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Date: January 25, 2023

To: Dr. Peter Loomer, Dean, School of Dentistry  
Dr. Gary Guest, Associate Dean of Patient Care, UT Dentistry SA-COHR

From: John Lazarine, Chief Audit Executive  
Internal Audit & Consulting

Subject: Audit Report – Infection Control at the COHR and Remote Clinics (22-03)

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As part of our FY 2022 Audit Plan, we recently completed the Infection Control at the COHR and Remote Clinics audit. Attached is the report detailing the results of this review. Management's Action Plans are included in the report.

We appreciate the cooperation and assistance we received from management and staff throughout the review.

Respectfully,



John Lazarine, CIA, CISA, CRISC  
Chief Audit Executive  
Internal Audit & Consulting Services

Distribution:

cc: Dr. William Henrich, President  
Andrea Marks, Senior Executive Vice President & Chief Operating Officer  
Dr. Micaela Gibbs, Chief Dental Officer, UT Dentistry SA-COHR  
J. Michael Peppers, Chief Audit Executive, UT System

External Audit Committee Members:

Randy Cain  
Ed Garza  
Carol Severyn

**Audit Report (22-03)**  
**Infection Control at the COHR and Remote Clinics**  
**January 25, 2023**

## Executive Summary

### **Objective and Scope**

As part of the approved annual Internal Audit plan, an audit of Infection Control at the Center for Oral Healthcare and Research (COHR) and remote clinics was completed. The objective of this audit was to determine if adequate controls and processes over sterilization of equipment are in place and functioning as intended.

The scope of this audit primarily focused on the application of the UT Dentistry Infection Control Policy and best practices (i.e., state guidelines, CDC and/or industry) as it relates to the sterilization of instruments/equipment in the COHR locations and remote clinics (Ricardo Salinas and Laredo).

Internal Audit completed this review by performing:

- site visits to sterilization locations to inquire and observe infection control/sterilization procedures,
- an inspection of sampled sterilized instruments for each location during the site visits,
- a review of patient charts for documentation of provider instrument sterilization verification,
- a review of employee training records,
- locational policy review, and
- a comparison of the UT Dentistry Infection Control Protocol/Policy to the CDC's Summary of Infection Prevention Practices in Dental Settings.

The audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing and Government Auditing Standards*.

### **Summary of Results**

Overall, we determined the clinics which Internal Audit reviewed had adequate sterilization processes in place and were generally compliant with Institutional policies and procedures, as well as CDC guidelines. We noted the following observations: infection control monitoring and the documentation of instrument sterilization verification could be improved. Specifically, monitoring efforts recommended by CDC guidelines are not routinely performed for all sterilization locations, nor are they documented for all clinical operations. Additionally, validation of sterilized instruments is primarily visual; documenting staff confirmation of sterilized instruments within axiUm assists in patient safety.

Dental School Leadership has agreed to the results of this audit and have created management action plans to address the issues identified. We would like to thank the School of Dentistry Central Sterilization, clinical personnel and the Office of Patient Care for the assistance and support provided during this audit.

## Distribution

Dr. William Henrich, President  
Andrea Marks, Senior Executive Vice President and Chief Operating Officer  
Dr. Peter Loomer, Dean, School of Dentistry  
Dr. Gary Guest, Associate Dean for Patient Care, UT Dentistry SA-COHR  
Dr. Micaela Gibbs, Chief Dental Officer, UT Dentistry SA-COHR  
J. Michael Peppers, Chief Audit Executive, UT System

### Auditors:

Kimberly Weber, Audit Director, CIA, CFE, CHIAP, MPA  
Molly O'Neal, Lead Auditor, CICA, CFE

Approved  
for  
Release



John Lazarine, Chief Audit Executive, Internal Audit & Consulting Services

## Summary of Results

### Infection Control at the COHR and Remote Clinics

Observation/Condition	Management's Response
<b>Infection Control Monitoring Program</b>	<u>Action Plan:</u> <i>See Attached Responses</i>
While our review indicated adequate controls of instrument/equipment sterilization processes are in place and functioning as intended, we noted that infection control monitoring efforts of the processes within individual locations could be improved.	
CDC best practices indicate that “Periodic infection control rounds/inspections to areas using sterilizers to standardize the sterilizer’s use may identify correctable variances in operator competence; documentation of sterilization records, including chemical and biological indicator test results; sterilizer maintenance and wrapping; and load numbering of packs. These rounds also may identify improvement activities to ensure that operators are adhering to established standards.”	
Internal Audit’s review of the UT Dental Infection Control Policy (Policy) notes that The Office of Patient Care is responsible for the overall management and enforcement of a safe environment for implementation of the infection control/exposure control program in a manner holding oral healthcare personnel accountable. The Policy continues to state that The Office of Patient Care monitors the infection control program to ensure it is relevant, efficient, effective, and carried out with integrity on a day-to-day basis, and over time. The Policy does not, however, capture details of clinical operational oversight (i.e., frequency of infection control clinical operation evaluations/reviews, criteria to evaluate/review, documentation of results, and potential disciplinary actions/correctional plans.)	
Audit inquired with School of Dentistry (SoD) Patient Care about infection control monitoring performed at the clinic locations. Discussions conducted with the SoD Clinic Manager responsible for the evaluations noted that Infection Control Rounds are performed at the Center for Oral Healthcare and Research (COHR) clinics, as time permits with other assigned duties. It was discussed that the remote clinics were not visited frequently, if at all, in the last few years. Central Sterilization is not included in the Clinic Manager’s review, and it does not appear they are subject to any outside evaluation/monitoring to ensure established standards are performed. This was confirmed during site visits with the individual locations, when inquiring about periodic monitoring of cleaning, disinfection, and/or use of surface barriers.	
Additionally, it was noted that as part of the Clinic Manager’s Infection Control Rounds, an “Infection Control Evaluation” for the department/individual observed during the clinical visit is completed. The evaluation observes performance as it relates to use of/handling of: PPE, barriers, sharps, eye safety, and environmental management. The documented results from the Rounds are entered into Dentistry’s electronic medical record (axiUm) and summarized quarterly in an Infection Control Compliance Report, generated from axiUm. This Compliance Report is provided to Dentistry Leadership and results are presented at the quarterly Clinical Quality Assurance & Risk Management Committee	

meetings. It was determined that this evaluation form is completed only for Grads and Undergrads and any observations made of clinical staff during the Infection Control Rounds are verbally discussed with staff (not documented) and then the Associate Dean of Patient Care, School of Dentistry, if necessary.

***Recommendation:***

The UT Dentistry Infection Control Policy should clearly define a formal Infection Control Monitoring evaluation process, to include the responsibility, frequency, documentation requirements and any pertinent disciplinary actions. Infection control monitoring should be performed on a routine and timely basis for all sterilization locations, providing documented feedback to ensure that operators are adhering to established standards.

***Risk Rating: Medium***

**Instrument Sterilization Verification/Documentation**

Additionally, our review indicated that confirmation of instrument sterilization verification should be captured to assist in documenting patient safety efforts.

Through inquiry with staff during site visits, it was determined that sterilized instruments are to be inspected at multiple points in time to ensure they contain appropriately colored chemical indicators and packaging has not been compromised. These times include:

- after sterilization, either by Central Sterilization staff if processed in Central Sterilization or by clinical staff if processed in the clinic
- by clinical staff (if processed in Central Sterilization) at the time of instrument/equipment pick-up
- by clinical staff once returned to the clinic and prior to being stored in designated area(s)
- by clinical staff when selected for a patient procedure, and lastly
- by the provider prior to beginning procedure work on a patient.

The first four steps above are primarily visual inspections with no documentation. The last step is to be documented in the patient's chart, per a directive previously communicated by Dentistry Leadership. Inquiry with Leadership indicated that some of the clinical pre-populated notes within axiUm were replaced with notes related to COVID during the past two years.

Audit sampled and reviewed patient charts within axiUm to determine if instrument sterilization verification was present. Based on the review performed, not all clinics/procedure types were including verbiage related to verification of sterilized instruments. Capturing this last step, one that the provider should be performing, ensures that the provider and the Institution have taken and formally documented precautions verifying that instruments are sterile prior to use on patients.

***Recommendation:***

The provider's verification of instrument sterilization performed prior to patient procedures should be documented.

***Risk Rating: Medium***

**Action Plan:**  
***See Attached Responses***

## **Summary of Risk Ratings**

**Based on the results of this audit, there were no findings considered to be Priority to the Institution.** The UT System Internal Audit finding classification system includes Priority, High, Medium, or Low classifications. A Priority Finding is defined as an issue identified by an internal audit that, if not addressed timely, could directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole. Non-Priority Findings are ranked as High, Medium, or Low, with the level of significance based on an assessment of applicable risk factors and probability of a negative outcome occurring if the risk is not adequately mitigated.

January 12, 2023

**RE: UT Health San Antonio School of Dentistry**  
**Response to Internal Audit Infection Control at the COHCR and Remote Clinics Report**

Thank you for all your efforts and thoroughness in reviewing the infection control processes at the clinics in the COCHR and our remote locations (Carlos Salinas and Laredo). On behalf of the School of Dentistry, I am submitting our response and action plan

While I understand the audit found that in general the reviewed clinics had adequate sterilization processes in place and were compliant with institutional policies and procedures, as well as CDC guidelines, there were several opportunities for improvements which the clinics have already or are in the process of implementing. I have worked with Dr. Guest to formulate an action plan that addresses all audit concerns and suggestions. I have outlined below the audit issue/recommendations and the details of our action to address them

Sincerely,



Peter M. Loomer, BSc, DDS, PhD  
Dean and Professor

1. **Internal Audit Issue/Recommendation:** CDC best practices indicate that “Periodic infection control rounds/inspections to areas using sterilizers to standardize the sterilizer’s use may identify correctable variances in operator competence; documentation of sterilization records, including chemical and biological indicator test results; sterilizer maintenance and wrapping; and load numbering of packs. These rounds also may identify improvement activities to ensure that operators are adhering to established standards.”

**UT Dentistry Action Plan:** (i) The School of Dentistry's Intranet ([dserver.uthscsa.edu](http://dserver.uthscsa.edu)), utilized as information resource for specific SOD policies and Protocols will add an additional section to the Infection Control Standards page. This section will contain protocols for Sterilization – Decontamination Centers Quality Assurance. The information resource will describe how compliance with protocols will be assessed. For documenting and tracking inspections of the Sterilization Centers, a new database with 30 data elements has been created. The database will also capture recommended actions and follow-ups. The data will be captured for 3 components: Facility, Processes, and Documentation

- (ii) Inspections will occur on a quarterly basis for all UT Dentistry Sterilization areas. Inspectors will be designated by the Office of Patient Care. The results of the Inspections will be reported to the specific Clinics and the Office of Patient Care and incorporated into Clinical Quality Assurance and Risk Management Committee Quarterly reviews. Written response from clinics to recommendations will be linked to the database. An escalation of consequences will be part of policy including: written feedback, reprimand to individual employee and or provider suspension of clinical privileges and Clinic "Stand down".
2. **Internal Audit Issue/Recommendation:** UT Dentistry Infection Control Policy (Policy) notes that The Office of Patient Care is responsible for the overall management and enforcement of a safe environment for implementation of the infection control/exposure control program in a manner holding oral healthcare personnel accountable. The Policy continues to state that The Office of Patient Care monitors the infection control program to ensure it is relevant, efficient, effective, and carried out with integrity on a day-to-day basis, and over time. The Policy does not, however, capture details of clinical operational oversight (i.e., frequency of infection control clinical operation evaluations/ reviews, criteria to evaluate/review, documentation of results, and potential disciplinary actions/correctional plans).  
**UT Dentistry Action Plan:** In addition to the Sterilization Centers QA Risk Program as described above, Infection Control Rounds, which are observation of providers and staff, will now occur for all clinics on a quarterly basis. The observations and data recorded now include faculty and staff. This data and its analysis are already reported to the Office of Patient Care and a part of the SoD Quality Assurance Committee quarterly reviews. The summary information will also be reported to the Clinics with expected written response to recommendations. An escalation of consequences will be part of policy to include: written feedback, reprimand to individual employee and or provider suspension of clinical privileges and Clinic "Stand down" will be added to this QA process.
3. **Internal Audit Issue/Recommendation:** Audit evaluated UT Dentistry's infection control monitoring performed at the clinic locations. Discussions conducted with the Clinic Managers responsible for the evaluations revealed that Infection Control Rounds are performed at the COHCR clinics as time permits with other assigned duties. It was determined that the remote clinics were not visited frequently, if at all, in the last few years. Central Sterilization is not included in the Clinic Manager's review, and it does not appear they are subject to any outside evaluation/monitoring to ensure established standards are performed. This was confirmed during site visits with the individual locations, when inquiring about periodic monitoring of cleaning, disinfection, and/or use of surface barriers.

**UT Dentistry Action Plan:** The remote clinics currently are Ricardo Salinas Clinic (RICO) in San Antonio Texas and Laredo Health Department (LHD) Dental Clinic in Laredo Texas. A designated Inspector of the Clinics will be assigned and will be responsible for conducting inspections at the COHCR, RICO and Laredo clinics. Inspections will occur on a quarterly basis and adjustments to their scope of duties will be addressed to allow adequate time for this function. At present, the dental assistant supervisor, Bea Pena, will be assigned this duty.

4. **Internal Audit Issue/Recommendation:** It was noted that as part of the Clinic Manager's Infection Control Rounds, an "Infection Control Evaluation" for the department/individual observed during the clinical visit is completed. The evaluation observes performance as it relates to use of/handling of: PPE, barriers, sharps, eye safety, and environmental management. The documented results from the Rounds are entered into Dentistry's electronic medical record (axiUm) and summarized quarterly in an Infection Control Compliance Report, generated from axiUm. This Compliance Report is provided to Dentistry Leadership and results are presented at the quarterly Clinical Quality Assurance & Risk Management Committee meetings. It was determined that this evaluation form is completed only for Graduate and Undergraduate students and any observations made of clinical staff during the Infection Control Rounds are verbally discussed with staff (not documented) and Associate Dean of Patient Care if necessary. The UT Dentistry Infection Control Policy should clearly define a formal Infection Control Monitoring evaluation process, to include the responsibility, frequency, documentation requirements and any pertinent disciplinary actions. Infection control monitoring should be performed on a routine and timely basis for all sterilization locations, providing documented feedback to ensure that operators are adhering to established standards.  
**UT Dentistry Action Plan:** The Infection Control Policy will be modified to clearly define the Infection Control Monitoring evaluation process as described above. Monitoring and written documentation will include all members of the clinical team: students, staff and faculty. Feedback, and documentation of it and that is provided, will be given immediately, as necessary, and summative on a quarterly basis.
5. **Internal Audit Issue/Recommendation:** Sampled patient charts within axiUm were reviewed to determine if instrument sterilization verification was present. Based on the review performed, not all clinics/procedure types were including verbiage related to verification of sterilized instruments. Capturing this last step, one that the provider should be performing, ensures that the provider and the Institution have taken and formally documented precautions verifying that instruments are sterile prior to use on patients. It is recommended that the provider's verification of instrument sterilization performed prior to patient procedures should be documented.

**UT Dentistry Action Plan:** All axiUm clinical note templates have been re-edited to include Pre-Procedure Timeout with specific narrative on inspection of instrument sterilization.

January 17, 2023

**RE: UT Health San Antonio School of Dentistry**  
**Response to Internal Audit Infection Control at the COHCR and Remote Clinics Report**

**Action Item: Progress and Estimated dates of Completion**

Per your recent email request: "On the management action plans, can you send me your estimated completion dates. If there are multiple, we are okay with you sending us just one (the latest date) for our system.

I have indicated below the Action items identified in report we submitted that also indicates status / progress and estimated dates for completion.

Action Plan Number | Action Narrative | Status | Estimated Date of completion

#	Action Narrative	Progress	Est Date of Completion
1	The School of Dentistry's Intranet (dserver.uthscsa.edu), utilized as information resource for specific SOD policies and Protocols will add an additional section to the Infection Control Standards page. This section will contain protocols for Sterilization – Decontamination Centers Quality Assurance. The information resource will describe how compliance with protocols will be assessed. For documenting and tracking inspections of the Sterilization Centers,  a new database with 30 data elements has been created. The database will also capture recommended actions and follow-ups. The data will be captured for 3 components: Facility, Processes, and Documentation  (ii) Inspections will occur on a quarterly basis for all UT Dentistry Sterilization areas. Inspectors will be designated by the Office of Patient Care.	Additional resources added to SoD Intranet  database data capture form built  Inspector designated	Completed  Completed  Completed

	The results of the Inspections will be reported to the specific Clinics and the Office of Patient Care and incorporated into Clinical Quality Assurance and Risk Management Committee Quarterly reviews. Written response from clinics to recommendations will be linked to the database. An escalation of consequences will be part of policy including: written feedback, reprimand to individual employee and or provider suspension of clinical privileges and Clinic "Stand down".		In Progress To be completed QA Committee to review by April 17, 2023
2	<p>In addition to the Sterilization Centers QA Risk Program as described above, <b>Infection Control Rounds</b>, which are observation of providers and staff, will now occur for all clinics on a quarterly basis. The observations and data recorded now include faculty and staff. This data and its analysis are already reported to the Office of Patient Care and a part of the SoD Quality Assurance Committee quarterly reviews. The summary information will also be reported to the Clinics with expected written response to recommendations.</p> <p>An escalation of consequences will be part of policy to include: written feedback, reprimand to individual employee and or provider suspension of clinical privileges and Clinic "Stand down" will be added to this QA process.</p>	Data elements enhanced to include different types of providers and staff	In Progress To be completed QA Committee to review by April 17, 2023
3	<p>The remote clinics currently are Ricardo Salinas Clinic (RICO) in San Antonio Texas and Laredo Health Department (LHD) Dental Clinic in Laredo Texas. A designated Inspector of the Clinics will be assigned and will be responsible for conducting inspections at the COHCR, RICO and Laredo clinics.</p> <p>Inspections will occur on a quarterly basis and adjustments to their scope of duties will be addressed to allow adequate time for this function. At present, the dental assistant supervisor, Bea Pena, will be assigned this duty.</p>	<p>Inspector designated</p> <p>Chart audit duties for Bea re-assigned</p>	<p>In Progress To be completed QA Committee to review by April 17, 2023</p> <p>Complete</p>

4	The Infection Control Policy will be modified to clearly define the Infection Control Monitoring evaluation process as described above. Monitoring and written documentation will include all members of the clinical team: students, staff and faculty. Feedback, and documentation of it and that is was provided, will be given immediately, as necessary, and summative on a quarterly basis	The information resource now describes how compliance with protocols will be assessed	For ALL Clinics all quarters: In Progress To be completed QA Committee to review by April 17, 2023
5	All axiUm clinical note templates have been re-edited to include Pre-Procedure Timeout with specific narrative on inspection of instrument sterilization.	Clinical Note Templates edited to all include Pre-Procedure Time out noting: instrument sterilization verification	Completed

Sincerely,



Gary F Guest, DDS  
 Associate Dean for Patient Care