

# Lifeline



## Spring Cleaning: Practice Maintenance for Dentists

April showers may bring May flowers, but before dentists throw open the shutters to welcome spring, they should conduct a thorough cleaning of their practices. This type of spring cleaning goes beyond scrubbing floors and washing windows; rather, it entails scouring the dental practice of any potential risks.

The Dentists Insurance Company recommends all dentists perform comprehensive annual

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inspections on every operational function of their practices. Ensuring policies and procedures are up to date, property is functional and business records are in order can help protect dentists from unwanted claims in the year to come. Here are helpful guidelines to follow when “spring cleaning” your dental practice.

## Policies and procedures

### Failed appointments

Have a plan in place for addressing patients who have failed appointments, especially patients who are mid-treatment and those who have failed to come in for follow-up care after procedures. Following up on patients who have missed a crucial appointment can help avoid claims of negligence.

In one case reported to TDIC, a dentist placed six anterior veneers on a 29-year-old patient. The dentist discussed the procedure with the patient and she signed an informed consent form. The dentist charted the discussion, documented the procedure and took photos, including a final photo of the smiling patient with the new veneers in place. The dentist advised the patient to return in a few days for a post-op visit. The patient scheduled an appointment to return three days later but never showed up.

The dentist was surprised when the patient called a few months later and demanded a refund. She said another dentist had to “fix” the veneers. The patient told the office that if she didn’t get all her money back, they’d be hearing from her attorney. The dentist called TDIC’s Risk Management Advice Line to discuss options for the best way to proceed.

## Spring Cleaning Checklist

### Policies and procedures

- ☐ Failed appointments
- ☐ Referrals
- ☐ Emergencies
- ☐ Employment practices

### Property

- ☐ Dental equipment

### Recordkeeping

- ☐ Patient records
- ☐ Business records
- ☐ Business associate agreements
- ☐ Licensure & certification

The TDIC analyst recommended that the dentist investigate the matter further to determine what had happened. After getting permission from the patient, he spoke to the patient’s new dentist and learned that the dentist remade the veneers due to incisal chipping that resulted from the veneers being too long.

Although the original dentist had the documentation to support the treatment being clinically and esthetically acceptable at delivery, there was no notation as to why the patient did not show up to her follow-up appointment, nor any documentation of the office’s efforts to contact her when she did not show up.

The TDIC analyst presented several options to the dentist on how to handle the situation. Due to the lack of documentation of the missed appointment and lack of follow-up, the dentist decided to offer the patient a full refund in exchange for a signed release form.

“Offices should have protocols for following up on missed appointments,”

noted TDIC Risk Management analyst Taiba Solaiman. “The treating dentist should follow up with patients either the same evening or next day, especially if the treatment is involved. These conversations should be captured in the patient’s chart. In this case, the burden was on the dentist to prove that the patient did not comply with the recommendation to return for the post-op visit.”

TDIC encourages dentists in similar situations to call the Risk Management Advice Line prior to refunding patients to avoid any potential liability issues.

## Referrals

When acting as a referring dentist, it is your responsibility to follow up both with the patients and the specialist you refer them to. If you fail to do so, you could be held liable should anything go wrong.

TDIC reports a case in which a dentist referred a patient to an orthodontist for space closure as an alternative to implant placement. The patient went to see the orthodontist for a consult, agreed to the treatment plan and proceeded with treatment. By the end of the treatment, the dentist noted that the spaces still had not closed. The dentist reached out to the orthodontist to discuss his concerns. After leaving several messages, the orthodontist finally called the dentist stating that the patient failed to return for her appointments and they lost track of the case. Though he promised to correct the mistake, the patient had lost confidence in the orthodontist and requested a referral to a different orthodontist.

The orthodontist chose to provide a full refund in an attempt to avoid further problems. While this particular

case did not involve negligent referral on behalf of the dentist, it does illustrate the risks involved. In this case, the dentist had a history of positive experiences with the orthodontist, and he fulfilled his obligation to follow up on the patient's progress. Had he not, the outcome may have been different.

"Maintaining a good working relationship with colleagues along with keeping communication lines open is vital in ensuring a successful treatment outcome," Solaiman says. "It's also important to follow up, preferably in writing, on all referrals to stay informed of treatment progress to ensure continuity of care."

Although preprinted referral slips are commonly used among practitioners as a way to communicate when referring patients, it is important that chart notes also reflect the referral. TDIC recommends the documentation include the following elements:

- The reason for the referral
- The name of the doctor to whom the patient was referred
- Whether the patient accepted the referral
- The timeframe for the referral
- Whether the patient followed through with the referral
- When the treatment was completed
- The outcome of the treatment
- Whether there were any complications or modifications to the original treatment request or any follow-up care

TDIC has developed a referral letter for evaluation and/or treatment as well as a referral reply letter, both available at [tdicinsurance.com](http://tdicinsurance.com). Review your own practice's policies and procedures for referring patients to specialists. And, meet with any new specialists

who you plan to work with to discuss expectations, communication protocol, philosophy of care and other issues before referring your patients to them.

## Emergencies

Reviewing emergency protocols should also be included on any dentist's spring cleaning checklist. While patient emergencies are the last thing you likely want to think about, it is crucial to have a solid plan in place should the unthinkable happen.

Consider the following when reviewing emergency protocols:

- Who is in charge of calling 911, if necessary?
- Who is tasked with staying with the patient until help arrives?
- Who, how and when will incident reports be filled out?
- Who is charged with taking photographs, if needed?
- Who will collect witness information?
- Who will be in charge of training new hires on emergency protocols?
- For after-hours emergencies, who should patients call? Is the contact information on outgoing messages up to date?

It is also recommended to periodically role play different scenarios to ensure staff has a thorough understanding of the emergency protocols.

If you're a practice owner, you should also take inventory of medical emergency kits to make sure they contain all necessary medications, equipment and supplies. Check expiration dates on medication, discard expired items and reorder as needed. Assign one staff member to be in charge of maintaining the kit. Basic emergency kits should contain oxygen, blood pressure monitoring equipment,

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epinephrine, Benadryl, glucose, nitroglycerin and a CPR pocket mask. Offices that administer anesthesia have separate requirements. Check with your dental board for specifics.

## Employment practices

Employment laws and regulations are constantly changing, so practice owners should make sure their employee manuals are updated regularly. During the last year alone, new regulations took place that affect meal and rest periods, minimum wage, exempt status and antidiscrimination policies. Practice owners must also make sure their policies reflect current best practices in regards to human resources.

The good news is if properly drafted and reviewed by an attorney, a comprehensive employee manual is one of the best lines of defense against an employment-related claim.

TDIC offers a sample employee manual that can be downloaded and customized, located at [tdicinsurance.com](http://tdicinsurance.com). To ensure compliance with current legal regulations, visit [cda.org/member-resources/practice-support/are-you-in-compliance](http://cda.org/member-resources/practice-support/are-you-in-compliance).

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# Caution + control: Reducing employment liability



**The combination of changing employment laws and a litigation-conscious public can be intimidating.** And, it's even more so when dental practice employees are prepared to take legal action if they feel an employer breached their rights. Our latest seminar, designed from TDIC's Employment Practice Liability (EPL) claims experience and calls to our Risk Management Advice Line, will show you how to handle employment concerns. Gain the caution and control to navigate past potential employment practice violations such as pregnancy discrimination, termination and sexual harassment.

Get expert advice while earning **C.E. credits** and a **5% Professional Liability premium discount** for two years.

**After course completion, you will better understand how to:**

- Establish effective hiring and performance review practices.
- Provide employees with a fair and rewarding work environment.
- Implement controls to prevent situations that lead to EPL claims.

Due to the sensitive nature of the issues being addressed and our employer-oriented approach, this course is available to dentists and their spouses only.

**Protecting dentists. It's all we do.®**

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# Spring 2017 Risk Management Seminar Schedule

**Caution + control:**

## Reducing employment liability

**Friday, Apr. 7**

9:00 a.m. – noon

**Hilton — Santa Clara**

*Santa Clara, CA*

Call 408.330.0001 for guestroom reservations  
or visit [www3.hilton.com](http://www3.hilton.com)

**Thursday, May 4**

**& Friday, May 5**

9:00 a.m. – noon

& 2:00 p.m. – 5:00 p.m.

**Saturday, May 6**

9:00 a.m. – noon

**CDA Presents\* — Hilton Anaheim**

*Anaheim, CA*

\*Must register through [cdapresents.com](http://cdapresents.com).

Reserve your space today at  
**[tdicinsurance.com/seminars](http://tdicinsurance.com/seminars)**

Unable to attend in person? Visit **[tdicinsurance.com/eLearning](http://tdicinsurance.com/eLearning)**  
to explore convenient eLearning options.

### Fees

- Dentist: **\$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

- **20%** — 3.0 per session

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 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 800.733.0633 or email us at [risk.management@cda.org](mailto: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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## Property

### Dental equipment

Giving all dental equipment a careful once-over goes a long way in preventing catastrophic loss. When dental equipment goes down, production does as well; so an ounce of prevention is a priceless investment.

TDIC recommends practice owners contact their service technicians to conduct annual inspections on major equipment. For other equipment, look for user manuals and follow the guidelines for care and maintenance. For example, water heaters should be drained annually to avoid a build of sediment that can ultimately cause the water heater to burst. Also, check and replace filters, gaskets, seals and electric cords on all equipment. It is also crucial to thoroughly inspect all water lines for cracks, tears or damage. Plastic water lines can become brittle over time and if left unchecked can burst unexpectedly.

Louis Price, owner of AmeriClaim of Los Angeles, notes that the majority of disastrous leaks occur when the office is closed for more than a few days and the main water supply is not shut off. Should a small tear or point of weakness exist in a line, the buildup of water pressure can be enough to cause the line to burst. In some cases, a slow leak occurs but the dentist is unaware because the vacuum is out of sight in a separate room or utility closet.

Water lines may be small but they can pack a wallop. Price says a ¼-inch plastic line with water pressure delivered at 65 psi will leak approximately seven gallons per minute, 420 gallons per hour and 10,080 per day. If the leak occurs on a

Friday night, 25,000 gallons of water can flow out by Monday morning.

“Because the water lines are small in diameter it is hard to conceive how much damage could be caused,” Price says.

Price shared that in one case, a dental office in a high-rise building suffered a devastating flood when the water supply line to the vacuum burst. The flowing water flooded six separate building floors resulting in tens of thousands of dollars in damages not only to the practice itself but to neighboring suites.

“In most cases, an annual inspection of the vacuum water supply line would reveal its condition and whether or not it should be replaced,” he says.

## Recordkeeping

### Patient charts

At least once a year, practice owners should go through all patient charts and do the following:

- Separate the active patient charts from the inactive patient charts.
- Review charts for incomplete treatment plans and follow up on patients who are mid-treatment.
- Send failed appointment letters to patients who have missed appointments, especially those who are mid-treatment.
- Follow up on specialist referrals.
- Dismiss noncompliant patients (those who haven’t followed through with treatment recommendations or specialist referrals). Be sure to follow a formal dismissal protocol.
- Review lab cases and contact patients who have undelivered lab cases.

## Business records

Practice owners should also review all of their business records to ensure they

are up to date, including the following:

- Business associate agreements. Ensure all necessary entities have business associate agreement on file, including practice management software vendors, online data backup services, professional liability insurers, attorneys, accountants and any entity, individual or organization that has access to protected patient health information. Re-acknowledge all agreements.
- Licensure. Ensure all dentists, specialists, hygienists and dental assistants have current licenses and certificates on file, as well as required continuing education courses.

## Other

- Check the dates on handouts, brochures and forms used in the office to ensure they are current.
- Test the alarm system to make sure it is functional.
- Send collected dental scrap for recycling. Large volumes of collected precious metals can lead to a practice becoming a target for thieves.
- Ensure all data/computer systems have been backed up and double-check the backups themselves. Ensure data management and encryption software has been updated and is running the latest version.

Spending a bit of time and energy to inspect key elements of your practice can help reduce the likelihood of problems down the road. Whether property, procedures or paperwork, thoroughly inspecting anything that can put you or your practice at risk is a smart business move and can allow you to practice dentistry with more peace of mind.

## Question and Answer

**Q: I extracted a lower right wisdom tooth for my patient and during my post-op call the next day, the patient complained that the right side of her tongue was still numb. I had the patient come in the same day so I could examine the area. I advised the patient that it should improve over time as the effects are usually temporary, and I told her we will continue to monitor her condition. What should I do to ensure that she receives the proper post-operative care as it relates to the paresthesia?**

**A:** Promptly evaluating the extent of the paresthesia and the patient's current condition is the first step in ensuring the patient receives proper care. Bring the patient in for an evaluation as soon as possible to determine the degree and extent of the paresthesia the patient is experiencing. Map the affected area to establish a baseline.

Consider referring the patient to an oral and maxillofacial surgeon. They will discuss the various options with the patient including whether microneurosurgical repair should be considered, and then determine whether the patient followed through with the referral. Remain in contact with the oral

Speak to the patient personally. Although virtual communication is faster and easier, there is no substitute for face-to-face contact. When patients know you care, they are more likely to keep a favorable attitude toward an otherwise unfavorable situation.



surgeon to discuss his or her findings and treatment recommendation. Continue to follow up with the patient for as long as the paresthesia persists, documenting all communication with the patient and specialist in the patient's chart.

One of the most important considerations is to keep the lines of communication open. Explain to the patient how paresthesia occurs and provide an expected timeframe for resolution; be open that it may take time to resolve and can take months, and in some cases it may persist indefinitely. These considerations should also be mirrored in your informed consent forms.

Speak to the patient personally. Although virtual communication is faster and easier, there is no substitute for face-to-face contact. When patients know you care, they are more likely to keep a favorable attitude toward an otherwise unfavorable situation.

Oftentimes, patients have a difficult time being objective about their symptoms. Tell and show them their progress. Remain calm and deal with the problem and the patients equally. Paresthesia is an unfortunate reality of dentistry, but reassure them that you and your referrals are on their side and will do everything possible to help them.



# Liability Lifeline

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