre-screen patients to allow dental treatment to start promptly at 9:00 am.
 - A dental screening was held the evening before the event at a local church. Patients completed a medical history, had radiographs taken, were screened by a dentist and given specific directions to UDM.
 - Of 40 patients scheduled, only 20 patients were presented for the screening and 1 patient was turned away for lack of need for emergency dental services.
 - Of the 20 patients screened only 13 presented the day of the event. Unfortunately it was not clear that these patients had been prescreened and were processed through the screening process of the day. Dentists had to wait up to one hour for patients to go through the screening and radiography process and present for treatment.
 - While some comments were made that patients should have appointments, the cost of man-power to schedule the appointments and the high no-show rate of patients does not make this a viable option. A suggestion would be to have triage start at 7:30 am or the evening before with specific patients from a homeless shelter or other organization that are bussed in to ensure participation in the screening and the event. To have triage at the gate. Hand out numbers for accepted patients. Once a certain number is reached, the gate is closed.
 - Flow of the day – the flow of the day was discussed at each committee meeting. How patients would be identified through triage for emergent care to ensure that only those patients with the greatest need were seen was debated. During the course of the event the following suggestion is made for the next event:
 - Each patient in line should be triaged quickly and identified by need extractions, fillings, denture repair, or oral cancer. Other patients presenting for non-emergent needs such as prophylaxis should be dismissed.
 - Signs and flyers publicizing the event must clearly state and be strategically placed for all patients to see that only the most emergent needs will be treated – to avoid confusion and waiting in long-lines for treatment that cannot be rendered.
 - A numbering system must be utilized for patients in line to determine the when capacity for the day is met and to insure effective tracking of patients. While some patients were triaged in line, others moved inside

the building to avoid the rain, and some were seated in an alternative waiting room after radiographs were taken only to be “forgotten” and never offered treatment that day. However, all these patients did receive a UDM voucher to receive care at another date. Numbers were given to patients during registration, however, the numbers did not correspond to emergent need.

- The day would be most successful if organized as a third-world dental service event rather than the traditional Give Kids A Smile Day. The greatest need for adults were multiple surgical extractions. On several occasions, the surgical instruments could not be sterilized quickly enough, leaving down time for many oral surgeons while the line for extractions kept growing.
- Develop a plan for triage and have everyone follow the plan. If the plan needs to be changed, a core group of individuals managing the event should make the decisions. Patients were told they could get a voucher for emergency services only if they had not been seen on the day of the event, other patients received vouchers in the line. Triage was attempted by different dentists on two or three separate occasions without a clear understanding of the process.
- Radiology is always a concern for a large event. Every patient required radiographs and the capacity of radiography to take and process the films is time-consuming. Borrowing hand-held radiography units and small Perio-Pro processors to increase capacity would speed the process.
- Consider assigning each dentist two chairs/patients, as a lot of time was lost with waiting for anesthetic. Possibly assign one hygienist to 4 dentists to aid in local anesthetic delivery after the dentist has treatment planned and directed which area to be anesthetized.
- Patient consideration
 - Restrooms were available inside the dental school but not easily accessible to people waiting in line. The utilization of rental toilet facilities was discussed but cost was prohibitive in their use for the event.
 - Many patients stood hours in line for treatment, without food or water. This was problematic for the diabetic, frail and elderly patient. The cost of distributing water and food and clean-up of trash precluded the services being provided. Emergency energy bars or similar fare should be available the day of the event. Consider having a vender in to sell food to the patients and to clean up and food trash.
 - A patient survey should be available for comments. Many dental providers and volunteers provided anecdotal stories and testimonies but understanding improvements for future events would be helpful from the patient’s point of view.
 - More translators were needed to assist patients; forms translated in Spanish and Arabic would be beneficial.
- Without a firm method of accepting donations, all monetary donations could not be utilized for the project. Work is continuing with the Michigan Dental

Foundation and the Michigan Department of Community Health to solve this critical issue.

- Refer to Appendix E Survey From Volunteers, Questions 6-9.

Future of MI Door

- This report will be provided to the MI Door committee, the Governor's Office, MDCH administration and other stakeholders. Based on the availability of resources and support a determination for future projects will be made.

Anecdotal Stories from the Event: Refer to Appendix E

Appendix A MI Door Agenda

Michigan Day of Oral Health Outreach MI-DOOR to Oral Health Care May 16, 2009 Agenda

- 8:05 a.m. – 8:10 a.m. Welcome
Reverend Gerard L. Stockhausen, S.J, President,
University of Detroit Mercy
- 8:10 a.m. – 8:15 a.m. Dr. Sheila Vandebush, Oral Health Director, Michigan Department
of Community Health
- 8:15 a.m. – 8:20 a.m. Governor Jennifer M. Granholm
- 8:20 a.m. – 8:25 a.m. Paula Tutman (Mayor Dave Bing could not attend)
- 8:25 a.m. - 8:30 a.m. Pictures with DCH staff and volunteers
- 8:30 a.m. – 8:45 a.m. Volunteer Orientation
- 9:00 a.m. Patient Treatment Begins
- 4:00 p.m Patient Treatment Ends, Wrap up

Appendix B MI Door Committee Members

*Core members = members that sit on the standing committee to plan all MI Door events.
Members not noted by an asterisk volunteered to assist with the regional project only.

Aksu, Mert
Balcom, Jackie*
Barton, Dr. Elizabeth
Behnke, Sherill*
Borlas, David
Bruhner, Marge*
Carole, Mary
Cienki, Rebecca
Doig, Sherri
Dorello, Chris*
Eason, Drew*
Farrell, Chris*
Floyd-Sanders, Karen
Halaris, Jan
Hemingway, Patricia
Hoost, Sharon
Jennings, Megan
Joseph, Janice
Kochheiser, Tom*
Lantz, Rick*
Leen, Ann
Louney, Dennis*
Madiri Brian*
Miller, Jan
Miriayala, Vinod*
Moore, Jill*
Paler, Renard AJ.*
Norm Palm
Pearl, Samantha
Persiani, Rich
Piskorowski, Bill*
Pope, Faith
Parise, Mary
Reuter, Jeremy *
Shepard, Kathi
Sibilski, Kim*
Slay, Rebecca
Sprague, Kristina
Stoel, Carl L*.
Thomas, Gwen

Attachment C Sponsors

Sponsor	Donation
Advantage Health Center	Supplies
Benco Dental Supply Co.	Supplies
Blue Cross Blue Shield	Patient education flyers
DenteMax	Patient education flyers
Colgate	\$500
Delta Dental	Toothbrushes
DMCare Express	Ambulatory Services
Everest Institute of Dearborn	Massage therapists
Irene's Myomassology Institute	Massage therapists
MDA	Gloves, support
Michigan Dental Foundation	\$3000
MDHA	Support
MDAA	Support
Michigan Primary Care Association	\$250
Peak Performers	MI-Door door prizes for volunteers: 20-\$25.00 gas cards & coffee stand for volunteers
Salvation Army	Patient recruitment
United Way	Patient recruitment
Detroit District Dental Society	Signage/ supplies
NIDCR	MANY Educational brochures
Wal-Mart	All pharmaceutical needs
Crest	Toothpaste
Dr. Raphael R. Putrus	Floss, patient bags, hygiene supplies, Tylenol, packing patient bags, pre-med antibiotics, physician on-site
Dentsply	Dental supplies
Greater Emanuel Institutional Church of God & Christ	Pre-screen location, patient recruitment
Raveane Dental Lab, Universal Urgent Care, Dr. Raphael R. Putrus	Simple denture repair
3M	Supplies
Smiles on Wheels	No-Mad Radiographic Unit
Tulsa Dental Specialties	Endo supplies
University of Detroit Mercy	Facilities; faculty, staff and students; supplies
MDCH	\$12,456 Administrative and managerial support Logistics, Planning, Implementation and Evaluation – Staff Hours= 1,150
MI Door Committee	Support and guidance

Appendix D Budget

Monetary Donations	\$17,739
• Colgate	\$ 500*
Michigan Primary Care Association	\$ 250
Peak Performance (volunteer gas cards)	\$ 500
• Michigan Dental Foundation	\$ 3,000
• MDCH	\$12,456
Expenditures	\$17,739
• University of Detroit Mercy	\$11,388
Supplies, sterilization staff, additional security and maintenance staff	
• Breakfast and lunch for volunteers	\$ 3,000
• Signage	\$ 418
Volunteer t-shirts (utilized for organization of staff (i.e. leads, patient advocates, dental service providers)	\$ 2,419
• Miscellaneous supplies	\$ 514

MDCH Oral Health Staff Hours

- Approximately 1,150 hours

*Donations could not be accepted as the mechanism for accepting the funds and utilization of the funds could not be completed with the Michigan Department of Community Health or other agency in time for the event.

Appendix E Survey Responses and Comments from Volunteers

Note: Comments received via e-mail are listed at the bottom of Appendix E.

Survey Response Rate: (23% return rate)

Question #1 Please check the category of MI Door Oral Health Event volunteer that best describes you:

Oral surgeon	4.8%
Endodontist	1.6%
General Dentist	25.8%
Dental Assistant or Registered Dental Assistant (RDA)	8.1%
Registered Dental Hygienist (RDH)	17.7%
Dental Student	3.2%
Dental Hygiene Student	1.6%
Hygienist, RDA or RDH serving in non-clinical capacity	11.3%
Non-dental volunteer	27.4%

Question #2 Do you feel as though patients who received care, truly were in need?

Yes 96.6%
No 3.4%

Comments:

- While they needed hygiene care- they mostly were not emergency patients
- Yes, most, but not all.
- All but 1
- Not all of them need treatment
- Most of them
- Some
- One female told me she couldn't get an appointment with her dentist and heard about this program and decided to come. Her oral health was excellent and had no restorative needs.
- Most definitely a need. There was the occasional "I got money. But it's free, so I am here."
- A little bit of both
- A few prophylaxis that were done were not emergent
- A few were not truly needed

Question #3 Would you volunteer for an annual MI Door adult dental event in Detroit?

Yes 100%
No 0%

Question #4 What other regions would you volunteer for MI Door events?

Upper Peninsula	22%
Nothern Lower Peninsula	32%
Thumb Area	30%
Southeastern Michigan	68%
Southwestern Michigan	40%
Mid-Michigan	50%

Question #5 Rate your satisfaction with the following:

Topic	Very Satisfied %	Satisfied %	Not Satisfied %	N/A %
Ease of volunteer registration	68.7	26.9	1.5	3
Leadership of organizing staff	54.4	38.2	5.9	1.5
Equipment and instruments	45.6	41.2	4.4	11.8
Event setting (clinic)	82	17.9	0	0
Infection control	59.7	31.3	1.5	7.5
Flow of day/organization of day	30.9	55.9	13.2	0
Lunch	41.2	50	7.4	1.5
Speakers	42.6	47.1	2.9	7.4
Massage (provided free to volunteers by massage therapy students)	35.9	12.5	0	51.6

Comments:

- The availability of certain instruments could have been better. Certain instruments had to be obtained outside of the clinic i was working in which made the patient wait time slightly longer.
- I feel more patients should be processed the day before so that we could get started first thing in the morning. We could have seen 2-3 more patients. We were waiting a good hour for our first patient.
- We needed coffee and chocolate:) I thought there should be better instructions regarding the forms
- As an assistant, I would have appreciated a little more in information about the operation of the gen. clinic
- It appeared that the staff in oral surgery was scrambling to prepare instrument trays.
- Overall, it was a very good day. Thank you for the honor of serving our community.
- The people handling instruments were organized and friendly
- We all did the best we could under the circumstances---this was the first time for this program--there are a lot of things that could have been better organized....
- Due to the volume of people I did not get to do the Massage. it was badly needed. Lunch was great.

- PA-students didn't know whether to register with "students" or medical. Not sure what kind of infection controls were in place other than in pre-screening area.
- Some parts of the day were not as well organized as they would have been had we done this before but for the first time and the volume of patients, things went well We were able to adapt along the way to make the event work and all of the volunteers were patient and cooperative (as well as the patients)
- Although I indicated I was not satisfied with organization, I think it was pretty good for the first time.
- As a first attempt it was terrific. More instruments needed in oral surgery.
- There should be assisting staff provided or make it clear to bring our own. I would prefer to work out of 2 chairs to see more recipients.

Question #6 In your opinion what were the highlights of the day?

- When the patients were brought to the rooms for their dental work all of the necessary information such as x rays, patient medical history's and treatment plans were available which made it very easy to treat the patient
- having appreciative patients
- Just how grateful our patient's were for what we could do for them.
- The gratitude of the patients. The comradely of the volunteers. Seeing my daughter being recognized by the Governor!
- Seeing that all my daughter's hard work paid off. I heard a patient ask when she could help volunteer at one of these events, now that is gratitude!
- the fact that everyone I personally worked on was very appreciative and not at all upset about the wait
- The grateful faces of patients that received treatment.
- Helping out others.
- Helping the patients of course.
- Meeting new people and helping those in need
- Seeing Gov Granholm seeing so many satisfied patients.
- The highlights of the day were the patients who received care and their appreciation for care they were given
- caring for pts
- After meeting a lot of the volunteers, the highlight of the day was just talking and laughing with the patients.
- meeting the folks who needed care they were very appreciative
- The highlights were just seeing all the patients that needed help getting it.
- The opportunity to interact with and help a variety of people, especially those truly in need.
- All but 1 patient treated in the Endo clinic were extremely grateful.
- Speaking to each individual patient who was so appreciative of our volunteer efforts and thankful for the opportunity to receive quality health care.
- The appreciativeness of the patients. All of them really were grateful for everyones help
- I was glad that Dental Lab Techs were included at least in a small way.

- The patients! Great people with great needs. The assistant, Natasha from Baker College Hygiene as an assistant, she was great
- Every person that I encountered stressed their appreciation. There were two people that came to me and said that on behalf of all the people we helped, they wanted to say thank you for those who may not have said so.
- Seeing all the people that needed care.
- Appreciation from the patients
- I enjoyed the whole day. Everyone was truly grateful for the care they received and that someone was trying to help them get care. The highlights were the people themselves. It shows the desperate need of the Detroit population.
- Helping the underserved.
- Having such grateful patients thanking me for my work.
- I really felt like I was making a difference. I saw 8 oral surgery patients and took out around 30 teeth. I hate giving money to organizations or walking in circles to raise money when I have a valuable skill that can provide direct charity.
- I really enjoyed working with the dental students in the oral surgery section. I supervised them and enjoyed really teaching how and why and helping when they needed
- The thank-you's and empathy of the dentists
- The number of patients seen, and those given vouchers to be seen
- Listening to people tell me they were in serious pain before they walked in and are glad to not have to be in pain anymore.
- Looking at the outcome. Everyone working together to make the day happen with no problems.
- Working with the patients and hearing their stories
- being able to screen the patients and hear their appreciation not only for the dental care, but also the other services (insurance, etc) and health screening and patient education we provided them (glucose, blood pressure and cholesterol).
- Seeing so many people in need of oral care and not being able to pay for it, getting it at no cost to them
- I asked a LEAD at the end of the day how many people we helped and she said over 400, that was a definite highlight. The keynote speaker was good also.
- The number of people who were able to get some type of dental care. The volunteers who were ready to address anything, including patients who spoke only Spanish. The willingness of the patients to wait all day to maybe get some dental care. The Governor who not only came to talk to the volunteers but stayed to meet patients and watch what the volunteers were doing.
- The assistant who worked in the next operatory worked very hard because she came over to help me also.
- The satisfaction of helping those in need
- Seeing the good we did as providers. Also seeing the thankfulness on the faces of the patients.
- Seeing the line outside the building at 7:30 in the morning, hearing the gratitude of so many people who received dental care, the dental professional community's demonstration that people will respond generously to the needs of the poor.
- Seeing how appreciative patients seem to be

- That every patient that came through was so grateful for us volunteering.
- The gratitude of the people receiving the care
- Being able to relieve the people of any pain/discomfort.
- The appreciation of the patients and seeing everyone volunteering and working together.
- The Governor greeting the clients and the appreciation the clients expressed.
- Patient gratitude. Gov. Granholm actually showing up was a great affirmation of the event.
- Seeing so many people lined up before we even started.
- A patient that I fixed her central incisors (over 50% dark arrested caries) on became emotional when she saw the esthetic result and said that "I changed her life"
- Interacting with those in need of dental care.
- Helping people in need!
- Speakers
- Cooperation of UDM, volunteers and patients served. I believe we all was on the same page for the common good of the Detroit neediest citizens.
- Getting to work
- How thankful every persons that I treated was as well as the great attitudes of all that were involved.
- How thankful every person that I treated was as well as the great attitudes of all that were involved.
- Helping people who truly needed dental care. I have volunteered for other organizations and it always ends up giving treatment to the family of the administrators/organizers. Thank goodness the patients did not have to have a relative "on the inside" to be treated.

Question 7 In your opinion, what improvements should be made for future events?

- The event went very well in my opinion. What I would suggest is next time there could be designated people who can obtain needed equipment for the doctor and assistant while they are providing care for the patient.
- Screening should be done earlier to eliminate the waiting around (in the restorative clinic about 1 hour) early in the day
- I think we needed more volunteers. More oral surgeons and oral surgeon assistants. Also I think the MACDL (MI Assoc. of Certified Dental Labs) needs to be contacted. My husband is a CDT and did not know he could have volunteered.
- Triage and determining patient needs prior to registration
- The facility was huge. An internal map of the facility would have been very helpful. Better advertising of the pre-screening so more patients could have been helped on Sat. morning.
- Perhaps the message must be that the first folks will be evaluated for need and approximately 400 will be treated.
- Accepting more people
- More specific directions as to where to report to work (Perhaps @ registration) and how to navigate the building to get to these different locations would have been helpful for me. The 2-3 hour delay before general dentistry could get started wasn't good. Couldn't

more or even all the dentists serve in a tri-age/diagnostic position during the first hour in order to get things rolling?

- More meeting time should be spent with individual groups to make it run smoother
- Better organization early in the day. Start earlier.
- I feel it would be helpful if there was a way to pre-screen patients so the care could begin as soon our day started. Also I would like to see more assistants volunteer their time so to help the Dentists be more efficient and therefore we may be able to treat a greater number of patients in need.
- Streamline inflow of patients to more ideally utilize volunteers time
- To have it for two days so that we don't have to turn anyone away
- Pre screening is essential....too much chaos and not enough direction. Hygienists need to be taking x-rays and only hygienists. 95% of the radiographs were either light, overlapped or both. Very hard to diagnose.
- If possible, the prescription waiting time needs to be shortened and/or streamlined.
- I think that the patient registration process needs to be more organized.
- Better organization overall
- Improve screening if possible to treat more patients who have urgent dental needs and truly no other means to obtain care. Put a plan into place to better handle patients who are not able to be seen. Establish clear cut-off times, so we don't have to tell patients who have made it through radiology and treatment planning that we can't treat them, after all, in restorative or oral surgery because of the late hour.
- More organization
- I think MI DOOR was an organized event which will become more smooth-in-the-running as it continues to grow. Hopefully, there will be more Michigan cities involved each year. Also, I would volunteer to serve in other areas of Michigan.
- I think more dental lab projects should have an attempt to being done.
- Patient registration, triage, and x-ray. The day was slow to start, and more could have been seen
- I think there should be several places that will provide treatment on the same day. Another option is to have it a two day event. The need is great and there were so many people that we were unable to address.
- More organization at registration. Each person needs one number as they are in line. Each person needs to fill out medical information regardless of whether there is treatment or not.
- More instruments and runners
- This was the first event and the response was overwhelming. Due to the overwhelming response, it did take a little while to get into a groove. For future events, depending on the response, it may be necessary to do pre-screenings of folks waiting and move the emergent cases to the front and let those with non-emergent needs that they will have to wait or provide them an alternative to come back on a different day or time. The health history screening area could also use more volunteers. We could have had double to help get people screened and triaged for care quicker.
- Much more room for surgery and more instruments. Start Triage at 8am along with radiology and treatment at 9am. Have a separate line up for hygiene only patients.
- It was a little unorganized in the beginning, but things got better as the day went on.

- There was a definite shortage of instruments and we spent a lot of time hunting some down. Also, it might be more expedient to have some people who solely give local anesthetic so that the operator didn't spend so much time waiting for anesthesia to happen. It also might have been helpful to screen the patients by the difficulty of the necessary extractions. I am not an oral surgeon, but I think I laid flaps and did surgical extractions on 5 of the 8 I cared for. I can do it, but it takes me longer than an oral surgeon and on one of the patients, I had to have a surgery resident finish the case.
- Better screening of patients. None were truly impoverished ie. all had cell phones, nice fingernail manicures, I-Pod music systems, all had phone and addresses, lots of nice cars in patient parking. I expected like homeless from a shelter, holes in shoes level of need
- Organizing the check-in process so the restorative DDS's we utilized prior to 10:30 am
- More dental hygienists volunteering for clinical
- I worked in the checkout of the event and we noticed that there were different paperwork done by different doctors and it would make it easier if every doctor did their paperwork the same so we could get the patients out quicker. Other than that I feel the day went great!
- Better screening of needs---too many complex scaling patients---these folks didn't need "prophy". this event was to be focused on chief complaint.
- Not sure due to the need is great. We will always have a long line of people trying to get help. While I love the dental staff that came out, how wonderful it could have been if we had one dentist per chair. Yes, I know I am dreaming. But that is how things get started by a dream
- We were in charge of the pre-screening and my point of view is limited to "pre-treatment" views as we didn't see patients after they left us. I think the pre-screening prior to triage in the back worked out well once we got the flow. I would be happy to come back and help coordinate pre-screening in the future. Access to other beverages for purchase would be nice (even vending machines).
- Registration was very slow and not really organized to start. We sat there doing nothing for about 30 minutes. While the lead was doing it all and training us on what to do.
- I think more prep ahead of time so that the volunteers know what they're doing when they get there and also so that the patients can start being seen right away at 9am, instead of waiting for all the paperwork. I was standing around for over an hour before I even saw my first patient
- Better organization of physical space and movement of patients. Patient were there all day (from 8am or earlier) and there was no food or refreshment for them. When screening blood sugars we found by 1pm we were getting low blood sugars because people had not eaten all day.
- Need more assistants who know how to assist
- A more organized way of keeping volunteers in order and giving them jobs
- Possibly pre-screening by need and severity of disease.
- I thought for a first time effort the day went smoothly. Suggestions I have from the check out area: Forms should be streamlined. For example, the prescription form at the bottom of the data form was not necessary. There were 2 other ways prescriptions were noted in the packets. More standardization was needed in the way clinicians recorded treatment. The data forms probably should have been completed chair side because it was very hard to read some dentists' writing and shorthand, especially for those in checkout who were

not dental professionals. More gauze squares should have gone home with patients. It seemed that the home care instructional info was not discussed with patients who had extractions. That whole voucher thing at the end of the day got confusing. Criteria regarding eligibility for vouchers should have been more clear to volunteers.

- When registering divide the alphabet, according to last name A-G, H-M, N-T, U-Z. it would make the lines go faster!
- Better prescreening of the patients and access to more oral surgical instruments.
- Have the screens start earlier. We did not see the first patient until 10:30. That was time wasted.
- Need more organization up front... I think we all learned a lot at this one.
- Registration was initially very understaffed and did not flow well. It would be nice to have at least crackers, or access to vending machines for people that have to wait a long time.
- Much earlier flow of patients, especially for restorative procedures. More instruments ready for oral surgery. the staff was working incredibly hard to keep up and still were behind.
- Will need more equip or flash sterilizers in area to get instruments faster
- There should be assisting staff provided or make it clear to bring our own. I would prefer to work out of 2 chairs to see more recipients
- The volunteers leading the people in need to their proper places was a little iffy because they would often leave them after they got them to their destination.
- More advertising for volunteers. One of the dentist that I work for didn't know about this event.
- Need to go over appropriate instrument supply set up to avoid waste and not having appropriate instruments ready
- Registration of patients and a clearer patient flow protocol.
- Get the patients to the restorative area earlier. By 9:45 I still had not seen a patient. Went to oral surgery and they were extremely busy. Also, make high speed and low speed handpieces and burs more accessible in the surgery area.
- I heard that oral surgery was jammed and short on instruments. Maybe some Statim sterilizers so they could have instruments ready quicker would be helpful.

Question #8 Do you have an anecdotal story to tell about the event? Is there a patient story that needs to be told?

- There was a gentlemen that I treated who needed extensive work on his upper anterior teeth. We were able to do numerous three to four surface composite fillings for him that made him feel as though he could smile again and that was very touching.
- A man standing in line outside handed me his dentures in a baggy and asked if I thought they could be repaired. To me it looked hopeless! They were broken and a tooth was missing. But I said I would take them in to be looked at so he wouldn't have to wait in the long line. (That is the only reason he came) The volunteers in the lab were so excited to have their first job. They said they could repair them. I found out later that they did, indeed repair them and also made a new tooth to replace a missing one.

- Although not an emergency situation, it was great to be able to track down an orthodontist to remove the brackets on a 24 year old young man who has had the brackets on since he was 14. He was thrilled, and thankfully, his teeth were in good shape underneath
- I don't have a particular story, however, most of my patients were wondering why I was there to help them. They wondered why we (collectively) would volunteer to serve them. I told them it was an honor to be a part of this health initiative and we were glad to do it.
- We were able to repair and replace teeth in partial dentures which allowed people to replace missing teeth.
- I received hugs from the first two patients!
- Had a lot of positive feedback from patients.
- Too many
- There was an older woman who was my patient for a cleaning. All I could do was a debridement. She had supragingival tartar on the facial and lingual of all of her teeth and when she smiled you could see it. This was a very difficult cleaning and she was very nervous, but excited to get her teeth cleaned. At the end of the appointment she looked in the mirror and was so happy. She said, " My kids are going to think I got dentures, my teeth haven't looked this good in a long time." After she checked out, she came back and gave me a hug and thanked me again. She was my last patient and a very difficult one, but it really left a good impression on me to what a difference I made in her life. It felt great to be a help to such a nice person in need.
- I asked the students which year they were and they told me DS4 (senior 4th year) and one oral surgery resident. I figured this would be lots of experience. I had given the alumni address to the graduating seniors the week before. As it turns out the "real DS4's graduated and my "DS4's" were really DS3, just turned DS4, and my resident was first year. Not a lot of experience. They all accepted my teaching and experience as good future professionals.
- Every patient I saw was gross debride & polish, none were "prophys" as diagnosed
- One woman told me thank you many, many times---she had arrived at 6:30 am and was able to have a couple of fillings redone--the originals had fractured and her tongue was visibility irritated from the sharp edges. She was so happy to feel smooth surface again. this particular patient did not have real complex prophylaxis needs...she was trying to make ends meet so kept postponing her visits to the dentist. She told me she brought her kids to the kids day in Feb. [Give Kids a Smile Day] too...and was very appreciative.
- A patient was the first 75 people in line. After her extractions I ran into her and she just hug me and said "Thank You, everyone has been so good to me" This story was repeated many times. The only difference with this one is tears were running down her face.
- We had one patient that had many teeth to be extracted and one that was surgical for sure, no crown and all mush. But the Dr. kept working on the tooth and was determined to get it out for the patient. Three and a half hours later, we got the tooth out and the lady was very grateful for the work we did for her, not at all unhappy with how long it took. She was happy we cared enough not to give up.
- I was doing the pre-dental care screening. We saw a number of patients with high blood pressure and abnormal glucose and cholesterol. Many of these people had no resources to get primary health care but we were prepared with a book listing free clinics and

educational material for patients who needed it. So many were in pain and had no resources to get the care needed

- One patient that I seen was in line at 1:00AM. That really goes to tell me that we need universal health care, we are the richest country in the world, if greed wouldn't play such a large part maybe we could! I felt very honored to volunteer to help people that needed the care!
- Patients who could not be treated because their medical conditions were out of control. They could not afford their medications
- Everyone we saw has endured some financial hardship most stories were the same. The people were all grateful and happy that we treated them with the respect that is deserved.
- Many!! These people NEEDED services and were there at 7 in the morning waiting. They thanked me for being there. the experience moved me greatly and the connection between humans was inspiring.
- A patient that I fixed her central incisors (over 50% dark arrested caries) on became emotional when she saw the esthetic result and said that "I changed her life"
- What needs to be told is how grateful all the patients were to have this level of care. I was personally thanked numerous times (and hugged).
- I was most moved with a young woman who waited 4 days for the event in severe pain for an extraction. At the time she was seen by me in oral diagnosis, no additional extractions were being taken. She was very distraught. I personally took her to oral surgery, and they made an exception and would see her. She turned to me and thanked me because now she could go to her prom next week and not be in pain.
- At the end of the day, after 5 pm., a middle aged African-American woman approached me to share what a difference this event had made in her life. Over the course of the past year her adult son had been to the emergency room, over five times, placed on antibiotics and pain meds and told each time he needed to see a dentist. Problem: They had no insurance or money to pay for a dentist. She stated "Tonight I will be able to get some sleep", her son had eight extractions and was out of pain for the first time in over a year. What a great testimony!
- One patient had an extremely difficult third molar extraction and was very likely to have some major post-op pain. She lived in a shelter and had no money for the Rx she was given. That was sad!!!

Question #9 Please provide any additional comments regarding the MI Door Oral Health event.

- It was a long day but a great day!! I would do it again if given the opportunity, and I truly hope I will!!
- Well, this has to do with renewing our license every 3 year's. In our profession we must have 1 pain management CE every three years as well as be CPR Certified, along with all of the other CEs required depending on whether we're a dentist, RDH, RDA, or CDA. I feel that the MDA should also mandate that we all should have served some dental community service every three years to be able to renew our license. If this happens, there should not be a shortage of volunteer's for this type of event.
- I feel it was a win-win situation for everyone involved: The patients, the professionals, the students, the school, the State of Mich. and the general volunteers. I was happy to be a part of it.

- I appreciated the hard work of the Michigan Community Department Staff. PLEASE note that the dress code for the School of Dentistry, as it is a health care facility, does not allow blue jeans. I suspect that the staff who worked the event were unaware of that rule, but I would suggest that all volunteers (b/c there were professionals in attendance as well) might consider non jean attire. Professional attire sends a strong message to the patients that we respect them as providers and volunteers and also the students noted that the blue jeans were not appropriate.
- I thought it was an excellent idea and I think we should have other parts of health care involved in this volunteer events
- Another T-shirt? I can do without it. I DID GREATLY APPRECIATE THOSE BRIGHTLY COLORED T-SHIRTS THAT ALL THE LEADERS WERE WEARING. BIG THANKS to all the leaders and their patience. I would love to take part in such an event again.
- I enjoyed being a part of it.
- Thanks to all of those who volunteered their time and to all those who spent many hours organizing the event
- Good project
- Thank you for opening up the doors to help all the people that were in need. This is will be an experience that I will never ever forget. It has touched me so deeply I can't stop talking about it. And how well everyone worked together.
- I had a great time at this event. I would love to volunteer at any MI Door events that are held.
- All volunteers were clearly dedicated to helping the patients and worked extremely hard and long to make the day a success!
- Jill was easy to work with in organizing the event.
- I was in awe of the number of people so anxious and willing to wait in line for 3 or more hours to receive the health care they so needed. The patients were grateful. I was thanked several times.
- I hope that this event can occur more than once a year.
- Need to have food available for people that are there all day. The number of patients that can be served needs to be determined before they sit there all day only to be sent away.
- Many thanks to Laura--the UDM patient coordinator. She was patient and tried to respond to everyone's concerns.
- The dental school was a nice setting with so many chairs available. Please do not forget that most docs give away treatment in their own offices every week. They see patients that are referred by their churches, the ER or other patients that are involved with the under-served.
- Patients were great, I wish I could have done more.
- It was fine, and a good media event. I'd do it again, I'd be more enthused to help truly impoverished, not just the neglectful getting free dentistry because they choose to spend their resources elsewhere
- I felt at times that I needed to be very proactive in getting a patient into the chair by seeking them from the line to have fillings done. At one point, I wasn't sure if it was worth being there, then we started extractions in restorative and people were brought in faster. Most of the leaders were very helpful and kind in the chaos.

- Great event, good to give back to those who are truly grateful for dental service
- I was happy and proud to have been a part of this day. It confirmed my decision about going into the dental field @ the university of Detroit Mercy just by watching all the people I saw get helped.
- Glad I could be a volunteer
- It would be great if it could be repeated. But not soon, we are still in recovery. But our hearts are full.
- A must do. I would be happy to come back and help coordinate pre-screening in the future as a PA-C. If you have one in the western U.P., let me know and I can see if I can get some physicians up there to help with pre-screening (Marquette, Keewenaw)
- All the patients that went through registration were very thankful for the volunteers that were there. From the beginning to the end they were saying thank you for all your time and help. Very nice to hear.
- It is a good cause and it was a great day. My only regret is that we weren't able to see everyone. I really look forward to doing it again.
- It was a wonderful opportunity to give back to the community. This event and others like it are needed more often in Detroit and in the region. I think anyone who volunteered once would be willing to do it again.
- Thanks for organizing a great event! It's obvious how badly needed these services are for people in Detroit. I hope the Department will send out a press release focusing on the plight of uninsured low income adults and announce that hundreds of thousands more will be joining their ranks on July 1st when Medicaid dental benefits are cut for adults.
- Please keep me on your contact list I would love to volunteer in the coming years.
- There were other specialists volunteering (Prosthodontists, Periodontists and specialty residents)
- I hope that this program can be done more than once a year. There is such a high need for treatment.
- Again and again and again. The need is great - we that are fortunate to be able to help must continue to do so.
- As a dentist who volunteers services both here and abroad, I was extremely happy to see the volunteer turnout. It speaks highly of our profession when events like this are organized, planned, and executed as well as this one. Good Job!
- Due to the volume of people in need, I hope somehow that this event could take place 2 or 3 times a year!
- There is no need to travel to a third world country and provide dental services. Our needs are quite extensive here very, very close to home
- Great Job! Congratulations to the governor for the vision and to Dr. Vandebush and Dr. Miriyala for pulling a team together to make it happen.
- This was a fantastic event!!! I was very glad that I was a part of it. Great job to the people who organized it and to the many volunteers. UDM should be proud!!!
- With all the need that is out there, this event should be done 2 or 3 times a year.

Comments from E-mails and Telephone Conversations (not part of the survey)

- What a great day of reaching out to the underserved. I worked in Triage and Radiology. I saw maybe two people who really did not understand the 'in need' requirement, all the

rest appeared to have severe dental problems.

I also saw a dentist I know and heard comments from dentists and hygienists who had never volunteered. What a great learning experience for our profession.

Actually it was mind-blowing to watch from the second floor window, (possibly behind your back as you were speaking) the people coming and coming and coming. I realized I was part of a historic dental event. Thank you for adding such a great day to my life.

- This is { } from Grand Rapids @ Kent Family Dental. Kelli Fedder and I had soooooo much fun on Saturday. We had to wake up at 3am to get going on our way east. I had no idea what to expect... it was very exciting to be amongst all those dental professional "brothers and sisters". I loved seeing our Governor get emotional. It was very hectic and unorganized for the first 1.5 hours, but did start flowing just as it was time to go home. I kind of wish we could have stayed working till 7 or 8pm - there was definitely the patient load for it. At the MDA in Lansing I talked with a gentleman from the Michigan Dental Foundation about his anticipated thoughts on the MI-DOOR. He said "yeah, we need more dentists, no more hygienists." This kind of surprised me. The itinerary supported his comment when it said there was going to be hygiene education only, no prophies. HYGIENE WAS EXTREMELY UNDERESTIMATED !!! PAINFUL PERIO WAS EXTREMELY UNDERESTIMATED !!! I was able to help 7 people with high gingival pain - many of them have never had any decay before but have never had their teeth cleaned in their life! This one 37 year old male looked at me with very big anxious and hopeful eyes "Are you going to be able to take the fire out of my mouth?" Oh my goodness... this man was soooooo appreciative to have the smell (which has affected his personal relationships for years and years and his self esteem) and the pain gone with in an hour ! I let him know that I just gave him a \$1000 cleaning. He gave me the biggest hug on the way to the check out - he was not the only one who gave me thank you hugs either :) These 7 individuals made me remember why I do what I do. The world is so much bigger than my Kent Family Dental. I hope that we will do this more than just once a year. I know the next one will be even smoother. Oh yeah, and I had a good time eating lunch with your mom :) I am so glad I found out about this program. Please keep me in mind for any future events. Thank you very, very much for helping the public :)
- A volunteer dentist contacted the MDCH Oral Health Program on 5/28/09 via telephone and wanted to talk about MI Door. She said that she and her hygienist joined the volunteers at MI Door. She told me that is was an eye opener for them both. She just could not believe that oral health of the patients was in the condition it was. She reported it as an embarrassment on how oral health has declined so much in the 20 some years since she graduated from UDM. She repeatedly told me what an eye opener it was, especially since her office is within 40 minutes of UDM. She has gone out of country on several occasions to give volunteer donated dental care, and she said that she is done with that. After seeing the drastic need in her own community she now wants to stay home and take care of those in her own community. She has already met with several people and organizations on beginning an annual outreach program in her community. She has met with dental offices around her (I believe she said 6 thus far) and wants to plan an annual community out reach program where for one week each year the participating offices will give donated care in their area. She is working with faith-based organizations who have screened the patients. She reported that the biggest hang up will be liability issues with the participating dentists.

- I want to thank you for the opportunity to help with the MI-DOOR program on Saturday. I worked registering people and helping them back to the triage area. The people were so very appreciative and I feel blessed to have been there and help them in my small ways. I hope the program is offered again, perhaps every six months or quarterly, and I also hope we can explore offering this type of program in other areas of the state with large populations of unemployed and under-served persons. Flint, Lansing and Grand Rapids come to mind. I spoke with my dental office in Mason, MI this morning and told them what a wonderful program and response it was.

Appendix F MI Door Volunteer Flyer

miDOOR

= MI **D**ay of **O**ral Health **O**ut**R**each*

Volunteers Needed:

- Dentists
- Dental Hygienists
- Dental Assistants
- Community Volunteers

Saturday, May 16

UDM Dental School

8:00 – 4:00

Featured Speakers:

- Governor Granholm
- Paula Tutman

Focus of the Event:

- ◆ **Provide free access to dental care for adults for immediate, urgent care for treatment of dental infections or pain (extractions and fillings only). Only low income adults will be seen on a first-come, first-served basis.**
- ◆ **Raise public awareness of the increasing difficulty low-income adults and children face in accessing critical dental care**
- ◆ **Challenging Medicaid patients, policy makers, and dental professionals to work together to improve oral health of those who are underinsured or uninsured**

Sponsors: Michigan Department of Community Health, the University of Detroit Mercy Dental School, and the Michigan Dental Association Foundation

For More Information or to Volunteer:

Jill Moore

517-373-4943

Moorej14@michigan.gov

*The Governor's Oral Health Initiative is a series of oral health access events that will be geographically dispersed across Michigan.

Appendix G MI Door Patient Recruitment Flyer

MICHIGAN Day of Oral Health Outreach



MI-DOOR to Oral Health Care

This event will provide free dental care and education to ADULTS who have an immediate dental need. This event is made possible by dental professionals who are volunteering their time and services.

When: Saturday May 16th, 2009

9:00 am—3:00 pm

Where: University of Detroit Mercy
School of Dentistry

2700 Martin Luther King Jr. Blvd * Detroit, MI 48208

**EMERGENCY SERVICE PROVIDED:
FILLING, EXTRACTION , AND MINOR DENTURE REPAIRS**

Services will be provided on a
FIRST COME FIRST SERVE basis and also based on need.



There is NO guarantee of treatment





Patient Number: _____

CHECK SHEET

(check each one after fulfilling the requirements)

- _____ Medical History Form (completed and signed)
- _____ Blood Pressure taken and recorded
- _____ HIPPA Form (completed, signed, and copy given to patient)
- _____ Dental Treatment Consent Form (completed and signed)

- _____ Radiograph(s) taken
- _____ Dental procedure completed

Prescription(s) given

- _____ Antibiotics
- _____ Pain Medication

- _____ Pharmacy pick-up (if needed)
- _____ Oral hygiene instruction
- _____ Oral adjuncts given (toothbrush, paste, floss etc.)
- _____ Drop off data entry sheet

Yes No Scheduled for dental treatment at UDM?

_____ Check-out (turn in this packet)

ADDITIONAL SERVICES (voluntary)

- _____ Blood Sugar Level Tested Other: _____
- _____ Cholesterol Level Tested _____

CHILD CARE	
_____	# of Children
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____



Emergency Examination

Limited Exam for Emergency Treatment

The dental care you will be receiving today is limited to give you relief from pain, bleeding, swelling, infection or injury until you can receive more complete treatment.

The emergency treatment may be limited. You may need more treatment that may not be done at the School of Dentistry. A dentist will look at your teeth and mouth today to let you know what can be done for your pain. Treatment will be provided with your consent. Treatment will be supervised by a licensed dentist.

The School of Dentistry cannot promise that you will be accepted as a regular patient. If you would like to become a regular patient you must make an appointment for screening at the School of Dentistry.

You can return to The School of Dentistry if you have any problems with what is done today. The School of Dentistry will not promise future emergency care for other problems.

Signature of patient or guardian

Date

Printed name of patient/guardian

PHOTO RELEASE

I hereby give MI-DOOR permission to use my likeness in photography for publications, promotional purposes, website, media press releases and coverage and any other such purpose on behalf of MI-DOOR. I understand that I will not receive compensation for the use of my likeness in any form.

Signature of patient or guardian

Date



Data Entry Form

_____ # of Fillings

_____ # of Extractions

Prophylaxis (circle one) yes no

_____ # of teeth treated with endodontics

Any additional care:



MI-DOOR HIPPA Form

Individual Rights under HIPPA:

1. An individual has the right to protection of his/her health information.
2. An individual has the right to inspect or have access to his/her health information
3. An individual has the right to request an amendment to his/her record
4. An individual has the right to request a restriction on how his/her information may be used or disclosed
5. An individual has the right to request that information be shared with him or her in a particular way
6. An individual has the right to an accounting of disclosures
7. An individual has the right to a Notice of Privacy Practices from a covered entity.
8. An individual has the right to file a complaint

I read and understand my rights under the HIPPA regulations. I understand that this is a volunteer day and that the medical staff treating me are volunteers.

Signature of patient: _____ Date: _____

(patient copy)



MI-DOOR HIPPA Form

Individual Rights under HIPPA:

1. An individual has the right to protection of his/her health information.
2. An individual has the right to inspect or have access to his/her health information
3. An individual has the right to request an amendment to his/her record
4. An individual has the right to request a restriction on how his/her information may be used or disclosed
5. An individual has the right to request that information be shared with him or her in a particular way
6. An individual has the right to an accounting of disclosures
7. An individual has the right to a Notice of Privacy Practices from a covered entity.
8. An individual has the right to file a complaint

I read and understand my rights under the HIPPA regulations. I understand that this is a volunteer day and that the medical staff treating me are volunteers.

Signature of patient: _____ Date: _____



Home Care Information

- **Fillings:** fillings are tooth colored or silver colored
 1. The feeling in your mouth will not be the same for 2 to 3 hours
 2. Do not chew your lip, tongue or cheek during this time. You can damage your lip, tongue or cheek without feeling the pain.
 3. Do not eat food until the feeling comes back. You can drink cool drinks but do not drink hot drinks. Hot drinks could burn your mouth and you would not feel the pain.

- **Extractions:** taking teeth out
 1. Keep biting on the gauze in your mouth for one more hour.
 2. **DO NOT SMOKE** for two days. The area where the tooth came out may not heal if you smoke.
 3. Do not eat until your tongue, lip and cheek feels normal to you. Today eat only soft, cold food. It is ok to drink cold liquids today. **DO NOT** use a **STRAW** to drink
 4. Do not rinse your mouth or spit today. Rinse your mouth tomorrow with warm water, put a little bit of salt in the water.
 5. We have given you more gauze to use if the bleeding starts again, bite on the gauze for one hour.

- **Other treatment needed:**



May 16, 2009

Patient name: _____

Age: _____ DOB: _____

Address: _____

RX

Medication:

Dispense:

SIG:

GEQ

Doctor signature

Doctor's printed name

Institutional DEA: _____

NPI: _____



May 16, 2009

Patient name: _____

Age: _____ DOB: _____

Address: _____

RX

Medication: Amoxicillin 500mg

Dispense: 30 tablets

SIG: Take one tablet every eight hours by mouth until all pills are gone

GEQ

Doctor signature

Doctor printed name

Institutional DEA: _____

NPI: _____



May 16, 2009

Patient name: _____

Age: _____ DOB: _____

Address: _____

RX

Medication: Ibuprofen 800mg

Dispense: 25 tablets

SIG: Take one tablet every eight hours with food as needed for pain

GEQ

Doctor signature

Doctor printed name

Institutional DEA: _____

NPI: _____



May 16, 2009

Patient name: _____

Age: _____ DOB: _____

Address: _____

RX

Medication: Clindamycin 150mg

Dispense: ____ tablets

SIG: Take ____ tablet every ____ hours by mouth until all pills are gone

GEQ

Doctor signature

Doctor printed name

Institutional DEA: _____

NPI: _____



MI DOOR Medical History Form

Name _____ Home Phone (____) - ____ - ____
Last First Middle

Address _____ Cell Phone (____) - ____ - ____

City _____ State _____ Zip code _____ Date of Birth ____/____/____
Month day yr

Sex: M F Closest relative _____ Phone (____) - ____ - ____

1. What is the reason for your visit _____
2. Have you ever had any problems following dental treatment? Yes No
3. Have you ever had a bad or unusual reaction to local anesthesia? Yes No
4. Do you have difficulty opening your mouth or swallowing? Yes No

Have you now, or in the past, ever had any of the following conditions?

1. **Breathing** or Respiratory problems Yes No

2. **Heart** or Circulation problems

- | | |
|-----------------------------------|------------------------------------|
| High Blood Pressure..... Yes No | Stroke Yes No |
| Heart Attack (MI)..... Yes No | Cardiac Bypass Surgery..... Yes No |
| Chest Pain..... Yes No | Artificial Heart Valve..... Yes No |
| Swollen Ankles..... Yes No | Infection of the Heart..... Yes No |
| Heart Defect at Birth..... Yes No | |

3. **Kidney** disease Yes No

4. **Diabetes** Yes No

5. **Infectious disease**

- | | |
|----------------------|-------------------------|
| TB..... Yes No | Hepatitis B..... Yes No |
| HIV/AIDS..... Yes No | Hepatitis C..... Yes No |

6. Have you ever had any history of **cancer** chemotherapy or radiationYes No

7. Do you have any history of **Allergic Reaction** or Intolerance to any medications or other substances?
8. Penicillin..... Yes No
- Latex..... Yes No
- Other substances or medications..... Yes No

9. List of current **medications**: _____

10. Have you ever used **tobacco** products? Yes No

11. Do you consume **alcoholic** beverages? Yes No

12. Do you use or have you ever used **recreational drugs or street drugs** including IV drugs? Yes No

Please note: The use of **Cocaine** before or after dental treatment, can negatively interact with dental drugs.

Women Only:

Are you pregnant? _____ First Trimester _____ Second Trimester _____ Third Trimester _____

I certify that to the best of my knowledge the above information is complete and accurate.

Signature of patient or guardian

Date

Signature and title of reviewer: please sign and print last name and title

Form to be filled out by MI Door Volunteer

Height: _____ Weight: _____ BP: _____

Blood Sugar: _____ Cholesterol: _____

Current Medications: _____

Alert from Medical History: _____

Family history:

Heart disease.....Yes No Cancer.....Yes No

Diabetes.....Yes No Hypertension.....Yes No

High Cholesterol.....Yes No

Patient's chief dental complaint: _____

Radiographs: (Tape x-ray below)

PA _____
teeth numbers

BW _____
area requested

Panorex taken Y / N
circle

Treatment Plan:



Dental Treatment Consent Form

Patient's Name: _____

Please read and initial the items checked below and read and sign at the bottom of the form

1. X-RAYS (Initials _____)

2. DRUGS AND MEDICATIONS

I understand that medications given to me may cause allergic reactions. (redness, swelling of tissues, pain, itching, vomiting, shock and/or other problems) (Initials _____)

3. CHANGES IN YOUR DENTAL TREATMENT

I understand while receiving care my treatment may need to change because of new findings. I give my permission to the Dentist to make any/all changes necessary. (Initials _____)

4. REMOVAL OF TEETH

I give permission to the Dentist to remove the teeth as needed. I understand removing teeth does not always remove all of the disease present. It may be necessary to have further treatment. I understand having teeth removed I may have pain, swelling, spread of disease,

dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue, numbness that can last for any length of time, or broken jaw. I understand I may need further treatment by a dentist or even hospitalization if complications do happen. (Initials _____)

5. ROOT CANAL TREATMENT

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the root canal. I understand that additional treatment may be necessary following root canal. (Initials _____)

6. FILLINGS

I understand that I must be careful when chewing on my fillings. I understand that I may have sensitivity after receiving my filling. (Initials _____)

7. PRESCRIPTION DRUGS

I understand that the only prescriptions given out today will be antibiotics and over the counter pain medication. (Initials _____)

I agree to follow the recommendations of the doctor/dentist while I am under his/her care. I understand that any lack of cooperation could result in poor outcomes.

By signing this form I agree that I have read and understood the above consent form and agree to the treatment recommended to me.

I have had the opportunity to ask questions and have had them answered.

Signature of Patient _____ Date _____

Signature of Parent/Guardian if patient is a minor _____ Date _____



MI-DOOR Treatment Plan and Record of Treatment Provided

Patient name: _____

Name of Dentist planning treatment: _____
Signature and printed name

Tooth # and surface	Diagnosis	Planned Treatment	Treatment Completed <small>Please include name and signature of provider</small>

SPECIAL COMMENTS/NOTES:

PRESCRIPTIONS: Please circle

Amoxicillin
 500mg
 30tabs

Clindamycin 150mg
 300mg
 40 tabs

Ibuprofen
 800mg
 25 tabs

Other Prescriptions:



Volunteer Disclosure Form

All patients have a right to privacy and all staff including volunteers must respect this right and comply with Michigan Department of Community Health and the federal law, which insures this right.

- Any information that can identify a patient is considered “Protected Health Information” (PHI) Divulging this information either written or oral is a violation.
- Volunteers will receive minimum information necessary to do the job.
- Conversations with patients should not include questions about their diagnosis, insurance coverage, or anything else that deals with their health information.
- Do not listen to any conversations between patients and medical staff.
- Never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manner and location, which insures that the conversation will not be overheard.
- Never discuss anything about a patient outside of the host facility. This includes knowledge of admittance, and emergency treatment. This also pertains to family members, neighbors, friends, church members, etc. who are patients and who you might see while volunteering.

I hereby agree that I will not discuss, reveal, copy or in any other manner disclose any PHI that I may see or hear while volunteering for MI-DOOR. I understand failure to comply with any of the statements aforementioned in this document is my responsibility and not that of Michigan Department of Community Health. Failure to comply would mean legal action.

Name (please print clearly) _____

Signature: _____ Date: _____
