

# the Sentinel

A publication of the College of Dental Surgeons of  
British Columbia for dentists and certified dental assistants

## Revised Dental Recordkeeping Guidelines

Like most aspects of healthcare, the standards for dental recordkeeping have evolved over the years. CDSBC recently updated its *Dental Recordkeeping Guidelines* to make

the dentist but also all the staff in the office in their provision of clinical care. It also allows a smooth transition if the primary dentist is unavailable and another dentist must complete the treatment.

**These Guidelines illustrate currently accepted best practices for dental recordkeeping.**

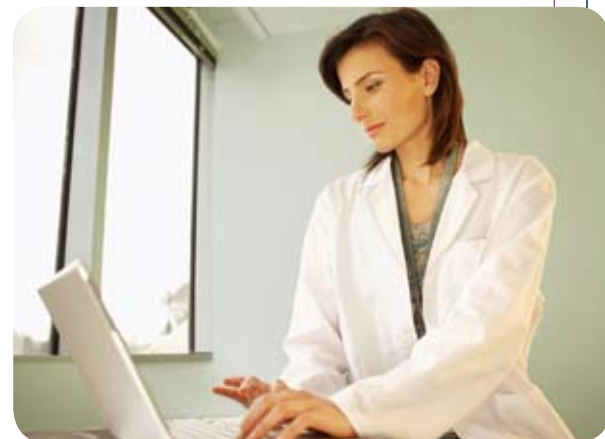
Good dental records protect both the dentist and the patient if a problem arises and a complaint is launched. In fact, dental records must be an accurate reflection of what took place at each visit. Without the evidence contained in dental records, anyone investigating a complaint could be forced to choose between the dentist's and the patient's version of events.

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them more accessible, and to address the trend toward electronic recordkeeping in dental offices.

"Recordkeeping is one of the fundamental elements of dentistry," says Dr. David Tobias, chair of CDSBC's Quality Assurance Committee. "It is the responsibility of all practitioners to maintain accurate patient records of their clinical findings, diagnoses and treatments with respect to each of their patients."

Dental recordkeeping contributes to the quality of patient care. It assists not only



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## President's Report Dr. Ash Varma

### HPA – One Year Later

We are approaching the one-year anniversary of CDSBC's transition to the *Health Professions Act*. For the past year, the College's communications with dentists and CDAs have focused on what the new legislation means in everyday dental practice. One thing that has not changed is the crucial role played by dentists and CDAs in the governance of CDSBC and the self-regulation of dentistry in this province.

Dentists continue to have a strong presence at CDSBC, as Board, committee and staff members. The profession is well represented on the CDSBC Board by eight dentists, along with two certified dental assistants and six public members. Dentists sit on all 11 standing committees of the Board and all but three of those committees are chaired by dentists. CDSBC also has three dentists on staff who work as Complaint Investigators.

The three elected officers (President, Vice-President and Treasurer) are dentists who work

closely together to oversee the organization. We meet regularly with the Registrar, who refers policy matters to the Board for decisions, and ensures the day-to-day activities of the College reflect the Board's decisions.

*Dentists continue to have a strong presence at CDSBC, as Board, committee and staff members.*

CDAs also have a strong presence at CDSBC, not only through representation on the Board but also through representation on almost all Committees and on staff. Currently, CDSBC has three CDAs on staff.

#### Dental care in emergencies

I hope dentists have had a chance to read through the package on dental emergencies that was recently sent out by CDSBC and the BCDA. It was designed to help dentists meet their legal and ethical obligations to

provide emergent care to patients of record and to members of the public. It also reflects the concerns that dentists have raised about this issue in the past.

As you'll see in the package, the Ministry of Health is also providing triage support for patients who want to speak to someone about their dental concerns outside of office hours. I know the Healthlink website and 8-1-1 line will be a useful resource to dentists and patients alike.

This is certainly an interesting time to learn more about what the College does to inform and assist dentists and CDAs. Whether it's through voting in the Board election, volunteering for one of our committees, or providing feedback on CDSBC initiatives or resources, there has never been a better time to make a contribution.

## New Resource for Dental Emergencies

All dentists should have received a resource package about dental emergencies in March. It was developed by CDSBC and the BC Dental Association to support dentists in meeting their legal and professional obligations for responding to dental emergencies after regular business hours.

The package is based on research conducted with dentists in large and small communities across B.C. and includes:

- revised wording in the Code of Ethics that clarifies a dentist's responsibility in dental emergencies;
- information about **www.HealthLinkBC.ca** and **8-1-1**, the B.C. government's free, 24-hour health information service that enables patients to access information and/or speak with a registered nurse about dental and medical conditions;
- a draft script for dentists to add **8-1-1** to their telephone messaging system as an adjunct to their existing emergency contact protocol; and
- tips from dentists about how to set up and run a successful after-hours on-call group.

Also included are two patient resources that dentists can use in their practices and personalize with their name and contact information:

- post-op patient instructions for care following oral surgery; and
- a patient information sheet *About Dental Emergencies*, which contains information about **www.HealthLinkBC.ca** and **8-1-1**.



### What Constitutes a Dental Emergency?

The College recently revised the definition of what constitutes a dental emergency. Dentists across B.C. provided feedback about the definition to ensure it was clear and easy to interpret.

*A dental emergency exists if professional judgment determines that a person needs immediate attention to deal with uncontrolled bleeding, uncontrolled swelling, traumatic injury or uncontrolled severe pain. Dentists have an obligation to consult with and provide emergency dental care to members of the public, or make a reasonable attempt to provide alternative arrangements in their absence.*

Professional judgement is the core principle of the definition and, when combined with a patient assessment, is the determinant of an appropriate response in an emergency or emergent situation. The statement reaffirms the responsibility of all dentists to ensure they, or another dentist, are available to respond to emergencies after regular business hours.

## Your Guide to CDA Services

Don't be left in the dark about the services a CDA can provide.

To help dentists and CDAs understand how these services are governed under the CDSBC Bylaws, the College created a new quick-reference document titled *A Guide to CDA Services*. It was mailed to registrants and certificants in the fall.

The Guide includes charts that outline the services that a CDA in each class of

certification can perform. They also list the services that can be **delegated** by a dentist and the services that must be **authorized and supervised** by a dentist.

For more information, visit **www.cdsbc.org/cda\_services**, and attend the CDSBC session *The New World of Dentistry Under the HPA* at this year's Pacific Dental Conference the morning of Friday, April 16.





## Registrar's Report Heather MacKay

### Volunteers Vital to College

As the regulatory body for dentistry, CDSBC is responsible for establishing and maintaining professional standards of oral health care, ethics and competence. CDSBC committees play a key role in the work of the College.

Committees provide recommendations to our Board in areas such as Quality Assurance and CE, Ethics, Sedation and CDA issues. Comprised of dentists, CDAs and public members, CDSBC's standing committees and working groups also develop programs and resources that provide practitioners with what they need to know to be able to practice safely and responsibly.

The revised *Dental Recordkeeping Guidelines* featured on this *Sentinel* cover is an example of how the Quality Assurance Committee identified the need to update a

document, researched best practices and current information, consulted with the profession and produced up-to-date Guidelines that are ultimately easier to access, read and

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interpret. Next, the College intends to develop a CE course based on the document, and is planning to produce supplemental brochures that provide more details about current topics and trends.

The Ethics Committee is in the process of modernizing the Code of Ethics to make it a principle-based document that encourages

the use of reasonable, professional judgement in decision-making. As you can read in the *In Brief* column, our joint working group with the BC College of Dental Hygienists is leading the way in researching and creating realistic infection control guidelines for dentistry in B.C.

These are just a few examples of how CDSBC supports dentists and CDAs in practice while regulating dentistry to ensure the protection of the public. Interested in learning more? I encourage you to visit our booth in the PDC exhibit hall where you can speak with senior CDSBC staff, get copies of our latest publications and pick up a CE eligible DVD *Tough Topics*. I also invite you to attend our session, *The New World of Dentistry under the HPA*.

### College Place Construction

The repairs to the exterior of the College Place building in Vancouver are nearing completion and the project is on budget. This work was required to protect the external

structure of the building and to prevent future damage. The next phase will see improvements to the building lobby, elevators and third-floor deck. When the renovations

are complete in late spring 2010, the building will have not only greater longevity but also a more contemporary appearance that will add value to this significant asset.

# New Logo for CDSBC

The College has a new logo that reflects the modern and professional character of the organization. And with CDSBC's recent transition to the *Health Professions Act*, the timing couldn't be better.

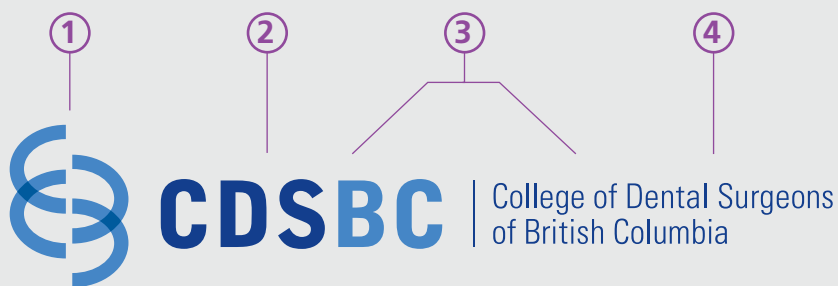
"The new logo gives CDSBC a strong and unique identity," says Registrar Heather MacKay. "It respects the history of the profession and symbolizes the integrity and trust that are inherent in an organization whose mandate is to protect the public."

One of the biggest changes is the new logo symbol. When viewed at a glance, there is a clear reference to the odontogram that is so familiar to

dentistry. Yet, when viewed more closely, each of the letters in "CDSBC" can be found within the curves.

The symbol also contains a stylized representation of the universal sign of healthcare: the snake curling around a rod. Blue remains the predominant colour, but the palette has been refreshed.

The new logo will be incorporated into all CDSBC communications and materials over the next few months, beginning with the website, renewal package, stationery and printed publications.



## ① Symbol

- References a traditional odontogram as well as the letters "CDSBC"
- The shape is also abstracted from the curves of the snake around the implied line of the rod

## ② Acronym

- Creates instant name recognition and gives the reader a consistent reference in shortening the full name

## ③ Typography

- The font is modern, clean and readable at reduced sizes

## ④ Full Name

- The full name is a permanent part of the logo ensuring clarity of meaning for the audience and reinforcing the acronym

*continued from front cover*

The revision of the Guidelines was led by the CDSBC's Quality Assurance Committee. "These Guidelines do not include any significant changes – yes, they are shorter and easier to read, but their main focus is to illustrate currently accepted best practices for dental recordkeeping," says Dr. Tobias.

The Committee sought input from the dental community, including UBC Faculty of Dentistry, the BC Dental Association and practising dentists. The document covers nine areas: medical and dental history, confidentiality, dental examination, informed consent, treatment records, electronic recordkeeping, financial and business records, drug records, and ownership, retention, transfer and disposition of dental records.

This is the first in a series of documents that CDSBC is preparing to help dentists establish and maintain strong recordkeeping practices. The College expects to publish companion documents about specific aspects of recordkeeping, including more details about electronic recordkeeping, as well as a dental recordkeeping course.

## Window on Complaints



Dr. Alex Penner (left), Dr. Cathy McGregor and Dr. Garry Sutton review patient files as part of their work as CDSBC Complaint Investigators.

When CDSBC receives a written complaint about a dentist or CDA, we take action. CDSBC's mandate is to deal with standards of care or conduct, which includes clinical issues as well as non-clinical matters such as patient communication, ethical issues or informed consent. The CDSBC does not accept complaints that are solely about financial issues.

Whether a complaint is submitted by another healthcare professional, a patient or a dental staff member, the primary focus of CDSBC's complaints process is on the protection of the public.

The CDSBC uses a framework that is common to all health professions regulated under the *Health Professions Act* (HPA) to investigate and resolve complaints. The complaints process

includes the use of alternate dispute resolution mechanisms and remediation as potential approaches to protect the public while improving practitioner conduct and practice.

**Every complaint is reviewed and assessed on its own merits.**

The complaints committee structure is changed under the HPA in that the Practice Standards and the Professional Conduct Committees are replaced by a single Inquiry Committee. This committee is responsible for accepting, investigating and resolving complaints. The new Discipline Committee

(replacing the former Inquiry Committee under the *Dentists Act*) has the ability to conduct hearings and impose financial and other penalties as the result of a complaint.

Working in conjunction with the Committees is a team of CDSBC staff, including the College Registrar. Three dentists serve as Complaint Investigators. Their role is to gather, document and evaluate information in preparation for referral to the Inquiry Committee. The investigators also interview both the complainant and the practitioner to gain an unbiased understanding

of the complaint. Other complaints staff provide administrative support to ensure the process runs efficiently.

One of the other changes resulting from CDSBC's regulation under the HPA is that it must publicly disclose the outcomes of disciplinary proceedings that result in actions taken against dentists or CDAs, including the name of the practitioner, the action taken and the reason for the action. Individuals making a complaint are also notified of the outcome.

CDSBC can withhold information when a registrant has an ailment or addiction and their privacy outweighs the public interest, or where the complainant could be publicly identified.

Read future issues of the *Sentinel* to learn more about complaints, including our new regular feature identifying some of the most common complaints.

# Complaint Summaries

This is a new feature in the Sentinel. It has been added to give dentists and certified dental assistants a better understanding of the nature of complaints received by CDSBC and how they are resolved.

The following summaries are based on actual complaints that were received by the College. Any identifying information has been removed to protect the identity of all parties.

## Summary #1

**Allegation:** The patient alleged that the dentist had extracted more teeth than had been agreed upon and that this had resulted in the existing partial denture no longer fitting. It was also alleged that the dentist did not deal adequately with the patient's post-operative discomfort.

**Summary:** The Complaint Investigator (CI) interviewed the patient and the dentist and reviewed all of the documentation provided, including the patient record and the dentist's written response. According to the dentist's report and the patient records, the extractions had been consented to by the patient, the consequences regarding the fit of the partial denture had been discussed and the patient's post-operative discomfort had been appropriately dealt with by the dentist. After considering all of the information, the Complaint Investigator found no information to support the allegations.

**Resolution:** Complaint dismissed pursuant to Section 32(3)(c) of the HPA.

## Summary #2

**Allegation:** The complainant alleged that the dental care that he had received over a number of years was not of an acceptable standard. He alleged that two subsequent treating dentists confirmed this. Specifically, there were concerns regarding the root canal treatment received as well as concerns about open crown margins and an ill-fitting bridge.

**Summary:** The CI reviewed all of the documentation provided including a response to the complaint from the dentist, reports from two subsequent treating dentists and all patient records and radiographs. In addition, the patient was interviewed. The CI concluded that there were areas of potential concern with respect to the standard of care given by the dentist. He met with the dentist and reviewed these concerns. While the prosthodontic treatment appeared

to be of acceptable standard under the circumstances, there appeared to be several areas of concern with the dentist's endodontic treatment. The dentist acknowledged that some of the endodontic treatment provided was not acceptable and he admitted that he often had difficulty obtaining a satisfactory result with root canals.

**Resolution:** It was agreed that the dentist would not perform any endodontic procedures until he had taken an intensive course in endodontics. Following successful completion of that course, he agreed to join an endodontic study club and submit to a chart review by the College of his endodontic cases annually for two years. The Inquiry Committee was satisfied that this resolution addressed the issues of concern and approved a Memorandum of Agreement and Undertaking (MAU) reflecting what had been agreed to.

## Web Series Coming This Fall

CDSBC and the Royal College of Dental Surgeons of Ontario (RCDSO) are offering a series of webinars this fall. The series includes three 60-minute live professional development sessions.

**Cost:** \$100 per session or \$200 for all three

**CE:** one credit per session for B.C. dentists and CDAs.

A post-test is not required.

To register, visit [www.rcdso.org](http://www.rcdso.org).

### Book these Dates

#### Friday, September 24 at 9 am PST

Oral bisphosphonate use and the prevalence of osteonecrosis of the jaw  
*Dr. Chuck Shuler, Dean, Faculty of Dentistry, UBC*

#### Friday, October 29 at 9 am PST

Changing the architecture of bone  
*Dr. Blake Nicolucci – Implant Editor of Oral Health magazine, renowned speaker*

#### Friday, November 26 at 9 am PST

Acute pain control and anxiety management  
*Dr. Dan Haas, Professor/Associate Dean, Discipline of Anaesthesia, Faculty of Dentistry University of Toronto*



## IN BRIEF

### 2010 CDSBC Board Election

The annual election of CDSBC Officers and Board Members takes place this spring.

On May 20, 2010, an election count will be held for one dentist Board member from the Vancouver Electoral District and two certified dental assistant Board members. For the first time, the two CDA positions on the Board are being filled by election instead of appointment.

Election materials will be sent in late April to those eligible to vote. For up-to-date information about the election, including Board positions filled by acclamation, visit [www.cdsbc.org/election](http://www.cdsbc.org/election). Questions may be directed to Betty Richardson, Director of Operations, at [brichardson@cdsbc.org](mailto:brichardson@cdsbc.org).

### Collecting the Co-payment

*A new patient at Dr. Jones's dental office provides his insurance information to the receptionist, who agrees to bill the insurance company directly. A few days later, the insurance company submits payment for 90 per cent of the cost of treatment. Instead of invoicing the patient for the 10 per cent that is outstanding – known as the co-payment – Dr. Jones tells the patient the bill has been paid in full. Is this a good strategy in a competitive market, or has Dr. Jones done something wrong?*

In this situation, the dentist must charge the patient for the amount not covered by insurance, i.e. the co-payment. Not doing so is a fraudulent act and a breach of the Code of Ethics. Although dentists

may charge whatever they want for their services, they must accurately reflect the percentage of the total fee that is being charged to the insurance company. It is considered a false declaration to indicate that a fee charged to an insurance company is 90 per cent of the total when, in fact, it is 100 per cent of the total fee because the dentist waived the co-payment portion. The situation may be different if you are unable to collect the co-payment, but reasonable efforts must be made to collect it.

### Infection Control Update

CDSBC is working closely with the College of Dental Hygienists of BC on this initiative. Each College has selected three representatives in the areas of practice, education and research to serve on this working group. They include three dentists, a CDA, two hygienists and a physician whose area of expertise is infection control. The first meeting of the Joint Working Group on Infection Control Guidelines was on December 8, 2009.

The revised guidelines about infection control will be evidence-based and referenced. The working group is obtaining other documents that meet those criteria, with the intent to create guidelines that satisfy all government and public requirements and is workable for dentists.

### Board Highlights Go Online

Please visit [www.cdsbc.org/boardmeetings](http://www.cdsbc.org/boardmeetings) to read minutes and highlights of CDSBC Board meetings.

## Regulating dentists and certified dental assistants in the public interest.

The *Sentinel* is published by:

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The *Sentinel* and other communications circulated by the College are the primary sources of information about regulation for dentists and certified dental assistants in B.C.

Registrants are responsible for reading these publications to ensure they are aware of current standards, policies and guidelines.