



Risk Management– Helping to Prevent Dental Malpractice Lawsuits Part II - Application

A 2 credit hour Continuing Education
program sponsored by the
Chattanooga Area Dental Assistants Society

After viewing the “Risk Management” power point, or reading the article, you can earn 2 hours of CE credit by completing this post-course exercise. The exercise is intended to stimulate thought, trigger discussion among the team members, and to increase awareness of vulnerabilities in your practice. The exercise will not be graded. Completion of this course does not imply legal protection from liability.

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Attach a check for \$30 payable to CADAS. Note: Students and members FREE - attach a photocopy of your student ID or ADA membership card.

Participant's Name: _____

Mailing Address: _____

Title: RDA RDH Dentist Phone: _____

E-mail address: _____

Your signature below certifies that you have completed course and the post-course exercise in Risk Management: Helping to Prevent Dental Malpractice Lawsuits

_____ date: _____

Allow 2 weeks for your Certificate to arrive my USPS.

Risk Management–
Helping to Prevent Dental Malpractice Lawsuits
Post-course exercise

Case 1: Could this be malpractice?

Two brothers, age 13 and 15 came to the office on the same date, both were being seen by an orthodontist and both were having extractions. The older brother was to have teeth #5, 12, 21, and 28 extracted. The younger brother was to have #A, B, I and J extracted. The thirteen year-old was seen first. Unfortunately, the 15 year-old's chart was on the top of the pile. The dentist proceeded to remove #5, 12, 21, and 28.

1. Was there was a duty owed?
2. Was there a breach of that duty? What?
3. Was the patient injured? (Describe the injury)
4. Was the injury proximate (caused directly by) that breach of duty?
5. Provide several suggestions how the dental team could have prevented this situation.

Case 2: What is the Real Problem here?

A patient wrote in a blog: “Not only was Dr. *** incompetent in damaging a perfectly good tooth that subsequently required an additional \$700 repair by another dentist, he was totally unprofessional, confrontational, defensive, unclean, and completely disorganized.”

6. What you think is the REAL problem here and what are some ways this bad situation might have been prevented?

Case 3: Could this have been prevented?

A Florida man died after his dentist accidentally dropped tools down his throat – twice! The 90-year-old went to Dr. Wesley Meyers for dental implants to secure his dentures. In 2006, the doctor dropped a medical screwdriver down the patient's throat. The tool had to be removed via colonoscopy.

Then, in 2007, the man went back to the same dentist to complete his treatment. This time, the dentist accidentally dropped a torque wrench down his throat. The man was hospitalized. Fifty days later, the torque wrench won the battle and the man died from complications.

As a result of the incidents, Florida's Department of Health fined the doctor \$17,000 and instructed him not to perform dental implants unless he gets additional training. (Orlando Sentinel July 17, 2009)

7. Provide several suggestions how the dental team could have prevented this situation.

Case 4: A costly error

A settlement was reached in the wrongful death case in which a high school principal died during a routine dental procedure in Chicago, IL last year. The patient was over medicated while undergoing a routine procedure and was not monitored properly. This medical malpractice led to the patient's wrongful death while still in the dental office. The doctors performing the procedure are currently on probation and the dental office will pay \$8.5 million to settle this medical malpractice and wrongful death lawsuit. (Posted In: Dental Malpractice by Levin & Perconti, August 14, 2008

http://medicalmalpractice.levinperconti.com/103dental_malpractice/)

8. Provide several suggestions how the dental team could have prevented this tragic situation.

CASE 5:

Mrs. Jones presents to you complaining of a toothache on the upper right side. She describes the pain as dull, aching and throbbing. It has been present for about a week and is made worse by chewing and heat and relieved by cold. It seems to be localized to the molar area but she is not sure which one of the molars is the offending tooth. Aspirin gives only very short and minimal relief. Mrs. Jones has a negative medical history. The clinical examination revealed that tooth number 3 was painful during percussion. The radiograph demonstrated a radiolucency at the apex of the mesio-buccal root and a large carious

9. Create sample SOAP notes based on Case 5, above

S:

O:

A: (anticipate the diagnosis)

P: (anticipate the treatment)

10. Create sample SOAP notes based on an actual dental emergency patient you have seen in your office.

S:

O:

A: (anticipate the diagnosis)

P: (anticipate the treatment)

11. Locate your dental practice act for the state in which you practice. Assess the degree to which you practice within the limits of your scope of practice. (no answer required)

Quality Assurance: Assess the adequacy of your treatment records. Pull up 5 random records and perform this audit:

- _____ Documents are recorded in ink and are neat and legible (or are electronic)
- _____ Treatment plan is documented
- _____ Health history is complete, clearly documented
- _____ Blood Pressure is taken and recorded at each visit
- _____ Regular updates to the health history are documented
- _____ Informed consent is documented
- _____ Informed refusal is documented
- _____ SOAP notes:
 - Subjective complaints are documented
 - Objective findings are completely documented
 - Assessment of patient is completely documented
 - Treatment plan is supported by documented subjective and objective findings
- _____ Words, symbols, or abbreviations unambiguous, standard abbreviations
- _____ Telephone conversations with patient are documented
- _____ Type and quantity of anesthetic and other medications administered are documented
- _____ Treatment rendered is clearly documented
- _____ The Universal numbering system is used and tooth surfaces are identified
- _____ Reasons for deviation from the original treatment plan are documented
- _____ Routine full-mouth periodontal screening are documented
- _____ Routine oral cancer screenings are documented
- _____ Post-operative instructions are documented
- _____ The patient's dismissal status is documented
- _____ Comments about the cost of treatment and the patient's payment history are not included in treatment record
- _____ Referral to or consultation with another practitioner are documented
- _____ X-rays were adequate for the procedure (sufficient quality, correct survey)
- _____ Prescription orders were documented
- _____ Deletions, additions, or corrections are made properly in patient records
- _____ The name and relationship of the person giving consent is documented for minors of patients who are incapacitated
- _____ Records have not been altered
- _____ All radiographs and other diagnostic data are in the chart. The record refers the reader to the storage location of study models
- _____ Each entry is dated and has proper signatures, including the person making the entry and the dentist if the entry related to clinical treatment
- _____ Are office policies clearly described for all patients?

12. Rate yourself with regard to each of these items on a scale of 1-10 , with “1” representing “Never” and “10” representing “Always”

- _____ I practice within the scope of practice as defined in the dental practice act in my state
- _____ I monitor the effectiveness of the sterilizer using biologic monitors
- _____ I attend meaningful and relevant CE courses that improve my clinical skills and enhance my knowledge of procedures performed in your practice.
- _____ I seek credentials such as additional certifications to legally enable me to perform additional duties delegated by my state.
- _____ I keep logs documenting periodic evaluations of the emergency kit, equipment, equipment maintenance and repairs
- _____ I scan my office for and eliminate hazards such as spills, obstructed paths, slippery rugs, etc
- _____ I alert my dentist/employer to medical alerts, deviations from the routine, and potential problems
- _____ I maintain confidentiality.
- _____ I remain in the treatment room with my patient.
- _____ I use only standard terms and abbreviations when documenting treatment.
- _____ I provide additional information to patients related to their proposed treatment.
- _____ I make sure the patient not only signs the consent form, but that he/she understands what is being signed.
- _____ I periodically participate in “drills” designed to manage medical emergencies, special needs of medically compromised patients, fires or natural disasters.
- _____ I have office information posted beside each telephone.
- _____ I am alert and attentive to my employer and my patients, and am not impaired by the use of drugs of alcohol.

A score of 150 is desirable! If you scored less, set goals for achieving 150 points.