

Lifeline

When the Rx Is R&R

Keys to getting time off on the schedule

If you and your staff have vacations scheduled this summer, or anytime this year, congratulations. You are taking a vital step in increasing the performance, productivity and morale in your office.

While the benefits of time away from work are clear, the demands of running a practice can make it hard to envision a bona fide vacation, especially during the busy summer months. If you do not have a vacation on the books, take heart. Risk management and practice analysts say there are a number of ways dentists can approach vacation scheduling.

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It can take a few years before dentists are able to plan a big trip, but this doesn't mean you cannot take any vacation.



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Advanced planning combined with a clear policy on vacation are steps that get you closer to the beachfront, lakeside, or even your own back patio for a dose of rest and relaxation. Cross-training employees, notifying patients and arranging for emergency care while you are out of the office are other pre-vacation preparations.

Risk management analysts with The Dentists Insurance Company say that dentists, as leaders of their practices, set the example by taking vacation and encouraging employees to do the same. The best way to get a vacation on the books is to plan ahead. A vacation may not normally be on your radar six

months or eight months in advance, but starting early makes planning easier. “There will never be a perfect time, so just look ahead on the calendar, block off some dates and schedule around them. The more this can be done in advance, the better,” said one analyst.

It can take a few years before dentists are able to plan a big trip, but this doesn't mean you cannot take any vacation. If planning for a long absence from the practice is not feasible, start small with an occasional three-day weekend or the classic one-day off combined with a holiday weekend. This helps eliminate worry about losing patients, because you will still be available during the week. Holidays typically include New Year's

Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day, and your employee manual should specify if these days off are paid and under what circumstances, such as pay only when the holiday falls on a regularly scheduled workday.

In addition to holidays, some practice owners choose a week or two and close their office entirely. Advisors say dentists can plan an office vacation as long as the policy is communicated to staff and clearly outlined in the employee manual. Provide employees with a list of holidays and vacation periods. If you choose to offer paid vacation, be specific in the employee manual about how much vacation you offer, how it is accrued and

when accrual begins. Small business' paid vacation schedule generally offers one week of vacation after one year, two weeks after two years and three weeks after five years.

TDIC reminds dentists to make careful arrangements for emergency patient care while out of the office and line up emergency coverage with one or more colleagues. This can be a dentist coming into your practice when there is an emergency or directing patients to the covering dentists' practice. Meet with colleagues in advance to discuss verification of patients of record, and provide a referral list of specialists you routinely use to ensure continuity of care.

Consider notifying patients by telling them or post a sign in your waiting room about the dentist(s) who will provide care during your absence, and do so at least one month before vacation. If closing your practice for vacation, leave a message on your telephone with emergency contact information. If you use an answering service, leave specific directions for the operator to collect information from the patient that includes full name, date seen by the dentist, complaint and a telephone number. Analysts say that a vacation protocol is important to establish that dentists make reasonably careful preparations to protect patients before leaving the office.

TDIC risk management analysts advise practice owners to review the charts of all patients who were in the office while they were on vacation. Follow up with the practitioners who filled in for you and ask about any unusual or complex situations. Document any additional findings in the patient's chart. Analysts emphasize

practice owners' responsibility to be informed about dental care and treatment provided during their absence.

In lieu of closing the office entirely, some dentists have staff field calls, schedule appointments and review the mail while they are gone. It is especially important to have someone checking for urgent or time-sensitive mail from patients, the Dental Board or an attorney.

If staff continues to work while you are on vacation, make sure that employees schedule time off as well. Analysts, advisors and human resource professionals across the board emphasize the practice leader's role in promoting the importance of time off. Cross training employees from front to back office within their scope of license or ability helps staff step up and fill in during coworkers' vacations and makes everyone feel more at ease about taking vacation.

Practice advisors at the California Dental Association recommend the following advanced planning tips when it comes to dentists taking vacations:

- 1.** Notify staff about any and all times when you will be out of the office on a planned vacation.
- 2.** Block schedules to avoid rescheduling.
- 3.** Inform patients that you will be on vacation and include what to do in the event they experience a dental emergency.
- 4.** Plan staff responsibilities if you allow them to work during this time (i.e. file, schedules, billing, marketing activities, cleaning, organizing).



Vacation time adds vigor to the office

Advisors and human resource professionals say practitioners and staff need to take vacations because overwork does not benefit anyone, and it can lead to complicated and dysfunctional attitudes in the workplace.

On the other hand, vacations can boost energy in the office.

The Society for Human Resource Management (SHRM) reports that 90 percent of HR professionals think vacation is either an extremely or very important factor in a positive work environment. Vacations contribute to increased performance, morale, wellness and employee retention, according to a SHRM survey on vacation's impact on the workplace, which also states that time away from work is good for inspiring creativity.

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Even though the upside of downtime is well documented, The U.S. Travel Association reports that Americans failed to use a total of 429 million days of paid time off in 2014, and that four out of 10 U.S. workers do not plan to take all of their vacation days. This trend led to the “Project: Time Off” initiative launched this year that “aims to shift culture so that using personal time off is not considered frivolous, but essential to strengthening families and improving personal health.” U.S. Travel President and CEO Roger Dow says the goal is to change the mindset and behavior of workers in our overwhelmed culture.

Even the Center for Economic and Policy Research called the U.S. a no-vacation nation, and *Time* magazine this June published “Who Killed Summer Vacation?” reporting that vacation has eroded over the past 30 years hurting “both stressed employees and employers who endure greater turnover and lower productivity when workers get little time off.”

“Project: Time Off” also notes the role of business leaders in communicating to employees the benefits of taking time off and points to statistics that leaders rarely or never address the issue.

Experts say this trend can lead to a dour atmosphere around the office.

“When people don’t get vacation, one of two things happens: they become martyrs or they become bitter,” says Human Resource veteran Suzanne Lucas, who writes for *Inc.* using the moniker “Evil HR Lady.” Bitter employees, obviously, are not the ones you want working for you. “Bitter employees don’t perform well and they drag a business down, and the martyrs

Without a clear separation between work time and relaxation time, vacation can start to seem like work.

are even worse,” Lucas says. “It becomes all about how much they are sacrificing for the success of the company. They start to build their identity on how much they are sacrificing.”

The “work martyr” syndrome has become something of a cultural phenomenon, and its complexities are explored in a host of documents, including a study called “Rise of the Work Martyr: A Mountain of Work That Nobody Else Can Do” that finds workers acting as a barrier to their own time off. They worry that taking a vacation shows a lack of dedication to work or fret about their workload upon returning. Others think no one else can do their job while they are away, or that they simply cannot afford to take paid time off. Most significant, perhaps, is the finding that respondents did not want to seem “replaceable.”

Lucas adds that this may sound good for business, but it’s not. “Because martyr employees aren’t focused on helping the business grow, they are focused on looking good. They work slowly, so that they don’t have time to take off. They hoard information, so that no one can do their job when they are out. They aren’t team players.” She adds: “If you want this for your business, by all means, don’t offer vacation. If, instead, you want

happy, engaged employees, give them the time off they deserve, and encourage them to take it.”

One final consideration is the ability to let go and “power-down” during vacation. Experts say that unplugging, even for a short time, can help you recharge. Even if you are on the beach with toes in the sand, you are not really relaxing if you are also busy checking email. Constantly checking your phone for calls and emails short circuits the quality of vacation by letting everyday tasks slip in and take over. Without a clear separation between work time and relaxation time, vacation can start to seem like work.

Practice owners, especially, can have a difficult time not calling the office or checking email during vacation, so set limits on how often you call in or check email and equally respect employees’ time off.

If you think it’s essential to check in, try to set specific times or days when you will check messages. Let staff know when they can expect to hear from you, and stick to the schedule.

If a dental emergency arises while on vacation, it does not necessarily mean you have to drop everything and jump into work mode. This is why you arrange in advance for colleagues to cover for you. Let the selected colleagues troubleshoot the issue first and involve you only as a last resort. By letting your colleagues manage the issue along with your preferred specialists, you can build your relationships and show your trust in them.

Risk management analysts answer questions about vacation and other dental practice topics on TDIC’s Risk Management Advice Line 800.733.0634.

Human Resource Q and A: Boosting employee morale

A motivated team is good for business, and human resource professionals say employees with high morale are more productive, efficient and loyal.

Building staff morale may seem like an elusive task, but experts say acts such as showing appreciation, celebrating accomplishments, giving feedback and sharing ideas help build a strong team.

Human resource professionals at the California Dental Association recently answered the following questions about improving employee morale:

Q: What kinds of things help improve employee morale?

A: Improving employee morale starts with treating your employees with dignity and respect. Show your employees that you care about them, not just about your business. Set a good example, establish clear goals and expectations, make sure employees have interesting and challenging work, celebrate accomplishments, and recognize employees for the good work they do.

Q: How important is communication in maintaining morale?

A: Communication is a critical piece of maintaining morale. Make sure employees understand company objectives and how they bring value to the organization. Explain the reasoning behind changes, and promptly share news that impacts the organization. Encourage idea sharing and ask employees for feedback before implementing new policies whenever possible. Be willing to clearly, honestly and respectfully share feedback about what employees are doing well and where improvement is needed. Acknowledge employees. Tell them not only that you appreciate them, but why.

Communication is a critical piece of maintaining morale. Make sure employees understand company objectives and how they bring value to the organization.



Q: What kinds of things reduce enthusiasm and loyalty in the workplace?

A: Disciplining employees in public, speaking to employees disrespectfully, setting unrealistic goals, not providing clear expectations, micromanaging and

never offering any praise are surefire ways to destroy employee morale.

Q: Regarding employee morale, what things might an employer overlook?

A: People are self-motivated. You cannot force motivation, but you can influence it. You can create the kind of environment where motivation can flourish and excellent people can do excellent work.

Q: If morale is low in a workplace, what can help turn things around?

A: First, make sure your employees clearly understand their role and your expectations. Ask if they understand the expectations and what they need from you to meet them. Next, make sure employees have the tools and resources they need to do quality work. Finally, take steps to create an environment of respect and appreciation. Make it safe for your employees to talk to you and ask questions, and be willing to listen with an open mind. Find out what motivates your employees, involve them in setting goals, and encourage them to share ideas.



Beyond the Science: Patient emotions in dentistry

It's estimated that 75% of U.S. adults experience some degree of dental fear. But fear, as well as anxiety and worry, may not be easily identified by the dental practitioner which can cause big legal issues down the road. Learn to correctly handle patients who exhibit these emotions so you can keep your practice, and your patients, safe.

- Recognize when, and how, to dismiss a patient without placing them at risk
- Establish trust in the doctor-patient relationship to encourage treatment compliance
- Create office protocols to instill confidence in the dentist and staff

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Professional Liability premium discount effective their next policy renewal. To obtain the two-year, 5% Professional Liability premium discount, Alaska, Hawaii, Illinois, Minnesota, New Jersey, North Dakota and Pennsylvania dentists must successfully complete the seminar by Oct. 23, 2015. Arizona, California and Nevada dentists must successfully complete the seminar by April 22, 2016. Any eLearning tests received after the deadline will not be eligible for the discount. Non-policyholders who complete a seminar or eLearning option and are accepted for TDIC coverage will also be eligible for this discount.

2015 Fall Risk Management Seminar Schedule

Thursday, Aug. 20

9 a.m. – noon and 2 – 5 p.m.

Friday, Aug. 21

9 a.m. – noon and 2 – 5 p.m.

CDA Presents
InterContinental Hotel
San Francisco, CA

Friday, Aug. 28

9 a.m. – noon

DoubleTree by Hilton
Oak Brook, IL

Friday, Oct. 9

9 a.m. – noon

Beach Retreat & Lodge
South Lake Tahoe, CA

Friday, Nov. 13

9 a.m. – noon

Ala Moana Hotel
Honolulu, HI

Friday, Dec. 11

9 a.m. – noon

Hilton San Diego Resort & Spa – Mission Bay
San Diego, CA

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Fees

- Dentist/staff: **\$50**
- Part-time*: **\$25**
- New TDIC Policyholder: **Free** (*within the first policy year*)

*Must have a TDIC part-time Professional Liability policy to be eligible for this discount.

C.E. Details

- **3.0** ADA CERP credits

To receive C.E. credit, registrants must be present for the entirety of the three-hour seminar. This seminar meets the Dental Board of California's requirements for 3.0 Core C.E. credits.

Special Needs

If you or someone in your group requires special assistance to fully participate in the seminar, please call TDIC at 800.733.0634 or email us at risk.management@cda.org.

ADA CERP® | Continuing Education Recognition Program

The California Dental Association is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual seminars or instructors, nor does it imply acceptance of credit hours by boards of dentistry. CDA designates this activity for 3.0 continuing education credits. This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between CDA and TDIC.

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Also in Arizona, North Dakota and Minnesota

If the HVAC goes out on a scorching afternoon this summer and it is unbearable to see patients until the unit is fixed, the responsibility is on the practice owner.

One easy way to increase your bottom line this summer

Routine maintenance may seem a little unexciting, but an increased bottom line is not. Taking care of basic upkeep and investing in simple conservation measures pays off.

Heating, ventilating and air conditioning (HVAC) maintenance is a good place to start. Sound boring? Consider this: Air conditioning accounts for about 40 percent of the electricity used in commercial buildings, according to the U.S. Small Business Administration, and increased HVAC performance can save a bundle.

TDIC claims representatives say HVAC maintenance is especially important because more and more landlords are shifting the responsibility of HVAC upkeep to tenants, and a majority of dentists lease their office space. A quick check of your lease may reveal this. HVAC service technicians will test for leaks and repair them, a good move since the average air duct system leaks 15 to 20 percent, according to the Department of Energy. Technicians will also check for faulty filters, coils, compressor fans, and drains.

Beyond utility savings, taking care of maintenance removes dentists from having an uncovered claim if the system



leaks or conks out. Besides equipment failure, a clogged air conditioner drain will typically leak at a slow pace, causing extensive water damage before it is discovered. If the HVAC goes out on a scorching afternoon this summer and it is unbearable to see patients until the unit is fixed, the responsibility is on the practice owner.

“We see a lot of policyholders reacting when there is a problem,” said a senior claims representative, who has reviewed

thousands of claims during a 17-year career with TDIC. Scheduling routine maintenance tasks moves dentists from “being reactive to being proactive.”

Additional savings can come from simply turning heat or air conditioning down at night or installing a programmable thermostat to regulate the temperature. Adjusting your thermostat up just one degree can result in a 3 percent savings, according to the Association of Energy Services Professionals. Does a nine percent savings sound good? That is a simple three-degree adjustment on the thermostat. If you close your office for vacation, do not forget to adjust the thermostat while you gone. Other basic measures include checking vents to make sure they are not blocked and keeping south-facing window coverings closed against the sun and heat.

If your HVAC system is more than 10 years old, you may save up to 20 percent on cooling costs with a newer, more functional system, according to The U.S. Small Business Association (SBA). If your air conditioner is from the mid 70s, a newer system could cut energy usage by 50 percent. Also, local utility companies may offer a rebate for installing a more efficient system, so it is worth checking.

Questions and Answers

Q: My front office employee quit two weeks ago. It was actually a good thing as we were not happy with her performance. She was a troublemaker who caused internal employee issues on a regular basis. Recently, she called the practice asking for a letter of recommendation. I do not have anything good to say about her. What can I do in this situation?

A: Employees asking for letters of recommendation can be a tricky subject. You are not obligated to provide a letter of recommendation. Many employers choose not to provide them as a matter of office policy. This is likely the safest course of action. That way, when

such an employee asks for a letter of recommendation, all you have to say is, "I am sorry. I do not give them." You do not have to worry about what to write in the letter or how you explain refusing to provide her one when she knows you gave another former employee such a letter.

Remember to remain consistent in your policies. If you decide to provide a letter of recommendation for one person, you should provide letters for any who ask. Conversely, if you simply do not provide such letters, do not make an exception for one person. The chances of word getting out that you provided a letter to one and not another could spark post-employment allegations of discrimination. By not providing such letters at all, you are saving yourself potential future issues.

Q: I am a California general dentist with my own practice. The dentist next door retired last year, and I agreed to take over his patients while he phased out. Today one of his patients came in for the first time. My hygienist proceeded to administer anesthesia and perform a scaling and root planing on two quadrants. I have never even seen this patient. This concerns me on two levels. One-I knew nothing about the patient and his oral condition prior to the SRP. Secondly, she gave anesthesia and I was nowhere near the operatory. In fact, I had walked outside to chat with a patient who was leaving. I want to address this, but am concerned that there will be an adverse effect.

A: This situation has a number of red flags. Helping the retiring dentist

phase out of his practice gave you an opportunity to see the type of dentistry he and his staff provided. I am sure if you saw serious patient care issues, you would not have gone through with the transition. That tells me his patients (for the most part) are compliant and likely in good dental health. However, as the new dentist, you need to benchmark where your treatment starts and the former dentist's treatment ends. This usually happens in the first appointment where you are able to establish yourself with the patient, take radiographs, examine and diagnose dental issues. The patient either has a cleaning that day or schedules to return for a cleaning.

There are two issues with this scenario. The hygienist usurped your established protocol regarding new patients, and she administered anesthesia without your direct supervision. The first is a training matter; however, the second could have resulted in serious issues. Many dental boards allow hygienists to administer anesthesia under direct supervision. This means the

dentist is in the operatory. Given what you described, you were in fact, outside of the building when she did this.

Talk to her. Address the established protocol for new patients including an exam and diagnosis by you prior to performing any dental related procedures. Also, address her giving anesthesia without any dental supervision. You can certainly refer to the CA Business and Professions Code section 1909, "A registered dental hygienist is authorized to perform the following procedures under direct supervision of a licensed dentist..." as it relates to administration of local anesthesia, nitrous oxide and oxygen. She may not like hearing this, however those are the rules set forth by the California Dental Board. Tell her your expectations and document the conversation in her employee file.

Q: My associate and RDA were treating a patient over the weekend. The associate was prepping a tooth for

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a crown and the RDA was assisting. Prior to completing the treatment, the associate left early for lunch. The RDA temporarily cemented the crown and the patient left. On Monday, the patient called in pain. When she came in for an emergency visit, I discovered a cotton pellet. Fortunately, the patient was very understanding and happy that it was an easy fix. After the patient left, I found out the associate had not been there for the complete treatment. This is very upsetting. What should I do? I want to discuss this with the associate, and the RDA needs to know that she

cannot temporarily cement a crown without a dentist being present.

A: The Dental Board determines the scope of practice for all licensed staff. In many states, an RDA can temporarily cement a crown, but it must be under the direct supervision of a licensed dentist. It does not sound like your staff followed the required protocol. First, print out a table of allowable duties from the dental board website. Then have a discussion with your associate to clarify your expectations when he is the only dentist present. When the associate is the only dentist in the practice, he or she is the one responsible for ensuring staff is practicing within the scope of their licenses. Outline the consequences if this issue occurs again. Document the discussion in the associate's employee file.

Next, talk to the RDA. Explain what happened with the patient, and that you know she temporarily cemented a crown without a dentist supervising. Show her the section in the table of permitted duties and explain your expectations related to staff practicing within the scope of their licenses. Note this infraction in the employee's file. She should know her allowable duties while treating patients with and without supervision.

Finally, discuss the importance of practicing within the scope of your license at your next staff meeting. Address the potential consequences of practicing outside the scope of the auxiliary license. Be clear about the internal ramifications of doing such a thing. Make a table of allowable duties available for all staff to review in a common area such as a break room.

A surprising twist

A general dentist called to report a very difficult situation with his patient, Cathy, that was getting progressively worse. Cathy originally presented with an upper anterior bridge made by another dentist. The occlusion was heavy on tooth No. 9 and the general dentist recommended remaking the bridge. This dentist remade the existing bridge, but Cathy was afraid to allow the dentist to permanently cement it thinking she would experience the same issues and pain she had with the prior bridge. The dentist spent several hours during many appointments attempting to educate the patient and reassure her. Both the dentist and the patient became frustrated. He ended up referring Cathy to a prosthodontist.

Later, Cathy sent the general dentist an extremely nasty email full of complaints about the treatment she received in the office and how unhappy she was with the whole experience. After reading this, the general dentist contacted the Advice Line for guidance. He was exasperated with Cathy's email, believing he tried every avenue to help her. The dentist and the analyst worked

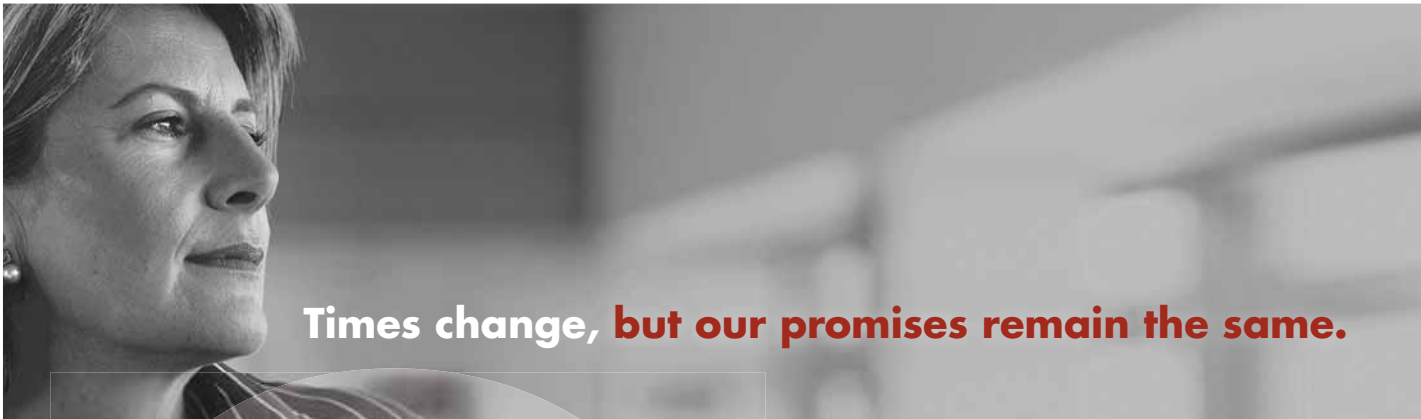
through the issue and crafted a response to Cathy.

A week went by when the general dentist called the Advice Line again. Apparently, Cathy received the dentist's letter and sent a reply. The following is an excerpt from that letter:

"My email to you was highly inappropriate, and for this I sincerely apologize. I spoke out of

turn and made uncalled for accusations. I admire you very much, both as a dentist and as a person. I sincerely mean this. I agree 100 percent that I made very strong accusations. These were in bad taste and very unlike me. No excuses. I feel lousy about how I treated you."

It is Risk Management's experience that patients rarely admit when they are wrong, much less write a letter about it. We thought it was important to share with our policyholders to show that bad situations can turn around to a good, productive dentist/patient relationship. If you receive a letter from an angry patient, respond with a well thought out and objective reply that addresses the patient's complaints. Reference any supporting documentation you can provide. As always, consider calling the TDIC Risk Management Advice line for assistance at 800.733.0634.



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The Dentists Insurance Company, TDIC, is proud to celebrate 35 years dedicated to protecting dentists. We thank you for helping us reach this milestone through your ongoing support of our company. The promises we made in 1980 are still true today: to only protect dentists, to protect them better than any other insurance company and to be there when they need us.

We look forward to celebrating new milestones with you as we continue to strengthen, innovate and grow. **Thank you.**

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