**2023 Professional Conduct Case Statistics:**

Total # PCC Investigations: 65

Total # Completed: 33

Total # to be Completed: 32

Total # Advertising: 9

Total # Patient Based: 56

Total # Completed: 33

Total # NFA: 16

Total # CE NFA: 1

Total # C2C: 16

Total # Completed - Average (weeks) to Completion: 18 weeks [4 and a half month]

Total # Repeat Offenders: 7 Registrants

#1 (5) Endodontics

#2 (4) Advertising

#3 (2)

#4 (2)

#5 (2)

#6 (2)

#7 (2)

Total # Complaints against Male Dentists: 48 (advertising and some other complaints include multiple Registrants)

Total # Complaints against Female Dentists: 23 (advertising and some other complaints include multiple Registrants)

Total # Complaints against Specialists: 5 (2 Oral Surgeons, 1 Endodontist, 1 Pedodontist, 1 Orthodontist)

Total # Complaints against General Dentists: 60 Cases (including repeat offenders), 66 Registrants

Total # Complaints against Canadian trained Registrants: 60 Registrants

Total # Complaints against Internationally trained Registrants: 11 Registrants

Age 25 to 34: 28 (12 Female, 16 Male)

Age 35 to 44: 15 (6 Female, 9 Male)

Age 45 to 54: 16 (3 Female, 13 Male)

Age 55 to 64: 11 (2 Female, 9 Male)

Age 65+: 1 (Male)

Complaints by Location:

Regina: 15

Saskatoon: 34

Other: 16

Top Reasons for Patient Complaints:

1. Fees (10)
2. Extractions (9)
3. Endodontics (8)
4. Communication issues (5)
5. Crowns (5)
6. Dentures (4)
7. Diagnosis (4)
8. Fillings (3)
9. Implants (3)
10. Other: HIPA Concerns, Informed Consent for Sedation, Anonymous Allegations, Insurance Audit, Sterilization Communication (16)

**2023 Sterilization Monitoring Statistics:**

Explanation of Policy:

The SWMS sends a report of a positive spore test to the Coordinator of Professional Standards and Complaint Process. Upon receiving a report of a positive spore test the coordinator sends the clinic’s Comprehensive Authorized Practice Director (CAPD) and any associate dentists the CDSS Positive Sterilizer Check List Form on behalf of the Registrar and gives the dentists 24 hours to respond to the email with a completed Form. The Registrar is cc’d on the email to the Registrants. Once a response is received by the coordinator and the Registrar is aware that the Registrant(s) followed the CDSS protocol then it is deemed completed. If there is no response from the Registrant(s) then the proper follow up via email and a call to the Registrant’s office will be completed until a response is received or other steps are required.

Infection Prevention and Control Standard: IPC-04-04 – Monitoring Sterilization (page 35):

“Monitoring Processes: Each day oral health care facilities must document and retain records from in-house biological monitoring. These records must indicate the sterilizer, date, time and signature of staff member completing the process.

• Each sterilization cycle must contain one class 5 chemical integrating indicator which has been inserted in a Process Challenge Device (PCD). The sterilization cycle must not be released until the class 5 chemical integrating indicator has been verified or each package must contain a class 5 chemical integrating indicator.

• An in-office biological indicator test must be completed every day for each sterilizer in a PCD. In addition to this, one control biological indicator must be incubated each day to confirm that the incubator is functioning.

• A weekly biological indicator test provided by a mail-in system available through the College of Dentistry, University of Saskatchewan or other external testing service must be completed for each sterilizer”

Total #: 26

Total # turned into PCC Case: 1

Total # compliant: 26

Total # non-compliant: 0

Total # repeat offenders: 0

**2023 Critical Incident Statistics:**

Explanation of Policy:

Excerpt from Proposed 2023 Bylaws:

1. **Critical and Reportable Incidents**
2. A critical incident is a serious adverse health or procedural event that was unexpected or unanticipated and did not necessarily result from known risks inherent of the procedure that occurred during the provision of any authorized practices.
3. A reportable incident is an unexpected and unanticipated event resulting in the need for transfer of the care of the patient to another provider, a non-hospital surgical facility, or hospital.
4. It is mandatory that such critical and reportable incidents be reported to the Registrar by a written report from the responsible registrant in a timely manner, within 48 hours of the incident, in an attempt to identify and mitigate potential risks and harms.
5. The mandatory reporting is for quality assurance purposes only, is confidential, and is prohibited from being used as evidence in professional conduct or legal proceedings.
6. The intention of critical incident reporting is to lead to improvements in patient care and safety and encourage trust in the health care system through transparency.
7. The written report must contain the following:
8. Name, age, and gender of the patient;
9. Medical history of the patient;
10. Name of witness(es) to the incident;
11. Date of procedure;
12. Type of procedure;
13. Nature of the incident;
14. Management of the incident;
15. Analysis of reasons for the incident;
16. Action proposals to mitigate the repetition of such incident.
17. The Quality Assurance Committee will:
    1. investigate and review the incident with the registrant;
    2. assist the registrant with best practices to mitigate the repetition of the incident;
    3. maintain a register of critical incidents; and provide an annual report of critical incidents to the Council.

Total #: 4

List of Reasons with Numbers:

23-401 - Nitrous Oxide sedation and pt anxiety – adverse reaction

23-402 – Adverse reaction to Anesthesia and Sedation

23-403 - Adverse reaction to Anesthesia and Sedation

23-404 – Medical emergency that took place during routine Hygiene treatment.

Total # with Practitioner Significant Concerns: 0

Total # with Repeat Offenders: 0