

The purpose of this investigation is to evaluate the dental program at Ebensburg 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. John Brisini, a general dentist, is in charge of the dental program. He is a graduate of Western Reserve Dental School and has been at Ebensburg Center since 1957. Between 1957 and 1972, he was employed on a part-time basis. For the last six years, he has been employed full-time and presently works five days a week, from 7:00 AM until 2:00 PM. Dr. Brisini withdrew from organized dentistry in 1970.

Dr. Brisini admits to having no formal training in dental school in the care of the mentally retarded/multi-handicapped. The last continuing education course he attended was in 1976 in Hershey, Pennsylvania, sponsored by Temple University. However, this was essentially a General Dentistry Course. According to Dr. Brisini, the last course he attended related to the care for the mentally retarded was at the University of Pittsburgh School of Dental Medicine in 1972.

Dr. Brisini is the only dentist employed at the center which has approximately 830 residents. There are no part-time dentists at the center, nor are there any dentists contracted by the center for special

dental services. There are no dental assistants employed at Ebensburg Center. Dr. Brisini reports that the last assistant quit approximately two years ago. When asked if her position was ever filled, Dr. Brisini responded that they (I assumed this to be the administrators of the center) knew it was vacant. When asked if he requested that her vacancy be posted, he said he did not and that he quit making requests about two years ago. There is no dental hygienist at Ebensburg Center. The last one quit in June of 1978, after working one month.

The dental clinic is a one room facility on the ground floor of Building #1. The clinic has one dental chair, one desk, two cabinets, a sink, and an x-ray machine. The size of this facility is grossly inadequate. There are no suction facilities in the dental clinic other than the aspirators, which are a part of the dental unit. While there is an x-ray machine, which is fixed to the floor and may not be capable of taking radiographs on residents in wheel chairs, there are no facilities in the institution to develop the radiographs. Dr. Brisini stated that he last requested developing facilities about 10 years ago. There is a Cavitron in the clinic; however, at the time of this survey it was broken and had been for about one year. Dr. Brisini stated that he made his last request to have the Cavitron hose repaired two to three months ago. There is no high speed handpiece in the dental clinic. Dr. Brisini stated he last requested one in 1967. There is a portable slow speed handpiece, which is taken to

the wards for prophys and restorative work. For the 830 residents there were seven mouth mirrors and six explorers in the drawers of the cabinet.

The next area of questioning was related to patient management and treatment adjuncts and modifications. Dr. Brisini stated that he does not use wrist, leg, or chest straps as restraints. When asked if he was familiar with the Papoose Board, he said he had seen it in the literature, but not in operation. For sedation, Dr. Brisini uses either Atarax or Pentobarbital. He stated he uses one grain Pentobarbital as a standard dose for those residents requiring sedation. He characterizes the responses of the residents and his ability to perform the necessary work on them as very successful. There are no nitrous oxide-oxygen facilities in the clinic. Dr. Brisini reports using local anesthesia for restorations and extractions; however, he does not use aspirating syringes. Four of the thirteen unopened cans of local anesthesia in stock were expired in November 1977.

Dr. Brisini stated that he examines every resident for recall at six month intervals, but that only 20-30% receive a prophylaxis. He reported using Nu Pro prophy paste or just pumice or pumice with metaphen for the prophys. When asked if he applied topical fluoride, he said, "no" and that he never had. When asked if he was aware of

recent reports in the dental literature telling of the adverse effects of a prophylaxis without a subsequent application of fluoride, he responded negatively. When told this information was documented, he replied a lot of that doesn't mean anything.

For those residents who needed restorative work, Dr. Brisini stated that the time delay between the diagnosis of a carious lesion and the provision of the actual restorative work was a couple of weeks. It should be pointed out at this time that this examiner checked many residents who had carious lesions which were not treated. These residents were seen for an exam by Dr. Brisini anywhere from one to twelve months prior to the day of this evaluation. Dr. Brisini said that the residents of Building #1 come to the clinic for their exams, cleanings, and treatments. He said he goes to the wards of Building #7 to serve those residents, while for Buildings #2 thru #6, he works on the residents in the nurses' station. Some of these areas are equipped with suction facilities.

In spite of the findings of this examiner, Dr. Brisini made a number of references to the low incidence of dental decay of the residents. He stated that for all the residents except those in Building #1, he used two tongue blades to perform his oral exams rather than the standard mouth mirror and explorer. His detection of caries was, therefore, essentially visual rather than tactile.

It appeared that chartings were not routinely done on the residents.

Of the 41 residents examined by this investigator, approximately only 10% had any notation at all on the tooth diagrams of their charts. These notations should include some designation for carious areas, restored areas, missing teeth, and teeth in need of extraction. When residents were jointly examined by Dr. Brisini and this investigator, he concurred with the diagnosis of caries for several teeth. When asked why he did not chart these decayed areas, he responded by saying that he did not chart all the little pits. He said he would watch the teeth and the decay and either fill them or extract them as necessary. When asked if he let teeth decay until they had to be extracted, he responded, yes if he felt the resident was not a candidate for restorative dentistry. In this vein the examiner asked if some of the residents who were jointly examined were candidates for restorative dentistry. He said yes, but would not answer when asked why only a very few of their decayed areas were charted. He stated that some of the residents were extremely difficult to work on. When asked what he did for them, he responded, "whatever you can." This was followed with, what can you do, to which he said, "sometimes nothing." He added that we have extremely difficult residents here who get restrained for prophys. When asked about restorative work for these difficult residents he said, no, it can't be done. He said he bided his time until a problem developed and then he would take the tooth out. He

said that it is absolutely impossible to do restorative work on some of the residents.

When asked about in-services, Dr. Brisini said he would do them if he were asked but he isn't asked very often. He reported that he did conduct an in-service about a month ago for a group of direct care personnel.

Dr. Brisini had a variety of complaints regarding a lack of cooperation between him and the administration. He considered the superintendent, Dr. Hartley, to be "anti-medical" and has not informed him of his needs at all. Dr. Brisini mentioned to this investigator the need for an examining table a number of times. This is an appropriate need as many of the residents can not sit in a standard dental chair due to posturing problems. He was asked if he asked Dr. Hartley to get him an examining table; he said no, and felt "they" knew about it three years ago when there was some discussion about designing a new dental clinic. Dr. Brisini also admitted to not having asked Dr. Hartley for x-ray developing facilities, a high speed handpiece, or suction equipment. Dr. Brisini stated that he had to bring his own contra-angles because he could not get the state to supply them. He said he ordered them three or four times but could not recall the last time an order was placed.

Dr. Brisini also said he worked for ten years before he could get the state to supply the clinic with local anesthesia. Until 1967, he was bringing it in from his own office. Dr. Brisini was also upset that he did not get to interview the hygienist who was hired in May of this year.

This investigator met Dr. Reyes, the Medical Director, who has been employed at Ebensburg Center for five years. When asked if he was aware of inadequate dental facilities and equipment, he said no. He then turned to Dr. Brisini and said, "I think you have all of the equipment you would want to use." A list of needed equipment and improvements was never submitted to the Medical Director.

Dr. Brisini allowed this investigator to make copies of his monthly reports for the last six months. A copy of these figures can be found at the end of this report. It should be noted that in this six month period, 66 teeth were extracted while only 13 were restored.

When trying to find some reason for the lack of facilities and equipment, Dr. Brisini made many references to Dr. Ralph Rusynyk and some sort of study conducted roughly three years ago to re-do the dental facilities.

In conclusion, this investigator examined 41 residents in a period of two days. The exams were performed with a mouthmirror and explorer.

It should be noted that the proper number of adequately trained people was not available to assist in these exams. Nor were adequate restraints or mouth propping devices, which are necessary in some cases, available. Of the 41 residents checked, 25 had 91 teeth which demonstrated dental decay ranging in severity from incipient catches to very advanced stages of destruction. Of these 91 decayed teeth, less than 20% were noted on the tooth diagrams of the residents' charts. No treatment plans were found for any residents on any medical or dental document. This investigator questions whether Dr. Brisini even detected all or any of these areas and if so, how he intended to keep track of them without appropriate charting and treatment planning.

RECOMMENDATIONS

where?
have
large

A new dental facility is needed since the present one is too small.

A decision must be made regarding the establishment of one central dental clinic or multiple mini-clinics in or near the living units.

Factors to consider are transportation of residents to and from a central facility taking into account inclement weather and the availability of personnel to escort the residents, compared to the duplication of expense for equipment necessary for the mini-clinics.

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 would 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 as well as 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 the 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 Ebensburg Center and Cresson 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 Ebensburg 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 Ebensburg 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. Grossly inadequate dental care is being provided for the residents of Ebensburg Center.
2. In many instances, teeth in mouths which are being checked at least semi-annually are being allowed to rot from the ravages of dental decay until they are no longer salvageable and must be extracted.
3. Rather than using a mouth mirror and an explorer, exams are being conducted with tongue blades for the vast majority of the residents. Areas of decay can not be adequately determined by this method.
4. Documentation of dental conditions is faulty, inadequate, and just plain non-existent for many of the residents.
5. Treatment plans for dental work for the residents were not found in any dental or medical documents contained in the residents' folders or dental charts.
6. The dental facility at Ebensburg Center is too small.
7. The facility does not have major pieces of equipment which are necessary to provide quality dental care for the residents. These include high speed instrumentation, a working Cavitron and x-ray

developing facilities (see recommendations). Also, the facility does not employ adequate dental staff (see recommendations).

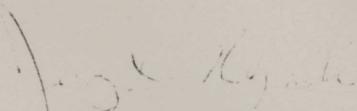
Excuses for the lack of equipment and personnel should not be tolerated in light of the absence of documented evidence requesting such. For example, an attempt made eleven years ago to acquire a high speed handpiece does not seem to constitute a legitimate attempt at improvement.

8. Dr. Brisini administers local anesthesia with non-aspirating syringes. This is a situation which is considered inappropriate by experts in the field of anesthesia and pain control.
9. Dr. Brisini uses one gr. of Pentobarbitol as a standard sedative dose for many of the residents who require sedation. Standardization of doses done in this manner is not based on sound dosage principles.
10. It appears to this investigator that the semi-annual exams performed on the residents with tongue blades, in most instances, are nothing more than a sham to satisfy Medical Assistance surveyors.
11. Due to the lack of formal training and the paucity of informal training via continuing education courses, Dr. Brisini does not seem to be aware of techniques for mouth propping, restraining, and appropriate sedating with chemical agents.

12. The discrepancy between the number of teeth found to be carious, during this two day investigation, and the number of restorations being performed merits a serious investigation. To not restore areas of frank decay which appear in so many mouths is tantamount to neglect of the dental health of the individual and by extension, neglect for his total well being. It is the opinion of this investigator that a very abusive situation exists in the mouths of the residents of Ebensburg Center. It is the recommendation of this investigator that Dr. John Brisini be relieved of his position as staff dentist of Ebensburg Center. It is further recommended that steps be taken by the Commissioner of Mental Retardation, the Deputy Commissioner in charge of institutional programs and the Superintendent of Ebensburg Center, to provide quality equipment in a modern facility so that the mouths of the residents can be restored to proper health by a qualified dentist supported by qualified auxilliary personnel.

13. Very few attempts were made throughout this report to quote Dr. Brisini. It is realized that in spite of this investigator's attempts to put down on paper exactly what was said, without the use of a tape recorder, all statements attributed to Dr. Brisini can be denied.

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


Jay I. Reznik, D.M.D., M.D.S.

MONTHLY REPORTS

	Restorative	Bi-Annual Exams	Patients Treated	Extractions	Cleaning
January	2	170	84	14	30
February	3	164	64	10	20
March	0	175	57	11	29
April	5	171	63	10	49
May	0	151	126	11	0
June (2 weeks)	3	164	64	10	28