

DENTAL PRACTICE CLAIMS NOTIFICATION PROCESS & EVENT MANAGEMENT CHECKLIST



**WASHINGTON HEALTHCARE
INSURANCE COMPANY**
A Risk Retention Group



**OREGON HEALTHCARE
INSURANCE COMPANY**
A Risk Retention Group



OPTIMA
HEALTHCARE INSURANCE SERVICES

DENTAL PRACTICE 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 you respond 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:
 - a. As soon as possible if an incident occurs that you believe could put you at risk of litigation.
 - b. Even if you aren't sure a claim will arise, it is wise to report all unusual events or anything out of the ordinary, to be safe. Reporting events does not impact your claims history.
 - c. To receive expert advice and guidance at an early stage, which will possibly prevent the worsening of a situation that could lead to litigation.
 - d. To answer questions, such as "Should I say I am sorry to the patient?" or "Should I consent to settle?"
 - e. If a claim is filed against you. (You receive a Summons & Complaint.)
2. 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](#).
3. In Oregon, if a death, any serious complication, or any injury occurs which may have resulted from the administration of any central nervous system anesthesia or sedation, the licensee dentist must submit a written detailed report to the Board within five days of the incident along with the patient's original complete dental records. (If the anesthetic agent was administered by a person other than the person performing the dental procedure, that person must also submit a detailed written report). See [OBD 818-026-0120](#).
4. Please contact your Optima Claims Specialist or Senior Risk Management Consultant when you need advice:
 - a. Crystal Cooper, Optima Claims Specialist
ccooper@optimahealthcare.com or via phone 949.689.5164
 - b. Regina Vukson, Optima Senior Risk Management Consultant
rvukson@optimahealthcare.com or via phone 559.307.2017

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.

IF YOU ARE SUED:

DO:

- Report to your malpractice carrier by phone, any receipt of a Summons and Complaint.
- Make copies of the legal papers and send the original legal papers to your Optima claims representative.
- Prepare a summary of the treatment of the patient using the treatment record to refresh your memory for the insurance carrier.
 - Include everything you can remember about the event or patient, even if it is not in the treatment notes.
 - Provide a copy of this summary to your insurance carrier as soon as possible.
- Make a copy of the legal papers, medical records, including radiographs, and the summary of treatment narrative (above). This will become your internal legal file.
- Sequester and store the original patient medical records in a safe place. The originals will be provided to your defense attorney at a later date.
- Discuss with your insurance carrier and/or attorney if you should continue treating the patient.
- If you are continuing to treat the patient, do not alter the original medical records, rather use a copy of previous treatment records for review and add new treatment records to originals.
- Tell your staff about the lawsuit and instruct them not to talk to anyone asking questions about the case without obtaining your permission.

DON'T:

- Tell the patient or his or her representative that you are insured.
- Agree to or offer a settlement.
- Agree to or offer to pay for a specialist's services.
- Alter, lose or change any of your records.
- Discuss the case with anyone except your insurance carrier and attorney.
- Admit guilt or fault to anyone.
- Try and contact the patient's attorney.

Demands for Payment

- Deal with patient complaints immediately and reduce the likelihood of any written demand.
- If you receive a demand for payment, contact your Optima claims specialist immediately.

Statements of Apology

If an adverse outcome has occurred, the best practice is to inform the patient as soon as possible of the complication and then create a plan to move forward.

In Washington state, expressions of apology, sympathy or remedial actions made within 30 days of an incident are not admissible in a civil action. See [Revised Code of Washington \(RCW\) 5.64.010](#):

- Any statement, affirmation, gesture or conduct expressing apology, fault, sympathy, commiseration, condolence, compassion, or a general sense of benevolence; or
- Any statement or affirmation regarding remedial actions that may be taken to address the act or omission that is the basis for the allegation of negligence that relates to pain, suffering, injury or death.

In Oregon, any person licensed by the Oregon Board of Dentistry who makes an expression of regret or apology in writing or by conduct does not constitute an admission of liability and may not be examined by deposition or otherwise in any civil or administrative proceeding, including any arbitration or mediation proceeding. See [Oregon Revised Statutes \(ORS\) 679.549](#).

Expressing your empathy and concern can actually strengthen the rapport and relationship you have with your patient and statistics repeatedly show that people are less likely to sue people they like or trust.

DENTAL PRACTICE EVENT MANAGEMENT CHECKLIST

Purpose: To develop a systemized response to and review of an adverse event or a medical emergency in the Dental Practice. Dentists and key stakeholders should be oriented to this process and given the opportunity to provide input and improve the office practice.

WHEN TO CONSIDER USING THIS FORM

Dental Adverse Event	Medical Emergency
<ul style="list-style-type: none">• Pain• Infection• Hard tissue damage• Nerve Injury• Soft tissue damage/inflammation• Other oro-facial harm• Allergy, toxicity, or foreign body response• Aspiration or ingestion of foreign body• Wrong site, wrong patient, or wrong procedure• Bleeding• Other harm	<ul style="list-style-type: none">• Injuries requiring first aid• Syncope• Epinephrine reaction• Postural hypotension• Allergic reactions• Hyperventilation• Seizures• Insulin shock• Asthma• Injuries requiring first aid• Other

Date: _____

Patient's Name: _____ Date of Birth: _____ Medical Record#: _____

Dentist and/or staff involved: _____

Event documentation completed in Medical Record? Yes ___ No ___ Unknown ___

Root Cause Analysis? Yes ___ No ___ Not yet determined ___

Report to Insurance Carrier? Yes ___ No ___ Date/Time/Person: _____

Escalation

- ☐ Does the dental practice have a plan for responding to adverse events or medical emergencies? Was the plan followed?
- ☐ Did the patient require transfer to higher level of care? Orthodontist? Oral Surgeon? Hospital ED?
- ☐ Is there a risk of immediate recurrence? Need for immediate corrective action?

Disclosure and Plan of Care

- ☐ Was communication provided to the patient on the plan of care? Was information provided in writing? Was copy of written documentation maintained for the record?
- ☐ Avoid speculative causation statements, as speculative causes should not be in the record.

Patient Management & Follow-up

- ☐ After the patient is stabilized, determine when the next follow-up will occur? Document follow-up date in the record and provide in writing to the patient.
- ☐ Recommend call to check on patient status the evening of the event and/or no later than 23 hours after the event to ensure no hospitalization or other adverse outcome requiring a report to Department of Health/DQAC.

Documentation

- ☐ Document the circumstances surrounding the adverse event or medical emergency in the record. Date, Time. What occurred, Actions taken, Plan of Care, Statements made by dentist to the patient and any comments made by the patient (and or others present during the event/emergency).
- ☐ Document all subsequent conversations held with the patient regarding the event and/or emergency (e.g., calls to check on patient status, calls from or to the patient regarding plan of care, requests for pain medication, additional treatments or damages).
- ☐ Please contact your Optima Claims Specialist or Senior Risk Management Consultant if you need advice.

Event Description:

Actions Taken:

Date/Time: _____

Signature of Treating Dentist: _____

Confidential Report

Do NOT file this form in the patient's medical record. Maintain the original in a separate file and send a copy to insurance carrier and attorney.