

# Policy on Patient Safety

## Review Council

Council on Clinical Affairs

## Revised

2013

### Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes patient safety as an essential component of quality oral health care for infants, children, adolescents, and those with special health care needs. The AAPD encourages dentists to consider thoughtfully the environment in which they deliver health care services and to implement practices that decrease a patient's risk of injury or harm during the delivery of care. This policy is not intended to duplicate safety recommendations for medical facilities accredited by national commissions such as the Joint Commission on Accreditation of Healthcare Organizations or those related to workplace safety such as Occupational Safety & Health Administration.

### Methods

This policy was originally developed by the Council on Clinical Affairs and adopted in 2008. This policy is based on a review of current dental and medical literature, including a systematic search of the PubMed®/MEDLINE database using the terms: patient safety AND dentistry, fields: all; limits: within the last 10 years, humans, English. Ten articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles.

### Background

All health care systems should be designed to promote patient health and protection. Dental practices must be in compliance with federal laws that help protect patients from misuse of personal information [e.g., Health Insurance Portability and Accountability Act (HIPAA)]<sup>1-4</sup> and potential dangers such as the transmission of disease. State and local laws help regulate potential chemical and environmental (e.g., radiation) hazards and facilities (e.g., fire prevention systems, emergency exits). Furthermore, state dental practice acts are intended to regulate the competency of and provision of services by dental health professionals.

Designing health care systems that focus on preventing errors and being more efficient and patient-family centered is critical to assuring patient safety.<sup>5,6</sup> Some possible sources of error in the dental office are miscommunication, failure to review the patient's medical history (e.g., current drugs and medications), and lack of standardized records, abbreviations, and processes.<sup>5</sup> Standardization helps assure clerical and clinical personnel execute their responsibilities in a safe and effective manner. Policy and procedure manuals that describe each facil-

ity's established protocols serve as a valuable training tool for new employees and reinforce a consistent approach for safe, quality patient care. Identifying deviations from such protocols and studying patterns of occurrence can help reduce the likelihood of adverse events.<sup>7</sup> Reducing clinical errors requires a careful examination of adverse events, including 'near misses', and root cause analysis of how the event could be avoided in the future so that safety practices can be implemented. Safety demands a culture in which communication does not depend on hierarchy; a non-punitive or 'no blame' culture encourages all personnel to report errors.<sup>6,8</sup>

The environment in which dental care is delivered impacts patient safety. In addition to structural issues regulated by state and local laws, other design features should be planned and periodically evaluated for patient safety, especially as they apply to young children. Play structures, games, and toys are possible sources for accidents and infection.

Scientific knowledge and technology continually advance, and patterns of care evolve due, in part, to recommendations by organizations with recognized professional expertise and stature. Some recommendations can be based only on suggestive evidence or theoretical rationale (e.g., infection control); other concerns of clinical practice remain in flux (e.g., materials utilized in restorative dentistry). Consequently, the dental patient would benefit from a practitioner who follows current literature and participates in professional continuing education courses to increase awareness and knowledge of best current practices.

The AAPD emphasizes safe, age-appropriate, nonpharmacological or pharmacological behavior guidance techniques for use with pediatric dental patients. It is important to base behavior guidance on each patient's individual needs with goals of fostering a positive dental attitude, safety, and providing quality dental care.<sup>9</sup> Appropriate diagnosis of behavior and safe and effective implementation of advanced behavior guidance techniques (i.e., protective stabilization, sedation, general anesthesia) necessitate knowledge and experience that generally are beyond the core knowledge that students receive during predoctoral education.<sup>9,10</sup>

#### ABBREVIATIONS

**AAPD:** American Academy Pediatric Dentistry. **HIPAA:** Health Insurance Portability and Accountability Act.

## Policy statement

To promote patient health and protection, the AAPD encourages:

1. Patient safety instruction in dental curricula to promote safe, patient-centered care.<sup>11</sup>
2. Professional continuing education by all licensed dental professionals to maintain familiarity with current regulations, technology, and clinical practices.
3. Compliance with federal laws such as HIPAA to protect patients against misuse of information identifiable to them.<sup>1</sup>
4. Compliance and recognition of the importance of infection control policies, procedures, and practices in dental health care settings in order to prevent disease transmission from patient to care provider, from care provider to patient, and from patient to patient.<sup>2-4</sup>
5. Routine inspection of physical facility in regards to patient safety. This would include development of office emergency and fire safety protocols and routine inspection and maintenance of clinical equipment.
6. Recognition that informed consent by the parent is essential in the delivery of health care and effective relationship/communication practices can help avoid problems and adverse events.<sup>12</sup> The parent should be encouraged to be an active participant in the child's care.
7. Accuracy of patient identification with the use of at least two patient identifiers, such as name and date of birth, when providing care, treatment, or services.<sup>5</sup>
8. An accurate and complete patient chart that can be interpreted by a knowledgeable third party.<sup>13</sup> Standardizing abbreviations, acronyms, and symbols throughout the record is recommended.
9. An accurate, comprehensive, and up-to-date medical/dental history including medications and allergy list to ensure patient safety during each visit.<sup>13</sup> Ongoing communication with health care providers, both medical and dental, who manage the child's health helps ensure comprehensive, coordinated care of each patient.
10. A pause before an invasive procedure to confirm the patient, planned procedure(s), and tooth/surgical site(s) are correct.
11. Appropriate staffing and supervision of patients treated in the dental office.
12. Adherence to AAPD recommendations on behavior guidance, especially as they pertain to use of advanced behavior guidance techniques (i.e., protective stabilization, sedation, general anesthesia).<sup>9,10</sup>
13. Standardization and consistency of processes within the practice. A policies and procedures manual, with ongoing review and revision, could help increase employee awareness and decrease the likelihood of untoward events. Dentists should emphasize procedural protocols that protect the patient's airway (e.g., rubber dam isolation)<sup>14</sup> and minimize opportunity for injury during delivery of care (e.g., protective eyewear).

14. Minimizing exposure to nitrous oxide by maintaining the lowest practical levels in the dental environment. This would include routine inspection and maintenance of nitrous oxide delivery equipment as well as adherence to clinical guidelines for patient selection and delivery of inhalation agents.<sup>15</sup>
15. Minimizing radiation exposure through adherence to ALARA (as low as reasonably achievable) principle, equipment inspection and maintenance, and patient selection criteria.<sup>16</sup>
16. All facilities performing sedation for diagnostic and therapeutic procedures to maintain records that track adverse events. Such events then can be examined for assessment of risk reduction and improvement in patient safety.<sup>17</sup>
17. Dentists who utilize in-office anesthesia care providers take all necessary measures to minimize risk to patients. Prior to delivery of sedation/general anesthesia, appropriate documentation shall address rationale for sedation/general anesthesia, informed consent, instructions to parent, dietary precautions, preoperative health evaluation, and any prescriptions along with the instructions given for their use. The dentist and anesthesia care provider must communicate during treatment to share concerns about the airway or other details of patient safety.<sup>18</sup>
18. Ongoing quality improvement strategies. Routine assessment of risk, adverse events, and mistakes with a plan for reduction and improvement in patient safety and satisfaction is imperative for such strategies.<sup>5,6</sup>

## References

1. U.S. Dept of Health and Human Services. Medical Privacy – National Standards to Protect the Privacy of Personal Health Information: Available at: "<http://www.hhs.gov/ocr/hipaa/>". Accessed April 1, 2013.
2. World Health Organization. WHO Guidelines On Hand Hygiene In Health Care (advanced draft): A Summary. Available at: "[http://www.who.int/patientsafety/events/05/HH\\_en.pdf](http://www.who.int/patientsafety/events/05/HH_en.pdf)". Accessed April 1, 2013.
3. Boyce JM, Pittet D. Guideline for Hand Hygiene in Health-Care Settings. Recommendations of the Health-care Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. Available at: "<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>". Accessed April 1, 2013.
4. American Academy of Pediatric Dentistry. Policy on infection control. *Pediatr Dent* 2012;34(special issue): 108.
5. Joint Commission on Accreditation of Health Care Organizations. 2012/2013 National Patient Safety Goals Ambulatory Care Program. Available at: "[http://www.jointcommission.org/standards\\_information/npsgs.aspx](http://www.jointcommission.org/standards_information/npsgs.aspx)". Accessed June 21, 2013.

6. Ramoni RB, Walji MF, White J, et al. From good to better: Toward a patient safety initiative in dentistry. *J Am Dent Assoc* 2012;143(9):956-60.
7. American Academy of Pediatrics. Principles of patient safety in pediatrics: Reducing harm due to medical care. *Pediatrics* 2011;127(6):1199-210. Erratum: *Pediatrics* 2011;128(6):1212.
8. Editorial. US Army Dental Corps showcases patient safety program. *ACP Messenger* 2008;39(4):1-3.
9. American Academy of Pediatric Dentistry. Guideline on behavior guidance for the pediatric dental patient. *Pediatr Dent* 2012;34(special issue):170-82.
10. American Academy of Pediatric Dentistry. Guideline on protective stabilization for pediatric dental patients. *Pediatr Dent* 2013;35(special issue):189-93.
11. Kiersma ME, Plake KS, Darbshire PL. Patient safety instruction in US health professions education. *Am J Pharm Educ* 2011;75(8):162.
12. American Academy of Pediatric Dentistry. Guideline on informed consent. *Pediatr Dent* 2012;34(special issue): 295-7.
13. American Academy of Pediatric Dentistry. Guideline on record-keeping. *Pediatr Dent* 2012;34(special issue): 287-94.
14. American Academy of Pediatric Dentistry. Guideline on pediatric restorative dentistry. *Pediatr Dent* 2012;34 (special issue):214-21.
15. American Academy of Pediatric Dentistry. Policy on minimizing occupational health hazards associated with nitrous oxide. *Pediatr Dent* 2013;35(special issue):80-1.
16. American Dental Association, U.S. Dept of Health and Human Services. The Selection of Patients for X-Ray Examination: Dental Radiographic Examinations. Rockville, Md.: Food and Drug Administration, 2012. Available at: "<http://www.fda.gov/downloads/Radiation-EmittingProducts/RadiationEmittingProductsandProcedures/MedicalImaging/MedicalX-Rays/UCM329746.pdf>". Accessed June 21, 2013.
17. American Academy of Pediatric Dentistry, American Academy of Pediatrics. Guideline for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures. *Pediatr Dent* 2012;34(special issue):194-210.
18. American Academy of Pediatric Dentistry. Guideline on use of anesthesia personnel in the administration of office-based deep sedation/general anesthesia to the pediatric dental patient. *Pediatr Dent* 2012;34(special issue):211-3.