MILESTONES
Resource for Dental Hygienists in Ontario

DECEMBER 2005

Without Consent

NO TREATMENT

Without Consent
I have been looking back and reflecting on a number of issues that Council has had to deal with during the past year.

Council adopted a strategic plan that will assist Council with the establishment of future goals and policies in accordance with relevant legislation. This strategic plan will enable Council to measure its progress towards short term and long term goals.

CDHO hosted its first Oral Health Summit on September 16, 2005 in Toronto. It was a positive forum that provided a lively discussion and overview of the preventive oral health needs in our province and country. The participants indicated that the time has come to put our collective concerns into action, especially for those who are unable to access oral health care.

Recently, I heard a speaker remind the audience that the proposed amendment to Dental Hygiene Act, 1991 is not a ‘hygiene’ issue, but rather, a ‘health’ issue. The studies and data certainly support that statement. I believe as more studies and data are conducted, this concept will become very significant to Ontarians, especially for those living in isolated or remote areas. Dental hygiene professionals, as well as other professionals, deliver on a daily basis the message that the oral cavity is the gateway to the body and has a connection to overall health.

It appears that Ontarians are becoming increasingly aware of the connection between the mouth and the rest of the body. Education and awareness may assist the public to make informed health care decisions and ultimately a healthier lifestyle.

As we prepare for 2006, I would like to acknowledge those members who are departing Council and thank them for their time, effort and contribution that they have made on behalf of the people of Ontario.

Have a safe and wonderful holiday season. It has been an honour to be President of the College of Dental Hygienists of Ontario.

Peggy Maggrah
President
The College of Dental Hygienists of Ontario (CDHO) recently became aware of an article in the September 2005 edition of oral health: Canada’s Leading Dental Journal that called into question the authority and judgment of the College in relation to the governance of the profession of dental hygiene. The article “More Insanity” was written by Dr. Randy Lang, a member of the Council of the Royal College of Dental Surgeons of Ontario (RCDSO) and a Council member of the RCDSO prior to the advent of dental hygiene self-regulation.

October 28, 2005

Ms. Melissa Summerfield, Senior Publisher
oral health Journal
12 Concorde Place, Suite 800,
Toronto, Ontario M3C 4J2

Dear Ms. Summerfield:

Re: Editorial “More Insanity” by Randy Lang, DDS, D.Ortho

The College of Dental Hygienists of Ontario (CDHO) takes great exception to the comments made by Dr. Lang in his editorial “More Insanity” published in your September issue and wishes to ensure that your readers are informed of the facts.

The clear implication of Dr. Lang’s editorial is that the CDHO both could have and should have, ignored its governing legislation, namely the Regulated Health Professions Act 1991, the Health Professions Procedural Code and the regulations and bylaws made thereunder in making the decision to revoke a registrant’s certificate of registration. As a long-standing member of the Council of the Royal College of Dental Surgeons of Ontario (RCDSO), Dr. Lang should know that colleges have a legal obligation to enforce the legislation pursuant to subsection 3(1) of the Procedural Code. That’s exactly what happened in the case cited by Dr. Lang.

The facts in that case were clear, definitive and were not contested. The CDHO treated the registrant with courtesy and respect. In fact, she agreed to both the finding of sexual abuse and to the penalty ordered. The CDHO had no option but to revoke the registrant’s certificate of registration as the legislation requires and as confirmed by a recent decision of the Court of Appeal for Ontario in a similar case. If Dr. Lang has issues with the legislation, as he has every right to have, he should direct his commentary to the Minister responsible for implementing that legislation and the Government of Ontario, not at a regulatory college that, in good faith, simply administers that legislation in the public interest as its statutory mandate requires.

Furthermore, it’s highly inappropriate for Dr. Lang as a Council member of the RCDSO to be critical of the actions of another college.

Dr. Lang should be reminded that dentistry no longer regulates the dental hygiene profession.

Finally, it is offensive for Dr. Lang to make light of a situation that is obviously difficult for all parties.

The CDHO expects oral health to print this letter in its next issue, together with a letter of apology from Dr. Lang.

Sincerely,

Peggy Maggrah, President
College of Dental Hygienists of Ontario
The Health Care Consent Act (HCCA), 1996 provides that a health care practitioner that proposes a treatment for a person shall not administer the treatment unless the person is capable with respect to the treatment and has given consent. If the practitioner is of the opinion that the person is incapable with respect to consenting to the treatment, the consent of the person’s substitute decision maker (as specified in the Act) must be obtained before treatment can be provided.

What is appropriate consent?
The consent must be related to the treatment, it must be informed, it must be given voluntarily and it must not be obtained through misrepresentation or fraud.

What is informed consent?
A consent to treatment is informed if, before giving it, the person received the necessary information about the nature of the treatment, the expected benefits of the treatment, the material risks of the treatment, the material side effects of the treatment, alternative courses of action and the likely consequences of not having the treatment. The information should be of the sort that a reasonable person in the same circumstances would require in order to make a decision about the treatment. The person must also have received responses to his or her requests for additional information about those matters.

Dental hygienists should make reasonable efforts to ensure that the information provided to the person is in a form appropriate to the understanding, language and needs of the person while communicating accurately the nature and expected outcomes of the proposed treatment.

Consent may be express or implied and may be withdrawn at any time by the person, or the person’s substitute decision maker if the person is incapable with respect to the particular treatment. Dental hygienists are encouraged to record the nature of the discussion with the client, any clarification provided and the manner in which the consent was given.

Refusals of dental hygiene treatment is to be recorded in the client record (CDHO Proposed Record Keeping Regulation 6(2)xix). In some cases, a dental hygienist would be prudent to ask the client to acknowledge the refusal by signing the chart.
What is the age of consent?
The *HCCA 1996*, provides that anyone “capable with respect to treatment” may give consent to treatment on his or her own behalf. There is no discussion of a minimum age. Rather the Act, states that the health practitioner should assume that the person is capable of consenting on his or her own behalf unless there is reasonable grounds to believe otherwise. The *Substitute Decisions Act 1992*, provides that a person who is aged sixteen years or more is presumed to be capable of consenting or refusing consent in connection with his or her own personal care. This does not preclude a dental hygienist from determining that a younger person is capable of consenting to treatment, but it does imply that greater care should be taken in making that determination. The determination of capacity to consent to the particular treatment relies on the judgment of the health practitioner to assess whether the client understands the information and appreciates its implications. Dental hygienists are advised to use their professional judgment and to exercise appropriate care in determining whether a child is capable of consenting to treatment.

Who can give consent if the child is incapable?
If the child is incapable of consenting to treatment within the meaning of the *Health Care Consent Act 1996*, a dental hygienist would generally look for consent from the parent accompanying the child. This situation can be complex in situations where parents are separated or divorced. The dental hygienist should inquire whether there is anyone else who would want to be taking part in this decision. This inquiry and the response to the inquiry should be documented.

Where the parents are not separated, the dental hygienist may rely on the consent to treatment of the child from either parent.

Where the parents are living separate and apart and the child resides with one parent with the consent of the other, unless or until a separation agreement between the parents or a court order provides otherwise, the parent with whom the child resides has the right to consent to treatment on behalf of the child. Once the final custody arrangement has been determined by agreement or by court order the parent with custody may consent to treatment on behalf of the child. In a joint custody arrangement usually either parent can give consent. It is rare for the consent of both parents to be required. However, where this is the case this provision must be observed.

If the person accompanying the child denies having custody of the child and the custodial parent has not provided consent, the dental hygienist usually should not proceed to treat the child. If the person reports having joint custody of the child, the member should inquire whether the consent of both parents is required. In the rare case where both parents must consent to treatment, the member may not proceed to treat without the consent of both parents.

If the person accompanying the child reports having custody or being able to consent to treatment on his or her own in a joint custody arrangement, the dental hygienist may rely on the consent of that person, unless the dental hygienist has reasonable grounds to doubt the word of that person.

Doubt respecting the authority of the person to consent could be based on the dental hygienist’s judgment regarding questionable behaviour of the person or on available information contradicting the person’s claim respecting custody.

1Technically speaking, if the custodial parent is not “willing, able and available” to give consent, then the non-custodial parent may be able to give consent. However, most dental hygiene procedures can usually be delayed for a brief period so that the custodial parent can be consulted.
DEVELOPING AN ANTI-FRAUD CULTURE

By Fran Richardson, Registrar

This is a phrase that I heard at the recent Canadian Health Care Anti-Fraud Association Conference (CHCAA) in Niagara Falls, Ontario. As Canadians, we should be concerned that an organization such as the CHCAA is actually necessary. But it is, and dental insurance claims are a significant area of concern for this group.

Over the past year or so, when invited to speak with local dental hygiene societies, the presentation has been entitled, "Record Keeping: Being Ethical & Avoiding Potentially Fraudulent Practices". This presentation has resonated with many dental hygienists who have found themselves in positions where they are concerned about how the services they provide are billed to the public. In many instances, the fee schedule used in their place of employment has not been determined by, or in consultation with, dental hygiene. In fact, the fee guide being used does not accurately reflect the practice of dental hygiene in the 21st century. The practice of dental hygiene is now a process of care, a scope of practice rather than a list of duties or discrete clinical actions.

As the regulatory authority for dental hygiene, the CDHO is receiving far too many calls from registrants concerned about how their services are being reflected to their clients. Some registrants report that they are being told by their employers to; take x-rays every six months on each client, to provide a fluoride treatment for each client, to charge a unit of polish on each client and in some cases, to bring clients back for additional scaling and root planing therapy when, in the dental hygienist’s professional judgment, the treatment is not required. Dental hygienists must resist pressure to engage in over-treatment and questionable billing practices. While the CDHO can provide suggestions on what to do in such situations, dental hygienists must, in the end, make their own decisions and take responsibility for their own actions. The College always recommends that dental hygienists report such incidents to the employer’s regulatory authority. Unfortunately, most dental hygienists are reluctant to do so because of real or perceived ramifications to their employment situation.

All CDHO registrants should be aware that being self-regulated means that they, not their employers, are responsible for the care that they render. They are also responsible to ensure that their treatment records accurately reflect their treatment, the time involved and recommendations made. A regulated health care professional should always put the best interest of their clients before their own personal needs or those of their employer. Keeping these issues in mind, dental hygienists are advised to document clearly and to sign or initial at the end of each chart entry.

Mistakes happen, and sometimes misrepresentations occur. Errors can be corrected. However, any deliberate falsification of records may be considered professional misconduct and subject to disciplinary action. This is not a culture sanctioned by the CDHO, nor one acceptable to CDHO registrants. By adhering to the CDHO Proposed Records Regulation, being diligent in reviewing their charts at each appointment, and by recognizing there is only a finite amount of resources, CDHO registrants can do their part in developing an anti-fraud culture that will benefit all Canadians.

For additional information please view the following web site:
www.chcaa.org
PROFESSIONAL PORTFOLIO/PRACTICE REVIEW

Don’t wait for spring! Now is the time to review your professional portfolio to update your personal information, and your education and employment profile. It is also time to reflect on your learning goals and continuing quality improvement activities for 2005 and assess the impact they have had on your dental hygiene practice. Have you met your goals? How has your dental hygiene practice improved?

The design of the quality assurance program is based on the College’s belief that you are a competent professional whose goals include maintaining and improving your level of competence. A critical part of this belief is that dental hygienists are able to self evaluate and determine their individual learning needs.

THE IMPORTANCE OF SELF-ASSESSMENT

An essential goal of the quality assurance program is helping dental hygienists evaluate themselves. Self-evaluation is not a natural skill but rather, a skill that can be learned and practiced. You have already proven yourself a skilled evaluator in your daily practise. For example, you rely on your evaluation skill when assessing periodontal health. Are you a more confident evaluator now compared to when you were in school? Of course, you have had plenty of practice, you recognise the standards and guidelines for determining health, and you have seen the results of interventions based on your assessments. You also appreciate that evaluation is necessary for treatment planning.

Consider how this fits into your self-assessment of your dental hygiene practice. Continuing education will be most beneficial if the acquired learning impacts your dental hygiene practice in a positive way. A personalized needs assessment will help you set goals and plan the interventions that will make a constructive contribution to your practice. The CDHO Clinical Self-Assessment Package and the CDHO Standards of Practice are tools that will help you with your practice assessment. If you are to remain current and competent, the time and energy spent on self-assessment is crucial. Self-assessment places the ownership of knowledge and accountability for working and learning where it belongs, on the individual dental hygienist.

PLAN FOR YOUR OWN LEARNING NEEDS

Every dental hygienist in Ontario will have their own learning needs. The professional portfolio, the major component of the Quality Assurance Program, will permit you to reflect on your dental hygiene practice, to identify areas of your practice that require enhancement/improvement and to customize your continuing quality improvement activities in a manner that suits your personal situation and resources.

Once you have identified areas of your practice that need enhancement, you will need to establish some learning goals. Your goals should be concrete enough to guide behaviour change and growth that will make a positive impact on your dental hygiene practice. Goals are specific, measurable, attainable, relevant to your practice and trackable. As soon as you have established your goals, you must ask yourself 1) what do I need to learn in order to achieve these goals and 2) how will the learning take place?

Your next step is to create a learning plan. The learning plan flows from your development of your goals. It provides a clear and specific plan for how you will expand your skills and knowledge to enhance your dental hygiene practice. For example, in the Professional Portfolio Template, you are asked to list the activities that you will undertake to meet your learning goals. Please note, there are many and varied ways to learn, from formal classes to self-directed activities to on-the-job experiences. It is up to you to decide what best matches your learning needs, style, and budget. When completed, this section becomes your learning plan for the year. By beginning with the end in mind, all learning activities will be focused on specific, measurable, and achievable results.

HOW DO YOU KNOW IF YOU’VE DONE ENOUGH?

The CDHO Quality Assurance Program supports self-directed learning. Under this program, dental hygienists are valued participants in their own learning. You are entrusted to identify your own learning gaps and solve your learning needs. In doing so, dental hygienists develop skills for life-long and self-motivated learning.

Your professional portfolio allows you to demonstrate that learning has taken place and that it has been applied to your practice. When you can demonstrate the direct connection between your learning activities, the application of new knowledge to your dental hygiene practice and your continuing competency, you will have successfully met the assessment criteria.
CALL FOR QUALITY ASSURANCE ASSESSORS

The College of Dental Hygienists of Ontario (CDHO) will require Quality Assurance Assessors to assist the College with the professional portfolio/practice audit of the Quality Assurance Program. Quality Assurance Assessors work under the direction of the Quality Assurance Administrator and reflect the diversity of the registrants, electoral districts and practice environments. Assessors will be required to sign a contracting services agreement.

Role of the assessor

The assessor will:

- Review professional portfolios/practices using CDHO assessment guidelines;
- Conduct telephone interviews as required during the assessment process;
- Coordinate and carry out a scheduled on-site Practice Review with assigned registrants;
- Ensure that the Professional Portfolio/Practice Review is completed within the specified timelines;
- Complete a written report describing key observations and findings.

Selection Criteria

Potential Quality Assurance Assessors will:

- Be a member in good standing with the College;
- Not be a member of Council and/or any College Committee;
- Demonstrate ethical and professional practice;
- Demonstrate a commitment to their own professional development;
- Possess the skills, knowledge, judgment, and attitudes required for specific dental hygiene practice environments and related roles/area of responsibility;
- Be familiar with the Regulated Health Professions Act in general, the Dental Hygiene Act and the CDHO Quality Assurance program;
- Have a working knowledge of dental hygiene process, the CDHO Standards of Practice and Code of Ethics;
- Have good interpersonal/communication skills, oral and written;
- Have good computer skills;
- Be capable of objective observation and reporting;
- Have a degree of flexibility with their work schedule; and
- Be available for occasional travel.

Registrants interested in becoming quality assurance assessors may apply by sending a letter of interest and current curriculum vitae to: Lisa Taylor, Practice Advisor/QA Administrator, The College of Dental Hygienists of Ontario, 69 Bloor St. East, Suite 300, Toronto, Ontario M4W 1A9 no later than January 26, 2006. References and your professional portfolio are to be available on request.
## GUIDELINES FOR THE TREATMENT OF CLIENTS WITH HIGH BLOOD PRESSURE

<table>
<thead>
<tr>
<th>BP CLASSIFICATION</th>
<th>SYSTOLIC mmHg</th>
<th>DIASTOLIC mmHg</th>
<th>DENTAL MANAGEMENT RECOMMENDATIONS</th>
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<tr>
<td>NORMAL</td>
<td>&lt;120</td>
<td>And &lt;80</td>
<td>• Regular dental hygiene care</td>
</tr>
<tr>
<td>PREHYPERTENSION</td>
<td>120-139</td>
<td>or 80-89</td>
<td>• Regular dental hygiene care; advise client of BP status; recommend lifestyle modifications</td>
</tr>
<tr>
<td>STAGE I HYPERTENSION</td>
<td>140-159</td>
<td>or 90-99</td>
<td>• Regular dental hygiene care; recommend physician consultation; stress reduction protocol</td>
</tr>
<tr>
<td>STAGE II HYPERTENSION</td>
<td>≥160</td>
<td>or ≥100</td>
<td>• Re-check BP in five minutes; non invasive care only; definitive emergency care only if BP is &lt;180/110; refer to physician for immediate follow-up</td>
</tr>
<tr>
<td>HYPERTENSIVE CRISIS</td>
<td>&gt;220</td>
<td>&gt;120</td>
<td>• Re-check BP in five minutes; do not perform dental hygiene therapy until elevated BP is corrected; refer to physician for immediate follow-up</td>
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## LEGAL, ETHICAL, and SAFETY ISSUES

(Adapted from Darby & Walsh, Dental Hygiene Theory and Practice, 2nd edition. 2003. 188)

- Always record the client’s vital signs on the treatment record and refer to the client’s baseline readings for comparison.
- Refer clients to their physicians for medical consultations when vital signs exceed normal ranges.
- Never provide dental hygiene care for a client with a hypertensive crisis classification.
- Vital signs must be measured and recorded during a medical emergency.
- Clients in hypertensive-prone groups should have their blood pressure measured at each dental/dental hygiene appointment.
COUNCIL MEETING HIGHLIGHTS, October 21, 2005

Council welcomed Cindy Campbell of Toronto to the College. Ms. Campbell was appointed by the Lieutenant Governor in Council to the College on August 8, 2005 for a period of three years.

F. Richardson, Registrar reported to Council that there were a total of 8,172 registrants as of September 30, 2005 and that elections were being held on November 30, 2005 in Districts 2, 3 and 7.

The 2004 Annual Report is available for viewing and downloading on the College web-site (www.cdho.org). A plain paper copy is available from the office upon request.

Council reviewed the 2005 financial statements and approved the 2006 budget. Council meeting dates for 2006 were set for January 20, May 12 and October 13, 2006.

The Registration Committee presented a number of proposed amendments to the registration regulations for Council’s consideration. The proposed amendments include: the removal of the specialty category of registration, the requirement for applicants to submit a current police check, and the requirement to successfully complete a jurisprudence course prior to registration. Council approved the Committee’s recommendation that the proposed amendments be circulated to registrants and other stakeholders for comment.

The Regulations & Bylaws Committee reported that the Ministry of Health & Long-Term Care distributed a document entitled, Policy Guidelines for Drafting Conflict of Interest Regulations. As per Section 4 of the Guidelines that states, “The ministry will not support prohibitions on association that are broad and general in nature.” The College has requested a meeting with the College of Dental Technologists, College of Denturists and the Royal College of Dental Surgeons of Ontario to discuss issues of mutual concern regarding the issue.

The Regulations & Bylaws Committee presented to Council a number of proposed amendments for consideration. The proposed amendments include: notice of meetings and hearings, an amendment to the advertising regulations, an amendment to Section 16, No.3 of the bylaws regarding fees and Section 15 of the bylaws pertaining to the register. The proposed amendments are included with this mailing of Milestones for review and comment.

As the Regulations & Bylaws Committee is a non-statutory committee and its original mandate was to develop both the regulations and bylaws of the newly formed College of Dental Hygienists of Ontario and over the years there has been a reduction in the need for a possible regulation change, the Committee recommended that Council consider dissolving the Regulations & Bylaws Committee. Council agreed to dissolve the Regulations & Bylaws committee effective January 2006.

Since the last Council meeting, the Complaints Committee referred one registrant to the Executive Committee for incapacity proceedings and appointed an investigator in two other cases. There are four complaints currently being investigated by the Committee.

It was reported that two registrants were referred to the Executive Committee for failing to respond to the College when required to do so. In another case, the Committee accepted a registrant’s explanation for not complying with an Undertaking with the College and agreed to take no further action. There is one investigation ongoing.

The next meeting of Council is scheduled for Friday, January 20, 2006 at the Toronto Board of Trade, 77 Adelaide Street West, Toronto from 9:00 a.m. to 4:00 p.m. All are welcome to attend. For further information please contact Jane Cain at (416) 961-6234, extension 226 or toll free at (1-800) 268-2346 or via e-mail at jane@cdho.org.
DECIDING TO REFER

In the course of practicing dental hygiene, a dental hygienist may encounter conditions that are beyond her or his expertise or competence. It would be contrary to CDHO’s professional misconduct regulation [O. Reg. 218/94, Part V, section 15(3)] to treat or attempt to treat a condition that the dental hygienist knows or ought to know is beyond her or his expertise or competence. For example, a client has a 6mm periodontal pocket with bleeding upon probing that has not responded to dental hygiene interventions. It would not be in the client’s best interest for the dental hygienist to continue to treat this area. Therefore, it would be appropriate to refer this client to a periodontist. Failing to make that referral could be considered professional misconduct under section 15(4) of the regulation.

In another example, a client’s blood pressure reading indicates that this client is in Stage II hypertension and non invasive care or emergency care is the generally accepted protocol for dental/dental hygiene treatment. The dental hygienist documents that dental hygiene treatment is contra-indicated and reschedules the client for another day. S/he has the additional responsibility to refer that client to the appropriate medical practitioner/facility for immediate follow-up. “Failing to refer a client to a qualified medical or dental practitioner where the registrant recognizes or ought to have recognized a condition which required medical or dental examination” is professional misconduct [O. Reg. 218/94 15(4)].

The CDHO’s proposed amendments to Ontario Regulation 218/94, Part V will include wording and reference number changes that will not affect the intent of these sections.

ORAL HEALTH CARE SUMMIT

The Oral Health Care Summit was held on Friday, September 16, 2005 at Verity Club in Toronto. Zoë Fay from the Salvation Army spoke about the difficulty which members of the community that the Salvation Army serves have in accessing preventive health care services. Dr. Peter Cooney, Chief Dental Officer, Health Canada provided a comprehensive overview of the preventive oral health needs in Canada.

REGISTRANTS STATUS UPDATE

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<th>Resigned as of OCTOBER 31, 2005</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Randi Ellen Amber</td>
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<tr>
<th>Reinstated as of OCTOBER 31, 2005</th>
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<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Shana D Kasarda</td>
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<td>Stephanie Papoutsidis</td>
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The registrant is responsible for notifying the College of an address or name change within seven (7) days of that change.

The 2006 Renewal Form was sent out mid-November. It is the responsibility of each registrant to ensure they have renewed their certificate of registration for 2006 or advise the College in writing if they are not planning to renew by January 1, 2006.

If a registrant has not received their renewal form by the beginning of December they can contact the College or go to the website www.cdho.org to access the renewal form under “Registration”.

2006 Renewal Form on web-site:
The 2006 Renewal Form will be available on CDHO’s web-site by the end of November. Registrants can print a blank form to be completed and mailed in to the College by January 1, 2006.

The pilot project for On-line Renewal will be available for the 2006 Renewal period for Districts 6, 7, and 8. These registrants will receive a User ID, which is their registration number, and a Password on their Renewal form to enable them to renew on-line. Registrants must change their password after they initially sign on. All passwords are case-sensitive.

www.publichealthontario.ca
A government of Ontario initiative Public Health Ontario is a valuable web-site providing information on public health information and providing the latest breaking health news.

Cardiac Care Network at www.ccn.on.ca
Is an advisory body to the Ontario Ministry of Health and Long-Term Care on the delivery of cardiac services in Ontario.