

The purpose of this investigation is to evaluate the dental program at Cresson Center. Three major areas will be examined. These include equipment and facilities, the actual delivery of dental services and the number of dental staff and their qualifications.

NARRATIVE

Dr. Sam Brisini, a general dentist, is in charge of the dental program at Cresson Center. He graduated from Western Reserve Dental School in 1948 and spent one year in an oral surgery training program at Cincinnati General Hospital. Dr. Brisini then served as an anesthesiologist for one year at Mercy Hospital in Toledo, Ohio. From 1951 until the present he has been engaged in the private practice of general dentistry. In 1969 he joined the staff of Cresson Center where he is presently contracted to provide dental services two days a week.

Dr. Brisini admits to having no formal training in dental school related to the care of the mentally retarded multi-handicapped. He also admits to not having had any continuing education courses in this same area. He said he read a pamphlet which was published on the topic but that he did not believe a lot of the "stuff" in it.

The dental clinic consists of two small operatories and a small lab. Each operatory has one dental chair. There are no other dental facilities on the campus. All of the residents come to the dental clinic for all of their dental work. There is no central high speed evacuation facility for the clinic. The only suction available is a Gomco unit and the aspirators on the dental units. Dr. Brisini feels these are adequate. There is one high speed handpiece in the clinic and one Cavitron. For evacuation during the use of the Cavitron, Dr. Brisini uses saliva ejectors, an emesis basin under the resident's chin and 4x4 gauze squares to soak up the excess water. Dr. Brisini admits that a high speed suction would be more efficient but says that the water really isn't too much of a problem.

There is an x-ray machine in the dental clinic but there are no facilities for developing the pictures at the center. Dr. Brisini said he takes the radiographs to his office for developing. When asked what he does for emergencies, he said he's never had an emergency when an x-ray was needed immediately. Dr. Brisini admits to taking bite-wing radiographs for approximately 10% of the residents. He does not routinely take x-rays on those residents he puts to sleep with general anesthesia in his office. He said that some of the residents who receive a general anesthetic do get a panoramic radiograph taken.

The next area of questioning was related to the use of general anesthesia. Of the 33 residents examined by this investigator, there was a notation on the dental charts of 20 of them that they would require general anesthesia in order to do any dental work. The Social Service Department is notified and it is their responsibility to get the necessary permission forms for the anesthesia signed. It seems that there is no follow-up on this procedure since many of the charts examined showed notations for needing general anesthesia which were quite old. On one chart entry, dated 1972, a notation was made that general anesthesia would be needed. There was no subsequent notation on that chart indicating that the permission was secured or that any general anesthetic was ever administered. On this chart, and many others, there was rarely any specific need mentioned for the anesthetic. Dr. Brisini admitted that he considered mentally retarded patients a greater risk for general anesthesia than patients from the normal population. Yet, he indicated on roughly 60% of the charts examined by this investigator that the residents would require a general anesthetic. He admitted to not cleaning the teeth of approximately 20% of the residents he put to sleep. He also admitted that he does not take bite-wing radiographs after the residents are anesthetized. Most importantly, he admitted that he does not restore all the teeth of the residents who were anesthetized.

He said he "does what he has to do and gets out." He said he determines that a resident is a candidate for a general anesthetic if, when he puts them in the chair, he can not look in their mouth. Dr. Brisini said that he does not use any form of physical restraints and that he did not know what a Papoose Board was. He said he did not believe in restraints, that he didn't think they were effective and that they were disturbing to the patients. He bases his position on his thoughts and feelings and doesn't care what evidence there is to the contrary.

For conscious sedation, Dr. Brisini uses Sparine and is satisfied with the results he gets.

There are no dental assistants on the staff at Cresson Center. Dr. Brisini uses the attendants or the nurses for help with the residents. He admits to never having specifically requested a dental assistant since he feels the nurses do a pretty good job. When asked if he felt it would be easier if the people helping him had dental skills, he said he doubted it very much.

The last hygienist at the facility lasted about three or four months. She quit a couple of years ago. When asked if he had requested the position be filled, he said they've been trying, but to no avail.

Dr. Brisini says he examines all the residents at least annually and does so with a mouth mirror and explorer. He stated the mouths are charted, cavities are marked, all extractions are marked and the residents are re-appointed for scaling and cleaning. He said he gets them back in a week to two weeks from the time of the exam for the restorative work. He said he had been doing this charting for about one year, after the suggestion was made to do so by Dr. Rusynk of the Department of Health. At this point in the interview, there was much confusion about how long Dr. Brisini had been using the charts in the residents' folders, and how and when they were charted. The fact is that if the charting was begun about a year ago and each resident is seen at least once a year, a great majority of the charts should have been filled out. This was not found to be true for over 40 charts which were checked by this investigator.

When asked how he would rate the overall dental condition of the residents, Dr. Brisini said it was fair. When asked if he had caries under control on the campus, he said, "There's plenty of work here." This investigator examined 33 people in the dental clinic. In the mouths of these residents there were at least 24 teeth which needed to be extracted. There were 81 cavities present in 26 of these residents. It is this investigator's feeling that many of the teeth in many of the residents' mouths

are being allowed to rot from dental decay until the only treatment choice possible is extraction. It is also the investigator's opinion that Dr. Brisini indiscriminately recommends general anesthesia for the residents. Were there a better record keeping system between the Social Service Department and the dental clinic, probably even more residents would be discovered to be unnecessarily receiving general anesthetics. This investigator realizes that there is definitely a percentage of retarded individuals at Cresson Center who need general anesthesia in order to have their dental work done but does not believe at all that the percentage is as high as Dr. Brisini has indicated via notes on the residents' charts.

It seems that the residents of Cresson Center are getting, at best, poor quality acute care dentistry by a dentist without training in recognized methodology and modification techniques needed for their special problems.

RECOMMENDATIONS

1. The dental facility should be re-designed. The present space which is used as a dental clinic would more appropriately serve the residents if the two walls of the laboratory were knocked out, creating one large room. More space would be available and easier access to wheel chairs would be created.

2. Equipment for a central dental facility should include at least:
 - a. Two Dental-Eze contour chairs with power bases and backs.
 - b. Two Adec Mini-Trol or Tray-Trol units each equipped with one slow speed and one high speed handpiece, plus an air water spray syringe.
 - c. At least one Dentsply Cavitron model 1010 with capability to service either chair.
 - d. One central high speed evacuation unit with outlet stations at each chair.
 - e. One Philips portable x-ray machine. This can be moved to either chair, plus it can be used for residents in wheel chairs or exam tables. Many times x-ray machines which are floor mounted can not reach residents in wheel chairs.
 - f. A Philips automatic x-ray processor.
 - g. Two Papoose Boards; one large and one extra large.
 - h. At least one amalgamator.
 - i. Aspirating syringes, hand instruments and supplies to allow for the delivery of modern, efficient, quality dental care.
3. Hire one full-time or a number of part-time dentists to equal a full-time equivalency. Men or women with training in dental care for the handicapped are preferred. These will usually be Pedodontists. Ideal candidates for this position are recently

graduated Pedodontists who are looking for part-time work to supplement their private practice income. Long term employment should not be too heavily considered. (See enclosed job description.)

4. Hire a minimum of two dental assistants, preferably previously trained in dental skills. At least one of these assistants should be a male. It will be difficult to find trained dental assistants with experience in working with retarded individuals. One dental assistant can also be trained as a clinic manager. This assistant could be responsible for scheduling patients and at the same time provide continuity between dentists if multiple part-time professionals are employed. (See enclosed job description.)
5. Hire at least one full-time dental hygienist. Her duties would include annual or semi-annual cleanings, as well as in-service training for the direct care personnel. With two hygienists, one can concentrate on daily clinical routines and recall while the other develops elaborate in-service training programs and conducts ward, unit, or dormitory programs to promote the daily brushing of the residents' teeth. (See job description.)
6. The state or the Department of Welfare or whatever agency is responsible must very seriously consider making significant increases in the salaries of the dentist, the hygienist, and the assistant.

It is not fair to ask trained professionals to do an exceptionally difficult job for an exceptionally low salary. The pay group of the dental assistants should be elevated and the opportunities for advancement and pay raises for the assistant should be made comparable to other state positions.

7. Prerequisites for hiring should be established and adhered to. If dentists, hygienists, or assistants are hired without previous experience in care for the retarded, provisions should be made for continuing education. Courses could be conducted within the state by trained people or personnel could be sent to other states where dental schools, hospitals or university affiliated facilities conduct continuing education courses in dental care for the developmentally disabled.
8. The Department of Welfare must make greater efforts to get the three dental schools within the state involved in care for the handicapped. More clinical and more didactic time must be allotted in care for the retarded and multi-handicapped child and adult for all dental students. Externships and rotations for graduate students, dental students, and hygiene students should be established. Mental retardation centers should investigate the possibility of contributing money for faculty salaries. These faculty members would be assigned to a center where they or graduate students would provide dental care for the residents and a learning experience

for the students. Dental school Departments of Pedodontics, Oral Surgery, Orthodontics, and Periodontics would find an abundant population in the centers who desperately need the kinds of dental work provided by these specialties.

9. The Department of Welfare should investigate the possibility of establishing a Dental Director's position for the state institutions. This person could implement programs and provide leadership. Based upon findings regarding the lack of dental services in three mental retardation centers, and considering the possibilities that other centers are in a similar situation, a new group of dentists might be needed to provide the proper dental services. Judging by present availability of dentists with specific training in care for the handicapped who are willing to take positions in mental retardation centers, a crash program of orienting new dentists to the whys and wherefores of dentistry for the handicapped would provide a valuable training experience.
10. The list of supplies and equipment which the state maintains on contract with dental suppliers should be revised and modernized.
11. Based upon findings at Cresson Center and Ebensburg Center and this investigator's personal experience with the dental health of the residents of Western Center, it seems imperative that an

investigation of the dental programs at the other mental retardation centers in the state be implemented as soon as possible.

12. What role does the Medical Assistance survey team play in evaluating the dental program at Cresson Center? Have they been aware of the inadequacies stated in this report, and if so, what has been done about them? If they have not been aware of the obvious gross dental neglect present in the mouths of the residents, what then is the purpose of their survey? Why are these people being paid to investigate areas of institutional services, specifically dentistry, which by their own admission are not within their realm of expertise?
13. What role has Dr. Ralph Rusynyk played in monitoring the dental programs and dental health of the residents at Cresson Center? As a consultant to the Department of Welfare, has he done an appropriate job in identifying problem areas of dental health delivery and making meaningful recommendations to create changes?

SUMMARY

1. Throughout the interview, Dr. Brisini's attitude was one of hostility and aggression. His answers were vague and evasive in a number of instances. He did not seem to be very willing to cooperate.
2. The dental care being provided for the residents of Cresson Center is extremely inadequate. In many instances, teeth are being allowed to rot from decay until there is no treatment possible other than extraction.
3. The recommendation for general anesthesia is seen all too frequently. The number of residents with notations on their charts indicating the need for general anesthesia is highly inflated. Instead of being recommended as a valid treatment modality, the need for general anesthesia seems to be used as an excuse for not providing dental services. More importantly, when this modality is used, the residents are not routinely having their teeth cleaned, they are not having x-rays taken, and they are not routinely getting all of their carious teeth restored. This is an abuse of general anesthesia.
4. There does not seem to be an adequate control over the paperwork involved once the recommendation for general anesthesia is made.

There is a lack of follow-up relative to securing permission for the anesthesia. In some cases it seems that the recommendation is quite old and yet according to the charts in the patients' records, nothing was ever done.

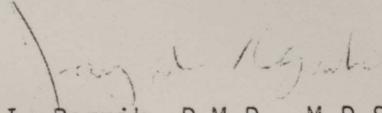
5. Although Dr. Brisini said that the residents were charted, i.e. notations made on the tooth diagrams on the charts in the patients' records, this did not seem to be the case on actual inspection. For at least 80% of the charts checked there were no notations made on the tooth diagrams. Of approximately 51 charts checked, none had treatment plans.
6. While Dr. Brisini admits to the need for and the valuable role played by the dental assistants in his private office, he does not recognize a need for trained dental auxilliaries for a population which has far greater dental needs than those seen in the average private practitioner's dental office. Where speed and efficiency are so important, the skills of trained people are invaluable.
7. Dr. Brisini is employed to provide a service to a special group of people with very special needs. Modifications of treatment techniques are the key to successfully providing dentistry for the handicapped. Yet Dr. Brisini has no formal or informal training in the area and has never attended a continuing education course related to the developmentally disabled. Besides on the job

experience, he actually seems to have no qualifications for the position he holds other than being a dentist.

8. Dr. Brisini administers local anesthesia for restorations and extractions in the dental clinic at Cresson Center. However he uses non-aspirating syringes which is considered inappropriate by experts in the field of anesthesia and pain control.
9. Based on monthly reports dating back to January 1978, Dr. Brisini has only inserted 20 amalgam restorations. The backlog of restorative work as judged by this investigator is enormous. However, it appears that Dr. Brisini does not recognize the need to restore teeth at a more rapid and realistic rate.
10. The two week period between exams and appointments for restorative work for the residents does not seem to be true at all.
11. The quality and quantity of decay present in the mouths of the residents of Cresson Center do not reflect that which one would expect to find in a relatively stable "captive" population for which dental services are being provided. The mouths of the residents are not being properly taken care of. Even when they are being treated via general anesthesia, which is too often recommended, they are not receiving appropriate care. Charting, treatment

planning, and documentation of oral conditions are in most cases either inappropriate or non-existent. On the basis of the above evidence and the fact that a man without proper training is being paid to provide a very specific service for a highly specialized group of people, the recommendation is made that Dr. Sam Brisini be relieved of his position so that the residents of Cresson Center will have the opportunity to look forward to a future of improved dental health.

Respectfully submitted in hopes of improving the future dental health of the institutionalized mentally retarded citizens of Pennsylvania,


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