



## Winning Strategies for a Team Approach to Risk Management

By TDIC Risk Management Staff

Encouraging and educating staff to watch for potential problems in a dental practice has a number of benefits. Employees become more involved, observant and communicative when given a role in identifying and reporting red flag situations or behaviors. Difficulties can be prevented or diffused more effectively with a team strategy in place.

Analysts and claims professionals with The Dentists Insurance Company say there are several ways to include the dental team in risk management by increasing awareness, documentation and communication of:

- "First contact" phone conversations.
- Red flag behaviors.
- Patterns of missed appointments.
- Delayed or pending treatments.
- Patient complaints about billing or treatment.

"We try to look at every possible angle when it comes to patient interactions and a lot of issues can be traced back to patient selection," said Taiba Solaiman, a TDIC risk management analyst who fields calls on a daily basis via TDIC's Risk Management Advice Line. "Staff is most often the first point of contact for patients, and that person can gain a lot of insight during the initial phone conversation, including the patient's demeanor, tone and concerns."

The initial call may yield red flags such as:

- Demanding, rude, impatient or pushy comments.
- Excessive complaining or criticism of former dentists.
- Long, complex dental history.
- Requests for specific prescriptions.

"Patient demeanor is important information in patient selection, and it is essential that staff share these experiences. They will know if something does not seem right," said Solaiman. Legal experts say failure to recognize and respond to problem patients is one of the top mistakes made by dentists.

However, claims representatives say dentists and staff alike may feel pressure to take on patients in spite of red flag behavior or circumstances.

"It can be difficult for a dentist or staff person to turn patients away," said Melissa Arnold, a TDIC claims representative. "It can be financial or it can be that the dentist thinks he or she can help someone despite previous difficulties. We see this situation repeatedly. They don't realize the long-term cost of having to redo a procedure three times or having to explain something over and over."

Solaiman says dentists often have an uneasy feeling about certain patients, but may put their instincts aside in favor of potential income, or simply trying to make patients happy. For example, the general dentist recognizes the level of difficulty he would have performing a root canal on his patient's tooth. He explains his diagnosis and why he is uncomfortable performing a root canal on the tooth. Then he refers the patient to an endodontist for evaluation and treatment. The patient refuses to go, explaining that she cannot afford the prices a specialist charges. She begs the dentist to reconsider and he succumbs. During the root canal, the dentist perforates the root and the patient becomes upset. If the patient were to file suit, experts and attorneys would hold the general dentist to the treatment standard of an endodontist. He would have to answer questions and be exposed to criticism as to why he did the procedure when he originally identified that it should be performed by a specialist. Solaiman says the dentist should have stayed with his instinct and referred the patient to the specialist. "When your inner voice is telling you not to do something, you should probably listen to it."

From initial patient interaction to ongoing care and treatment, employee communication with the dentist is essential as staff is likely to be the first to notice a pattern of failed appointments, incomplete treatment plans or refusal of recommended treatment. Staff is also often the first to hear a complaint if a patient calls in after a procedure, and these calls deserve the attention of the dentist.

"We have seen situations where patients call in complaining of pain or numbness after a procedure and the front office person answering the phone will say, 'Oh, that's normal, don't worry,'" said Solaiman. "This is a problem. Unless he or she is a dentist, that simple statement means that front office person is practicing dentistry. Oftentimes, the dentist never knows about the complaint. If the situation escalates, the dentist has not properly addressed the situation. If the patient

does not hear from the dentist, then in his or her mind, the dentist did not care.”

In the event of a complaint, staff must inform the dentist to allow for effective follow-up. TDIC recommends follow-up calls to patients who have had invasive procedures such as an extraction, implant or referral for a potentially serious condition such as oral cancer. Putting a staff member in charge of compiling the follow-up call list helps keep the team involved and the dentist on task. Also, if the dentist is performing an invasive procedure on a Friday, be prepared to follow-up with the patient over the weekend. Solaiman says follow-up by the dentist sends a strong, positive message to patients and helps build relationships.

TDIC recommends thorough documentation of complaints and descriptions of patient interactions. A chart review and sign-off by the dentist is best right after each patient’s visit, while the memory is still fresh.

A lot of information is in the hands of staff, and a simple “morning huddle” at the beginning of the day can bring impending problems and concerns to the dentist’s attention. The team can review the schedule and discuss any situations in advance, whether it’s a patient who repeatedly refuses X-rays or someone who has been putting off a crown for nine months. This is also a good time for employees to mention any concerns from the previous day. This way, everyone is ready to handle possible situations and plan for necessary patient education, a follow-up letter or simple inquiry from the dentist, all of which reinforce a caring atmosphere.

Both dentists and staff play an important role when it comes to identifying and reacting to potential patient problems. Educating staff on how to react to various issues can be instrumental when addressing an angry patient and building patient loyalty. If you find yourself in an uncertain patient situation or are experiencing difficulty with employee communication, call the Risk Management Advice Line for assistance.

**TDIC’s Risk Management Advice Line can be reached at 800.733.0634.**

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