



Dental Professional Liability | Managing Adverse Events

Complications During Treatment and Post-treatment Complications

Please Note

A number of sample risk management forms and letters are available electronically in association with this manual, including written informed consent templates, patient termination letters, records release authorization forms and others. Dentist's Advantage-insured dentists may access these sample documents on the [Dentist's Advantage website](#).

Each PDF sample permits customization: copy and paste the sample text from the PDF template document to a text editing file (MS Word, Apple Pages, etc.); edit text and add your dental practice information where appropriate; save the file to create a blank form for ongoing use. If necessary, customize the text of the form template for specific patient needs. You may wish to include components from various sources if the templates provided do not meet the needs of your practice.

While a number of form templates are available, documents are not available for every dental procedure. We encourage you to create consent forms for those dental procedures you perform frequently. You may wish to use the sample consent forms as an outline and review the manual section on informed consent. Consider consulting your attorney to ensure that your forms comply with state informed consent statutes.

Risk management content and resources are provided for illustrative purposes only. The information is intended to provide only a general overview of the matters discussed and is not intended to establish any standards of care.

Complications During Treatment

Complications occasionally occur during treatment and sometimes result in claims. However, there are steps that can be taken to reduce the likelihood of a complication and also the impact of that complication on both the dentist and patient.

Before a Complication Occurs

- Assess whether or not the procedure (such as an extraction, root canal, or periodontal surgery) *and the foreseeable complications* are within your skill level. If not, refer the patient to the relevant dental specialist.
- Inform the patient that in the event of a complication, you will refer him or her to an appropriate specialist. The risks and potential complications of the treatment must be explained as part of the informed consent process. Therefore, the *possibility of specialist referral* should be provided at the same time. If the patient objects to the prospect of referral, re-evaluate whether or not you wish to proceed.
- *Determine in advance* your office policy concerning charges for procedures during which a complication arises, requiring a referral.
- It is neither right nor wrong to charge the patient — it is an individual dentist's decision whether or not to do so. However, many dentists decide not to bill the patient for "patient satisfaction" reasons, since satisfied patients generally do not allege malpractice. **Waiving the fee does not constitute an admission of liability.**

Once a Complication Occurs

- Be objective about your ability to address the complication. Use prudent judgment. Ask yourself, "What is in my patient's best interest *at this point in time?*" A referral made following a treatment complication is *not* an admission of negligence in and of itself. In fact, it can often help your defense.
- Be confident about the referral. If you've told the patient of the potential for a referral in advance, there should be no resistance.
- If you refer mid-treatment, follow up with the patient after treatment. Call the specialist as soon as you think the patient has arrived for care. Ask the specialist to contact you when the treatment is complete so you may talk to the patient. Call the patient that evening to ask about his or her condition.
- Document the events thoroughly. Start by collecting your thoughts. Review the events with any staff members who assisted you or the patient, outlining your ideas on a separate piece of paper. Then, write your treatment note, considering the following elements:
 - Factually document what occurred.
 - Focus on what you did that best served your patient's needs.
 - Do not imply that you were careless.
 - Do not rationalize or attempt to defend the complication in the record.
 - Despite a dentist's best efforts to prevent or avert an adverse outcome, a complication may arise. Depending upon the nature and severity of the event, your state board may require filing a report with the board. Contact your state board for information about requirements that may apply.

Once a **complication** occurs **be objective** about your ability to address it. Ask yourself, "What is in my **patient's best interest** at this point in time?"

Post-treatment Complications

Some treatment complications will not manifest themselves until after the patient has left the office. The following suggestions are offered as a post-treatment complication arises.

Clinical

- Insist the patient come to the office for evaluation and/or observation, allowing you a better opportunity to make the correct diagnosis and prescribe the correct treatment and/or medication.
- Have the patient return to the office periodically for your continued evaluation until the problem is fully resolved.

Communication

- Inform all patients of your post-operative protocol before treatment begins, including the manner in which you follow up with post-treatment complications.
- Inform patients in advance that in the event of a post-treatment complication, they will be required to come to the office one, two, or more times for examination, diagnosis and treatment.
- Explain to all patients the possibility of post-operative complications. For example, extraction patients should be informed of the possibility of infection, bleeding, swelling, pain, and paresthesia/dysesthesia/anesthesia, to name a few.

Documentation

- Include information about post-operative complications in your informed consent discussion and in any written patient treatment information or post-operative instruction documents. Review consent form templates available online for useful examples. *Please refer to [page IX](#) for information about access to risk management forms.*
- Thoroughly document cases involving post-treatment complications using the SOAP format of record keeping. The SOAP format is outlined in the Record Keeping and Documentation section of this manual.
- Document all pertinent phone conversations and email communications, including patient complaints, return calls to patients, and calls to pharmacies or other practitioners.

Message systems and answering services

- When voice mail or an answering machine is used:
 - Provide a clear message with a phone number to call in case of an emergency.
 - Allow ample time for patients to leave a complete message.
 - Monitor for messages frequently.
- If you are completely unavailable, change your message to inform callers of your lack of availability and provide clear directions on the alternative care plans that you have implemented in your absence.
 - Always state how patients can access emergency care if you are unavailable or do not respond — such as “If you do not receive a return call from me within 20 minutes and you feel you have an emergent problem, call Dr. Smith at 765-4321.” Whenever possible, avoid referring patients of record to urgent care centers or hospital emergency rooms.
- Answering services must specifically identify themselves as such and not as the dentist’s office.
 - Develop a list of questions for the answering service to use to screen emergencies.
 - Have your service promptly report all calls so emergencies can be handled immediately.

For more information call Dentist's Advantage
at 888-778-3981, or navigate to the
Dentist's Advantage website Risk Management section.



In addition to this publication, CNA and Dentist's Advantage have produced additional risk control resources on topics relevant to dental professionals, including: newsletters; articles; forms; letters; and claim scenarios.

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