

NHASEC Advisory Subcommittee Meeting Q1-2ND Meeting 2018

February 21, 2018 12:30PM-5PM

NHBODE Meeting Room

121 South Fruit Street

Concord, NH

Attending

Committee Members

Dr. Karen Crowley (late arrival)

Dr. James Haas

Dr Mark Hochberg

Dr Robert Kuepper

Dr. Salman Malik

Dr. Mark Scura

Guests

Dr. Tara Levesque-Vogel, NHBODE President

AGENDA

Public Session

OLD BUSINESS

Acceptance of Minutes NHASEC Advisory Subcommittee January 24, 2017

See Appendix 1

Unanimously accepted by electronic vote February 16, 2018

Discussion of Implications of HB1577 for Rules changes

Update on Dr. Vila and Dr. Garcia Facility Permits

Training for members of permit holder's staff: content, length of time, names of participants

NEW BUSINESS

Appendix 1 Minutes of NHASEC Advisory Subcommittee Meeting January 24, 2018

NHASEC Advisory Subcommittee Meeting Q1 2018

JANUARY 24, 2018 2PM-5PM

PARKLAND HOSPITAL ROOM

Dr. Karen Crowley

Dr. James Haas

Dr Mark Hochberg

Dr Robert Kuepper

Dr. Salman Malik

Dr. Mark Scura

AGENDA

Public Session

OLD BUSINESS

Acceptance of Minutes NHASEC Advisory Subcommittee October 26, 2017

NEW BUSINESS

Discussion of Implications of HB1577 for Rules changes

Discussion of Facility Inspection of Dr. Hall and Dr. Vila by Dr. Kuepper

Initial Provisional Permit

Facility Inspections for Itinerant Providers ~ Non-Dentist

Training for members of permit holder's staff: content, length of time, names of participants

Permit for minimal sedation for post pubertal patients?

Pediatric Designation for All Permits?

CE Hours required in sedation and anesthesia

Proposed Changes to the Office Evaluation Forms

MINUTES

Public Session

Meeting convened January 24, 2018 at 2:02 EST

Dr. Crowley, Dr. Haas, Dr. Hochberg, Dr. Kuepper, Dr. Malik, Dr. Scura all in attendance

OLD BUSINESS

Acceptance of Minutes NHASEC Advisory Subcommittee October 26, 2017

Unanimous vote to approve the minutes of October 26, 2017

NEW BUSINESS

Discussion of Implications of HB1577 for Rules changes

Dr. Kuepper reported on his meeting January 17, 2018 sponsored by the NHDS working with NHBODE with Dr. Sousa, Dr. Laurie Rosato CGA Chair, Mr. Matt Auerbach with two sponsors of HB1577 Rep. Dr. William Marsh and Rep Yvonne Dean-Bailey. Other sponsors of the bill are Rep Mindi Messmer, Rep Robert Laskin, and Sen John Ryan. There is to be a hearing in the House Health, Human Services and Elderly Affairs Committee January 30, 2018 at 10 am at the Loan Legislative Office Building Room 205.

Dr. Kuepper informed the sponsors that several of the paragraphs of the bill had already been met by recent Rules change, ie, PALS for prepubertal patients.

He recommended that 1 (g) be changed from "competence" to "qualified". He discussed the most recent available statistics on pediatric anesthesia morbidity and mortality, showing that in-office pediatric anesthesia with our current model has excellent safety as compared to other venues of anesthesia delivery.

Dr. Kuepper recommended that DAANCE, the anesthesia assistant's course sponsored by AAOMS be a requirement for dental assistants providing monitoring as an acceptable person for the second qualified anesthesia member of the team. The current requirements for taking the DAANCE course are Employment for at least 6 months by either an AAOMS fellow/member or by a dental professional who holds a valid anesthesia permit, and 2. CPR or BLS current through the exam date.

He reported that neither representative was willing to omit the second anesthesia professional for prepubertal patients.

Dr. Haas noted his deep concern about access to care for pediatric patients. The bill as written would require a second anesthesia trained provider for moderate sedation. This would be extremely limiting in his practice for behavior management, especially for children above the age of 6, who have an insurance mandate for coverage in a surgical day care or hospital. Dr. Haas reviewed his training in moderate sedation anesthesia during his residency, including 3 years of 5-10 oral sedations a week, a 6 week OR rotation on the general anesthesia service at Pittsburgh Children's Hospital, and a 3 week intensive course in IN/PO Versed 15 years ago at another training institution.

Another requirement was to have a Pediatric Designation for all permit levels to be managed at the Rules level.

Dr. Kuepper discussed the M & M statistics in New Hampshire in the last 40 years. There have been 3 deaths in dentistry. One was a 40-year-old female undergoing office anesthesia in an OMS setting, another was laryngospasm due to tooth displacement into the glottis, of a young woman undergoing removal of third molars with local anesthesia only, and the third was a patient with severe OSA undergoing removal of teeth with local anesthesia, who dies of a post op analgesia induced respiratory depression.

Another issue was a new requirement of CE related to anesthesia and sedation. The discussion resulted in a recommendation for 16 hours biennially to be in the topics of physical evaluation, pharmacology, anesthesia technique, emergency management, human simulation emergency management course. BLS-HCP, ACLS and PALS will not count toward this requirement. The proposed statutory requirement of a root cause analysis of adverse events related to sedation and anesthesia in the dental office will be addressed by this committee in future deliberations.

Discussion of Facility Inspection of Dr. Hall and Dr. Vila by Dr. Kuepper

The subcommittee agreed that every non-dentist anesthesia provider must have an initial facility inspection. There was an unfortunate confluence of events that resulted in Dr. Vila not being aware that he was to have an evaluation according to the requirements of the Board. He did not have the required equipment and supplies as he believed he was there to assist Dr. Hall with her evaluation, and some equipment was not available as he was working in another location, according to Dr. Kuepper. Dr. Kuepper's debrief of the evaluation, and his recommendation for an apology from the Board to Dr. Vila is below.

Initial Provisional Permit

The subcommittee recommended this procedure following application of a dentist for an Initial Provisional Permit.

The applicant files for an Initial Provisional Permit for all levels of sedation and anesthesia which will be granted by the NHBODE based on educational background and training. The NHASEC will conduct an Initial Facility Inspection and Emergency Scenario Evaluation with the applicant and his/her team. Two evaluators from the NHASEC will perform this. Following a successful Initial Facility Inspection and Emergency Scenario Evaluation, the applicant will then be granted privileges for delivering sedation and anesthesia services at the level of his or her permit.

Within 90 days of the successful Initial Facility Inspection and Emergency Scenario Evaluation, the NHASEC will conduct a Clinical Patient Sedation/Anesthetic Evaluation. Two evaluators from the NHASEC will perform this.

Upon successful completion of the Clinical Patient Sedation/Anesthetic Evaluation, the applicant will be granted a full permit at the appropriate level.

Should the applicant fail the Clinical Patient Sedation/Anesthetic Evaluation, the Initial Provisional Permit will be extended for 90 days, and the Clinical Patient Sedation/Anesthetic Evaluation will be repeated with 2 different NHASEC evaluators. [We expect that the failure would be due to poor team performance, not doctor performance.]

The 5-year cycle of a periodic Comprehensive Evaluation will begin upon the successful completion of the clinical portion, at the time the NHBODE grants the full permit.

Facility Inspections for Itinerant Providers ~ Non-Dentist

The subcommittee recommends that just as all dentists who provide sedation and anesthesia in multiple offices must have facility permits, all non-dentists must have facility permits in all offices in which they provide sedation and anesthesia services.

Training for members of permit holder's staff: content, length of time, names of participants

No consensus reached. Tabled to next meeting

Permit for minimal sedation for post pubertal patients?

No consensus reached. Tabled to next meeting

Pediatric Designation for All Permits?

The subcommittee recommended that there be a Pediatric Designation for any level of permit

CE Hours required in sedation and anesthesia

The subcommittee recommends that 16 hours biennially be required in anesthesia and sedation related subjects: physical evaluation, pharmacology, anesthesia technique, emergency management, human simulation emergency management

Proposed Changes to the Office Evaluation Forms

The subcommittee recommended that:

The requirement for Dantrolene (on the GA/DS Office Evaluation Form) complies with the new edition of the AAOMS OAE manual. This is due out later in 2018

To remove Lasix from the GA/DS Office Evaluation Form

That the MS-R form requirement for an EKG be consistent with the ADA Guidelines for the Use of Sedation and Anesthesia by Dentists, most recent update in 2017

That the MS-R form must have capnography as a mandatory requirement

That any future requirements in the Pediatric evaluation form for MS-UR permit be consistent with AAPD Guidelines

Remove the nasal hood whistle altogether

These changes will be discussed at the Annual NHASEC meeting

The language of the Dental Practice Rules appears to state that an assistant must be certified in order to take vital signs. The subcommittee recommends that this be changed to allow all dental assistants to take vital signs

Non-Public Session

There was no non-public session

The next meeting of the NHASEC Advisory Subcommittee will be Wednesday, February 21, 2018 at a location to be determined.

The annual meeting of the NHASEC will be held on Thursday, April 12, 2018 at a location to be determined.

Respectfully submitted,

Karen E. Crowley, D.D.S.

Unanimously approved by electronic vote February 16, 2018

The following are excerpts taken from a communication dated 01/23/18 from Dr. Kuepper to Constance Stratton regarding Dr. Vila's facility permit in response to an Email from Dr. Vila dated 01/19/18:

08/16/17- Board wrote letters to Drs. Haas and Vila incorrectly granting Dr. Vila permission to provide services in Dr. Haas' office and states he will not be required to have a facility inspection in other office locations.

Dr. Haas passed a comp eval, which included a facility inspection, but Dr. Vila did not. The assumption was made that Dr. Haas's comp eval satisfied Dr. Vila's requirement for an initial facility inspection, but it was later determined that Dr. Vila never had an initial facility inspection and that Dr. Haas' comp eval did not fulfill Dr. Vila's obligation to pass an initial facility inspection

08/17/17-11/14/17- Board staff wrote to Dr. Vila confirming the incorrect actions of the board stated in of the board's prior letter dated 08/16/17.

11/27/17- Dr. Hall questioned the information received from the Board and staff, i.e. that Dr. Vila would be required to pass a facility inspection in her office and cited the conflicting information sent to Dr. Vila on 08/16/17, contradicting the latest board's requirements. The question was referred to Dr. Crowley.

11/27/17- Dr. Crowley advised the board's office that Dr. Vila was required to pass a facility inspection in Dr. Hall's office and that he is not self-contained.

As of 11/27/17, the board and the Anesthesia/Sedation Committee members were not aware that the board's legal counsel would subsequently find that we could not enforce requirements that were not set forth in the current rules, e.g. make any distinctions between self-contained and facility dependent/not-self contained providers. Neither could we require MD/CRNA providers to submit to a facility inspection beyond their required initial facility inspection. Obviously, Dr. Crowley's answers to the board's questions on 11/27/17 were made without her prior knowledge of what the board's legal counsel would subsequently find on these questions.

12/05/17- The board wrote a letter to Dr. Crowley, Dr. Hall and Dr. Vila informing them that DR. Hall and Dr. Vila required facility inspections. Dr. Crowley asked me to perform them based upon this directive from the board, which I agreed to do and which I completed on 12/19/17.

*This letter dated 12/05/17, from the board states, "If Dr. Vila is providing any of the equipment or drugs, **he would need to be present.**" This letter **did not explain** that the information contained in the board's previous letter dated 08/16/17, had since been determined to be **incorrect** and that this current letter was correcting the prior error and is now based upon the interpretation and correct application of the current rules.*

Dr. Kuepper made some recommendations, including

- (1) The board should write Dr. Vila a letter stating: it now recognizes that Dr. Vila was never informed by the board that the initial letter he received from the board granting him privileges was in error and he should have been informed of this administrative error by the board as soon as it was discovered.
- (2) He was not so informed and had reason to assume the requirement for him "to be present" during Dr. Hall's facility inspection was no more than a formality and that he had not been informed that he would be required to have to satisfy all the requirements of a facility inspection for GA/DS in Dr. Hall's office by showing the evaluator all required items in his possession,
- (3) Dr. Vila should also be informed that the current rules **do** require him to pass an initial facility inspection in a NH dental office of his choosing, and that he would be given the inspection form with which he must comply in his chosen facility,
- (4) and after passing that facility inspection, any and all references in the board's records referring to his prior failure to pass a facility inspection would be expunged.
- (5) A letter should then be sent to Dr. Hall, with a copy of the letter sent to Dr. Vila, confirming that she failed her facility inspection and her failure was in no way related to any of Dr. Vila's actions or inactions during her inspection,
- (6) and, if and when she passes an initial facility inspection, her prior failure would remain in her board records.
- (7) Lastly, Dr. Kuepper should receive a letter acknowledging that he properly performed this facility inspection and apologizing to him for having placed him in the untenable position that led Dr. Vila to conclude that it was primarily Dr. Kuepper's misconduct during this facility inspection which resulted in what he found to be a "disturbing report" as opposed to the factual cause, i.e. the acts of commission and omission by the board.