



CNA HealthPro

The Importance of Staff in Managing Risk

Dentistry is a team business. No matter how or where you look in a dental practice, dental staff are vitally important to every aspect of it. That importance includes their ability, whether directly or indirectly, to manage risk.

Chairside dental assistants make clinical procedures safer for patients and increase dentist productivity. Dental hygienists provide clinical care in their own right while educating patients. Front desk staff are the public face of the practice, the first people the patient will speak to by phone or meet in person. Patients' first impressions of them can have a profound affect on the practice. Financial personnel are charged with ensuring the practice's cash flow and are given the often unenviable task of managing accounts receivables. Whatever their role, staff members influence patients' opinions of the practice as well as their overall sense of satisfaction.

Why is this important? We know patient satisfaction is a significant factor in dental professional liability claims. Nearly 80% of our closed dental claims do not result in a payment to the claimant. Although exceptions exist, it is safe to conclude that the majority of these claims were not alleged solely because of poor dentistry. Rather, they were pursued because of patient dissatisfaction arising from non-clinical issues. With so much patient contact in such a variety of interactions, the dental staff has a profound ability to improve patient satisfaction and reduce the likelihood of a professional liability claim.

Vicarious liability

Your staff's ability to positively affect patient views is a separate, but related, risk management issue from that of vicarious liability. As discussed in a following article, the dentist is vicariously liable for the errors and omissions of staff members that breach the standard of care of a reasonable and prudent person performing that job function, and that cause a patient injury. These risks are generally clinical in nature, although they can be founded in errors or omissions of communication. That is, the patient alleges he or she was told the wrong clinical information, or was never told the correct clinical information.

Claims arising from a dentist's vicarious liability for the clinical error or omission of a staff member are not common. Far more frequent are claims arising from a patient's dissatisfaction with their interaction with a staff member, even if the staff member was properly performing his or her job. Managing the risks associated with both types of claims begins by hiring qualified individuals who can project the desired image, training them well, communicating with them in a clear manner, and evaluating their performance. When evaluating prospective job applicants, keep in mind that tasks can be taught, but kindness, empathy, and concern are qualities that cannot be learned.

Patient expectations

Patients expect to have a courteous and professional relationship with everyone associated with the practice. How the dentist and staff behave with each other and with patients communicates that level of courtesy and professionalism. Seemingly simple and routine components of a practice, such as telephone protocols, staff interaction, appointment scheduling, dissemination of information, and answering patients' inquiries are critical factors that increase and maintain patient satisfaction.

Of course, new patients evaluate a practice against their own expectations the moment they step through the door. It is up to the entire dental team to assess those expectations by carefully listening to each patient. Additionally, the dentist has a responsibility to see to it that all staff members are appropriately trained to represent him or her. In the process of communicating with patients, the doctor and staff will decrease risk by clearly informing patients about the practice's policies and procedures at each step along the path of treatment.

Strive to make your practice a place where patients are treated at their scheduled appointment time, where staff members know every patient by name, where interruptions during treatment are kept to a minimum, and where a smile and a pleasant conversation are never too much trouble to give to a patient. A handshake, a respectful attitude, a genuine interest in the well-being of others, a happy staff, and a clean and efficient office – these are true tools of risk management.

Communication

Good communication between dental staff and patients is essential to every practice. Just as dentists and patients have their own communication styles, so too does each member of the dental team. Some will be good conversationalists; others may be adept at dealing with angry or disgruntled patients. Regardless of the communication style or skill an individual brings to the practice, we suggest dentists and staff attend as many varied communication training courses as can be found. These sessions give all staff members valuable tools to communicate within a variety of patient communication styles.

Even before training, it is wise to promote good staff communication from the very outset of an employee's association with a practice. During job interviews, ask applicants specific questions directly relating to the communication skills of employees. You might ask them to "role play" a particular situation, where you will take the role of a disgruntled patient and the applicants must demonstrate how they would handle the situation.

Dental personnel who are good communicators tend to get better information from patients. They have an ability to sense a patient's mood and to help make it positive, along with an opportunity to ask and answer questions concerning the patient's health, finances, insurance and other information. These individuals are often in a good position to suggest when the doctor should intervene on behalf of the patient or when to gather information from outside consultants.

Staff members that communicate well also can help reduce the anxiety that many patients have about dental treatment, making the patient better able to listen and respond during examinations, consultations and treatment. The patient may be able to explain things to staff members that they're reluctant to explain to the doctor. Many patient expectations can also be successfully managed by an effective staff member.

Two hallmarks of a good communicator are the expression of empathy and the ability to listen. Empathy is the ability to recreate another person's perspective and appreciate the world from their point of view. Increasing one's level of empathy involves caring and concentration. Responding empathetically means conveying an accurate understanding of how the other person feels, without implying judgment about whether the feelings are justified.

Expressing more empathy toward patients can sometimes be a difficult task, especially when dentists and staff find themselves questioning the sincerity of patients and the veracity of the information they provide. It is best to set aside any personal judgments about patients and build each relationship with as much empathy as possible.

One of the greatest attributes a health care worker can possess is that of being a good listener. Poor listeners often interrupt in mid-sentence, finish sentences for others, or change the subject to fit their agenda. They fail to make direct eye contact and often have their arms folded or legs crossed. It is important to be a patient listener. This can be done by not interrupting and by limiting one's own talking. Do your best to tune out any distractions and concentrate intently on what the speaker is saying.

Disgruntled patients often just want to be heard and acknowledged. In most cases, patients direct their displeasure at the first people they encounter – the front desk staff. Allowing them to express their concerns may be all that is necessary, so permit them to vent without interruption. Staff members shouldn't feel compelled to defend every aspect of the practice, for no practice is perfect. They should address reasonable concerns and refer problems they cannot fix to the dentist. If a problem cannot be addressed immediately, it is important to tell the patient when to expect a response.

While it is important for all dental personnel to be friendly, some patients resent being called by their first name. Ask all new patients how they prefer to be addressed, note their preference in the chart, and be certain to address them appropriately. For patients with unusual names, it's helpful to note the phonetic spelling.

Within a practice, holding regular staff meetings strengthens office policy and improves staff communication. Possibly, someone other than the dentist has been the first person to recognize a potential patient problem. Perhaps a comment was heard at the front desk. Or a dental assistant entered into a discussion with the patient. The billing coordinator may have noticed a change. The hygienist may have gotten no response to a recall announcement. There are many subtle indications of communication problems with patients. The dental staff should be encouraged to discuss these issues during the meetings. Nothing relating to patient care or patient communications should be considered too trivial or too time consuming.

Documentation

Documentation by dental staff is equally as important as documentation by the dentist. Any member of the dental staff can enter what they see, what they hear, and what they are told to write by the dentist. The dentist and the staff entries are considered equivalent; what a staff member writes is regarded as representing the report of the dentist.

All staff members should sign or initial their entries. We recommend that all staff entries be reviewed by the dentist, who should verify their accuracy, make any necessary changes or additions, and co-sign the entry. This is particularly important for those dentists who delegate the task of writing clinical progress notes to their chairside assistant. The data recorded by staff under the dentist's direction remains the dentist's responsibility. If an entry is illegible, incomplete or incorrect, the patient may suffer consequences and the dentist will be held responsible. Should litigation arise, a court and jury will not be persuaded by a defense that the staff entries in the records were in error.

Staff members must be aware that financial notations such as daily fees, past due balances, and collection actions should be omitted from the patient record. Patient financial information should be included in the progress notes *only* when the financial issue directly relates to the delivery of patient care or a patient's treatment decision. An example of a recommended financial reference would be when a patient declines the recommended treatment or opts for a less expensive alternative due to financial reasons.

Documentation of telephone calls, conversations, and messages is another area where the dental staff is of vital importance. A great deal of important information is contained in these calls, most of which do not involve the dentist's participation. The timeliness and extent of documentation of patient telephone calls are often the issue that makes or breaks the defense of a malpractice allegation. Information received on answering machines or voice mail, or from answering services, should be recorded in the patient record in a timely fashion.

Staff should document in the patient's record all calls – both received and placed – regarding cancelled appointments, medications, emergencies, referrals, consultations, or any aspect of patient care. Whenever you are unable to reach the patient by telephone, document the phone number called and make a notation such as "No answer, left message on machine" or "Spoke with spouse, left message to call back."

The duplication and release of confidential patient records is yet another area in which dental staff must practice good risk management. All personnel must understand that, absent a court order, patient information is not to be released to anyone without the patient's written consent. This prohibition includes releasing records to spouses, parents of adult children, children of aged parents, siblings, work associates, insurance companies and governmental agencies which may include state dental board investigators. If you choose to release copied patient records based on a telephone request from the patient, document the request in the patient's record before photocopying.

Dental practices should never release original records or radiographs, only copies. Many state dental practice acts mandate the retention of original records for a specified period of time. Document in the patient's chart the request and the date the copy was sent. Failure to make such notations could prove embarrassing if, in a professional negligence defense, a copy of the patient record surfaces containing information that differs from what is on file in your office. Keep all original patient authorizations in the record (release of records, signature on file, etc.). Staff members that handle record requests should check with the dentist before mailing to verify that the correct components are being sent. Of course, all employees must understand that they have a legal duty to maintain the confidentiality of all patient information.

Financial matters

It is imperative that staff members in financial roles recognize the often delicate nature of their assigned tasks. In many dental practices, the negotiation of patient financial arrangements and management of accounts receivables is delegated to an office manager or billing coordinator, as most practice environments find it more productive for the doctor to deliver dental services rather than discuss financial matters.

Financial disputes are a frequent cause of breakdowns in the relationship between a patient and a practice and may lead to a professional liability action. Most financial disputes and associated legal claims can be avoided by establishing clear, concrete financial policies and following them.

The person responsible for making financial arrangements should be comfortable discussing financial matters. Whenever a payment is overdue, the patient should be contacted in a direct manner to determine the problem before it creates a rift in the relationship. They may have an issue with the treatment, or the way they were treated.

Another responsibility of the office's financial manager is sending accounts to collection. While it is the practice owner's legal right to pursue collection action for outstanding debts, it should be noted that collection actions against patients frequently result in a retaliatory claim of negligence against the dentist. The collection actions may involve collection agencies or, in extreme cases, taking the patient to court. It is prudent to weigh the possibility of a patient's claim against the doctor before proceeding by having the doctor review the account information, the quality of the doctor-patient relationship, the quality of the treatment provided, and the completeness of the patient's dental record before determining whether or not to pursue the collection action.

Practicing sound risk management in the dental office isn't difficult when the dentist and staff take a team approach to risk management. It represents a significant first step in confirming a commitment to reduce liability risks and to improve the quality of care given to patients.

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