who need it; we’ve engaged one person to take overall responsibility for the eight practices and they are able to manage all eight sites from one location: it’s incredibly useful.”

The Alpha Group also benefits in other ways. Now, all essential updates to the system are handled automatically, so there is no risk of a site being left outdated. All the software is no longer on each individual site, but on the host’s powerful servers. This means in the event of a technical fault, technicians can quickly resolve the issue.

There is the further benefit that the amount of computing power required to run the software isn’t dependent on the hardware in the practice, so no expensive upgrades of equipment is required.

“The issue of backing-up is no longer a concern as all the data is stored securely and automatically.”

“From a clinical perspective, there is still direct access to all the patient’s information, but now that information, including digital X-ray images, can be easily transferred between practices if required and there isn’t a paper file that can be mislaid or incorrectly filed.

“The issue of backing-up is no longer a concern as all the data is stored securely and automatically. In the event of any disaster, none of the practices’ information will be lost, preventing any downtime that would have a significant impact on patients and business alike.”

The Managed Service is available to any practice that has a suitable broadband internet connection and sufficient computer hardware. The benefits, beyond those already mentioned, include online training options that utilise either live or recorded training packages that can be accessed at whatever time is convenient for the staff.

Other advantages include an online resource centre, where members of the practice administration team can gain access to information about the system as well as other useful advice.

The latest upgrades
For Dr Gordon, having invested in one of the most advanced software packages available, there is the option to take advantage of the latest upgrades to the programme, which provides a Care Pathway function and key performance indicators, an essential part of the latest PCT contracts.

With all products, the standard of support and service that is part of the customer care is an integral element when making a decision.

‘I’ve enjoyed excellent support over the past 20 years from my software provider and it’s been that continuance of quality service that made choosing the R4 Hosted Service from PracticeWorks the obvious choice’

IDT launches its
NEW Low Cost Online service

**SimPlant Reformatting**

*From £40*

Upload an i-CAT Vision, DICOM CT or CBCT dataset to [www.ctscan.co.uk](http://www.ctscan.co.uk)

Book and pay online and have the results returned to you in SimPlant View format (or SimPlant Planner for £10 more) electronically within 3 working days.

Enjoy all of the great services you have experienced from IDT in the past but now at a more cost effective price.

- **NEW** Easy to Use Online Booking
- **NEW** Faster Turnaround
- **NEW** Online Payments
- **NEW** Free Viewer (SimPlant View)
- **NEW** Radiologist Report Available
- **NEW** Planning Service Available

To log in or register, go to [www.ctscan.co.uk](http://www.ctscan.co.uk)

Contact IDT today if you need any help with this online service: bookings@ctscan.co.uk or call +44 (0)20 8600 3540

Contact details

For more information contact PracticeWorks on 0800 180 5802 or visit [www.practiceworks.co.uk](http://www.practiceworks.co.uk)

PracticeWorks

[www.ctscan.co.uk](http://www.ctscan.co.uk)
Clinical records

Keeping proper records of the care and treatment we provide for our patients is an essential aspect of an overall duty of care, says Dental Protection

Keeping proper records of the care and treatment we provide for our patients is an essential aspect of an overall duty of care, says Dental Protection

Recording the warnings and explanations given prior to the removal of an impacted third molar is an example of this; keeping records which monitor the progress of a patient’s peri-odontal health is another. Noting that the dentist has checked or updated a patient’s medical history is a self-evident requirement — but noting the clinician’s speci-fic recommendation that the patient should return if symp-toms do not improve, may be less obvious. Either could prove piv-oval in determining the outcome of a case.

A dental nurse/assistant is ideally placed to provide an ad-ditional level of backup, resor-ing that all key conversations between dentist and patient, all discussions, warnings, explana-tions and advice are recorded in the notes. On a busy day, when the dental team is under pres-ure, the crucial details can so easily be overlooked.

The totality of the record of a patient’s dental care could include many (or all) of the following:
• The treatment notes
• The current and historical medical history
• Radiographs (and any associ-ated tracings), prints from MRI and other imaging
• Results of other investigations (pathology or radiology reports, pulse oximeter printouts etc)
• Study models/casts
• Diagnostic records (bite registrations, stents, diagnostic wax-ups etc)
• Photographs (including intra-oral camera images)
• Correspondence
• Medical history

A logical approach
Knowing what details are likely to be relevant, or irrelevant, from a dento-legal perspective, comes either from hiter first-hand ex-prience, or from developing a better awareness of risk man-agement through publications, lectures and other sources. It is important to understand the par-ticular risk management issues that tend to arise in relation to each of the procedures that you tend to re-write or emblish his or her records.'
such as BPE scores, periodontal probing depths and other indices, tracking of oral pathology and other conditions

- Financial records. Although it is sensible to keep these separate from the clinical notes themselves, a record should be kept of all fees quoted and charged and payments made by the patient. Tax authorities may request financial data from the dentist and issues of confidentiality can be avoided if the financial transactions are kept as a separate element within the record. Processes in which any unpaid fees are pursued should also be meticulously recorded

- Correspondence. All correspondence to and from the patient or any third party (including specialists, medical practitioners, other dentists etc)

- Consents obtained, and specific warnings given of possible adverse outcomes

- Advice. Notes of advice (including oral hygiene, dietary and/or general health advice such as the discontinuation of smoking or attention to other risk factors)

- Instructions given pre- and postoperatively to the patient (or parents)

- Drugs given, including route, dosages, frequency and quantity ordered. Any adverse reaction to any such medication should be recorded

- Anything else that you consider relevant. Here, the patient's dental history can be particularly relevant. For example, a record should contain the reason why the patient has requested a consultation or examination, and (unless a regular patient) a note of when the patient last received dental care. This is extremely important, especially in the case of a new patient since it is always helpful to be able to refer back to notes made at the initial examination to recall what signs and symptoms the patient was actually exhibiting when he or she was first seen. It is obviously equally important to have a record of what treatment the patient requested or required.

Baseline charting
A traditional, basic skill which is emphasised at dental school, but which is sometimes lost as a clinician passes through his or her career, is that of a baseline charting. The computerisation of records has played a part in the demise of accurate baseline chartings, since most brands of commercially-available software insert a stylised representation of a specific type of cavity or restoration, in a standard shape and format rather than attempting to create an accurate reflection of the actual situation as it appears in the patient's mouth.

A detailed charting showing the size and extent of existing fillings, provides so much more information than a minimal charting which perhaps only indicates missing teeth and teeth needing immediate treatment. Sometimes the records are found to contain no indication at all of which teeth are present or absent, and when several posterior teeth are missing, confusion can easily arise over which teeth are being described.

Contemporaneous records
Serious difficulties can arise when a dentist feels the need to rewrite or embellish his or her records after becoming aware that a challenge or investigation is likely. Few, if any, records are perfect in every respect and yet it can sometimes be due to embarrassment at the inadequacy of the records kept, that some dentists take the foolish step of altering or forging their records.

“Contemporaneous” means “recorded at the time”, and it is easier than one might think, to identify entries made after the event, or to recognise record cards which have been rewritten or altered. The importance of an audit trail for computerised records is covered separately below.
dental registration bodies take an extremely serious view of non-contemporaneous records being presented and stated, dishonestly, to be the originals.

Computerised records

Many practices now keep some (or all) patient data on computer, and this either duplicates or replaces handwritten information. Even if you keep some or most of your records on computer, you may still need some manual records eg for non-digital x-rays, correspondence etc.

It is no defence in law that your computer broke down or you lost data, for whatever reasons. It is up to you to ensure that you can always produce, whether directly or indirectly (created from computer records), all the same information that has been discussed above in respect of paper records. Being computerised is no justification for cutting corners in record keeping – indeed, quite the reverse.

There appears to be a tendency for records kept in computerised form to be less detailed, perhaps using more abbreviations and codes that are specific to the chosen software. It is worth spending time before a problem arises, evaluating the quality and quantity of the records you are keeping and the safeguards and controls (eg computer back-up) you are operating in order to protect them.

Many clinicians fail to appreciate that changes to computerised records may still be captured on, and retrievable from, the hard disk, even when the original entry is deleted or modified. Computerised records need to have a robust and secure audit trail, showing who made each entry or amendment, at what time, on what day etc. The same details should be available for each historical entry, so that the whole evolution of the final version of the records can be tracked with certainty.

Without this safeguard, the value of the records may be seriously reduced.

Checklist

1) Carry out a random audit on a selection of your patient records and ask a colleague to check that they are legible and comprehensible. Involve your dental team in this process.

2) Ensure that the notes you write, or type, include the kind of detail described in the text.

3) Try to avoid using ‘shorthand’ or abbreviations that others are unlikely to understand.

4) Remind your staff of the need to ensure that the patient’s details are regularly checked for accuracy and updated, and stress the confidentiality of clinical records.

5) Review the space available for the storage of old records. Rather than destroying records when a storage problem arises, consider scanning records and x-rays and retaining them on CD-ROM or DVD in digital form, together with digital photographs of study models (which may be particularly helpful for orthodontists who face special storage difficulties).

6) Check the specific legal situation which applies in the country where you practice, regarding how long records need to be kept and any requirements for disclosure of records, or a patient’s statutory right of access to their record.

Contact Information

We are the world’s largest specialist provider of dental professional indemnity and risk management for the whole dental team. The articles in this series are based upon Dental Protection’s 100 years of experience, currently handling more than 8,000 cases for over 48,000 members in 70 Countries.

33 Cavendish Square, London W1G 0PS, UK
E-mail: General enquiries, querydent@mps.org.uk
The complete set of 56 risk management modules can be ordered from lynne.moorcroft@mps.org.uk
www.dentalprotection.org