The “Root” of the Problem: Preventing Wrong Tooth Extractions

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Since its inception over 25 years ago, OMSNIC has prided itself on providing a robust risk management program to minimize incidents and subsequent claims related to the full spectrum of oral and maxillofacial surgical care. Applied principles from our risk management program support the process by which an oral and maxillofacial surgeon critically evaluates his/her office policies, procedures, and systems to ensure best practices and improve patient safety. Despite these efforts, wrong tooth extractions continue to occur among policyholders, and, although they account for a small portion of all closed claims to date for OMSNIC, the frequency of such incidents remains fairly steady.

To understand why these claims continue to occur unabated, it is important to know the mechanism of how they occur. Common reasons for wrong tooth extractions include:

Inadequate or Incomplete Communication with the Referral Source

The use of a written referral that clearly defines the proposed extraction site(s) and the reason for extraction is strongly recommended. Prior to performing the extraction, the OMS should verify that the requested treatment is appropriate and that the patient fully understands and agrees with the tooth/teeth to be removed. Consider pointing to the tooth or teeth to be removed while the patient is holding a mirror so that the tooth/teeth to be extracted can be verified. If in doubt, it is much easier to delay treatment until additional information can be obtained from the referral to confirm the treatment plan.

Lack of Independent Evaluation of the Current Dental Problem

The ideal treatment plan is one that has been verified by the patient, the referral, and the OMS. If the referral’s request is incorrect, the OMS may still be held liable for removing the wrong tooth. Similarly, patients are not always reliable sources of information when asked which tooth/teeth need to be removed. It is important that as OMS, we consistently strive to arrive at that point prior to the actual extraction, and in the case of a lengthy delay between the evaluation and the extraction, always check to make sure the treatment request is current and unchanged.

Inadequate Imaging

Having poor quality or dated images, or inappropriate radiographs are common denominators in wrong tooth extraction cases. Sometimes images transmitted electronically lack quality and/or the date of image acquisition, patient name, date of birth, and/or the correct labeling of right vs. left. If any doubt exists, obtain a new image that can be used to confirm the requested treatment.

There are a number of best practice techniques that can be employed to minimize wrong tooth extraction(s) in the OMS office including:

- Consider the use of checklists. The anticipated extraction procedure listed on the schedule should agree with the procedure listed on the consent form, the treatment plan detailed in the patient chart, as well as the written referral request. Lack of agreement here should signal the need for a pause in treatment until the differences can be reconciled. Checklists have worked well for commercial airline pilots in their efforts to improve flight safety, and can also be effective in our efforts to improve patient safety in our practice.
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• Consider implementing a “time out” immediately prior to initiating treatment. “Time out” is a standard procedure performed in the hospital operating room to confirm the correct surgical site and planned procedure, and can easily be implemented in our offices. Consider empowering your staff to do anything necessary to stop a wrong tooth extraction or any incorrect procedure by whatever means necessary. This can include shouting the word “STOP!” It is far better and easier to explain that to a patient than to explain the fact that you have just removed the wrong tooth.

• Defer treatment if there is less than absolute certainty about the final treatment plan. As inconvenient as that may seem to both the patient and the OMS office, it is better to delay treatment and reschedule the patient than to remove the wrong tooth and potentially initiate expensive and time consuming litigation.

In the event that you inadvertently remove the wrong tooth, what should be done next?

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<td>1</td>
<td>Explain to the patient that the wrong tooth was removed. Disclosure of this fact is appropriate.</td>
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<td>2</td>
<td>Notify OMSNIC immediately. Experienced and professional members of the claims department are readily available to provide assistance.</td>
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<td>3</td>
<td>Notify the referral about the incident.</td>
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<td>4</td>
<td>Consider offering to replace the tooth with a dental implant (if indicated) at no charge and cover restorative costs as a gesture of good will. The final costs incurred by the OMS are minute compared to the cost of and the time lost from practice dealing with litigation. In these situations, consult with an OMSNIC claims analyst to discuss whether a patient release is appropriate.</td>
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