KANSAS DENTAL BOARD

July 2010

Landon State Office Building, 900 SW Jackson St., Ste 564S, Topeka, KS 66612-1572

Phone 785-296-6400 ~ Fax 785-296-3116

Email: info@dental.state.ks.us **Visit our website at www.kansas.gov/kdb/**

…Our mission is to protect the public

Denise Maus, RDH, Pres.
Glenn Hemberger, DDS, 3rd Dist ,Vice Pres.
Michael Milford, DDS, 1st Dist , Sec.
Richard Darnall, DDS at large
Richelle Roy, DDS, 2nd District
Susan Rodgers, RDH
Karen Callanan, DDS, 4th District
Jim Showalter, Public Member
Roger Stevens, DDS, at large

Betty Wright, Exec. Dir., Melissa Graham, Admin. Officer, Vanda Collins, Senior Admin. Assistant

Board meetings: Aug. 20, 9:00am, Rm 108, and Nov 5, 9:00 a.m., Rm 106 Landon State Office Bldg, Topeka

Statistics July 28, 2010

Total Dentists 2107	**Total Hygienists** 2382	Level I Sedation Permits	26	Extended Care I Permits	40
Active 1866	Active 2190	Level II Sedation Permits	51	Extended Care II Permits	79
Practicing in KS 1431	Practicing in KS 1730				

BOARD HAS A NEW MEMBER AND TWO REAPPOINMENTS

Governor Parkinson appointed Ms. Susan Rodgers, RDH to the board, replacing Jane Criser, RDH who had served on the board since 2000. Ms. Rodgers has been a licensed hygienist in Kansas since 1976. She is a graduate of Wichita State University and has worked in a Leavenworth dental practice since graduation, with the last two years at the Basehor satellite. With an extended care permit, she also works three days a month at the local public health clinic and with Headstart in Leavenworth.

Ms Rodgers has been appointed to serve on the Continuing Education Committee. She has been a CRDTS examiner since 2007and has recently been appointed to the Exam Review Committee. She has recently completed an observation with WREB and will be a future examiner.

She is actively involved in her Church women's organization. She also enjoys volunteering at the local Boy Scout camp year round as a Campmaster, Maintenance staff member and an adviser with the Order of the Arrow honor camping program.

Mr. Jim Showalter was reappointed as our public member, and Dr. Richard Darnall was reappointed as a member at large. We are glad that they are willing to serve another term with us.

We thank Jane Criser for her 10 years of service. She served as Secretary and Vice President; she was the first hygienist to be on the Complaint Investigation Committee, and she served on the Regulatory Review Committee. Her good humor and years of dental hygiene experience were great assets as she performed her duties for the board. Ten years on the board may be a record for longevity. Thank you, Ms. Criser, for your dedication to the profession. She received her "going away" plaque at the meeting of April 23.

APRIL 23, 2010 BOARD MEETING
DISCIPLINARY ACTIONS

Stipulation and Final Agency Order – **Scott Kennedy, DDS** – Case 08-138 -Fined $1,000. After a record review of ten randomly selected patient records the Respondent failed to adequately record decay or other appropriate diagnosis, record a treatment plan, or record the results of periodontal charting. Respondent would often make chart entries on sticky notes that would become dislodged and lost rather than permanent entries in the patient chart.

Stipulation and Final Agency Order – Brian Jenkins, DDS – Case 09-156 and 09-144. Fined $500 and license limitation, he will perform no bony impacted extractions until further order of the Board.

In Case 09-156 Respondent failed to provide crown lengthening before the bridge was started and the apparent short margins were below the applicable standard of care.

In Case 09-144 – Respondent performed a difficult extraction in August 2009, patient returned in Sept. 2009 with continuing pain in lower jaw and inner ear, chewing problems, she was unable to open her mouth very far, and she had numbness in chin and lower lip. Respondent advised that the nerve needed time to heal. A subsequent visit to an oral surgeon revealed a broken jaw on an x-ray. Patient required surgery to remove bone fragments. The breaking of the patient's jaw, failure to evaluate the patient's complaints after surgery, and failure to take post-op x-rays was treatment below the standard of care.

Stipulation and Final Agency Order – Kate Garrens, RDH – Case 10-10 -Probation until 12/1/2010. Respondent's Missouri dental hygiene license is on probation for failing to document completion of 30 hours of continuing education for Dec. 1, 2006 – Nov 30, 2008. Respondent will supply Kansas Board with evidence of compliance of continuing education from her last renewal within 15 days.

INFORMATION ON NEW SEDATION/ANESTHESIA PERMITS

K.A.R. 71-5-9(k): On and after December 1, 2010, only a dentist with an appropriate license or permit, another person authorized by Kansas law to administer the sedative agent under supervision at the time of administration, or a person authorized by Kansas law to administer the sedative agent without supervision may administer a sedative agent that is designed to achieve anxiolysis, enteral conscious sedation, parenteral conscious sedation, deep sedation, or general anesthesia as part of a dental procedure.

New permits will be required for all dentists who administer sedation or anesthesia.
There will be three permit levels under the new system (there are two levels under the old regulation which expire November 30, 2010). Under the new regulations, these are the permit levels that will exist:

Level I - Enteral conscious sedation or combination inhalation-enteral conscious sedation
Level II - Parenteral conscious sedation
Level III - Deep sedation and general anesthesia

The new regulations K.A.R. 71-5 (1 through 13) can be reviewed on the web site of the Kansas Dental Board at www.kansas.gov/kdb
These regulations include requirements for training, continuing education, patient monitoring, documentation and equipment. Until the application deadline of November 1, 2010, dentists can apply for the new permits either based on training or by grandfathering. The applications are available on the Dental Board web site at www.kansas.gov/kdb
On the left side of the Home page, choose the menu option "Applications and Forms". Applications for all permits (both by grandfathering and by training) will be found on these pages. While the deadline for the application is November 1, 2010, you can send the completed application in any time before that date.

STATUS OF INVESTIGATIVE COMMITTEE CASES From 4/1/2010 – 6/30/2010

27 Cases Closed Since Previous Report
- 8 Applicant Cases Completed
- 1 Completed HAPN
- 11 No Action – no violations found, first cases, incidents not rising to level of violation
- 5 Letter of Concern (not discipline)
- 2 Letter of Reprimand (not discipline)

27 Total Closed
42 New Cases Opened
55 Cases in Progress

73 Monitored – closed cases waiting for licensee's action to close or cases sent to legal for discipline
- 4 Referred to HAPN
- 13 With Board Orders
- 2 Set for Hearing
- 17 Pending discipline
- 4 Waiting for proof of Compliance
- 33 Whitening cases – Cease and Desist Letters sent

73 monitored

JURISPRUDENCE EXAM QUESTION

True or False? The dental board consists of the following: six licensed and qualified resident dentists; two licensed and qualified resident dental hygienists; one representative of the general public; and the executive director of the Kansas dental board. ANSWER: False. See KSA 74-1404(b). The executive director is not a board member.

DENTAL RECORDKEEPING

Questions often arise about recordkeeping requirements. The basic requirements for patient records are listed in K.A.R. 71-1-14 which states:

71-1-15. Dental recordkeeping requirements. For the purposes of K.S.A. 65-1436 and amendments thereto, each licensee shall maintain for each patient an adequate dental record for 10 years after the date any professional service was provided. Each record shall disclose the justification for the course of treatment and shall meet all of the following minimum requirements:
(a) It is legible.
(b) It contains only those terms and abbreviations that are comprehensible to similar licensees.
(c) It contains adequate identification of the patient.
(d) It indicates the date any professional service was provided.
(e) It contains pertinent and significant information concerning the patient's condition.
(f) It reflects what examinations, vital signs and tests were obtained, performed or ordered and the findings and results of each.
(g) It indicates the initial diagnosis and the patient's initial reason for seeking the licensee's services.
(h) It indicates the medications prescribed, dispensed or administered and the quantity and strength of each.
(i) It reflects the treatment performed or recommended.
(j) It documents the patient's progress during the course of treatment provided by the licensee.
(Authorized by K.S.A. 74-1406; implementing K.S.A. 65-1436; effective May 1, 1988; amended Feb. 20, 2004.)
In addition to these basic requirements, there are additional requirements for specific situations.
Article 8 of the Dental Practice Act contains requirements for mobile dental facilities and portable dental operations. This Article includes requirements for consent forms (K.A.R. 71-8-5), location of services (K.A.R. 71-8-7) and patient information sheets (K.A.R. 71-8-8).
Prescription requirements for controlled substances are covered in K.A.R. 68-20-18.
Article 5 of the Dental Practice Act contains recordkeeping requirements related to the use of sedation and anesthesia.

When a complaint is made to the dental board, the patient record becomes a vitally important document that is used when addressing the complaint. It is the dentist's and dental hygienist's report made at the time of treatment. The dental record entries document patient concern/reason for appt., findings, diagnoses, treatments and plans for treatment as well as Information given about possible outcomes, and patient progress. While the primary purpose of good record keeping is to facilitate good patient treatment, it is also the licensed dental professional's best defense.
As stated in the regulation, the record must be legible. The record can be hand written, typed or kept in computer entry and may include images such as radiographs, photographs, graphs and charts. The entries may be done in a SOAP (Subjective, Objective, Assessment, Plan) format, but this is not a requirement. A narrative entry can contain all of the required information as well. The length and detail of record entries will vary based on individual patient situations, treatment done, and the practice preferences of the licensee. The minimum requirements are those listed in the dental practice act however other pertinent information can be included.

The entries must be dated. The requirement for quantity and strength of medication administered includes local anesthetic (for example: anesthetic used, number of carpules, volume and percent or mg dosage). Lists of filed insurance reimbursement codes or their word definitions alone do not necessarily make an adequate record because those codes do not usually provide specific diagnostic information, information about medications, or any treatment particulars (some medical codes are diagnosis defining). In addition, the descriptors for codes are regularly reviewed by the American Dental Association and can change, so the description of a code today (or the day it is reviewed) may differ in a meaningful way from the description of that code when it was recorded. Codes are also deleted and added. For example, a record entry of "120, 1110, Plan: 2386 #3. In this example, not only is no diagnosis recorded, but the descriptor for 1110 (Nomenclature: prophylaxis - adult) has changed over time and the code 2386 (which was a code for a posterior composite on a permanent tooth) is no longer used.

Entering a report, using words, of the actual diagnosis(es), treatment performed, and so on is much more comprehensible over time than using reimbursement codes alone. For example, a record entry in a patient folder or in the patient's computer file that is dated and that says only "#4 MO Comp" provides no information about diagnosis (eg. Caries, defective restoration, crack, cosmetic concern, contact closure, etc.). The reader would have to assume that no local anesthetic was used. There is no information about alternatives or possible sequelae. Of course, the diagnosis may have been recorded in a previous entry, but if it was not, the record does not meet the minimum requirements.

Similarly an entry that states only “#3 TE, anes, Rx” **lacks** diagnosis, information about anesthetic , any information about alternatives or post operative instructions or required information about the prescription strength, dosage, etc.
A progress notes entry that states: “Ex, 4 BW, Proph, no change” gives no particular diagnostic information. It relies totally on information recorded at a previous visit for completeness. Even a longer progress notes entry can leave out required information if it stands alone. For example, “Ex,Pro,fl, needs RC #4” as the only record entry gives no information about diagnosis, any tests done on #4, any other exam findings of the soft or hard tissues. Of course, in most patient records, the progress note written entries (either in a paper or electronic record) do not stand alone. There are often periodontal charts, images, test results, etc. included. Each dental record must meet the requirements listed in the Dental Practice Act, but may contain more information if the licensee chooses to do so to facilitate the treatment for the patient.

The board is sometimes asked if a record must have this or that particular form or item, or how often a particular form or item must be updated. Some licensees have expressed interest in a list or protocol developed by the board. The board recognizes that practice needs and preferences vary, and to date has limited requirements to those now in the Dental Practice Act. You may wish to develop a list or protocol that fits your needs and those of your patients while adhering to the minimum standards that are listed in the Practice Act. There are many resources available from schools and universities, professional associations, liability insurers and consultants that may be helpful.
When you review your record keeping practices, consider starting with these two questions:
--Do the records meet the requirements set forth in the Dental Practice Act?
--Are the records adequate to accurately report the treatment process if they are needed to stand in defense or clarify an issue that might be raised about treatment?

THE NEWSLETTER GOES ELECTRONIC

In an effort to conserve natural resources and save money, we will begin sending our newsletter electronically as a link to our website. Our emailed message will go to those who have provided an email address to the board. Those who have not provided an email address will continue to receive the newsletter in the mail as usual. If you have a preference in how you receive the newsletter, please contact us so we can make note of that. Current and past newsletters can be found on our website!

UPDATE THE BOARD OFFICE ON YOUR LATEST ADDRESSES

Dentists are required by statute to update the board within 30 days of change in practice location, and hygienists are to update the board with practice locations and residence changes. Let the board know which is your preferred mailing address. Scaling assistants are required to update their practice address and name of current employer. Mail changes of address, practice or residence to: Kansas Dental Board, 900 SW Jackson, Room 564-S,Topeka, KS 66612 Or Fax to: 785-296-3116 Or E-mail changes to: vanda@dental.ks.gov .

The board has an impaired provider program. Self reports are not shared with the board, although you pay their fees for evaluations and monitoring …you may save yourself and your patients if you are suffering from an impairment. For information on how they could help with drug, disability, or mental issues call HAPN- 913-236-7575

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