MDA Bulletin

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Your Manitoba Dentist

ONE.

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You strive to provide the highest level of care, you deserve the peace of mind that comes with no longer having to worry about *the one*.

To find out more about Malpractice Insurance from CDSPI call us at **1-800-561-9401** or email us at **insurance@cdspi.com**.

CDSPI

1. Per claim. Available to dentists licensed outside of Ontario and Quebec. 2. In addition to the premium for your base coverage of $3 million; based on $1,000 deductible using 2018 rates. 3. Based on annual premiums; weekly premium payments are not available. Rates subject to change. Provincial taxes are extra where applicable.
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Manitoba Dental Association

MDA Bulletin

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Manitoba Dental Association

President's Message

DR. CORY B. SUL, D.M.D.
PRESIDENT, MDA

Dear Colleagues,

As is the tradition for new MDA presidents, I would like to take the opportunity of my first Bulletin article to introduce myself to you. I graduated from the University of Manitoba' College of Dentistry as part of the famous Class of 95 with the likes of Ammy Rihal, Shelley Tottle, Mike Lukowski, Danielle Jobb, Hans Stasiuk and Tony Canosa. I completed a General Practice residency in Saskatoon and then worked for some time in Brandon before moving back home to Winnipeg to practice in North Kildonan.

On a personal level, volunteerism has been a large part of my life both inside and outside of dentistry. I have served in numerous capacities with various charities, community organizations and professional committees, boards and associations. While many people see getting involved as a way to influence the future or to advance a personal perspective, I simply see it as a way to give thanks for what I have received. Participation in organized dentistry comes at a tremendous personal (and financial) cost but that pales in comparison to where I am because of those who have unselfishly stepped up in the past.

I believe the most important role of any leader is to encourage, inspire or as needed, cajole quality people to assume the reins of stewardship in the future. The Manitoba Dental Association is very well positioned in this area. As I look down the line of likely future MDA presidents it is easy to see a future Cabinet Minister, a future Prime Minister, a future Dean of the College of Dentistry and an Order of Canada recipient. Such is the talent that we've been able to attract.

Also, I would be remiss if I didn't note the recent departure and imminent departure of a few members of our Board. Dr. Carla Cohn served the profession extensively and with great influence. Her greatest talent was her ability to sort through complicated issues with a level of clarity and understanding of all aspects of an issue that was unmatched by anyone on the Board. She will be greatly missed.

Shortly, we will also be saying goodbye to Dr. Anthony Iacopino who serves on the Board as the Dean of the College of Dentistry As the co-chair of the initial Mentorship Program, I was able to see first hand the dramatic improvements in student experiences and attitudes during his time. Tony would be the first to tell you that this has been a team effort but he was the one who made it a priority when he first came here and has been the leader in working with the profession on this issue every step of the way. The value of what he has done can't be understated. It has been a game changer for the profession in Manitoba.

I look forward to the year ahead and working with you in the best interest of the profession and the public interest.

Sincerely,
Cory B. Sul, DMD
President of the Manitoba Dental Association
president@manitobadentist.ca

MDAA Board of Directors Message

MDAA
Manitoba Dental Assistants Association

Spring is just around the corner and as we start to say good bye to the cold dark days of winter, we look forward to the next couple of months that will see plenty going on with the MDAA and its membership…CE, the AGM, and Dental Assistants Week are just some of the highlights.

The MDAA Board has been busy organizing and planning for our next CE event April 7, 2018 at the Best Western Plus on Wellington. We are happy to announce that Dr. Marshall Hoffer and Dr. Hoda Hosseini will be our featured guests. Two wonderful presenters, that will ensure this CE fills up fast! It is important to note this CE will also coincide with our Annual General Meeting (that had to be moved to a later date). On behalf of the MDAA board we invite you to this special meeting that will recap the year that was, as we look to the year ahead for the MDAA. One of the most important aspects of our annual general meeting is to establish our Board of Directors for the upcoming year. The MDAA is actively looking for dedicated and interested members that would like to lend their voice and ideas to the association. If you are interested, please notify the MDAA office or you can simply attend the AGM and submit your name for consideration!

Mark your calendars! Dental Assistants Week (DARW) will be celebrated the week of March 4-10, 2018. The theme this year will be, "Advancing the Profession Through Collaboration and Leadership". Dental assistants in Canada and the United States will be collectively recognized for their invaluable contribution to the medical team and patient care. Thank you to all of you for all your hard work and contributions all year round!

As always, please check out our website www.mdaa.ca. We are currently updating our website where there soon will be new changes and improvements. New membership discounts are soon to be added too…stay tuned!

Sincerely,
Your MDAA Board of Directors

Q and A With Your President

1.What do you see as the role of the President of the MDA?

The role of the president is quite clear if you read our documentation, my main role is to serve as the official spokesperson for the Manitoba Dental Association. I also serve as the Chair of the Board and will participate in the Boards functioning to administer and oversee the affairs of the entire Association.

2. What was your first experience with the organized dentistry in Manitoba?

Actually, my first exposure to organized dentistry was with the Canadian Dental Association. I served on the Committee on Student Affairs and then was elected to serve as a member of the Board of the CDA to represent the interests of dental students. My first involvement with the MDA was being part of the group that redrafted the Code of Ethics for the MDA under the guidance of Dr. Mike Lasko. Both those experiences had a tremendous influence my participation in organized dentistry.

3. Anything about being President that has surprised you so far?

Two things; up until recently I had no idea the President received a stipend for the job. I'm pretty sure the annual total doesn't cover the losses to my practice for the first month alone but I had no idea the president got anything. Second, I was taken aback by how supportive members are to their President. Perhaps it was a sign I should worry but it was so nice to receive so many best wishes and supportive messages when I took on the role.

4. I presume you must have a long list of things that you want to accomplish as the president?

It may surprise you to hear this but I actually don't! Despite our small size, the MDA has a well-earned reputation for organizational excellence across the country, and there's a good reason. We do things very well here. Saying that, it has become abundantly clear to me and my fellow Board members that we need to improve the Associations' commitment to open and accountable governance. It really is the cornerstone of how we gain the trust and respect of our members and the public. Other than that, I just want to engage the membership and listen to what they want their Association to accomplish.

5. What types of things do you like to do in your downtime?

I'm an outdoors guy. I love to spend time with family and friends, especially if it is on the water - tubing, wake surfing, that sort of stuff. I'm going to be honest here - I really have to work on my carbon footprint.

College Corner

DR. ANTHONY IACOPINO
DEAN, COLLEGE OF DENTISTRY,
RADY FACULTY OF HEALTH SCIENCES,
UNIVERSITY OF MANITOBA

Dental School Admissions: Significant Changes Ahead for the Procrustean Bed?

One of my favorite analogies is that of the Procrustean bed. For those unfamiliar with this tale in Greek mythology, Procrustes was the innkeeper who stretched or amputated the limbs of travelers to make them conform to the length of his beds. In today's world, we conjure up this analogy to refer to any plan or scheme to produce uniformity or conformity by arbitrary or violent methods.

Many would argue that the selection process used by dental schools is the ultimate Procrustean bed as it hasn't changed significantly in many years and we continue to use an outdated system of metrics that produces conformity to notions of success in dental school rather than to success as a practicing dentist after graduation. The debate regarding predictive value, validity and appropriateness of the Dental Admissions Test (DAT) has raged for years, especially with regard to the "carving" exercise (only two dental schools in Canada still use this as a weighted selection criterion). The use of the "paper record" of grades, accomplishments and community activities as a major factor in deciding which applicants receive interviews has come under increased scrutiny related to "gaming" the system through reduced credit hour loads and inflated claims about community service. The nature of the interview process itself has most recently been questioned concerning the type of interview provided, how that interview is standardized and whether the interview can be "practiced" in advance.

This has been an area of personal interest for me throughout my career in dental education and I'm quite familiar with the pertinent literature and various debates past and present. I believe that while there have been some limitations to the historical process, it has always been based on the best evidence available and dental schools have made every effort to provide a fair and transparent process. Having said that, I also believe that the admissions landscape is changing rapidly with the availability of new research, innovative approaches and metrics, imperatives of equal access and diversity, a heightened sense of social accountability and a much greater concern regarding those personality traits and characteristics that contribute to being an empathetic and ethical practitioner.

Over the last two years, the winds of change have surely been picking up speed. There have been many discussions at various local, national and international levels revolving around revision of the selection process. As usual, Manitoba has not only been well represented in these discussions, but in many ways has taken the lead. This is what we have come to expect from our "Manitoba brand" and the excellent collection of individuals within our dental community.

In May of 2016, Dr. Frank Hechter chaired a select ad-hoc advisory committee (Admission Criteria and Process Advisory Committee) that worked for more than a year to review current literature, opinions of international experts and best practices throughout the health professions. Committee members represented a wide range of stakeholders including the dental association, alumni association, College of Dentistry, other health professions and the higher education community. The advisory committee presented a report to the Dental College Council that contained a summary of their findings along with some recommendations to be considered by the College Committee for Selection in Dentistry chaired by Dr. John Perry.

Dr. Perry has chaired the College Committee for Selection in Dentistry for many years and has provided exemplary dedication and stewardship during this time. He is highly regarded within the Canadian dental education community and has represented our College at the national level through the Association of Canadian Faculties of Dentistry (ACFD) for all admissions/selection discussions and strategic planning activities. The ACFD has been highly engaged in the topic of modernizing the admissions/selection process for several years, working with the Canadian Dental Association (CDA) to ensure that the DAT remains relevant and that there is adequate funding available to support evidence-based decision making with regard to improving the admissions/selection process going forward. Back in 2014, the ACFD and CDA published a report recommending various research/development initiatives for improvement of selection tools/processes used by Canadian dental schools. On November 20, 2017 this vision became a reality as the inaugural meeting of the CDA Committee on the Identification of Future Dentists took place in Ottawa. At this meeting, the CDA pledged $1 million over a 5-year period to support the work of this committee including, contracted research for two major questions: 1) should assessments of manual dexterity and/or perceptual ability be used in the admissions process and if so, what assessment tools should be used and how should they be used; and 2) should assessments of human and social skills (non-academic and non-manual skills) be used in the admissions process and if so, what assessment tools should be used and how should they be used. Dr. Perry is a member of this landmark CDA committee.

Thus, we have the best of both worlds in Manitoba. At the local level, the Admission Criteria and Process Advisory Committee chaired by Dr. Hechter has given all of us a tremendous head start with their work and already recommended some changes for our College Committee for Selection in Dentistry chaired by Dr. Perry to consider. These include four new selection tools related to a computer-based personal characteristics assessment, diversity, co-curricular activities and reference letters as well as four revised selection tools concerning credit hour load, grade point average, DAT, and interview format. These recommendations will be considered by the College Committee for Selection in Dentistry based on validity and reliability evidence. At the same time, Dr. Perry will continue to work at the national level with the CDA Committee on the Identification of Future Dentists benefitting from the additional expertise and new information gathered there. At the very least, it will be hard for anyone to doubt that we in Manitoba are the most well-informed on this issue and best prepared to vision a revised admissions and selection process in the future.

I believe that within 5 years, there will likely be significant changes to the selection process used in dental school admissions. However, like dentistry itself, there may be some aspects of the process that remain more "art" than "science" and have no Procrustean bed upon which to bring all desired metrics to a single uniform interpretation and analysis. I'm completely confident that the process we develop in Manitoba will be innovative and highly successful. My sincere thanks and gratitude go out to Drs. Hechter and Perry for their outstanding dedication and leadership, to all the members of their committees for their countless hours of hard work, to our College Council members for their thoughtful discussions and to our entire dental community for their continued interest and support.

Oral Cancer Screening Clinic

To Volunteer, call 204.988.5300 or email: pmcfarlane@manitobadentist.ca

Fundamentals of Oral and Maxillofacial Radiology

Author: J. Sean Hubar, professor of Radiology at LSU School of Dentistry, New Orleans, LA, USA.
Graduated in 1979, Faculty of Dentistry, University of Manitoba.

Fundamentals of Oral and Maxillofacial Radiology provides a concise overview of the principles of dental radiology, emphasizing their application to clinical practice.

- Distills foundational knowledge on oral radiology in an accessible guide
- Uses a succinct, easy-to-follow approach
- Focuses on practical applications for radiology information and techniques
- Presents summaries of the most common osseous pathologic lesions and dental anomalies

Canadian Dental Association's Message

DR. JOEL ANTEL, D.M.D
CDA BOARD REPRESENTATIVE

Welcome to my latest update on what's happening at the Canadian Dental Association. My intention is keep the members of the Manitoba Dental Association in the loop on what activities are being carried out on their behalf and foster an appreciation for the benefits we derive from the MDAs' membership in our national organization. I welcome your input and suggestions for future columns so I can provide the information and insight you want.

A meeting of the Canadian Dental Association Board of Directors was held in Ottawa February 2 and 3, 2018.
The board received a presentation of the draft recommendations from the Task Force on the Future of the Profession. The Task Force is scheduled to present its final report to the CDA Board of Directors, Corporate Members and stake holder groups at the Dentistry Leaders' Forum this coming April, 2018.

The most recent environmental scan, prepared annually by CDA staff was presented. Each year the scan identifies prominent, important and emerging issues affecting the profession. This year such things as human resources, access to care, alternative providers, the changing landscape of dental benefits and shifting needs of an aging population were identified as issues to watch over the next while.

CDA Secure Send continues to grow and evolve. User feedback is being collected and will be used to develop the program to better serve the needs of practicing dentists. The next software updates to improve usability are scheduled for 2018.

The Coalition for Small Business Tax Fairness remains active and the CDA continues to work with the coalition. CDA staff continue to put in long hours monitoring the situation and working on our behalf towards the best possible outcome. They regularly provide the board with up to date information for its work with the coalition and provide the Provincial Dental Associations the current information they need to keep dentists up to date on this important issue.

The CDA has a number of priority projects. Some prominent areas of attention are:

1) Persons with special health care needs. The board approved a strategy and action plan to reduce barriers and improve access to care for persons with special needs. Given the broad nature of this issue the strategy focuses on those individuals with cognitive developmental challenges. The strategy focuses on five key areas; communication to dentists, continuing education, government relations, partnerships, information sharing and issues management.

2) Indigenous childrens' oral health. CDA has held a series of meetings with the Assembly of First Nations on this topic. The initial focus of this initiative will be preventative measures and oral health education.

The CDA Seal of Approval.

I encourage you to become familiar with the CDA Seal of Approval and recommend to your patient that they look for the seal when purchasing oral health care products. There have been changes to what the seal means and what it means for a product to have the right to display the seal. Essentially the seal indicates that a product's claims have been verified. Information about the Seal of Approval is available on the CDA website.

Upcoming meetings and conventions.

The Dental Association of Prince Edward Island will hold a convention with the Canadian Dental Association from August 22-25, 2018. Information on the 2018 Convention can be found in the CDA Essential Oasis Discussions and at www.cda-dapei.ca. (The following year the CDA will join the convention in Saskatchewan and in Manitoba in 2020)

The CDA Annual General Meeting will take place on April 20, 2018. There are a series of events and programs surrounding the AGM. Most notably:
The 5th Canadian Oral Health Round Table, dedicated to family violence and the role of different professions and organizations in prevention, early recognition and appropriate referral.

A CDA/CDSPI jointly organized conference on Dental Wellness.

As always, I want to express my gratitude for the opportunity to represent Manitoba Dentists on the Canadian Dental Association Board of Directors.

You are invited to

SHARING SMILES

727 McDermot Ave
April 14, 2018
10am-2pm

Contact: ohthwinnipeg@gmail.com

Registrar's Message

DR. PATRICIA (PATTI) LING, D.M.D
REGISTRAR, MDA

As this is my first official column as Registrar, I thought it prudent to tell you a little bit about myself. Where should I begin?
I was born and raised in Toronto, Ontario. I did most of my schooling, including my BSc and DDS degrees at the University of Toronto. Following graduation I practiced in 2 rural communities in Eastern Ontario until 1985 when I arrived in Winnipeg in the Spring to +28C weather. This wasn't at all what I expected for spring weather in Manitoba. Needless to say I was pleasantly surprised. From 1985 to 1988 I practiced part-time and worked for the Children's Dental Program in rural Manitoba as well as the U of M Mobile Van providing dental service to Seniors. That same year I started clinical teaching at the U of M, now the College of Dentistry, and did so on and off for more than 25 years, including a 2 year term as Assistant Professor in the Dept. of Restorative Dentistry. In 1995 I graduated from the U of M, Faculty of Medicine, Dept. of Anatomy with an MSc for my work with Lasers and the Dental Pulp. In 1999 I purchased a dental practice and continue to practice in that same clinic today, albeit as an associate, with 3 wonderful practitioners. Group dental practice can be a great supportive learning environment with the right people. I am fortunate to have found this right mix. In addition to group practice, I was fortunate to be a member of the Head and Neck Team at Cancer Care Manitoba in the capacity of Dental Consultant for more than 10 years. I learned a lot from this wonderful group of caring Dentists, Physicians, and Allied Health Professionals and again feel fortunate to have been included. I served on the Winnipeg Dental Society Board for the requisite 7 years, and the MDA Peer Review Committee, Mentorship Committee and General Practice Study Club where I made many lasting friendships and was able to give back to our profession and our community. In 2015 I became Deputy Registrar of the Manitoba Dental Association and worked very closely with the wonderful staff and Executive Director Rafi Mohammed and our past Registrar Dr. Marcel Van Woensel.

As Registrar, I have large shoes to fill. I shall endeavour to do my best, always. I feel very fortunate to call Dr. Van Woensel a friend and colleague who has unselfishly provided guidance and mentorship to me, for the betterment of our Association and the profession, since I became Acting Registrar in July of 2017, and Registrar on December 1, 2017. Thank you Marcel, it is greatly appreciated.

In the coming months, I look forward to bringing you timely information on regulatory and profession specific issues of interest within our province as well as nationally. As per my requirement as Registrar, I am charged with liasing with many different committees that affect and can benefit our profession and the public interest. Committees such as the Manitoba Alliance of Health Regulators (MAHRC), Manitoba Fairness Commission (MFC), Manitoba Monitored Drugs Review Committee (MMDRC), Canadian Dental Regulatory Authorities Federation (CDRAF), Royal College of Dentists of Canada (RCDC), National Dental Examining Body (NDEB), National Dental Assisting Examining Body (NDAEB), Dental Assisting Regulatory Authorities (DARA) and others.

The following issues are of importance to all provinces, and as such, there have been discussions on the following during these committee meetings:

- Opioid prescription practices – Reference – 2017 Canadian Guideline for Opioids for Chronic Pain, National Pain Centre, McMaster University – A National Standard
- CBCT registration, usage, prescribing practices, continuing competency – a review is being done of current practices in our province and nationally
- Scope of Practice creep between the allied Dental Professions
- Sedation Standards in Dental Practice – each Province sets its own standards/bylaws currently. Consideration is being given to perhaps developing a "National Standard'
- DPIN (Drug Program Information Network) data – information sharing between pharmacies, the Minister of Health's Office, and Health Regulators to monitor prescription practices of prescribers in the public interest
- Fair Registration Practices – for all license classes and applicants

In my role as Registrar I have been on a steep learning curve. One that challenges me personally and professionally, and I wouldn't have it any other way. I look forward to our journey together.

Please feel free to contact me to discuss any concerns you may have at 204-988-5300 ext. 5, or via email at registrar@manitobadentist.ca. I am at the MDA most Tuesdays, Wednesdays and Fridays.

Regards,
Dr. Patricia (Patti) Ling
Registrar

WEALTH MANAGEMENT FOR DENTISTS

Why do dentists in Canada trust their wealth to CDSPI?

Advice.
Performance.
Premiere Partners.

Get the advice and expertise dentists trust.
Access our exclusive platform:

BLACKROCK®
BRANDES INVESTMENT PARTNERS
CAPITAL GROUP℠
CUMBERLAND Private Wealth
Invesco
PHILLIPS, HAGER & NORTH Investment Management®
Sun Life Financial
CI Investments
CONNOR, CLARK & LUNN INVESTMENT MANAGEMENT
FIERA CAPITAL
MFS® Investment Management
Qtrade Investor

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DARCY OAKE'S
PERFORMANCES:
http://darcyoake.com/videos/

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PRESENTS

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MASQUERADE BALL

SATURDAY, NOVEMBER 3RD, 2018

RBC CONVENTION CENTRE
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TO BE PART OF THIS EXCITING EVENT, PLEASE CONTACT:

Manitoba Dental Foundation | 204-988-5300 | Office@ManitobaDentist.ca

When Will You Really Be Ready?

JACKIE JOACHIM
CHIEF OPERATING OFFICER &
SALES REPRESENTATIVE AT ROI CORP.

At some point, you will be selling your practice. It is a fact. But what will be the trigger? Will it simply be the right time, burnout, or illness? In my position at ROI Corporation, I have the privilege of speaking with owners across the country every day. Most often, the conversation is about when this key event should take place. People may have their offices in very different communities, face a variety of economic challenges and have diverse philosophies to practice. But one thing is certain. The following questions are the same regardless of your age, gender, or stage of career.

- Why do you really want to sell?
- Will you completely retire or would you like to stay working a day or two a week?
- What are your plans after you sell?
- Does ownership define who you are?

The last question is probably the most important. Regardless of the reason for selling, how you define yourself - your role, your life and your practice will determine how easy it is for you to proceed and go through the process of selling. Finding a buyer is easy. It is still a sellers' market. Key factors in the market have definitely changed which directly impact the final sale price such as "who is buying"? How much is a buyer is willing to pay? And of course the unknown factors – increase in interest rates and the federal tax changes coming in 2018.

One of the most challenging aspects about selling, in my opinion, can be the vendor. The happiest vendor is the one who calls us and says they are ready to list. This scenario can be a trifle misleading because he/she has done all the hard work and has already gone through two to three years of decision making to reach this point. However, most vendors who call us are not at that point. Selling a practice that you may have owned for a number of years is a daunting thought. You are not just selling the bricks and mortar but also the long-time relationships with patients, staff and very importantly your routine. Regardless of whether you are tired with the management of the office, politics of the profession or any other reasons, you still have a routine you follow without giving a second thought.

We want to assure you that there is life after selling your practice. There are many new opportunities and adventures that life can offer you if you are willing to open yourself to see them. Every major event brings fear and trepidation but we want you to know that we will not only help you sell profitability but also with dignity. It never hurts to explore your options and we are always pleased to listen and provide our experience.

On a final note, a little bit of fear is okay. Remember how you felt walking into your first extraction?

Referral Guide for C3 – Quick Reference for Offices

For Non-Urgent Adult Dental Referrals:

Please email hscspecialneedsdentistry@gmail.com
Use Standardized Referral Form Below
Include all Radiographs

For Urgent Adult Dental Referrals:

Please call 204-787-3645 and tell clerk you have an urgent referral to Dentistry (we will triage appropriately)

For Non-Urgent OMFS Referrals:

Please fax 204-787-3352

For Urgent OMFS Referrals:

Please call 204-787-2071 and ask them to PAGE oral surgery resident on call

For Questions regarding Support/Management/Indications for Referral:

Please email hscpecialneedsdentistry@gmail.com

For 24-hour Dental Emergencies:

204-YOUR OFFICE EMERGENCY NUMER HERE!

On-Call Emergency Service Provided by Private Dentists:

204-946-4723

DO

Always notify our service prior to sending a patient to HSC

- Always warn patients that the fee is the same
- Treat us as a specialist referral
    - GP is still quarterback and responsible for patient
- Ask us, when in doubt!
- Always provide patients with your emergency contact information, and set up arrangements if you are out of town

DON'T

- Just tell a patient to show up at HSC
- Refer a patient because they can't afford treatment
- Refer a patient because you "don't take" EIA, etc
- Tell a patient to go to any hospital
- Ask a patient to facilitate their own referral
- DUMP
- BE A D&#!

Useful References:

dentaltraumaguide.org
thrombosiscanada.ca/tools/

Health Science Centre Adult Oral Maxillofacial Surgery and General Dentistry Clinic

820 Sherbrook Street, Winnipeg, MB R3A 1R9
P. 204-787-3645
F. 204-787-3352

[ ]Oral Maxillofacial Surgery [ ]Adult General Dentistry

*Please note that only selected patients with complicated medical history are going to be accepted and treated at HSC **adult dentistry**. Patient acceptance requires prior review and approval.*

Part 1 – Patient Information

Surname: _____ Given Name: _____
Date of Birth (Y/M/D): __ /__ /__ Gender: Male [ ] Female [ ]
Contact Name: _____ Contact Tel #: _____
Patient Address: _____ Postal Code: _____
City/Community: _____
Status #: __/__/__/__/__/__/__/__/__/__/__/__

Required for Pediatric & OMFS referrals

MHSC (MB health #): __/__/__/__/__/__/__
PHIN: __/__/__/__/__/__/__/__/__/__/__

Part 2 – Provider Information

Name: _____
Community: _____
Dental Clinic Tel #: _____ Dental Clinic Fax #: _____
Health Center/Nursing Station Tel #: _____ Fax #: _____

Part 3 – Dental/Medical Information

Current Radiographs (enclosed): [ ] PA [ ]BW [ ] PAN
Height: ____ Weight: ____
Medical Risks/Complications:

Please attached medication list if available

Part 4 – Reason for referral/Comments ***(e.g. require multiple resto/exo under IV sed.)***

Co-operation: _____

Part 5 – Proposed treatment(s)

Tooth		Procedure	Tooth		Procedure	Tooth		Procedure	Tooth		Procedure	Tooth		Procedure

Part 6 – Circle Missing Teeth

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

Where to Go For Dental Care in Your Community

"Quick Reference Guide"

Legend:

EIA = Employment & Income Assistance **PI** = Private Insurance
NIHB = Non-Insured Health Benefits (for Registered First Nations persons & Inuit)
IFH = Interim Federal Health Program (for Refugees) **VAC** = Veterans Affairs Canada
*__General dentistry includes__: *diagnostic services*, *preventive care*, *fillings*, *extractions*, *and other basic care*

Access Downtown

640 Main St. (Main & Logan) ☎ **204-940-3816**

- Hours: Monday – Friday 🕗 8:30am - 4:30pm
- Services: General dentistry, crown and bridge, dentures, and root canal treatment
- Who: Adults and children, including toddlers & infants, those with limited income, and emergencies
- Accepted insurance plans: **EIA**, **NIHB**, **IFH**, **VAC**, & **PI**
- Patients without dental insurance are welcome (Fees may be reduced)

Deer Lodge Centre

2109 Portage Ave. ☎ **204-831-2157**

- Hours: 2-3 days per week (days vary) 🕗 8:30am - 4:30pm
- Services: General dentistry, crown and bridge, dentures, and root canal treatment
- Who: Residents of Deer Lodge Centre and Community dwelling residents (adults & children)
- Fee-for-service basis
- Accepted insurance plans: **EIA**, **NIHB**, **IFH**, **VAC**, & **PI**
- Patients without dental insurance are welcome

Health Science Centre - Children's Dental Clinic

685 William Ave. (Children's Hospital) ☎ **204-787-2516**

- Hours: Monday – Thursday 🕗 9:00am - 5:00pm *(By appointment only)*
- Emergency treatment after regular hours available by phoning HSC Hospital ☎ **204-787-2071** (ask for the on-call pediatric dentist) OR visit the Children's Hospital Emergency Department
- Services: Children's dentistry and cleft palate services
- Who: Children (newborn to 17 years old) who are medically/physically compromised
- Fee-for-service basis
- Accepted insurance plans: **EIA**, **NIHB**, **IFH**, & **PI**
- Patients without dental insurance are welcome
- Most recent Revenue Canada *Notice of Assessment* is required (Tax form T451)

Home Dental Care Program

2109 Portage Ave. ☎ **204-831-3456**

- Hours: Monday – Friday 🕗 8:30am - 4:30pm
- Mobile dental services
- Services: General dentistry and dentures
- Who: Residents of personal care homes and those living in private homes who are physically unable to seek care in private practice
- Fee-for-service basis
- Accepted insurance plans: **EIA**, **NIHB**, **IFH**, **VAC**, & **PI**
- Patients without dental insurance are welcome

Mount Carmel Clinic
886 Main St. ☎ **204-586-1659**

- Hours: Monday, Wednesday, Friday 🕘 9:00am - 5:00pm
  Tuesday and Thursday 🕘 9:00am - 8:00pm
- Call ahead to book an appointment & determine eligibility
- Services: General dentistry *only*
- Who: Adults and children, including toddlers and infants, with limited income
- Services provided for a minimum fee to those who meet financial and residential guidelines
- Payment is based on a *sliding scale*. Net family income and the number of people living in the home help determine cost.
- Most recent Revenue Canada *Notice of Assessment* is required (Tax form T451)

S.M.I.L.E. plus Program
320 Mountain Ave. (Machray School Dental Clinic) ☎ **204-940-2090**

- Hours: Monday – Friday 🕘 8:30am - 4:30pm
- Services: General dentistry *only*
- Who: Children up to 18-years-old
- Payment is based on a *sliding scale*. Net family income and the number of people living in the home help determine cost.
- Most recent Revenue Canada *Notice of Assessment* is required (Tax form T451) or Citizenship and Immigration Allowance Resettlement Assistance Program Allowance.
- Accepted insurance plans: **EIA**, **NIHB**, & **IFH**
- Patients without dental insurance are welcome

St. Amant
440 River Road ☎ **204-256-4301 (ext. 3211)**

- Hours: 2 days per week 🕘 9:00am - 3:30pm
- Services: General dentistry and denture work
- Who: Patients of St. Amant and individuals of the community with significant developmental disability
- Fee-for-service basis
- Accepted insurance plans: **EIA**, **NIHB**, **IFH**, **VAC**, & **PI**
- Patients without dental insurance are welcome

University of Manitoba – College of Dentistry
790 Bannatyne Ave. ☎ **204-789-3505**

- Dental services available August through June only - *Call ☎ ahead to book an appointment*
- Hours: Monday - Thursday 🕘 9:00am – 5:00pm and Friday 9:00am – 4:00pm
- Services: Full scope of dental care provided by students at a reduced cost
- Who: Adults, children, new patients & emergencies welcome
- Must fill out an application form and return it to the university before treatment
- Accepted insurance plans: **EIA**, **NIHB**, **IFH**, **VAC**, & **PI**
- Patients without dental insurance are welcome

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg — Caring for Health / À l'écoute de notre santé

University of Manitoba | Faculty of Health Sciences

Mount Carmel Clinic

October 5, 2016

Conversation on Codes

DR. MIKE SULLIVAN
CHAIR, ECONOMICS COMMITTEE

Frequently the Manitoba Dental Association receives calls and emails from both the public and practitioners inquiring about codes and how procedures should be billed. To assist members and their staff, the Economics Committee is providing the fifth in a series of articles focusing on common questions related to specific codes and their suggested use.

Sometimes the wrong code is submitted because of a simple misunderstanding of the code descriptor in the fee guide. There are occasions when the descriptor is updated to match a new technology in order to avoid such confusion. Always ensure the procedure you are performing matches the code and it's descriptor.

Laser codes

Let's now address the issue of the correct codes to use when using a laser. We all know that at the present time there are no specific laser codes. In theory, when using a laser for a surgical procedure (for example a gingivoplasty), it shouldn't matter whether you are using a laser, a scalpel or rotary instruments. Nevertheless, it does bring up the question of whether the fee should be adjusted and there are reasonable arguments for and against.

When a laser is used for soft tissue crown lengthening (Not for gingival troughing prior to taking impressions) the correct code would be 42341 (Soft tissue re-contouring for crown lengthening, limited re-contouring of tissue). If you feel that because of the expense and training needed to acquire and use the laser an additional fee is justified, then you would have to explain to the patient there will be an additional cost for which they will be responsible. If you are using a laser for the so-called 'closed' or 'flapless' crown lengthening technique where supporting bone is removed, don't be tempted to use code 42451 (Flap approach with osteoplasty/ostectomy for crown lengthening). If you haven't raised a flap, then the code doesn't apply. What code to use then? Probably 42341, and again, bill the patient an additional fee if you feel it is justified and explain this to the patient.

Lasers are increasingly being used in the treatment of periodontal disease to remove the'infected' epithelial lining of the pocket. Some laser wavelengths are also able to remove calculus. As we know, the deliberate removal of the pocket lining is defined as curettage, but this technique is somewhat contentious, despite there still being a code in the fee guide, 42111 (Gingival curettage, surgical curettage, to include definitive root planing). The debate about curettage is that in clinical studies using conventional instrumentation, there has not shown to be a significant difference in clinical outcome from just root planing alone. Having said that, there are also studies using particular laser wavelengths, that appear to show an added effect of the laser during curettage due to the ability of certain laser wavelengths to kill certain plaque bacteria, speed healing (biostimulation) and gain reattachment of the periodontal tissues to the root surface. Just a reminder, however, that the curettage code includes definitive root planing.

Finally, some laser periodontal surgical procedures involve a technique similar to the ENAP(Excisional New Attachment Procedure) which was first introduced almost 40 years ago. The technique involves surgical removal of the pocket lining and creation of a 'miniflap' to allow better access and visualization of the root and also the bone surface is instrumented.

When the equivalent of this procedure is completed with the use of a laser, code 42421 (Flap approach with curettage of osseous defect) may be appropriate.

In summary, bill the code that matches the procedure you are providing. If the laser you are using is doing something for which there is no appropriate code, then you will have to bill the patient directly. However, you usually will find a code and descriptor that explains the procedure you are performing, regardless of the potential advancements of the equipment being used to accomplish that procedure.

The preambles and descriptors in the Manitoba Dental Association's Suggested Fee Guide offer additional guidance and support to help dentists bill appropriately. For further information contact Ms. Pamela McFarlane by email: pmcfarlane@maniobadentist.ca. Please provide a clear explanation on the specifics of your billing enquire so that we can accurately assist you.

Conversation on Codes is provided by the Manitoba Dental Association, Economics Committee.

It Could Happen to You– But You Can Be Prepared

ALAN RUDAKOFF, Q.C., PARTNER
SCOTT VENTURO RUDAKOFF LLP

ARTICLE AND INFORMATION PROVIDED BY CDSPI

Your best defense is to be prepared. That's why CDSPI designed Professional Legal Expenses Plan Insurance—to help you offset legal costs of a disciplinary hearing or an investigation. Be proactive with CDSPI, and if a complaint arises, speak to a lawyer. Please note that the insurer must approve expenses before they are incurred. We've invited Alan Rudakoff, Q.C., who has been representing dentists for over 35 years, to share his experience in this area.

What type of complaints do people make?

The public are entitled to make a complaint about anything they're unhappy with—treatments, billings, record-keeping, issues with prescriptions, unbecoming interactions with the dentist or their staff, a dentist's attitude, even treatment by other staff in the office.

What happens when a complaint is lodged against you?

1. You receive a letter from the regulatory arm of your dental association or college, outlining details of the complaint.
2. Your response is required within a specified time, usually about three weeks. I recommend reaching out to legal counsel immediately.
3. Once legal counsel is engaged, they interview you, your staff, and anyone who had relevant interactions with the complainant.
4. The lawyer assists you in drafting your response and submitting it to the regulator.
5. Once the response is reviewed by the regulator, the case is either dismissed or further investigation is required. The regulator may hire an outside dentist or other expert to analyze the case further. You may also engage experts to support your defence.
6. If a negative finding is likely, your lawyer approaches the regulatory body to see if an agreement can be reached, possibly even suggesting a suitable penalty.
7. If the complaint is not dismissed and no agreement on resolution can be reached, a hearing is scheduled.

What are the possible penalties?

Penalties range from mild to more severe—and it is worth noting that the results of disciplinary actions are publicized.

What happens in a hearing?

Just like a regular trial, there are lawyers for both sides, with witnesses called and evidence presented. Instead of a judge and jury, there is a panel of your peers; the number depends on the jurisdiction. Unlike a courtroom trial, it is mandatory that you testify, including being cross-examined by the regulator's lawyer.

How often are expert witnesses required?

It's very common. Expert witnesses need to research and write a report, and then if there is a hearing, they have to leave their practice to attend, potentially from out of town. All of these activities will add to your costs.

"Detailed and accurate documentation is your best defence."

How long do hearings last and what legal work is entailed?

Hearings typically last one to three days. The legal costs can pile up quickly; consider costs for a lawyer and an associate for:

- Discovery process (12 to 18 months)
- Prep days before the hearing
- Approximately six to ten hours per day in the hearing

Can you appeal?

Your case can be sent for a judicial review in provincial or territorial court—but this is a very complicated process, and will increase your cost considerably.

What happens when there is an audit by an insurer?

You receive a letter from an insurer and they want repayment of a specific amount. A lawyer can analyse the request, usually in concert with a forensic accountant, and manage discussions with the insurer. It can be a difficult negotiating exercise—in the worst-case scenario they could decertify you.

Can a dentist defend himself/herself without representation?

Yes, but a lawyer experienced in this area (a) knows the rules of procedure, (b) has experience with similar cases, and (c) can help keep emotion out of it and maintain an even keel during a very trying time.

What is the one thing you want to leave readers with?

This is a very serious business. Unlike a malpractice suit where a monetary award is generally the only downside, a disciplinary proceeding can cost you so much more. Everything you've worked for and built in your career, and the well-being of yourself and your family, could be lost. So, practise defensively, operate with integrity, and if you do run into a problem make sure you are well represented. It makes a difference.

NEW! - CDSPI offers Professional Legal Expenses Plan Insurance to help offset legal costs you may incur for a disciplinary or complaint hearing, or an investigation concerning your licensing or fitness to practise. Also included are expenses for expert witnesses and legal costs related to an insurance company audit of patient billings. Visit www.cdspi.com/professional-legal-expenses to learn more.

Alan Rudakoff, Q.C., is a partner with the firm, Scott Venturo Rudakoff LLP (svrlawyers.com), based in Calgary. He has been named as a leading practitioner in the areas of dental malpractice defence, personal injury defence, and commercial insurance by the Canadian Legal Lexpert Directory and is one of only four Alberta lawyers to appear in the International Who's Who of Insurance and Reinsurance Lawyers, a list of pre-eminent lawyers in the field.

* Professional Legal Expenses Plan Insurance is underwritten by Aviva Insurance Company of Canada.

ALL ABOUT THE

Team

2018 MDA CONVENTION

JANUARY 26TH & 27TH

Dr. Kmet opened our convention at the MDA board dinner with her remarks;

'The old adage "there is no "I" in TEAM holds true for most workplaces, including the dental office. An old African Proverb commonly used to praise the value of teamwork goes like this:
"If you want to go fast, go alone. If you want to go further, go together"."

Our 2018 convention celebrated the Dental Team, from the front of the office to the back and everybody in between.

The chair, Dr. Pat Kmet and her committee welcomed over 2000 from the combined Dental service sector to the 134th Annual Meeting and Convention held January 26-27, 2018 at the RBC Convention Centre. Under the theme, It's "All About the Team," this meeting offered a platform of learning and idea exchange for ALL dental team members. Whether you were seeking education, product knowledge or entertainment, our convention had a little something for everyone.

We had continuing education opportunities for the dental team through dynamic scientific and clinical programs to smaller "training camps" on Saturday on the tradeshow stage. Our impressive roster of speakers on Friday included: Drs. Lee Ann Brady, Manor Haas and Bobby Birdi. The MDAA featured Chris Scappatura and the MDHA speaker was Dr. Charl Els. As well, Sandie Baillargeon spoke on Customer Service in the dental office. As always, we featured our Oral Research presentations by the Dental College and students. For the first time, this was in a classroom style in the tradeshow.

Saturday highlights included: Drs. Tom Dudney, Chris Wyatt, Shannon Mills, Patti Ling, Chris Cottick and Julie Pfeffer. As well, Rita Zamora on Social Media and Todd Nadeau from People First HR on Human Resources Issues.

New this year at the convention was the Continuing Education Scan Card. As the MDA will be utilizing the scan process for recording your CE at events, be sure to bring this to every event including next years' convention.

We made some changes to the exhibit hall. Besides moving both the registration and the Exhibiting companies to the 3rd floor, the goal was to demonstrate and showcase the latest innovations, products and services in the dental industry in a much larger space. We hope to transform the hall into a hub for networking, education and fun with a few surprises thrown in next year.

The Friday night "Team Appreciation Cocktail Party" was a different experience to visit with our exhibitors, while enjoying food and beverages. It was a perfect time and place to reconnect with classmates, colleagues and friends.

The President's Ball, honouring Dr. Catherine Dale, was both memorable and showcased the new space in the South RBC Convention Centre. It was an elegant evening with entertainment by The Danny Kramer Band.

Mark your calendars, right now, for next year's convention on January 25 and 26, 2019; the theme will be revealed later this year.


PEOPLE FIRST


TABLE 15


President's Award of Merit
Dr. Mark V. Nepon
2018

https://doi.org/10.24095/hpcdp.38.1.02

Commentary

What about the mouth? Connecting oral health and food environments

The Office of the Chief Dental Officer of Canada

Oral health is a fundamental component of our overall health and well-being:[1]

> Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.

Oral diseases, which range from tooth decay to gum disease to oral cancer, are among the most common and widespread diseases in Canada and worldwide.[2,3] Oral diseases share common risk factors and have causality or clinical exacerbation relationships with some of the leading chronic diseases: diabetes, cardiovascular diseases, chronic respiratory diseases and cancer. Some of the common risk factors are unhealthy diet (particularly those high in added sugars), smoking, alcohol abuse, and poor oral hygiene.[4]

Considering that what we eat and drink goes through the mouth first, the dietary choices that we make—as influenced by food access and availability, food promotion and pricing and food labelling—can have direct implications on our oral health. As highlighted by Vanderlee and L'Abbé in the September issue of this journal,[5] dietary choices go beyond the individuals. Even though we can argue that we all have a certain degree of responsibility over the food choices we make, we need supporting food environments that contribute to make the healthy options—fresh, nutrient-dense foods—attractive, available and easily accessible, at reasonable prices.

As part of Canada's *Healthy Eating Strategy*,[6] Health Canada has the vision to "Make the healthier choice the easier choice for all Canadians." The Office of the Chief Dental Officer (OCDO) of the Public Health Agency of Canada, along with the Federal-Provincial-Territorial Dental Directors Working Group (the individuals appointed as the senior government authority in oral health in each of Canada's provinces and territories) share that vision.

A lot still needs to be accomplished to achieve that goal. Health Canada notes that many food environments make it difficult for Canadians to make healthy choices due to the following:[7]

- Widespread availability of inexpensive foods and beverages high in calories, fat, sodium and sugars;
- Marketing of foods is very powerful and children are particularly vulnerable;
- There is a constant flow of changing (and often conflicting) messages;
- Canadians face challenges in understanding and using nutrition information;
- Some sub-populations in Canada face challenges in accessing nutritious foods.

The sugary and/or fatty low-cost and nutrient-poor foods and beverages are still too often the tempting and readily available options in so many places.

Sugar consumption is the most obvious example when we talk about effects on oral health. We all know that sugar is not good for our teeth—the primary risk factor for dental caries (or tooth decay) is a diet high in added sugars. In fact, there is a consistent association in scientific literature between tooth decay and higher sugar consumption. We have a clear understanding of the biological mechanism that causes tooth decay: sugar acts as a substrate for oral bacteria, leading to the production of demineralizing acids.[8,9] Some research suggests that modifying our diet, and more specifically our sugar consumption, could potentially be more effective to minimize the risk of developing tooth decay than even fluoride application.[8,9]

Soft drinks, sports and energy drinks often have large amounts of sugar and calories—a can of soft drink contains the equivalent of 10 teaspoons of sugar.[10] Sugar-sweetened beverages (SSBs) are the largest contributor of sugars in Canadians' diet, especially among teenagers and young adults. Regular carbonated soft drinks make up the largest portion of SSBs consumed by these two groups. Greater consumption of SSBs is associated with increased risk of obesity, type 2 diabetes, cardiovascular disease, kidney diseases, osteoporosis, some cancers, and tooth decay.[11]

Tooth decay affects 57% of Canadian children aged 6 to 11 years and 96% of Canadian adults over their life time.[2] This prevalence increases to 94% in First Nations and 93% in Inuit children and > 99% of First Nations and Inuit adults.[12,13] Consequences of untreated tooth decay—a fully preventable disease—may include pain, discomfort, infection, abscesses, reduced ability to speak, to socialize or eat, time lost from work and school, it can also lead to lower self-esteem and confidence and potential

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Email : OCDO-BDC-Correspondence@phac-aspc.gc.ca

discrimination (based on dental appearance). It is an economic burden on the health care system (2nd largest health care expenditures after medications/drugs—oral health expenditures are greater than 13 billion annually).[14] In Canada, dental procedures are the leading cause of day surgery for children aged 1 to 5. Each year over 19 000 day surgery operations—mostly due to tooth decay—are performed under general anesthesia, with disproportionate representation of Indigenous children.[15]

As with our general health, our oral health is influenced by social determinants, including our socioeconomic status, our level of education, where we live, food security, and access to care.[16]

The burden of oral diseases thus disproportionately affects vulnerable populations such as the elderly, low income, adolescents, Indigenous people (rural or isolated), new Canadians, and the mentally or physically challenged.[4] There are particular concerns over access barriers to healthy nutritious foods for vulnerable populations and the effects on their oral health and overall health. Low socioeconomic status has been linked to the consumption of higher amounts of unhealthy food and drinks, and people who are food insecure will eat fewer fruits and vegetables and have less variety in their diet.[17]

In order to make the healthy choices the preferred choices for all, the healthy options that can have a positive impact on people's oral health and overall health and well-being need to be made attractive and more broadly available, affordable and accessible. This is the focus of this special issue of the journal: looking at the current situation in different public venues where people consume food and drinks, proposing avenues for improvement, and exploring the potential impacts of specific programs or initiatives to ensure better access to healthy options, especially for vulnerable populations.

It is important to work together to consolidate what already works, and to find new and improved ways to promote healthy habits and healthier food environments. In doing so, we should keep in mind that, in the overall picture of general health and well-being, oral health is an integral piece of the puzzle. The mouth matters. Research, policies, programs and interventions related to food, diet, nutrition and food environments should, ideally, develop the reflex of thinking about the connections to oral health, and the oral health community should be a part of those conversations.

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Alumni beat students in 2017-18 Hockey challenge series

Alumni hold on by skin of their teeth

Saturday Jan 20 saw the second and eventually cup winning game played between the Alumni and the students in the latest edition of their storied challenge hockey series.

After a dominant opening game win in the fall where the alumni squeezed out an 11-2 victory the second game started out a typical replay. Alumni opened the game with a 5-2 lead by the end of the first period. Sensing a replay of game one, the alumni took the foot off the student's collective throats who fought back to tie the game 6-6 by the end of regulation. Back stopped by a resurgent student goaltender Paul Ricard and perhaps an older tiring slightly outnumbered alumni squad the students roared back to tie it up and send the game to a sudden death 4 on 4 overtime. After three minutes of end to end action including the students hitting a post behind alumni goalie Justin "crease creeper" Diamond, the alumni defensive Supermodel Todd "not so simple after all" Honcharik slipped in the game and series winner. Interviewed in the dressing room after the game, Honcharik was astonished that the forward on that side stepped out of his way to let him carry the puck into the students defensive zone. Perhaps he knew something we all didn't. The alumni took the game 7-6 and the fabled "Cottick Cup" two games to zero. Alumni goal scorer included Zack "Attack" Goldberg, Jared "blend this" Rykiss and Glen "oldie but a goodie" Haugen.

As usual a fun filled collegial get together was held at Boston Pizza. Another mixed squad game is planned for after the fourth year's qualifying exam in March. It was truly sad to see the potential graduates commiserating over their last lost chance for Cottick cup glory. I'm sure the alumni management brain trust will be happy to include the likes of Trent "slewfoot" Lamirande, Jess "the tiny rocket" Carswell and Randy "the husky Bobby Orr" Mutchmor into the ranks of the alumni hockey family.

It will be this reporters' honour to bring further reports following any future alumni student hockey activities.

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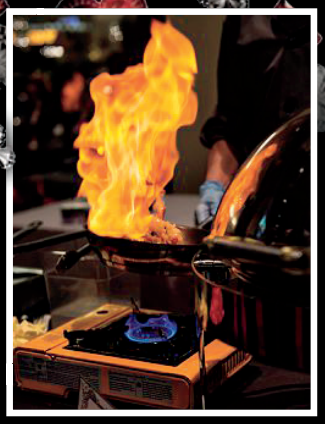

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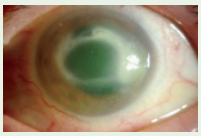
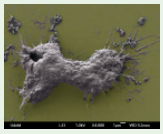
In the first article discussing safety concerns in the dental office, I provided an outline for the format of the articles. Each article is divided into three parts. The first discusses published accounts of injuries that have occurred to patients or staff in dental offices to emphasize gaps that occurred during those procedures or as standard operating procedure in that office and how to prevent this type of injury occurring in your office. The second will focus on topics from the CDC Checklists published in 2016 that are measurable, are behavior related, and require self-awareness for needed change in the culture of safety in your own office or area. Finally, the third part focuses on a concern for the whole profession and requires a shift in our professional culture.

1. In the first article, I talked about the importance of wearing protective eyewear for both staff and patients. This article also highlights the importance of wearing protective eyewear and again, this injury involved a patient with unprotected eyes, however, in this case, a stream of water struck the patient in the eye. The incident is documented by Dr Jean Barbeau, a microbiologist from Montreal (i), a pioneer in dental unit waterline safety (DUWL). During tooth preparation for the replacement of a bridge, the water stream from the handpiece was unintentionally directed toward the eye of a patient. The patient was not wearing protective eyewear, however, she was wearing contact lenses. The patient subsequently experienced pain and loss of visual acuity. There was difficulty in diagnoses of the problem until two months later when microbiological found amoeba in the samples. Although the judge rejected a causal relationship in this case, this case highlights that dental unit water can be the source of infection. The simple "what can we do" is to ensure that all staff and patients wear protective eyewear all the time. The 'not quite as simple' is to ensure that our dental water meets the potable water standard of <500 colony forming units (cfu)/ml.

There is also one other issue here. There is inadequate information about how the stream of water was aimed toward the eye of the patient. While I can only speculate, it is a reminder that any medical device that extrudes water such as handpieces, air/water syringe tips or chemicals such as syringes with local anesthetic, acid etch, sodium hypochlorite, even impression materials, should be directed away from the patient. Equally important, prior to using any of these devices, run handpieces or express the first few drops of water or material away from the patient. This safe work practice is implemented to ensure that the material will be expressed safely when required (acid etch is notorious for being problematic) and that syringe tips and burs have been placed securely and will not disengage when that device is being used for patient care. Better that materials or parts of devices land in the sink or the bracket table than in the patient's eye, mouth, or skin.

By permission of Dr J Barbeau





2. Hand washing is performed when: (2016 CDC checklist)(ii)
- hands are visibly soiled
- after contacting patient fluids barehanded
- before and after treating each patient
- before putting on gloves
- immediately after removing gloves

Have some fun while training. Purchase a product that glows under UV light. The UV light and the system is used for training healthcare workers, food handlers, and workers who handle radioactive materials. Use it to demonstrate the efficacy of hand washing in your office. Photos of gloves in boxes where the subjects placed material that glows when subjected to UV light and where the UV light was applied to the gloves after gloves were placed, demonstrate that other gloves are also contaminated when hands that are soiled are used to access gloves for donning. When hands are contaminated, not only is the immediate patient placed at risk from the healthcare worker's hands, future patients are also placed at risk. Adequate protection depends on intact gloves. Microperforations increase with time (iii). Due to the favorable environment, the microorganisms on our hands increase exponentially. Additionally, because hands become increasingly contaminated when bioburden is added due to microperforations, our skin following patient care is quite different than when the gloves were donned and must be washed following removal of gloves. When hands are not washed following removal of gloves ('doffing'), all surfaces that are touched – computers, paper charts, self – are contaminated. Purchase the kit used for food handlers and use it to demonstrate to yourself and your staff not only that microbes are left behind if hands are not washed after removing gloves but also that the amount of bioburden is large. In the last article, a challenge was extended to wash hands 100% of the time prior to placing gloves. This time, the challenge is to wash hands every time that gloves are removed! Caution: you may need help with this challenge. Feedback for what worked for you would be really appreciated by all dental offices in Manitoba. Message me @Nita.Mazurat@umanitoba.ca to let me know what has worked and how successful you have been with doing this. Our audits demonstrate that our students and instructors are only performing this about 40% of the time.

3. Because I am in charge of Regulatory Compliance for the College of Dentistry, I respond to calls from the clinic about injuries that have occurred to students and staff, particularly to determine if the injury requires bloodborne exposure control. Recently I was called to see a student that had injured themselves. After I consulted with the student, an instructor informed me that another incident had also occurred that afternoon. A provisional crown had been cleaned in the ultrasonic cleaner using the appropriate provisional crown cleaner. However, two students were involved and there was a misunderstanding (and recall) about rinsing the crown and the crown ended up not being or inadequately rinsed. Subsequently, the patient experienced burning on the lips from the liquid that had subsequently deposited onto the student's gloves. Although

the students had successfully completed their WHMIS training (Workplace Hazardous Materials Information System), there had been no transference of a parallel between what they had learned and this incident. They were unaware of what to do and immediately looked for direction from their instructor rather than using the information in the Safety Data Sheet (SDS) that accompanies all dental materials. It is a not-so-gentle reminder that it is critical to be trained to a) follow manufacturer's instructions and b) when an incident like this occurs, to look to the SDS included with the material for guidance. However, there were positives resulting from a situation that was less than ideal. The patient was kind and tolerant about the student environment. As with other patients who have been injured during provision of their care, this patient only wanted to ensure that this injury did not occur to any other patients (see Manitoba Institute for Patient Safety (iv)). Also, the students sought help and reported the incident. When this happens, we look at what went wrong and how to learn from it whether that means risk assessment followed by training to prevent harmful events from occurring initially or knowing what to do when training is inadequate. Bad things happen to good people.

When harm occurs, steps that should be taken are: a) seek assistance b) report the incident c) log the event d) if there are measures that should be taken to prevent recurrence, discuss it in an objective way. Correcting the gap could include further training or correcting an oversight such as improper labelling, and test to ensure that learning has occurred from the experience and do not assign blame. Keeping a log shows that when harm occurs it is not ignored – or worse, that it is dismissed as not important, and that your office has process is in place to stay safe.

i. https://www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm)

ii. Lawsuit related against a dentist related to serious ocular infection possibly linked to water from a dental handpiece. JCDA 2007; Sept 73(7):618-22

iii. The durability of examination gloves used on intensive care units. BMC Infect Dis 2013
May 20;13:226 doi: 10.1186/1471-2334-13-226.

iv. https://mips.ca/

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