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The Importance of Follow-up

Proper follow-up is a critical phase of clinical dentistry as well as an excellent patient management and risk management technique. Good follow-up procedures enhance both patient care and patient satisfaction by identifying clinical problems early and addressing patient concerns and complaints quickly.

Consider the following scenario:

Dr. Taylor's cell phone rang as the fourth inning of his son's baseball game ended with a groundout. On the line was Brian Carroll, a patient on whom Dr. Taylor had recently performed root canal therapy. Mr. Carroll was feeling severe discomfort, and he asked Dr. Taylor if he could do anything at that moment to relieve the pain. Dr. Taylor asked his patient where the pain was localized and was told that it was near the tooth that had been treated. Suspecting infection, Dr. Taylor prescribed his usual dosage of antibiotic and Tylenol #3.

He informed Mr. Carroll that this was only a temporary measure until he could examine him and discover the precise nature of the problem. It was vital that Mr. Carroll come in the next day. After concluding his conversation with Mr. Carroll, Dr. Taylor phoned in the prescriptions to a pharmacy.

Away from the office and without a notepad, Dr. Taylor scribbled a note to himself on the back of a scrap of paper that he found in his wallet. He indicated that the patient had called, listed the basic symptoms and wrote what he had prescribed. However, he did not comment on his follow-up recommendations.

The following day was a busy one at Dr. Taylor's office. So much so that Dr. Taylor hardly realized that Mr. Carroll had not come to the office for follow-up of his problem. In fact, Dr. Taylor's next contact with his patient was eight weeks later, when he received a formal complaint and request for records. Mr. Carroll alleged that Dr. Taylor had prescribed the wrong antibiotic, that he had neglected to conduct a follow-up examination and that his failure to exercise proper care had resulted in a severe facial infection and cellulitis, requiring surgical intervention and a lengthy hospital stay.

In deposition, Dr. Taylor insisted that he had urged Mr. Carroll on the night of the call to see him as soon as possible and that Mr. Carroll had failed to heed his advice, most likely because the pain had quickly abated. When Mr. Carroll's attorney asked him to show written proof, Dr. Taylor had to admit that this recommendation was not recorded in the patient's chart. He had taken the phone call at the park and could not locate the note he had made.

He stated that he recalled asking his assistant to contact the patient, but was not certain when that occurred, did not know if the assistant followed through, and had no documentation in the record showing that the call occurred. He had expected the patient to come in for evaluation the next day, therefore, he had not transcribed all the information into the patient record. A review of the patient record by Mr. Carroll's attorney showed that the last dated entry was from the root canal appointment three days *before* the evening phone call.

It was alleged that Dr. Taylor had not followed up with Mr. Carroll, and there was little evidence to support Dr. Taylor's contention that the patient had frustrated his efforts to provide care or that his original advice had been reasonable and prudent. Dr. Taylor may not have been negligent, but his lack of follow-up activities and documentation made the allegation against him difficult to defend.

Dr. Taylor's case illustrates that malpractice claims may be traceable not to what happens during appointments but what fails to happen between them. These errors of omission can be minimized by implementing diligent record keeping practices and by focusing on patient communication and follow-up.

Responsible follow-up is one of the keys to sound patient care and strong dentist-patient relationships. By making an extra effort to inform and remind patients of needed care, you reduce the chance of bad outcomes for the patient while solidifying the doctor-patient relationship. The results are improved care, greater patient loyalty and reduced liability exposure.

The existence of duty

Negligence arises from a breach of duty in the dentist-patient relationship that constitutes a failure to adhere to the applicable standard of care owed by the dentist/defendant. Most definitions of duty include follow-up with the patient after care has been provided. Practitioners are presumed to have superior knowledge of their patient's condition and therefore have a duty to ensure that their recommendations, and the possible consequences of non-compliance, are fully understood. Thus, responsibility for follow-up falls most heavily on the dentist. The patient's failure to follow up may or may not be considered by the jury in determining the amount of the dentist's negligence.

In the claim scenario presented here, it could be argued that Dr. Taylor failed to take one easy step – a follow-up phone call – which, in the long run, would have prevented foreseeable injurious consequences. Even if Dr. Taylor did tell Mr. Carroll to follow up, the patient's stressful circumstances made it foreseeable that he might forget or misinterpret the advice. Considering these circumstances, the plaintiff could concede he was told to follow up and potentially still prevail in the lawsuit. It's important to remember that the standard of care relates to all of the circumstances surrounding the incident.

The need for documentation

Documentation is a critical part of follow-up. Both the dentist and staff must participate in this process because all members of the dental team are permitted to contribute to the patient record. Since the task of contacting patients to assess their post-op status or to schedule follow-up visits is often delegated to the office staff, all staff members must be aware of the significance of their work.

Every attempt to reach a patient in need of follow-up care should be documented in the patient record to show that your office has taken all reasonable steps to resolve the situation. This includes documenting unanswered phone calls as well as messages left on voice mail, a machine or with another individual.

In Dr. Taylor's case, a complete description of the prior evening's conversation with Mr. Carroll, combined with documentation of all attempts to reach him, would have strengthened his ability to refute the claim of negligence. It is also possible that Mr. Carroll might not have required hospitalization – or perhaps a shorter hospitalization – if his case had been followed up more diligently.

Many dentists routinely place evening follow up calls to patients seen earlier that day. This is one of the most effective ways to enhance the dentist-patient relationship. They check to see how the patient is doing and ask if they have any questions about their post-operative course. They reinforce any post-op instructions given earlier in the day, all the while projecting an empathetic attitude.

Even calls as simple as these should be documented in the patient record, including a description of the patient's status, preferably in their own words. An entry for a post-extraction call might read: "Post-op call to patient. Pt reports 'I'm doing fine.' No bleeding. Mild pain. Took 400 mg ibuprofen 2 hrs ago. Advised to continue ibuprofen PRN, soft foods, no straws. Return in 1 wk for S/R."

Occasionally, follow up will be necessary subsequent to a referral or consultation request. If you haven't received a status report on the patient within a reasonable time frame, follow up with the

specialist/consultant, the patient, or both. Document your findings and any pertinent discussions in the patient record.

Evaluate thoroughly

Mr. Carroll contended that Dr. Taylor had prescribed an inappropriate antibiotic. In the absence of the written patient record or a clinical evaluation, Dr. Taylor's ability to review the patient history and diagnose the problem was limited to what he could obtain orally from the patient, along with his recollections of the patient's medical and clinical histories.

After determining that an antibiotic was warranted, Dr. Taylor should have orally reviewed the medical history with the patient and asked if he were taking any prescription or over-the-counter medications or supplements, and if he were allergic to any drugs. The next morning, Dr. Taylor should have recorded in the chart that he had reviewed the medical history with the patient in order to identify potential drug interactions or allergies.

Develop protocols

Establishing written procedures is an important measure for ensuring quality and consistency of care. However, formal guidelines can help protect against patient injury and subsequent liability only if they are supported by staff training, supervision and accountability.

While strict record keeping and follow-up procedures can help dentists protect themselves against liability, these procedures may create other legal issues. Dentists who institute stringent, written protocols in order to raise their level of patient care can be held to those standards in the event of a lawsuit. Protocols that aren't strictly followed may serve as an indictment rather than a defense, demonstrating that the practice was lax in enforcing its own rules.

Such evidence may have a powerful effect on a jury, few of which will accept the fallback position that a dentist or staff member, while failing to follow the practice's own guidelines, exercised the prevailing standard of care. Therefore, a dentist should establish realistic record keeping protocols with which staff can comply on a daily basis.

Recognizing the risks

Just as patients are different, follow-up situations can differ greatly as well. Some will require a great deal of effort and attention, others less so. Based on our experience, the following patients are more likely to need close follow up:

- patients with existing infections
- patients undergoing surgical procedures, including extractions, preprosthetic surgery, periodontal surgery, and implant placement
- endodontic patients
- patients with heightened or unreasonable expectations
- patients with a high need for personal attention

Putting it together

It takes time and effort to manage properly both the patient concerns and the risk exposures that follow-up situations present. Keep in mind these five elements of good patient follow-up:

- **Take the initiative.** If a follow-up visit is necessary, you or a staff member should always take the responsibility for contacting the patient, informing them of the need for evaluation and making the arrangements. Advising patients to call if *they* think it necessary is inadequate because it makes patients responsible for recognizing clinical signs and symptoms. If you take a call when you are away from the office, call your answering service, voice mail, or office answering machine to remind yourself to contact the patient the next day.
- **Communicate clearly.** Explain to patients the need for follow-up before treatment is started. This encourages them to respond appropriately to your follow-up efforts. If you believe a follow up appointment is warranted to check healing or otherwise evaluate the patient's condition, clearly explain its importance and insist upon a return visit. Clear phone communication from staff and well-written letters also help ensure compliance and manage patient expectations. Giving patients written procedure-specific post-op or follow-up instructions containing clear information can reduce the danger of forgetfulness.
- **Develop written protocols.** Creating and enforcing formal office follow-up policies encourages consistency, demonstrates your awareness of the importance of follow-up and makes training new staff members easier. An effective follow-up protocol requires proper staff training and clear documentation of all communication between the dental office and the patient.
- **Provide staff training.** In most cases, receptionists and other staff serve as a dentist's phone link to patients. Staff members should be trained to understand the importance of follow-up procedures – and the significance of their omission – in addition to the procedures themselves.
- **Document everything.** Communication efforts must be consistently documented in patient charts. Telephone calls and recall letters must be recorded, as must patient response or lack of response. Record all missed or cancelled post-op appointments and all attempts to reach patients to reschedule missed follow-up appointments. Record all attempts to contact patients by telephone, whether or not the contact is successful. Document having given patients written post-operative instruction forms.

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