Boston University Henry M. Goldman
School of Dental Medicine

BOSTON UNIVERSITY GOLDMAN SCHOOL OF DENTAL MEDICINE QUALITY PROGRAM

This document outlines the quality management program and indicators used to measure the patient care delivery system against an established set of quality measures, identify deficiencies or opportunities for improvement, and ensure corrective action plans are developed based on those outcomes.

Quality Committee

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INTRODUCTION

The Henry M. Goldman School of Dental Medicine (GSDM) Quality Management Program (see PTC Policy 3.0) defines the formal system of continuous quality improvement for patient care. The Quality Program ensures we meet or exceed the Quality Committee's expectations of providing the highest level of patient-centered care, safety, and customer service. The Program defines current Quality Measures as well as indicators, or data used to measure success, and the reporting structure.

Regulatory agencies, as well as the Commission on Dental Accreditation (CODA), both require a program that drives continuous quality improvement. Quality Measures within the Program are chosen by the Quality Committee based on; regulatory requirements, conclusions drawn from evidence based data analysis, recommendation by Patient Treatment Center Committee, as well as the Quality Management and Compliance Department. These measures also serve as a mechanism for adherence to CODA standards.

The measures are intended to monitor and assess the quality, timeliness, appropriateness and necessity of patient care delivered in all GSDM Patient Treatment Centers. As indicated by the measurement indicators, opportunities for improvement as well new measures are defined.

The Quality Management Program applies to all GSDM Patient Treatment Centers:

- Post-Doctoral Endodontic Treatment Center (2nd Floor)
- Post-Doctoral Periodontic Treatment Center (2nd Floor)
- Post-Doctoral Prosthodontic Treatment Center (2nd Floor)
- Post-Doctoral Oral & Maxillofacial Surgery Treatment Center (4th Floor)
- Advance Standing and Doctor of Dental Medicine (4th, 5th Floor and 6th Floor)
- Post-Doctoral Orthodontic Treatment Center (7th Floor)
- Post-Doctoral Pediatric Treatment Center (7th Floor)
- Dental Health Center (7th Floor)
- Dental Health Center (Commonwealth Ave.)

The success of this Program requires collaboration among all departments and committees. Operational Owners are tasked with data collection, analysis, reporting, as well as the development and implementation of approved corrective actions. Success relies on the participation of all individuals involved in patient care.

CLINICAL QUALITY MEASURES WITH INDICATORS

As previously mentioned, Measures are based on regulatory requirements and have the added benefit of meeting CODA requirements. Not all standards are measured. Our measures are focused on high risk or reported deficiencies. Other reporting may occur on an ad hoc basis, or as a "temperature check", within a department or upon special request.

Measures are broken out, where indicated, between Pre-doc and Post-doc clinics. The current compliance threshold is 80%. Some indicator results are based on occurrence counts. Others are based on visits. Still others are based on unique patient visits.

Measures may have more than one indicator assigned. Previously, these multi-indicator measures composed a composite result. After further review, it was determined the composite calculation was invalid. Therefore, each indicator was separated out and measured on its own merit.

Indicators are calculated using various tools such as reports and audits. Operational Owners are responsible for reporting results a to the Quality Management department, who then compiles the data for the Quality Dashboard. The Dashboard is reported to the Quality Committee, Clinical Affairs, and the Dean. Review of these tools is ongoing and may result in changes to the Dashboard.

Quality Measure	Quality Indicator(s)
1. Documented evidence of consents signed by the patient prior to receiving treatment.	a. Informed consent form signed by parent, guardian, or patient. (RR 3) **PRE-DOC**
	a. Informed consent form signed by parent, guardian, or patient. (RR 3) **POST-DOC**
2. Patient's chief complaint will be addressed within appropriate timeframe.	a. Patient's chief complaint will be addressed within appropriate timeframe. (PTE 8) **PRE-DOC**
	b. The provider responded to the main dental problems the patient presented. (PSS) **PRE & POST DOC**
	c. The patient is satisfied with the speed at which their care has progressed. (PSS) **PRE & POST DOC**
	d. Clinical Care - Patient feels treatment is taking too long. (PRP 7) < less is better.> (tickets opened) **PRE & POST DOC**
3. Patient will be free of oral-facial pain at end of treatment.	a. Patient will be free of oral-facial pain by the end of treatment. (PTE 15) **PRE DOC**
	b. The provider has been able to lessen the pain associated with the patient's current dental problem.(PSS) **PRE & POST DOC**
4. Patient, parent, or legal guardian will have a comprehensive treatment plan presented and explained to them.	a. Treatment plan signed by patient, parent, or legal guardian. (RR 2) **PRE DOC**
	a. Treatment plan signed by patient, parent, or legal guardian. (RR 2) **POST DOC**
	b. The provider explained the treatment needed, and why, in a way the patient could understand easily. (PSS) **PRE & POST DOC**
	c. Clinical Care - Patient does not understand their treatment plan. (PRP 8) <Less is better.> (tickets opened) **PRE & POST DOC**
5. Patient will receive intra-oral and extra-oral head/neck examination.	a. Documentation of patients receiving intra-oral and extra-oral head/neck examination. (RR 6) **PRE DOC**
	a. Documentation of patients receiving intra-oral and extra-oral head/neck examination. (RR 6) **POST DOC**

Quality Measure	Quality Indicator(s)
6. All active EHR records will contain complete patient identification information.	a. Patient dental records will contain appropriate and up-to-date patient identification information. (RR 1) **PRE DOC**
	a. Patient dental records will contain appropriate and up-to-date patient identification information. (RR 1) **POST DOC**
7. Patient's diagnosis will be recorded in the patient dental record.	a. Patient Diagnosis has been authorized (RR 8) **PRE DOC** **Beginning with PREDOC April 2022 measure:** **- A "Yes" is determined if at least one authorized diagnosis exists in the record and IF any diagnosis codes are entered within three months of the 0002 procedure completion date, they are authorized.**
	a. Patient Diagnosis has been authorized (RR 8) **POST DOC**
8. Patient, parent, or legal guardian will be given information regarding risks and benefits of treatment and non-treatment.	a. The risks and benefits involved in the patient's dental treatment plan were clearly explained to them. (PSS) **PRE & POST DOC**
9. All patient dental records will have medical history updated within the last calendar year.	a. Current medical history updated within the last calendar year. (RR 4) **PRE DOC**
	a. Current medical history updated within the last calendar year. (RR 4) **POST DOC**
10. Medical history will be checked/verified.	a. Most recent medical history is signed by patient, parent, or legal guardian. (RR 5) **PRE DOC**
	a. Most recent medical history is signed by patient, parent, or legal guardian. (RR 5) **POST DOC**
11. All radiograph requests will be documented and authorized.	a. Radiograph requests will be authorized. (RAAR 1) PRE DOC
12. Patient dental records will have approved radiographs.	a. Patient dental records will have diagnostic-quality radiographs at individually determined intervals. (PTE 3) **PRE DOC**
	b. Radiographs in the patient dental record will be approved. (RAAR 12) **PRE DOC**
13. Type and amount of anesthesia will be properly documented.	a. Type and amount of anesthesia will be properly documented. (PTE 11) **PRE DOC**

Quality Measure	Quality Indicator(s)
14. GSDM will aim to improve the quality of our patient's lives through excellent dental care.	a. Treatment rendered was necessary and appropriate. (PTE 6) **PRE DOC**
	b. The patient would recommend BU Dental to friends and family. (PSS) **PRE & POST DOC**
	c. Clinical Care - Patient is dissatisfied with treatment. (PRP 9) <Less is better.> (tickets opened) **PRE & POST DOC**
15. GSDM will provide a safe working environment for patients, students, staff, and faculty outlined by ICS Training.	a. Environment - The patient has a public safety concern. (PRP 13) <Less is better.> (tickets opened)
	b. Environment – The patient has complaints about the clinical environment. (PRP 16) <Less is better.> (tickets opened)
	c. EHSR (issues count) **PRE & POST DOC**
	d. BBPE (occurrence count) **PRE & POST DOC**
	e. Students will meet all infection prevention standards during random audits. **PRE & POST DOC** (n= number of students, month = issue count)
PRE & POST DOC or all PTCs if not indicated	

PATIENT EXPERIENCE SURVEY RESULTS

Summary

Assessment, monitoring, and exploration of patient experience data provides an indicator of our patients' experience of their care over time. GSDM's Patient Experience Survey is accessible electronically to patients via QR codes posted throughout the locations of the patient treatment centers and on the GSDM website. We are currently working on adding access to the survey for our patients via text and email. This gives survey access to patients that have attended treatment appointments in the Patient Treatment Centers throughout the Henry M. Goldman School of Dental Medicine.

The surveying of patients is linked to the school's mission, which states our commitment to "provide outstanding service to a diverse group of students, patients, faculty, staff, alumni, and healthcare professionals within our facilities, our community, and the world."

Data Collection Process

GSDM Quality Management administers the Patient Experience Survey Program. The survey is based on a five-point rating system and allows comments. Patients who have attended an appointment, as well as opted-in to text message and/or email communication, will receive an invite to complete the survey. For those patients not receiving electronic communication, signage with a QR code is posted in each waiting room as well as displayed on our electronic message boards. A paper version of the survey is available upon request.

The survey is anonymous but provides a link to contact the Patient Relations Manager if so desired. The patient can select the name of the Patient Treatment Center they are surveying. GSDM Quality Management collects data via REDCap (software). GSDM Quality Management compiles data results.

Monitoring and Reporting

GSDM Quality Management will present the compiled Patient Experience Survey data to the Quality Committee for review and comparison to established quality indicators and benchmarks. In addition, trend analysis will be performed by GSDM Quality Management and reported to the Quality Committee to determine favorable or unfavorable trends. GSDM Quality Management distributes completed survey results to Clinical Affairs and respective Patient Treatment Centers.

Summary

The Record Review is a review of all records within the Electronic Health Record (SALUD) of patients seen in the Patient Treatment Centers. The records are selected for review based on patients having attended an appointment during a time period. This review is done for the purpose of monitoring adherence to record keeping protocols by dentists, students, residents, and staff in the patient treatment centers. This supports achievement of quality measurement of patient records against Clinical Measures (see Appendix A) and reveals potential areas for improvement. GSDM Quality Management manages the Record Review Process.

Data Collection Process

GSDM Quality Management reviews active patient records during a time period. Data collection is currently completed using an electronic report in the Quality Management Module within the GSDM Portal (Record Review tool), which is guided by our Electronic Health Record (EHR-Salud). The electronic report focuses on key elements of the dental record. The components of the Record Review are the following:

- Patient dental records will contain appropriate and up-to-date patient identification information
- Treatment plan signed by patient, parent, or legal guardian
- General consent for dental treatment form signed by patient, parent, or legal guardian
- Current authorized and signed (patient, parent, or legal guardian) medical history, updated within the last calendar year
- Medical history form (within one year) is signed by patient, parent or legal guardian and faculty
- Documentation of patients receiving intra-oral and extra-oral head/neck examination
- Patient Diagnosis was authorized by faculty

Monitoring and Reporting

GSDM Quality Management will present the compiled Record Review data to the Quality Committee for review and comparison to established quality indicators and benchmarks. In addition, trend analysis will be performed by GSDM Quality Management and reported to the Quality Committee to determine favorable or unfavorable trends. Identified deficiencies or unfavorable trends will be reported to the Patient Treatment Center Committee to develop and implement corrective action.

POST-TREATMENT EVALUATION (PRE-DOCTORAL PROGRAMS ONLY)

Summary

Pre-doctoral dental students conduct post-treatment examinations on patients to evaluate the outcomes of their treatment and document their findings for quality and educational purposes using a standardized electronic tool. This evaluation can be done at the completion of a procedure or the treatment plan.

The Post-Treatment Evaluation (PTE) serves two purposes. The first is for use as evidence of attainment of competency in the self-evaluation of the outcomes of treatment. Student performance on Post-Treatment Evaluations is documented, analyzed, and stored electronically in the Quality Management Module in the GSDM Portal. The second purpose is to garner data in support of our Quality program, specifically our Clinical Guidelines. This data is drawn from the faculty response section of the evaluations and map directly to certain Clinical Guidelines.

Data Collection Process

Patients are sampled from each student's patient pool and receive clinical evaluations to determine the quality of clinical care that those patients have received. Students conduct the first stage of each evaluation and complete the Post-Treatment Evaluation electronic form, which is grouped into six treatment areas and ranked as acceptable, not acceptable, and not applicable. Next, a faculty member repeats the examination, records the results using a separate electronic form, and, if necessary, discusses their conclusions with the student. Students receive grades based on both the quality of care and the accuracy of their self-assessment. The results of faculty responses are collected and analyzed as an outcome measure in support of our Clinical Guidelines.

Monitoring and Reporting

GSDM Quality Management will present the compiled Post-Treatment Evaluation data to the Quality Committee for review and comparison to established quality indicators and benchmarks. In addition, trend analysis will be performed by GSDM Quality Management and reported to the Quality Committee to determine favorable or unfavorable trends. Identified deficiencies or unfavorable trends will be reported to the Patient Treatment Center Committee to develop and implement corrective actions.

PATIENT RELATIONS PROGRAM REPORT (UNDER REVIEW)

Summary

GSDM offers a Patient Relations Program managed by the Office of Clinical Affairs. The program is designed to measure patient satisfaction through real-time communication with patients. A Patient Relations Manager has been assigned as the primary point of contact for patients wishing to communicate their concerns, comments, or suggestions regarding their care and/or the environment in which their care is provided. Monitoring and analysis of this feedback is an important tool in evaluating the quality of care provided at GSDM. A reporting portal has been designed that allows key team members, including the Patient Relations Manager, to enter tickets that document, record, and track patient feedback or complaints that cannot be resolved at the point of care. The Patient Relations Program consists of reports generated from the Portal, which can be analyzed and used to develop corrective action plans. The design and goal of those plans should lead to improvement in the quality of patients' overall experience at GSDM.

Data Collection Process

Though patient complaints and feedback are received at all levels within the Boston University Henry M. Goldman School of Dental Medicine (GSDM), when complaints are of a serious nature or when those of a less serious nature, typically recurring, cannot be resolved at the point of care, the recipient of the complaint or designee enters a ticket in the GSDM Portal and designates the Patient Relations Manager as the ticket's "owner." The Patient Relations Manager determines the most appropriate party or parties to address the specific complaint and uses the ticketing system to contact them and delegate action steps. Each individual involved enters notes on the ticket indicating the actions they took or provides information to help others address the patient complaint.

GSDM defines "complaint" as the unsolicited index communication from a patient or representative to the Patient Relations Manager or designee containing one or more types of complaint about a patient's treatment at GSDM. Complaint types are categorized and reported out by type and category from the GSDM Portal for analysis.

A patient can file their complaints at GSDM through any of the following methods:

1. Submit an in-person complaint with the applicable Practice Manager of the Patient Treatment Center.
2. Personally meet with the Patient Relations Manager.
3. Call the Patient Relations Manager at 617-358-3320.
4. Submit an online web form. The link to the web form is available on the GSDM website at https://busdm-event.bumc.bu.edu/contact/contact.html.

Once a complaint is filed, the Patient Relations Manager or designee creates a ticket in the Patient Tickets module in the GSDM Portal and an investigation of the complaint follows. The complaint data recorded on the ticket contains the following details:

1. Date the complaint was received
2. Date the ticket was last updated
3. Patient ID (at GSDM)
4. Status of the complaint – whether it is Pending, In-Progress, Resolved, or Closed.
5. Priority of the complaint – normal, medium, high, or urgent
6. Category of the complaint, with an optional sub-category
7. Department/Clinic associated with complaint, with an optional secondary department/clinic

8. The ticket's "owner" – the individual currently responsible for moving the ticket forward
9. Detailed description of the complaint and its eventual resolution

Monitoring and Reporting

The Patient Relations Manager will present Patient Relations Reports from the GSDM Portal to the Quality Committee on a monthly basis for analysis and recommendations. The Quality Committee compares the reports against established quality indicators and benchmarks and identifies unfavorable trends. Identified deficiencies or unfavorable trends will be reported to the Patient Treatment Center Committee so that Committee can develop and implement corrective actions.

RADIOLOGY AUTHORIZATION AND APPROVAL REPORT

Summary

The Oral and Maxillofacial Division of the Department of General Dentistry ensures the diagnostic quality of radiographs and Cone Beam CT images and in the process limits the amount of unnecessary radiation GSDM patients are exposed to, by monitoring the rate of radiograph authorizations and approvals.

Before any radiographic procedure is performed or a Cone Beam CT is exposed a qualified faculty member authorizes the desired examination request in the patient's electronic health record. This authorization is based on a thorough clinical examination, consideration of the patient's history, review of any prior radiographs, a caries risk assessment, and analysis of both the dental and the general health needs of the patient. The completed radiographic examination will be utilized in a subsequent thorough examination and in developing a comprehensive treatment plan for the patient.

All completed intraoral and extra oral radiographs must be approved before the patient is dismissed from the appointment. The only exception to this is in the case that the operator is completing a procedure that will require multiple visits and requires that the radiographic series remains unapproved in order to add additional radiographs at later appointments. In this case, the series of radiographs will be approved upon completion of the procedure.

The person responsible for approving radiographs is typically the person who exposes the radiograph, usually a dental assistant. In the case that a pre-doctoral student exposes a radiograph, it is that student's responsibility to ensure that a dental assistant or a faculty member with whom they are working approves the radiograph. Approving a radiograph does not imply that the radiograph has been interpreted by a provider, but that the radiographs are confirmed as belonging to the patient in whose record they appear and that they are thought to be of diagnostic quality.

Data Collection Process

GSDM uses two databases to store diagnostic images: MiPACs for radiographs, and Sidexis for Cone Beam CT exposures. Both databases can be queried through the Student Performance System (SPS), and the stored images are identifiable by patient, type of image, date of exposure, radiology technician, supervising faculty or dental assistant, and more. The Director of Oral & Maxillofacial Radiology runs periodic reports on the frequency of radiograph authorizations and approvals. MiPACs also produces "overflow" reports, which can be analyzed to determine if an operator exposed more radiographs than is diagnostically necessary. This measure allows the Director of Oral & Maxillofacial Radiology to identify students and operators in need of remediation.

Monitoring and Reporting

The Director of Oral & Maxillofacial Radiology will present the Radiology Authorization and Approval Reports to the Quality Committee for review and comparison to established quality indicators and benchmarks. In addition, the Director of Oral & Maxillofacial Radiology will perform trend analysis to report to the Quality Committee for the identification of favorable or unfavorable trends. Identified deficiencies or unfavorable trends will be reported to the Patient Treatment Center Committee to develop and implement corrective action.

ENVIRONMENTAL HEALTH AND SAFETY REPORT

Summary

The Boston University Office of Environmental Health and Safety (BUEHS), along with the GSDM Infection Control Manager and GSDM Facilities, perform twice-monthly compliance inspections of certain floors in the Dental School and our Dental Health Center at 930 Commonwealth Avenue. The compliance rounds are conducted during normal operation hours so clinical infractions, such as failure to comply with Personal Protective Equipment (PPE) requirements, can be identified, documented, immediately corrected and follow-up with the Director of the program. Other areas of focus include, but are not limited to:

- Safe and proper chemical storage to include expiration dates
- Check refrigerator for inventory, expiration dates and temperatures, clear paths of egress
- No food or drink in clinical areas

Data Collection Process

The twice-monthly inspections focus on the different patient treatment centers on a rotating basis. After each inspection, the representative from BUEHS compiles the report of all infractions found by the group and distributes it to the remaining parties, who in turn delegate any necessary follow-up. The GSDM Infection Control Manager and the Director of Facilities and Operations maintains a depository of the reports, and is responsible for confirming and documenting the correction of all deficiencies.

The Office of Environmental Health and Safety has implemented a compliance management software BioRAFT. BioRAFT's functionality includes assigning "owners" to individual infractions, setting follow-up deadlines, and providing an organized and easily accessible documentation database.

Monitoring and Reporting

The GSDM Infection Control Manager will present the Environmental Health and Safety Reports to the Quality Committee for review and comparison to established quality indicators and benchmarks. EHS is responsible to perform trend analysis to report to the Quality Committee for the identification of favorable or unfavorable trends. Identified deficiencies or unfavorable trends will be reported to the Patient Treatment Center Committee to develop and implement corrective action.

BLOODBORNE PATHOGEN EXPOSURE (BBPE) REPORT

Summary

Bloodborne pathogens pose an inherent risk to GSDM Patient Treatment Center staff, faculty, students, residents, and patients. The tracking and assessment of incident reports allows for targeted interventions on both the individual and institutional level, increasing safety and the quality of the care our practitioners provide. The Infection Control Manager is responsible for following up on major incidents and investigating emerging trends to determine root causes, and taking corrective action whenever necessary.

Anyone potentially exposed to bloodborne pathogens or involved in other safety incidents – trainees, employees, and patients – is encouraged to receive medical testing to determine if they are at risk. Individuals can decline medical testing, but reports must be submitted for all incidents. This policy holds for all patient treatment centers.

Data Collection Process

Incident report forms are available on computer in the treatment centers, administrative offices and The Office of Clinical Affairs. Paper-format incident report are also available with each clinic's practice manager, nurse practitioner, as well as the office of clinical affairs. When an incident occurs, the student, resident, faculty, or staff member involved fills out the form documenting details of the incident and delivers it to The Office Clinical Affairs.

Information collected on the incident report form includes:

- Date, time, and location of the incident
- Name and contact information of the trainee or employee involved
- Supervising faculty on duty
- Class, post-doctoral program, or job title of trainee or employee involved
- Detailed description of the incident

Monitoring and Reporting

The GSDM Infection Control Manager will present the Bloodborne Pathogen Exposure Reports to the Quality Committee for review and comparison to established quality indicators and benchmarks. In addition, the GSDM Infection Control Manager will perform trend analysis to report to the Quality Committee for the identification of favorable or unfavorable trends. Identified deficiencies or unfavorable trends will be reported to the Patient Treatment Center Committee to develop and implement corrective action.

PERSONAL PROTECTIVE EQUIPMENT (PPE) REPORT

Summary

Compliance with Personal Protective Equipment (PPE) requirements before, during, and after clinic is vital to preventing cross-contamination and maintaining a safe environment for staff, faculty, students, residents, and patients alike. The Infection Control Manager performs at least one audit on every student during their time in clinic to ensure they follow PPE and general infection control protocol and to collect data for use in our Quality Program. The Infection Control Manager also uses PPE audits to identify students in need of remediation.

Data Collection Process

The PPE report documentation and reporting engine resides in the Student Performance System (SPS). The Infection Control Manager, when preparing to perform an audit, can view a screen of all students scheduled to treat patients during a specific day. A red "X" identifies students who have not had an audit performed. The Infection Control Manager selects several of these students at random and uses the information on the screen to know in what bay they are scheduled to appear.

The Infection Control Manager audits students during clinic to most accurately assess their compliance while in live situations with patients. The Infection Control Manager rates the student "acceptable" or "unacceptable" for each item on a predetermined checklist, divided into the categories "Personal Protection" and "Bay (Operatory)". The Infection Control Manager documents all infractions and corrects them on the spot. If the student received three or more "unacceptable" ratings on a single audit, the student is automatically added to a list for a second random audit and the Group Practice Leader and Associate Dean of Clinical Affairs are notified via email. If they fail the second audit, the student will complete the mandatory annual training again. The Office of Clinical Affairs will be notified and the student may lose treatment center privileges.

All audit data is stored in SPS, and can be reported out by student or by checklist item. This allows the Infection Control Manager to track underperforming students as well as to identify unfavorable trends.

Monitoring and Reporting

The GSDM Infection Control Manager will present the Personal Protective Equipment Reports to the Quality Committee for review and comparison to established quality indicators and benchmarks. In addition, the GSDM Infection Control Manager will perform trend analysis to report to the Quality Committee for the identification of favorable or unfavorable trends. Identified deficiencies or unfavorable trends will be reported to the Patient Treatment Center Committee to develop and implement corrective action.

APPENDICES

APPENDIX A: QUALITY PROCESS FLOW
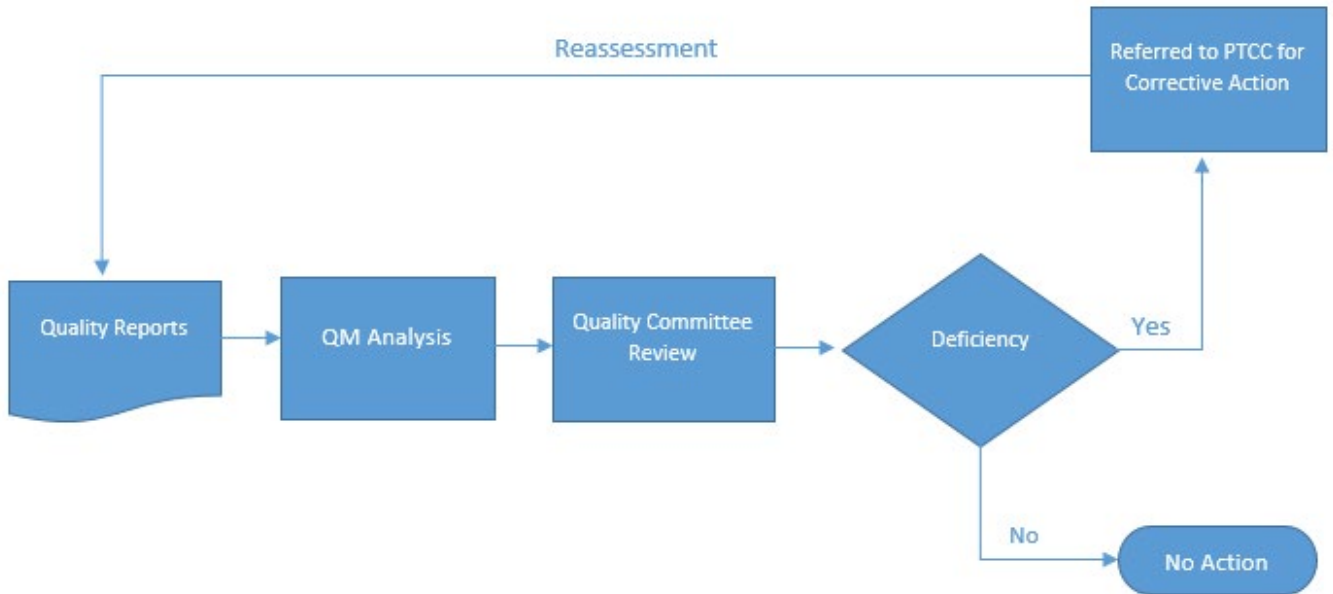
REFERENCES

1. 105 Code of Massachusetts Regulations (CMR) 140.000: LICENSURE OF CLINICS, 140.370: Evaluation of Quality

    https://www.mass.gov/regulations/105-CMR-14000-licensure-of-clinics

2. Commission On Dental Association

    (e.g. Pre Doc Standard 5-3)

    https://coda.ada.org/standards

3. Boston University Healthcare Compliance – Provider Guidance - Quality Review Program

    https://www.bu.edu/healthcare/guidance/

4. Boston University Henry M. Goldman School of Dental Medicine By-Laws (Article 4, Section C)

    https://www.bu.edu/dental/files/2022/06/GSDM-Bylaws_202206.pdf

5. Boston University Henry M. Goldman School of Dental Medicine Treatment Center Policy and Procedures (Policy #3, Quality Program)

    https://www.bu.edu/dental/about/policies/treatment-policies/