The National Society of Dental Practitioners
RISK MANAGEMENT Newsletter
Volume 34 | No. 2

# Facilitating Optimal Dental Team Performance Through Education

Creating a well-functioning dental team requires more than simply hiring the best people—dentists must provide ongoing education, so the team can function at their best. Facilitating optimal performance is essential because each team member providing patient care or customer service represents the dentist's business, which means each team member has the power to contribute to the success-or failure-of the business.

Using education to ensure team members deliver quality care and provide customer-centered service will translate into a successful practice that stands out from competitors. It will also reduce the risk of legal action as the result of an error and help avoid penalties or other negative consequences from failing to adhere to local, state, and federal regulations.

Other benefits of education include staff members who feel more valued and enjoy working together, making them less likely to leave for another job, and decreased risk of injury at work. On-the-job injuries can result in fines from agencies such as the Occupational Safety and Health Administration (OSHA). By answering the questions that follow, dentists will enhance the likelihood that education initiatives will be successful.

## What education is needed?

Dentists should consider the ongoing education needs for different categories of staff members: office administration (includes the office manager, billing personnel, and receptionist), dental assistants, dental hygienists, and dentists. Some education needs, such as cultural sensitivity, span all groups. The overall education plan should include required and optional topics (see Required and suggested topics for dental staff).

Many required topics come from the need to meet mandated standards from agencies such as OSHA and to meet legal requirements such as those in the Health Insurance Portability and Accountability Act (HIPAA). For example, staff must understand privacy and security requirements related to protected health information. Another example: new or modified dental procedures and materials require thorough training to maintain patient safety and office efficiency. Clear direction on "scope of practice" is also important to prevent misunderstandings and adverse outcomes.

Another example of a required topic is Section 1557 of the Patient Protection and Affordable Care Act (ACA). This section prohibits discrimination on the basis of race, color, national origin, sex, age, or disability by providers who receive federal funding. Staff need to know that this section requires them to take "reasonable steps" to communicate (including providing education) in the language of the patient's choice through the use of written materials or translation services. Staff also need to make adjustments to meet the communication needs of patients who are disabled, for instance, by providing audio instructions for patients with visual impairment.

It is also important to note that staff understanding of required topics such as HIPAA and Section 1557 of the ACA protects the dentist against legal liability and regulatory penalties. These topics, which should be covered annually, also make good business sense. When patients feel comfortable that the dentist and staff will keep health information private and secure and when there is accommodation to meet communication needs, trust is built. This trust promotes positive customer relationships.

Sources of optional topics include suggestions from staff, anticipated future needs, and observation of behaviors in the office. Staff suggestions can come informally or through a short needs assessment survey with questions such as: *What skills do you need to better do your job? Which topics (provide a list) are of highest interest to you?*

A scheduling system upgrade is an example of an anticipated education need. Noting that certain staff members fail to identify themselves by name is an example of an observation that could signal the need for an education program.

## Who should pay for education?

For mandatory topics, the dentist will need to provide the education, either internally or by sending staff to external programs. Education should be a part of the annual budget. The Small Business Administration notes that education costs are tax deductible provided the education maintains or improves job skills.

## How can education be delivered?

The days when lecture was the standard for delivering education are gone. Staff members, particularly younger ones, are often looking for more independent, creative ways of learning. This frequently takes the form of self-study online education programs. Quick, interactive education can also be slotted into regular staff meetings or presented as part of "lunch-and-learn" programs.

Keep in mind that not all education needs to be formal. Dentists can provide posters that remind staff of key points such as infection control precautions. Another strategy is to use quizzes that staff complete and enter into a drawing for a small prize.

Other low-cost education options to consider:

- An employee with strong communication skills might want to teach others.
- Local chapters of national associations might have education as part of their meetings.
- Many types of live and on-demand courses from various education sponsors are available at no cost. However, these types of courses often require highly motived learners.
- Government agencies offer free education resources. For example, the Centers for Disease Control and Prevention (CDC) offers online courses on **infection prevention** (https://www.cdc.gov/oralhealth/infectioncontrol/safe-care-modules.htm) for dental health care settings and information on how to **prevent sharps injuries** (https://www.cdc.gov/sharpssafety/index.html). Another resource for education is the Agency for Healthcare Research and Quality (AHRQ). The **TeamSTEPPS®** (https://www.ahrq.gov/teamstepps/index.html) education resources provide

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evidence-based training programs to improve teamwork, communication and patient safety. A **dental-specific module** (https://www.ahrq.gov/teamstepps/dental/index.html) is available.

## What needs to be documented?

In addition to providing education, dentists need to maintain detailed records of who completed which educational programs. For "live" programs, use a sign-in sheet that has the date, name of program, and names of attendees. For online education, require a certificate (if one is available) or have the staff member attest in writing that he or she completed the program. Make sure this is date-specific. Dentists can also have staff sign a policy and procedure document to indicate their review.

Keep an education record in each staff member's file. It is also a good idea to keep a master list of all education programs; in fact, OSHA requires a written training log that each employee signs. Education records should be kept for at least 3 years and include the dates of education sessions, a summary of the content, names and qualifications of the person(s) conducting the session, and names and job titles of everyone who attended the session.

Assign someone, such as the office manager, to set up calendar reminders for annual mandatory programs. In addition, link education to outcomes. For example, did the incidence of needlestick injuries fall after a new type of annual education on this topic was implemented?

## Value of education

Regular education opportunities will not only help staff hone their skills, but also protect dentists from potential liability. By having a plan and documenting the results, dentists can foster an environment that encourages every team member to perform at their best.

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## REQUIRED AND SUGGESTED TOPICS FOR DENTAL STAFF

Consider these topics when building an education plan.

**Required**

- Office policies and procedures
- Health Insurance Portability and Accountability Act (HIPAA) educational requirements
- OSHA educational requirements*, including:
  - Exit routes/emergency action plans
  - Workplace violence
  - Bloodborne pathogens
  - Hazard communication
- EPA requirements for dental offices, including education on requirements for waste water and amalgam waste.
- Section 1557 of the Affordable Care Act (ACA)

**Suggested**

- Communication skills (including phone, text, and email etiquette)
- Conflict management
- Cultural sensitivity
- Courses related to enhancing an employee's skill, such as new clinical techniques or billing tools

*OSHA requirements are broad and not limited to topics listed here. OSHA maintains a web page with information about interpreting its requirements at: www.osha.gov/SLTC/dentistry.

**RESOURCES**

Beesley C. 8 tips for training your small business employees on a budget. SBA. 2016. www.sba.gov/blogs/8-tips-training-your-small-business-employees-budget.

HHS.gov. HIPAA for professionals. 2017. www.hhs.gov/hipaa/for-professionals/index.html.

HHS.gov. Section 1557 of the Patient Protection and Affordable Care Act. 2017. www.hhs.gov/civil-rights/for-individuals/section-1557/index.html.

Occupational Safety & Health Administration. Medical & dental offices. 2003. www.osha.gov/Publications/OSHA3187/osha3187.html.

Weltman B. 5 ways to support staff with education and development. SBA. 2016. www.sba.gov/blogs/5-ways-support-staff-education-and-development.

# Dental Expressions® – From the CNA Claim Files

Dentistry is a team business. No matter how or where you look in a dental practice, dental team members are vitally important to patient safety, risk management and practice success. With multiple patient contacts in a variety of interactions, dental team members have a profound ability to improve patient satisfaction and safety, reducing the likelihood of a professional liability claim.

To illustrate, this article provides several examples of patient safety, professional liability and/or dental licensing board incidents involving dental team members. The scenarios support the importance of training team members on risk management concepts, involving them in the development and improvement of office protocols, and mentoring/monitoring activities over time to ensure consistent quality and compliance.

Incidents that arise due to dental team member activities may lead to "vicarious liability."

The legal theory of vicarious liability holds employers responsible for the acts and omissions of their employees, based upon the legal concept of *respondeat superior*. Vicarious liability risks are typically clinical in nature, although they can be based upon communication

errors or omissions. Non-owner dentists also must mentor/monitor dental team member performance: the owner/employer may be vicariously liable, but a supervising dentist is also directly responsible for professional patient care-related acts or omissions of dental team members under their supervision.

### Scenario 1: Infection Control Breach

**Facts and allegations.** A dentist contacted the risk management support line after discovering that a dental team member had breached the office infection control protocol. This issue involved dental handpieces where the team member failed to comply with the office protocol by only treating the devices with a surface disinfectant to prepare them for re-use. The handpieces were not sterilized, increasing the risk of cross-contamination and patient exposure to pathogens. The dentist learned that this was not a one-time breach, as may occur with sterilization equipment failure, but had been occurring for several weeks. The dental team member explained that she decided to process the equipment in this way to save time. The number of handpieces available was insufficient, and running them through the sterilization cycle was causing delayed operatory setup and scheduling backlogs. She further stated that she did not think it was a "big deal," since she had used the same process in the past when working for other dentists. The dentist indicated that the employee had been with the practice for several years and that the office conducted annual OSHA bloodborne pathogen and infection control training. The dentist immediately terminated the employee.

### Scenarios 2: Scope of Practice Breach

**Facts and allegations.** In this scenario, a dental board complaint alleges "substandard care" during crown treatment. After the preparation and impression visit, the patient returned for removal of the temporary and delivery of the final crown. The complaint alleges that "The dental assistant attempted to remove the temporary tooth and was having difficulty. She then "used the drill" and removed the temporary. Finally, the assistant "attempted to apply the drill to the very sensitive [prepared tooth] area, not once but several times. I jerked away, causing her to bump into adjacent teeth with the drill. It was horrifying. I believe the dental assistant was practicing out of her scope of practice."

### Scenario 3: Inappropriate Patient Contact

**Facts and allegations.** The mother of an adolescent female patient was very upset and filed a police report after the following incident. The patient visited the dental office for removal of her braces. Active treatment was complete, and she would be receiving retainers. A male orthodontic dental assistant, employed by the practice owner, had worked with the treating independent contractor orthodontist for a number of years. The assistant removed the patient's braces and when finished, the assistant kissed the patient on her cheek. This behavior was unexpected and disturbed the patient. She missed school the following day and later met with the school counselor. According to the two dentists, nothing like this had ever happened in the past. Soon after the incident, the assistant was terminated.

### Scenario 4: Failure to Follow Documentation Procedures

**Facts and allegations.** This scenario resulted in the filing of a liability claim and lawsuit against a dentist involving an alleged patient injury during tooth extraction. In the course of preparing the dentist's defense, a problem was discovered with the informed consent documentation. Only the signature page of the two-page consent form was included in the dental record. Moreover, there was no documentation in the record of a consent discussion. The office had transitioned to electronic records and at this time, paper consent forms were being scanned and saved electronically in PDF file format. Original paper documents were not retained. It was later determined that a long-time dental team member made an independent decision to save computer space and simplify/speed up the process. Only the signature page was scanned into the record. As the office failed to validate the transition from paper to e-records and did not conduct routine chart audits, the erroneous process was not discovered until significant time had elapsed the team member's decision.

### Overall analysis and recommendations:

From a claim perspective, these specific incidents did not represent "high loss" outcomes. (However, two cases did result in significant losses in the mid-five figure range.) For each example, a relatively minor variation in the facts, or in the actions taken by the patient or parents in response to the incident, may have led to much greater losses, and even criminal prosecution. Were dentists/employers at fault? Employees? Both? Importantly, were processes, protocols and training implemented *and understood* to help prevent the incidents? Is "placing blame" necessary in all cases?

Related to the dental team training theme, a few points to consider include:

- All training efforts are important and some topics are required by laws/regulations. However, documented training does not equal understanding and compliance. It is important for dentists/employers to train, but also to discuss with team members: (i) the rationale for training; (ii) the risks associated with non-compliance; (iii) the corrective actions or consequences for non-compliance; and (iv) the steps required to propose and gain approval for process/protocol changes and improvements.
- Does the practice embrace a "just culture" approach? [Resource: "Understand Just Culture" video clip- https://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/videos/07a_just_culture/index.html]A just culture recognizes that while human beings are fallible, they are also capable of learning from errors. When individuals feel comfortable disclosing and discussing errors and lapses in judgment, it becomes possible to correct problems via process improvements, education and coaching. While incidents such as those described often lead to placing blame and termination, the circumstances may implicate a system or process failure as the root cause. On the other hand, a just culture does NOT condone reckless behavior or decisions that reflect a disregard for patient safety. Some of the behaviors in the scenarios MAY have been associated with a lack of training or other process issues, leading to a failure to understand the risks associated with a decision. It is also possible that a detailed review of each scenario may lead one to conclude that one or more of the individuals acted in a reckless manner.
- Dentists and other employers generally want to hire individuals who are proactive, innovative and driven to improve their knowledge and skills. In the clinical setting, innovation and skill enhancement must follow an appropriately mentored and monitored process that incorporates safety and risk assessment concepts, while also considering the appropriate scope of practice. Are dental team members engaged in risk assessment and protocol development when the office implements a new procedure? Do they understand the scope, the training required to expand it, and the process for implementation?

As dentists and dental team members read this article and consider the scenarios, we hope that more questions and considerations come to mind. Then, take the next step. Discuss those questions and discover the best answers and approaches to address them within your practice environment.

Achieving a just culture requires the fostering of accountability on the part of both the employer that implements systems and processes, and the individuals who make choices within those systems. When we acknowledge that no practice is perfect, and then begin to recognize, track and objectively analyze adverse events as a dental team, we establish a solid platform for learning and improvement that will benefit patients and the dental practice.

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