

SCHOOL-COMMUNITY PARTNERSHIP FOR CHILDREN'S ORAL HEALTH IN WEST VIRGINIA *USER'S GUIDE*

<http://musom.marshall.edu/crh/marshallsurvey/>

WELCOME PAGE


Click on the green **Login** link in the upper left. This will bring you to the **Login** page.



The screenshot shows the top section of the website. On the left is a yellow tooth icon. In the center, the title reads "School-Community Partnership for Children's Oral Health in West Virginia". On the right is an illustration of a toothbrush and a mouth. Below the title, there are two links: "Home" and "Login". A red arrow points from the text above to the "Login" link. Below the links, the heading "WELCOME - SCHOOL COMMUNITY PARTNERSHIP PROJECTS" is followed by a paragraph: "Welcome to the School Based Dental Assesment Survey. Please login to begin your data entry. If you do not have a login, or have forgotten your username and/or password, please contact Stephanie Montgomery." and contact information: "Contact information: smontgom@marshall.edu or 304-634-1008".

LOG IN

Enter the **User Name** and **Password** assigned by MU Technical Assistance and click **Login**



The screenshot shows the login form. At the top, the title "School-Community Partnership for Children's Oral Health in West Virginia" is displayed. Below it is a "Home" link. The form includes a "Log In" label above a "User Name:" input field. Below that is a "Password:" input field. A red arrow points from the text above to the "Password:" field. At the bottom of the form, there is a checkbox labeled "Remember me next time." and a "Log In" button.

If you do not have a username or password, or have forgotten your login information, contact Stephanie Montgomery at 304-634-1008 or smontgom@marshall.edu.

ENTERING DATA

ENTERING A NEW PATIENT

Click on the **Add New Patient** button.

The screenshot shows a web form titled "SELECTION CRITERIA". On the left side, there are several input fields: "Project Name" (a dropdown menu with "Please select..." selected), "School" (a dropdown menu), "Patient ID" (a dropdown menu), "Move" (a checkbox), "Project Year" (a dropdown menu), and an "Add New Patient" button. A red arrow points from the "Add New Patient" button to the "Patient ID" dropdown. On the right side, there is a "Visit Information" section with radio buttons for "Existing" (selected) and "New", a "Visit Date" dropdown, a "Visit Type" dropdown, and an "Exam Type" section with radio buttons for "Comprehensive Exam", "Periodic Exam", and "Limited Exam". A "Delete Visit" button is located at the bottom left.

The **Add New Patient** button will generate the next available number within the selected **Project Name** and **School**. This **Patient ID** number should be noted on the student's record for future reference. Clicking on the **Add New Patient** button will default the choice **Visit Type** to "Initial" within the **Visit Information** box.

The **Project Year** will default to the current school year.

The screenshot shows the same "SELECTION CRITERIA" form. The "Project Name" dropdown is now set to "Test Project" and the "School" dropdown is set to "Test ES". The "Patient ID" dropdown shows the number "11". The "Add New Patient" button is still present. The "Project Year" dropdown is set to "2011-2012". A red arrow points from the "Add New Patient" button to the "Project Year" dropdown. In the "Visit Information" section, the "New" radio button is selected, and the "Visit Type" dropdown is set to "Initial Visit". A red arrow points from the "Initial Visit" text to the "Visit Type" dropdown. The "Exam Type" section remains the same. The "Delete Visit" button is still at the bottom left.

VISIT INFORMATION

Click on the **Existing** button to review or modify an existing visit for a student who has already received a screening and/or other oral health services. The visit type will default to **Follow-up**.

Click on the **New** button to add a follow-up visit for a student who is already in the system.

Click on the 3-dot button to the right of **Visit Date**. This will bring up the **Calendar**. From the **Calendar**, select the **date of the Visit**.

EXAM TYPE

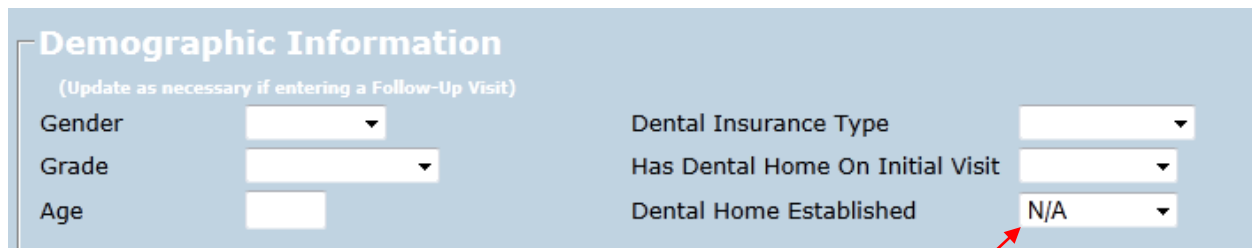
For each visit, please select the **Exam Type** that best describes your work with this student.

Comprehensive Exam - Applies to new patients or established patients (that have been absent from routine care), initial examination with detailed diagnostic procedures.

Periodic Exam - Exam performed on a patient of record, detailed diagnostic procedures.

Limited Exam - problem focused, limited diagnostic procedures performed.

DEMOGRAPHIC INFORMATION



Demographic Information
(Update as necessary if entering a Follow-Up Visit)

Gender	<input type="text"/>	Dental Insurance Type	<input type="text"/>
Grade	<input type="text"/>	Has Dental Home On Initial Visit	<input type="text"/>
Age	<input type="text"/>	Dental Home Established	N/A <input type="text"/>

Enter the demographic information as recorded on the SCP Initial Assessment form. This is required information. On the initial visit, the **Dental Home Established** will default to N/A. Keeping in mind that a goal of this program is to assist each student to establish a dental home, you will need to create an entry on the Follow-up visit.

Remember to update the demographic information each time you enter a Follow-up visit.

INITIAL ASSESSMENT FINDINGS



Assessment Findings

Untreated Decay	<input type="text"/>
Caries Experience	<input type="text"/>
Sealant Already Present	<input type="text"/>
Treatment Urgency	<input type="text"/>
Referred for Treatment	<input type="text"/>
Total Number of Decay or Filled Surfaces 1st Molars	<input type="text"/>
Total Number of Decay or Filled Surfaces 2nd Molars	<input type="text"/>

Enter the assessment findings as recorded on the SCP Initial Assessment form. This is required information. If you do not know the correct response, please enter Missing.

PROGRAM SERVICES PROVIDED BY YOU

Program Services Provided by You	
Total Number of Surfaces Sealed Among 1st Molars	<input type="text"/>
Total Number of Surfaces Sealed Among 2nd Molars	<input type="text"/>
Total Number of Surfaces Sealed Among Others	<input type="text"/>
Fluoride Treatment Received	<input type="text"/>

Enter the program preventive services provided by you and as recorded on the SCP Initial Assessment form. This is required information. If you do not know the correct response, please enter Missing.

ADDITIONAL SERVICES PROVIDED BY YOU

Additional Services Provided by You	
Prophylaxis	<input type="text"/>
X-Rays	<input type="text"/>

Enter the additional program services provided by you and as recorded on the SCP Initial Assessment form. This is optional information.

RESTORATIVE SERVICES PROVIDED BY YOU

Enter the restorative services provided by you and as recorded on the SCP Initial Assessment form. This is optional information.

Restorative Services Provided by You	
Number of Teeth Filled	<input type="text"/>
Number of Teeth Extracted	<input type="text"/>

OPTIONAL INFORMATION

Optional Information	
Race	<input type="text"/>
Has Medical Insurance	<input type="text"/>
Currently Receiving Free or Reduced Lunch	<input type="text"/>
Toothache Last Six Months	<input type="text"/>
Time Since Last Dental Home Visit	<input type="text"/>
Main Reason for Last Dental Home Visit	<input type="text"/>
Needed Dental Care but Could Not Get It	<input type="text"/>
Reason for Not Getting Care	<input type="text"/>

Many projects can acquire this information from the parental consent forms. This information will be used in your reports to further describe the population that you serve.

FOLLOW-UP

Follow-Up	
Number of Surfaces Retaining a Program Sealant	<input type="text"/> N/A <input type="checkbox"/>
Subsequent Visit for Restorative Treatment	<input type="text"/>
Reason for No Follow-Up	<input type="text"/>

Follow-up Visit information should be entered when the oral health provider returns to the school, (no sooner than six months), to determine if the sealants applied by them were retained and/or if any recommended treatment was received.

Enter the follow-up findings as recorded on the SCP Follow-Up form. If program sealants were not applied but you have information regarding recommended treatment to record, place a check in the N/A field beside the questions regarding program sealants. This will be recorded as your entry and will allow you to proceed regarding the recommended treatment.

SCREENER'S INITIALS

Enter the initials of the dentist or dental hygienist who performed the school-based screening.

COMMENT BOX

Use this box to enter any information about the student that can be used by you at a later date. Also, as this comment will be part of the end-of-the-year export, consider entering any anecdotal information that can be used in your report. For instance, it may be that you were successful in getting this student the recommended treatment and overcoming difficult hurdles. This type of information would be a highlight that could be shared in your report.

SUBMIT YOUR ENTRY

Once finished, click the **Submit** button to save.

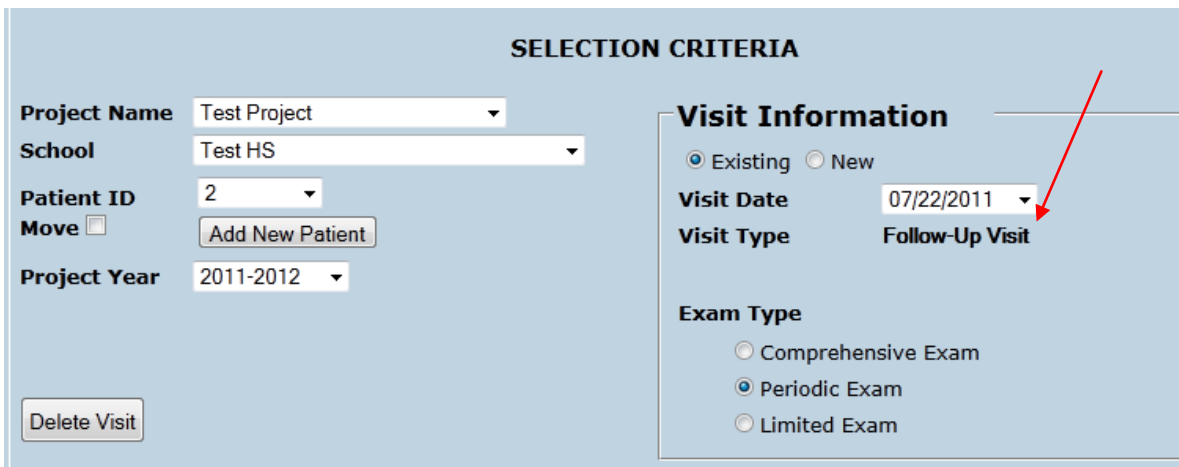
EXISTING PATIENT

When a **Project Name** has been selected, the **School** drop-down box will be populated with the schools that are tied to the selected **Project Name**.

When a **School** is selected, all patients associated with that **School** will appear in the **Patient ID** drop-down box.

Once a **Patient ID** has been selected, the associated **Project Years** will appear in the **Project Year** drop-down.

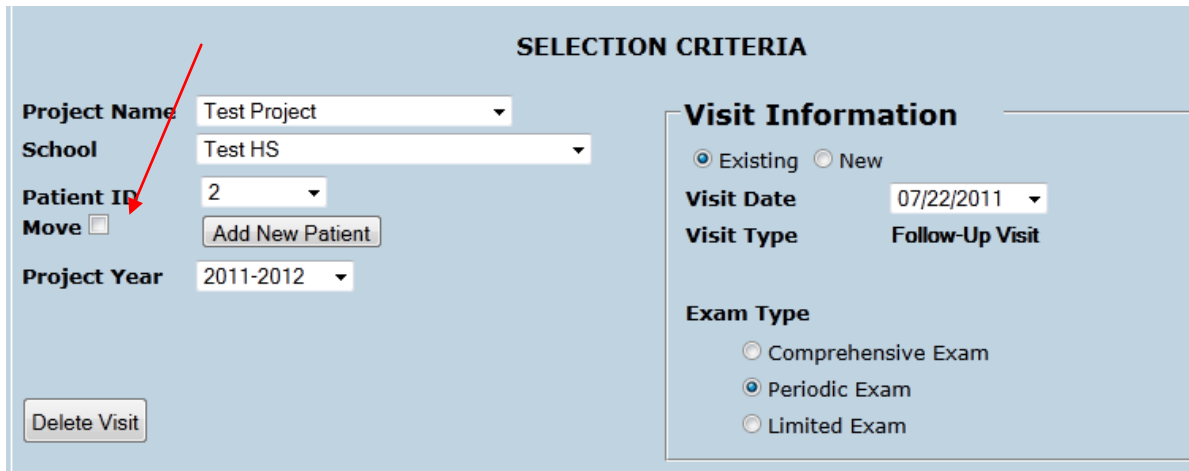
The **Visit Type** will default to **Follow-Up Visit**.



The screenshot displays a web form titled "SELECTION CRITERIA". On the left side, there are several input fields: "Project Name" (Test Project), "School" (Test HS), "Patient ID" (2), "Project Year" (2011-2012), and a "Move" checkbox with an "Add New Patient" button. A "Delete Visit" button is located at the bottom left. On the right side, the "Visit Information" section includes radio buttons for "Existing" (selected) and "New", a "Visit Date" field (07/22/2011), and a "Visit Type" field (Follow-Up Visit). Below this is the "Exam Type" section with radio buttons for "Comprehensive Exam", "Periodic Exam" (selected), and "Limited Exam". A red arrow points to the "Visit Date" field.

Information entered on the previous visit will load, allowing you to modify and/or add additional information based on the latest visit information. Always remember to update the information within the **Demographic** box on each visit.

MOVE A STUDENT



The screenshot shows a web form titled "SELECTION CRITERIA". On the left side, there are several fields: "Project Name" (Test Project), "School" (Test HS), "Patient ID" (2), "Move" (checkbox), "Add New Patient" (button), and "Project Year" (2011-2012). A red arrow points to the "Move" checkbox. On the right side, there is a "Visit Information" section with radio buttons for "Existing" (selected) and "New", a "Visit Date" (07/22/2011), "Visit Type" (Follow-Up Visit), and an "Exam Type" section with radio buttons for "Comprehensive Exam", "Periodic Exam" (selected), and "Limited Exam". A "Delete Visit" button is located at the bottom left of the form.

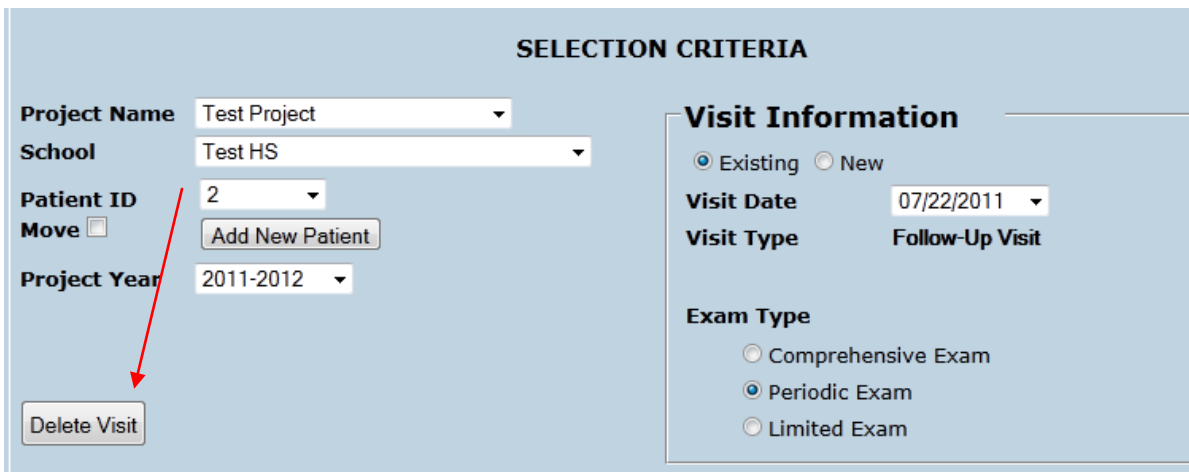
The **Move** box allows you to move a student from one school to another within the same **Project Name**. You will find this useful as the student moves from elementary to middle school.

Select the **Move** button and a **To** drop-down will appear.

Select the school within your project that you want to move the student to.

Once you hit **Submit**, the student's information is moved to the new school.

DELETE VISIT



This screenshot is identical to the one above, showing the "SELECTION CRITERIA" form. In this version, a red arrow points to the "Delete Visit" button located at the bottom left of the form.

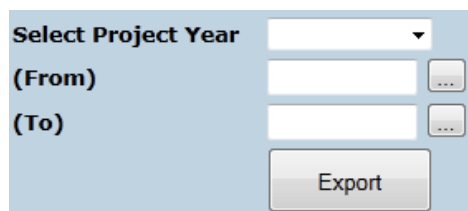
At times you may find it necessary to delete a visit. For instance, you discover that a student was inadvertently entered twice. You can delete one of those visits by following the steps to recall an **Existing Visit**, verifying the duplicate, then clicking on the **Delete Visit**.

EXPORT DATA

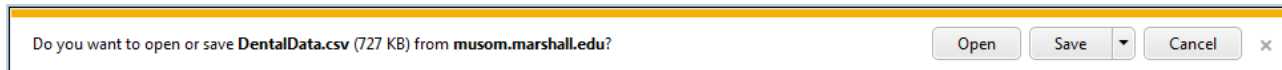


The **Export Data** feature allows you to export your activity within a given school year and within a specified date range. It is recommended that you periodically export your data to verify that you have entered each of your visits correctly. In addition, you will find this helpful should you need to provide a report on your activity to your supporters prior to the end of the school year.

After clicking on the **Export Data** link, you will have the option to select the activity year and a date range.



If you are using Internet Explorer, you may receive a message that is similar to this:



You will then have the option of **Opening** to view and then save, or saving the **DentalData.csv** file to your computer as a Microsoft Excel file.

1. Choose **Open** to access your spreadsheet document, then go to the **File** pull-down menu (or the Windows/Office round button menu in Office 2007) and choose **Save As....**
2. Change the "Save as type" or "Format" field to read: "xlsx" or "xls".
3. Type in the file name and choose the location where you wish to save it, then click Save.

We welcome suggestions for making this website more useful to you. Please don't hesitate to contact us with your ideas.

MARSHALL UNIVERSITY TECHNICAL ASSISTANCE

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