

New Hampshire Anesthesia and Sedation Evaluation Committee Annual Meeting Minutes

Wednesday April 15, 2015

NH Board of Dental Examiners
Philbrook Building, Room B119
121 South Fruit Street
Concord NH, 03301-2412

Attending:

Karen Crowley, DDS (chair); Vincent Albert, DMD; Marshall Baldassarre, DMD; Craig Cohen, DMD; Steven Doyle, DMD; Shauna Gauthier, DMD; James Haas, DDS; Mark Hochberg, DMD; B. Chandler Jones, DMD; Barton McGirl, DDS; Kimberly Meyer, DMD; Dave Pak, DMD; Peter Reich, DMD; Gregory Shaker, DDS; Patrick Vaughan, DDS

Not in Attendance:

Mark Abel, DMD; Rocco Addante, DMD, MD; Jacqueline Cash, DMD; Robert Kuepper, DDS; Craig Leffingwell, DMD; Salman Malik, DMD; Mark Scura, DMD

Guests:

Matthew Heimbach, DMD
Jill Brinkman, DDS
Deeb Helal, DMD
Charles Albee, DMD, President, NH Board of Dental Examiners
Constance Stratton, Executive Director, NH Board of Dental Examiners
Jeanne Clement, Administrative Assistant, NH Board of Dental Examiners

Committee chair Dr. Karen Crowley called the meeting to order at 5:45 p.m. She welcomed new Committee members Dr. Shauna Gauthier, Dr. Steven Doyle and Dr. Brant Chandler Jones. Dr. Emily Van Heukelom resigned as Committee co-chair due to relocation to Michigan.

Board President Dr. Charles Albee expressed appreciation to all the Anesthesia/Sedation Committee Evaluators for all they do and especially Dr. Karen Crowley in her role as chairperson. Dr. Albee shared that the Board's Public Member tendered her resignation recently. And, additionally, that one of the Board members, Dr. Marshall Baldassarre will be completing his term next year. Dr. Albee asked that if any oral surgeon is interested in joining the Board or possibly putting a name in for a public member, please send the name to the State of NH Governor and Council. Dr. Albee remarked that he was in attendance of this Committee's Annual Meeting to listen and to answer any questions the Committee may have.

Dr. Matthew Heimbach asked to share some information about public safety with the Committee. He addressed his questions to the Committee:

- Based on recent information from the Board of Pharmacology regarding the destruction of drugs, he asked the Committee their input as to the proper way to destroy medications?
 - Dr. Crowley responded that it's a jurisdictional item and she will look into it.
- As a general dentist, he may only do 15-20 sedations per year. He feels there is a gap in continuing education for those using moderate sedation. Will he be evaluated on a day when he can give his best? Maybe another alternative to an actual patient?
- He expressed that he ensures that all his staff are on the top of their game. Is ACLS the top of their game? Is there some form of annual/bi-annual training (ASDA)? Life-saving training (day-long) for all?
 - Dr. Crowley remarked that the issues Dr. Heimbach raised are not new to the Committee and his input is very valuable. Possibly a sub-committee could be set up to find some opportunities for training/continuing education, especially with those using moderate sedation. Also to look at the requirements of the evaluations and difficulty scheduling, especially comprehensive evaluations.

Dr. Crowley reviewed the contents of the folders.

The Committee reviewed Old Business and accepted with no changes.

New Business:

1. Committee Evaluation Performance

2014-2015 Comp. Evaluations	Completed	On Time	Outstanding (past due)
MS/R	4	3	5
MS/UR	3	3	3
GA/DS	11	11	9
Total	18	17	17

Reasons for delay may include scheduling conflict between evaluator and permit holder, unable to schedule patient requiring anesthesia, permit holder not returning evaluator's calls or not willing to schedule an evaluation or practitioner planning to surrender their current permit to the NH Dental Board. Delay in evaluations can affect patient safety.

Committee members and Board staff made the following observations:

- A practical difficulty with some dentists not administering anesthesia often enough.
- An ongoing issue. There are minimal guidelines. They follow the ADA guidelines. Prefer not to have guidelines that are too restrictive.

- If a dentist is not doing enough sedation, maybe he/she shouldn't have a permit?
- Questions were raised if it is warranted to have that level of criteria if you don't administer anesthesia that often. Maybe a different category or criteria? Maybe do the clinical (emergency) scenarios at the same time as the facility inspection?
- Discussion was raised regarding the need for opportunities in NH (i.e., an approved simulation education certification course). Targeted courses may be a boon for dentists in NH; technology is very expensive. Possibly do a survey with the Dental Society to see if there is interest out there?
 - Dr. Crowley did a literature search and there are not a lot of absolutes. Difficult to determine competency.
 - If any evaluator has difficulty in scheduling evaluations, please bring it back to her.

2. No conditional "pass" category for the comprehensive evaluation.

The Committee has not done this in the past.

Relative to dentists who have minor deficiencies or major deficiencies.

Timeliness left up to the Committee member. Board will not accept conditionals.

3. No regulatory requirements at this time for training of an anesthesia assistant for Deep Sedation/General Anesthesia.

The Board of Dental Examiners does not require that.

Dr. Baldassarre commented that we will see eventual registration of all dental assistants. May be able to see the qualifications of those assistants. Don't have anything at this present time.

4. Delivery of Intravenous Medication - As a committee, we have, to date, required delivery of intravenous medication to be performed only by a licensed dentist with a permit to deliver intravenous sedation. This is consistent with the rules for sedation and anesthesia practice in NH as they stand now. Anyone who has a health care license that allows delivery of intravenous medication under their own practice rules can also deliver same (e.g., RN, MD).

- Under emergency situations, as in an ACLS or code situation, anyone who has the capability of delivering resuscitative emergency medication would do so due to the urgency of time critical delivery of medication in life-threatening situations.

5. Basic Life Support for Healthcare Providers - The newly revised *Initial Application to Administer Anesthesia and/or Sedation* was posted to the Board's website as well as the revised version of Den 304.02. They both now reference BLS-HCP (basic life support for healthcare providers) and the rule states "**Such dentist shall be certified in BLS-HCP effective April 1, 2016**".

6. There were several changes incorporated into the newly adopted administrative rule Den 304.02 relating to anesthesia/sedation:

- a) Passage of comprehensive evaluations shall be required within **8 months** (instead of 6) of the issuance of the initial permit.
- b) For moderate sedation permits, dentists shall document 6 cases per year or 4 hours of continuing education in sedation training **per biennium** (per biennium was added for clarification).
- c) "**Within a 24-hour period**" was added to Den 304.02 (m)(2) b. clarification ...
- d) The versions of the Guidelines referenced throughout Den 304.02 were updated to the correct versions.
 - o Dr. Albee questioned if the requirement of documenting 6 cases per year or 4 hour of continuing education is equally balanced?

7. Results of Evaluations - At its November 3, 2014 meeting, the Board voted to adhere to the Anesthesia/Sedation Evaluation Protocol (Appendix 1), in particular to #7 which states that "Results of evaluations will be sent to the Board through the chairmen with a recommendation to pass, with or without printed suggested changes, or fail."

- o Please send paperwork to Dr. Crowley and she will check and forward to the Board.

8. Should there be a certain number of anesthesia cases done in a year to hold permit?

Den 304.02 (d) - The following shall apply to an **unrestricted moderate sedation permit:**

(4) To renew their permit, dentists shall document 6 cases per year of 4 hours of continuing education in sedation training per biennium; and

(5) Case documentation shall include:

- a. Age and sex of a patient;
- b. ASA classification;
- c. Procedures;
- d. Drugs and dosage; and
- e. Level of sedation

Den 304.02 (e) - The following shall apply to a **restricted moderate sedation permit**:

(4) To review [sic] their permit, dentists shall document 6 cases per year or 4 hours continuing education in sedation training per biennium; and

(5) Case documentation shall include:

- a. Age and sex of a patient;
- b. ASA classification;
- c. Procedures;
- d. Drugs and dosage; and
- e. Level of sedation

There are no case volume requirements for permit holders for general anesthesia deep sedation.

9. Issues Surrounding Scheduling of Moderate Sedation - Unrestricted and Restricted Comprehensive Evaluations -

- a) Doctors needing the evaluation feel it is unnecessary for them, especially the MS/R permit holders. They state they have held the permit before and this was not required.
- b) Doctors needing the evaluation state they don't have enough MS/R pts scheduled to book in advance. They only do a few a year.
- c) A few of these doctors are bringing in Anesthesiologist and are confused about what is required to remain in the office at all times: equipment, drugs, certifications of staff.
 - o Please direct problems to Dr. Crowley.
 - o For a "location permit", important to ensure that emergency practices are in place.

10. Moderate Sedation Permit Holder changes since comprehensive evaluation instituted. Access to care considerations.

In looking through the records, there were since 2012:

- a) 7 dentists (who still have active licenses) who surrendered their Moderate Sedation Restricted Permits
- b) 3 dentists (who still have active licenses) who surrendered their Moderate Sedation Unrestricted Permits
- c) 1 dentist who withdrew her application (Eileen Saunders) for a Moderate Sedation Unrestricted Permit
 - o Committee members raised the following questions:
 - Are the requirements arduous?
 - Is there a barrier to care?
 - o As the sole pediatric dentist who does sedation in NH, Dr. James Haas, stated that he has presented an access to care issue in relation to pediatric patients.

11. Office narcotics are not required to be in a double locked box. The lock box is required to be in a secure cabinet.

Our charge is not to enforce Pharmacy Board rules. Included as an FYI .. so that you can advise a permittee.

- a) The law for the storage of controlled substances can be found in the Code of Federal Regulations (CFR). The specific site is Chapter 21 CFR 1301.75(b) (http://www.ecfr.gov/cgi-bin/text-idx?SID=315daed49da193711c8808e073516b21&mc=true&node=se21.9.1301_175&rgn=div8). Depending on the practice setting there could be other requirements in place such as CMS or JHCO. For example most hospitals have a policy that controlled substances will be double locked.

21 CFR 1301.75 Physical security controls for practitioners.

- a) Controlled substances listed in Schedule I shall be stored in a securely locked, substantially constructed cabinet.
- b) Controlled substances listed in Schedules II, III, IV, and V shall be stored in a securely locked, substantially constructed cabinet.** However, pharmacies and institutional practitioners may disperse such substances throughout the stock of non-controlled substances in such a manner as to obstruct the theft or diversion of the controlled substances.
- c) Sealed mail-back packages and inner liners collected in accordance with part 1317 of this chapter shall only be stored at the registered location in a securely locked, substantially constructed cabinet or a securely locked room with controlled access, except as authorized by §1317.80(d).
- d) This section shall also apply to non-practitioners authorized to conduct research or chemical analysis under another registration.
- e) Carfentanil etorphine hydrochloride and diprenorphine shall be stored in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

12. Anesthesia Consent Form - Add anesthesia consent form requirement to facility and comprehensive evaluation forms for 3 classes of permits?

- The Committee agreed that consent forms should be a requirement for the committee and should be added to the evaluation forms. Dr. Crowley will send a form to the Committee for approval.
- Connie Stratton, the Executive Director of the Board of Dental Examiners, will check with Board Counsel as to whether or not these forms are included in the rules.

13. Biennial Inventory required by NH Pharmacy Board biennially- May 1st odd years.

Form template enclosed. Do we need to send memo to permit holders to improve compliance?

FYI ... Template in packet for the committee members to use.

When Committee members are doing an evaluation, can remind the practitioners.

Dr. Gauthier will send the packet of material from the Board of Pharmacy to Dr. Crowley.

14. Other Business -

- Connie Stratton and Dr. Baldassarre - Possible rule changes/clarification may be needed to administrative rule Den 304.02 Permits for Use of General Anesthesia, Deep Sedation and Moderate Sedation. Connie asked the Committee to please look at the chart enclosed in the folders and give guidance to the Board.
- Dr. Albee asked about evaluating personnel at the different locations (i.e., Dr. Doyle's 7 locations). Dr. Crowley responded that models of delivery are different. Dr. Doyle has indicated that turnover of front desk staff is high in the multi-specialty chains, and that evaluation of these personnel would probably have no effect on better patient outcome in an emergency. More importantly is the scripted verbiage to be available to anyone for proper response to an emergency, and that is addressed now in the evaluations.
- Clarification - untrained assistants cannot draw up medications.

Dr. Karen Crowley thanked the Committee members for all their service to New Hampshire and adjourned the meeting at 8:00 p.m.

Respectfully recorded,

Mark G. Hochberg, DMD
Anesthesia/Sedation Evaluation Committee

With contributions by:
Jeanne Clement
Administrative Assistant
NH Board of Dental Examiners

Electronic vote to approve minutes sent July 1, 2015 and final tally July 29, 2015

18/23 Approve 0 Disapprove.

Minutes formally accepted by committee July 29, 2015 and submitted to NHBDE July 30, 2015