

Hot Topic

What is your House Factor?

Provided by Paul Bryan, D.M.D.

Ever wonder why some professionals get lots of complaints and others don't? It may be as simple as multiplying the seriousness of the complaint by jerkiness ("House Factor") of the doctor.

Consider this theory.

Gregory House, the incredible diagnostician from the Fox television network, was more than an inspired doctor. He was also a jerk. In fact, on a scale of one to 10 he was the definitive "House Factor" 10. On the opposite end of the spectrum was his pal Wilson. He is the perfect "House Factor" 1.

By understanding our "House Factor," we can make some estimates as to our likelihood of having a complaint about us sent to the DQAC.

The likelihood of a complaint is the product of the mistake value and the "House Factor." That is:

$$\text{Mistakes} \times \text{House Factor} = \text{Likelihood of complaint}$$

$$(M) \times (HF) = LOC$$

Dr. Wilson forgets the patient's birthday (Mistake = 1). He is a very sweet guy. (House Factor = 1) **X (1) = 1 No complaint**

Dr. House, the quintessential jerk, forgets a birthday and a complaint is 10 times as likely. **X (10) = 10 Watch out.**

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Rule Changes – Chapter 246-817 WAC

Senate Bill 5606 – Modifying provisions related to licensing and scope of practice for dental professionals. The bill:

- would allow for a dental hygiene initial limited license for a dental hygienist who is actively practicing or licensed in a Canadian province; and
- would allow a dental hygienist to take an impression for any purpose that is allowed for a dental assistant registered under chapter 18.260 RCW, or as a delegated duty for a dental hygienist under rules adopted by the dental quality assurance commission;

and

- would allow a dental assistant to take impressions as a delegated duty under rules adopted by the commission.
- If the legislature passes this bill, the commission will begin rule modifications.

Dental Treatment Record Rules - WAC 246-817-305, 310, and 315

The commission continues to make modifications. The proposed rules modification lists what a patient treatment record must contain and changes the retention from five years to six years. Please review the proposed rule for detailed requirements. *continued on page 4*

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Washington Physician Health Program

Spring Report 2015 by Charles Meredith, MD Medical Director

Mindfulness is designed to reduce stress and to improve general mental health. Mindfulness doesn't eliminate life's pressures, but it can help health professionals respond to pressures in a calmer manner that benefits one's heart, head and body.

Space is limited. To register for a workshop, please contact Jason Green, WPHP Wellness Program Director, at jgreen@wphp.org or 206-583-0127.

Researchers have known for years that healthcare professionals are more vulnerable to burnout than people in other occupational fields. We need resources for help. That's why the Washington Physicians Health Program (WPHP) is developing a wellness program with the goal of cultivating habits of personal renewal, emotional self-awareness, and greater resiliency among doctoral-level healthcare professionals. These services are meant to enhance your health so you're better able to help others. By focusing on prevention and active wellness, we hope to help providers alleviate burnout and/or develop protective habits.

The WPHP wellness program's first offering is a "Mindfulness for Healthcare Professionals" course designed to promote mental health by engaging the mind and the body through experiential learning. The course is adapted from Jon Kabat-Zinn's Mindfulness-Based Stress Reduction. It incorporates five behavioral components: breathing awareness, body scan, walking meditation, eating meditation, and yoga. The series combines didactic presentations, exercises, interactive discussions and homework. As defined by Dr. Zinn, "Mindfulness is paying attention, on purpose, to the present moment, non-

judgmentally." Mindfulness is an excellent antidote to the stresses of a modern medical practice as it invites us to stop, breathe, observe, and connect with one's inner experience. Multiple researchers have shown that learning and implementing the practice of mindfulness meditation can combat and prevent the development of burnout in healthcare providers.

WPHP is recruiting for four workshops starting in April 2015, two in the Seattle area, one in Kirkland and one in Mount Vernon. In addition, a one-day mindfulness workshop for healthcare providers will be held in Central Washington on April 25, 2015. Additional workshops will be held in the Seattle area in fall 2015. The mindfulness workshop is open to doctors, dentists, veterinarians, physician-assistants, podiatrists and their significant others. It consists of four evening sessions and one all-day retreat. We hope to add additional course offerings in other geographical areas in 2016.

Please check our [website](#) periodically for updates.

Reader Input

The commission is looking for reader input. If you want to read about something specific, [please let us know](#).



Dear Dr. DQAC

Top Five Ways To Get In Trouble

Dear Dr. DQAC,

I ran into an old undergrad pal of mine and asked how his practice was going. He told me he had lost his license and was selling website ads now. I cannot express the emotions I experienced. Sadness for him, wonder at what he had done, worry that I might find myself in a similar plight. What kind of trouble do dentists get into?

Dr. Worried.

Dear Dr. Worried,

Only a few big “showstoppers” get immediate attention from the Department of Health. Patient harm, sexual misconduct, and felony criminal activity are three big ones that get some speedy attention. The usual violations of the Uniform Disciplinary Act typically don’t result in the loss of a license. They fall into five categories with varying percentages of activity*.

| Type | Complaints Percent |
|--|--------------------|
| Violation of any state or federal statute or administrative rules | 33 percent |
| Incompetence, negligence, or malpractice | 23 percent |
| Conviction of gross misdemeanor or felony relating to the practice of a health care profession | 21 percent |
| Personal drug alcohol abuse | 20 percent |
| Suspension, revocation or restriction in another jurisdiction | 14 percent |

*2011-13 Uniform Disciplinary Act Biennial Report

Dentist Questions CE Provider

Dear Dr. DQAC,

I attended a webinar recently on sleep medicine. I was promised and received a certificate for an hour of continuing education in clinical dentistry. The problem is there wasn’t an hour worth of clinical education. In fact, it was really just a commercial for a weekend

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Renew your credential online

Dentists, dental hygienists, dental assistants, expanded function dental auxiliaries, and dental anesthesia assistants who are within 60 days of their license expiration date, are able to renew their active status licenses, registrations or certifications online.

To renew online, you must register with Secure Access Washington and sign-in to the Department of Health Online Services.

Go to the [Secure Access Washington \(SAW\) website](#). Here is a link to [online renewal frequently asked questions](#).

If you’re having problems with the Department of Health Online Services site, [contact our Customer Service Office by email](#) or phone at 360-236-4700.

Be Informed

Join the commission’s [interested parties listserv](#) to receive updated information about dental law and rule changes.



Frequently Asked Questions

WAC 246-817-440—Dentist Continuing Education

Here are the rules for continuing education requirements:

[WAC 246-817-440](#)

Dentist Continuing Education

[WAC 246-817-740](#)

Minimal Sedation by Inhalation

[WAC 246-817-745](#)

Minimal Sedation

[WAC 246-817-755](#)

Moderate Sedation

[WAC 246-817-760](#)

Moderate Sedation with Parenteral Agents

[WAC 246-817-770](#)

General Anesthesia and Deep Sedation

[WAC 246-817-445](#)

Dental Anesthesia Assistant

[Chapter 246-12 WAC,](#)

[Part 7](#) Continuing Education

A: How many hours of continuing education do I need to renew my dental license?

A: Twenty-one hours annually. State law details continuing education requirements for dentists. ([WAC 246-817-440](#))

Q: Do I need to send copies of certificates of completion?

A: No. You must sign an affidavit of compliance annually. You will find the affidavit on the back of your annual renewal notice.

Q: How long do I have to keep continuing education documentation?

A: Four years.

Q: May I count continuing education hours I accumulated for other organizations, (i.e. national certification with specialty organizations, etc.) toward this requirement?

A: Yes, given the hours are within the reporting period.

Q: How many continuing education hours may I take online or through correspondence?

A: Law indicates a maximum of seven hours in

this category. ([WAC 246-817-440](#) (c))

Q: May I count continuing education hours from one year in the next year?

A: No. You cannot carry-over continuing education in excess of the required hours earned in a reporting period to the next reporting cycle. ([WAC 246-12-230](#))

Q: Are dental assistants and expanded function dental auxiliaries required to provide continuing education?

A: No.

Q: Because I administer sedation, am I required to take additional continuing education?

A: Yes. Continuing education requirements are in the rules associated with the specific level of sedation.

Q: Does my study club have to be recognized by an entity to be considered acceptable?

A: No. The coursework must enhance the professional knowledge and development of the practitioner or enhance services to patients. Documentation should include appropriate subject matter on certificates of completion.



Be Informed

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Rule Changes

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Administration of Anesthetic Agents for Dental Procedures – WAC 246-817-724, 740, 745, 760, and 772

The commission wants to ensure everyone has an opportunity to comment on the proposed rule modifications. A formal rules hearing will be scheduled soon. Comments and concerns, including suggested changes, should be submitted prior to the rules hearing being scheduled. After the rules hearing has been scheduled, no substantive changes can be made. The proposed rules clarify charting requirements, monitoring of expired carbon dioxide (CO₂), and required use of a pulse oximetry, electrocardiographic and end-

-tidal (CO₂) monitors.

Prescribing, Distributing, and Dispensing Drugs – WAC 246-817-360

The commission determined that the current rule is unnecessary as statute provides clear authority for dentists to prescribe any controlled substance or legend drug necessary in the practice of dentistry. The commission is holding a public rule hearing on April 24, 2015 to hear support or opposition to this proposed rule.

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Hot Topic – House Factor

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Consider the following Likelihood of Complaint (LOC) Scale.

If the LOC is: The result is likely:

- 1 The patient will apologize for inconveniencing the doctor
- 5 The patient won't feel bad being late for the next appointment
- 20 The patient will tell all his or her friends on Facebook
- 21 The patient hits the complaint threshold
- 40 Lawyers get involved
- 50 Angry mob with torches

The following useful chart, though not official, gives a suggestion of how this formula can work.

MISTAKES

| | | | | | | | | | |
|------------------|------------------------------|---------------|------------------------------|------------------|------------------------------|-------------|---------------|---------------------------|---------------------|
| Forgot Birth day | Called patient by wrong name | Temp fell out | Porcelain broke off of crown | Denture is loose | Amalgam instead of composite | Wrong tooth | Wrong patient | Wrong tooth Wrong patient | Set fire to patient |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Sweet | Kind | Attentive | Professional | Benign | Bothered | Snotty | Rude | Nasty | Mean |



JERKINESS



The very professional dentist pulls the wrong tooth.

$$(4) \times (7) = 28$$

Likely to have a complaint

Dr. House has a temporary fall out.

$$(10) \times (3) = 30$$

Very likely to have a complaint.

Show this to your dental team, family, friends, and patients. Ask them where you fall and see what “House Factor” you receive. Then do it again anonymously....if you dare....and compare.

What happens if Dr. Wilson sets fire to a patient? That should certainly generate a complaint but well, who's going to complain about someone with that sweet face. Besides, it's only a “10.”

It is the purpose of the commission established in [RCW 18.32.0351](#) to regulate the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring, and enforcing qualifications for licensure, continuing education, consistent standards of practice, continuing competency mechanisms, and discipline.



[Access your dental chapter 246-817 WAC rules here.](#)

Commission Member Recruitment

Here is your chance to participate.

The commission is looking for:

- Two actively practicing dentists;
- One public member;
- One pro-tem public member; and Dentist pro-tem members.

Pro-tem members are ad hoc members of the commission. They assist when necessary by participating on disciplinary panels, hearings, and committees at the commission's request.

Commission duties include:

- Establishing qualifications for minimal competency to grant or deny credential of dentists, expanded function dental auxiliaries, dental assistants, and dental anesthesia assistants.
- Regulating the competency and quality of professional healthcare providers under its jurisdiction by establishing, monitoring and enforcing qualifications for credentials.
- Establishing and monitoring compliance with continuing education requirements.
- Ensuring consistent standards of practice.
- Developing continuing competency mechanisms.
- Assessing, investigating and making recommendations related to complaints

against dentists, expanded function dental auxiliaries, dental assistants, and dental anesthesia assistants that may range from a notice of correction to license revocation.

- Serving as reviewing members on disciplinary cases and serving on disciplinary hearing panels.
- Serving as members of standing committees, when appointed.

Developing rules, policies and procedures that promote the delivery of quality healthcare to state residents.

The commission consists of 16 members appointed by the governor. This includes 12 practicing dentists, two expanded function dental auxiliaries and two public members. The Department of Health's office director for health professions and facilities appoints pro-tem members. Governor appointed terms are four years and members can serve two terms. Pro-tem members are appointed for one year.

The commission meets about every six weeks. Business meetings are usually scheduled on a Friday morning and are followed by disciplinary panels on Friday afternoon. Pro-tem members do not attend every meeting. They participate as needed.

The commission's mission is to protect the health and safety of the public. It helps to ensure dental professionals are competent and provide quality health care.

Want to be a full member? Get the [Governor's application](#) here.

Want to be a pro tem member? Get the [department's application](#) here.

[Jennifer Santiago](#) is available to answer all your questions about being a member.

Rule Changes

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Dentist Retired Status – WAC 246-817-230

The commission is considering a new rule that creates a dentist retired status license. The commission is holding a public rule hearing on April 24, 2015 to hear support or opposition to this proposed rule.

Dental Assistant and Expanded Function Dental Auxiliary allowable/prohibited tasks – WAC 246-817-510, 520, 525, 540, and 545

The commission continues to make modifications to the allowable and prohibited

delegation by dentists to both dental assistants and expanded function dental auxiliaries. Committee meetings to discuss proposed rule modifications are scheduled for March 27, 2015 and April 24, 2015. The commission encourages participation.

Graduates of Non-Accredited Schools - WAC 246-817-160

The commission will begin rule modification to include clinical education to the requirements for dentists from non-accredited schools.

To receive updates to rules, join our [Listserv](#) (interested parties email list). Please contact [Jennifer Santiago](#) for copies of proposed rules or to provide any comment on the above mentioned rules.

Dear Dr. DQAC

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seminar in Las Vegas. I have plenty of hours so no worries there, but my certificate is very official looking and declarative of an hour of clinical education. I Googled one of the principals and discovered he may no longer practice in one state. I cannot imagine that this would be acceptable for CE credit.

Dr. Yikes

Dear Dr. Yikes,

You've discovered an issue that may come up during a CE audit causing the rejection of those hours. The rules for CE are at:

<http://app.leg.wa.gov/WAC/default.aspx?cite=246-817-440>

The commission tries to provide general guidance on courses and course providers, but the dentist is responsible for being prudent in deciding what courses to take to fulfill the rules. The rule states "continuing education course work must contribute to the professional knowledge and development of the practitioner, or enhance services provided to patients." It also gives some examples of acceptable organizations, but the list is far from complete and numerous other high-quality courses by other providers would meet the requirements.

Are Webinars Limited to seven Hours?

Dear Dr. DQAC,

I am wondering about webinars for continuing education credits. I always get my 21 hours but I don't have a lot to spare. My practice and my life as a single parent really don't allow me to acquire a great deal more than the minimum. I like the webinar format because I don't have to travel and I can still participate in asking questions. I know that "static" continuing education mechanisms such as journals, videos, tapes and so forth are limited to seven hours a year, but a live webinar is a very dynamic process with question-and-answer capabilities. Are they included in the seven-hour rule?

Dr. Twenty-one

Dear Dr. Twenty-one,

Webinars are typically associated with the internet and fall under the seven-hour rule. However, your point is well taken. With the Washington State Legislation addressing tele-medicine, it may be time to consider a rule change. If you think the commission should consider a rule change, please submit a request to Jennifer Santiago, program manager, at Jennifer.santiago@doh.wa.gov for the commission's consideration.

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[Commission Website](#)

2015 Commission Meeting Dates

Jan. 23

Mar. 6

Apr. 24

Jun. 5

Jul. 17

Sept. 11

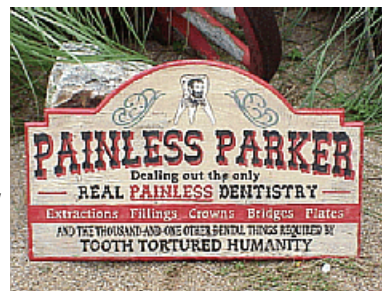
Oct. 23

Dec. 11

Infamous or Famous

Painless Parker—Edgar R. R. Parker (1872-1952)

Painless Parker was a flamboyant street dentist whom legally changed his name to "Painless" when accused of breaking false advertisement law by claiming his dentistry was truly painless. He created the Parker Dental Circus, a traveling medicine show. He provided dentistry on a horse-drawn wagon while a band played. He often used whiskey or a cocaine solution to numb the pain for patients. He charged 50 cents for each extraction and promised \$5 if it hurt. He claimed to have pulled 357 teeth in one day and had them strung on a necklace. He established a chain dentistry business, with 28 West Coast dental offices, employing more than 70 dentists.



**Public Health - Always
Working for a Safer and
Healthier Washington.**