AS THE LARGEST NATIONAL INSURER OF PHYSICIAN AND SURGEON MEDICAL LIABILITY, WE TAKE PRIDE IN DEVELOPING INNOVATIVE PROGRAMS THAT HELP DENTISTS, DENTAL SPECIALISTS, AND THEIR OFFICE STAFF IDENTIFY AREAS OF RISK AND IMPROVE PATIENT SAFETY.

AS PART OF THIS INITIATIVE, WE ARE PLEASED TO PRESENT OUR PATIENT SAFETY INTERACTIVE GUIDE. THIS INNOVATIVE TOOL WILL HELP YOU AND YOUR OFFICE STAFF EVALUATE AREAS OF RISK WITHIN YOUR PRACTICE. IT’S ALL PART OF OUR EFFORT TO WORK TOGETHER TO ADVANCE THE PRACTICE OF GOOD MEDICINE.

PATIENT SAFETY
Interactive Guide for Dentists and Dental Specialists

Minimize your practice liability with a loss prevention checkup.
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*This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each health care practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.*
How to Use This Interactive Guide for Dentists and Dental Specialists

This review is not a test. It is an interactive guide designed to help you uncover areas in your practice that could create liability risks.

There is no scoring system. The options for responding to the statements are Always/Yes, Sometimes, Never/No, and N/A. The ideal response to every statement is Always/Yes or N/A. Any other response indicates an area of potential malpractice exposure in your practice that should be addressed and resolved.

Respond to the statements as objectively and honestly as you can. The effectiveness of this interactive guide depends on how candid you are.

This tool is divided into 15 sections. These sections reflect the most frequent patient safety/risk management issues identified in our closed claims.

You can evaluate your office and key systems as a whole or focus only on the sections that are areas of concern.

Effective risk management is a team effort. To gain an average of perspectives, we suggest that the dentist, dental specialist, office manager, and staff complete this interactive guide. Any significant variations in the answers among those using this guide should be discussed and addressed.

Knowledge Center
Our extensive online library of articles is considered to be the industry’s definitive resource on today’s most pressing patient safety/risk management and health care policy issues.

We’ve also compiled a selection of complementary articles that can help you lower your liability risk.

To read the articles referenced in this interactive guide, visit www.thedoctors.com/interactivedental.

Expert Team of Trained Specialists
Our patient safety program is led by an expert team of patient safety specialists, trained dental and patient safety professionals who work tirelessly with member dentists and dental specialists to implement risk management strategies tailored to their specialty and their practice.

Our specialists operate regionally and are available to our members for consultation nationwide. Contact your patient safety/risk management specialist for information on state-specific requirements.

E-mail us at patientsafety@thedoctors.com or call us at (800) 421-2368, extension 1243, and we will connect you with your regional patient safety/risk manager.

If you have an urgent patient safety or claims issue, our specialists are available 24 hours a day, 365 days a year on our nationwide hotline at (800) 421-2368.
Communications

In the context of dentist and dental specialist patient relationships, communication is rated as one of the most important aspects of treatment. Several recent surveys concluded that although patients are generally satisfied with the overall competency of care they receive, they feel that communication is lacking.

Survey respondents reported that they were not encouraged to ask questions, not asked their opinions about ailments and treatments, and were not given advice on lifestyle changes that could positively affect their health. Patients want to be treated as mutual participants in the dentist and dental specialist–patient relationship.

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**ACCESS**

1. There is an effective way for patients to reach the dentist or dental specialist after hours.
2. The telephone system alerts staff to patients placed on hold for too long.
3. The after-hours answering machine message clearly states what the patient should do in an emergency.

**TIMELINESS**

4. The telephone is answered promptly.
5. The next available appointment is in two weeks or less.
6. When appointment delays occur, patients are informed and given rescheduling options.
7. Immediate appointments are available and offered for identified emergencies and for problems with established patients.

**DIRECT COMMUNICATION**

8. You maintain eye contact when communicating with a patient.
9. You use active listening techniques.
10. You and your staff are careful to treat patients’ health concerns seriously.
11. Family involvement is encouraged.
12. A healthy lifestyle is promoted.
13. There are established protocols of communication between the front office and the treatment area.
14. Front office employees and dental assistants only provide information that is in compliance with written protocols or processes developed by the dentist or dental specialist.
## Communications

<table>
<thead>
<tr>
<th>Direct Communication</th>
<th>15. You brief the covering dentist or dental specialist about any anticipated patient care problems and about hospitalized, acutely ill patients.</th>
<th>16. Covering dentists and dental specialists have access to patient records.</th>
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### Tips

- Effective communications between providers and patients are essential to patient safety.
- At a minimum, include the following during handoffs: diagnoses, current condition, recent changes in condition or treatment, anticipated changes, and warning signs of changes in the patient’s condition.
- Remember to actively listen to your patients’ concerns and acknowledge that they have been heard.
- Recognize top priority calls, and instruct the patient to dial 911 for emergency situations that involve (but are not limited to) allergic reactions, chest pain, eye injuries, burns, or shortness of breath/wheezing.
- Outline in written protocols the questions to ask the caller, the recommended responses for minor problems, and which calls should be referred immediately to a dentist/dental specialist or scheduled for an appointment.
- If the patient is unable to communicate due to the dental procedure, be sure to clarify concerns at the beginning and end of the procedure.
- Treat your patients the way you would want to be treated.
- Be aware of body language and verbal congruence.
- Partner with your health plans to identify written and oral language services.

Additional information at www.thedoctors.com/interactedental:

- Telephone Communication for Doctors
Lab Tests, Procedures, Referrals to Specialists, and Results

It is important for the practitioner to know the status of any clinically significant orders, including referrals. Failure to ensure adequate communication among practitioners may result in a patient’s failure to undergo needed specialty evaluation and testing. This can lead to delays in diagnosis and necessary treatment. A tracking and reporting system for test results should exist to ensure timely follow up with the patient. Delayed diagnosis may occur when there are no systems for tracking test results or when existing systems are not followed consistently.

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1. There is a system in place to reconcile diagnostic studies ordered with results received so that if results are not received within a defined time frame, there will be follow-up. (The system is not dependent on a return appointment or holding the dental record.)

2. There is a system in place to reconcile imaging studies with results received so that if results from an ordered test are not received within a defined time frame, there will be follow-up. (The system is not dependent on a return appointment or holding the dental record.)

3. All study results, even those that are “normal,” are provided to patients.

4. There is evidence that a provider has reviewed all study results (i.e., initials, electronic signature, etc.).

5. Staff has been trained not to file or scan study results/reports without evidence of practitioner review.

6. A provision has been made for handling urgent test results when the ordering practitioner is absent.

7. When there are abnormal findings, a follow-up plan is documented as being established with the patient, or, when appropriate, the patient’s refusal to cooperate with the plan is documented.

8. Referrals indicate the reason for the consultation and who will be responsible for overall care, testing, treatment, and follow-up.

9. The dental clinic staff makes appointments for consultations.

10. There is a system in place to reconcile consultants’ and specialists’ referrals ordered with results received so that if results are not received in a timely manner, there will be follow-up. (The system is not dependent on a return appointment or holding the dental record.)
Lab Tests, Procedures, Referrals to Specialists, and Results

TIPS

• Clarify at the office visit how results will be reported.
• Make a reasonable attempt to facilitate patient follow-up.
• Develop a policy to handle follow-up of laboratory, x-ray, and pathology reports.
• Never file a report or utilize tracking options with your EHR until it has been seen and initialed by the dentist or dental specialist.
• Set up tickler files to track tests, procedures, and requested consultations ordered by the dentist or dental specialist.
• Develop a process for informing the patient of test results.
• Document the notification of test results in the record.
• Record patient noncompliance and all callbacks made to the patient in the dental record.
  Do not leave results with family members.
• Counsel or educate the patient regarding the reason/need for referral to a specialist, and be sure to coordinate the appointment for the patient.
Scheduling and Follow Up

The appointment scheduling process should reflect reality. First time patients need additional appointment time scheduled to give the practitioner time to complete a comprehensive history and physical and to answer patient questions. Patients with complex dental problems may also require additional time with the dentist or dental specialist. A simple recheck of an existing problem may require only a relatively short exam time. When scheduling an appointment, consideration should always be given to the patient’s dental problem to ensure adequate care and patient satisfaction. Patient follow-up appointments should be tracked for no-shows, frequent cancellations, and rescheduling. A patient who is noncompliant with dental treatment poses a risk to himself or herself as well as to the dentist or dental specialist.

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1. There is a system for reminding patients of appointments.
2. The dentist or dental specialist reviews all no-shows and canceled appointments to determine which require follow-up.
3. There is a recall system for patients who need to be seen on a regular basis.
4. There is a system for documenting canceled, missed, or no-show appointments.
5. Follow-up letters sent for missed appointments are included in the dental record.
6. There is documentation of follow-up efforts on canceled, missed, or no-show appointments.
7. There is a process for dealing with noncompliant patients.

**TIPS**

• Always document missed or canceled appointments.
• Bring all missed and canceled appointments to the attention of the dentist or dental specialist.
• Document patient noncompliance.
• Explain the health consequences of continued noncompliance to the patient.
• Note all actions and keep copies in the patient’s dental record of all letters sent to the patient.
Dental Records

A complete dental record promotes quality patient care by providing a comprehensive patient history and facilitating continuity of care among all members of the health care team. A good record should reflect the care provided, the rationale behind the dental decisions when indicated, and should be free of any alteration that gives the impression that the record is incomplete or lacks credibility.

Dental records should fulfill many purposes. Dental records:

• Describe the patient’s health history.
• Document the diagnosis and treatment plan.
• Serve as a basis for communication among health care team members.
• Serve as the means to obtain proper reimbursement if content substantiates billing codes.
• Promote quality assurance. The record documents the standards and patterns of care of the practice and provides data for administrative and dental decisions.
• Prove compliance with licensure and accreditation standards.
• Facilitate successful peer review to promote quality of care.
• Provide the best evidence of care.
• Facilitate research and education.

Above all, the dental record is a legal, historical document.

If your practice uses an electronic medical record, see our supplemental Interactive Guide for Electronic Medical Records to help you identify areas of potential risk.

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**PERSONAL HEALTH INFORMATION**

1. A patient history questionnaire is completed by each new patient.

2. The patient’s history questionnaire is signed by the patient and initialed by the dentist or dental specialist.

3. The history and physical is present in the chart.

4. The patient’s allergy status is prominently displayed, and allergy information appears in the same location on all dental records.

5. Health questionnaires are routinely updated on a specified basis, e.g., every six months.

**PATIENT EDUCATION**

6. Patient education (both verbal and written materials) is documented.

7. Written pre- and postoperative instructions are noted in the record as being communicated to the patient.

8. Recommendations for follow-up visits are documented.

9. You provide a copy of the specialist referral letter to the patient.
Dental Records

CONTINUITY OF CARE
10. A problem list is used and then updated as the issues are resolved.
11. There is a treatment plan.
12. The assessment is supported with objective and subjective observations.
13. An expert reviewer would be able to follow your dental judgment and support it.
14. Recommendations for follow-up visits are documented.
15. You document after-hours conversations with patients and/or their family.

MEDICATIONS
16. There is a current medication list of all known and prescribed drugs and also herbal supplements and over-the-counter drugs that the patient routinely takes.
17. The list is updated and verified at each appointment.

CONSCIOUS/MODERATE SEDATION AND ANESTHESIA (IF APPLICABLE)
18. The patient record includes a time-based recording of the blood pressure readings.
19. The patient record includes a time-based recording of pulse readings.
20. The patient record includes a time-based recording of respirations.
21. The patient record includes techniques used and patient position.
22. The patient record includes intravenous lines and airway devices used.
23. The patient record lists the drugs used, the time given, the routes of administration, the amounts used, and any adverse reactions.
24. The patient record reflects the length of the procedure.
25. The patient record reflects any complication of sedation or anesthesia.
26. The record includes a statement of the patient’s condition at discharge.
## Dental Records

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### DOCUMENTATION

27. All notes are legible.

28. All notes are signed and dated.

29. Existing restorations/conditions are clearly documented at the initial and follow-up examinations.

30. Documentation includes present or missing teeth, carious lesions, present restorations, defective restorations, position of teeth, endodontic procedures, attrition, erosion, decalcification, and enamel hypoplasia.

31. The type of restoration is noted.

32. Other pathology is noted.

33. The information about existing prosthetics includes the age of the prosthesis, its condition, retention, type, and aesthetic considerations.

34. Periodontal charting includes pocket depth, probings for complete dentition, recession, mobility, furcation involvement, tissue condition, and evaluation for periodontal case type.

35. Bleeding, exudates, attachment problems, amount of calculus, stain, plaque, and other concerns are documented.

36. An occlusal analysis has been documented and includes the determination of the occlusion using Angle’s classification for molar and canine relationship, documentation of overjet and overbite, and a description of intra-arch alignment, along with midline deviations and a facial profile, if needed.

37. The hard and soft tissue examinations include evaluation of the temporomandibular joint (TMJ) and oral cancer screening and a notation of any pathology or abnormalities.

38. The tissue examination includes the lips, tongue, floor of the mouth, hard and soft palates, lymph nodes, tonsilar region, buccalmucosa, cheeks, and skin.
# Dental Records

## CHART MAINTENANCE

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39. The files are organized with tabs.

40. All papers are secured in the file.

41. The patient’s name is on each page of the dental record.

42. Information related to HIV testing and substance abuse is segregated within the record for a higher level of confidentiality protection.

43. Charts are periodically reviewed for completeness and accuracy.

## TRANSCRIPTION

44. Dictation is done in a timely manner, as prescribed by office/clinic guidelines.

## TIPS

- If it is not documented, it did not happen.

- Complete and timely documentation of the medical record not only enhances patient care, but it also serves to strengthen your credibility if you are called upon to defend that care.

- Documentation can be enhanced by effective use of forms.

- Do not write “error” when making a correction. Line through the entry, and then date and initial it. The corrected entry should be the next entry, with the current date.

- Develop a way to ensure that test results are received and posted accurately to the dental record.

- Dictated notes should be reviewed and initialed by the person dictating them.

- Set up a system for monitoring the quality of medical records based on specific policies and procedures.

- Follow state law and federal regulations governing record retention.

- Follow retention regulations and laws when converting to an electronic record.

Additional information:
Explore our articles on record keeping at www.thedoctors.com/psarticles.
Medication Management

The Institute of Medicine identified medication errors as a major cause of patient injury in its 1999 report *To Err Is Human: Building a Safer Health System*. Medication errors are the single most common procedural error in the practice of medicine.¹ There are five stages in the medication delivery process: ordering, transcribing, dispensing, administering, and monitoring. A medication error can occur during one or more of the five stages.

Patient education regarding medications is vital. Taking the time to ensure that the patient understands what the medication is, how to take it, which symptoms to report, and how often to check with the prescriber regarding continued administration are essential to safe medication practice.

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1. The following items are kept in a secure location:
   a. medication samples,
   b. medications,
   c. syringes, and
   d. prescription pads.

2. Controlled substances are periodically inventoried and their expiration dates checked.

3. You put the medication’s indication on all prescriptions, i.e., “for pain,” “for nausea.”

4. When you perform injections:
   a. Syringes are labeled with patient name, medication name and dose, and the time drawn if not drawn and administered one at a time by the person who prepared the medication.
   b. Multi-dose vials are dated when opened.

5. When a patient is given a sample medication, it is documented in the dental record.

6. You maintain a log for documentation of sample medications, including the lot number, the patient’s name, and the date it was given to the patient.

7. You are able to retrieve the sample medication log in the event of a recall.

Reference:
Medication Management

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8. A copy of the prescription is kept in the dental record.
9. Patients are instructed on the proper use of medications.
10. Policies prohibit the use of pre-signed and/or postdated prescription forms.
11. During each visit, the patient’s current medications are reconciled with those listed in the dental record, and the record is updated.
12. The patient’s chart is reviewed before prescribing.
13. The patient’s allergy status is checked before prescribing.
14. Before prescribing, you review the patient’s prescribed medications, herbal supplements, vitamins, and over-the-counter drugs.
15. Prescriptions are legible, and quantity and dosage notations are free of ambiguity.
16. You have guidelines to assure that prescriptions are written consistently throughout the practice.
17. You have a policy or follow a consistent process for storing, dispensing, administering, and monitoring the effectiveness of “high-alert” medications that you have in your practice.
18. Verbal orders are written down and read back to assure that they are complete and accurate.
19. There are clear protocols for handling prescription refill requests.
20. Medications are stored in a “medication-only” refrigerator.
21. You have access to Epocrates or to a current edition of the Physicians’ Desk Reference.
22. All medications are regularly inventoried and purged by expiration date.
Medication Management

TIPS

• Obtain a medication history and enter it into the patient’s chart. Include prescription medications, over-the-counter medications, vitamins, herbal products, dietary supplements, alternative medicines, and homeopathic medications.

• Have staff update this list at each patient encounter.

• Provide the patient with an up-to-date list at the end of each encounter.

• When telephoning prescription orders, inform the pharmacy about the patient’s co-morbid conditions, allergies, weight, date of birth, and the indication for use.

• Prepare a prescription label for medication samples for the patient to take home each time a sample is given.

• Provide medication counseling to the patient or caregiver in a way that he or she can understand.

• Do not store drugs (sample medications or clinic medications) that look alike or sound alike adjacent to each other. Drugs with different concentrations or routes should not be stored adjacent to each other.

• Secure all medications that are in the clinic, whether routine or sample medications, in lockable closets or cabinets to prevent unauthorized access by patients or visitors. Controlled substances should be maintained in double-locked locations and counted daily whenever patients are present to ensure all narcotics are there.

• Review all medications at least monthly for their expiration dates. Dispose of outdated medications properly. Assign a clinical person to review all medications and rotate the task to ensure compliance.

• Document all medications administered to the patient during the clinic visit, including sample medications. Ask the patient about medication allergies or sensitivities to substances at each visit or at least yearly, and document the information on the medication form for easy access.

• Provide education to the patient on the medications he or she is taking and any potential interactions, such as with herbal and nutritional substances. Also include signs and symptoms of untoward reaction with instructions to call the clinic for further care.

• Involve the patient as an active participant in his or her own medication treatment.

Additional information at www.thedoctors.com/interactivedental:

• Medication Safety
Dentist/Dental Specialist/Patient/Staff Relationships

Openness, honesty, and empathy are fundamental components of health relationships between dentists or dental specialists, patients, and staff. Patient-focused communication builds trust and promotes healing. Dentists or dental specialists who practice patient-focused communication build strong relationships by:

• showing empathy and respect,
• listening attentively,
• eliciting patients’ concerns and calming fears,
• answering questions honestly,
• informing and educating patients about treatment options,
• involving patients in dental care decisions, and
• demonstrating sensitivity to patients’ cultural and ethnic diversity.

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**DIRECT INTERACTIONS**

1. The staff is trained on telephone answering protocol.
2. Callers are allowed to speak before being put on hold.
3. Callers are greeted by a friendly and helpful voice.
4. Everyone who enters the waiting room/reception area is acknowledged.
5. There is assigned responsibility for waiting room hospitality.
6. Making a good first impression is a priority.
7. Your furniture, including seating, is comfortable and clean.

**TRAINING AND SUPERVISION**

8. Nametags with titles are worn at all times when working.
9. All staff members are appropriately dressed for their position.
10. The dress standard is applied consistently.
11. Wait times are monitored and managed.
12. The dentist or dental specialist is receptive to questions by staff regarding patient calls.
13. Staff members keep personal conversations confined to the break area.
Dentist/Dental Specialist/Patient/Staff Relationships

Always/ Yes	 Sometimes	 Never/ No	 N/A

TRAINING AND SUPERVISION

☐ ☐ ☐ ☐ ☐ 14. Staff members are polite and courteous toward patients and one another.

☐ ☐ ☐ ☐ ☐ 15. The dentist or dental specialist and employees treat one another in a courteous manner.

PATIENT SATISFACTION

☐ ☐ ☐ ☐ ☐ 16. You have a formal method of eliciting feedback from your patients about the service rendered by your office.

☐ ☐ ☐ ☐ ☐ 17. Patient feedback regarding satisfaction, dissatisfaction, and suggestions is shared with the staff.

TIPS

• Treat each patient and his or her issues with respect.

• When using telephone communication with your patients, be courteous and maintain professionalism.

• Carefully monitor and manage wait times. When delays are unavoidable, inform your patients and offer options.

• Hospitality should include current and diverse reading material, pleasant music, and/or television news.

• Your receptionist should exemplify professionalism in all aspects, including his or her behavior, appearance, and telephone skills.

Additional information at www.thedoctors.com/interactivedental:

• Shared Responsibility for Preventing Malpractice Suits—Patient Interactions
Informed Consent and Informed Refusal

The concept of informed consent to dental treatment is based on the following beliefs:

- Patients generally have only a basic understanding of the dental sciences.
- Adults of sound mind have the right to determine whether to submit to dental treatment and to decide what will happen to their own bodies.
- A patient’s consent to treatment must be an informed decision.
- The patient trusts and depends on his or her dentist or dental specialist for the information needed for the decision-making process.

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<td>1.</td>
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<td>There is a separate consent form for invasive treatments or procedures.</td>
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<td>The consent form includes a description of the treatment or procedure in nonmedical terms that the patient can understand.</td>
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<td>Copies of signed consent forms are maintained in the dental record.</td>
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<td>4.</td>
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<td>The informed consent discussion is documented in the notes.</td>
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<td>5.</td>
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<td>The discussion includes risks, benefits, and alternatives.</td>
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<td>Educational tools, such as pamphlets or videos, are used to reinforce the patient’s understanding.</td>
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<td>There is documentation of the tools provided to the patient.</td>
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<td>When the patient requires an interpreter, the name of the interpreter appears on the form.</td>
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<td>You have an informed-refusal form for patients who decline a recommended procedure or treatment.</td>
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<td>10.</td>
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<td>There is documentation that the patient is aware of the consequences of the refusal.</td>
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Informed Consent and Informed Refusal

TIPS

• Obtaining informed consent is the dentist’s or dental specialist’s responsibility.
• When documenting informed consent or refusal, do not use abbreviations.
• When discussing a procedure or treatment with the patient, use words that the patient understands. If there is an issue regarding the patient’s ability to comprehend due to a language barrier or disability, an interpreter should be provided.
• When appropriate, use a dental diagram to help in identifying the correct tooth.
• When a competent adult patient refuses treatment, document his or her decision in the dental record.
• Date all entries in the dental record regarding informed consent and informed refusal.
• Ensure that patients have enough information to make an informed decision—it’s their right.
• To be effective, the information given to the patient must be appropriate to his or her literacy level.
• Informed consent is the dentist’s or dental specialist’s legal responsibility and cannot be delegated. It is also an opportunity to communicate with your patients and demonstrate your respect for them.
• If space is provided for the patient to initial individual items, be sure that he or she initials each and every applicable or appropriate blank.

Additional information:
The Doctors Company offers the only comprehensive online resource for informed consent documentation. We invite you to explore our articles at www.thedoctors.com/psarticles and our library of sample forms at www.thedoctors.com/consent.
Clinical Procedures

Protecting the patient from errors and the dentist or dental specialist from allegations of negligence and battery is a balancing act that occurs in the treatment area.

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IDENTIFICATION/VERIFICATION
1. The patient is identified and the site of the treatment is verified by the dentist or dental specialist and assistant using x-rays, notes, consent, and dental diagram before the start of the procedure.

RADIOLOGY
2. High speed dental film or digitalization is used.
3. A certified radiology technician is responsible for taking radiographs.
4. Signs in appropriate languages warn pregnant patients about radiation dangers.
5. Female patients are asked about their pregnancy status.
6. Patients are provided with appropriate protective shielding.
7. Patient identification information is written on the film or film jacket.
8. There is an established practice for signing out and returning original radiological films.
9. The radiology equipment uses collimation.

SEDATION/ANESTHESIA
10. If sedation or anesthesia is provided in the office, a licensed person trained in moderate sedation or anesthesia administers the sedatives or anesthetics to patients.
11. The patient is asked about last food and fluid intake and medication compliance before sedation or anesthesia is administered.
12. Patients are monitored after administration of sedation or anesthesia.
13. Monitoring is performed by a licensed individual other than the individual performing the procedure.
14. No staff member, unless a dentist or dental specialist, performs procedures.
15. No staff member is permitted to begin treatment before the dentist or dental specialist sees the patient.
### Clinical Procedures

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#### SEDATION/ANESTHESIA

16. If the patient is a minor, at least one parent is present in the waiting room.
17. All lab results have been reviewed by the dentist or dental specialist before a procedure can be started.
18. Anesthesia tubing and connectors are in plain sight where they can be observed for accidental blockage, crimping, or disconnection.

#### PROCEDURE ROOM

19. The lighting is adequate to evaluate the patient’s skin and mucosal color.
20. The backup lighting system is sufficient to permit completion of any procedure under way if a power failure occurs.
21. The team reviews the case before it starts by taking a time-out to verify the correct patient identity, procedure, site, and side as marked, patient position and availability of medications, implants, equipment, and relevant images.
22. The dental chair permits the team to quickly alter the patient’s position.
23. The team debriefs after each case.
24. Each procedure room is large enough to accommodate equipment and personnel necessary for the performance of the procedure.
25. There is a backup suction device available.
26. There is a backup oxygen delivery system.
27. In the event of a code, a specific member of the team is designated to record it.

#### RECOVERY

28. Patients are observed by staff at all times during recovery.
29. Staff is careful to observe that the patient is accompanied by a designated driver.
Clinical Procedures

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**DISCHARGE**

30. Written postoperative instructions are given to the patient (e.g., continuation of prescribed medications, proper use of antibiotics, pain medication, telltale signs of infection, and other procedure-specific problems).

31. The follow-up visit is scheduled prior to discharge.

32. The record reflects the name of the patient’s escort.

33. The record reflects the instructions given to the escort to include the period of time the patient is not to be left alone or allowed to drive.

**PAIN MANAGEMENT**

34. You document a patient’s pain assessment, the interventions, and monitoring for effectiveness.

35. You watch for signs of drug addiction or abuse in your patients.
Clinical Procedures

TIPS:

• Great emphasis needs to be placed on preventing medication errors post-surgery—many patients take aspirin or fish oil that may delay clotting.

• Assess the patient using established clinical criteria when determining his or her suitability for a procedure in an outpatient setting.

• Develop and use an extraction check-off list incorporating the Joint Commission’s Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery.

• Before you pick up your forceps, use your written and radiographic records to verify (twice) the correct tooth or teeth to be extracted.

• Encourage your staff to speak up if they notice any confusion or potential problems with tooth selection.

• Develop a plan to deal with emergencies or crises, such as basic life support (BLS) certification for staff and dental providers.

• Provide patients and family with comprehensive discharge instructions that include a list of prescribed medications, diet restrictions, and side effects related to the dental surgery and sedation. Defining the time parameters related to dental surgical complications may help to ensure that the patient understands when to contact the dental provider.

Additional information at www.thedoctors.com/interactivedental:

• Conscious Sedation (Moderate Sedation) in the Office

• Preventing Wrong Tooth Extraction

• It Hurts
Confidentiality and Privacy

Health care providers have an obligation to protect patient confidentiality under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The purpose of these regulations is to define and limit the circumstances in which “individually identifiable health information” can be used or disclosed by the dentist or dental specialist, hospitals, or other covered entities. Individually identifiable health information includes any information created or received by a covered entity relating to the physical or mental health of an individual. Such information includes oral or recorded material, in any form, such as written materials and electronically stored data.

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1. You have a written notice of privacy practices.
2. Your patients sign an acknowledgment stating that they have received the notice of privacy practices.
3. Your staff receives education about HIPAA privacy requirements at least annually.
4. You use business associate agreements with vendors who have access to patient information.
5. When faxing or e-mailing dental information, you include a confidentiality statement on the cover page.
6. Everyone is careful not to discuss a patient within earshot of another patient or a visitor.
7. Your dental records are secured after-hours when they might be accessible to individuals such as maintenance or housekeeping.
8. You have a policy that governs contacting patients by phone and leaving messages.
Confidentiality and Privacy

TIPS

• Do not discuss confidential dental information in elevators, hallways, cafeterias, shuttle buses, or any place where others may overhear.

• Prior to discussing a patient’s condition or tests, make sure you know the identity of the person and be certain that the patient has authorized the release of information to that person.

• Never release dental information on an answering machine.

• Protect the confidentiality of the electronic record. Use all security features provided. Log off your computer when leaving your desk. Protect your password.

• Be aware of the special laws pertaining to minors regarding disclosure of certain conditions—even to their parents.

• Before faxing or e-mailing health care information to a patient, obtain the patient’s specific consent.
Emergency Procedures

Unless a practice has advanced cardiac life support (ACLS)–trained staff, there should not be a fully equipped crash cart. All practices should have staff with current BLS certification and the ability to access appropriate medical assistance.

Every dental office should have a fire safety program that includes components for fire prevention, fire detection and warning, extinguishing fires, and facility evacuation. Additionally, plans for man-made and natural disasters should be in place, and staff should be familiar with them. A dentist’s or dental specialist’s office has a duty to provide a safe environment for employees and patients.

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<tr>
<td>1. Employees are trained on how to handle aggressive behavior.</td>
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<tr>
<td>2. There is a written protocol for managing medical and dental emergencies.</td>
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<td>3. There are periodic practice runs on dealing with unanticipated patient behaviors or emergencies.</td>
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<td>4. Staff is alert to signs of cardiac and respiratory distress.</td>
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<td>5. You have trained your staff to recognize signs of urgent and emergent situations.</td>
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<td>6. The front office staff is instructed on how to prioritize patient calls.</td>
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<td>7. Emergency drugs and supplies (appropriate to the population served) are periodically inspected for expiration dates and security.</td>
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<td>8. There is a written disaster recovery plan.</td>
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TIPS

• Always alert the patient’s dentist or dental specialist and the risk manager to a disgruntled or hostile patient.

• Use appropriate listening and reporting skills.

• Create a single sheet listing all emergency telephone numbers to call in the event of each type of disaster or incident, including calling codes over the intercom. Keep framed copies hanging near the desks of staff members or on the most accessible screen of the computer.

• Ensure your front office staff is able to prioritize calls and recognize signs of trouble.
Credentialing and Staffing

Your staff members are the backbone of your practice. One of the key elements that distinguishes your practice from others is the professionalism of the individuals running your office. Employees can be your greatest asset or biggest liability.

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NEW HIRE ORIENTATION
1. New hires and temporary employees are oriented on the policies and procedures of the office.
2. You conduct pre-employment background checks.
3. You conduct pre-employment drug testing.
4. All licensed and unlicensed employees have a current job description.

WRITTEN POLICIES
5. You have a written employee handbook.

SIGNED ACKNOWLEDGMENTS
6. Employees acknowledge in writing their awareness of employment policies and procedures.
7. Employees sign a confidentiality statement.

PARITY/EQUAL ENFORCEMENT
8. Policies, such as tardiness and lunch breaks, are equally enforced.

ANNUAL PERFORMANCE REVIEWS
9. Employees are evaluated and counseled annually.
10. Each review includes a written evaluation of the employee’s performance and competency.
11. Patient safety is included in the evaluation criteria.
12. Patient satisfaction/rapport is included in the evaluation.
13. Professional/dental licensure renewal is verified with the licensing agency.
Credentialing and Staffing

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**SCOPE OF PRACTICE**

14. Diagnostic or therapeutic procedures are performed only by appropriately licensed or certified staff.

15. All staff members are aware of their scope of practice and are performing within it.

16. You have regular staff meetings.

17. The dentist or dental specialist attends the staff meetings.

18. You periodically provide skill enhancement or educational programs.

19. There are annual educational sessions on risk management and patient safety.

20. Supervisory staff members, including the dentist or dental specialist, are educated about preventing harassment and sexual harassment in the workplace.

**COMPETENCY**

21. The staff is knowledgeable in recognizing and responding to patient-related emergencies such as:

   a. airway obstruction,
   b. aspiration of foreign material,
   c. cardiac arrest,
   d. allergic reactions,
   e. convulsions, and
   f. respiratory distress.

**LICENSED INDIVIDUAL DENTISTS OR DENTAL SPECIALISTS**

22. The covering dentist or dental specialist practices in the same specialty that you do and has a comparable scope of practice.

23. Credentials verification is completed prior to hire.

24. There is a mechanism to verify competencies prior to hire.
Credentialing and Staffing

**TIPS:**

- Train your staff well, and continue to invest in their development.
- Educate your staff about your rules and expectations, and apply the same standards to everyone equally.
- Provide adequate guidance and oversight—determine the skill level and capabilities of each dental assistant you supervise.
- Differentiate those tasks that only a licensed clinician should perform.
- Consult with your state licensing board or your patient safety specialist from The Doctors Company if you have questions about scope of practice.

Additional information at www.thedoctors.com/interactedental:

- The Role of the Medical Assistant in Your Office Practice
The Work Environment

The appearance of both the facility and the staff is a reflection of the practice. Ensure that patient safety, comfort, and confidentiality are maintained.

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**SAFETY**
1. Your waiting room is clean and well-lit.
2. Your furniture is free of sharp or pointed edges.
3. Safety rounds are made on a regular basis.
4. There are fall prevention protocols in place.
5. Everyone in the office is responsible for patient safety.
6. Staff members are required to wear dosimeters on a routine basis that are then checked by an outside expert.
7. Staff is afforded protective shielding during radiological procedures.

**INFECTION CONTROL**
8. Sharps containers are available, used appropriately, and not overfilled.
9. Staff members are educated on universal precautions.
10. Staff members wash their hands before and after each patient contact.
11. Sterilization equipment is periodically tested.
12. Eating and food storage are limited to the break area.

**SECURITY**
13. There are security devices, such as monitors and buzzers.

**EQUIPMENT**
14. Equipment is maintained in accordance with manufacturers’ guidelines.
15. There is a plan in place for managing equipment maintenance, failures, repairs, and service.
16. Staff members are trained in the safe operation of all equipment used in the clinic.
17. Staff members are educated on actions to take in the event of a patient burn.
The Work Environment

TIPS:

• Do a daily walk-through of the facility to look for possible risk conditions. Many adverse events can be prevented by careful observation.
• Ensure that rugs and furniture are stable.
• Make sure that all foot traffic areas are open with no obstructions.
• Check and calibrate all new equipment prior to use.
• Maintain documentation of equipment maintenance checks.
• Remove all malfunctioning equipment from service and test before reuse.
• Identify all exits and keep them unobstructed.
Building Reliable Systems to Reduce the Impact of Human Factors

Human factors engineering and the classic study *To Err Is Human* show us that we need to be aware of our fallibility as humans and develop systems that will help us avoid errors. Fatigue, overwork, stress, over-reliance on memory can be the precursors of an error. Understanding the interplay between human beings and the systems they work in reveals weaknesses that may be corrected.

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1. You ensure that the dentist’s or dental specialist’s schedules include time off and vacations.
2. You ensure that staff schedules include time off and vacations.
3. The patient load is equitably distributed among the dentists or dental specialists and staff.
4. There are methods in place to elicit employee feedback and respond to concerns and suggestions.
5. Employees are kept informed of changes in the workplace.
6. You promote an environment in which staff can report errors without fear of reprisal.
7. You have implemented a staff attitude assessment to identify culture issues that may affect patient safety.
8. Staff is expected to report concerns about competency, carelessness, or disregard for policy.
9. You have implemented the use of a checklist, written reminders, and technology, such as calculators or PDAs, to reduce the reliance on memory.
10. You ensure that all staff are knowledgeable about “alert fatigue”—ignoring, overriding, or disabling alerts, warnings, reminders, and embedded practice guidelines.
Building Reliable Systems to Reduce the Impact of Human Factors

TIPS:
• Use the Agency for Healthcare Research and Quality (AHRQ) staff attitude assessment to determine presence of safety characteristics in the office that emphasize safety and quality issues known to affect patient safety culture. Use it as an opportunity to educate staff about safety culture.
• Designate a patient safety “coach” or leader who will make sure patient safety issues and educational materials are kept in front of all dentists or dental specialists and staff.
• Develop a process—with staff involvement—that encourages staff to report near misses/good catches, along with adverse events. Focus at a minimum on medication and tracking tests.
• Do not ignore, override, or disable alerts, warnings, or reminders. These are types of “safety nets” that will decrease the chance of human error.

Additional information:
• www.ahrq.gov/qual/patientsafetyculture/mosurvindex.htm
Business Operations

Most unpaid bills are the result of financial difficulty; however, they can signal a patient’s dissatisfaction with your services. Don’t miss an opportunity to resolve a problem when it can still be remedied. The use of technology can help improve patient care and streamline your office efficiency—but it can also be fraught with new risks.

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**PATIENT COMPLAINTS**

1. The office manager, dentist, or dental specialist reviews the patient’s chart before collection proceedings are initiated or when a patient is terminated for nonpayment.

2. The staff understands that holding the record until payment is received is not allowable and could have serious licensure ramifications for the responsible dentist or dental specialist.

3. Any patient complaints arising from bills are reviewed by the office manager, dentist, or dental specialist.

**PERIODIC REVIEW**

4. Billing trends are statistically monitored for legal compliance.

**FINANCIAL HARDSHIP**

5. Special billing arrangements are available for patients who may have experienced complications, injuries, or financial hardship while receiving care.

**TERMS AND CONDITIONS**

6. The practice’s payment policies are provided to patients in advance of receiving services.

7. Money handling duties are kept separate from depositing and recording transactions.

**CORPORATE COMPLIANCE**

8. Your billers have received ethics training.

9. The dentist or dental specialist has received billing compliance training.

10. Your employees are encouraged to report billing concerns to you or the office manager.
Business Operations

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**BACKUP SYSTEMS**
11. There are backup safeguards for electronic records.

**E-MAIL**
12. You are careful to provide e-mail advice only to patients located in states where you have a dental license.
13. Patients are provided a password to prevent unauthorized access to their e-communications.
14. You use a secure server for e-mail consultation.
15. You limit your e-mail advice only to those patients with whom you have an established relationship and for reasons you have addressed in person.

**WIRELESS**
16. Your wireless network communications are encrypted.

**COMPUTERS**
17. You use password-protected screen savers on your computers.
18. Your computers are password-protected.
19. Passwords are changed on a frequent basis.
20. Passwords contain both alpha and numeric characters.

**INTERNET**
22. You use a firewall complete with up-to-date antivirus programming.

**WEB SITE**
23. You stay current with all security patches.
24. Your Web site content is reviewed on a regular basis for accuracy and reliability.

**HANDHELD**
25. You use the password security feature on laptops, PDAs, and smartphones.
Business Operations

TIPS

• Provide each patient with information on the practice’s payment policies prior to receiving services.

• Develop a process for dealing with billing and nonpayments. Make sure it is consistently followed.

• Use a secure service for e-mail consultation.

• Be sure all of your computers are password-protected to help prevent a breach of security.

• Do not share passwords with co-workers.

• Do not bypass or override safety features.

• Review your Web site for accuracy and usability on a monthly basis.

• Do not discuss individual patients, dispense medical advice, respond to clinical questions from patients, or otherwise practice medicine on social networking sites.

• Ensure that your electronic records vendor complies with the latest National Institute of Standards Technology (NIST) standards.

Additional information at www.thedoctors.com/interactivedental:

• Medical eRisk Considerations for Online Communication
Miscellaneous Risk and Loss Control Issues

Effectively responding to claims and litigation requires due diligence and attention to detail. Make sure all staff members know what to do. Have policies and procedures in place to help guide them.

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**PATIENT TERMINATION**

1. You have a policy or standard form letters for terminating a patient.

2. The letter indicates you will provide emergency care for a specified period, such as 15 to 30 days.

3. The letter gives generic advice about obtaining a new dentist or dental specialist, such as looking in the yellow pages or using the local dental society/association referral line.

**CLAIMS MANAGEMENT**

4. Someone in your practice is designated to coordinate and manage claims/litigation files.

5. You can ensure that a patient’s record is not amended after a claim is filed.

6. Litigation and pre-litigation files are kept under lock and key.

**PATIENT COMPLAINT PROTOCOL**

7. Your procedure for handling patient complaints includes a clear chain of command.

**INCIDENT REPORTING**

8. You have means and methods for staff and dentists or dental specialists to report incidents.

**DENTIST OR DENTAL SPECIALIST CHAMPION**

9. You attend medical-legal education programs and/or read loss prevention literature provided by your insurance carrier and dental society.

**MONITORING AND EVALUATION**

10. You statistically monitor key operational aspects of your practice.
Miscellaneous Risk and Loss Control Issues

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**CONTRACT MANAGEMENT**

11. Contracts are reviewed annually for renewal purposes.

12. Contracts are reviewed by legal counsel before you sign them.

13. Indemnification, or “hold-harmless,” clauses are stricken from contracts.

**ADVERTISING**

14. You are careful to avoid superlatives in your marketing materials, such as “the newest technology” or “most highly experienced” dentists or dental specialists.

15. You are careful to avoid making misleading statements about outcomes.

**TIPS**

- Contact your patient safety/risk manager prior to terminating a patient from your practice.
- Report all claims, lawsuit or screening panel actions, arbitration requests, and requests for a deposition or an interview.
- If you are unsure whether an event needs to be reported, call a claims or patient safety/risk management representative to discuss the matter.
- Once you report an incident or claim or you are notified of a claim filed by a patient, store the patient’s dental record in a safe, secure place.
- Keep all correspondence in a safe place separate from the patient’s dental record.

Additional information at www.thedoctors.com/interactedental:

- Addressing Patient Issues and Other Challenging Situations
- Frequently Asked Questions: Treating Patients in a Difficult Economy
- General Dentistry
- Notification of an Incident or a Claim
- Terminating Patient Relationships

And explore our articles on litigation and claims at www.thedoctors.com/psarticles.