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**Patient Safety and Risk Management**
In this issue, we explore trending patient safety topics regarding patient referrals, and managing your patient’s post-op pain.
Referral Recommendations: Communication Strategies to Improve Patient Safety and Decrease Liability

Julie Goldberg, DDS - Dental Education Coordinator

Appropriate and well communicated dental referrals are a vital component of quality oral health care. According to the American Dental Association, “Dental professionals are expected to recognize the extent of the treatment needs of their patients and when referrals are necessary.”1 Effective communication throughout the referral process with all members of the dental team provides the dental health professional an opportunity to increase patient safety and decrease liability. Networks of referring dental professionals have an opportunity to build a culture of trust amongst colleagues and support one another’s growth through this process.

An office that communicates effectively with their referral group runs smoothly because each dental team member understands what is expected of them. Patients benefit from the specificity of treatment assigned to referrals and will be grateful for the ease with which the team works together. Fortress has put together Referral Tips to help you achieve this level of satisfaction amongst dental health care professionals and patients.

Referral Tips

• Refer patients to a specialist when treatment and/or patient health concerns are outside the scope of your dental training, experience or comfort level.
• Partner with specialists you are familiar with in your area. Become familiar with their treatment philosophies, express your expectations, and understand their expectations from your office. Some dentists opt to maintain or develop this partnership through local group study clubs.
• Communicate clearly to the patient the proposed treatment plan and the referral process, but do not rely on the patient’s understanding of the required treatment and ability to convey that message to a referral.
• Provide all necessary information to the referral in written or electronic format. Request referral reports in return as opposed to relying on patients to communicate information back to you.
• Include appropriate and accurate information to the referral. This could include, but is not limited to: patient name, urgency of referral and desired appointment timeframe, reason for the referral, potential diagnosis, authorization to release records, medical and dental information, including any imaging, and any information already provided to the patient.
• Provide comprehensive reports and thorough treatment notes, as well as images of diagnostic quality to your referrals. You want to ensure optimal results for your patients. Set the standard in your office and expect the same from referrals.
• Consult an IT professional to ensure that appropriate security precautions are in place for the electronic transfer of protected health information. Transfer of patient information such as reports and images expose dental professionals to potential HIPAA violations. Note: Free email services such as Google or Yahoo are not HIPAA compliant.
• Document any follow up recommendations and participate in ensuring patient compliance with this treatment.
• Keep open lines of communication with referrals before, during, and after patient treatment. Your shared vision for optimal oral health will be discernable to your patients.

Reference

The treatment regimen for patients who undergo more invasive or surgical procedures typically includes considering post-procedure pain management. The current opioid crisis is nationwide and gives all practitioners reason to pause, to assess our pain medication regimen, and take steps to support the efforts being made by organizations like the Centers for Disease Control and Prevention (CDC), as well as state by state plans, to manage this growing problem.

It is important that we remain vigilant to the potential for overuse and abuse of opiate analgesics with every patient encounter - whether that encounter is related to pain management or not. The most important skill we have is in earning our patients’ trust for our treatment recommendations, be these tried and true techniques, or something new and different. A shift in prescribing pain medication is no exception. Many of us spend the extra time it takes to educate a patient when they do not need an antibiotic, or do not require a procedure. The art is in the explanation and the delivery of that explanation. Based on the individual, we develop the most effective way to explain a situation or process to a patient. It is important that you find what works for you and your specific patient population, to effectively explain your rationale for postoperative pain management goals.

Patients’ knowledge of certain pain medications may be limited. For example, many patients may not recognize that Tylenol and Advil are not one-in-the-same. Most have some sort of NSAID at home, but many do not have Tylenol. Many parents think Tylenol is only good for fevers and is not a very effective pain medication. Many people are confused about the different over-the-counter pain medications and the brand names versus generic names. They do not know that acetaminophen is Tylenol. They are unaware of the milligram strength of over-the-counter Ibuprofen and Tylenol. If patients are asked to utilize these over-the-counter pain remedies, educate them on what these medications are, how effective these can be for pain management, and how much medication to safely and effectively use. Your postoperative instruction sheet can include a section to specifically document what is recommended. Your office staff should be fully aware of this information as well, so when patients call with questions regarding medications, they have the correct information to accurately assist the patient.

**The PDMP**

In some states, there is mandatory reporting when a narcotic prescription is filled. Patients, and parents alike, should be made aware of this fact, and informed that there will not be a record of the opioid prescription unless it is filled. This may serve as a deterrent to filling the prescription unless absolutely necessary. It is important to have a strict procedure in place to manage after hour requests for additional pain medication.

Prescription Drug Monitoring Programs (PDMPs) are state-run electronic databases used to track the prescribing and dispensing of controlled prescription drugs (e.g. opioids) to patients. This database is designed to monitor information for suspected abuse or diversion, and can provide a prescriber or pharmacist critical information regarding a patient’s controlled substance prescription history. This information can assist both the prescriber and the pharmacist to identify...
patients at high-risk who may benefit from early intervention. Another use for the information within the PDMP is for prescribers to detect pharmacy errors or fraudulent use of their DEA numbers.

The PDMP is a public health tool, according to the Centers for Disease Control and Prevention (CDC), that helps state health departments not only with tracking of the opioid epidemic, but also as a proactive tool that can be used to protect patients and identify problematic prescribing practices. Through the next couple years, the CDC plans to offer funding to states that will assist with universal registration and expansion, make it easier to use, provide timely data, and to research and better understand the prescription drug overdose epidemic. The goal is to facilitate the identification, intervention, and treatment of those with addictions.

**Considerations with Your Patients**

When considering your patient’s history, explain the importance of providing a complete health history, which can increase your awareness of any reported risks for diversion and abuse such as:

- Family or personal history of illegal or prescription drug abuse or addiction;
- Psychiatric conditions of ADHD, OCD, Bipolar Disorder, Depression and Schizophrenia; and
- Legal history of DUI or incarceration;

Staff members are often the first to obtain health histories and document complaints from patients. This places staff in an excellent position to review the health history for completeness and help identify patients with the potential to abuse opioid medications.

It may be difficult to determine whether a suspicion is valid, or not. Your state PDMP can be a valuable resource.

Each practitioner needs to find what works best for their specific patient population and how to reduce or eliminate the use of opioids whenever appropriate. We can take steps to provide better education to patients on how to manage their pain with non-opioid options. There is an abundance of information for providers and patients. Fortress offers resources related to the patient education process, while the ADA recently announced a new policy on opioid pain medication with three key components. Read about this at https://www.ada.org/en/advocacy-issues/prescription-opioid-abuse.

**References**


Drug Enforcement Administration. Retrieved from https://www.deadiversion.usdoj.gov/faq/rx_monitor.htm#8


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**How to Access the Fortress Opioid Related Resources**

1. Log on to www.dds4dds.com
2. Click on “Clinical and Office Documents” on the left side of the page.
3. Under the heading “Opioid Resources” you will find the following resources:
   - Informational Guide Regarding Opioids
   - A Sample Patient Education Form
   - Publicly available resources from the CDC and HHS

**Management of Your Patient’s Postoperative Pain**

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The Consent Process - The Importance of Careful Documentation

Lu Ann Minogue, JD - Claims Manager

The plaintiff, a front desk employee of the dentist, had on numerous occasions, expressed concern with the condition and appearance of her teeth, upper and lower. The dentist agreed to provide upper and lower dentures with the agreement that she would only pay for the lab fees. The plan was to have the both upper and lower teeth extracted by an OMS who treats patients in the dentist's office one day per week. The plaintiff had discussions with the OMS regarding the plan to extract all of her teeth. Upper and lower custom tray impressions were taken by the dentist. The following week, the dentist noted in the chart that the patient presented for an upper and lower wax block and they would proceed with the top and finish the bottom at a later date. The patient signed the consent form; however it was not in the presence of either doctor. The consent form only included the upper teeth.

When the patient presented for the extractions, she brought the consent form with her. The OMS discussed with the patient the plan of extracting all of the teeth at the same time. He amended the consent form to include the lower teeth, in her presence, after getting her verbal consent. The OMS and his assistant signed the consent form. The OMS did not have the patient re-sign and date the amended consent form, and all teeth were extracted. At the post-op visits there was no mention in the notes that the patient had an issue with the extraction of the lower teeth. She was noted to be doing well. The dentures were adjusted.

The plaintiff left her employment one year later. She had not fully paid the lab fees. Subsequently, the dentist sent her to collections. Afterwards, the patient filed a lawsuit against the dentist and OMS, claiming that she did not give consent for the lower teeth because it was not documented on the initial consent form. As noted earlier, they were not included on the initial consent form, but the form was later amended to include the lowers on the day of the extractions. However, she did not re-sign or initial the amendment. While the dentist did not perform the extractions, and there was no evidence that the dentist was involved in the consent process, the plaintiff insisted that the dentist told the OMS to extract all of the teeth. Therefore, the plaintiff argued that the dentist should be kept in the case.

After taking many depositions and motion practice, we were able to get the dentist dismissed from this case via a Motion for Summary Judgment. The patient also dismissed her claim against the OMS.

Risk Management Tips

- Have thorough documentation in the patient's chart.
- It is best practice to have the patient sign the consent form in the doctor's presence and then both the doctor and a witness can sign the consent to be thorough.
- Always initial and date any amendments to consent forms.
- Treat all patients the same, even when the patient is an employee.
The Extern’s Perspective: Assessing the Risk of Advanced Dental Procedures

Eric Salm - Fortress Summer Extern, University of Connecticut School of Dental Medicine

At the conclusion of my first year of dental school, I had the opportunity to be an extern for Fortress Insurance Company. Coming into the externship, I knew next to nothing about professional liability insurance. The summer started with a week of orientation at Fortress’ headquarters in Chicago where I received a degree in “Insurance 101”.

Following orientation I was presented with my summer project. I was tasked with reviewing closed claims involving advanced dental procedures to identify trends within the sampling reviewed. For purposes of my project, advanced dental procedures were considered surgical placement of implants, impacted extractions, and procedures performed under moderate sedation.

The initial claim data provided consisted of a sampling of a larger universe of approximately 10,000 claims. I eliminated claims not resulting from advanced dental procedures, while looking for commonalities in the sample. I quickly realized that each claim was unique, and that clear trends tended to be elusive. However, there were notable takeaways specific to the sample:

- There was an increase in claims reported resulting from advanced dental procedures beginning in the early 2000's. This appears to coincide with an increased frequency of surgical placement of implants and removal of impacted extractions in general dentistry.
- Practitioners new to advanced dental procedures tended to have claim activity earlier in their career. I compared the date when claims occurred in relation to the graduation date of dental school, and noted there was a decline in the number of claims the longer a dentist was in practice, within the small sampling analyzed.
- The average indemnity payment was approximately 2.5 times greater when advanced dental procedures were performed and the average cost to defend these claims was approximately 1.5 times greater when compared against other closed claims. One conclusion is that alleged injuries resulting from advanced dental procedures are often times more severe, and as a result, more challenging to defend. While difficult to quantify, good communication and documentation, including completed informed consent, plays a crucial role in the successful defense of any claim.
- 69% of policyholders who reported a claim in which an advanced dental procedure was performed did not maintain a risk management credit at the time of loss. Regular participation in risk management helps ensure practitioners have the most up-to-date risk mitigating information available based on actual dental claims resulting in increased awareness of best practices for patient safety.

Learning through the experiences of other dentists closed claims was invaluable. I recognize that while the majority of dentists practice without ever experiencing a claim, the procedures one chooses to perform can impact claim experience. Certain procedures carry higher levels of risk and necessary precautions, including incorporating solid risk management strategies, must be taken to help ensure positive results. While not every practitioner has the luxury of delving into countless claim files like I did this past summer, it is encouraging to know that Fortress consistently analyzes their data and incorporates their findings into Patient Safety and Risk Management programs so we can continually learn from each other as new procedures are developed and the profession of dentistry evolves.
Earn a 10% Premium Credit

Live Risk Management Seminars
The live Fortress three-hour seminar, Improving Patient Safety: An Analysis of Dental Risks and Liability, discusses several risk management scenarios including extractions, implants, failure to diagnose oral cancer and periodontal disease, and informed consent. For more information about the live seminars, visit our online calendar for an upcoming seminar in your area or email rm@fortressins.com.

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