The committee shall develop and propose the administrative rules regarding the practice, discipline, education, examination, and licensure of dental hygienists, for the board's consideration. The committee shall have no independent regulatory or disciplinary authority.

The rules proposed by the committee may be accepted by the board for adoption or the board may decline to accept the committee recommendations if the board finds that the proposed rules exceed the jurisdiction or expand the scope of the committee beyond the authority granted, create an undue financial impact on the board, or are not supported by the record.
Committee Members

Lisa Malfait, RDH – Committee Chairperson
Ellen Legg, RDH – Board RDH Representative
Joseph Williams, DMD – Board Dentist Representative
Margaret Ray, RDH – NHDS RDH Nominee
Jodi Carnes, RDH – NHDHA RDH Nominee
Where does the Board get its authority?

The Dental Practice Act
And “The Rules”

The ADA Code of Ethics
The ADHA Code of Ethics
What the Board CAN and CANNOT do!
Certified Public Health Dental Hygienist

CPHDH

Established by the NH Legislature in 2012
Administrative Rules – DEN 302.05 (aa)

What is a CPHDH?
Public Health Dental Hygienist

PH RDH

Established in the Administrative Rules – DEN 402.01(d)

What is a PH RDH?
What’s the difference?
What’s the process for qualifying?

Both applications are found on the Board’s website.
Expanded Functions Dental Assistant

EFDA

“Established” by the NH Legislature in 2012
Administrative Rules – DEN 302.05 (y) (z)

What can they do?
Top 10 Ways to Lose the Privilege of Practicing Dentistry or Dental Hygiene
Practice Issues
Unlicensed Practice

Never had a license- Doctors, RDHs and "Lay Practitioners"

Failure to renew and continuing to practice

Failure to obtain license in every state where practicing

Inappropriate delegation of duties – Read and know the rules!
As an aside
Change of Name and or Address

(a) All persons licensed to practice dentistry or dental hygiene in this state shall notify the board in writing within 10 days of a name change and provide the board a copy of the documentation that legally changed the name, if any.

(b) All persons licensed to practice dentistry or dental hygiene in this state shall notify the board in writing within 10 days of any change of business or residential address.
Dismissing Patients

Never in the middle of treatment – ABANDONMENT

Always with 30 days of urgent care offered

Never without at least 3 names of other practitioners in your area

Ouch!
Patient records must be kept a minimum of 7 years after last contact or 7 years after the age of majority. The records are yours but the patient has a right to a copy of the content. Get a signed release – follow HIPAA rules. A “reasonable” fee may be charged. A patient record may not be held hostage for payment of account.
Insufficient Documentation

“If it is not recorded, it did not happen.”

NHBoDE

Patient records should include:
• Written documentation of any and all screenings, evaluations, diagnosis and treatments
• Radiographs
• Health histories and updates
• Informed consent forms
• Progress notes
• Dental status (caries, restorations, missing teeth, etc.)
• Periodontal charting
• Prescriptions
• Financial agreement forms
• Copies of correspondence w/patient and related practitioners
• Copies of educational materials and instructions given to patient
When these guys ask for records, what should you provide them?

**Everything!**

This is not a “pick and choose” process.
“Risk management experts believe the educated patient is more likely to have realistic expectations about treatment results.”
Patient Education Can:

- Improve patient outcomes
- Ensure realistic expectations
- Enhance your relationship with the patient
- Help prevent misunderstandings that can lead to complaints

This leads directly into.....
Informed Consent

Patients should be informed about:

- The Diagnosis
- Specifics of the proposed treatment
- What to expect, i.e. discomfort, pain, etc.
- Anticipated benefits of the treatment
- Any associated health risks
- What could happen if there is no treatment
- Options for treatment or follow-up, if any
• Communicate with, inform and educate your patients
• Get appropriate informed consent

and

Document

Document

Document
Poor or No Treatment Planning

- Accurate
- Complete
- Current
Substandard Care

Such as:

- Failure to take proper radiographs
- Failure to diagnose
  - Oral Cancer Exams?
  - Periodontal Charting and Updates?
- Failure to record
Lack of Follow-up on a Positive Medical History and / or Medically Compromised Patient

“An ounce of prevention is worth a pound of cure.”
Do you take your patient’s blood pressure?

Do you review your patient’s medical history at every visit? Do you update your patient’s medical history on a routine basis?
Non-Compliance with CDC Infection Control Guidelines

HIPAA

and

OSHA Regulations
These topics are each subjects for study and implementation.

But here are a few “hot buttons” for the Board of Dental Examiners.
Weekly spore testing
Initial & Continuing OSHA and Infection Control Education
Emergency Protocols
Safety Officer and Protocols
And Others
Be nice to your patients, be ethical and get compliant.

You don’t want these guys on your tail! 😊
It is your responsibility to stay current with the Dental Practice Act, Rules and ADA or ADHA Code of Ethics. These are all conveniently available on the Board of Dental Examiners website.
So, when you see misdeeds by others.... What is your responsibility?

Diagram:

- Doctor
- RDH
- The Public
- Other Doctor
- CDA

Diagram arrows indicate relationships and responsibilities among these roles.
4.C. Justifiable Criticism. Dentists shall be obliged to report to the appropriate reviewing agency as determined by the local component or constituent society instances of gross or continual faulty treatment by other dentists. Patients should be informed of their present oral health status without disparaging comments about prior services.
ADHA Code of Ethics

To the Community and Society...

“document and report inappropriate, inadequate, or substandard care and/or illegal activities by a healthcare provider, to the responsible authorities.”
So

What is your responsibility?

Doctor

RDH

The Public

Other Doctor

CDA

C S C