Operational Risk Management and Prevention within FQHC Dental Programs: Beyond Clinical Concerns

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Risk Assessment is the identification, assessment, and prioritization of risks (*the effect of uncertainty*).

- It specifies information needed by providers, leaders, and staff to minimize risks for their oral health programs, and next steps if an error occurs.
Risk Management: what is it?

- **Risk management** is the identification, assessment, and prioritization of risks (*the effect of uncertainty*) and the application of resources to minimize, monitor, and control the probability or impact of adverse events.

- It specifies information needed by providers, leaders, and staff to minimize risks for their oral health programs, and next steps if an error occurs.
Operational Risk Management
Indicators

HRSA BPHC/Joint Commission
Know the Regulations!

- **Regulatory Requirements (examples)**
  - Health Insurance Portability and Accountability Act (HIPAA), American Disabilities Act (ADA), Culturally and Linguistically Appropriate Services (CLAS), Federal Tort Claim Act (FTCA), Occupational Safety and Health Administration (OSHA), The National Institute for Occupational Safety and Health (NIOSH) …most are applied health center wide, but may have dental specific applications

- **Clinical (examples)**
  - CDC Infection Control Guidelines
  - State Licensing Regulatory Standards of Care
  - ADA Principles of Ethical Standard and Conduct
  - The Joint Commission (TJC formerly JCAHO) or other ambulatory certification authority
Ethical Practices in Risk Management

1. Patient autonomy (self-governance)
2. Nonmaleficence (do no harm)
3. Beneficence (do good)
4. Justice (fairness)
5. Veracity (truthfulness)
Current Issues in Medicaid Recovery Audit Contractor (RAC) Findings

- Churning
- Multiple Initial Exams (School-based locations and clinic)
- Separation of preventive procedures into multiple billable visits (sealants and fluoride treatments)
- Aggressive overtreatment lacking supporting evidence (x-rays, charting, photos)
Churning – a Moral Hazard for FQHCs

- “A Health Center could be viewed as churning if a patient was brought back four times to complete restorations in the lower right quadrant instead of opting to complete all of the fillings at one time...solely for the purpose of securing four times the reimbursement.”
Defensible Reasons for Shortening a Patient Visit

- Patient interrupts treatment desiring provider to stop
- Difficult management cases – unsafe to continue
- Medically or mentally compromised patients when treatment time must be shortened
- Identification of a problem during treatment that requires termination of care
- IMPORTANT – documentation is critical in patient record for justification
TOP 10 POTENTIAL RISK AREAS FOR HEALTH CENTER ORAL HEALTH PROGRAMS:

1. LACK OF INFORMED CONSENT
2. FAILURE TO DIAGNOSE
3. LACK OF A THOROUGH EXAM
4. FAILURE TO FOLLOW-UP ON EMERGENCIES
5. TREATMENT OF THE WRONG TOOTH
6. SURGICAL COMPLICATIONS
7. REMOVABLE PROSTHETICS
8. LACK OF/INADEQUATE TREATMENT PLAN
9. INCOMPLETE TREATMENT
10. INAPPROPRIATE PROCEDURES

ENVIRONMENT OF CARE

The organization manages risks related to hazardous material and waste.
(Standard EC 02.02.01/EPs 3, 4, 5, 7)

- **Instrument Cleaning:**
  - Maintain sharps containers in a manner that reduces risk of exposure
  - Label basins containing instrument cleaning solution
  - Include the expiration date or information related to the diluted cleaning solution

- **Radiation Concern:**
  - Follow organization’s policy on the wearing of dosimeters and testing/inspecting of lead aprons

- **Eye Wash Station:**
  - Ensure accurate labeling of faucets and water temperature
The organization inspects, tests, and maintains medical equipment.

(Standard EC 02.04.03/EPs 1, 3, 4)

• Before Initial Use of Equipment:
  ▪ Test and document safety and function of dental equipment
  ▪ Educate/train staff on the use of dental sterilizers per guidelines

Inspect Equipment Identified on Inventory:
  ▪ Tag all equipment (e.g. curing light, amalgamator)
  ▪ Tag and document equipment for annual maintenance inspection
  ▪ Document evidence of preventive maintenance
**The Joint Commission**: HRSA BPHC Monitoring Expectations

- **Conducts Performance Tests on Sterilizers (general performance testing):**
  - Establish sterilizer policy that follows the recommendations of the manufacture or state and review with staff
  - Perform correct use of biological testing media, fully document all details on dental sterilizers’ spore tests, and validate the accuracy of tests using controls
  - Educate/train dental staff on how to perform, read, and retest biological testing
  - Record all information and avoid gaps in spore testing logs
  - Ensure any outside laboratory’s spore tests reports are timely and accurate
  - Provide appropriate in-use/non-expired supply levels needed for sterilizer tests
HUMAN RESOURCES

The organization verifies staff qualifications.
(Standard HR 01.02.05/EP 1)

- For care providers required to be licensed, certified, or registered that do not practice independently (e.g. dental hygienists, dental assistants), primary source verify their license, registration, or certification at time of hire and renewal.

- Verify evidence of education (e.g. dental hygiene school)
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The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently (licensed independent practitioners – LIPs).
(Standard HR 02.01.03/EPs 3, 5, 10, 16, 21, 24, 25)

• **Primary Source Verification:**
  - Before granting initial, renewed, or revised privileges, and at the time of licensure expiration, primary source verify licensed independent practitioners (e.g. dentist) for:
    - training
    - licensure

• **Privileges Requirements for LIPs:**
  - Ensure there is a written statement that no health problems exist that could affect a dentist’s ability to perform their requested privileges
  - Query the *National Practitioner Data Bank*
  - Renew privileges every 2 years
  - Provide written list & limit scope of practice to initial/revised privileges
INFECTION PREVENTION AND CONTROL

The organization implements infection prevention and control activities. (Standard IC 02.01.01/EP 2)

• Use standard precautions, including personal protective equipment
  ▪ When cleaning instruments, use gowns, eye protection, and puncture resistant gloves

• The organization reduces the risk of infections associated with medical equipment, devices, and supplies. (Standard IC 02.02.01/EPs 1, 2, 4)

• Cleaning and Disinfecting:
  ▪ Follow manufacturer’s recommended frequency when cleaning and performing low-level disinfection of dental supplies and devices
  ▪ Follow manufacturer’s recommended contact time for surface disinfection of operatories between patients
Infection and Prevention Control (cont…)

- **Requirements for sterilizing dental equipment, devices, and supplies** (also see Environment of Care):
  - Include dental areas in an organization’s sterilization policy
  - Establish methods by which patients can be identified in cases of sterilization failure, and instruments can be retested if there is a previous failed test
  - Pack sterile instruments to avoid perforations
  - Use different *personal protective equipment* (PPE) for patient care versus sterilization areas

- **Storing dental equipment, devices, and supplies**:
  - Establish and follow a monitoring protocol for separating expired instruments/supplies from sterilized instruments/supplies (e.g. sutures, composite tip, fluoride, preparation pulp liners and varnishes, restorative materials, indicator strips, disinfection cleaners)
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LEADERSHIP

The organization has policies and procedures that guide and support patient care, treatment, or services. (Standard LD 04.01.07/EP 2)

- Manages the implementation of policies and procedures:
  - Ensure that policies and procedure used for dental services are consistent with the organization’s policy and procedures (e.g. patient health history requirements for oral surgery procedures), and are communicated to all staff
  - Ensure that patient consent forms used for dental services are part of an organization’s policies and procedures
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MEDICATION MANAGEMENT

• The organization safely stores medications. (Standard MM 03.01.01/EP 6, 8)

• Medication Security:
  ▪ Prevent unauthorized individuals from obtaining medications, consistent with law and regulation recommendations, including mobile dental carts or emergency kits
  ▪ Include dental in the periodic inspection of dental medication storage areas

• Expired, damaged, and/or contaminated medications storage:
  ▪ Separate common expired dental medications (e.g. local and topical anesthetics, temporary bonding adhesive, items in emergency cart/kit)
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PROVISION OF CARE, TREATMENT, AND SERVICES

The organization assesses and manages the patient’s pain.
(Standard PC 01.02.07/EP 1)

• **Comprehensive Pain Assessment:**
  - Ensure pain assessment for dental patients is consistent with organization’s policy
  - When indicated, refer or conduct a comprehensive pain assessment and document in the patient’s record
  - Educate/train dental staff on pain policy (e.g. scale to use)
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RIGHTS AND RESPONSIBILITIES OF THE INDIVIDUALS

The organization honors the patient’s rights to give or withhold informed consent. (Standard RI 01.03.01/EP 13)

- Informed Consent Policy and Procedures:
  - Ensure the patient dental consent form:
    - documents that the patient was informed of benefits, risks, or alternatives
    - includes minors
    - covers both the procedure and any sedation required
    - is used with each new dated procedure
    - is complete with organization required information (e.g. tooth number)
  - Document that the patient dental consent form was completed
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UNIVERSAL PROTOCOL (part of National Patient Safety Goals)

The procedure site is marked. (NPSG UP.01.02.01/EPs 2&5)

• Mark the procedure site before the procedure is performed, and if possible, with the patient involved....have a written alternate process in place...when impractical to mark the site (e.g. extractions).
  ▪ Consider use of the dental diagram or x-ray as the alternative process
  ▪ Involve the patient whenever possible
The Joint Commission: HRSA BPHC Monitoring Expectations

- A **time-out is performed before the invasive procedure** (NPSG UP 01.03.01/EPs 1,2,4,5)
- Conduct and Document a Time-Out:
  - Educate/train dental staff on the organization’s policy assuring that all components (correct patient, site, and procedure) of the time-out are conducted
  - The time-out must include all staff members present and involved
  - Document that the time-out was conducted prior to the procedure