

### 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 Rusnyk 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.

CRESSON CENTER  
REVIEW METHODS

On December 7, 1978, the survey team met with people representing Ebensburg Center and Cresson Center. The credentials and experiences of the members of the team, the purpose of the review and the methods to be utilized were discussed.

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

A sample of 15 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 January 4, 1979, Dr. Brisini was interviewed by Drs. Clark, Rusynyk and Hensler. 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 dental services was obtained from charts and monthly activity reports.



## FINDINGS

1. Of the 15 residents examined at Cresson:

- 45 surfaces of restoration are needed
- 1 fractured tooth
- 12 teeth needed to be extracted (one case omitted and possible full mouth)
- 6 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 12.33 based on a population of 185. This factor could be increased to 21.5 if Altoona Center's population of 138 is added. These findings are in substantial agreement with Dr. Reznik's previous survey.

2. A summary of dental services at Cresson and Altoona Centers as submitted on monthly activity reports from November 1977 to November 1978 (approx.):

- 208 examinations
- 32 residents charted
- 28 restorations
- 34 extractions (2 under general anesthesia), 3 roots
- 94 prophylaxis or cleanings
- 2 impressions, 2 denture adjustments, 1 partial adjustment

Whether or not this data includes services performed at the dentist's private office is unclear.

3. Lack of Dental Assistants: No dental assistants are employed by the Center.
4. Lack of Dental Hygienists: The last hygienist left over two years ago. She worked only a few months.
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. All existing equipment is grossly deficient, extremely out-dated or non-existent. No general anesthesia is available on site.
6. The Dentist: The existing dentist, under present circumstances (#1-5 above), has not provided adequate services to the residents. However, his former contractual agreement required him to spend 2.5 hours at Altoona Center, 4 hours at Cresson Center and 25.5 hours bi-weekly in

his own office. The Cambria County Dental Association fee schedule was used as a basis for payment, and a maximum of \$331.50 worth of services could be performed. This was altered on June 1, 1977, to change his payment method from fee-for-service to an hourly rate. A new job description has been formulated but is not in effect. The existing dentist seems to have excellent qualifications in the areas of extractions and the use of general anesthesia which are desirable and most likely useful in giving his patients good care. The difficulties are centered around the dentist's heavy reliance on general anesthesia, which could be attributed to some extent to the existence of the above-mentioned deficiencies. Dental care is geared to provide more extractions than restorations and routine treatment. The quality of care is questionable in the utilization of proper examination techniques and charting, and the implementation of a comprehensive preventive program.

7. The Administration: The administration is relatively new and is seeking advice and guidance for improving dental care. The relationship with the dentist appears to be satisfactory. The dentist's hours have been increased from 32 to 38 bi-weekly.



## 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 an additional part-time dentist who is trained and interested in the care of the multi-handicapped patients.
4. Salaries should be increased to attract dentists with formal post-graduate education.
5. Either seek another area or expand and redesign the existing area. 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. The existing dentist should be required to take a minimum of 12 hours of continuing education related to the care of handicapped persons.
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 with 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. The existing dentist should be utilized as part of a dental team to deliver dental services under general anesthesia.
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 coordinating 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 persons.
5. Consider combining the dental services at Cresson Center with those at Ebensburg Center to create a regional facility.
6. 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 a referral agreement with Lee Hospital in Johnstown.
  - C. The establishment of a referral agreement with Altoona Hospital.

#### LONG-RANGE GOALS

1. Opportunities for data collection and research information.
2. 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 an adequate maintenance and preventive program do not exist. 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. However, the present dentist possesses certain desirable qualifications in extracting and using general anesthesia, which if utilized properly will definitely be beneficial to the residents of Cresson Center.

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.

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