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0:39
Good afternoon, everybody.

0:41
We're letting everybody join here.

0:43
This is wonderful to see such a big crowd here.

0:46
This is great.

0:48
Welcome.

0:48
So glad you're here today.

0:52
Bear with me one second while we try to get everybody joined up and connected.

1:01
And just as a housekeeping measure, just so that everybody has the ability to hear, if you don't mind to put yourself on mute, you're always welcome to come in and, you know, engage in the discussion with us.

1:13
For sure.

1:14
I know that we want this to be, you know, time for everyone to share And but I think just in the interest of ensuring that everyone is able to hear the presentation today, if you wouldn't mind to do that real quick, my name is Allison Kelly.

1:30
I'm with the North Carolina Association of Free and Charitable Clinics.

1:34
I'm the program director there.

1:36
Again, glad to see everybody today.

1:38
Welcome.

1:39
I also want to introduce Doctor Brett Leslie, who it will be our leader and facilitator of the dental networking group.

1:47
Doctor Leslie is here with us.

1:48
Hi, Doctor Leslie, welcome.

1:50
Hi.

1:50
Thank you.

1:52
And I'm still letting a few people in.

1:56
We would love to hear from everyone who you are, what organization you're with and maybe where you're located.

2:03
So if you would like to put that into the chat, that will give everybody an opportunity to get to know one another a little bit and I get to welcome everyone.

2:14
So thank you once again for being here.

2:16
Doctor Leslie.

2:17
I'm going to keep an eye on the waiting room and the chat for us.

2:20
And with that, I'll pass it over to you to welcome everybody and introduce our guest speaker.

2:26
Thank you, Allison, and welcome everyone to the first ever dental networking meeting hosted by the North Carolina Association of Free and Charitable Clinics.

2:36
Like Allison said, I'm Brett Leslie, I'm the dentist for the Community Care Clinic of Rowan County, as well as kind of the adopted dentist for the more free and charitable clinic, and it's really great to be with you all.

2:49
Today, so many of the member clinics are providing dentistry to their patients or hoping to do so in the future.

2:57
So the association thought it would be valuable to host these meetings as a way for us to collaborate to share ideas and challenges and opportunities, as well as to learn from expert guest speakers, the first of whom we will hear from today.

3:13
Let's talk a little bit about how the meeting will go.

3:15
This is our first meeting, so this might change in the future depending on how today goes.

3:19
But today we'll hear from our guest speaker, Amanda Belleville.

3:22
First, as Allison said, just so everyone can hear, please keep your microphone on mute, but please also keep your camera on if you can.

3:33
Of course, if you're eating lunch or you're up and down from your desk or anything like that and don't want to be on camera, that is totally fine.

3:40
I just want, don't want Amanda to feel like she's speaking to a bunch of black, black squares.

3:47
If you have any questions during Amanda's presentation, please type them in the chat and I will ask them of her so that we don't have a lot of people trying to speak at once.

3:57
Of course, if you need to clarify your question or ask a follow up question, please do so.

4:03
If that's the case, please use the raise hand function on Zoom.

4:09
You can find that at the bottom of your screen you might have to click on React.

4:17
If you click on React, it'll bring up some different reactions.

4:20
One of those is Raise Hand.

4:23
Of course, if you can't find that or any have any trouble, you can just come off mute and speak up.

4:29
That is totally fine.

4:32
After Amanda's presentation, we will have some time for open discussion about any topics that you like.

4:39
As I said, it can be challenges that you're facing that you want to discuss with the group to, to gather ideas for a, for a solution.

4:46
It can be about funding or continuing education or staff development opportunities.

4:52
It can be you were, you were donated some equipment and there's this funny looking thing that you don't know what it is and you want to ask, you know, one of the dental professionals on the call what, what the heck it is.

5:01
It can be anything.

5:02
OK, so if you have a topic you would like to discuss, please put that in the chat, either the public group chat or a private chat to me and somehow tag it as discussion topic.

5:16
That will allow me to develop something of an agenda while Amanda is presenting during that open discussion.

5:23
Feel free to just come off mute and speak up.

5:27
If you think of a topic you'd like to discuss between now and the next meeting, please e-mail that to either me or Allison.

5:34
We'll have a follow up e-mail after today with my contact information in it once again so that we can have an agenda for next time.

5:43
If you have an idea for a speaker, whether a specific person or a type or professional you would like to hear from, please also e-mail that to either me or Allison.

5:54
The association right now intends to host these meetings once per quarter, but if we want them more often, less often, we will adjust accordingly.

6:05
Are there any questions about any of that kind of housekeeping stuff?

6:11
If not, then let me introduce our guest speaker.

6:14
I am delighted to introduce my friend and colleague, Amanda Belleville.

6:19
Amanda is the program Chair for the Dental Assisting program at Rowan Cabarrus Community College, where she recently led the program through a Faultless RE accreditation process.

6:31
She is a site visitor for the Commission on Dental Accreditation, meaning that she travels to dental assisting programs all over the country to make sure they are meeting CODA standards for quality dental education.

6:45
She is a Board of Dental Examiners approved instructor of Radiography, Criminal Polishing and Infection Control for private practices and other dental offices.

6:55
So I couldn't think of a a better person to speak on compliance issues.

7:00
Amanda loves spending time with her family, she loves photography, and she loves the beach.

7:05
So if there are any clinics somewhere relatively near the ocean that need her services, I don't think you're going to have to twist her arm too hard to get her out to you.

7:16
As I said, she's going to speak to us about compliance issues facing free and charitable dental clinics and also about ways clinics might be able to partner with Community College dental programs.

7:27
Without further ado, Amanda, the floor is yours.

7:30
Thank you for being here.

7:33
Also, thank you, Doctor Leslie.

7:36
I didn't give Doctor Leslie any of that information, so it tells you what friendship we have.

7:44
Doctor Leslie is one of our adjunct faculty here at the college, so he and I have become not just colleagues, but we've become really good friends over the last few years and we're really thankful to have him a part of our college.

8:01
So, as he said, I'm Amanda Belleville.

8:03
I've been in dentistry a long, long time.

8:06
This is my 27th year teaching and I was in private practice 17 years before I began teaching.

8:15
So you can kind of figure that up and and it tells you I've been in dentistry for a long time.

8:20
I'm very passionate about dentistry.

8:23
I love all aspects of it and Doctor Leslie knows this about me.

8:27
I said I have one regret in life and that regret is that I didn't go to dental school.

8:35
So I really do love dentistry.

8:38
It has been very rewarding for me over my career.

8:44
You know that that's it.

8:46
I do love the beach.

8:47
And if there's anybody in this Zoom meeting that's at Carteret County, I have.

8:55
I'm actually going to Carteret County Community College in a few weeks and I think they're going to start a dental assisting program, but they're kind of using like a community care for their clinical space.

9:09
So we're going to go visit that space when I come down to visit with him in the next few weeks.

9:17
So if anybody on the call is in that area and you with or with that community care type facility, I'd love to know it.

9:27
You know, you put it in the chat or whatever.

9:30
I guess I'm go ahead and start.

9:33
Allison, can I share my screen?

9:35
OK.

9:36
OK.

9:50
OK.

9:53
So can everybody see my front screen compliance requirements in dental facilities and partnership with dental assisting programs?

10:02
I don't.

10:04
Can you see that Doctor Leslie?

10:06
Yes, OK.

10:09
So we're going to kind of talk about mainly infection control and radiography throughout my travelling to clinical sites, clinical facilities, doctors, dental offices.

10:20
I think those are the two main compliance requirements that most people want to talk about.

10:27
So I'm going to talk about those two particular, and then we're going to talk about how our Community College partners with the Community Care of Rowan County, which has been a wonderful partnership for us.

10:39
And I hope it's been a wonderful partnership for the Community Care, but it definitely has been for us.

10:47
And as Doctor Leslie said, I travel around the country.

10:52
I'm a site visitor for the Commission on Dental Accreditation.

10:55
And two weeks ago I was in Oregon doing a site visit.

11:00
And I had done a lot of research on forums before we went, and I had found out that there was this place called Secret Beach that a lot of people did not know about.

11:11
It involved what we thought was going to be a little bit of hiking, but we realized after we got there, it was a tremendous amount of hiking.

11:22
But we did do it.

11:23
This was the beach halfway down the mountain, and it was just breathtakingly beautiful.

11:32
So if you ever go to Oregon and you go to the Oregon coast, this was a beautiful spot.

11:38
In fact, on our hike down, we met a couple, they were hiking down and they were considering having their wedding on this beach.

11:47
And all I could think of was I hope there's not a lot of wedding party that have to go down that hill and come back, but but it was really beautiful.

11:57
So again, I say we're going to talk about in compliance and dental facilities with infection control and radiology.

12:05
We all know that in dentistry transmissions of infectious agents among our patients and our and our dental staff is really rare.

12:15
But there have been recent report breakdowns in basic infection procedures, which

include unsafe injection practices, failure to heat sterilized dental handpieces between patients and failure to monitor autoclaves.

12:33
So there's strong research out there that says that we need to really spend some time working on our infection control, on prevention within our clinical facilities and observing standard precautions, you know, for all of our patients.

12:54
So as you may or may not know, our state requires that at least one clinical employee be trained in the SPICE or the statewide program for infection control and epidemiology.

13:11
You know, a lot of offices will say, well, we trained, you know, we trained this person to do all the proper infection control.

13:21
And believe it or not, that's where the breakdown happens.

13:24
You know, my students, when they first started their clinicals back in March, they came back to the college and, and you would say Miss Belleville, their infection control was terrible.

13:38
What's interesting is those same dental assistants that were in that office were my students last year when they performed infection control perfectly.

13:50
But over time they begin to see people in the office take shortcuts and then they begin to take shortcuts.

13:58
So it's so training the trainer doesn't really work.

14:02
It really requires someone that has taken the SPICE course, which is about a five to six hour lecture course on the epidemiology of infection control and our state does require that.

14:17
I, on the other hand, say it needs to be more than one person.

14:21
It is a very difficult job for one person to manage the infection control within a dental facility.

14:29
So I always encourage employers to send more than one person to the courses just because of the load of the responsibility for that one person.

14:46
So what is the purpose of spice?

14:49
Interesting story about spice.

14:51

My daughter was a little bit into dental assisting at one point in her life, and we were talking about spice at family dinner night.

15:02
Every Sunday night at my house it's family dinner night and we were talking about spice and my son-in-law sat quietly and at the end of our conversation he said.

15:13
Can you guys tell me what Spice has to do with dentistry?

15:18
So, you know, he, he didn't understand it stood for Statewide Program for Infection Control and Epidemiology, but the purpose of it is to provide a standard approved curriculum for our state that meets the infection prevention in healthcare settings rule.

15:38
Because the field of infection control changes so rapidly, Spice really does recommend you take the course every three to five years or if there is some sort of new infection control recommendations that take place through the Centers for Disease Control.

15:58
Spice really is, you know, if you take it one time and you receive your certificate, it's good.

16:04
It's not really like OSHA where you're required to annually update that.

16:10
However, SPICE does feel that you should update that every three to five years.

16:16
And I think there is some legislature going on now where the state is trying to make this an annual update like OSHA, but that hasn't happened just yet.

16:29
So the overall theme for spices that all patients deserve in in effective infection prevention wherever they receive healthcare.

16:39
Hospitals have established infection control protocol that help them meet regulatory and accreditation requirements, but most outpatient facilities do not and dental facilities are considered outpatient facilities.

16:58
So because of that and because of the infection control breaches and infection control protocols that have been evolving, they the state determined that there is a need to talk about the strategies of infection control and implement them in all healthcare settings to help prevent the transfer of infectious disease.

17:28
So the North Carolina rule requires that any healthcare organization that performs invasive procedures and in clinical facilities, performing local anesthesia is considered an invasive procedure.

17:43
So must have a written infection prevention policy.

17:47

And a lot of offices realize that they maybe have to have someone that's SPICE trained, but they don't really understand that there needs to be a written infection control policy.

18:01
And SPICE requires certain items to be in that infection control policy.

18:08
And then on top of that part of the rule, it requires that there had they have to designate an on site staff member that is SPICE certified and that on site is huge because that means they have to be in the facility.

18:25
And a lot of offices say, Oh well I have an office in Albemarle, I have an office in Concord, I have an office in Mooresville.

18:34
Well, that if you only have one person that is SPICE trained, that person has to be at the office when invasive procedures are taking place.

18:44
So you know, I say you, well if you're going to operate those all three of those offices at the same time, you've got to have 3 spice trained people.

18:55
Now, if you work in one office one day and the whole staff travel to another office another day, that's fine if that person is the one traveling there, but that the spice person has to be on site in the office.

19:12
So when you're developing your infection control policy slash program in your dental office, there's certain things that it has to consist of.

19:25
One is sterilization and disinfection.

19:27
So you have to include a schedule for how you maintain your equipment and the monitoring of your equipment.

19:37
And it has to document how you are monitoring your sterilization through physical, chemical and biological.

19:46
Physical means that you actually are watching the controls on your sterilizers where it's showing that it reaches 250° and it's at 250° for 15 minutes and your pressure ratings.

20:05
Now, luckily for us at the college, we have sterilizers that have printer systems built into them, so we don't actually have to stand and watch that and make a log and write it down.

20:18
We have printers that print it out constantly for us.

20:23
But our state requires that.

20:25
So if you're not going to have some sort of printer that will print out that information for you, someone actually has to physically monitor it and and write it down in a log.

20:40
We also are required in our state to keep a chemical log, the integrators and indicators that we're using on our bagging or our packaging that has to be monitored.

20:59
If you are using cassette wrap with your instruments, then we can't see inside the package.

21:07
So we've got to put an integrator on the inside and an indicator on the outside to monitor that.

21:14
If we are using bagging that we can see through and we can see the chemical integrator inside the packaging, that is sufficient.

21:25
But we must be using chemical, some sort of chemical monitoring system with our packaging.

21:32
And then obviously I think everyone knows about biological monitoring that should be done at least once a week on every sterilizer in the facility, how you sanitation of your rooms and your equipment, including your cleaning procedures, agents and schedules.

21:51
So that's real important that everyone in the office is following the same cleaning procedure.

21:58
You know, one person can't clean a different way than another person claims.

22:02
There has to be a protocol written and then followed.

22:07
An interesting scenario is, is your your disinfectant agent that you're using?

22:13
You wouldn't believe how many offices I go in and everyone says, Oh yeah, we're using Cavicide or Oh yeah, we're using this.

22:22
But no one can tell me the contact time that it should stay on the equipment or surface for disinfection.

22:32
So that's important that that's written in that infection control policy manual and that everyone is aware of that.

22:41
Recently I had an office that had to come take an infection control update for me because they had an OSHA inspection and three of the people, the three of the clinical

people in the office could not tell the OSHA inspector what the contact time was for the disinfecting agent.

23:01
So that is a huge issue and they were cited for that.

23:07
And then scheduling how, when do you clean and disinfect your rooms?

23:12
So it has to be very detailed and one office or one facility's manual is going to be different from another's based on what their processes are.

23:24
But the process that the facility should very, should be very clear and concise and, and then the people have training on that to make sure they're following that.

23:37
And then accessibility of infection control devices and supplies, where those supplies are located in your facility.

23:46
Hand hygiene.

23:48
There should be something in your protocol about your hand hygiene when you're washing your hands when you're using alcohol based hand rub.

24:01
And while CDC and World Health Organization do advise alcohol based hand rubs, they have to be done effectively.

24:12
I recently was out of Centers for Disease Control and a hand hygiene course and we were talking about alcohol based hand rubs and how effective they are.

24:24
However, people are not using enough of it when they when you squirt the alcohol based handrub in your hand, it should be about the size of a Hershey kiss and if it's less than that you're not going to do a complete cleaning of an adult size average size hand.

24:41
So I think about when I use alcohol based handrub, I don't think I put as much as a Hershey kiss in my hand.

24:50
And then the part about hand hygiene with alcohol based hand rubs is you've still got to go through the motions just like you were using antimicrobial soap and water, you still got to go through the same motions of washing your hands in order for it to be effective.

25:11
And of course, you know, we know the thumb is the place that's most often missed where we're doing hand washing.

25:18
So really focusing on the thumb in between the fingers and obviously under the nails would be another important place.

25:29
And then another important policy that must be in written format would be your post exposure control plan.

25:38
And what it's going to happen if someone has an exposure at that time, obviously that needs taken care of now and not at the end of the day.

25:50
So it would be important to have a plan in place for how you're going to handle your post exposures.

25:59
I do have here and I'll be glad to send Allison and Doctor Leslie my PowerPoint in case they would like to send it out to you guys.

26:08
But I do have the Centers for Disease Control has an excellent guide for management of a post exposure.

26:17
And then I have the link up at the top where you can actually click and get your own, get this particular guide that they have for you.

26:27
But I think this is really interesting how it gives you the recommended post exposure prophylaxis for, you know, HBV or HIV to follow.

26:40
So I'll be glad to send this to them and then they can send it out to you guys if you would like it.

26:48
So you know, my, I think when I'm talking to offices, you know, I say basic minimum infection control for every sterilization or clinical staff member, I think there are certain components that they should have and that would be basic infection control epidemiology.

27:12
I think it's important for people to understand how that infectious agent is transferred from one person to another or from a place to another.

27:24
Proper hand washing, how to use PPE correctly.

27:29
You know, I have a problem with my students.

27:31
They put PPE correct, they put it on correctly all the time, but they don't always take it off correctly.

27:38
And taking it off correctly is the most important part in order to not spread that infectious agent everywhere.

27:50

And then it everybody that is working in a clinical area or sterilization should have some disinfection and sterilization information.

28:01
You know, they need to know what physical, chemical and biological monitoring are.

28:05
They need to know that we're using Cavicide one minute or we're using Cavicide 3 minute, or we're using some other disinfecting agent and how that works.

28:16
I go in offices every day and they're using Cava wipes and they think they only have to wipe one time.

28:23
That's what they've been told and that's not correct.

28:28
You know, the original Osha's original idea of that was spray, wipe and spray and leave wet based on your contact time.

28:39
Well, then wipes came along and everybody thought, OK, I can just wipe.

28:43
But you have to wipe with one wipe and then get a new wipe and wipe again.

28:49
And if you let the top of your Cavacide wipes open, it's going to dry out.

28:53
And I can promise you your item that your wiping is not going to stay wet, your designated contact time.

29:00
So it's all those kinds of things that should be minimal infection control information that someone would have working in a dental office.

29:10
And then along with waste management, you know, learning what is regulated waste and what's general waste.

29:17
And every county can be a little bit different with that.

29:22
I know in in our state, sharps containers don't have to have any kind of special, They don't have to have someone coming.

29:32
You know, when I first came to Rowan County, the college was paying someone to come, I think stair recycle maybe to come pick up our sharps containers.

29:42
In North Carolina, that's not required.

29:44

In North Carolina, as long as you're using an appropriate sharps container, you can throw it right in the regular trash.

29:52
It doesn't have to have special regulations for it.

29:56
So, you know, in a sense, I think these are basic things that are taught in a three hour infection control course that should be minimal infection control, particularly if you're hiring people or you have volunteers that have never had this, it really should be important that they were trained on these while working in the the clinical facility.

30:22
Infection control can make or break a dental office.

30:26
When you have one breach or or one mishap, it could cause a lot of confusion.

30:33
So this is a, a website that I think every clinical facility should have.

30:42
It takes you, Is it not going to do that?

30:47
Let me see.

30:48
It takes you to this particular site.

30:50
It's Centers for Disease Control, and it goes over all of the things I've really gone over.

30:56
But the neat thing about it is at Appendix A, at the very end, there is a checklist and it will allow you to go through your facility and you can check yes or no if you're doing this.

31:13
And these are the requirements.

31:15
So like this one is written infection prevention policies.

31:19
Do you have that you check yes or no?

31:22
You know, infection prevention policies and procedures are, you know, kind of looked at at least annually.

31:31
And then it keeps going.

31:32
It goes for prevention, education and training, dental healthcare personnel, safety.

31:38
You know, it goes through every aspect of infection control.

31:43
And I think if you can go through this list and you can click all yeses, you're good.

31:49
And if you have to click knows it's still good, but you just might need to fix some things and add some of those things to your infection prevention program in your office.

32:02
And again, that was written by the Centers for Disease Control and particularly for dental settings.

32:12
OK, moving into radiation health and safety, again, each dental facility in North Carolina must have a written radiation health and safety manual.

32:26
And some offices have some written radiation health and safety manuals, but all of them don't have the information that our state requires in them.

32:41
And obviously, again, just like your infection control, your radiation manual is going to be a little bit unique in the way you your radiation protection program is.

32:52
But for the most part, they're all going to have the same information.

32:55
Just the way you go about it might be a little bit different.

33:01
So the radiation Health and Safety program is intended to ensure that all activities and operations involving the use of X-rays are performed in a way that they not only protect the patient, but they protect the operator and the people in the office as well.

33:18
And that's part of the ALARA concept, which is a lot as low as reasonably achievable.

33:28
So when you start getting your radiation health and safety program together, these are some things you need to look at #1 you've got to identify what the ALERA Radiation Protection principles are in your office.

33:43
Identify the closure of doors or controlling hallways to prevent staff or the public from walking in front of it.

33:53
Identify procedures or controls that you use in your facility.

33:58
To achieve the ELORA concept.

34:02
You should be using protective barriers of some sort, some personnel monitoring, and then education for your staff on the effects of radiation and safety procedures to reduce the amount of radiation.

34:19
You also should have in your written program some information about personnel.

34:25
You know, describe how your individuals are notified if occupational doses exceed the one millisiever.

34:33
You know, I go in offices again with this and they've been told that they don't need personnel monitoring.

34:42
But for me, it's hard for me to understand how I can follow the state's requirements if I'm not doing personnel monitoring because I wouldn't know some of these things if I wasn't doing some personnel monitoring.

34:58
State the dose limits to the embryo fetus.

35:02
Explain the facility's personnel voluntary declared pregnancy policy.

35:08
Describe the facility's personnel monitoring exposure policy.

35:12
How did how often are the badges exchanged?

35:16
Where is the control stored?

35:18
Where the personnel badge is stored and if the personnel is?

35:22
If the personnel are not being monitored with radiation badges, how are you explaining how your facility is meeting compliance to these regulations?

35:35
Describe the facilities process to obtain prior occupational dose for new workers.

35:41
You know, when our students come in every year and most of them haven't worked in dental offices, but some of them have, the state requires me to go back to wherever they worked to find out if they were monitored there so I can get any occupational dose they had there.

35:59
You know in this we can only receive as occupational workers, we can only receive 5 Rams per year.

36:06
If we're not monitoring that, we don't know that.

36:09
And anything over 5 Rams can start causing cellular damage.

36:15
So it would be important for workers to understand what their dosage is.

36:22
OSHA has stayed out of pretty much radiation health and safety, but they have started to become a little bit more concerned in the sense that, you know, Osha's primary responsibility is to keep the worker safe in their work environment.

36:40
But if an employer is not determining that their workers are safe when handling radiation, they kind of can't answer that question for OSHA.

36:53
And OSHA recently has begun to ask, let me see your radiation monitoring results because they want to know that that employee or that worker is in a safe work environment.

37:08
And if we don't have those reports, we don't know.

37:13
So you also have got to have unit security in your program, equipment control measures in place to prevent unauthorized use or device removal.

37:25
You also should have what's going to happen when you exceed exposure limits.

37:30
Identify the facilities reporting process and describe the how the data of the affected person is reported to both the individual and to radiation protection.

37:42
So if you have a person that you do get their radiation dose back and it's really high, what are you going to do about it?

37:50
Who are you going to contact?

37:54
And then the written safety procedures, describe how your written safety procedures are made available to all individuals operating the X-ray equipment.

38:03
Explain any kind of auxiliary support of the patient or image receptor that may be used.

38:11
State the requirements for selecting any kind of mechanical holding device.

38:16
State the instructions provided to a human holder during an exposure and then identify the facility's criteria for selecting a human holder.

38:27
You know, I know way back in the day when I worked in a dental office, if I had someone that couldn't bite down or do what I needed them to do, you know, I was going to find a hygienist and say, hey, will you hit the button while I hold it in place?

38:41
And that's not what we should be doing.

38:45
We should be getting someone that came with the person, the patient, maybe put a lead apron on them and let them hold it.

38:55
Chances are they're not around radiation on a regular basis like we are.

39:01
So it would be important that we not stay in the room with the patient while the exposure is happening.

39:09
Operator training policy.

39:11
You know, in our state it is required that all people operating the X-ray machine be certified.

39:21
In our state right now that is a 21 hour course.

39:26
If it's someone that's on the job trained, it's a 21 hour course which is I think 7 hours of lecture and 14 hours of hands on training and that is a requirement.

39:36
Then you have to have a technique chart outside your where the control panel would be.

39:43
That would give you different body sizes and different exam types and what that exposure should be for that say how are we Inland shielding is used on patients define who can order X-rays and retakes in the facility.

40:03
Outline the procedures formed use at the facility to minimize patient exposure.

40:08
So here we're gonna talk about what we do to minimize patient exposure.

40:13
We're gonna use good technique, we're gonna use good processing technique.

40:18
We're gonna use sensors or phosphor plates or either, you know, your high speed film to reduce exposure.

40:26
We have to say all this.

40:28
We have to write all this in our manual, explain the facilities patient pregnancy policy and how is it determined if the patient may be pregnant, what kind of precautions are taken if the patient is pregnant.

40:47
And then, you know, we can talk now more about some handheld with our nomads and things coming in which we're going to talk about in a minute.

40:55
But you've got to describe in writing how you maintain visual contact of a patient.

41:01
When you're taking a Panorrex, when you're doing ACT or when you're doing cephalometric or tomography, you've got to, you've got to write down how you are maintaining that visual contact.

41:16
You're going to talk about where your operator is standing during an exposure and then describe not only the visual indicator, but you also have got to describe, describe the audible signal that is going to say that the exposure is happening.

41:35
And then what if one of those doesn't work?

41:39
How, how are you going to make sure that your workers understand that and, and how to go about that?

41:48
And then obviously your radiation health and safety program, just like your infection control program should be reviewed annually and then your radiation safety officer should sign and date the statement that it has been reviewed annually.

42:07
So, so once you have your written radiation protection program and it's developed, it must be effectively implemented.

42:18
Every individual working near or around that should be trained on the scope, the content, and the requirements of the program.

42:26
And then it should be a group process to annually review that program and then obviously make sure that it's documented that it is reviewed.

42:38
And because this is something when the Department of Health and Human Services comes, the radiation department, they're going to want to look at that documentation to make sure that it has been annually reviewed.

42:53
So let's I'll just throw the handheld dental X-ray guide in because it seems to be kind of what most places are going to now.

43:04
So the North Carolina Radiation Protection Section has determined that handheld dental X-ray units may be used under the following conditions.

43:15
And it must be a device that has been reviewed and accepted by the North Carolina Radiation Protection Section.

43:21
It can only be used for dental intraoral exams or dental forensics, and all operators must receive training provided by the equipment manufacturer prior to use.

43:35
For instance, Nomad.

43:37
They have a section where you have to watch a video, you have to practice, and then you have to take an exam and you have to make 100 on it to be considered certified to use the nomad.

43:53
So just because you're X-ray certified doesn't mean you are certified to use the handheld machines.

44:01
You have to be trained by the equipment manufacturer on that and and take their test.

44:10
The operator must be authorized to operate the X-ray equipment in North Carolina.

44:16
You must have a written radiation safety program that is has addressed the use of the held held handheld unit.

44:26
It also has to include the procedures for security of the device.

44:31
And I think this is the biggest problem I see in most facilities is that when you're not, first of all, the unit and the battery should be stored in two different locations.

44:45
They cannot be stored together.

44:48
And the unit itself should be locked in a place that when you're, when it's not in use, so it can't be sitting out on a counter when you're not using it, say the end of the day, it has to be locked in an area that just anybody couldn't come in and pick it up.

45:10
And I think when I'm looking at offices, that's probably the biggest thing is that they're not storing the battery and the unit separately and they're not locking their unit at the end of the day.

45:23
It also requires angling the unit to a position that reduces the protection to the operator.

45:32
Nomad doesn't tell you this.

45:35
It shows you in the video, but it doesn't address it.

45:40

As long as the protective shield of the Nomad is parallel to your operator's body when you're taking the radiograph, Nomad says you're not required to wear the shield.

45:54
But if at any time you're taking a radiograph and that shield is not parallel to your body, then you must have on the Nomad lead shield, which is a little bit different than just a regular lead shield.

46:11
However, in saying that, that's what Nomad says, in North Carolina, our radiation protection department says we always have to wear the lead shield when we're using, when we're using it, the Nomad as an operator.

46:30
So our state kind of takes that out of the the game plan, but it is required at all times in North Carolina as well as radiation monitoring.

46:44
So if you're using nomads in your office, you also, the operators have to be wearing the radiation monitoring badge as well.

46:54
Your entrance is to your exam rooms.

46:56
When you're using your handhelds, the entrance must have the radiation warning signs.

47:03
A lot of offices don't have the signs that have it inside the treatment area.

47:09
But with the handheld, our state requires them on the entrance to the room.

47:16
And when the device is in an open area, there has to be a control perimeter.

47:21
It has to be established and monitored so that no one walks into that area while a radiograph is being taken.

47:33
The other thing, if the unit is routinely used in one exam room, you have to make sure that that room has a shielding plan review and the letter of acknowledgement to go with that.

47:47
So some of the most frequent violations, and this is not per me, this is through our state, some of the most frequent violations and radiate radiation protection and dental facilities.

47:59
Number one has been that there's no written radiation protection program.

48:04
So again, that would be where I would start, you know, setting those guidelines for the particular facility personnel monitoring equipment has not been supplied or it's not being used by the occupationally exposed personnel.

48:22
The registrar failed to annually review the written radiation protection program and the registrar failed to have a copy of the North Carolina regulations for protection against radiation.

48:35
And this website I have here link that is a link to that North Carolina regulations for protection against radiation.

48:45
So you could just literally print that and put it in the manual that you are writing for your radiation program.

48:53
And then the fifth most frequent violation was that the registrant failed to provide a working technique chart for each diagnostic X-ray system at the control panel area.

49:09
So that was really a quick synopsis.

49:12
Honestly, I could talk for days and Doctor Leslie will tell you that I could talk for days on infection control and radiation health and safety.

49:22
But that was just, I think, a quick synopsis of the, the, the bones of what it should be like.

49:32
So I'll be welcome to entertain any questions you might have, But my last piece to talk about would be the partnership with Community College dental assisting programs.

49:45
We have been very fortunate.

49:47
We have a wonderful relationship with Doctor Leslie and Community Care.

49:52
Our students go to him foreshadowing hours, they go to him for community service hours.

50:01
Our program requires 16 community service hours per year while they're in the program and they get a lot of their community service hours over at Community Care with Doctor Leslie.

50:13
And Doctor Leslie is also a clinical site, so our students can go there for their clinicals as well.

50:22
And the things that I have really liked about it as program director is I think our students see a, for the most part, they go to private practices.

50:33

And so I think they get to see a side of dentistry that's completely different than private practice.

50:40
And I, it's always been, I think the thing for my students, they come back and it, they're very feel very rewarded by assisting with Doctor Leslie and Debbie over at Community Care.

50:56
You know, it's sometimes a little bit of a slower pace or, you know, because it's not necessarily a for profit practice, it gives Doctor Leslie and Debbie a little bit more time to teach our students and, and our students always come back and say they have learned so much where sometimes when they're in private practice, it's a lot of observing, but they get to learn a lot at community care.

51:24
And you know, we have a, as I said, our students are required to do 16 hours of community service the year that they're in the program.

51:34
And we really promote them becoming citizens of a community and feeling like they could give back to the community.

51:44
And they all have really stressed the importance of how that has made them feel this year, that they have been giving back to the community.

51:55
You know, not only working with Doctor Leslie at Community Care, but they do the Missions of Mercy clinics and we always host the Baptist men's bus at our college every year, and they get to do that as well.

52:11
And I and Doctor Leslie could probably speak from his perspective, but I think he told me one of the benefits for him was basically free labor.

52:21
You know, the students, there's no cost.

52:24
There's there's no payout from community care because again, we're doing it strictly for community service.

52:29
So it's all volunteerism.

52:33
But it has been a wonderful partnership.

52:36
I hope we always have that partnership.

52:38
Doctor Leslie and Debbie are wonderful with our students and our students absolutely love going there.

52:48
So Doctor Leslie, you might want to talk more about that.

52:55
Yes, you're right.

52:56
It's been such a wonderful partnership.

52:58
And, and Melanie in the chat says that they are partnering with Southwestern Community College and have recently hired one of the students now that she's completed their program and they host 9 students throughout the year at Community Care.

53:11
It's been very rewarding for us.

53:13
We've got some documents in Spanish now, thanks to the work of some Roman Cabarrus dental assisting students.

53:20
And I think the clinic shall find that many of your dental staff really love mentoring and kind of passing on their knowledge that they've acquired throughout their career.

53:32
So it's also very personally fulfilling to us as well.

53:37
And like you said, it's a great experience for the students.

53:40
Not only do they get some hands on experience, but they get to see the challenges that our patients who have limited incomes face in accessing dental care.

53:52
Some are from a wake Smile says that they partner with UNC and Wake Tech Dental assisting dental students, hygiene and assisting students and and Indo residents.

54:00
So that's amazing.

54:04
Thank you Amanda for that very comprehensive and, and also detailed presentation about compliance issues here at the Community Care Clinic, Bryan County.

54:13
We just purchased a new piece of X-ray equipment and I've been helping some clinics in Region 4 on radiation safety and OSHA.

54:22
So I know how complicated and tedious and and stressful these compliance issues can be, but you've done such a great job of explaining how to navigate them, but also why they're important and why we have to comply to protect our patients and to protect ourselves.

54:40
There were a few questions in the chat.

54:41
One was about where we might be able to access templates for the SPICE or infection control manual and, and I radiation safety manuals, if if you know of any place where we can access them.

54:55
So when you take the spice course, they do have UNC has provided a template for that.

55:03
But I also have a template which I provided community care years ago, and I'll be glad I can send that template to you guys, Allison or Doctor Leslie, and whoever needs it can utilize it.

55:24
Yes.

55:24
Well, thank you.

55:25
And, and if one of our clinics needs to find a spice course, how should they go about doing that?

55:33
They can just contact me and we'll set them up.

55:36
I, I, I can do that course face to face or I can do it via Zoom.

55:43
You know, some people like Zoom, some people would rather do face to face.

55:48
I think Zoom sometimes with people that live in different areas, it provides them an easier Ave.

55:54
to take the class rather than having to do face to face.

55:58
But I can set one up at any time to do that as well as the three hour infection control course can be taught via Zoom as well.

56:09
However, the radiography course cannot be taught assumed that would have to be taught face to face.

56:18
And I do teach that here at the college.

56:22
So yes, I'll be glad this any you know this they've got my information here on the screen.

56:29
Please feel free to reach out if you're interested in any of those and I do travel if you, I

was at Brunswick Community College 2 weeks ago teaching the infection control course there.

56:43
So if you want me to teach any of these, feel free to reach out.

56:47
If you want a template, I'll be glad to share that with you as well.

56:53
Wonderful.

56:54
It looks like we're getting some perhaps suggestions for discussion topics, but I want to there was one more question for Amanda and that was where is the this person was interested in knowing suggestions for connecting with a Community College without any administrative or faculty contact at that college.

57:18
I'm not sure I'm read that question again.

57:20
So maybe they didn't they don't know of anybody at that particular Community College.

57:25
How should they go?

57:27
I don't know that they have one specified.

57:29
This is from Lynn who works for the association, so she might be kind of asking on behalf of everyone around, but how would you suggest maybe getting in touch with someone?

57:42
Is it just go to their website, identify the dental program chair, identify the identify the program chair of that program at that Community College and they would be able to, they will probably jump at the chance at being able to have a place like community care for their students.

58:00
So and if if you don't know those, I have a list of all the community colleges in North Carolina and the program directors of all of those.

58:10
So I don't mind sharing that list with you guys as well.

58:15
Are there any other questions for Amanda?

58:17
You can put them in the chat or if you want to just come off mute and speak up.

58:23
If not, then we will allow Amanda to leave.

58:26
Thank you again, Amanda for your time and your wonderful presentation.

58:30
Thank you, Doctor Leslie.

58:31
Thank you, Allison, and thank you all.

58:35
I enjoyed it.

58:36
Thank you so much Amanda.

58:37
Appreciate you being here.

58:39
Bye, bye.

58:40
Bye, right.

58:44
So, so now we will move into some time for open discussion.

58:50
There was there some discussion in the chat about recommendations for digital X-rays.

58:57
Angie says we are looking to get digital X-rays at our office.

59:01
Does anyone have any recommendations And and while we're thinking about that, if you have any other suggestions for discussion topics, anything that you might want to speak about today, just put them in the chat or when we finish this topic, feel free to come off to mute and just speak to us.

59:23
Is this an open floor to answer that question?

59:25
Yes, I would say thanks.

59:29
I would say you, you really need something that integrates with your software and you can call whatever software company you're using and they'll tell you the best digital to use.

59:42
I think Sirona is pretty standard and available, but I know that's even changing.

59:50
Sometimes the sensors are changing.

59:52
So call it depends on the software you're using.

59:56
And I would encourage if you're using dental software, we just moved to a cloud based system and in your clinics if you're if you're one site and maybe expanding at some point or even if you're not and you need the utilization like.

1:00:11
Wake Smiles is busting at the seams and I'm right now in a random room in in our building and I can access our software.

1:00:18
So I would encourage to do a cloud based system and find out what integrates digitally with that and go from there.

1:00:28
That that's just my recommendation from what I've had to do over the last.

1:00:32
We've changed a lot of that stuff in the last six years and she talked about handheld units for digital X-rays, which I think are going to be the way that people go.

1:00:45
They are really pricey.

1:00:48
However, we got ours funded through a grant over a year ago and we used a unit called XTGX Rays to go.

1:00:59
I find that I like it better than the only other available one that I know of, Nomad.

1:01:04
It's a little more user friendly.

1:01:07
You can hold it better it it hangs on you like a camera.

1:01:10
It looks like a camera and the Nomad is kind of top heavy and kind of it's really easy to drop and you don't want to drop it.

1:01:18
It's $10,000 item.

1:01:21
The XTG is a little more affordable.

1:01:22
It's about six to seven grand and that's something else to keep in mind with digital.

1:01:28
The digital sensors are about 7 to $10,000 each.

1:01:33
And so that's something that you have to kind of budget out.

1:01:35
It's more expensive than you think it should be because it is more expensive than it should be.

1:01:40
And you don't want to drop those either because they can break quite easily and you don't want to wipe them with Cabicide.

1:01:49
So you really have to barrier everything appropriately.

1:01:52
Those courses that she talked about maintaining great infection control will walk you through that as well as the user guides for those items, which I used to ignore.

1:02:01
But then when you're in charge of the clinic, you start reading that stuff.

1:02:07
Great.

1:02:07
Thank you Summer, for that information about the software as well.

1:02:12
So she's speaking about the, the dental software that you can, you know, you, you got your schedule, your patient information, your, your charting, where you, if you're collecting money, you know that that's all that's part of part of that software.

1:02:24
So she, she would suggest a cloud based software where you can access that from any computer Summer.

1:02:37
What dental software are you guys using?

1:02:40
We switched in January to curb dental.

1:02:43
We demoed probably 8 different softwares.

1:02:49
And what was the benefit in switching to that one in particular?

1:02:53
Yeah, the benefit was it integrated patient engagement, which is your phone calls, your reminders, your confirmations.

1:03:01
It also had a bilingual component and has really good reporting.

1:03:06
So you know, the outcome survey that we have that we have to have good reporting for.

1:03:10
It's easy to do.

1:03:11
And lastly, probably the one that I was driven to it more is they have a non profit discount and we were spending between software that we had and engagement, we were spending about $600 a month.

1:03:26
Now we're spending right at 400 a month with more utilization and usability.

1:03:32
So wow, thank you, Summer.

1:03:43
Any other topics for discussion or questions or anything anyone wants to say?

1:03:50
I'll say some of the leadership for the mobile clinic in Region 4 just participated in the Blue Cross Blue Shield of North Carolina Pro Bono Day.

1:04:01
Lots of other nonprofits participated.

1:04:03
They had some churches, a daycare, maybe a food bank.

1:04:06
But the idea is that Blue Cross Blue Shield kind of donates their employees time to help these nonprofits with their particular project.

1:04:15
So they might need help with marketing, graphic design, financial planning, whatever.

1:04:20
But it's a Then the organizers pair the nonprofits with Blue Cross Blue Shield employees who have expertise in these different areas.

1:04:28
So it was a 2 day virtual meeting plus a training call that for a total of about 10 hours.

1:04:35
And we came away with a number of very tangible products, but I think even more beneficial was just the opportunity to discuss our project and our challenges with someone on the outside.

1:04:48
So if you, if any of your clinics have a project, dental or otherwise, you know, you might want to keep that in mind for next year.

1:05:01
Anything else?

1:05:05
Well, like I said, if you have any topics that you might want to discuss at the next meeting, please let Allison or myself know in the follow up e-mail that contains Amanda's presentation and that template that she was speaking about.

1:05:19

You'll also have my contact information, but you can e-mail me, either me or Allison, and please also e-mail us with speaker ideas.

1:05:27
If there's anybody in particular or any kind of person you want to hear from, please let us know that as well.

1:05:36
Allison, I'll let you take us off.

1:05:37
Yeah.

1:05:39
Oh, Lynn, can I ask one question?

1:05:42
Of course, I would love to know, Doctor Leslie, your take on handheld units versus the X-ray heads in the treatment rooms, sort of pros and cons.

1:05:58
Yeah, that, that's a great question.

1:06:00
The handheld, obviously the big advantage is it's mobile.

1:06:03
If you've got two or three rooms, you don't need two or three wall mounted X-ray units.

1:06:10
You might just be able to get away with the one handheld X-ray unit for all of your rooms.

1:06:17
Some disadvantages of course, like Summer was saying, you got to handle it very carefully.

1:06:24
It also requires a waiver from the state radiation protection program that you must have back in order to begin operating that piece of equipment.

1:06:37
If you've got your shielding plan and you maybe you already have a wall mounted unit or already have a panoramic unit.

1:06:42
I mean, there's no, I can't imagine any reason that they would deny that waiver, but you do have to have a waiver just because you're not able to follow all of those radiation safety requirements that the state requires just by virtue of it being a portable source of radiation.

1:07:01
Anybody else have any comments on that and can you get, I do I think Lynn, either way, students are usually not learning on a, on a handheld unit.

1:07:14
Maybe they use it twice or so in school.

1:07:16
They're learning on the wall mounted units, but there's not much of A learning curve I find.

1:07:21
And what I've seen in our clinic is time of image capturing is reduced.

1:07:29
And so you can take a lot more images and a lot less time just because of the mobility of the unit, often better imaging because they're the wall mounted units.

1:07:40
There is a limitation of the arm length.

1:07:42
And so as a clinician that does this all the time, you're, you're having to manipulate the patient or in a way that you can't.

1:07:49
And so the handheld unit, you can literally have them move in the chair and sit on the side of the chair and take the image as long as you're angled correctly.

1:07:57
We have an operator's which is required.

1:08:00
It's required to have people don't wear them, but an operator LED apron affordability, you're obviously spend less on one unit than you would on several wall units.

1:08:10
Our wall units are so old that they don't even make parts for them anymore, which is why I had to get one of these.

1:08:19
Thank you.

1:08:20
I have a question about fee schedules.

1:08:31
What are people using?

1:08:35
We're we're a new clinic and we're struggling a little bit to get our fees correct.

1:08:41
What are people using for their baseline to calculate their flat sliding fee scales?

1:08:54
And Lynn, you're referring specifically to for dental procedures, right?

1:08:59
Yes.

1:09:00
Linda, excuse me.

1:09:01
Yeah, sorry, I'm in the corner again.

1:09:03
I just wanted to make sure we were we were clear on.

1:09:05
Yeah, what, what you were looking for there of, of any of the dental clinics that are on.

1:09:13
Do you want to share what your specific fee schedule might look like if you have one?

1:09:27
Linda, we, we do not have one.

1:09:29
We charge a, an administrative visit fee of $40.

1:09:33
We do not charge for the actual dental care.

1:09:35
And if patients are not, can't afford that, we do not, we do not charge them.

1:09:41
We do not hold it on their account.

1:09:42
It's, it's kind of just like, OK, no big deal.

1:09:46
We're gonna see you anyway.

1:09:48
I understand that there's a sliding fee schedule for many clinics and I think it's based on usually on household income and there's there's ranges.

1:09:56
I know that local start has one other clinics that are doing primary care have them and they might be able to send you that fee schedule.

1:10:06
And then obviously FQHTS have them.

1:10:08
We just don't have that model.

1:10:10
I'm sorry, I can't help.

1:10:15
Interesting.

1:10:16
That's interesting.

1:10:21

Anyone else want to weigh in on patient fees, whether it's a sliding fee scale or administrative fee or anything else to help Linda and her team out at the Community Care Clinic of DARE?

1:10:41
I know maybe one thing Allison, you might know when we're doing our annual outcome survey for the association are the on the Blue Cross fees or the values that Cindy shares with us.

1:10:59
That's what Blue Cross reimburses, correct for those fees.

1:11:05
Do you know that I could e-mail her?

1:11:07
I believe that it's I'm going to probably say it wrong.

1:11:12
She I wish she were here so she could comment on that question for you.

1:11:16
I believe it's usual, usual and customary fees.

1:11:20
I think you're right what she's using for that.

1:11:24
OK, which is typically lower than most dental practices, you know even in rural areas will will charge.

1:11:36
So we actually in our software have a fee that is separate from that Blue Cross Blue Shield usually customary fee.

1:11:43
So at the end of the year we can kind of compare.

1:11:47
Thank you for that.

1:12:00
All right.

1:12:01
Any other questions from anyone in the group, anything kind of burning topics that you might like to make sure you can have some expert opinion on from the the group that is here today or any other thoughts before I see a hand?

1:12:17
Carolyn, Hi, hope you all are well.

1:12:22
I was not able to get on until later.

1:12:24
I just want to know if you would be able to, since it's recorded, send me a recording so I can go over it.

1:12:32
Thank you, Carolyn.

1:12:33
I'd be happy to.

1:12:34
Yeah, we'll.

1:12:35
So what we'll do is after the meeting today, once the recording is complete, I will send everybody a link to the recording as well as the PowerPoint.

1:12:43
I think I've already gotten in my e-mail the PowerPoint presentation from Amanda and any other resources that she has sent.

1:12:50
And they'll also be a call for future topics or future speakers.

1:12:56
So please do share any interest that you have in in in those specific areas.

1:13:01
I saw another hand go up.

1:13:02
Lynn had a question about helping front office admin with template scheduling.

1:13:12
You know, is there any, do y'all know of any good training for, you know, just how the flow, the workflow should work, especially if you have visiting dentists come in or volunteers, you know, just any pearls of wisdom for the for the front office.

1:13:43
Lynn, I believe I sent you our clinic operations guidelines at one point.

1:13:50
And the bottom of that is our ideal scheduling concept.

1:13:55
What type of appointments, how long they should last, when they should be scheduled, I don't know.

1:14:01
I'm sure there's some course out there and I and I can connect you with the ADON, which is American Academy or Association of Dental Office Managers.

1:14:12
Those people are Wizards with dental scheduling.

1:14:15
I am not one of them, but I appreciate there's just magic that happens in the admin side that I'm not great at, but they might have some.

1:14:26
It's, it's called Adom AADOM and I can connect you with with them.

1:14:34
And there's some in each area in North Carolina and other states as well.

1:14:39
And you can maybe get on, on their, their meetings 'cause they talk about this stuff.

1:14:44
But a lot of it, I would say one thing I did was I brought in someone from a private practice that worked in the front for many years and had them give me suggestions on how we should schedule.

1:14:58
And I often mirror it to what the doctors like.

1:15:02
Well, within reason, no offense, Doctor Leslie, but it's a lot of it's a lot of communication up front.

1:15:15
But then if you can work wire out the kinks, it can help your clinic flow dramatically.

1:15:20
And then when you don't, it, it does put a, a, a kink in the system.

1:15:24
But I can, I'll e-mail you Lynn with everything I can think of to, to help you with that.

1:15:30
Thank you.

1:15:31
Do you all schedule like you have one person that's getting prepped in the other room, somebody's getting treatment and they're going back and forth, back and forth between the rooms?

1:15:43
Or are you just sort of one patient then the next patient?

1:15:47
I feel like how do you get your volume up with the scheduling?

1:15:52
And that might be a one-on-one question, but I'm sure Doctor Leslie has an answer for that, too.

1:16:00
And other clinic operators.

1:16:02
But it really is dependent on a lot of factors, not only the dentist, but how good are your assistants?

1:16:09
Is there a language barrier that you're gonna need more time?

1:16:13
We schedule an hour for restoratives.

1:16:15
We have one column of them on the other side.

1:16:18
If we have an operatory available, we might have something in every half hour of like a limited or new patient exam.

1:16:26
All of our new patient exams are an hour and a half because we spend 30 minutes on oral health education.

1:16:31
And so it all hinges on so many factors.

1:16:34
But I'll e-mail you on the side and maybe Doctor Leslie.

1:16:38
Yeah, I, I think you're right.

1:16:40
It, it depends on your assistance, how many are available, what, what their comfort level is, as well as your providers.

1:16:48
Some, some providers can easily move between rooms, others if they're volunteers, if they're, you know, maybe they're at the end of their careers and and they don't want that volume.

1:16:57
So they would just be kind of one patient after the other.

1:17:00
We we don't schedule anything typically for over an hour just because, you know, if the patient were to no show or you know, for some reason failed to show up, you know, we would have some dead time.

1:17:10
That's great.

1:17:12
Thank you, Lynn.

1:17:15
I can absolutely send you a few things too.

1:17:17
We actually have had a few different guides that we use, but we have a scheduling template that depends on the doctor.

1:17:26
We run 2 to 3 columns and then yeah, I think it just depends on the assistance.

1:17:32
But a lot of time we stagger the appointments and then for each doctor, we actually kind of have a guide for our front desk on how to schedule because just dependent on the the volume and timing that that provider can handle in that moment.

1:17:46
It's helpful.

1:17:47
So we just have that laminated up at the front.

1:17:49
So our front office team knows how long to schedule for different procedures per provider because that can be very different depending on who it is.

1:18:00
Great.

1:18:00
Thanks.

1:18:01
Yeah.

1:18:11
All right.

1:18:12
Any other input on Lynn's question from any other members who are currently in the dental space and would like to share any other questions or topics for our group today before we adjourn?

1:18:39
I just want to say thank you all for your presence and attention.

1:18:44
I know the pharmacy networking group has been really, really valuable for the member clinic, so I hope this will be as well.

1:18:52
And I look forward to seeing everyone at the next meeting.

1:18:55
Thank you so much, Doctor Leslie.

1:18:56
We appreciate your leadership.

1:18:58
We appreciate you agreeing to to help with this and to contribute to it.

1:19:02
And thank you to each of you for being here today, taking time out of your day, for your interest and for your contributions.

1:19:11
And we're really excited to see how this group grows and develops over time.

1:19:15
It's a space for each of you that you know, you can come and get support, you can get answers to questions, hopefully learn a little bit while you're here.

1:19:23
And so we're just really thankful that that each of you have taken the time to be here and Doctor Leslie has as well.

1:19:30
So we will be back in touch with everyone about our next meeting date.

1:19:34
And also remember to send along information about, you know, topics or speakers that you'd like to hear from and we will do our best to get those on the schedule.

1:19:45
And I hope everyone has a wonderful afternoon.

1:19:49
We'll send some more resources here momentarily and have a great day.

1:19:53
We'll see you in another quarter.

1:19:55
Thank you.

1:19:56
All right, thank you.

1:19:57
Thank you.

1:19:59
Thanks once again.

1:20:01
Thank you, Allison.