

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The reception/waiting room area is ADA compliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The restroom is ADA compliant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. New dental equipment is checked out or calibrated prior to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Malfunctioning equipment is removed from service and repaired before reuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. All staff are trained in the proper use and care of dental equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. All staff receive annual education on: <ul style="list-style-type: none"> a. bloodborne pathogens b. HIPAA c. infection prevention standards 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. All healthcare providers are current on BLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Infection prevention procedures are practiced throughout the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Practice-Patient Rapport				
11. The office communicates with patients in a professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Patients perceive staff as approachable, sympathetic and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Patients questions are answered to their satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dental, medical and financial information about patients cannot be overheard or read by other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. The Dentist always discusses the treatment plan with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Staff members refer all patient complaints about dental care to the dentist/office manager immediately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Patients with complaints are invited to discuss their concerns in person rather than by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

	Yes	No	RPI	Comments
44. Dental records are organized so that a specific document can easily be found	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. All chart entries document positive and negative findings that are essential to diagnosis and patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Appropriate documentation when verbal or written instructions are given to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Written reference materials are provided to patients for common conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Patients noncompliance with treatment is documents in patients' chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Patient comments, negative or positive, are documented in quotes when warranted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
50. Inappropriate statements and derogatory personal remarks are not made in patient charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51. All diagnostic study reports, consults and other reports are reviewed and initialed by the dentist prior to filing in the chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
52. The dental record indicates a description of the exam and clearly identifies what was examined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
53. The chart consistently includes history, exam, diagnosis, treatment, prescriptions and "what's next"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. Errors in the written dental record are lining out, writing the correct information, and dating and signing the entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
55. The electronic record system includes data encryption and a redundant backup system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
56. When making a correction to the electronic records, an addendum is entered on the progress notes with the date and staff name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. When appropriate, written authorizations are required before releasing any patient records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
59. Only copies of the original records are provided in response to a chart request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
61. When destructing dental records, we use a crosscut shredder or an offsite contractor and keep a log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceuticals				
62. Patient allergies/drug sensitivities are always obtained and documented consistently in the patient chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
63. Patients are informed of potential adverse drug reactions and side effects and are instructed to report them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	RPI	Comments
64. Medication orders are clear, specific and legible to avoid confusion over drug names or dosages as well as quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
65. All medications administered in the office as well as prescriptions and refills are documented the patient chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
66. Nitrous oxide documentation always includes the reason for administering, explanation of Procedure, viable Alternatives, material Risks, and if patient has any Questions (PARQ), time of sedation, orientation at discharge, rate of gases delivered and percentage of nitrous administered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
67. The dentist is informed of any medication refills authorized by covering colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
68. Drugs are not routinely prescribed over the phone unless the dentist is familiar with the patient's dental, medical and medication history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69. Appropriate security is used for all controlled substances in the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
70. The dentist follows best practices for opioid prescribing:				
a. has completed a one-time three-hour continuing education course which includes the WA Opioid Prescribing Rules for Dentists prior to prescribing opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. patients are provided educational information on the risks of opioid use, safe and secure storage, and disposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
71. Prescription pads are kept secure and cannot be accessed by patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
72. Any unlabeled bottles, vials or pre-filled syringes are immediately discarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
73. Solutions and mixtures are kept in different-sized and labeled containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Procedures				
74. The dentist and staff are periodically recertified in basic life support (BLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
75. The office has an emergency resuscitation kit or supply cart readily available which includes suction, oxygen, and drugs. See WAC 246-817-724	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A. Equipment to include:				
1) Suction equipment capable of aspirating gastric contents from the mouth and pharynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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3) Blood pressure cuff (sphygmomanometer) of appropriate size(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Stethoscope or equivalent monitoring device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Emergency drugs to be available and maintained:				
1) Bronchodilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2) Sugar (glucose)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3) Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4) Antihistaminic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5) Coronary artery vasodilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6) Anti-anaphylactic agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76. The emergency kit is inspected and resupplied at least semiannually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
77. The office calls the local emergency medical service when indicated for an acute office emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
78. Each staff member has specific responsibilities assigned in the event of an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous Clinical and Practice Issues				
79. The licenses and references of office staff are verified and checked before hiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
81. Office staff members make a good impression on patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
82. Each staff member is instructed not to perform tasks beyond the scope of his or her license, training or qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
83. A procedure has been established for informing patients of diagnostic study results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
84. A fail-safe follow-up system exists in the event that a patient is referred out for diagnostic studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
85. A patient reminder system for periodic exams or routine follow-ups is in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
87. All treatment options are always discussed with the patient, regardless of his or her insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
88. After the patient's signature is obtained, the signed informed consent form is placed in the patient's chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
89. A specific informed consent form is used for frequently performed procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	RPI	Comments
90. Informed consent discussions are documented in the progress notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Claims Management				
91. The professional liability insurance company is notified immediately upon receipt of a Summons and Complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
92. The dentist reviews all records requests from an attorney and notifies Optima (insurance company) of potential malpractice claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
93. Claims are not discussed with anyone other than the insurance company representative or attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
94. Personal notes or copies of correspondence from the insurance company or attorney are not placed in the patient's chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	