DENTAL PRACTICE

RISK MANAGEMENT GUIDE

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WASHINGTON HEALTHCARE
INSURANCE COMPANY
A Risk Retention Group

OPTIMA
HEALTHCARE INSURANCE SERVICES

Table of Contents

Risk Management – The Basics

What is Risk Management?

Risk Management is the identification, evaluation and prioritization of risks followed by the coordinated and economical application of resources to minimize, monitor, and control the probability or impact of adverse events.

In health care, risk management's objectives are based on a strategic enterprise risk management approach; identifying and mitigating risks from all risk areas including patient care, operations, employment practices, technology, business strategy, legal/regulatory and hazards. Of primary importance is improving the quality of care and eliminating or reducing the frequency and severity of malpractice claims. Strategies employed in risk management to manage threats or uncertainty typically include avoiding the risk, reducing the negative effect or probability of the threat or transferring all or part of the threat to another party.

Risk can be defined as uncertainty of outcome. All dental procedures come with some risks; the goals of risk management are to recognize potential problems before they happen and be prepared to respond if they do occur. All health care professionals must identify risks and manage their patients' exposure to them.

Claims

Dentists can face malpractice lawsuits for many reasons. Even the slightest mistake can result in patient harm and the potential for a malpractice lawsuit. Changing laws and a litigation-conscious public can be intimidating for all dentists. A malpractice lawsuit is emotionally and financially draining, even when the end result is a defense verdict. The risk to reputation and financial security is serious. While the majority of malpractice claims don't result in a dentist having to pay damages, all it takes is one lawsuit to incur significant costs and time spent away from the office.

A patient can sue for a variety of reasons. The most common allegations include:

- improper performance
- improper technique
- improper management of treatment
- wrong procedure or treatment.

Patients are more likely to sue if:

- they are dissatisfied with the treatment
- they have problems with patient-dentist communication
- they experience a poor or negative attitude on the part of the dentist or staff
- they are billed for unexpected or unexplained costs.

Open and honest communication between the dentist and patient is crucial in providing quality patient care and reducing malpractice risk.

Optima Risk Management Approach

Optima Risk Management believes the development of a strong, responsible, proactive risk management program is essential to mitigate risk while providing the best possible dental care. Dentists that follow risk management principles to deliver quality patient care are more likely to avoid or reduce the frequency and/or severity of claims.

Following proactive risk management principles includes employing best practices, which leads to patient satisfaction, quality of care, and improves the chance of successfully defending a lawsuit.

Optima Risk Management Approach

Basic Principles of Risk Management

There are three important principles of good risk management:

1. Proper office procedures
   Proper office procedures provide safe, quality patient care. Examples include following standardized procedures, using patient consent forms, and careful recordkeeping. Dental charting should be legible if handwritten and include the date(s) and time(s) of treatment services as well as records of patient communications and informed consent discussions. In the event of a lawsuit, a complete patient history and detailed records often makes the difference between a defensible and non-defensible case.

2. Good patient rapport
   Good patient rapport can mitigate dissatisfaction. Positive and caring communication is the single most effective mechanism to prevent patient dissatisfaction. Doctors and staff that are pleasant and empathetic, follow up in a timely manner, are accessible, and provide answers can often diffuse a difficult situation.

3. Effective communication skills
   Effective communication skills can protect your dental practice. Treat every patient with respect, compassion and candor and practice the art of listening, especially as part of the informed consent process. Ensure your staff practice the same communication style.

TIPS FOR MALPRACTICE PREVENTION

ALWAYS….

- Obtain proper written consent prior to beginning any procedure or treatment. Never guarantee results from any procedure, medication, or course of treatment.
- Pay close attention (listen) to patients' complaints, comments and criticisms and document.
- Document treatment legibly, accurately and concurrently in the dental record.
- Consult with or refer to a specialist when confronted with a difficult or unusual dental situation.
- Keep current with new treatments and techniques.
- Maintain original records.

Office Procedures – Manuals and Handbooks

Proper Office Procedures
An important purpose of office procedures is to ensure consistency. Procedures are designed to help reduce variation within a given process. Clearly stating the purpose for your procedures helps you gain employee cooperation and/or compliance, and it instills in your employees a sense of direction and accountability.

Office Procedure Manual
An office manual is basically a handbook that contains information on your dental practice and the processes and procedures the employees are expected to follow. It can be organized in different ways but should ultimately be the resource for employees to determine how to do their job, the ramifications of errors, and other guidelines that are necessary to know in order to be an effective employee.

Sample office manuals for dental practices are available through the American Dental Association (ADA) as well as various state dental associations. A typical dental office manual includes sections and information on the following topics:

1. Business overview including mission statement, organizational chart and services offered
2. Office policies such as office hours, location(s), after-hours coverage, etc.
3. Emergency procedures/office safety
4. Contact lists for employees and vendors
5. Guidelines for patient acceptance, management, recruitment, training, administrative, accounting, etc.
6. Job descriptions and responsibilities
7. Sample forms, documents, checklists and templates necessary to complete tasks.

TIPS FOR WRITING YOUR OFFICE PROCEDURE MANUAL

- Use sample dental office procedure manuals as a starting point.
- Explain to your employees why the rules matter and how your manual supports your overall vision for your practice.
- Write the manual using a collaborative process with your team. Including their input will enhance ownership as a joint effort yields more cohesive results and saves everyone time.
- Include pictures, colors and diagrams.
- Leave "white space" and provide information in "bite-size" pieces.

Employee Handbook
In addition to an office procedure manual, an employee handbook is an essential tool to describe employees' expectations and rights. The employee handbook also can protect your practice from violations of employment laws and potential employment practice liability claims by documenting notice of and compliance with the law.

Software programs, preprinted handbooks and guidelines are available from various resources to help you create an employee handbook. Be sure to choose a template that includes your state's employment laws as well as federal requirements. Your handbook should be reviewed regularly by an expert in employment law.

A typical dental office employee handbook includes information on the following topics:

Employment practices:

- Definition of a full-time, part-time, and temporary employee
- Attendance policy
- Work schedules, definition of work week
- Timekeeping requirements
- Overtime, rest and meal periods
- Policy for payment for mandatory meetings, training, advances, vacation, sick leave, bonuses
- Pay schedule
- Frequency of employee evaluations and evaluation criteria
- Standards of conduct
- Dress code
- Substance use and abuse
- Internet, email, computer and cell phone use policy
- Disciplinary procedures
- Procedures for termination of employment

Office operations:

- Health and safety issues (includes federal regulations and postings)
- Emergency protocols for employees and patients consistent with your WISHA/OSHA manual
- Housekeeping (including parking, security, smoking policy)

Employee benefits:

- Holidays (office closures and whether holidays are paid)
- Paid personal or sick leave
- Insurance and retirement benefits
- Leaves of absence
- Family leave
- Pregnancy-related disability leave, maternity and paternity leave
- Bereavement leave, personal leave, military leave
- Time off for voting
- Workplace training
- Employee continuing education policy
- Workers' compensation
- Inclement weather or natural disaster policies
- Jury duty policy

TIPS FOR YOUR EMPLOYEE HANDBOOK

Your employee handbook should be:

- Reflective of your values and consistent with applicable employment law.
- Clear and concise.
- Provided to all employees.
- Reviewed by expert legal counsel periodically to ensure it is up-to-date with the latest applicable laws and regulations.
- Followed consistently.

Office Procedures – Dental Records

Dental Charting

A key component of establishing proper office procedures is developing documentation guidelines for your practice. A well-documented dental chart is critical to quality patient care as well as the successful defense against malpractice suits. As dental care becomes more complex, documentation that is clear, concise, complete, accurate, and legible is especially critical. There are many examples of lawsuits that would be defensible from a care standpoint; however, the record is inadequate or incomplete. In addition to excellent communication skills, good documentation skills are one of the most important traits a dental professional can develop.

Manual v. Electronic Records

The healthcare industry has been actively converting from paper or manual charts to electronic record-keeping over the past several years. This massive conversion process and the continuous improvement of technology and software have resulted in the improvement and availability of electronic record system software for dental practices.

Electronic records create their own set of challenges, including how to handle documenting a patient's signature for a consent form, medical history update, or other typically manual processes. It is critically important to capture the paper image in the electronic record with the most common practice to scan the image into the record. Modern software likely includes an electronic signature pad which can be used to electronically transfer your patient's signature into the record.

Basic Charting Guidelines

The patient's dental chart should reflect a credible history of treatment rendered as well as the patient's level of satisfaction. It should include diagnoses, a treatment plan and enough information that another dentist would understand the treatment provided, be able to plan the next steps and determine why the choices were made. Another dentist should be able to maintain the continuity of the patient's care. Everyone in your practice should be required to follow your established charting guidelines.

Whether your practice uses manual or electronic charting, the following guidelines should be considered when documenting your policies for dental records:

- Document objectively, specifically and consistently, avoiding general statements, humor, assumptions, or bias.
- Document the Procedure, its Risks, Alternatives to the procedure and its risks/benefits, and Questions that are discussed with the patient.
- Don't leave blank spaces, don't write in the margins and don't use sticky notes.
- The chart should be in chronological order and each page should, at a minimum, include the patient's full name, date of birth and any medication alerts.
- Require an annual written health history update including patient signature.
- Verbally request a health history update at each visit and document any new information and/or changes in health status.
- Document complaints or issues, including clinical interventions, advice and patient response.
- Document when patients are notified regarding test results and consultant opinions. Include all the details of notification, including date, method, information reported and the person reporting.
- Ensure the appointment schedule and chart date match. Chart all cancellations, no-shows, regular and emergency appointments, and re-scheduled appointment.

- Be specific when documenting referrals to a specialist, including the date, specialist name and specialty and the reason for the referral.
- Meticulously document drug names, doses, routes and regimens.
- Positive and negative findings and patient comments should be included in the record.

When there is an error in the chart, correct the error in a manual chart by drawing a single line through the error and dating and signing the correction. Any omitted information should be added as an addendum or late entry, including the date and signature. Corrections to an electronic record system should be entered as a correction or addendum on the record/progress notes with the date and staff member's name that made the change.

Electronic data cannot be erased; therefore, you should never attempt to alter, change or adulterate an electronic record (or manual record). Corrections of this nature are generally detectable on the storage media.

Patient Record Content

The required content of a patient's record may vary by state. Guidelines are available through the state dental association. At a minimum, patient's records should include the following:

- All clinical and financial records
- Date of treatment and provider(s), including names of all staff that participate in direct patient care
- Physical examination findings, including an assessment and diagnosis of the patient's condition
- Treatment plan
- Dental and medical history
- Any diagnostic aid used to include images, radiographs and test results
- Complete description of all treatment/procedures administered
- Record of any medication(s) administered, prescribed or dispensed
- Referrals and any communication to/from any health care provider
- Informed consent discussions along with signed forms as indicated
- Informed refusal forms if indicated
- Post-treatment instructions

Washington law for dental records: https://app.leg.wa.gov/wac/default.aspx?cite=246-817-305

Electronic Record Software – Additional Guidelines

Additional safeguards are required when using an electronic record system. Your system should include hardware and software protection. Additional safety measures include data encryption, redundant back-up systems, fraud protection program and password policy. One of the simplest methods of protecting patient information in an electronic record system is an enforced password policy.

Require your staff members to type their name at the end of each entry and document the review of your staff members' entries by typing your name. Back-up your data daily, keep a back-up disk off-site and conduct occasional audits and tests to ensure your back-up is working properly.

TIPS FOR PASSWORD POLICY

- Require passwords to be changed at least every 90 days. Use an automatic password "timer" to ensure the policy is followed.
- Design your password policy to include complexity, which requires the use of certain characters, numbers or letters and a minimum length.
- Do not permit the use of past passwords or obvious passwords.
- Immediately de-activate the password of a terminated employee.

Retention and Destruction of Dental Records

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule does not include medical record retention requirements. Rather, state laws generally govern how long medical records are to be retained. However, the HIPAA Privacy Rule does require that covered entities apply appropriate administrative, technical, and physical safeguards to protect the privacy of medical records and other protected health information (PHI) for whatever period such information is maintained by a covered entity, including through disposal. See 45 CFR §164.530(c) and online HIPAA FAQs and disposal examples for PHI.

According to Washington state regulations (WAC 246-817-310), dentists "shall keep readily accessible patient records for at least six years from the date of the last treatment." Prudent practice management suggests keeping records a minimum of 6 years; in the case of minors, 6 years after reaching the age of 18. If a patient is potentially litigious, keep records indefinitely.

Although the statute of limitations changes and is subject to judicial interpretation, longer record retention is a safer practice. Establishing your practice record retention policy and adhering to your procedures is an important component of good office practice management. Ensure your record retention policy follows HIPAA guidelines and any state regulations that may apply. Then follow your policy, diligently and consistently.

TIPS FOR RECORD RETENTION POLICY

- For best risk management practices keep all charts a minimum of 10 years after the last chart entry; for minors, 10 years after reaching the age of 18.
- When destroying paper charts, use a high-quality, cross-cut shredder. Keep a record of all charts shredded, including name of patient and date.
- If an off-site shredding service is used, keep a receipt of charts shredded, including patient name and date.

Claims Notification Process

IMMEDIATELY CONTACT YOUR OPTIMA CLAIMS SPECIALIST IN THE EVENT OF:

- Death of a patient under any circumstance
- Any diagnostic or therapeutic conditions resulting in injury
- Incident of potential claim
- Contact by an attorney
- Receipt of a subpoena or suit papers
- Contact by peer or state review agency

How a dentist responds to an incident (patient event) or the filing of a claim (lawsuit) can go a long way towards determining the outcome. Incidents handled properly may never escalate into a claim.

1. Contact your designated Optima claims specialist as soon as possible if an incident occurs that you believe could put you at risk of litigation. Even if you aren't sure a claim will arise, it is wise to report all unusual occurrence/events or anything out of the ordinary, to be safe. Contacting your claims specialist promptly is vital and will result in you receiving expert advice and guidance at an early stage, possibly preventing the worsening of a situation that could lead to litigation.

    a. In Washington state, any death or other life-threatening incident or complication, permanent injury or admission to a hospital that results in a hospital stay for more than 24 hours that may be the result of a dental procedure caused by a dentist or dental treatment must be reported. The report must be made by telephone, email or fax to the Department of Health/DQAC within 72 hours and a written report must be submitted to DQAC within thirty (30) days of the incident. See WAC 246-817-780.

2. Contact your Optima designated claims specialist if a claim is filed against you. The procedure to follow is similar to that when reporting an incident.

3. The Optima claims specialist or risk management consultant can provide advice and help answer questions you might have, such as "Should I say I am sorry to the patient?" or "Should I consent to settle?"

Remember, every case is unique, and this is a time to be cooperative and helpful with Optima claims and risk management staff to ensure the best possible outcome.

Optima Self-Assessment Questionnaire for Dental Office Practice

This Dental Office Practice self-assessment questionnaire is designed to identify possible areas of risk exposure in clinical, practice management and patient relations. It can help to train staff members about risk management issues and be used to prioritize ongoing risk mitigation actions. Ensuring sound risk management practices requires the entire team and cannot be accomplished by individuals acting in isolation.

The tool is designed to address areas of risk common to all dental specialties but does not address clinical judgment or technical expertise.

Recommendations for Performance Improvement (RPI)

	Yes	No	RPI	Comments
Office Practice Review				
1. The reception/waiting room area has stable furniture and open foot-traffic areas				
2. The reception/waiting room area is ADA compliant				
3. The restroom is ADA compliant				
4. New dental equipment is checked out or calibrated prior to use				
5. Malfunctioning equipment is removed from service and repaired before reuse				
6. All staff are trained in the proper use and care of dental equipment				
7. All staff receive annual education on: a. bloodborne pathogens b. HIPAA c. infection prevention standards				
8. Monthly staff education is provided on safety hazards that can harm workers in dental offices (i.e. WA Labor & Industries biological pathogens, exposure to hazardous chemicals and materials, repetitive motion injury, harm from pressurized containers, slips, trips, and falls, and flying debris)				
9. All healthcare providers are current on BLS				
10. Infection prevention procedures are practiced throughout the office				
Practice-Patient Rapport				
11. The office communicates with patients in a professional manner				
12. Patients perceive staff as approachable, sympathetic and understanding				
13. Patients questions are answered to their satisfaction				
14. Dental, medical and financial information about patients cannot be overheard or read by other patients				
15. The Dentist always discusses the treatment plan with the patient				
16. Staff members refer all patient complaints about dental care to the dentist/office manager immediately				

	Yes	No	RPI	Comments
17. Patients with complaints are invited to discuss their concerns in person rather than by phone				
18. Angry or frustrated patients are not ignored				
Telecommunications				
19. There are sufficient telephone lines into the office				
20. The staff obtains patient permission before placing them on hold				
21. Patients are not on hold for more than two minutes				
22. Staff are trained in telephone triage and are authorized to interrupt the dentist when necessary				
23. Staff are instructed not to diagnose or recommend treatment by telephone without the dentist's approval or prior protocol				
24. All clinically related phone conversations regarding patients are documented in their charts				
25. Staff refer all medication refills to the dentist's attention				
26. Patients in the reception/waiting room area usually cannot hear front-desk telephone conversations				
Patient Load				
27. On average the schedule allows patients to obtain an appointment in less than four weeks				
28. Emergent patients are able to be seen as necessary				
29. Patients typically spend less than 30 minutes in the waiting room before being seen				
30. Patients are notified if appointments are running behind schedule				
31. The Staff documents missed and cancelled appointments in the patient chart				
Patient Accounts				
32. Treatment charges are discussed with patients prior to treatment				
33. Payment options are discussed with patients prior to treatment				
34. The dentist/office manager is informed of all patient complaints regarding billing disputes				
35. There is a defined time period between initial billing and initiation of collection efforts				
36. The dentist reviews the patient's chart before referring the account to a collection agency				
37. The collection agency is not allowed to sue the patient without the dentist's express permission				
Dental Records				
38. A dental/medical history form is completed by all new patients and updated at each appointment				
39. All handwriting in the chart is legible				
40. All handwritten chart entries are signed using the first and last initial or full name of the author				
41. A progress note is written each time a patient has an office visit				
42. The names of all treatment providers are documented in each chart entry				

	Yes	No	RPI	Comments
43. All entries in the dental records are in chronological order				
44. Dental records are organized so that a specific document can easily be found				
45. All chart entries document positive and negative findings that are essential to diagnosis and patient care				
46. Appropriate documentation when verbal or written instructions are given to patients				
47. Written reference materials are provided to patients for common conditions				
48. Patients noncompliance with treatment is documents in patients' chart				
49. Patient comments, negative or positive, are documented in quotes when warranted				
50. Inappropriate statements and derogatory personal remarks are not made in patient charts				
51. All diagnostic study reports, consults and other reports are reviewed and initialed by the dentist prior to filing in the chart				
52. The dental record indicates a description of the exam and clearly identifies what was examined				
53. The chart consistently includes history, exam, diagnosis, treatment, prescriptions and "what's next"				
54. Errors in the written dental record are lining out, writing the correct information, and dating and signing the entry				
55. The electronic record system includes data encryption and a redundant backup system				
56. When making a correction to the electronic records, an addendum is entered on the progress notes with the date and staff name.				
57. After receiving a request for dental records or notice of a claim or suit, NO alterations or additions are made to the patient chart				
58. When appropriate, written authorizations are required before releasing any patient records				
59. Only copies of the original records are provided in response to a chart request				
60. Law enforcement or forensics record requests may require diagnostic quality copies or original dental records and must have a valid, properly served warrant, court order, subpoena or administrative request				
61. When destructing dental records, we use a crosscut shredder or an offsite contractor and keep a log				
Pharmaceuticals				
62. Patient allergies/drug sensitivities are always obtained and documented consistently in the patient chart				

	Yes	No	RPI	Comments
63. Patients are informed of potential adverse drug reactions and side effects and are instructed to report them				
64. Medication orders are clear, specific and legible to avoid confusion over drug names or dosages as well as quantity				
65. All medications administered in the office as well as prescriptions and refills are documented the patient chart				
66. Nitrous oxide documentation always includes the reason for administering, explanation of **P**rocedure, viable **A**lternatives, material **R**isks, and if patient has any **Q**uestions (PARQ), time of sedation, orientation at discharge, rate of gases delivered and percentage of nitrous administered				
67. The dentist is informed of any medication refills authorized by covering colleagues				
68. Drugs are not routinely prescribed over the phone unless the dentist is familiar with the patient's dental, medical and medication history				
69. Appropriate security is used for all controlled substances in the office				
70. The dentist follows best practices for opioid prescribing:				
a. has competed a one-time three-hour continuing education course which includes the WA Opioid Prescribing Rules for Dentists prior to prescribing opioids				
b. patients are provided educational information on the risks of opioid use, safe and secure storage, and disposal.				Date: _____ Review brochure
c. The Dentist must inform the patient of their right to refuse an opioid prescription. The Dentist must document a refusal in the patient record, and avoid prescribing, unless revoked by the patient. See also WA DOH 2019 Opioid Prescribing Requirements Flyer.				
71. Prescription pads are kept secure and cannot be accessed by patients				
72. Any unlabeled bottles, vials or pre-filled syringes are immediately discarded				
73. Solutions and mixtures are kept in different-sized and labeled containers				
Emergency Procedures				
74. The dentist and staff are periodically recertified in basic life support (BLS)				
75. The office has an emergency resuscitation kit or supply cart readily available which includes suction, oxygen, and drugs. See WAC 246-817-724				
A. Equipment to include:				
1) Suction equipment capable of aspirating gastric contents from the mouth and pharynx				

	Yes	No	RPI	Comments
2) Portable oxygen delivery system including full facemasks and a bag valve mask combination with appropriate connectors capable of delivering positive pressure, oxygen enriched ventilation to the patient				
3) Blood pressure cuff (sphygmomanometer) of appropriate size(s)				
4) Stethoscope or equivalent monitoring device				
B. Emergency drugs to be available and maintained:				
1) Bronchodilator				
2) Sugar (glucose)				
3) Aspirin				
4) Antihistaminic				
5) Coronary artery vasodilator				
6) Anti-anaphylactic agent				
C. Administration of moderate sedation requires additional specific training for the dentist, ACLS or PALS certification and a permit to provide this level of sedation. Reversal agents and pulse oximetry are also required. See details: WAC 246-817-755				
76. The emergency kit is inspected and resupplied at least semiannually				
77. The office calls the local emergency medical service when indicated for an acute office emergency				
78. Each staff member has specific responsibilities assigned in the event of an emergency				
Miscellaneous Clinical and Practice Issues				
79. The licenses and references of office staff are verified and checked before hiring				
80. All licenses and registration certificates are current and posted where visible to individuals receiving services (i.e. WAC 246-817-301 includes dentist(s) and dental hygienists, dental assistants, expanded function dental auxiliaries and dental anesthesia assistants)				
81. Office staff members make a good impression on patients				
82. Each staff member is instructed not to perform tasks beyond the scope of his or her license, training or qualifications				
83. A procedure has been established for informing patients of diagnostic study results				
84. A fail-safe follow-up system exists in the event that a patient is referred out for diagnostic studies				
85. A patient reminder system for periodic exams or routine follow-ups is in place				
86. Informed consent is obtained specifically by the dentist, during which the patient is advised of the procedure, alternatives and risks/benefits and given an opportunity to ask questions about each proposed treatment plan or procedure				
87. All treatment options are always discussed with the patient, regardless of his or her insurance coverage				

	Yes	No	RPI	Comments
88. After the patient's signature is obtained, the signed informed consent form is placed in the patient's chart				
89. A specific informed consent form is used for frequently performed procedures				
90. Informed consent discussions are documented in the progress notes				
Claims Management				
91. The professional liability insurance company is notified immediately upon receipt of a Summons and Complaint				
92. The dentist reviews all records requests from an attorney and notifies Optima (insurance company) of potential malpractice claims				
93. Claims are not discussed with anyone other than the insurance company representative or attorney				
94. Personal notes or copies of correspondence from the insurance company or attorney are not placed in the patient's chart				

For additional Ambulatory Dental Risk Management Assessment needs, please contact your Optima Risk Management Consultant.

Dental Peer Review

Peer review is a voluntary process designed to provide an impartial, accessible, and generally expedient means for resolving misunderstandings regarding dental treatment. Peer review panels are composed of dentists with appropriate credentials who conduct hearings, review evidence, and make objective decisions based on the findings. Most state dental associations, for example, the Washington State Dental Association, have established peer review processes to resolve disagreement about dental treatment that a *patient and a dentist have not been able to resolve themselves.*

For additional dental peer review information:

- American Dental Association: Peer Review Resources
- Washington State Dental Association: Peer Review
- Oregon Dental Association: Peer Review
- California Dental Association: Peer Review
- Idaho State Dental Association: Peer Review

Glossary of Insurance Terms for Dentists

A.M. Best Company:
Evaluates and rates insurance companies based on financial strength and ability to meet ongoing obligations to policyholders. Best's Ratings range from A+ (Superior) to D (Poor).

Claim:
A written demand by a person seeking compensation for a loss, such as an injury due to negligence; a lawsuit.

Claims Made:
A type of Professional Liability Insurance policy that pays claims reported to the insurer during the term of the current policy

Consent to Settle:
Clause in a Professional Liability policy giving the insured a right to veto a proposed settlement by the insurer.

Contractual Liability:
Liability assumed by a contract that is either written or implied. General Liability and Professional Liability policies do not cover contracts, hence this additional option.

Damages:
Money legally required to be paid as compensation for an injury.

Employment Agreement:
Contract between an associate dentist and a dental practice or clinic covering the terms of employment.

Employment Practices Liability Insurance (EPLI):
Provides protection from employee lawsuits, including claims of discrimination, sexual harassment, and wrongful termination.

Employer's Liability Insurance:
Coverage for liability if an employee is injured by the negligence of the employer.

Endorsement:
An amendment added to an insurance policy that expands or alters coverage.

Excluded Procedures:
Procedures a dentist may not be insured to perform by a Professional Liability policy, such as Blepharoplasty (eyelid surgery) or rhinoplasty (nose surgery), among others.

Exclusions:
Events or actions the policy does not insure.

Extended Reporting Endorsement:
An addition to a Professional Liability Claims Made policy that provides coverage for claims reported after the expiration of the policy period. Also called Tail coverage.

Fiduciary Liability:
Protects the practice from employee claims of mismanagement regarding a pension, profit-sharing, or employee benefit program.

Long- and Short-Term Disability:
Pays benefits to the insured in the event of a temporary or permanent disability that renders you unable to work. Maternity benefits are often included under Short Term Disability.

Occurrence:
A type of Professional Liability Insurance policy that pays claims arising from incidents that occur during the policy term no matter when the claims are reported.

Prior Acts Coverage:
Coverage for a claim reported during the current policy period for an event that happened before the effective date of a Claims Made policy. Sometimes called "Nose" coverage.

Products Liability:
Covers liability caused by products that a dental practice sells or provides to patients. Included in General Liability.

Professional Liability Insurance:
Protects a dentist from patient claims for bodily injury and/or personal injury, that may occur from alleged malpractice, or errors or omissions. Also referred to as dental malpractice insurance.

Protected Parties:
The people who are protected by the policy. A Professional Liability policy often protects staff such as hygienists, in addition to the insured dentist.

Retroactive Date:
The initial date when a Claims Made Professional Liability Insurance policy first provides coverage. If Prior Acts coverage is provided, this would be the date from which claims may be reported under the Claims Made policy.

Rider:
An amendment to an insurance policy that expands the coverage, also referred to as an endorsement.

Risk Management:
The practice of reducing liability exposure through strategic actions and behavior on the part of dentists and staff regarding patient care and practice procedures.

Scope of Practice:
Dental procedures that a dentist performs or may perform under the terms of his/her licensure under a state's dental practice act.

Tail Coverage:
An addition to a Professional Liability Claims Made policy that provides coverage for claims reported after the expiration of the annual policy period. Also called an Extended Reporting Endorsement.

Umbrella/Excess Liability:
Coverage designed to supplement the underlying policy by increasing the available primary liability dollar limits. It can also extend protection to some circumstances not covered by the primary policy.

Underwriting:
The insurance company process of evaluating applications for insurance coverage and determining rates for such coverage if approved.

Workers' Compensation:
State-mandated insurance coverage that provides benefits to employees to pay for the cost of treating work-related illness or injury.

Wrongful Acts:
Acts of an insured often excluded from coverage in a Professional Liability policy. Examples include libel, slander, defamation, assault or battery, and false arrest.

Common Dental Abbreviations

A	Assessment
Ab	Antibiotics
Abr	Abrasion
Abs	Abscess
Abut	Abutment
ACNR	All caries not removed
ACR	Acrylic resin or all caries removed
Adj	Adjust
Alg	Alginate
Alv	Alveolar
Alvy	Alveolectomy
Am or Amal	Amalgam
Anes	Anesthesia or anesthetic
Ant	Anterior
ANUG	Acute necrotizing ulcerative gingivitis
Apico	Apicoectomy
Appl	Appliance
Appt	Appointment
AW	Arch wire
B	Base
B or BU or Buc	Buccal
BA	Broken appointment
BI	Bleeding index
Bk	Bracket
BP	Blood pressure
BU	Build up
BW	Bite wing
BWX	Bite wing x-ray
Canc	Cancelled
CaOH	Calcium hydroxide
Car	Caries
CC	Chief complaint
CD	Complete dentures
CMCP	Camphorated paramono-chlorophenol
Comp & U, Y, G, DY, etc.	Composite
Cont	Continue
Cop	Copalite or copal varnish
Cr	Crown
CSN	Cancelled short notice
Cur	Curettage
D or Dist	Distal
DA	Dental assistant
D/D	Full upper and lower denture
Dent or Dtr	Denture
DL	Distal lingual
DO	Distal occlusal

DOB	Distal occlusal buccal
DOL	Distal occlusal lingual
Dr	Doctor
Drn	Drain
Endo	Endodontics
Epi	Epinephrine
EPT	Electric pulp test
Equil	Equilibrate(action)
Eug	Eugenol
Ex	Exam
Ext	Extraction
F or Fac	Facial
F/F	Full upper and lower denture
FGC	Full gold crown
F-, Fl	Fluoride
FMX	Full mouth x-rays
FPD	Fixed partial denture (bridge)
Fx	Fracture
GP	Gutta percha
H & C	Hot and cold
HC	Home care
HH	Health history
HQR	Health questionnaire reviewed
Hx	History
Imp	Impression or impacted
Inc or I	Incisal
Ins	Insurance
JRR	Jaw relation record
L or Li or Ling	Lingual
L	Left
LI	Lingual incisal
M or Mes	Mesial
Man or Mand	Mandibular
Max	Maxillary
MI	Mesial incisal
ML	Mesial lingual
MO	Mesial occlusal
MOD	Mesial occlusal distal
MOF	Mesial occlusal facial
MOL	Mesial occlusal lingual
NP	New patient
NSF	No significant findings
O	Objective
O or OCC	Occlusal
OB	Occlusal buccal
OCSE	Oral cancer screening examination
OD	Oral diagnosis
OHC	Oral health counseling
OL	Occlusal lingual

Ortho	Orthodontics
Op	Operative
OS	Oral surgery
P	Plan
PA	Public assistance or periapical x-ray
Pano	Panalipse or panorex x-ray
PARQ	Procedure, alternative, risks, questions
PCOR	Pericoronitis
PD	Preventive dentistry
Perio	Periodontitis, periodontal
PFM	Porcelain fused to metal crown
Porc	Porcelain
Post	Posterior
POT	Post-operative treatment
P/P	Upper and lower partial
Pro or Prophy	Prophylaxis
Pros	Prosthodontics
Prep	Preparation
Press	Pressure
Pt	Patient
R	Right
RCF	Root canal filling
RCT or Endo	Root canal
RD	Rubber dam
Rest	Restoration
Rev	Review
RHH	Review health history
RP & C	Root Plane and curettage
RPD	Removable partial denture

RTC	Return to clinic
RX	Prescription
S	Subjective
Scl	Scaled, scaling
Sens	Sensitive or sensitivity
SOAP	Subjective, objective, assessment, plan
SSC	Stainless steel crown
STC	Soft tissue conditioner
Su	Suture
Surg	Surgical, surgery
TA	Tooth ache
TB	Tooth brush
Temp	Temporary
Th	Tooth
Thirds or 3rds	Wisdom teeth
TMJ	Temporalmandibular joint
Top	Topical
Tx	Treatment
w/	With
WNL	Within normal limits
w/o	Without
Xylo or Xyl	Xylocaine or w/epi
ZOE	Zinc oxide or eugenol
Roman numerals I, II, III, IV & V	Tooth mobility
1 through 10	Peridontal pocket measurement (depth)

References and Resources

ADA – American Dental Association – www.ada.org

- State Dental Associations – https://www.boardofdentistry.net/dental-associations
- State Boards of Dentistry and Dental Examiners – https://www.boardofdentistry.net/
- Dentist Office by State – https://www.boardofdentistry.net/dentist-offices

AADOM – American Association for Dental Office Managers https://www.dentalmanagers.com/

DANB – Dental Assistance National Board – https://www.danb.org/

Bite Size HIPAA Curriculum for Dentists sponsored by Idaho State Dental Association

Oral Health. Infection Prevention & Control Guidelines & Recommendations. Centers for Disease Control and Prevention

Dentistry Standards, Enforcement, Hazard Recognition, Control and Prevention. OSHA

Infection Control and Sterilization, ADA, 2019.