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Three to Heed – Topics in Dental Practice Risk Management

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Outline

- Delegation of duties - What staff can and cannot perform supervised and/or unsupervised.
- Prevention of and response to patient complaints.
- Rules and regulations: New and in progress

Program Objectives

At the end of the webinar, the participant should be able to:

- Delegate duties to staff per appropriate scope of practice.
- Employ patient complaint risk mitigation strategies.
- Review new compliance issues for dental practice in WA state.

Delegation

Supervision WAC 246-817-510:

- **"Close supervision"** means that a supervising dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervising dentist is continuously on-site and physically present in the treatment facility while the procedures are performed by the assistive personnel and capable of responding immediately in the event of an emergency. The term does not require a supervising dentist to be physically present in the operatory.
  - **"Treatment facility"** means a dental office or connecting suite of offices, dental clinic, room or area with equipment to provide dental treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

Delegation

Supervision WAC 246-817-510:

- **"General supervision"** means that a supervising dentist has examined and diagnosed the patient and provided subsequent instructions to be performed by the assistive personnel but does not require that the dentist be physically present in the treatment facility.

Dental Professionals in Washington

- Dental Hygienist
  - Licensed
  - Disciplinary Authority: Hygiene Commission
- Expanded Function Dental Auxiliary (EFDA)
  - Licensed
  - Disciplinary Authority: DQAC
- Dental Assistant
  - Registered
  - Disciplinary Authority: DQAC
- Dental Surgical Assistant
  - Certified
  - Disciplinary Authority: DQAC

Licenses and Registrations

- WAC 246-817-301 Display of licenses.
- The license of any dentist, dental hygienist or other individual licensed pursuant to the laws of Washington to engage in any activity being performed in the premises under the supervision or control of a licensed dentist shall be displayed in a place visible to individuals receiving services in the premises, and readily available for inspection by any designee of the DQAC.
- All licenses and registrations are renewed annually on the holder's birthday.

Dental Assistants Close Supervision

- Oral inspection, with no diagnosis.
- Take and record blood pressure and vital signs.
- Place, expose, and process radiographs.
- Take intra-oral and extra-oral photographs.
- Perform coronal polish. A licensed dentist shall determine the teeth are free of calculus or other extraneous material prior to dismissing the patient.
- Give fluoride treatments.
- Give patient education in oral hygiene.
- Give preoperative and postoperative instructions.

Dental Assistants Close Supervision (cont'd)

- Deliver an oral sedative drug to patient.
- Assist in the administration of inhalation minimal sedation (nitrous oxide) analgesia, including starting and stopping the flow as directed by the supervising dentist.
- Place topical anesthetics.
- Place and remove the rubber dam.
- Apply tooth separators as for placement for Class III gold foil.
- Apply sealants.
- Place a matrix and wedge for a direct restorative material after the dentist has prepared the cavity.

Dental Assistants Close Supervision (cont'd)

- Place cavity liners and bases.
- Perform acid etch and apply bonding agents.
- Polish restorations but may not intra-orally adjust or finish permanent restorations.
- Sterilize equipment and disinfect operatories.
- Place retraction cord.
- Hold in place and remove impression materials after the dentist has placed them.

Dental Assistants Close Supervision (cont'd)

- Take impressions, bite registrations, or digital scans of the teeth and jaws for:
  (a) Diagnostic and opposing models;
  (b) Fixed and removable orthodontic appliances, occlusal guards, bleaching trays, and fluoride trays;
  and
  (c) Temporary indirect restorations such as temporary crowns.
- Take digital scans of prepared teeth for fabrication of permanent indirect restorations.
- Take a facebow transfer for mounting study casts.
- Fabricate and deliver bleaching and fluoride trays.
- Fabricate, cement, and remove temporary crowns or temporary bridges.

Dental Assistants Close Supervision (cont'd)

- Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands.
- Place a temporary filling (as zinc oxide-eugenol (ZOE)) after diagnosis and examination by the dentist.
- Pack and medicate extraction areas.
- Place periodontal packs.
- Remove periodontal packs or sutures.
- Select denture shade and mold.

Dental Assistants Close Supervision (cont'd)

- Place and remove orthodontic separators.
- Select and fit orthodontic bands, try in fixed or removable orthodontic appliances prior to the dentist cementing or checking the appliance.
- Prepare teeth for the bonding of orthodontic appliances.
- Bond attachments for clear removable orthodontic aligners.
- Remove and replace archwires and orthodontic wires.
- Fit and adjust headgear.
- Remove fixed orthodontic appliances, orthodontic cement, and orthodontic bonded resin material.

Dental Assistants General Supervision

- Dental assistants are not allowed to work under general supervision
- All duties must be performed under close supervision of a dentist

Dental Hygienist Close Supervision

- WAC 246-817-560 Acts that may be performed by licensed dental hygienists under close supervision.
  - Perform soft-tissue curettage.
  - Administer local anesthetic agents and adjunctive procedures (e.g. local anesthetic reversal agents and buffered anesthetic
  - Place restorations into the cavity prepared by the dentist, and thereafter could carve, contour, and adjust contacts and occlusion of the restoration.
  - Administer nitrous oxide analgesia.
  - Place antimicrobials.
- In addition acts allowed in WAC 246-817-520 for dental assistants and WAC 246-817-550 Acts allowable for Hygienists under general supervision

Dental Hygienist General Supervision

WAC 246-817-550 Acts that may be performed by licensed dental hygienists under general supervision.

(1) Head and neck examination.

(2) Oral inspection and measuring of periodontal pockets, with no diagnosis.

(3) Record health histories.

(4) Take and record blood pressure and vital signs.

(5) Take intraoral and extraoral radiographs.

(6) Take intraoral and extraoral photographs.

(7) Patient education in oral hygiene.

Dental Hygienist General Supervision (cont'd)

(8) Give preoperative and postoperative instructions.

(9) Oral prophylaxis and removal of deposits and stains from the surfaces of the teeth.

(10) Give fluoride treatments.

(11) Apply topical anesthetic agents.

(12) Deliver oral antibiotic prophylaxis as prescribed by a dentist.

(13) Place and remove the rubber dam.

(14) Apply topical preventive or prophylactic agents.

Dental Hygienist General Supervision (cont'd)

(15) Administer local anesthetic agents and adjunctive procedures if all conditions in (a) through (d) of this subsection are met. Adjunctive procedures include local anesthetic reversal agents and buffered anesthetic.

(a) The patient is at least eighteen years of age;

(b) The patient has been examined by the delegating dentist within the previous twelve months;

(c) There has been no change in the patient's medical history since the last examination. If there has been a change in the patient's medical history within that time, the dental hygienist must consult with the dentist before administering local anesthetics;

(d) The delegating dentist who performed the examination has approved the patient for the administration of local anesthetics by a dental hygienist under general supervision and documented this approval in the patient's record;

(e) If any of the conditions in (a) through (d) of this subsection are not met, then close supervision is required.

Dental Hygienist General Supervision (cont'd)

(16) Perform subgingival and supragingival scaling.

(17) Perform root planing.

(18) Apply sealants.

(19) Polish and smooth restorations.

(20) Sterilize equipment and disinfect operatories.

(21) Place retraction cord.

Dental Hygienist General Supervision (cont'd)

(22) Take impressions, bite registration, or digital scans of the teeth and jaws for:

(a) Diagnostic and opposing models;

(b) Fixed and removable orthodontic appliances, occlusal guards, bleaching trays, and fluoride trays; and

(c) Temporary indirect restorations such as temporary crowns.

(23) Take a facebow transfer for mounting study casts.

(24) Fabricate and deliver bleaching and fluoride trays.

(25) Fabricate, cement, and remove temporary crowns or temporary bridges.

(26) Place a temporary filling such as zinc oxide-eugenol or ZOE after diagnosis and examination by the dentist.

Dental Hygienist General Supervision (cont'd)

(27) Remove excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands.

(28) Pack and medicate extraction areas.

(29) Place periodontal packs.

(30) Remove periodontal packs or sutures.

(31) Select denture shade and mold.

(32) Place and remove orthodontic separators.

(33) Select and fit orthodontic bands, try in fixed or removable orthodontic appliances prior to the dentist cementing or checking the appliance.

EFDA Close Supervision

WAC 246-817-525 Supportive services that may be performed by licensed expanded function dental auxiliaries (EFDAs).

- A supervising dentist may delegate the supportive services provided the EFDA has demonstrated skills necessary to perform each task competently.
- Licensed EFDAs may perform nonclinical tasks.

EFDA Close Supervision (cont'd)

WAC 246-817-525 Supportive services that may be performed by licensed expanded function dental auxiliaries (EFDAs).

- Supportive services allowed under close supervision:
  - Supportive services allowed for dental assistants under WAC 246-817-520(4)
  - Place, carve, finish, and polish direct restorations.
  - Take preliminary and final impressions and bite registrations, to include computer assisted design and computer assisted manufacture applications.
  - Perform coronal polishing.
  - Give fluoride treatments.
  - Apply sealants.
  - Place, expose, and process radiographs.
  - Give patient oral health instructions.

EFDA General Supervision

WAC 246-817-525 Supportive services that may be performed by licensed expanded function dental auxiliaries (EFDAs).

- A dentist may delegate the supportive services of this section under the dentist's general supervision, provided the EFDA has demonstrated skills necessary to perform each task.
- Supportive services allowed under general supervision are:
  - (a) Perform coronal polishing.
  - (b) Give fluoride treatments.
  - (c) Apply sealants.
  - (d) Place, expose, and process radiographs.
  - (e) Give patient oral health instructions.

Delegation Reference Chart

https://www.doh.wa.gov/Portals/1/Documents/Pubs/646181.pdf

List of Delegation of Duties by Dentists	Dental Hygienist General Supervision WAC 246-817-550	Dental Hygienist Close Supervision WAC 246-817-560	EFDA General Supervision WAC 246-817-525	EFDA Close Supervision WAC 246-817-525	Dental Assistant Close Supervision WAC 246-817-520	Dental Anesthesia Assistant Close Supervision WAC 246-817-ZZ1	Dental Anesthesia Assistant Direct Visual Supervision WAC 246-817-ZZ1
Oral inspection, with no diagnosis	*			*	*		
Take and record blood pressure and vital signs	*			*	*		
Place, expose, and process radiographs (Take intra-oral and extra-oral radiographs)	*		*		*		
Take intra-oral and extra-oral photographs	*			*	*		
Perform coronal polish - A licensed dentist shall determine the teeth are free of calculus or other extraneous material prior to dismissing the patient.	(see oral prophylaxis below)	*	*		*		
Give fluoride treatments	*		*		*		
Give patient education in oral hygiene (Give patient oral health instructions)	*		*		*		
Give preoperative and postoperative instructions	*			*	*		
Deliver an oral sedative drug to patient		*		*	*		
Assist in the administration of inhalation minimal sedation (nitrous oxide) analgesia, including starting and stopping the flow as directed by the supervising dentist		* (see administer below)		*	*		
Place topical anesthetics	* (see apply below)			*	*		
Place and remove the rubber dam	*			*	*		
Apply tooth separators as for placement for Class III gold foil		*		*	*		
Apply sealants	*		*		*		
Place a matrix and wedge fro a direct restorative material after the dentist has prepared the cavity		*		*	*		
Place cavity liners and bases		*		*	*		
Perform acid etch and apply bonding agents		*		*	*		
Polish restorations but may not intra-orally adjust or finish permanent restorations		*		*	*		
Sterilize equipment and disinfect operatories	*			*	*		

Questions

- Can my office manager or receptionist break down/set up rooms or sterilize instruments to help out assistant?
- Can any one of my staff recement a temporary crown when I am out of the office?
- Who is responsible for confirming licenses and registrations are current?
- Can my dental assistant take xrays and assist my hygienist when I am out of the office?

Handling Patient Complaints

Office Environment Matters

- Good patient rapport
  - Good patient rapport can mitigate dissatisfaction. Positive and caring communication is the single most effective mechanism to prevent patient dissatisfaction. Doctors and staff that are pleasant and empathetic, follow up in a timely manner, are accessible, and provide answers can often diffuse a difficult situation.
- Effective communication skills
  - Effective communication skills can protect your dental practice. Treat every patient with respect, compassion and candor and practice the art of listening, especially as part of the informed consent process. Ensure your staff practice the same communication style.

Handling Patient Complaints
Good Patient Rapport

- Patients perceive staff as approachable, sympathetic and understanding
- Dental, medical and financial information about patients cannot be overheard or read by other patients
- Staff members refer all patient complaints about dental care to the dentist/office manager immediately
- Follow up calls the afternoon or evening after appointments

Handling Patient Complaints
Effective Communication Skills

- The office communicates with patients in a professional manner
- Patients' questions are answered to their satisfaction
- The Dentist always discusses the treatment plan with the patient
- Patients with complaints are invited to discuss their concerns in person rather than by phone
- Angry or frustrated patients are not ignored

Strategies

- Have written office policy
  - All complaints immediately referred to Dr. In large group may have another central individual.
- Acknowledge patient's concern and appoint or have Dr. address same day if possible
- Dr. examine patient with complaint, not staff
- Take patient to a "Neutral Corner"
- Remain calm and let patient "vent"
- Follow through on promises made

Language

- Thank you for letting us know your concern. We always put our patients first. I know the Dr. would like to help you with your concern. May I arrange for the Dr. to call you back?
- I'm sorry you are having some discomfort after your filling. The doctor definitely would like to take a look at that for you. Are you able to come in today at…?

Problem Management/Error Disclosure

- Be honest
  - Review your findings
  - Review possible future issues
- Discuss a plan to mitigate the issue
- Develop a plan for follow-up
  - Set up follow-up appointments before patient leaves
- Encourage patient to call if there is any change.
  - Recommend the Dr. call the patient the evening of the incident.
- Apology
- Use Dental Practice Event Management Checklist/Claims Reporting Process form

DENTAL PRACTICE EVENT MANAGEMENT CHECKLIST

Purpose: To develop a systemized response to and review of an adverse event or a medical emergency in the Dental Practice. Dentists and key stakeholders should be oriented to this process and given the opportunity to provide input and improve the office practice.

WHEN TO CONSIDER USING THIS FORM

Dental Adverse Event	Medical Emergency
• Pain • Infection • Hard tissue damage • Nerve Injury • Soft tissue damage/inflammation • Other oro-facial harm • Allergy, toxicity, or foreign body response • Aspiration or ingestion of foreign body • Wrong site, wrong patient, or wrong procedure • Bleeding • Other harm	• Injuries requiring first aid • Syncope • Epinephrine reaction • Postural hypotension • Allergic reactions • Hyperventilation • Seizures • Insulin shock • Asthma • Injuries requiring first aid • Other

Date: _____

Patient's Name:_____ Date of Birth:_____ Medical Record#:_____

Dentist and/or staff involved:_____

Event documentation completed in Medical Record? Yes___ No___ Unknown____

Root Cause Analysis? Yes____ No____ Not yet determined____

Report to Insurance Carrier? Yes____ No____ Date/Time/Person:_____

Escalation

- ☐ Does the dental practice have a plan for responding to adverse events or medical emergencies? Was the plan followed?
- ☐ Did the patient require transfer to higher level of care? Orthodontist? Oral Surgeon? Hospital ED?
- ☐ Is there a risk of immediate recurrence? Need for immediate corrective action?

Disclosure and Plan of Care

- ☐ Was communication provided to the patient on the plan of care? Was information provided in writing? Was copy of written documentation maintained for the record?
- ☐ Avoid speculative causation statements, as speculative causes should not be in the record.

Patient Management & Follow-up

- ☐ After the patient is stabilized, determine when the next follow-up will occur? Document follow-up date in the record and provide in writing to the patient.
- ☐ Recommend call to check on patient status the evening of the event and/or no later than 23 hours after the event to ensure no hospitalization or other adverse outcome requiring a report to Department of Health/DQAC.

Documentation

- ☐ Document the circumstances surrounding the adverse event or medical emergency in the record. Date, Time. What occurred, Actions taken, Plan of Care, Statements made by dentist to the patient and any comments made by the patient (and or others present during the event/emergency).
- ☐ Document all subsequent conversations held with the patient regarding the event and/or emergency (e.g., calls to check on patient status, calls from or to the patient regarding plan of care, requests for pain medication, additional treatments or damages).
- ☐ Please contact your Optima Claims Specialist or Senior Risk Management Consultant if you need advice.

Event Description:

Actions Taken:

Date/Time:_____

Signature of Treating Dentist: _____

Confidential Report

Do NOT file this form in the patient's medical record. Maintain the original in a separate file and send a copy to insurance carrier and attorney.

Apology

- Expression of sympathy and regret
- Enhances trust in the dentist patient relationship

- RCW 5.64.010 – cannot use the apology in civil action against health care provider
  - Apology must be within 30 days of HCP discovering error

Patient Red Flags

Trouble signs

- Patient is rude to staff
- Patient tells you what treatment they need
- Patient wants special handling
- Patient terminated by prior dentist
- Patient wants care you do not provide
- Patient wants special appointment
- Patient wants special billing arrangements
- Patient misses appointments
- Something just does not feel right

When to Call The Dentist Plan

- Death of a patient under any circumstance
- Any diagnostic or therapeutic conditions resulting in injury
- Incident of potential claim
- Contact by an attorney
- Receipt of a subpoena or suit papers
- Contact by peer or state review agency

Terminating the Doctor-Patient Relationship

Reasons to terminate

- Failure to follow the treatment plan
- Failure to keep appointments
- Failure to comply with referrals
- Failure to follow hygiene recommendations
- Failure to cooperate with staff
- Inappropriate behavior towards staff
- Failure to pay for services
- When the patient sues you

Terminating the Patient Relationship

Before discharging a patient consider the following:

- Discrimination issues
- Managed care or other contracts
- Medicare/Medicaid recipient
- Legal ability to make health care decisions (minor, dementia, etc.)

Other things to consider:

- Patient's current condition
- Availability of other providers to care for the patient
- Method of notifying the patient

Terminating the Patient Relationship

- To avoid abandonment issues, you should not terminate care in the middle of treatment

  RCW 18.32.683 The attending dentist, without reasonable cause, must not neglect, ignore, abandon, or refuse to complete the current procedure for a patient

  If the dentist chooses to withdraw responsibility for a patient of record, the dentist shall:

  (a) Advise the patient that termination of treatment is contemplated and that another dentist should be sought to complete the current procedure and for future care; and

  (b) Advise the patient that the dentist will remain reasonably available under the circumstances for up to fifteen days from the date of such notice to render emergency care related to that current procedure.

- Patient best terminated once the treatment, or a phase of treatment has been completed

When You Terminate the Relationship

- Notify the patient in writing and document in record
- Offer emergency care for 30 days
- Include local referral sources in letter to patient
- Offer to forward a copy of the patient's dental record to the new provider
- Consider discussing risks of not seeking treatment
- Send letter by certified mail, return receipt requested
- Place copy of letter and delivery receipt into patient's chart
- If letter returned unclaimed, send copy of letter through normal mail route and document the same
- Notify the staff
- Do not take the patient back

Sample Termination Letter

Date

Dear Mr/Ms

This is to inform you that your treatment is being discontinued due to failure to follow through with recommended treatment. I regret that this action is necessary, however I am willing to see you on an emergency basis during the next 30 days while you find a substitute source of treatment. Copies of your dental records will be provided to your or your new dentist upon receipt of a signed and dated written request from you. We have release forms available.

You are reminded that your last examination on ( ) you were diagnosed with periodontal disease. Initial scaling and root planning was completed on ( ) and periodontal maintenance appointments were recommended every three months as part of the periodontal treatment regime. As I have not had a chance to examine you in over a year, I cannot comment on your current oral health condition. Failure to seek treatment may result in increased risks of dental disease that could shorten the life span of your restorations as well as the teeth themselves.

I will be glad to consult with your new dentist regarding your dental needs at any time in the future. If you need help in finding a new dentist you can call the Seattle-King County Dental Society at 206-443-7607.

Sincerely,

Refunds

- Are not an admission of guilt
- Are not reportable to the NPDB
  - Exception: Peer review refund from corporation
- Deflect a potential claim or DQAC complaint
- Patient should sign a release form
  - Negotiated amount
  - Confidential
- Must also reimburse any payments from Dental Benefit plans

New Rules

DOH listserv for DQAC.

- Whenever rules are made we all have the opportunity to suggest changes before they are finalized.
- Sign up:
  - https://public.govdelivery.com/accounts/WADOH/subscriber/new

New Rules

Infection Control Rule Change Highlights

- Written policies and procedures
- Review with all dental health care providers (DHCP) annually
- Keep records of review for five years
- One hour of annual infection control training for all DHCP
  - In addition to bloodborne pathogen training
  - Taught by qualified individual or organization
  - Keep records of training for five years
- Needle recapping and sharps disposal
  - No two-handed recapping
  - Sharps containers in operatories

New Rules

Infection Control Rule Change Highlights

- Hand hygiene
- Respiratory hygiene and cough etiquette
  - Provide masks to anyone entering office with cough
  - Post sign visible to all patients with instructions to:
    - Cover their mouth/nose when coughing or sneezing;
    - Use and dispose of tissues;
    - Perform hand hygiene after hands have been in contact with respiratory secretions
  - Provide tissues with no-touch waste receptacles
- Effective August 31, 2022, sterilization of low-speed handpiece motors after use on a patient is required

New Rules

Infection Control Rule Change Highlights

- Dental unit water quality
  - Effective December 1, 2021, all water lines must be tested
    - Test per manufacturers instructions. If not available test quarterly
    - Test five to ten days after repair or changes in the plumbing system and again at twenty-one to twenty-eight days later
    - Keep log of dates, persons doing tests, maintenance, and results for five years

New Rules

Continuing Education

- WAC 246-817-440
- Rule amendment allows full continuing education credit for recorded interactive webinars making it the same as live interactive webinars
- Previously recordings counted as 30 minutes/hour

New Rules

WAC 246-817-581 Novel coronavirus disease 2019 vaccination.

(1)A supervising dentist may delegate the administration of a vaccination of novel coronavirus disease 2019 to a licensed dental hygienist under the dentist's close supervision, provided the licensed dental hygienist has demonstrated skills necessary to perform the task competently.

(2) For the purpose of administering vaccination for the novel coronavirus disease 2019, a dentist's approval of the vaccination protocol and screening meets the dentist's requirement to diagnose the condition to be treated and personal authorization of the procedure as required by close supervison under WAC 246-817-510(1).

New Rules

Specialty Representation Rule Highlights

- Successfully complete a commission on dental accreditation postdoctoral education program at least two years in length, and is recognized by the National Commission on Recognition of Dental Specialties and Certifying Boards in one of the following specialty areas:
  - Dental anesthesiology, Dental public health, Endodontics, Oral and maxillofacial pathology, Oral or maxillofacial surgery, Oral and maxillofacial radiology, Oral Medicine, Orofacial pain, Orthodontics and dentofacial orthopedics, Pediatric dentistry, Periodontics, or Prosthodontics.
- Successfully complete a commission on dental accreditation advanced educational program or program of any other accreditors recognized by the United States Department of Education at least two years in length in a special interest area of dentistry not listed above

Rules on the Horizon

Diversity, Equity and Inclusion Training

- RCW 43.70.613 adopted by the legislature requires DEI training to all health professions by January 1, 2024
- DOH set minimum standards for all health professions
  - Minimum 2 hours every four years
  - (1) Include implicit bias training to identify strategies to reduce bias during assessment and diagnosis and may include, but is not limited to, at least one of the topics included in RCW 43.70.613 (3)(c).
  - (2) Have trainers with demonstrated knowledge and experience related to health equity. Research referenced in the training must be based on current empirical research and known best practices.
  - (3) Have courses that assess the health care professional's ability to apply health equity concepts into practice in accordance with profession specific rules, which may include, but are not limited to:
    - (a) An assessment at the end of an in-person or virtual continuing education training to determine knowledge gained during that training; or
    - (b) A document provided at the end of an in-person or virtual continuing education training that attests attendance at the training.

Rules on the Horizon

Diversity, Equity and Inclusion Training

- DQAC has a committee to determine exact standards to meet the requirements, but any rules must meet or exceed the DOH standards

Rules on the Horizon

Anesthesia Rule Highlights

- 24 hour on call availability after anesthesia or sedation
  - In the event a provider will be unavailable for prompt assistance, the provider shall have a pre-arranged agreement with another provider that is readily available to provide care to a patient
  - A provider that only administers local anesthesia shall provide timely telephonic or electronic communication with the patient or their representative by the provider or a designated provider
- BLS renewal must include hands-on component
- AED per office. Removes shared option
- Vitals required for all anesthesia including topical including pedo
- All offices using anesthetic/sedation require written emergency protocols
  - All staff trained
  - Protocols reviewed annually and review documented

Rules on the Horizon

Anesthesia Rule Highlights

- For all levels of sedation
  - Consultation with the patient's primary care physician or consulting medical specialist is required for patients with significant medical considerations with American Society of Anesthesiologists patient classification III or IV
- Moderate sedation with enteral agents
  - Revised education requirements (from 7 to 21 hours training in addition to 16 for minimum)
  - Patients body mass index must be assessed as part of a preprocedural workup
- Moderate sedation with parenteral agents
  - Supervised training requirement increased from 15 to 20 patients
  - Patients body mass index must be assessed as part of a preprocedural workup
  - Must use trained anesthesia monitor defined in WAC 246-817-772

Rules on the Horizon

Anesthesia Rule Highlights

- Pediatric sedation endorsement
  - Required to deliver any form of moderate sedation to pediatric patients
  - In addition to moderate sedation permits for enteral and parenteral delivery
  - Allows single agent intranasal sedation with moderate enteral permit
  - Additional education and CE requirements
  - PALS requirement
- All moderate sedation permit holders
  - Written declaration that a minimum of 12 emergency drill scenarios were performed at least twice/year and keep records for three years
  - May not use any drugs classified by FDA as GA agents

Rules on the Horizon

Anesthesia Rule Highlights

- All permit holders
  - DQAC may audit up to 25% of permit holders
  - Maintain CE documentation for 4 years
  - Written documentation of 12 emergency drills biannually maintained for 3 years
- Moderate with parenteral and GA permits
  - Onsite inspections every 5 years
  - Contracts if performing in another office

Rules on the Horizon

Anesthesia Rule Highlights

- ECG monitoring for Parenteral Moderate Sedation for patients with clinically significant CVD
- Minimal, N2O, and Moderate enteral sedation requires 2nd person in office

Sign up to keep up on new rules here:

Washington State Department of Health List Serve –

https://public.govdelivery.com/accounts/WADOH/subscriber/new