Developing a Culture of Safety in Dentistry

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Council on Advocacy for Access and Prevention
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Safety in Health Care is Longstanding

The Hippocratic Oath: *Primum Non Nocere*  
“First Do No Harm”
Is it safe?
Current Assumptions

- We assume safety.
- An unsafe environment has not been widely publicized.
- Dentistry through self-regulation or external legislation has been open to recreating itself to improve safety.
- We have responded positively when we see opportunities for improvement.
- The time is ripe to transcend the obvious and openly evaluate the not so obvious…
In this age of information, ignorance is a choice.

Don't choose to be this guy!

This will never happen to me!
Formalize Safety! DQA approves practice-based pediatric measures

Addressing acute pain management in teens, young adults

ADA offers recommendations, urges federal panel to apply best practices consistently

BY JENNIFER GARVIN

Washington — The ADA is urging a federal panel to better address dental care and teen and young adult patients in recommendations to ensure best pain management practices are followed, and studied extensively. The Inter-Agency Task Force for addressing acute pain in its draft report to Congress, but urged the panel to also address the nuances of managing acute pain in teens and young adults when their brains are at a critical stage of development. They noted that pediatric dentists use nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen as first-line therapies for pain.

"When the ADA 2012 president shares the story of dentistry, policy on opioids

Executive Editor

As news stories abound about the increasing number of people across the country committing suicide, the ADA Council on Dental Practice is making it clear for dentists to assess their risks and take steps to reduce their likelihood.

At an ADA council on Dental Practice at the Council on Dental Practice, the ADA Council on Dental Practice is making it clear for dentists to assess their risks and take steps to reduce their likelihood. The council is concerned about the health and well-being of patients and dental professionals during this time of need. We've responded by developing tools that can help dentists better understand their risk and take steps to reduce it.

At the June meeting, the council heard reports that have been updated in 2018 by the Centers for Disease Control and Prevention. "We're not alone in this," said a representative of the council.

The council presented a framework that provides guidance to dentists on how to assess their risk and take steps to reduce it. The framework includes the following:

- Understanding the risk of suicide
- Identifying warning signs
- Developing a plan of action
- Seeking support and resources

The council also discussed the importance of recognizing the signs of suicide and taking action to prevent it. The council recommended that dentists:

- Ask questions about suicide
- Listen carefully to what patients say
- Encourage patients to get help

Study reaffirms efficacy of water fluoridation in preventing decay

BY MICHELLE MANGIN

Kids with Medicaid in Indiana who are at risk for tooth decay should receive fluoridated water with fluoride added, a study published in the Journal of the American Dental Association found. The study found that children with Medicaid who received fluoridated water were less likely to have cavities than those who did not.

The study, which included children from five counties in Indiana, found that children who received fluoridated water were 50% less likely to have cavities than those who did not.

Proposed new ADA standards available for review

The ADA Standards Committee on Dental Products is seeking comments on the following proposed standards:

- Proposed revision of ADA Standard No. 319, Manual Toothbrushes. This newly revised standard presents requirements and test methods for the physical properties of manual toothbrushes to assist in making sure these products are safe for their intended use.

- Proposed revision of ADA Standard No. 150, Method for Determination of PolymORIZATION STRESS Stress of Polymer-Based Restorative Materials. This new standard specifies a simple and commonly used method for determining the stress of polymer-based restorative materials. The standard also provides guidance on how to interpret the results.

- Proposed new ADA Standard No. 158, Coupling Dimensions for Dental Equipment. This new standard establishes the coupling dimensions and tolerances of dental equipment, such as endodontic files and root canal instruments. The standard includes test methods to ensure the quality of the products.

The ADA Standards Committee on Dental Products develops standards for dental materials, orthodontic products, dental equipment, and more. Standards for dental materials, instruments and equipment are formulated by working groups of the committee. The committee has representation from all interests in the U.S., including dental product manufacturers, dentists, and dental laboratories.

To obtain copies or make comments on the standards, call 1-800-621-9191 or email standards@ada.org.
This is NOT what we are talking about!

Based on our estimate, medical error is the 3rd most common cause of death in the US.

- Cancer: 585k
- Medical error: 251k
- Heart disease: 611k
- COPD: 149k
- Suicide: 41k
- Motor vehicles: 34k
- Firearms: 34k

All causes: 2,597k

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Makary MA, Michael D. Medical error-
218 people died in the dental chair between 1955 and 2017

Based upon 20 studies found in literature review
Safety

the reduction of preventable harm to patients and caregivers
Remember when?

- Gloves were optional
- Needles were reused
- Opioids were harmless
- Protective Wear optional
- Rubbing Alcohol
- X-rays & Film Holders
- Smoking in the office
- Nitrous machines
- Immunizations
Think About Your Office..... Or Not!

tripping hazards, transmissible infections in the waiting room, uncontrolled TV access, toys and playscapes, plate glass partitions, trace gases, radiation exposure controls, handwashing, hazardous waste disposal, equipment noise, equipment electromagnetic radiation, sterilization, materials you use, lasers, sharps and sticks, patient emergency plan, EMT access, HIPPA, hacking protection, safety culture, emergency lighting, unit dosing, glove use, PPE, back injuries, ventilation, staff protection from violence, waterline safety, weather emergency plan, dental record access controls, treatment of sick patients, exposure plan for pregnant staff, wheelchair access, oxygen readiness, emergency medications, staff training in emergency situations, cell phone policy, refrigerator policy, MSDSs, emergency drills, patient protection during treatment, incident reports....
Count your blessings if you have never experienced...

- Giving a wrong site injection
- Cared for a patient’s post operative infection
- Suffered a needlestick
- Inadequately managed a patient’s pain
- Had a sterilization failure
- Provided the wrong treatment due to misdiagnosis
- Prescribed an incorrect medication
- Failed a waterline culture
Your degree of passion often depends upon your experience.

Dentists are sheltered by “cottage industry” with no requirements for reporting, no data clearinghouse, and little transparency.

No collective improvement based on experience of others

We don’t know what we don’t know
Does transparency increase lawsuits?
In a published study in the Annals of Internal Medicine the University of Michigan Health System, the cost of liability was reduced by 59% after full implementation of a medical error disclosure program.

- Does not necessarily lead to a negative impact on reputation
- It is the right thing to do
- Why we don’t…….
  - We are afraid of error and disclosure
  - No processes in place
  - Few know their role and responsibilities
  - No one knows where (if any) reporting responsibility lies
  - Afraid to have someone else take control
  - Afraid of blame and retribution
When we fail to govern ourselves, others will step in and do it for us.
“We must acknowledge that safety and quality, or lack thereof, has caused an abundance of proposed legislation and regulations across the country.”
Most of the harm was temporary.
About 9.6% was permanent.
More that 50% of harm was determined to be preventable.

In one of the few studies to look at patient safety conducted by M. Walji, the rate of adverse events was 1.4%.
Media Insights

Lorain County hospital system and doctors group to pay $4.4 million for unneeded heart procedures

Updated Jan 7, 2013. Posted Jan 4, 2013

By Diane Suchetka, The Plain Dealer, dsuchetka@plain.com

ELYRIA, Ohio -- A Lorain County hospital and a group of Northeast Ohio cardiologists have agreed to pay the federal government $4.4 million to settle allegations that, for years, they billed Medicare for implanting heart stents in patients who did not need them.
Collegial Insights
Which would you prefer?

Proactive

Helps protect you from drowning.

Reactive

Thrown to you after you’re already drowning.
If not us, then who?

Just Think About It

Paul S. Casamassimo, DDS, MS, FAAPD, FRCSEd, Guest Columnist

How safe is dental care?

Before you read further, know that there is no answer. Dentistry, unlike medicine,
Safe systems employ barriers to harm
Evaluate Systems - Eliminate Blame
Rules of Engagement

How do we make this palatable to our members?

- Win/win: Seen as beneficial and not simply someone else’s agenda
- Slow and methodical: 3-5 year framework for action
- Make it relatable and not punitive
- Address and alleviate the natural fear and confusion
- Stress the importance of buy-in by dentistry and the need for integration with our own specialties & other disciplines
- Keep it simple and avoid overstepping imagined boundaries
Developing a Culture of Safety in Dentistry

**How do we make this palatable to our members?**

- Acknowledge and highlight what we are already doing
- Be proactive, not solely reactive
- Align our efforts with ADA rebranding and new five-year strategic plan emphasizing advocacy for the oral health of the public
- Emphasize positive messaging encouraging transparency
- Stress collective learning and the benefits that follow
- Discourage any sense of blaming
Building upon our Medical colleagues’ path...

- **Develop a curriculum** on patient safety and encourage its adoption into training and certification;

- **Disseminate information** on patient and dental team safety through a variety of in-person, print, web and social media communication vehicles on a regular basis;

- Recognize patient safety considerations in **practice guidelines and in standards**;

- Work collaboratively to develop **community-based initiatives for error reporting and analysis**; and

- **Collaborate** with other dental and healthcare professional associations and disciplines in a national summit on dentistry’s role in patient safety
Be Safe and Thank You!
Questions

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THE QUESTION
ISN’T WHO IS GOING TO
LET ME
IT’S WHO IS GOING TO
STOP ME
~ AYN RAND