

Nebraska Board of Dentistry

Newsletter

March 2004

Chairperson's Message

Dear Colleagues:

As the Nebraska State Board of Dentistry, it is our responsibility to ensure that the public is protected concerning the competency and integrity of all dental and dental hygiene licensees in our state.

Self-regulation of our profession is accomplished through the Board of Dentistry (among a host of its duties), by assisting in administering licensure examinations; issuing licenses and permits; reviewing investigative reports of dental/dental hygiene complaints; recommending disciplinary actions; compliance monitoring; approving continuing education; and considering/proposing changes in statutes or regulations.

Awareness of the statutes and regulations that exist may save one of us the expense and embarrassment of failing to comply with these established laws. Sometimes, ignorance of these ordinances may result in serious sanctions.

I urge you to read this and future issues of our newsletter since many of these regulations are discussed. In addition, I would recommend that you go to the two websites mentioned below. At <http://www.hhs.state.ne.us/regt172.htm> you can review the existing Nebraska rules and regulations. Dentistry and Dental Hygiene regulations can be found in chapters 53 through 57, with the bulk of them contained in chapter 56. At <http://ststutes.unicam.state.ne.us/>, which contains the Dentistry statutes. The website will require you to do a little more maneuvering. Follow the directions below:

1. Open the Statutes folder by clicking on it once with the mouse.
2. Scroll down and highlight #71 Public Health by clicking on it once.
3. Scroll back up and select full document search from pull down menu.
4. Type in the words "Dentistry Statutes". (Do **not** check the box titled exact.)
5. Click the search button.

A host of documents are now displayed, any one of which can be reviewed by clicking on "view document".

If you do not have access to the Internet, a hard copy can be obtained by contacting Shirley Nave at Health and Human Services at (402) 471-2118 in Lincoln.

Sincerely,



Paul Tamisiea RDH
2004 Chairperson
Omaha

Jane Stratman, RDH
2004 Vice-Chairperson
Geneva

Doris Schrader
2004 Secretary
York

Sarah Bauman
Lincoln

Carol Brown, RDH
Omaha

John Giddings DDS
Syracuse

Robert Hinrichs, DDS
Lincoln

James Murphy DDS
Norfolk

Joan Sivers DDS
Lincoln

Roger Gerstner DDS
Omaha

Meeting Highlights From 2003

January 10, 2003 – The Board members were informed that the NCR fees proposal would be introduced during the 2003 legislative session.

March 28, 2003 – NCR fee structure (LB 242) passed and requires implementation by July 1, 2004. The Board members began making changes to the regulations to meet the requirements of LB 242.

July 11, 2003 – The Board members voted to accept the Southern Regional Testing Agency (SRTA) as meeting the licensure requirement of passing a clinical examination. SRTA scores will be accepted if the examination was taken after January 1, 2002.

November 21, 2003 – The Board members voted to accept the Northeast Regional Examining Boards (NERB) as meeting the requirement of passing a clinical examination. NERB scores will be accepted if the examination was taken after January 1, 2002. The Board now accepts scores from all of the regional dental examinations.

Infection Control in Dentistry

By Jane Stratman, RDH

Everyone in the dental profession should have received a copy of the CDC's report, "Guidelines for Infection Control in Dental Health-Care Setting-2003" either directly from the CDC or from Dr. Kimberly McFarland, Dental Health Director for the Nebraska Department of Health and Human Services. This report is designed to help dental personnel plan for preventing transmission of disease, provide a safe working environment and to help dental practices develop infection control programs. The report covers the CDC's recommendations regarding dental infection control which are as follows:

- ❖ Dental Health Care Personnel (DHCP) are to receive, at a minimum, annual education and training regarding occupational exposure to potentially infectious agents and infection control procedures appropriate for and specific to their assigned duties.
- ❖ Dental offices should have a written comprehensive policy regarding immunizations for DHCP, including a list of all required and recommended immunizations.
- ❖ Hand hygiene includes washing hands with soap and water for 15 seconds before and after treating each patient, before leaving the dental operatory (fingernails are to be kept short with smooth, filed edges to allow thorough cleaning and prevent glove tears; artificial fingernails are not recommended).
- ❖ Work-practice controls for needles and other sharps include placing used disposable syringes and needles, scalper blades and other sharp items in appropriate puncture-resistant containers located as close as feasible to where the items were used.
- ❖ Wear sterile surgeon's gloves when performing oral surgical procedures.
- ❖ Use sterile saline or sterile water as a coolant/irrigant when performing oral surgical procedures.
- ❖ Discharge water and air for a minimum of 20-30 seconds after each patient from any device connected to the dental water system that enters the patient's mouth (e.g., handpieces, ultrasonic scalers, and air/water syringes).
- ❖ Do not advise patients to close their lips tightly around the tip of the saliva ejector to evacuate oral fluids
- ❖ Monitor sterilizers at least weekly by using a biological indicator with a matching control.
- ❖ Storage practices for wrapped sterilized instruments can be either date or event related (for event-related packaging, the date of sterilization should be placed on the package, and if multiple sterilizers are used in the facility, the sterilizer used should be indicated on the outside of the packaging materials to facilitate the retrieval of processed items in the event of a sterilization failure).

Mandatory Reporting

By Roger Gerstner, DDS

Every dentist and dental hygienist should be aware of the regulations which govern the **Mandatory Reporting** by health care professionals.



The Unicameral in 1994 passed LB 1223, the Mandatory Reporting Statue, in hopes that this law and the rules and regulations that would follow would offer greater protection to the public from incompetent, unethical, or impaired practitioners.

Mandatory reporting even requires **self-reporting!** This means that you as a dentist or dental hygienist must report to the Division of Regulation and Licensure certain occurrences. This is a listing of some occurrences that must be self-reported:

- Actions which affect your practice privileges in a facility.
- Actions which results in the loss of your employment or membership in a professional organization due to alleged incompetence, negligence, unethical or unprofessional conduct or physical, mental, or chemical impairment.
- Actions based on a professional liability claim against you, such as an adverse judgment or settlement, a refusal to issue or renew coverage, or a cancellation of coverage.
- Actions resulting in the loss of your authorization to practice by any state or jurisdiction.
- Conviction of any misdemeanor or felony in this or any other state, territory, or jurisdiction.

Each licensee must also report **first hand knowledge concerning other practitioners.** One should never report rumor or innuendoes, only first hand knowledge. What is first hand knowledge? It is knowledge or information gleaned directly from the original source through

use of the senses, such as an eyewitness. What kinds of actions are we to report? We are to report an individual if we have first hand knowledge that he or she has committed acts indicative of gross incompetence, a pattern of negligent conduct, unprofessional conduct, or practicing while impaired by alcohol, controlled substances, narcotic drugs, or physical, mental, or emotional disability.

Can a licensee be disciplined if he or she doesn't report? Yes! It would be considered unprofessional conduct to violate the Mandatory Reporting rules and regulations.

This law was not enacted in order to create a "Gestapo" like atmosphere in the health professions. The intent was to insure that incompetent, impaired individuals do not continue to harm the public year after year while their colleagues look the other way, telling themselves that "it is not my business." Mandatory reporting makes public protection everyone's business.

What should you do if you think there is something that needs to be reported? **Call and discuss your concerns with either a staff or professional member of the Board of Dentistry.**

If you would like a more detailed discussion, you can write the Credentialing Division and ask for the Regulations Governing Mandatory Reporting at:

HHS Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln, NE 68509-4986



Record Keeping

By Robert Hinrichs, DDS

The following are suggestions for keeping good records:



- ◆ When initially seeing a new patient or current patient, symptoms, complaints and conditions elicited from the patient should be thoroughly recorded.
- ◆ Upon examining the patient, all of the data gleaned should be accurately noted, whether there are positive or negative findings.
- ◆ From the thorough examination, the recording of all pertinent information, along with x-rays, diagnostic models (mounted), photographs, etc. should be displayed in the patient's file.
- ◆ After the initial diagnostic examination is made, the patient should be properly informed of the treatment needed and the reason.
- ◆ Anytime drugs or medications are administered during treatment, they should be accurately noted for amount, duration, etc. of their use.
- ◆ Any tests administered, as in diagnosing an Endodontic problem, should be accurately noted.
- ◆ Patients who refuse recommended treatment should have this noted in their record and signed by the patient if possible.
- ◆ Any telephone conversation relating to the patient's treatment should also be accurately noted.
- ◆ Signing your initials to the information is a must for each entry.
- ◆ The medical and dental history, past medications, present medications or new medications needs to be so noted.

As far as Risk Management is concerned, the above information if properly applied, can be your best friend. Or, it can be the exact opposite if one keeps illegible and inaccurate records. Illegible means that the average person or the suing attorney is unable to decipher the information.

Tobacco Intervention by Dental Professionals

By Joan Sivers, DDS

Health care providers have long understood the harmful effects of tobacco use in any form. In this country it is estimated that 46 million adults (approximately 25 per cent of adults) smoke and an additional 5 million people use smokeless tobacco products. Of equal concern is the more recent increase in the number of youth and children who are deciding to use tobacco products. In our own state, organized dentistry has been very successful in helping thwart the efforts to make tobacco available to minors. However, in spite of efforts by both the dental and medical professions, there are still 430,000 deaths annually in the U.S. that are caused by cancer, stroke, or cardiovascular disease—all directly related to tobacco use.

Dental professionals are in a unique front line position to affect change of the above statistics. With an estimated fifty per cent of smokers seeing a dentist annually, the opportunity exists for tobacco intervention therapy. Intervention comes in two forms: 1) prevention, which is a function of educating a patient before they ever start tobacco use and 2) cessation efforts to assist a current tobacco user in stopping their habit. It has been shown that cessation techniques are more successful and long lasting when the patient has the readily accessible support of a health care provider. This support often takes the form of provider to patient counseling. Currently, many dental schools introduce these techniques in their curriculum. Tobacco dependence is a chronic and relapsing condition and assisting patients to stop smoking is often a long-term commitment which also goes along with periodic evaluations that dentists make of their patients. Given that 90 per cent of cancers affecting the mouth, tongue, lips, throat, larynx and pharynx are related to tobacco use and that stopping tobacco use is generally considered to be the greatest contribution to prevention of oral and pharyngeal cancers, and that early detection significantly improves survival rates of these diseases, it is

well worth the efforts of the dental profession to support tobacco cessation efforts and to implement routine oral cancer screening evaluations. Dental professionals should include tobacco use history in evaluating the overall health of patients and also promptly refer patients to appropriate specialists when there is evidence of pathology. They are also in a good position to provide tobacco prevention and cessation information. Tobacco use prevention and cessation counseling related to oral health concerns can be billed under the ADA's CDT 4 code of D1320.

All dental professionals are encouraged to learn more about tobacco use cessation—either through self-study or formal continuing education courses. Our patients deserve our interest in this aspect of their overall health.

[Information taken from “Tobacco Control and Prevention Effort in Dental Education”, Journal of Dental Education, Volume 66, No. 3, March 2002]

Congratulations!

The Board of Dentistry would like to inform you that one of our very own Nebraska dentists, Marvin B. Dvorak, DDS has received the honor of “Citizen of the Year” given by the American Association of Dental Examiners (AADE).



Disciplinary Actions

| Name | Date of Petition | Charge | Disposition | Date |
|-------------------------|------------------|---|---------------|-------------------------|
| Doyle Gustafson, DDS | 12/02 | Practice Beyond Scope | Civil Penalty | 01/29/03 |
| Chris Lippold, DDS | 09/03 | Failed to Comply with Mandatory Reporting Law Did not report termination of employment | Suspension | 10/07/03 |
| | | | Civil Penalty | to 04/07/03 10/07/03 |
| Kimberly A. Gordon, RDH | 09/03 | Violation of the Uniform Controlled Substances Act (USCA) Controlled Substance Addiction | Probation | 09/17/03 to 09/17/07 |

Public Information

| Name | Disposition | Date |
|---------------------|----------------------|-------|
| Ali Akkoseoglu, DDS | Voluntary Limitation | 10/03 |

License Statistics

Licenses/Permits/Certifications (as of 1/1/2004)

| | <u>Total Active</u> | <u>Issued in 2003</u> | <u>Issued by Reciprocity</u> |
|---------------------------------|---------------------|-----------------------|------------------------------|
| Dentist Licenses | 1359 | 46 | 6 |
| Dental Hygienist Licenses | 859 | 64 | 5 |
| General Anesthesia Permits | 40 | 4 | |
| Parenteral Sedation Permits | 29 | 1 | |
| Inhalation Analgesia Permits | 397 | 26 | |
| Local Anesthesia Certifications | 544 | 64 | |
| Dental Temporary License | 6 | 1 | |
| Dental Faculty License | 5 | 5 | |

Licensee Assistance Program (LAP)

Judi Leibrock is the coordinator of the Licensee Assistance Program (LAP). LAP provides services, free of charge to Nebraska professional licensees with drug or alcohol problems. A \$1 fee per year per licensee, which is added to initial and renewal license fees, funds the program. In addition to their regular services, she is available for pre-licensure evaluations, she speaks at the professional schools, and can provide brochures for distribution at meetings such as the Nebraska Dental Association or Nebraska Dental Hygiene Association annual meetings. She can be contacted by either writing or calling:

Center Pointe Professional Plaza
 9239 West Center Road
 Omaha NE 68124-1977
 1-800/851-2336
 402/354-8055

MEETING DATES

The Board has set the following dates for Board meetings in 2004:

January 16, 2004

March 26, 2004

July 9, 2004

October 15, 2004

**Board of Dentistry Officers
Elected for 2004**

On January 16, 2004 the Board of Dentistry elected new officers.

Paul Tamisiea, DDS -- Chairperson

Jane Stratman, RDH -- Vice-Chairperson

Doris Schrader -- Secretary

They also determined the CE Review Committee, which includes:

Roger Gerstner, DDS

Robert Hinrichs, DDS

Jane Stratman, RDH

The Board of Dentistry would like to THANK James D. Smith, Assistant Attorney General, for his years of dedicated services to the dental profession. Mr. Smith was reassigned to other duties and Terri Nutzman-Buller, Assistant Attorney General, is now the Board's representative.

Change of Address?

If you have moved or changed your business or mailing address, please remember to contact the Department staff with the new information. The US Postal Service has limitations on forwarding mail to a new address. You are responsible for meeting all renewal dates. If we can't find you, you are still not released from your professional responsibilities to maintain your license.

Any questions??? Please contact the staff at:
Department of Health and Human Services
Regulation and Licensure
Credentialing Division
PO Box 94986
Lincoln NE 68509-4986

Phone: 402/471-2118
Fax: 402/471-3577

**Becky Wisell
Section Administrator**

**Vonda Apking
Credentialing Coordinator**

**Shirley Nave
Credentialing Specialist**

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



The Nebraska Health and Human Services System is committed to affirmative action/equal employment opportunities and does not discriminate in delivering benefits or services.



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