



This course will:

- Give you an overview of the dental complaint process
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Avoiding Complaints:
Using records and communication to build professional and safeguard your practice

CDSBC College of Dental Surgeons of British Columbia
Preventive and Endodontic Dental Society - 18 September 2015
Dr. David Fraser, Vancouver, British Columbia
General Dentistry, Royal College of Dentists

Dr. Heidi Kuehn - How could this clinic have prevented this?

Dr. Chris Mullen - What are the concerns here?

Dr. Kelly McElroy - What are the concerns here?

Dr. Gerry Sotter - What are the concerns here?

Dr. Alex Penner - What are the concerns here?

Dr. Arif Raza - How could this clinic have prevented this?



Avoiding Complaints:

Using records and communication to build professionalism and safeguard your practice



Kootenay and District Dental Society - 19 September 2015

**Dr. Alex Penner, Complaint Investigator
Carmel Wiseman, Deputy Registrar**

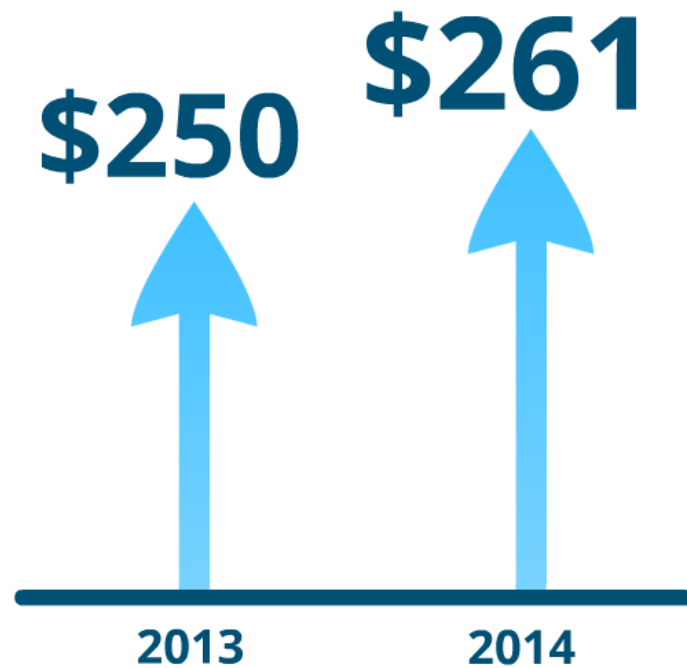
Course slides available for download at: www.cdsbc.org/course-slides



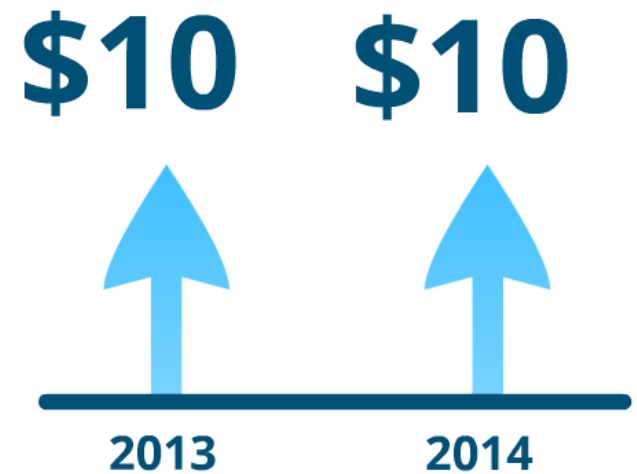
This course will:

- Explore regulatory challenges in complaints and discipline
- Give insight into complaint resolution processes
- Explain how complaints originate
- Provide tools to help you prevent complaints

CDSBC fees increased in 2013 and 2014 (but not in 2015) to deal with the costs of regulation and maintain the privilege of self-regulation.



for dentists



for CDAs



CDSBC

College of Dental Surgeons
of British Columbia



Complaint Trends (Files Opened)



Other cost drivers

Illegal Practice

- Unprecedented level of activity since 2013 around enforcing legislation against illegal practitioners.
- Costs for infamous Tung Sheng Wu case in excess of \$150,000.
- Publicity from Wu case has given rise to a number of additional cases of suspected illegal practice.



Tung Sheng Wu



Vladimir Shapoval



Hua Zheng Huang



Chao Ming Guan



Valentyn Uvarov

Wei Ming (Margaret) Du

Complaints about promotional activities and advertising

Y. NOVEMBER 21, 1918.


**A good dentist
must be something
more than a mere
tooth-puller**

Extracting teeth, though important, is the mere A, B, C of dentistry. The fine work of dentistry appears in the handling of the more complicated operations and in the work of the laboratory. My office has been organized with a view to giving, as nearly as possible, perfect service in all the finer phases of dentistry. If you care to investigate my methods and service, I shall be happy to meet you any time at my office.

**DAWSON BLOCK
COR. OF MAIN AND HASTINGS
Right Opposite Carnegie Library**

"If It Hurts Don't Pay Me"

"The Gentle Dentist"



Dr. J. Glendon Moody

13 with only 13 in the crew, but this was considered too daring so the...

and service, I shall be happy to meet you
any time at my office.

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Costs to you add up quickly

\$500

- Cost per hour to your practice to prevent the complaint

Lost time and money due to:

- Responding to complaint
- Meeting with CDSBC
Complaint Investigators
- HPRB meetings

\$17,500 +

- Legal fees, lost future revenue, if they tell 10 friends...



**loss to
emotional
health,
reputation
& goodwill
= priceless**



Video: Why it Matters



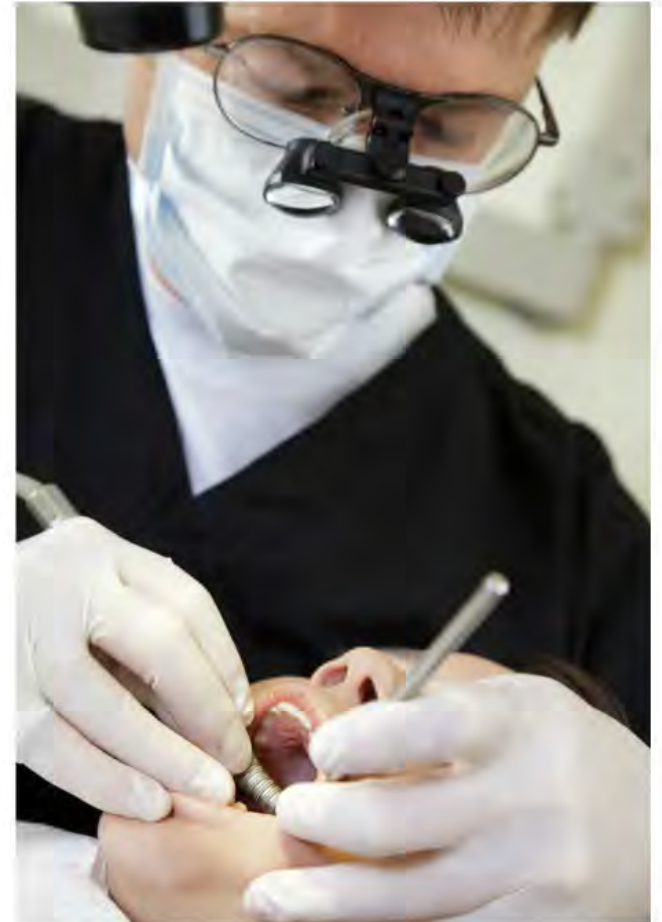
CDSBC

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of British Columbia



**A complainant's
perception can
differ sharply
from yours**

“I had no idea there was a problem until I received the letter from the College”





"I am reporting this so it never happens to anyone else."

"I knew him and I had no reason not to trust him."

"I was in pain and at his mercy for help...I didn't feel comfortable standing up to him."

"I feel extremely betrayed by this person who I've trusted since childhood."

Many complaints are:

- easily avoided
- easily remedied





Who complains?

patients, or family of patients



**other
dentists**



**dental
professionals**



**other
healthcare
providers**



**insurance
companies**

Who gets complaints?

43% of current active dentists. CDAs get very few complaints, but that doesn't mean they don't run into trouble.



OVERVIEW OF THE COMPLAINT PROCESS



Who Deals With Complaints?



The HPA sets up two Committees to deal with complaints and their disposition:

- Inquiry Committee
- Discipline Committee



Written complaint received

Intake Panel accepts for investigation

Investigate complaint / present recommendations to Inquiry Committee

Inquiry Committee

Since 2012

Dismissed


60%

**Resolved with
recommendations
or agreement**

37%

**Referred to
discipline**

3%



Majority of complaints dismissed without action, or with 'best practices' advice for the registrant.

In about 1/3 of cases, the registrant is asked to enter into an agreement with CDSBC, typically to complete a remedial program.



The infographic features a large blue circle on the left and a smaller blue circle on the right, connected by a blue line. The background is white with blue decorative elements in the corners. A small blue circle is also visible in the top right corner.

Resolved at
Inquiry Committee
level

90⁺%

<10%
Formal
Discipline
Hearings

Discipline Committee

Has the ability to:

- reprimand a registrant;
- suspend or cancel registration; and
- impose sanctions



Publication of Complaints and Discipline Outcomes

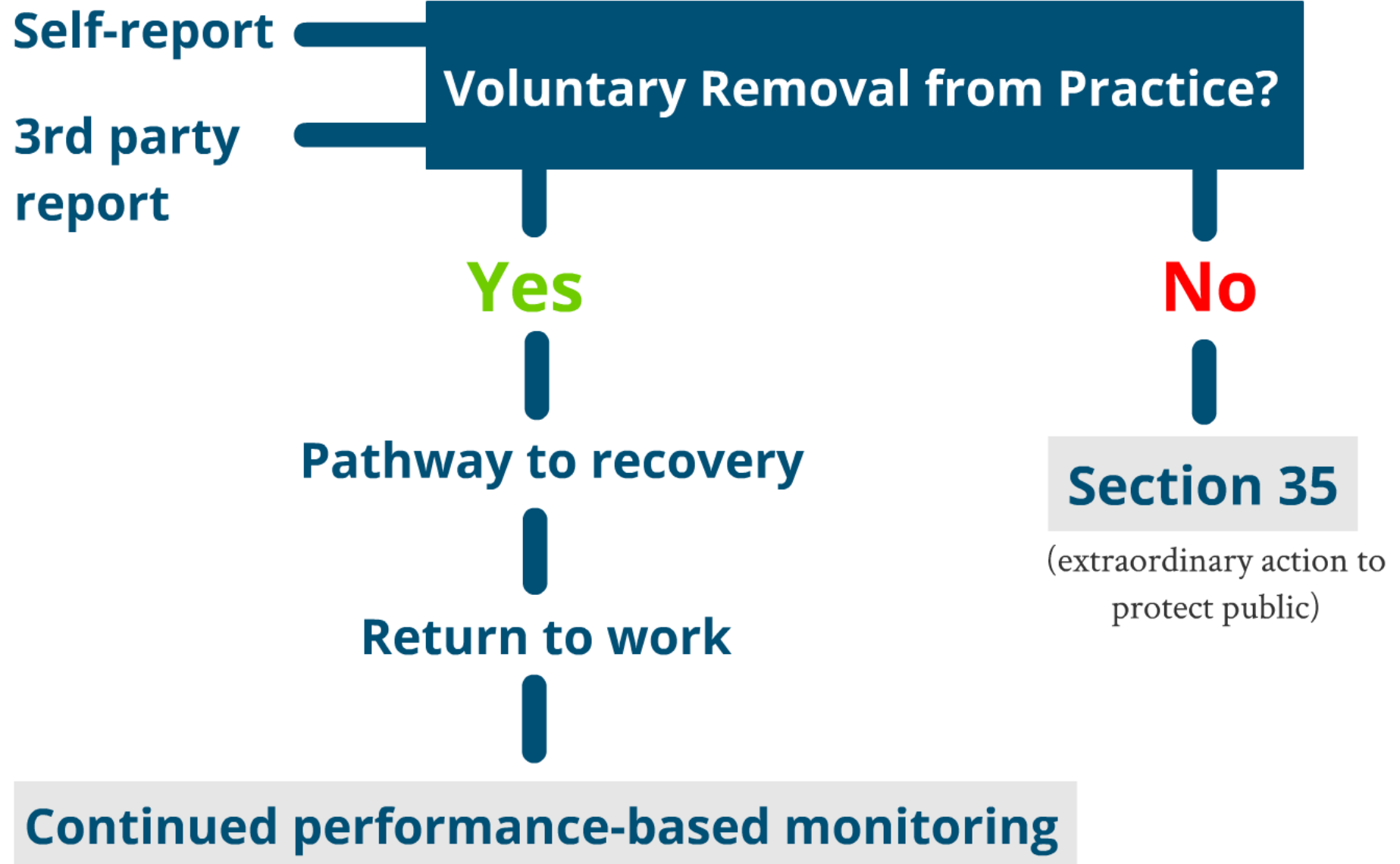
- Serious matter
- Discretion
- Limits or conditions
- Anonymous publication
- Discipline hearing
- Summary information



Wellness Files

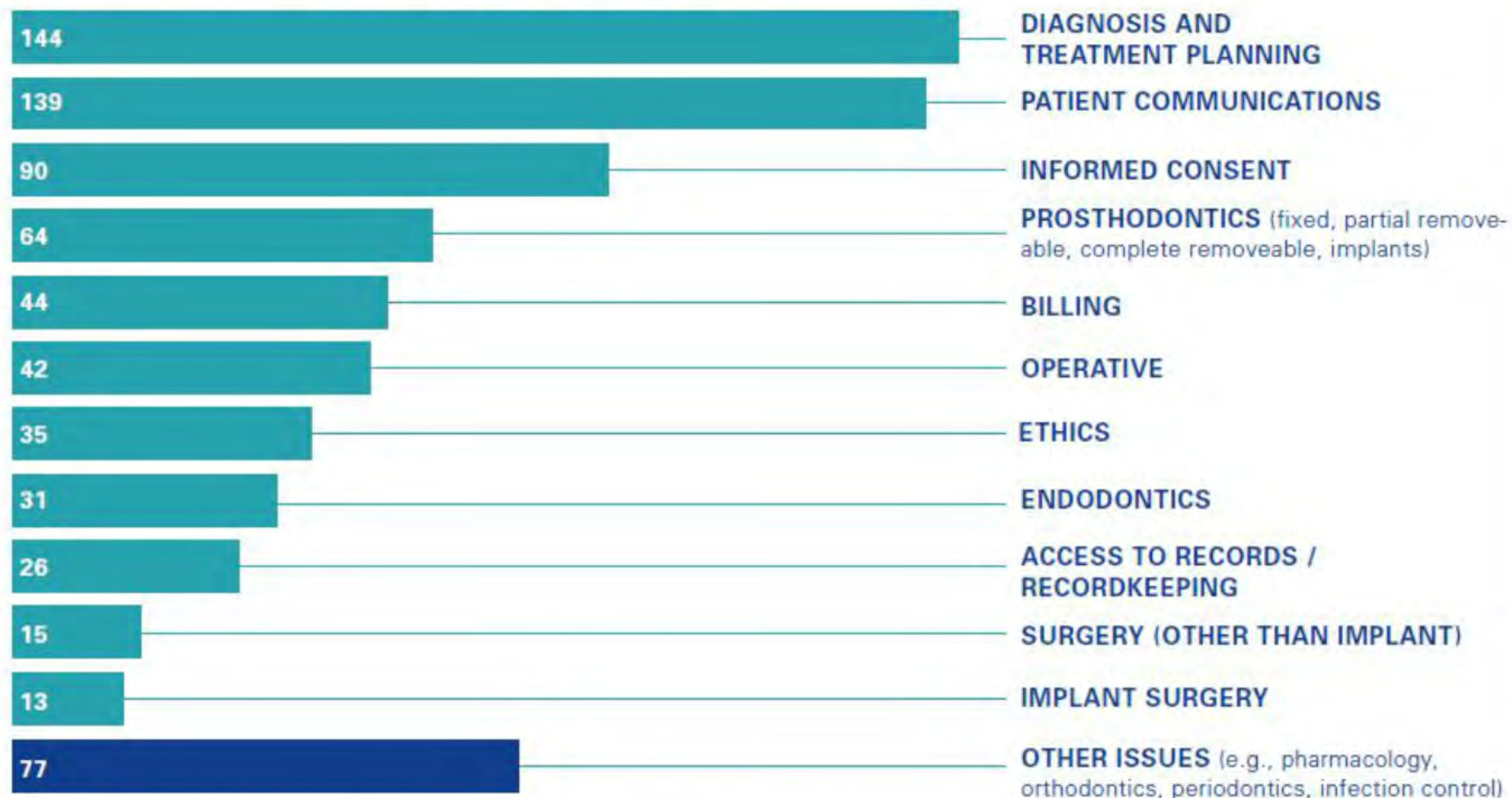
Practitioner must be competent to practise
(includes physical and mental wellness).

- Blood-borne pathogens, mental illness, addiction
- Not handled as a discipline matter
- Public protection - paramount
- Return to practice once medically able



COMPLAINTS RESOLUTION STATISTICS: ISSUES ON CLOSING

Complaints Closed 1 March 2014 to 28 February 2015



On average, each complaint file deals with multiple issues.
This chart reflects all issues found at the conclusion of each complaint.

Dr. Phil Barer - How could the clinic have prevented this?





WHAT TO DO IF YOU GET A COMPLAINT



1

Don't panic



2

Prepare your response

- Breathe
- Reflect
- Respond
- Review
- Send



3

**Review the complaint
and your response with
a trusted colleague**






4

**Don't be afraid to
contact the patient/
complainant to
apologize or see if
you can resolve the
concerns directly**



5

**Don't waste the
opportunity - what
can you learn?**



If there is a claim
against you, notify
your insurer

6

INSURANCE COVERAGE

... with paragraph 11
... Agreement, we h

Dr. Chris Hacker - What are the concerns here?






BREAK

At the heart of most of the complaints that CDSBC receives are issues regarding:

- Communications
- Consent
- Recordkeeping

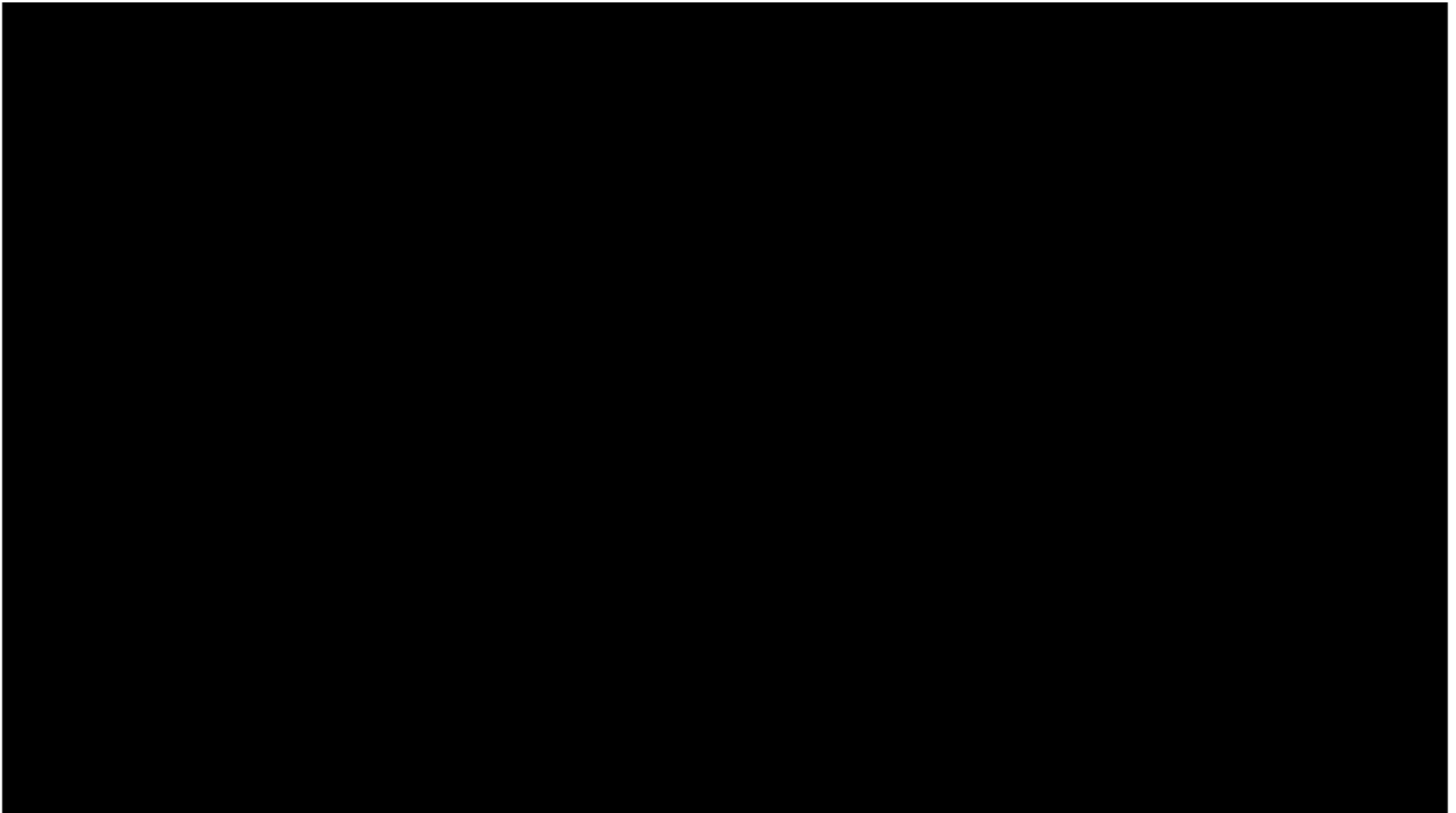
A hand is shown holding a yellow sticky note. The note has the words "DON'T FORGET" written on it in black capital letters. The hand is positioned on the right side of the slide, with the index finger pointing upwards towards the sticky note.

DON'T
FORGET



HOW TO AVOID COMPLAINTS

Dr. Garry Sutton - What are the concerns here?



Make good communication a priority.



Educate staff: patients must have access to the dentist



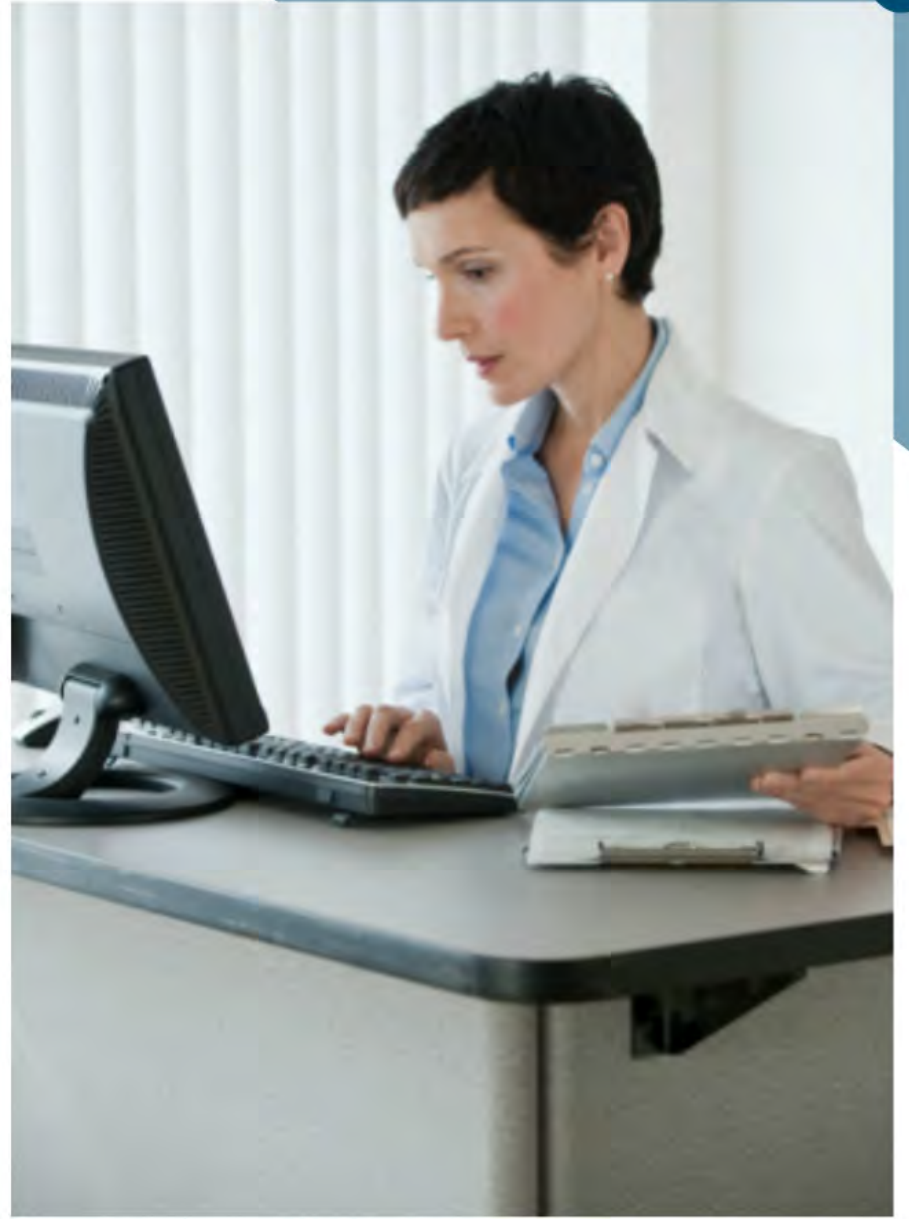
Communication among staff / between dentists and staff





Don't practise in isolation

Be proactive.



Foster a professional office environment



Know and live the CDSBC Code of Ethics and Standards of Practice

Code of Ethics

Preamble

The ethical behaviour of dentists and certified dental assistants (CDAs) is one of the most important factors in the delivery of quality patient care and is one of the public's primary expectations of professionals. Continued public trust in the dental profession, and in the principle of self-regulation, is dependent on individual dentists and CDAs maintaining these standards of ethical conduct.

Core Values

The *Code of Ethics* is comprised of 5 Core Values followed by 13 Principles that build on these Core Values.

Autonomy

Understand and respect patients' rights to make informed decisions based on their personal values and beliefs.

Beneficence

Maximize benefits and minimize harm for the welfare of the patient.

Compassion

Act with respect, sympathy and kindness to all patients while addressing their concerns and alleviating their pain.

Fairness

Treat all individuals, patients, colleagues and third parties without prejudice or discrimination in a just and equitable manner.

Integrity

Be truthful; behave with honour and decency while upholding professional standards.

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Dr. Alex Penner - What are the concerns here?





**Get informed
consent (and
record the
fact that you
obtained it)**

What is Informed Consent?

- Not a form
- Not a single event
- An ongoing dialogue between you and the patient
- Informed choice



“I wouldn’t have agreed to that because I can’t afford it and they should have told me.”




Informed:

- Information a reasonable person would require in order to make a decision about treatment
- Your response to a patient's request for information or clarity



Consent:

- Must be informed
 - Must be voluntary
 - Must not be obtained through fraud or misrepresentation
 - No treatment may be performed without the consent of the patient
 - The patient may withdraw consent at any time
- 

Key elements for obtaining informed consent:

- Diagnosis provided to patient
- Consequences of no treatment
- Treatment alternatives
- Nature/purpose of recommended treatment
- Benefits/risks of recommended treatment
- Fee estimates



Consent Forms:

- Should be treatment specific
- Consider having the patient sign to indicate he/she has read the form, understood it and had an opportunity to ask questions





Benefits of Consent Forms:

- Reminds dentists of what to discuss
- Promotes healthy dialogue for patient
- Provides evidence of what was discussed
- Consider a letter if treatment is complex



Problems Occur When:

- The patient doesn't understand
- The dentist doesn't have or take the time
- It is not documented

Your single best protection is keeping good records. An acceptable chart will allow anyone who reads it to:

- ID treatment provided over time
- ID future treatment planned
- Determine informed consent was obtained
- ID who provided treatment



Elements of good records:

- Patient registration
- Medical & dental histories
- Diagnosis & treatment plans
- A record of informed consent
- Progress notes
- Recall and re-assessment plans
- Drug records
- Financial records





Record:

- Type of exam (recall, specific, emergency)
- That the medical history was reviewed and/or updated
- Chief complaint
- Findings of examination
- Missed appointments or cancellations
- Communications with the patient (actual or attempted)
- Treatment recommended, refused and rendered
- Recommended return date

Collection of Records

Clinical findings

Radiographic findings



Diagnosis



Treatment plan

Dr. Cathy McGregor - What are the concerns here?





Listen to your patients:

- Don't interrupt
- Be an active listener
- Important conversations should be conducted knee-to-knee, eye-to-eye

Dr. Alex Penner - Has something like this ever happened to you?



If something happens, immediately inform the patient, and explain the options.



Broken File




The Regenerating Wisdom Teeth



**If you cannot
have a good
dentist-patient
relationship, do
not take them on
as a patient.**



A man in a white lab coat is smiling and talking on a black corded telephone. He is leaning over a desk with a clipboard and a pen. The background shows a dental office with a yellow chair and a dental light.

**If a practice
is being sold,
notify the
patients.**



**If you need advice
contact a trusted
colleague or CDSBC's
practice advisor.**

**The BCDA also has
practice resources
available.**

How to Avoid Contributing to Complaints





1. Avoid criticizing or appearing to criticize another dentist's work

2. Don't give second opinions without:

- Diagnostic quality x-rays
- Calling the other dentist for clarification
- Having all relevant information

3. Foster collegiality -- develop relationships with peers and colleagues

Video: Avoiding Complaints





Advertising & Promotional Bylaws

CDSBC has posted new advertising and promotional bylaws for consultation.

The two consultations with the profession resulted in tremendous feedback

- Clear theme: **even** the playing field



Dental Advertising

- Dental advertising impacts the public perception of the profession (often negatively).
- Ethical conduct extends to promotional activities and advertising.

Misleading

- *"Dr. _____ is qualified for all of your dental needs"*
- *"Find the Fountain of Youth in [city]"*

Takes advantage of fears

- *"[Our dental office] is a silver and mercury-free zone"*

Comparative

- *"Bringing world-class dentistry to [city]"*
- *"[Clinic name] sets a new standard for dental practices in [city]"*

Qualifications

- *"Dr. _____ has achieved the status of Elite Invisalign Premier Provider, due to her extraordinary level of experience with invisalign based on the # of patients she has treated."*

Induces a course of treatment

- *"Free digital x-rays *with new patient exam and cleaning."*
- *"Enjoy \$1,000 off any full orthodontic treatment!"*

Money

- *"If you have insurance we will cover your out of pocket portion!"*
- *"We charge substantially less than oral surgeons or periodontists who also perform some of the procedures that we do."*

Testimonials

"All of the extras...from the hand waxing to the follow up phone calls, were also very much appreciated. But, having your wife show up on a weekend afternoon with a delicious halibut was simply too much!"



Questions?

- www.cdsbc.org/course-slides/
- www.cdsbc.org/promotional-activities-bylaws-guidelines/