



DENTAL EXPRESSIONS®

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Safety Checklists: A Key to Reducing Errors and Risk Exposure

Dentists and other healthcare practitioners have an ethical and legal duty to make both their procedures and their premises as safe as possible for patients, staff members and visitors. A [previous issue of *Dental Expressions*®](#) discussed the concept of creating a culture of safety. This issue will further explore one aspect of such a culture: the use of checklists in the dental office setting to reduce the likelihood of errors and create a safer environment.

Consistent checklist usage can help address what the CNA dental claim database reveals as the primary cause of loss, in terms of both frequency and severity: inadequate precautions to prevent injury. This category comprises a wide range of lapses, such as:

- Accepting patients indiscriminately.
- Overlooking key factors in patient/case assessment.
- Neglecting or rushing essential procedural steps.
- Skipping necessary safety measures, such as double-checking site and procedure.
- Failing to communicate effectively with the patient.

By developing and utilizing checklists, dental office personnel can enhance consistency of care, reduce the potential for human error and indicate to patients that their safety is the highest priority. The list of tips on [page 4](#) is intended to aid dental practices in drafting clear, effective and realistic checklists.

CLINICAL TREATMENT ISSUES

Safety checklists can usefully support a variety of clinical functions, including patient assessment, preparation for dental procedures, swallowed object prevention and medical emergency response.

Patient assessment. Written safety checklists should be used to evaluate patients for complicated, higher-risk and less frequently performed procedures, including extractions (see below), root canals, complex crown and bridge cases, implants (both placement and restoration), and surgery involving incision and flap reflection (e.g., perio, endo, preprosthetic, etc.).

Pre-procedure preparation. Safety checklists addressing the following aspects of pre-procedure protocol (among others) can help minimize risk for both patients and dentists:

- *Patient verification*, as well as informed consent documentation and confirmation that the patient is aware of the procedure to be performed.
- *Documentation requirements*, including pre-, intra- and post-procedure notations.
- *Patient “huddles,”* whereby patient-specific concerns – including past dental history, medical alerts and medication status – are addressed before treatment.
- *Anesthesia verification*, e.g., medications to be used and special precautions for adjuncts, such as oral sedatives or nitrous oxide.
- *Specific safeguards for different patient categories*, including the very young, the elderly and the handicapped.
- *Formal time-out processes for surgical procedures*, in order to verify procedure, tooth number and surface, as well as to reevaluate available diagnostic information.

Extractions. Surgical and simple extractions are at the top of the claim severity list and hence serve as a classic example of procedures that should involve use of safety checklists, including patient assessment and pre-procedural reminders.¹ While a complete review of extraction risk factors is beyond the scope of this article, safety checklists associated with these procedures should reflect a systematic, safety-minded approach that is aligned with clinical guidelines and in accordance with the applicable standard of care.

For third molar extractions, both general dentists and specialists should review the information available from the American Association of Oral and Maxillofacial Surgeons. Depending upon the state, the standard of care for this procedure may be based upon the care provided by an oral-maxillofacial surgeon. The following sources also may prove useful when compiling extraction-related safety checklists:

- [“The Management of Impacted Third Molar Teeth.”](#)
A statement by the American Association of Oral and Maxillofacial Surgeons, 2013.
- Renton, T., Smeeton, N. and McGurk, M. [“Factors Predictive of Difficulty of Mandibular Third Molar Surgery.”](#) *British Dental Journal*, June 9, 2001, volume 190:11, pages 607-610.
- Roy, I. et al. [“Importance of Clinical and Radiological Parameters in Assessment of Surgical Difficulty in Removal of Impacted Mandibular 3rd Molars: A New Index.”](#) *Journal of Maxillofacial Oral Surgery*, September 2015, volume 14:3, pages 745-749.

QUICK LINKS

- [“Back to Basics: Safety Checklist for Dental Equipment Semiannual Reminder.”](#) *ADA Professional Product Review*, September 2015. Also available for purchase [here](#).
- Canham, L. [“Conduct Your Own Mock OSHA Inspection.”](#) *Dentistry iQ*, October 2010.
- Cuny, E. [“First, Do No Harm”](#) (abstract of guest editorial). *Journal of the American Dental Association (JADA)*, June 2013, volume 144:6, pages 566-568.
- Harden, S. and Roberson, J. [“8.5 Tips for Dental Safety Checklists.”](#) *Dentaltown*, March 2013.
- Pinsky H., Taichman, R. and Sarment, D. [“Adaptation of Airline Crew Resource Management Principles to Dentistry”](#) (abstract). *JADA*, August 2010, volume 141:8, pages 1010-1018.

Verification of site and procedure. Approximately 2.5 percent of CNA’s dental claims are the result of wrong-tooth treatment or extraction – a preventable and indefensible error. Therefore, once the decision is made to perform the procedure and informed consent is obtained, the next step is to confirm the correct surgical site via procedural checklists. By implementing a “time-out” procedure, based upon [The Joint Commission Universal Protocol for preventing wrong site, wrong procedure and wrong person surgery](#), dentists can significantly reduce the likelihood of wrong tooth treatments. The verification process should involve the entire dental team, as well as the patient.²

Swallowed object prevention. Swallowed/aspirated objects comprise almost 7 percent of CNA dental claims, underscoring the need for a preventive strategy. The swallowed object safety checklist should include such risk management measures as high-volume evacuation testing and setup, use of a pharyngeal gauze block and patient education on head positioning.

Emergency medical response. State dental practice act laws and regulations may require emergency training and certification of both dentists and dental staff, as well as the availability of certain life-saving medications and/or equipment. Emergency response checklists therefore should address such safety and compliance issues as training, medical emergency kit components, and availability and inspection of in-office life-support equipment.

By placing emergency checklists in strategic locations – such as in the office emergency kit and near telephones – dentists can help staff respond more effectively and consistently to crisis situations. Together with regular emergency drills for all providers and staff, such checklists are an essential means of preventing panic, protecting patients and minimizing risk.

¹ Upcoming issues of *Dental Expressions*® will present updated information on managing endodontic and dental implant therapy risks, both of which also rank high on the list of loss-producing procedures.

² See the [Safety Net Dental Clinic Manual website](#) for additional information about dental time-outs and wrong tooth prevention.

PROPERTY RISKS/PREMISES SAFETY

While property-related risk control may seem like a distraction from the demands of clinical practice, the time spent detecting risks, remediating potential hazards and reviewing insurance coverage represents a valuable investment in peace of mind. The following safety measures should be considered for incorporation into every dental practice's premises safety checklist:

Property risks:

- *Tour the premises on a regular basis*, following the path of patients and visitors from the parking lot to the operatory. If possible, conduct safety tours with someone from outside the practice who is conversant with property hazards and can observe the office and grounds objectively.
- *Look carefully for potential dangers*, such as parking lot potholes, cracked paving, uneven steps, slippery or unswept floors, burned-out bulbs, sharp edges, loose carpeting, flimsy or broken furniture, unstable coat racks or cabinets, heavy objects on high shelves, open file or desk drawers, and electrical cords or computer cables strung across walkways.
- *In winter, assign a staff member to check every day for icy patches*, as well as snow-blocked paths and wet floor areas. This is particularly important for practices with older or disabled patients.
- *Use customized checklists to document inspections*, note observed problems, and indicate snow/ice removed and repairs made. As with all checklists, leave room on the form for comments.

Fire safety:

- *Develop and post an evacuation plan*, supported by regular drills.
- *Ensure that fire exits are unobstructed*, as well as clearly marked and easily opened.
- *Install smoke detectors* and assign a staff member to test detectors and fire alarms regularly.
- *Test and recharge fire extinguishers periodically* in accordance with manufacturer recommendations.
- *Avoid overloading electrical circuits*, which may result in both frequent outages and increased fire hazard.
- *Inspect wiring regularly*, especially in older buildings, and check outlets for the unsafe use of extension cords, multiple sockets, power strips and the like.
- *Train employees in the proper handling of compressed gas*. Include this training in the orientation process (which should have its own checklist) and document completion.

Practice management:

- *Read your lease carefully*. Check how "premises" is defined and which party – landlord or tenant – is responsible for public areas.
- *Remain current on state, federal and local safety regulations*. Professional publications are a good source of information on this topic, as are OSHA seminars and related events.
- *Establish an emergency plan and accident reporting policy*. Include these policies in the office policy manual and have all newly hired staff members read and sign them.
- *Make safety a practice priority*. Discuss accident prevention programs at staff meetings and encourage staff to ask questions and report any unusual events.

Insurance issues:

- *Read your policy carefully*. Check that the correct name of the insured business entity appears on the declarations page of the policy.
- *Know the types of damages covered and excluded by the general liability insurance policy, as well as its monetary limits*. The state administrator agent can answer coverage-related questions.
- *Notify the insurer immediately in the event of an accident*, a complaint to the state dental board, a letter from an attorney or any other sign of a potential claim.
- *Discuss safety, liability and risk management questions with an insurance representative and/or consult the [Professional Protector Plan® for Dentists website](#)*.

The use of checklists can significantly enhance consistency and continuity of operations within a dental practice, even as personnel change over time. By developing, utilizing and regularly updating checklists, dentists can support a practice-wide culture of safety and risk awareness.

Tips for Creating Safety Checklists

Standardized checklists are readily available from both commercial and nonprofit organizations. Dental providers must be ready to adapt and customize sample templates, in order to ensure alignment with the practice's habits, workflow and culture.

The following content and format tips can help dentists create more effective checklists:

- 1. Focus on critical actions.** A dental safety checklist is not an audit tool and need not incorporate every step in a process. The list's focus should be on key actions – such as wrong patient/procedure/site protocols – that may well cause significant harm if not performed.
- 2. Make it brief.** Checklists are meant to facilitate vital cross-checks and verifications among dental staff. They should enumerate a limited number of action-oriented interventions, in order to enhance awareness of necessary steps and potential lapses. Remember that too-long, overly detailed checklists may provoke staff resistance and avoidance.
- 3. Incorporate verbal verifications.** Checklists should require verbal confirmation of essential steps to help promote mindfulness and responsibility among staff members. To increase compliance, provide visual cues within checklists, such as highlighting verifications in red.
- 4. Script any required dialogue.** By incorporating standardized language where appropriate (e.g., for verbal confirmations), safety checklists can enhance consistency and reduce the likelihood of uncertainty and miscommunication.
- 5. Include prompts for critical documentation.** For ease of use, checklist formats should correlate with the practice's documentation parameters. And by incorporating checklists into the record, dentists can enhance defense posture in the event of a lawsuit, provided that the practice consistently adheres to the written procedures.

Source: [Tips for Dental Safety Checklists](#)

CNA Risk Control Services

LOOKING FOR ADDITIONAL RISK MANAGEMENT INFORMATION?

Visit the Professional Protector Plan® for Dentists program website at www.protectorplan.com for additional resources. The site's Risk Management tab contains links to information about both our in-person CE seminars and our online self-study CE course.

Dental Risk Management Seminars

Dentists can obtain risk management information by attending any of the risk management seminars listed below, or by completing the CNA online self-study CE course (see above). For more information about our in-person seminars, please contact the nearest Professional Protector Plan state administrator agent.

When it comes to understanding the risks faced by dentists... **we can show you more.®**

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