

TEMPLATE

Collaborative Practice Authorization for Dental Hygienist including Licensed Dental Assistant.

In accordance with Minnesota Chapter 150A.01, Subd. 1a., a dental hygienist licensed under this chapter may be employed or retained by a health care facility, program, or nonprofit organization to perform dental hygiene services described under paragraph (b) without the patient first being examined by a licensed dentist. _____ is a nonprofit organization serving _____

This collaborative agreement will be reviewed and signed annually by the collaborating dentist, dental hygienist and licensed dental assistant.

Full name of the Collaborative Practice Agreement Dentist:
Minnesota Dentist License Number:
Email:
Primary Dental Practice Setting/Address: Phone:

Signature: _____
Date: _____

Full name of the Dental Hygienist:
Minnesota Dental Hygienist License Number:
Email:
Phone:

Signature: _____
Date: _____

Full name of the Dental Assistant:
Minnesota Dental Assistant License Number:
Email:
Phone:

Signature: _____
Date: _____

Primary Practice Addresses:

- 1.
- 2.
- 3.

4. Other partnerships:

All practice locations are in:

Secondary Dental Practice Address:

1. Description of Organization, Practice Setting and Population to be served by the Dental Hygienist:

These institutions as well as the partnerships meet the guidelines for practice settings for the dental hygienist under a collaborative management agreement in Minnesota Chapter 150A.10.

2. Medically Compromised Patients

At each appointment with the dental hygienist and/or licensed dental assistant the medical histories are reviewed by the dental hygienist or dentist. Any complex medical histories will be discussed with the collaborating dentist to determine whether the patient is appropriate for the dental hygienist and/or dental assistant to treat or determine if treatment modifications are necessary.

3. Age and Specific Practice Procedures

_____ (name of dental hygienist, licensed dental assistant) will be working under the collaborative practice supervision of Dr._____.

The services to be provided by the dental hygienist or dental assistant do not have additional limitations, rather, this agreement is applicable to the delegation of duties listed within the scope of practice of Limited Authorization, found in Minnesota Chapter 150A.10, Subd. 1a.

(If individual dentist decides to place additional limitations on the scope of practice this can be modified and indicated in this section)

Both the passive consent form for the screening/assessment and the active consent form for treatment are constructed and distributed by _____ (name of organization).

_____ (name of dental hygienist, dentist, dental therapist, licensed dental assistant) will be doing the assessments/screenings.

(Describe what procedures will be performed and what protocols (if any) will be utilized to determine the necessary procedures.)

4. Dental Records

(Describe where the dental records will be stored and what system the program is utilizing if it is paperless.)

Documentation will include medical and dental history review, special considerations, treatment provided, outcomes, patient response to treatment and any referrals or actions taken.

5. Medical Emergencies

The dental hygienist and/or dental assistant will be current in cardiopulmonary resuscitation as mandated by state law. Emergency response and equipment available is dependent on the site in which services are being performed and it is the responsibility of the collaborating dentist to ensure that the dental hygienist and dental assistant are familiar with the site in order to locate appropriate equipment and response plan that would be used in an emergency.

6. Quality Assurance Plan

Example:

_____ will perform a quarterly dental record review on the records for patients seen by the dental hygienist and dental assistant to insure quality assurance. Patient care review will be performed by the collaborating dentist on a quarterly basis. Referral follow-up will be the responsibility of the dental hygienist. The dental hygienist along with the dentist and clinical director are responsible for timely referrals to a dentist in the partner clinics for treatment beyond the dental hygienist's scope of practice.

7. Working with Dental Assistants (Minnesota Chapter 150A.10, Subd. 1a and 2a).

According to Minnesota Chapter 150A.10, Subd 1a, the dental hygienist will be working with both licensed and unlicensed dental assistants who will assist in providing care. Beginning August 1, 2017, in addition to assisting the other providers, the **licensed** dental assistant will also be providing the following services, when authorized by the supervising dentist and when working with the dental hygienist alone or with the dental therapist or dentists: screenings, charting, coronal polishing, sealants, fluoride treatments and oral hygiene instructions (150A, Subd 2a.) **All sections and protocols of this agreement apply to the licensed dental assistant when providing services under the scope of practice of a licensed dental assistant.**

When services are provided by the licensed dental assistant when a dental therapist or dentist are not present, the dental hygienist will assist in determining which teeth are to be sealed or treated with fluoride based upon the authorization criteria of the supervising

dentist. The dental hygienist will also provide the scaling for the patients as part of the prophylaxis.

The licensed dental assistant will complete and document the completion of a course on medical emergencies within each continuing education cycle.

8. Referral Protocol

If the screening results indicate the need for urgent or follow up care, _____ staff will explain the need for follow up care and assist in referrals to partnering dental facilities:

_____ (list other dental clinics or other appropriate facilities). A copy of the referral letter is sent home to the parents/legal guardian if the patient is a minor.

Any referral will be documented in the patient's chart or the electronic data collection system. The dental hygienist and _____ (other staff) will also work with partner clinics to follow up with the patients, parents/legal guardians and expedite urgent care. All correspondence with patients, parents/guardians will be documented in the dental record.