



**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
DENTAL QUALITY ASSURANCE COMMISSION
BUSINESS MEETING MINUTES
Friday, July 17, 2015**

MEMBERS PRESENT

Colleen Madden, Public Member, Vice-Chair
Kara Baza, EFDA
Paul Bryan, DMD
James Henderson, Public Member
Bree Kramer, EFDA
LouAnn Mercier, DDS
Kunal Walia, DDS
Todd Cooper, DDS
Robert Shaw, DMD
Hyun Jung Song, DDS
Andrew Vorono, DDS
John Liu, DDS
Aaron Stevens, DMD
John Carbery, DMD
Lyle McClellan, DDS

MEMBERS ABSENT

Charles Hall, DDS, Chair
Karim Alibhai, DMD

STAFF PRESENT

Kathy Schmitt, Deputy Director
Jennifer Santiago, Program Manager
Heather Carter, Assistant Attorney General
(AAG)
Bill Kellington, Supervising Staff Attorney

OTHERS PRESENT

Anne Burkland, Washington State Dental Association (WSDA)
Mike Walsh, WSDA
Sheila Hoople, Washington State Dental Hygienists' Association (WSDHA)
Ann Anderson, WSDHA
Kathy Bassett, Pierce College
Marilyn Rothen, WSDHA
Colleen Gaylord, WSDHA
Jennifer Bryant, Pacific Dental Services
Andie Wagner, Department of Health (DOH)
Chapin Densmore, Dentist

OPEN SESSION

1. **CALL TO ORDER** – Ms. Madden, Vice-Chairperson, called the meeting to order at 8:05 a.m.
 - 1.1. The commission, staff, and audience introduced themselves.
 - 1.2. The commission approved an amended agenda, adding items 5.8, 5.9, and 5.10 and correction to item 6.4.
 - 1.3. The commission approved the June 5, 2015 business meeting minutes as presented.

2. DENTAL COLLABORATION COMMITTEE

- 2.1. Dr. Mercier update the commission on the committee meeting held on June 19, 2015.
- 2.2. The commission approved to open the appropriate rules and make the following rule modifications:
 - Add head and neck exam and cancer screenings to WAC 246-817-550 general supervision.
 - Move give injections of local anesthetic from WAC 246-817-560 close supervision to WAC 246-817-550 general supervision.
 - Add taking impression tasks from the dental assistant allowable duties in draft WAC 246-817-520 to allowable dental hygienist tasks in WAC 246-817-550 general supervision.
 - Add give injections of local anesthetic reversal agents to WAC 246-817-550 general supervision.

The committee continues to evaluate delivery of oral sedative, pre medications, and onset buffering.

3. RULES

- 3.1. WAC 246-817-160 Graduates of non-accredited schools – The commission discussed draft rule changes:
 - Minimum or maximum clinical hours
 - Commission on Dental Accreditation (CODA) accredits schools and some residency programs. Not all education/residency programs are accredited.
 - There may be concerns with changing program to be CODA accredited. Students may be currently in non-CODA programs based on current rule.
 - Ms. Santiago will research CODA's clinical requirements.
 - Should the clinical training be approved by the commission, CODA accredited or substantially equivalent?

Ms. Santiago will provide additional information for commission review at the next meeting.
- 3.2. WAC 246-817-120 Examination content – The commission discussed draft rule changes:
 - Northeast Regional Board name change.
 - Complete examinations should include periodontal. Two regional boards offer periodontal as an option.
 - Rules should list all required portions of the examination.
 - Ms. Santiago will research all regional board examination sections.

Ms. Santiago will provide additional information for commission review at the next meeting.

- 3.3. WAC 246-817-701 through 790 Administration of anesthetic agents for dental procedures. – The commission approved changes to proposed rules:
- WAC 246-817-724 Recordkeeping, equipment and emergency medications or drugs required in all sites where anesthetic agents of any kind are administered – moved paragraph four to paragraph two.
 - WAC 246-817-740 Minimal sedation by inhalation - restructured sentences in the continuing education paragraph.
 - WAC 246-817-745 Minimal sedation - restructured sentences in the continuing education paragraph.
 - WAC 246-817-755 Moderate sedation – restructured sentences in the continuing education paragraph.
 - WAC 246-817-760 Moderate sedation with parenteral agents –
 - (3)(e) changed experienced to trained.
 - restructured sentences in the continuing education paragraph.
 - WAC 246-817-772 Training requirements for anesthesia monitor – removed “Training” from title of rule.

The CR102 is in process to schedule a hearing.

The commission clarified:

- When a dentist is administering general anesthesia or moderate sedation with parenteral agents and providing the dental treatment, a separate anesthesia monitor is required.
 - When a dentist is only administering general anesthesia or moderate sedation with parenteral agents, the dentist may act as the anesthesia monitor, a separate anesthesia monitor is not required.
- 3.4. Dental assistant and expanded function dental auxiliary delegation rules – The commission discussed comments received and proposed rule language.
- WAC 246-817-510 Definitions for WAC 246-817-501 through 246-817-570
 - WAC 246-817-520 Supportive services that may be performed by registered dental assistants
 - WAC 246-817-525 Supportive services that may be performed by expanded function dental auxiliaries (EFDAs)
 - WAC 246-817-540 Acts that may not be performed by registered dental assistants
 - WAC 246-817-545 Acts that may not be performed by expanded function dental auxiliaries (EFDAs)

The commission asked the committee to continue to work with stakeholders on rule modifications. The commission supports infection control certification indicated by the Dental Assisting National Board.

- 3.5. Dental Treatment Record rules – The commission discussed proposed rule changes:
- WAC 246-817-304 – Definitions – No changes
 - WAC 246-817-305 – Patient record content

- (3) (e) removed up to date treatment plan language and replaced with “A treatment plan based on the assessment or diagnosis of the patient’s condition.”
 - (4)(a) and (b) separated hand written requirements from electronic record requirements.
 - WAC 246-817-310 – Patient record retention and accessibility requirements
 - (2) removed retention for patients under age of 18. Six-year retention will apply to all records. HIPAA does not have a record retention requirement. The American Dental Association guideline recommends keeping records for seven years after age of 21. American Academy of Pediatric Dentistry does not recommend length of retention.
 - WAC 246-817-315 – Business records accessibility – No changes
- Dr. Collins provided a written comment with no concerns with the current draft. The commission approved the proposed rule modifications. A draft will be sent to stakeholders for comment. Ms. Santiago will process the CR102 to schedule a hearing.
- 3.6. WAC 246-817-460 Sexual misconduct – The CR103 rule making order is in final review. The rule becomes effective 31 days after filing.
- 3.7. WAC 246-817-230 Dentist retired active status –The rule became effective July 3, 2015.
- 3.8. WAC 246-817-110 and 150 Dental Licensure and Faculty Licenses – A CR105 expedited rule making is in review to remove the notarization requirement on applications.
- 3.9. The commission reviewed list of priorities for rule modifications. The commission approved the modification of dental hygiene rules as a priority 1.

4. POLICIES / GUIDELINES

The commission reviewed the following policies and interpretative statement comment sheet:

- 4.1. The commission approved the Malpractice Reports policy with grammar changes.
- 4.2. The commission reviewed a current interpretative comment sheet issued November 1, 1996 - Washington Dental Services – Treatment Plan Guidelines. No changes.

5. OTHER

- 5.1. The commission reviewed a request from Lutheran Medical Center (LMC) for approval of identified clinical sites to meet the residency in lieu of examination requirement, RCW 18.32.040(3)(c), for graduates of their residency programs. The commission discussed:
 - Potential applicants failing regional examination and then entering into a residency to obtain licensure.
 - Dr. Densmore, a Lutheran Medical Center graduate, indicated he provides separate documentation to LMC from standard patient charts. Competency is continuously evaluated.

- How does a clinic notify LMC if a student is failing?
- Is remediation provided?
- Who decides when a student has reached competency?
- What happens if student does not meet competency?
- Can a LMC representative come to a commission meeting?

Ms. Santiago will invite Dr. D'Emilio from LMC to the next commission meeting. Dr. Mercier will work with Ms. Santiago to identify specific questions the commission may ask LMC so they can prepare.

- 5.2. The commission discussed obtaining medications for emergency office kits, wholesale vs. pharmacy resale. The Pharmacy Quality Assurance Commission discussed at their June 11, 2015 meeting. There is a federal law that prohibits pharmacies from filling prescriptions for office use. There are wholesale vendors available for dentists to obtain necessary emergency medications.
- 5.3. Dr. Bryan presented information related to dentist license candidates with multiple examination failures. Dr. Bryan will be attending the Western Regional Examining Board (WREB) meeting and this is a topic at WREB. WREB allows candidates two examination failures, and then remediation is necessary before the candidate may take the examination again. However, a candidate could go to another regional examination organization without remediation. The commission discussed if they could track or gather information related to disciplined dentists school, education, and examination. There are concerns that it may be unfair to evaluate this data, as it may not provide complete information. There are privacy issues. Failure of an examination may not be because of lack of skill or ability, there are other life factors. Medical Quality Assurance Commission (MQAC) obtained statutory authority to require physicians to report demographic information to them. Are there parameters for data collection? The Department of Health may be able to ask a staff epidemiologist to assist. The commission considered four options:
- Do nothing at this time
 - Review how MQAC is gathering data and how they are using it.
 - Form a committee to evaluate
 - Determine what data could be easily obtained at this time.
- The commission voted to determine what data could be easily obtained - eight yeas, three nays, and two abstained.
- 5.4. The commission discussed a request to approve the State of Oregon dental assistant restorative functions certificate as substantially equivalent to State of Washington expanded function dental auxiliary licensing standards. The commission asked the Expanded Function Dental Auxiliary Education Committee to evaluate the request and provide a recommendation at the next commission meeting.
- 5.5. Dr. Bryan reported on the Agency Medical Directors Group meeting he attended on June 12, 2015.
- 5.6. Dr. Stevens reported on the HSQA Board and Commission New Member Orientation meeting he attended on June 22, 2015.
- 5.7. Dr. Carbery reported on the University of Washington student presentation he provided on July 6, 2015.

- 5.8. The commission approved a request from Washington State Dental Association (WSDA) for Dr. Hall to attend their House of Delegates meeting in Spokane, WA.
- 5.9. The commission approved the annual WSDA and standard commission reports.
- 5.10. The commission received information regarding the Swinomish Indian Tribe will begin training and employing dental health aide therapists (mid-level providers) as part of a new program to address the oral health crises in Indian country.

6. CORPORATE PRACTICE COMMITTEE

- 6.1. Dr. Shaw updated the commission on the committee meeting held on June 5, 2015.
- 6.2. The commission approved an updated committee report. The commission approved response letter to Pacific Dental Services.
- 6.3. The commission discussed an email from Terre Harris dated March 6, 2015 asking, "What is the difference between owning a dental business and owning a dental facility?" Ms. Carter advised the commission does not regulate dental facilities. The commission approved a response letter to Terre Harris from Ms. Carter.
- 6.4. Dr. Bryan presented information regarding "Respondeat Superior". Who is responsible? Ms. Carter advised the doctrine provided applies to malpractice and tort claims. It has never been applied to professional license discipline. There may be other laws that hold a supervisor responsible. A licensed dentist is responsible for self and of support staff, they supervise. Discipline is fact dependent. Both may be responsible or one or the other.
- 6.5. The commission approved suspending committee activity until additional action is necessary.

7. EDUCATIONAL OUTREACH COMMITTEE

Ms. Madden updated the commission on the committee meetings held June 8 and June 26, 2015. The committee is working on the July 2015 newsletter, commission retreat agenda, and the University of Washington student presentation.

8. EXPANDED FUNCTION DENTAL AUXILIARY EDUCATION COMMITTEE

- 8.1. Dr. Shaw updated the commission on the committee meeting held on June 26, 2015.
- 8.2. The commission approved the expanded function dental auxiliary education program renewal process and questionnaire.

9. PUBLIC DISCLOSURE

The commission approved the Wendel Family Dental Centre as an educational organization to receive list and labels with one member opposed.

10. PROGRAM REPORT – Jennifer Santiago

- 10.1. The commission received the May interim operating budget report. The report showed a positive balance. Staff will continue to monitor budget.
- 10.2. The commission approved 2016 business meeting and disciplinary hearing dates:
 - January 22, 2016
 - March 4, 2016
 - April 22, 2016
 - June 3, 2016
 - July 15, 2016
 - September 9, 2016
 - October 28, 2016
 - December 9, 2016
- 10.3. The commission received a list of active committees.

16. FUTURE COMMISSION BUSINESS

The commission had no future business topics at this time.

The commission adjourned at 11:24 a.m.

Submitted By:

Commission Approval By:

Signature on file
Jennifer Santiago, Program Manager

Signature on file
Charles Hall, D.D.S., Chairperson