Dental “Bits”
Preventing Wrong-site Tooth Mishaps

By Russ Pride, MA, CPHRM
Princeton Insurance Healthcare Risk Consultant

Avoiding wrong tooth or wrong-site allegations seems a relatively simple issue for dentists, yet claims continue to surface alleging negligence due to these misadventures.

The risk management solution to preventing these occurrences is straightforward.

Identify first the participants involved. Each individual shoulders some responsibility to help mitigate any possibility for a wrong-tooth mishap: you, your assisting staff, the specialist brought in for consult (as appropriate) and your patient. Each person has a stake in identifying correctly the tooth (or teeth) targeted for treatment to safeguard against an untoward outcome.

A wrong tooth event can be traced to problems involving a lack of informed consent with the patient (specifically: which tooth will receive treatment and what kind of treatment is planned for that tooth?), failure of office staff to mount films correctly or to invert placement of radiographs on the viewing box, misplacement of dental dams, failure to “time-out,” just prior to commencement of the treatment, or the failure to communicate effectively and efficiently when referrals are necessary. Contributing to the potential for mishap is the shifting of teeth, allowing for misidentification due to missing teeth that have allowed nearby teeth to move over time.

Dental work performed on a misidentified tooth results in permanent, irreversible mistakes (such as the extraction of the wrong tooth or a root canal done on the wrong tooth) and patient dissatisfaction.

These mishaps are compounded when the treatment or procedure causes damage to an adjacent tooth or crown, or excessive force is used causing physical injury.

Let’s look at the responsibility each member of the dental team has to safeguard the proper identification of the tooth to be treated before any work begins.

The Patient
Make the patient an active and engaged member of the dental care team. How? Include the patient in the development of a treatment plan. Research studies continue to substantiate that patients with a vested interest in their care (that is, being encouraged to speak up and ask questions) adhere to
their treatment plan, and their outcomes are more closely aligned with treatment expectations.

Informed consent is the discussion you have with your patient. This discussion encourages your patient to be actively engaged in the treatment process. Use this opportunity to educate your patient about the location of the tooth (or teeth) that will receive treatment. When the patient arrives for his/her next appointment, ask the patient to point to the general location of the tooth to be treated (such as the right or left side of face, the upper or lower jaw).

Your Staff
Those assisting you with dental procedures should be thoroughly trained and routinely monitored regarding adherence to office policies and practices that are in place to make certain the correct procedure is done on the right patient on the right tooth. Everyone doing the same thing the same way will mitigate the possibility of an untoward event involving a wrong tooth or a wrong site event. Are the following routine practices for your office?

• Time-out is a safety mechanism used by surgeons to assure the correct site is identified and confirmed before any procedure begins. Take a few moments to verify with the team the correct location of the tooth to be treated during this dental visit.

• Dental Films - when not mounted properly or not placed correctly on the viewing box, dental films may allow for misidentification of the tooth scheduled for treatment. Having a standardized procedure in place for which your dental staff are trained and required to follow routinely will help to lessen the opportunity for a wrong tooth event.

• Dental Dams - while necessary to keep foreign materials out of the airway passage and stomach, as well as inhibiting the spread of bacteria and infection to other parts of body – dental dams can mask identification of the correct tooth targeted for treatment when installed incorrectly. Be sure you have verified the correct positioning/placement of the dam by your dental assistant before proceeding.

Remember the mantra: Document! Be factual, be objective, be consistent.

Referrals
The referral is another opportunity fraught with dental mishap potential. You may be the dentist making the referral of your patient to another dental professional. Or you might be the dentist who will complete the work ordered by the referring dentist.

In either case, when making or receiving a referral for a dental patient, do you communicate via written orders? This takes a few extra minutes, but appropriately documenting the patient’s condition and treatment plan safeguards all parties involved from a misunderstanding between offices. This lessens the likelihood for the consulting dentist to provide treatment to a tooth other than that intended by the referring dentist.

Telephone conversations between ordering and treating dentists may seem more expedient. But the practice has its liability exposures. Phone calls require adherence to a standardized process in which you and the other dentist communicate directly (no third party intermediaries) and provide feedback to one another in order to verify understanding and to clarify or correct any miscommunications.

As the dentist making the referral, are you careful to include all relevant information that will help mitigate the opportunity for the other dentist to make a mistake? This includes communicating relevant aspects about your patient’s general medical history (such as specific health conditions, medications and other considerations) that have the potential to adversely impact the outcome of the proposed procedure.

And should a wrong tooth/wrong site event occur, disclose the error. Tell the patient what happened. When you have all the details, tell the patient how and why the error occurred (Don’t speculate. If the “how” and “why” are not known at the time of the initial disclosure, relate this information as soon after as possible once a thorough review of the event is completed and these questions can be answered factually). Offer to correct as much of the error as possible at no expense to the patient, even if this requires a referral to a dental specialist to promote the best possible outcome.

These steps are no guarantee that the patient will be completely satisfied. But your openness and support go a long way in demonstrating your professional regard for the welfare of the patient, taking remedial action swiftly and acting in good faith to preserve and strengthen the dentist-patient relationship.

Remember the mantra: Document! Be factual, be objective, be consistent. When done correctly, documentation continues to be your strongest ally.

This material is not to be construed as establishing professional practice standards or providing legal advice. Compliance with any of the recommendations contained herein in no way guarantees the fulfillment of your obligations as may be required by any local, state or federal laws, regulations or other requirements. Readers are advised to consult a qualified attorney or other professional regarding the information and issues discussed herein, and for advice pertaining to a specific situation.