**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 |  |  |  |  |
| 1. The reception/waiting room area is ADA compliant |  |  |  |  |
| 1. The restroom is ADA compliant |  |  |  |  |
| 1. New dental equipment is checked out or calibrated prior to use |  |  |  |  |
| 1. Malfunctioning equipment is removed from service and repaired before reuse |  |  |  |  |
| 1. All staff are trained in the proper use and care of dental equipment |  |  |  |  |
| 1. All staff receive annual education on:    1. bloodborne pathogens    2. HIPAA    3. infection prevention standards |  |  |  |  |
| 1. Monthly staff education is provided on safety hazards that can harm workers in dental offices (i.e. [WA Labor & Industries](https://lni.wa.gov/safety-health/safety-topics/industry/dental) biological pathogens, exposure to hazardous chemicals and materials, repetitive motion injury, harm from pressurized containers, slips, trips, and falls, and flying debris) |  |  |  |  |
| 1. All healthcare providers are current on BLS |  |  |  |  |
| 1. Infection prevention procedures are practiced throughout the office |  |  |  |  |
| **Practice-Patient Rapport** | | | | |
| 1. The office communicates with patients in a professional manner |  |  |  |  |
| 1. Patients perceive staff as approachable, sympathetic and understanding |  |  |  |  |
| 1. Patients questions are answered to their satisfaction |  |  |  |  |
| 1. Dental, medical and financial information about patients cannot be overheard or read by other patients |  |  |  |  |
| 1. The Dentist always discusses the treatment plan with the patient |  |  |  |  |
| 1. Staff members refer all patient complaints about dental care to the dentist/office manager immediately |  |  |  |  |
| 1. Patients with complaints are invited to discuss their concerns in person rather than by phone |  |  |  |  |
| 1. Angry or frustrated patients are not ignored |  |  |  |  |
| **Telecommunications** | | | | |
| 1. There are sufficient telephone lines into the office |  |  |  |  |
| 1. The staff obtains patient permission before placing them on hold |  |  |  |  |
| 1. Patients are not on hold for more than two minutes |  |  |  |  |
| 1. Staff are trained in telephone triage and are authorized to interrupt the dentist when necessary |  |  |  |  |
| 1. Staff are instructed not to diagnose or recommend treatment by telephone without the dentist’s approval or prior protocol |  |  |  |  |
| 1. All clinically related phone conversations regarding patients are documented in their charts |  |  |  |  |
| 1. Staff refer all medication refills to the dentist’s attention |  |  |  |  |
| 1. Patients in the reception/waiting room area usually cannot hear front-desk telephone conversations |  |  |  |  |
| **Patient Load** | | | | |
| 1. On average the schedule allows patients to obtain an appointment in less than four weeks |  |  |  |  |
| 1. Emergent patients are able to be seen as necessary |  |  |  |  |
| 1. Patients typically spend less than 30 minutes in the waiting room before being seen |  |  |  |  |
| 1. Patients are notified if appointments are running behind schedule |  |  |  |  |
| 1. The Staff documents missed and cancelled appointments in the patient chart |  |  |  |  |
| **Patient Accounts** | | | | |
| 1. Treatment charges are discussed with patients prior to treatment |  |  |  |  |
| 1. Payment options are discussed with patients prior to treatment |  |  |  |  |
| 1. The dentist/office manager is informed of all patient complaints regarding billing disputes |  |  |  |  |
| 1. There is a defined time period between initial billing and initiation of collection efforts |  |  |  |  |
| 1. The dentist reviews the patient’s chart before referring the account to a collection agency |  |  |  |  |
| 1. The collection agency is not allowed to sue the patient without the dentist’s express permission |  |  |  |  |
| **Dental Records** | | | | |
| 1. A dental/medical history form is completed by all new patients and updated at each appointment |  |  |  |  |
| 1. All handwriting in the chart is legible |  |  |  |  |
| 1. All handwritten chart entries are signed using the first and last initial or full name of the author |  |  |  |  |
| 1. A progress note is written each time a patient has an office visit |  |  |  |  |
| 1. The names of all treatment providers are documented in each chart entry |  |  |  |  |
| 1. All entries in the dental records are in chronological order |  |  |  |  |
| 1. Dental records are organized so that a specific document can easily be found |  |  |  |  |
| 1. All chart entries document positive and negative findings that are essential to diagnosis and patient care |  |  |  |  |
| 1. Appropriate documentation when verbal or written instructions are given to patients |  |  |  |  |
| 1. Written reference materials are provided to patients for common conditions |  |  |  |  |
| 1. Patients noncompliance with treatment is documents in patients’ chart |  |  |  |  |
| 1. Patient comments, negative or positive, are documented in quotes when warranted |  |  |  |  |
| 1. Inappropriate statements and derogatory personal remarks are not made in patient charts |  |  |  |  |
| 1. All diagnostic study reports, consults and other reports are reviewed and initialed by the dentist prior to filing in the chart |  |  |  |  |
| 1. The dental record indicates a description of the exam and clearly identifies what was examined |  |  |  |  |
| 1. The chart consistently includes history, exam, diagnosis, treatment, prescriptions and “what’s next” |  |  |  |  |
| 1. Errors in the written dental record are lining out, writing the correct information, and dating and signing the entry |  |  |  |  |
| 1. The electronic record system includes data encryption and a redundant backup system |  |  |  |  |
| 1. When making a correction to the electronic records, an addendum is entered on the progress notes with the date and staff name. |  |  |  |  |
| 1. After receiving a request for dental records or notice of a claim or suit, NO alterations or additions are made to the patient chart |  |  |  |  |
| 1. When appropriate, written authorizations are required before releasing any patient records |  |  |  |  |
| 1. Only copies of the original records are provided in response to a chart request |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. When destructing dental records, we use a crosscut shredder or an offsite contractor and keep a log |  |  |  |  |
| **Pharmaceuticals** | | | | |
| 1. Patient allergies/drug sensitivities are always obtained and documented consistently in the patient chart |  |  |  |  |
| 1. Patients are informed of potential adverse drug reactions and side effects and are instructed to report them |  |  |  |  |
| 1. Medication orders are clear, specific and legible to avoid confusion over drug names or dosages as well as quantity |  |  |  |  |
| 1. All medications administered in the office as well as prescriptions and refills are documented the patient chart |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. The dentist is informed of any medication refills authorized by covering colleagues |  |  |  |  |
| 1. Drugs are not routinely prescribed over the phone unless the dentist is familiar with the patient’s dental, medical and medication history |  |  |  |  |
| 1. Appropriate security is used for all controlled substances in the office |  |  |  |  |
| 1. The dentist follows best practices for opioid prescribing: |  |  |  |  |
| * 1. has competed a one-time three-hour continuing education course which includes the [WA Opioid Prescribing Rules](https://app.leg.wa.gov/wac/default.aspx?cite=246-919-850) for Dentists prior to prescribing opioids |  |  |  |  |
| * 1. patients are provided educational information on the risks of opioid use, safe and secure storage, and disposal. |  |  |  | Date:  Review brochure |
| * 1. 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](https://www.doh.wa.gov/Portals/1/Documents/Pubs/630140-PrescriberHandout-Dental.pdf). |  |  |  |  |
| 1. Prescription pads are kept secure and cannot be accessed by patients |  |  |  |  |
| 1. Any unlabeled bottles, vials or pre-filled syringes are immediately discarded |  |  |  |  |
| 1. Solutions and mixtures are kept in different-sized and labeled containers |  |  |  |  |
| **Emergency Procedures** | | | | |
| 1. The dentist and staff are periodically recertified in basic life support (BLS) |  |  |  |  |
| 1. The office has an emergency resuscitation kit or supply cart readily available which includes suction, oxygen, and drugs. See [WAC 246-817-724](https://app.leg.wa.gov/wac/default.aspx?cite=246-817-724) |  |  |  |  |
| 1. Equipment to include: |  |  |  |  |
| 1. Suction equipment capable of aspirating gastric contents from the mouth and pharynx |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. Blood pressure cuff (sphygmomanometer) of appropriate size(s) |  |  |  |  |
| 1. Stethoscope or equivalent monitoring device |  |  |  |  |
| 1. Emergency drugs to be available and maintained: |  |  |  |  |
| 1. Bronchodilator |  |  |  |  |
| 1. Sugar (glucose) |  |  |  |  |
| 1. Aspirin |  |  |  |  |
| 1. Antihistaminic |  |  |  |  |
| 1. Coronary artery vasodilator |  |  |  |  |
| 1. Anti-anaphylactic agent |  |  |  |  |
| 1. 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](https://app.leg.wa.gov/wac/default.aspx?cite=246-817-755) |  |  |  |  |
| 1. The emergency kit is inspected and resupplied at least semiannually |  |  |  |  |
| 1. The office calls the local emergency medical service when indicated for an acute office emergency |  |  |  |  |
| 1. Each staff member has specific responsibilities assigned in the event of an emergency |  |  |  |  |
| **Miscellaneous Clinical and Practice Issues** | | | | |
| 1. The licenses and references of office staff are verified and checked before hiring |  |  |  |  |
| 1. All licenses and registration certificates are current and posted where visible to individuals receiving services (i.e. [WAC 246-817-301](https://app.leg.wa.gov/wac/default.aspx?cite=246-817-301) includes dentist(s) and dental hygienists, dental assistants, expanded function dental auxiliaries and dental anesthesia assistants) |  |  |  |  |
| 1. Office staff members make a good impression on patients |  |  |  |  |
| 1. Each staff member is instructed not to perform tasks beyond the scope of his or her license, training or qualifications |  |  |  |  |
| 1. A procedure has been established for informing patients of diagnostic study results |  |  |  |  |
| 1. A fail-safe follow-up system exists in the event that a patient is referred out for diagnostic studies |  |  |  |  |
| 1. A patient reminder system for periodic exams or routine follow-ups is in place |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. All treatment options are always discussed with the patient, regardless of his or her insurance coverage |  |  |  |  |
| 1. After the patient’s signature is obtained, the signed informed consent form is placed in the patient’s chart |  |  |  |  |
| 1. A specific informed consent form is used for frequently performed procedures |  |  |  |  |
| 1. Informed consent discussions are documented in the progress notes |  |  |  |  |
| **Claims Management** | | | | |
| 1. The professional liability insurance company is notified immediately upon receipt of a Summons and Complaint |  |  |  |  |
| 1. The dentist reviews all records requests from an attorney and notifies Optima (insurance company) of potential malpractice claims |  |  |  |  |
| 1. Claims are not discussed with anyone other than the insurance company representative or attorney |  |  |  |  |
| 1. Personal notes or copies of correspondence from the insurance company or attorney are not placed in the patient’s chart |  |  |  |  |