

Ensuring Correct-Site Surgery:

Good dentist-patient communications, teamwork, and attention to detail are critical in order to ensure correct-site surgical or operative procedures. Wrong site surgery risks can be minimized if members of the dental treatment team will use the following procedures prior to beginning any dental treatment:

- Review the written/faxed referral form, if applicable. Obtain verbal confirmation from the referring provider if there is any possibility for confusion.
- Review the dental record including the medical history, laboratory findings, appropriate charts and dental radiographs and mark the teeth or surgical site on the SF 603 or AF 935 *Periodontal Maintenance Record*.
- Ensure that radiographs are properly oriented and visually confirm that the correct teeth or tissues have been charted.
- Prior to initiating any dental procedure or administering any sedative medications, ask the patient to describe their understanding of the procedure to be performed. Confirm that the patient's description agrees with the treatment-plan and any previously obtained informed consent. Do not pose questions that require only a "yes or no" answer when verifying understanding.
- Complete informed consent documentation if not previously obtained.
- Re-visualize the surgical or operative site and cross check with the dental assistant to re-confirm that the procedures to be performed (including surgical sites or teeth to be extracted or restored) are correct as charted.
- Proceed with the surgical or operative procedure only when the patient and all members of the dental treatment team are in agreement.
- A "time-out" statement must be documented. The statement should be written to specifically address the planned procedure e.g. "the dental team present and the patient verified identity and site prior to beginning crown prep #19." See attachment 1.

Radiographs:

The Chief of Dental Services ensures both the dental staff and patients receive the lowest possible radiation dose consistent with existing technology, costs, operational requirements, and current As Low As Reasonably Achievable (ALARA) guidelines.

American Dental Association guidelines form the basis for radiographic practice when ordering images for initial or periodic dental examinations. Providers will use reasonable clinical judgment when ordering radiographs during the course of clinical treatment. Attachment 2 summarizes current guidelines for prescribing dental radiographs.

DTFs using digital radiology should annotate "digital" in the dental record entry in which the images are made. Prior to releasing the dental record for Permanent Change of Station, separation or retirement purposes, examination, pre-treatment and post-treatment digital images will be printed or copied onto suitable digital media and placed in the dental record, with digital media being preferred to printing. Interim treatment images, such as working length endodontic file images, do not have to be printed nor copied to the digital media.

When copying the images to digital media, at a minimum, a Digital Imaging and Communications in Medicine (DICOM) compatible format must be utilized. In addition to the DICOM images, a DICOM image viewing application must be included on the digital media. Other image formats may be included in addition to the DICOM image(s). If the facility does not have the ability to export the images in a DICOM compliant format, the images must be printed and placed in the dental record. In this case, also exporting to digital media in a non-DICOM format is optional. Digital media placed in the dental record must be labeled with:

1. Patient's name
2. Last 4 of SSAN
3. Date the digital media was made
4. Privacy Act and HIPAA statements as below:

"This document may contain information covered under the Privacy Act of 1974, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations, therefore, it must be protected in accordance to these provisions."

A panoramic image of diagnostic quality is required in every Active Duty (AD) and Air Reserve Component (ARC) dental record for forensic identification. A new panoramic radiograph/digital image should be taken when the patient's condition has been significantly altered by disease and/or treatment or when the dentist determines that a new image is required for diagnosis and treatment.

References:

1. *Guidelines for Prescribing Dental Radiographs*, ADA, 2004, www.ada.org/prof/resources/topics/topics_radiography_chart.pdf
2. AFI 47-101, *Managing Air Force Dental Services*, 5 May 2000.

Treatment Planning:

Diagnosis and treatment planning are the responsibilities of the dentist and will be supported by appropriate tests and procedures including radiographs, diagnostic tests, study casts and laboratory studies when indicated. Proposed treatment should be entered on SF 603/603A, AF form 935, SF 513 or other locally approved treatment-planning form.

The dentist must consider the preferences of the patient and the needs of the Air Force in the development of dental treatment plans. The treatment plan must be discussed with the patient (or legal guardian in the case of minors or mentally disabled individuals) and they should be able to articulate their understanding of, and agreement with, proposed treatment (an inquiry requiring a "yes or no" response is not sufficient to meet this requirement.)

Extensive or multi-disciplinary treatment will be preceded by a comprehensive evaluation and treatment plan prepared by the primary dental officer who is coordinating the patient's care. Phases of treatment, decision points and recommended maintenance should be included when applicable. Comprehensive treatment plans may be documented on AF form 935, SF 513 or locally approved treatment-planning form.

Continuity of Care: While recognizing the inherent instability of the military dental environment created by temporary duty, deployments and frequent moves, dentists should ensure continuity of care for their patients. When a dentist prepares a treatment plan and initiates a course of treatment, they assume responsibility as the primary care manager for that individual until they are restored to dental health. The dentist should make every effort to see the course of treatment to its conclusion.

Referrals to specialists, transfers to another dentist or to outsourced dental care should be documented and a reasonable effort made to ensure the completion of planned treatment.