

REPORT #1  
EBENSBURG

INTRODUCTION

On October 18, 1978, Dr. David R. Wallace of the Bureau of Dental Services of the Pennsylvania Department of Health received a request from Mr. Peter P. Polloni, Deputy Secretary for Mental Retardation, and Mr. Ford S. Thompson, Regional Deputy Secretary, Central Region, of the Department of Public Welfare to conduct reviews of the dental services at the Ebensburg and Cresson Centers.

The purposes of these reviews, as stated in the request, were:

1. To validate reviews of the dental services at these two Centers which had been performed approximately two months previously by Dr. Jay Reznik, a staff dentist at Western Center.
2. To make appropriate recommendations to the Department of Public Welfare.
3. To develop a review format that can be utilized at other mental retardation centers.

Recruitment of a survey team and confirmation of dates for the reviews were finalized on November 21. The survey team was composed of Dr. Raphael Rusynyk and Dr. John R. Clark from the Bureau of Dental Services, Pennsylvania Department of Health; Dr. Donald Hensler, an oral surgeon and Chairman of the Hospital and Institutional Dental Services Committee of the Pennsylvania Dental Association; and Dr. Mamoun Nazif, a pedodontist and Chief of Dental Services at the Children's Hospital of Pittsburgh.

The survey team visited Ebensburg and Cresson Centers on December 7 and 8.\* A subsequent visit to Cresson Center was made by three members of the team on January 4, 1979, to interview the dentist and administrator. Included in the reviews were the staffing, physical facilities, equipment, records, service delivery and institutional administration.

The following report presents the findings and recommendations of our reviews.

\* Dr. Reznik, whose previous survey was to be validated, requested that he be an observer on the team. Mr. Ford Thompson, Regional Deputy Secretary, concurred with this request. Rather than observe, Dr. Reznik was an active participant in the review on December 7 and 8.

EBENSBURG CENTER

REVIEW METHODS

On December 7, 1978, the survey team met with the Board of Ebensburg Center, at their request. Also present were the Center administrator and dentist, the Regional Deputy Secretary and Dr. Reznik. The credentials and experiences of the members of the team, the purpose of the review and the methods to be utilized were discussed with the Board.

The dental facility was visited and an inspection made of the physical space, equipment and supplies.

A sample of 17 residents, including seven which had been examined previously by Dr. Reznik, were examined. Conditions present in the mouth, including cavities, missing teeth, teeth in need of extraction, chipped teeth, residual roots, restorations, gingival disease and oral hygiene were noted and simultaneously compared with the patient's dental record. In addition, the oral findings on those residents who had been examined previously by Dr. Reznik were compared with Dr. Reznik's findings.

On December 8, Dr. Brisini was interviewed by Drs. Clark and Rusynyk with Dr. Reznik present. The interview questions were based on the content of Dr. Reznik's survey report with which Dr. Brisini was not familiar, since he had not been provided with a copy of the report.

Additional general information about the dental service was obtained by having Dr. Brisini complete a survey form entitled, "Survey of Hospital Dental Departments" developed by the American Dental Association. Patient charts and monthly activities reports were also collected and evaluated by the team.

## FINDINGS

1. Of the 17 residents examined at Ebensburg:  
87 surfaces of restoration are needed  
9 fractured teeth were noted  
17 teeth needed to be extracted  
6 residents needed deposits removed and/or periodontal treatment  
An approximation of the basic needs of the residents may be made by multiplying these results by a factor of 50 based on a total population of 850. These findings are in substantial agreement with Dr. Reznik's previous survey.
2. A summary of dental services (approx.) at Ebensburg as submitted on monthly activities reports from November 1977 to November 1978:  
1800 examinations  
132 extractions  
588 prophylaxis or cleanings  
63 restorations  
204 residents seen on an emergency basis  
4 gingivectomies; 1 bridge; 3 plastic crowns; and 2 partials were completed in the past year.
3. Lack of Dental Assistants: The Center has been without dental assistants for approximately two years.
4. Lack of Dental Hygienists: The last dental hygienist was hired by the administration in June, 1978, without any input or consultation from the dentist. She left after one month of employment.
5. Inadequate Dental Facility: No consideration has been given to appropriate barrier freedom, space, design, flow patterns and the delivery of dental services for this special population. The dental unit, the dental chair, sterilization equipment, high speed hand pieces, central suction, hand instruments, restraining or supporting devices and/or emergency kits are either non-existent or grossly deficient. There are no general anesthesia capabilities available.

FINDINGS (Continued)

6. The Dentist: The existing dentist under present circumstances (#1-5 above) has not provided adequate services to the residents of the Center. The quality of care is questionable in the areas of the number of scalings performed during recall visits, follow-up care of patients requiring extractions and restorations, utilization of proper examination techniques and charting, and the implementation of proper preventive measures. There is a lack of communication and understanding between the dentist, the medical director and the administrator. This is highlighted by the dentist's refusal to pursue improvements in his area and the administration's failure to properly supervise and support the dentist, as well as consult with him before hiring hygienists or assistants who are to work under his supervision.
7. The Administration: Although the administration has expressed interest in upgrading the quality and quantity of care for the residents, there were no documented attempts to express these desires to the dentist.

## RECOMMENDATIONS

### SHORT-RANGE GOALS

1. Hire an equivalent of two full-time dental assistants. ) Educational courses and specialized training should be undertaken with a university or private entity knowledgeable in treating the handicapped.
2. Hire an equivalent of one full-time dental hygienist. )
3. Hire the equivalent of one additional full-time dentist, preferably two or more, who are trained and interested in the care of multi-handicapped patients.
4. Salaries should be increased to attract dentists with formal post-graduate education.
5. Seek a new area for the dental program or expand the existing area to allow a minimum of two operatories. A waiting and recovery area should be included in this new arrangement.
6. Install new equipment appropriately designed for the delivery of dental services to the handicapped.
7. Require the existing dentist to take a minimum number of continuing educational credits during the next 12-month period. Such courses should include a minimum of 7 credit hours in the basic management of severely handicapped patients and a minimum of 14 credit hours on sedation techniques.
8. Establish referral sources; i.e., hospitals, pedodontists, other specialists, that are able to treat these special people, when required.
9. Encourage the dentist(s) to establish a close association to the local dental society.
10. Implement an on-going preventive program which includes appropriate uses of fluorides and training of residents and staff in proper oral hygiene techniques.
11. After basic improvements have been made in the facility and equipment, auxiliaries have been employed, and other clinic related deficiencies have been corrected, the dentist should be placed on probation for a

11. period of one year. Periodic evaluations of his clinical activities by a qualified, neutral dentist(s) should determine whether he is fulfilling his obligations to the Center. Appropriate action should then follow based on the neutral dentist(s) recommendations.
12. The administration should actively involve the medical director and the dentist in the implementation of the above recommendations.

#### INTERMEDIATE GOALS

1. A manual of procedures should be developed and implemented. The manual should include descriptions of acceptable minimal performance of procedures, such as examining, charting, treatment planning and priorities, referring residents for special treatment and conducting a preventive program, as well as administrative responsibilities such as personnel procedures, professional duties and decorum, obtaining consent and co-ordinating treatment.
2. Standardized reporting and recording forms should be adopted.
3. An electronic data processing system should be developed and implemented.
4. Peer review teams should be hired to conduct periodic reviews at the institution. These teams should include three qualified dentists with a minimum of five years of clinical experience. At least one should have experience in treating handicapped patients.
5. In order to meet the need for general anesthesia capability, consider:
  - A. The establishment of a special team for surgical and restorative procedures under general anesthesia.
  - B. The establishment of referral agreement with Lee Hospital in Johnstown.
  - C. The establishment of referral agreement with Altoona Hospital.
6. Make every effort to influence curriculum planning in dental schools to require training in treating handicapped persons for all students.

LONG-RANGE GOALS

1. Consider the establishment of Ebensburg Center as a regional facility for treatment and education/training. A training grant should be sought or monies allofted to establish a relationship with the University of Pittsburgh's School of Dental Medicine for clinical rotation of residents, pre-doctoral, dental assisting and dental hygiene students.
2. Opportunities for data collection and research information.
3. Utilization of dental facilities by communities.

## DISCUSSION

Dental care for the handicapped is a very difficult and demanding task. Without proper assistance, adequate facilities and equipment, and special training, such care is extremely difficult to provide. These factors were taken into consideration when evaluating the shortcomings of the existing dental services and arriving at our recommendations.

Our findings reveal that a crisis, rather than maintenance and preventive, program is in existence. If allowed to continue under present circumstances, increasing dental disease and the consequences that accompany it will not be alleviated. Immediate action should be forthcoming to correct this situation.

The reason for the current situation can be traced primarily to the funding of dental services in such facilities. Only competitive salaries, together with liberal vacation and sick leave, will provide adequate incentives for young dentists and auxiliaries to work effectively under such difficult conditions. The availability of dentists trained in the care of handicapped patients is limited. Therefore, employing general dentists with limited or no experience in treating handicapped persons should be considered. However, such dentists should have a sincere interest in caring for handicapped persons and be willing to take a minimum of 48 continuing education credits in the care of the handicapped.

The administration has the ultimate responsibility to properly budget and appropriate funds and to procure treatment so that the dental health status of the residents is maintained at an acceptable level.

Mamoun Nazif, D.D.S., M.S.D.

John R. Clark, D.D.S., M.P.H.

J. Donald Hensler, D.D.S.

Raphael Rusynk, D.D.S., M.P.H.

Signed: January 23, 1979