**CDSS FACILITY STANDARD**

 ***[This document is produced pursuant to the Dental Disciplines Act (DDA) s15(2)(e) by the CDSS for its member's guidance and for governing the conduct and competence of its members.*** *In considering the application of the bylaws, a member shall be guided at all times by consideration of the comprehensive authorized practice of that member and the attendant responsibilities for supervision of practitioners of other dental disciplines. As part of performance of patient-centred care, a dentist is responsible to consider and enforce the limitations of comprehensive authorized practice in his or her own practice as well as in the authorized practices of practitioners of other dental disciplines which is mandated pursuant to sections 23 and 25 of the Act.*

1. “Dentist” means a College of Dental Surgeons of Saskatchewan (CDSS) ***full practice member. [Bylaws 2.2,2.3]***
2. “Clinic” and “Facility” mean any site where any authorized practice is performed pursuant to **DDA s23,25; [Bylaw 1.1(7)]**
3. "Dental Clinic", as defined in the Radiation Health and Safety Regulations,2005 means a place in which radiation equipment is used by or under the direction of a dentist, as defined in the DDA, for diagnostic or therapeutic purposes with respect to a patient;
4. “Assistants”, “hygienists” and “therapists” mean, respectively, dental assistants, dental hygienists and/or dental therapists; **[Bylaw 1.1(1)]**

 5. "Dental Clinic Owner” means a person or a corporation that owns some or all of the ‘hard assets’ of a clinic. Since ‘ownership’ is not addressed in the DDA, a clinic can be owned by anyone and can be operated/managed by anyone within the context of any applicable legislation. However, authorized practices performed within that facility are governed by the DDA and subsequently by the College Bylaws since there must be a dentist involved in that authorized practice pursuant to section 25 of the DDA (see Appendix I)

6. For a member to:

 (a) practice pursuant to section 23 of the Act; or

 (b) employ or contract with, pursuant to section 25 of the Act:

 (i) an assistant;

 (ii) a hygienist; or

 (iii) a therapist,

 in any facility where any comprehensive authorized practice, pursuant to section 23, is performed, a Comprehensive

Authorized Practice Director must be appointed and must obtain, on an annual basis, a Comprehensive Authorized Practice Permit prior to any member practicing in or being contractually associated with the facility pursuant to section 25 of the Act. [**Bylaw3.7 (1)]**

 7. The Comprehensive Authorized Practice Director must be the main College member contact at a facility, for

 College regulation of comprehensive authorized practice at that facility regarding:

 (a) the supervision which may vary depending upon circumstances, of comprehensive authorized

 practices performed at the facility pursuant to sections 15(2)(e)(w), 23 and 25 of the Act, these

 bylaws and the CDSS standards;

 (b) practice contact information and permits and protocols regarding, but not

 limited to Sedation and Anesthesia, Radiation and Imaging, Employment and

 Business Relationships, Agreements and Leases, Advertising, Quality

 Assurance, Patient Records and other legal requirements. **[Bylaw 3.7(2)]**

1. All members practicing in, or contractually associated with a facility pursuant to section 25 of the Act, regardless of the facility ownership model or facility management model are responsible and accountable for personal, professional, ethical and legal responsibilities, for the general supervision or direction of staff pursuant to sections 23 of the Act, and for required permits and protocols. **[Bylaw 3.7(3)]**

 9. A member must not engage in the practice of dentistry in such a way that would allow a person who is not a member

 to influence or control patient care or benefit, profit or gain reward from the member’s services, unless:

 (a) provision is otherwise expressly permitted by federal or provincial legislation;

 (b) the member is employed or otherwise engaged in the practice of dentistry:

 (i) in association with another member or a dental or medical professional corporation having a valid practice

 permit; or

 (ii) where the employer is a legal entity referred to in section 25(1) of the Act. **[CDSS Bylaw 3.8]**

 10. A member must not directly or indirectly share, split or divide his or her fees including:

(1) a lease of premises;

 (2) a lease of equipment; or

(3) agreements for other items or services,

 with any person who is not a member, except under a contract for services with:

 (a) a College of Physicians and Surgeons of Saskatchewan duly licensed physician, or

 (b) a dental assistant, or

 (c) a dental hygienist, or

 (d) a dental therapist, or

 (e) a dental or medical professional corporation having a valid practice permit.

 **[CDSS Bylaw 3.10]**

1. Any employer who terminates for cause the employment, or a contract for services, of a member shall report the termination to the registrar where the employer reasonably believes the cause is professional incompetence or professional misconduct. **[DDA s46, CDSS Bylaw 3.9]**

12. The ‘**Comprehensive Authorized Practice Director’ and all full practice generalist and full practice specialist members** must ensure **written operating protocols are provided** for the following :

1. General supervision of **comprehensive authorized practices** provided at the clinic within the context of **the** **DDA s15(2)(e), s23, s25 and Bylaws 3.5, 3.6, 3.7, 3.8, 3.9, 3.10.**
2. Ensuring that prior to the performance of any dental treatment which may give rise to a **medical emergency** (including the administration of local anesthetic) **in the clinic** that appropriate emergency supplies are present and that they establish written protocols for the provision of emergency medical treatment within the limitations of the DDA s23.
3. **Emergency Care and Continuity of Care** including contact information/appropriate access (24 hours a day/7 days a week) and appropriate arrangements in advance with someone able to provide timely continuity of care, including consultations, referrals and emergency services, to their patients of record. If they are unable to do so, they must not perform procedures that could reasonably be expected to give rise to an emergency.

 **(i)** A dental emergency exists if professional judgement indicates that a person needs immediate attention to address oral trauma, pain, infection, bleeding or other associated medical complications.

 (ii) The individual(s) who are to be available for the continuity of care, consultation, referral or emergencies must have the competence and necessary hospital privileges/access required to treat the complications that may be reasonably expected to arise from any procedure they perform, in any dental clinic.

**(ii)** Patients must be provided contact information in a readily accessible form (a cell phone number or clinic answering machine with a cell phone number) for contact of their provider outside of regular clinic hours for appropriate assessment and triage.

(iv) Timely continuity of care including timely emergency care must be provided for patients of record. Non-patients of record seeking help, should be assessed and triaged in a professional manner that respects their health and dignity.

Termination of treatment of a patient should only be done under the following conditions:

 (a)There are sound and reasonable grounds for doing so;

 (b)The patient is notified prior to the termination; and

 (c)The termination is not detrimental to the patients’ health

(v) Appropriate notice to patients and to the CDSS, referral, custody of records following practitioner and practice transitions, including retirements is required pursuant to HIPA

1. **Comprehensive and other examinations:**

 The only provider qualified to arrive at a definitive comprehensive diagnosis and treatment plan is the

 dentist upon who the final responsibility of the comprehensive diagnosis and treatment planning rests

 **(Fee guide Preamble**). Following the dentist's involvement in the Comprehensive Examination,

Comprehensive Diagnosis and Comprehensive Treatment plan those procedures may be billed to the

 patient.

New and previous (recall) patients attending a clinic who are seeking care may first be attended to by a therapist or a dental hygienist for a **limited examination** (procedure codes 01201, 01202), **The codes 01201 and 01202 require dentist involvement in the examination, diagnosis and treatment plan since the descriptor includes checking of occlusion and appliances**. This code could be used once the dentists has performed the required elements in addition to the screening/authorized practice portion done by a therapist or a hygienist. The codes 01201, 01202 and 01205 are used in the **MOH Supplementary Health Schedule.** The MOH does not recognize the 01011-01103 codes. **The codes 01201 and 01202 require a dentist’s involvement in the examination, diagnosis and treatment plan since the descriptor includes checking of occlusion and appliances**.

 **A specific examination** (code 01204) or an **emergency examination** (code 01205) can be used

 **within the limitations of a therapist or hygienist authorized practice and their license .** Calibrated **Screening observations of new or recall patients can be performed** by an assistant, a hygienist or a therapist. These screening observations may become a part of a **Comprehensive (Complete) Examination** or a **Limited**, **Specific** or **Emergency** examination by a dentist but these examinations should not be billed until the dentist portion is performed. The screening observations may include, as necessary and as may be identified in a written protocol, the following: radiographs **[Radiation and Imaging Standard, MCPPS 2, I, v],** photos, videos, recording of screening observations including medical health information, dental history, chief complaint, soft tissue, lymph nodes, periodontium, occlusal screening caries, etc. and a draft treatment plan. A Dentist must attend the patient in person to finalize **Comprehensive (Complete) Examinations (01101-01103)** and limited exams (01201 and 01202) confirming the screening information, that may have been gathered in exams 01202,01204,01205. The screening and examination information would be used in performing comprehensive diagnosis and to finalize the **Comprehensive Treatment Plan**. Third party payers may not pay for a 01101-01103 code, under some circumstances, if they have already paid for one of the codes 01201, 01202, 01204, 01205.

Involvement of the dentist by real time videoconferencing (skype, facetime, etc.) may be useful in emergency or specific examination situations but is not equivalent to the dentist’s in person involvement in the Comprehensive Examination, Diagnosis and Treatment Planning unless the dentist can show evidence that it is equivalent. **[DDA 23(1); MCPPS, ACFD Competency 1.2]**

 Members are obligated to educate patients and the public regarding the importance of a comprehensive examination at least every two years by a dentist and the patient record must indicate any patient refusal.

The coding system (USC&LS) is proprietary and is owned by the CDA and is created for dentists. The descriptors are developed by the CDA and its partners. The CDSS owns and approves the CDSS Fee Guide for the use of its members.

1. **Comprehensive Informed Consent Process.** **[MCPPS 2, III, i]**

 (i) This process recognizes the right of each patient to understand:

 (a) their health status,

 (b) their options for **Comprehensive Treatment or no treatment**, including updating

 the treatment plans as required for each patient.

 (c) their consent to treatment and their right to withdraw consent as they choose. Patients should understand who will be providing the treatment and the subsequent continuity of care. Professional designations (general practitioner, specialist, therapist, hygienist, assistant or aide) of all staff should be appropriately displayed, must be clearly communicated to patients and must not be misrepresented in any manner.

 (ii) this process requires

 (a) members to present options for **consultation with, and referral to,** other

dental health providers for comprehensive patient centered care. [**MCPPS 2, III, iii]**

 (b) members, who choose to be involved in dental implant care and

 treatment, have an established partnership with an oral health team that

 allows comprehensive treatment from diagnosis through to long term

 maintenance.

 (c) members to engage the entire oral health care team is responsible for

 appropriate care and maintenance. This must include, but is not limited

 to, appropriate radiographic and clinical follow-up as well as

 maintenance and professional hygiene based on the individual patient

 needs. Arrangements must be in place for all aspects of the treatment

 including follow-up, prior to initiating any treatment.

 (iii) this process requires

 (a) patients to understand their options regarding **Sedation and Anesthesia**

 (b) Facilities in which general anesthesia will be performed by a CDSS approved

 specialist must be inspected and accredited as a Non-Hospital Treatment Facility,

 and

 (c) members must comply with the **Sedation Standard [MCPPS 2, IV, ii].**

 (iv) this process requires

 (a) members to make patient centered specific orders or

 maintain written protocols for ordering diagnostic tests and imaging to be

 performed by dental therapists, hygienists and assistants, unless in the case of

 dental therapists and dental hygienists, the diagnostic imaging (radiographs) is

 performed pursuant to and within their authorized practice.

 (b) members to comply with the **Radiation and Imaging Standard[MCPPS 2, I,v]**

1. **Prescribing, storage and recording of medications; [MCPPS 2, IV, i]**

 (7) Appropriate use of the **clinic and billing numbers**. [**MCPPS 2, III, iv]**

(8) Appropriate processing of all **comprehensive patient information/records** including radiographs, notes and treatment plans to meet the Records Standard. A dentists’ patient records are the responsibility of each dentist as a trustee pursuant to **HIPA Article 2(t)(xii)**. The patient information (including radiographs) must be timely available to the dentist when required

 **(9) Infection Prevention and Control [MCPPS 2, I, vi]**

(10) **Advertising [MCPPS 2, I, iii]**

 13. Providing for the CDSS to attend and perform **Quality Assurance Committee Assessments** and visits pursuant to the CDSS Member’s license. **[Bylaw Part IV]**

 14. (1) Each member must govern himself or herself at all times in accordance with the parameters of his or her comprehensive authorized practice and shall at all times take reasonable measures to ensure that all dental assistants, therapists, hygienists, denturists and/or technician who are practicing while employed by or pursuant to any contract with the member, pursuant to section 25 of the Act, practice legally and within their own authorized practice.

 (2) Herein, “any contract” means:

 (a) any arrangement between a member and any other licensed providers, under the Act, and

 (b) such arrangements include, but are not limited to, employment contracts, contracts for

 services, arrangements for referrals, prescriptions for services or appliances, or for any

 coordinated comprehensive authorized practices and patient centered care in the public

 interest.([**Bylaw 3.6]**

15. **Dentists:**

 (1) may perform their Comprehensive Authorized Practices (**DDA s23)** provided that the following requirements are met:

 (a) The member has successfully completed appropriate training in the Authorized Practice and;

 (b) The member is competent to provide an Authorized Practice.

 (2) who choose to be involved in performing **implant procedures** must have an established partnership with an oral

 health care team that allows comprehensive treatment from diagnosis through to long term maintenance. The entire

 oral health care team is responsible for care and referral of all implant patients for appropriate care and

 maintenance. This must include, but is not limited to, appropriate radiographic imaging and clinical follow-up as

 well as maintenance and professional hygiene based on the individual patient needs. Arrangements must be in place

 for all aspects of the care and treatment, including follow-up, prior to initiating any treatment. **[MCPPS 2 IV]**

 (3) must be aware of the CDSS interpretation that **Dental Aides are not DDA regulated staff** and are limited to the

 provision of administrative duties and other **duties that may include,** with appropriate training, skill and supervision,

 the following:

* 1. Administrative duties;
	2. Reception duties;
	3. Infection Prevention and Control procedures;
	4. Intra-oral high and low volume evacuation;
	5. Intra-oral Retraction;
	6. Intra-oral and extra-oral photography;
	7. Intra-oral manipulation of an air water syringe;
	8. Recording of information;
	9. Basic Life Support;

 j. Oral and medical Health Screening.

 16. **Denturists** are authorized to make, repair, reline, alter, replace or furnish a **removable dental prosthesis** and for that purpose carry out **non-surgical intra-oral procedures** including taking of impressions that are necessary to make, repair, reline, alter, replace or furnish a removeable dental prosthesis.**[DDA s23(3)]**

 17. **Dental Assistants** **employed by or under contract** with a dentist or a **DDAs 25 Agency** are authorized to: “and **assist**

 **perform assisting duties”** including:

1. The introduction and manipulation of dental materials and devices in the mouth,
2. Orthodontic and restorative procedures consistent with an approved education program in dental assisting, and

Exposure, processing and mounting of dental radiographs in accordance with *The Radiation Health and Safety Act, 1985* (according to the clinic protocol). **[DDAs23(4)].**

 18. **Dental Hygienists employed by or under contract** with a dentist (connected dentist) or a DDA s25 Agency are authorized

 to: a. Perform a limited, specific, emergency or screening examination (assessment) within their authorized practice,

1. Communicate an assessment and treatment plan regarding periodontal health of a patient,
2. Perform supra and subgingival debridement,
3. Orthodontic and restorative procedures consistent with an approved education program in dental hygiene,
4. Administer local anesthesia in provision of dental treatment,

Expose and process dental radiographs (for provision of their authorized practice or according to the clinic protocol. **[DDAs23(5)]** [See chart in #20].

 19. **Dental Therapists** **employed by or under contract with** a dentist (connected dentist) or a DDAs 25 Agency are authorized

 to: a. Perform limited, specific or emergency examination (assessment)

1. Communicate a conclusion identifying caries or dental abscesses as the cause of a person’s symptoms
2. Perform treatment services in teeth
3. Conduct simple extractions of primary and permanent teeth (Simple extraction protocols as they relate to a therapist’s authorized practice are identified in the CDSS Billing Standard).
4. Perform space maintenance on teeth
5. Administer local anesthesia in the provision of dental treatment and

 g. Expose and process dental radiographs (for provision of their authorized practice or according to the clinic protocol. **[DDAs23(6)]** [See chart in #20]

20. CDSS Chart – **CDSS interpretation of DDA section 23 Authorized Practices**

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| Dentists | Hygienists | Therapists |
| (a) To communicate a conclusion identifying a disease, disorder or dysfunction of the oral-facial complex as the cause of a person’s symptoms; *CDSS interpretation:* **- Comprehensive,** complete oral/facial examinations, specific, partial, emergency - Tests, imaging and radiographs,**- Comprehensive** diagnosis, treatment planning, informed consent process | (a) To **communicate an assessment and treatment plan** regarding periodontal health;*CDSS interpretation:* **- Limited** assessment/exam, diagnosis: limited/emergency/ specific/screening- Limited radiographs; - Limited communication/informed consent; - Treatment plan **limited** to periodontal health. | (a) To **communicate a conclusion** identifying dental caries or dental abscesses as the cause of a person’s symptoms;*CDSS interpretation:*-**Limited assessment/**exam diagnosis:  emergency/limited/specific/screening - Limited radiographs - Limited communication/informed consent - Treatment plan limited to caries and abscesses as causation |
| (a) to perform a procedure on tissues of the oral-facial complex below the dermis, below the surface of a mucous membrane or in or below the surfaces of the teeth, including the scaling of teeth; *CDSS interpretation:* -C**omprehensive** oral/facial treatment including subgingival debridement and/or root planning | (b) to perform supragingival and subgingival debridement; *CDSS interpretation:* - **Limited** treatment - Subgingival debridement/scaling and root planning) | (b) to perform a procedure in or below the surface of the teeth, conducts simple extractions of primary and permanent teeth and perform space maintenance on teeth;*CDSS interpretation:*  - **limited** treatment: restorations,- simple extractions, no complexity or bone removal - space maintenance, mixed dentition |
| (c) to harvest tissue for the purpose of surgery on the oral-facial complex; |  N/A |  N/A |
| (d) to correct a fracture of a bone of the oral-facial complex or correct adislocation of a joint in the oral-facial complex; |  N/A |  N/A |
| (e) to administer a substance by injection, inhalation in the provision of dental treatment;*CDSS interpretation:* - local anesthetic, sedation,  | (c)to administer local anesthesia in the provision of dental treatment;*CDSS interpretation:* - limited to local anesthetics | (c)to administer local anesthesia in the provision of dental treatment;*CDSS interpretation:* - limited to local anesthetics |
| (f) to prescribe or dispense drugs in the provision of dental treatment: |  N/A |  N/A |
| (g) to fit or dispense a dental prosthesis, or an orthodontic appliance or a device used inside the mouth to protect teeth from abnormal functioning; *CDSS interpretation:*- Comprehensive fixed/removable prostho, ortho  | (d)to perform orthodontic and restorative procedures consistent with an approved education program in dental hygiene; CDSS interpretation: - Limited ortho/restorative procedures) | See (b) |
| h) to expose process and mount dental Radiographs in accordance with The Radiation Health and Safety Act. 1985 *CDSS interpretation:* **comprehensive** imaging. Dentists are required to: a) interpret radiographic images exposed on their orders or exposed subsequent to their written protocols or b) refer the images for interpretation by other appropriate professionals.  | (e)to expose, process and mount dental radiographs in accordance with The Radiation Health and Safety Act. 1985*CDSS interpretation:*- Limited Radiographs exposed/processed within their authorized practice, or others with verbal or written assignment from a dentist | (d)to expose, process and mount dental radiographs in accordance with The Radiation Health and Safety Act. 1985*CDSS interpretation:*- Limited Radiographs exposed/processed within their authorized practice, or others with verbal or written assignment from a dentist |

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# APPENDIX I

