Dental Office Self-assessment Tool

This checklist is designed to help dentists evaluate their risk management readiness and take measures to reduce exposure. While it focuses on the topics explored in Part 3 of this report, it also addresses other common vulnerabilities. For additional dental risk control tools and information, please visit www.cna.com/dentists.

Informed Consent/Refusal	Yes	No	Comments
Do you and your staff know the components of informed consent?			
Do you know when an informed consent discussion is required?			
Do you document in a progress note that informed consent was obtained?			
If you use a written informed consent form, does it			
Have a patient-friendly title and use lay terms/language?			
Discuss the nature of the proposed treatment?			
List alternative treatments?			
Discuss possible complications of the recommended treatment?			
Allow some degree of customization?			
If you use a written informed consent form, do you			
Also have a face-to-face discussion with the patient?			
Permit the patient sufficient time to ask questions?			
Answer all patient questions?			
Give a copy of the form to the patient to retain?			
Include the signed form in the patient record?			
Is there a formal process for obtaining and documenting patients' informed refusal of treatment?			
If so, does the process involve explaining the potential consequences of declining treatment recommendations and documenting this discussion?			
Are you aware of your own stated informed consent requirements, as delineated in the state practice act or regulations?			
Have you downloaded CNA sample informed consent forms for reference?			

Referral-related Practices	Yes	No	Comments
Before commencing a complex procedure, do you			
- Assess the patient's clinical needs and the difficulty of the procedure?			
 Consider the patient's medical history, expectations and personality traits, as well as the strength of the doctor-patient relationship? 			
 Discuss during the informed consent process the risks and potential complications associated with the procedure, and offer the option of referral to a specialist? 			
If you decide to refer and the patient refuses, do you reevaluate whether or not to proceed with treatment?			
• If you refer mid-treatment, do you contact the specialist to check on the outcome and also call the patient for an update?			
Do you use a written referral form for every referral and retain a copy in the patient record?			
Do you require a written referral form from all providers who refer to you?			
After making a referral, do you call the other provider to confirm that the patient followed up?			
If patients do not follow through, do you explain to them the potential consequences of ignoring a referral recommendation?			
Do you document all referral-related information and communications in the dental record?			
Do you review upon receipt all reports, progress notes, radiographs and other information relating to referral treatment?			

Patient Care and Documentation	Yes	No	Comments
Do new patient and recall examinations include a provisional, differential or specific disease diagnosis for positive findings?			
Is there a process or protocol in place to confirm at each visit the surgical/ treatment site, procedure, tooth number(s), surface(s), etc.?			
Do you use rubber dam isolation for all endodontic procedures, and if not, do you consider specialist referral or other treatment options?			
Are immediate response and follow-up procedures in place for medical emergencies and potentially serious adverse outcomes, including surgical and non-surgical nerve injuries/paresthesia, swallowed/aspirated objects and sinus perforation?			
Do you provide patients with written post-procedure instructions, when appropriate?			
Do you clearly document the patient's chief complaint, or alternatively note "none" in the patient record?			
Do you document all diagnostic findings, both positive and negative?			
Do you document care plans, including proposed treatment and follow-up/reassessment needs?			
Do you fully document completed treatment plans and/or therapies?			
Do you document recall notifications, appointment cancellations and no-shows in the patient record?			
Are all employees trained in stringent record-keeping practices?			
Do you enter supplemental treatment notes in the next available space, and never leave blank spaces in the patient record?			
If a paper record requires correction, do you avoid obliterating the original notation?			
Do you audit clinical records internally on a regular basis to assess documentation quality?			
Does the practice have a written record release and retention policy?			
Is a formal patient recall system in place for implantable devices?			
Do you check the patient record for completeness and consider the dentist-patient relationship before sending a patient to a collection agency or initiating a court action to collect a debt?			

Patient Satisfaction, Safety and Education	Yes	No	Comments
Do you have a process in place to monitor			
Overall patient satisfaction?			
Satisfaction with professional staff?			
Satisfaction with charges and payment policies?			
Satisfaction with scheduling policies and hours of service?			
Satisfaction with urgent/emergency care protocols and availability?			
Satisfaction with referral policies?			
 Other relevant patient satisfaction parameters, such as excessive waiting times and staff response? 			
Do you review patient satisfaction survey results on a regular basis?			
Do you analyze low satisfaction levels for underlying causes and take appropriate corrective actions?			
Are office safety issues and incidents discussed at staff meetings, and are security measures regularly reviewed and updated?			
Is a procedure in place to manage "angry patient" situations?			
Are patients informed promptly of delays and given a choice between waiting and rescheduling the appointment?			
When working with a new patient or beginning a new treatment plan, do you inquire about functional, cosmetic/esthetic and financial expectations?			
Are unreasonable expectations identified, discussed and resolved to each party's satisfaction?			
Do you discuss the patient's prognosis and the probable outcome of procedures, in order to avoid inadvertent guarantees?			
Do you reassess patient expectations following job, health, family or other changes?			
Do you and staff members routinely educate patients about			
Office business practices and the patient's financial responsibilities?			
Office infection control practices/procedures?			
Processes for managing patient concerns and complaints?			
Does the office utilize dental educational resources suitable to individual patients' level of health literacy?			
When a patient requests a refund, do you fully consider			
The doctor-patient relationship (i.e., historical considerations)?			
The patient's perspective (i.e., empathetic considerations)?			
- The "Golden Rule" (i.e., ethical considerations)?			
Possible consequences if a refund is given or not given (i.e., practical considerations)?			
Before giving or refusing to give a refund, do you seek advice from the insurer, an attorney, professional association or some other knowledgeable third party?			

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333 South Wabash, Chicago, IL 60604 1-866-262-0540 www.cna.com

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