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Governor

Arizona State Board of
Dental Examiners
"Caring for the Public's Dental
Health and Professional Standards"

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OPEN SESSION MINUTES

March 19, 2021
Anesthesia & Sedation Committee Meeting

Members of the Arizona State Board of Dental Examiners ("Board") Anesthesia & Sedation Committee ("Committee") held a meeting at 1:03 p.m. on Friday, March 19, 2021, which was held virtually.

Committee Members
Nick Goodman, Committee Chair
Ali Baghai, CRNA
Lisa B. Bienstock, DMD
Randall J. Blazic, DDS
Jason W. Brady, DMD
Jeffrey N. Brownstein, DDS
Ed Christensen, DDS
Anthony Herro, DDS
Jonathan Jerman, MD
Randall Lout, DDS
Heath Snell, DDS

I. CALL TO ORDER AND ROLL CALL

Dr. Herro called the Committee's meeting to order at 1:03 p.m.

ROLL CALL

The following Committee members were present:

Mr. Baghai, Dr. Bienstock, Dr. Blazic, Dr. Brady, Dr. Brownstein, Dr. Christensen, Dr. Herro, Dr. Jerman, Dr. Lout and Dr. Snell

The following Committee member was absent:
Chairman Goodman

STAFF PRESENT

The following Board staff and Assistant Attorneys General participated in the virtual meeting:

Ryan P. Edmonson, Executive Director; Kristina C. Gomez, Deputy Director; Sherrie Biggs, Assistant Deputy Director; Selena Acuna, Legal Administrator; Susie Adams, Program and Project Specialist; and, Lisa Schmelling, Chief Compliance Officer; Seth T. Hargraves, AAG; Nancy Elia, Licensing Administrator; and, Andrea Cisneros, Minutes Administrator

GUEST(S) PRESENT

The following individuals were also present:

Anthony Caputo, DDS

II. CALL TO THE PUBLIC

No individuals addressed the Committee during the Call to the Public.

III. REVIEW, DISCUSSION AND POSSIBLE ACTION ON COMMITTEE MEETING MINUTES

A. Discussion and approval of the Open Session Minutes from the February 5, 2021 committee meeting.
B. Discussion and approval of the Executive Session Minutes from the February 5, 2021 committee meeting.

MOTION: Dr. Brady moved for the Committee to approve the February 5, 2021 Open Session and Executive Session minutes in item numbers A and B.
SECOND: Dr. Lout
VOTE: 10-aye, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

VII. LEGISLATIVE UPDATE – SB1372

Executive Director Edmonson reported that SB1372 successfully passed through the Senate and has been transferred to the House where it is being held. The Committee noted that a stakeholder meeting was held and it was discussed that this Committee should undertake the task of reviewing the statutes and rules regarding anesthesia and sedation from the perspectives of patient safety as well as access to care. Mr. Baghai commented that after the stakeholder meeting, he went back to the lobbyist and his association board requesting the Bill be dropped to allow the Committee to do its work. Dr. Herro stated that the rules, as they currently exist, are not perfect and that this Committee understands the importance of input from the many different providers involved in this area. Dr. Herro added that he was hopeful for the Committee to have recommendations for the Board's review and consideration in the coming months. Dr. Christensen stated his appreciation for the Committee members' input and stated that he recognized these matters take patience and time to resolve.

IV. STUDY/REVIEW OF ADVERSE OCCURRENCE REPORTS

The Committee noted that Drs. Blazic and Jerman performed thorough reviews of the items reviewed at the Committee's February 2021 and the information gathered by Board staff, and provided comments for each case. Dr. Blazic stated that their takeaway from the review was that this is a great start to the study and review of adverse outcomes. Dr. Jerman commented that this is an incredible launch for the Committee, the Board and the community as a whole to collect data and improve patient outcomes.

Dr. Blazic reported that a total of 20 cases were reviewed, half of which involved a two-provider model while the other half involved a single provider model. He stated that there were some incomplete fields in the spreadsheet generated by Board staff, including who administered anesthesia, the permit holder level and whether the patient was discharged or when. He stated that completing these fields in the spreadsheet would make for production of a better document. The Committee members were provided a copy of the spreadsheet containing the information gathered for the study. Drs. Balzic and Jerman presented brief summaries of the cases to the Committee in the order that they appeared on the list.

Dr. Jerman summarized that the first case involved appropriate treatment with conscious sedation. The next case involved a 4-year old induced with sedation and subsequently developed laryngospasm with appropriate treatment. Board staff had clarified in the documentation that the case involved a dentist anesthesiologist permit holder. Dr. Jerman summarized that the next case involved a 21-year old who was over sedated. Appropriate patient selection was questioned in this case given the patient's underlying medical conditions. Dr. Lout stated that from an operating dentist perspective, this patient should have been in an outpatient surgical facility or hospital. Dr. Bienstock commented that prior to administering oral sedation in her office, they make sure that

the patient receives medical clearance if they have a concerning medical condition. Dr. Caputo stated that the Committee should consider whether ASA status should be established for each patient to determine whether patient selection was appropriate in the event that an adverse event is reported or being investigated. Dr. Bienstock proposed creating a rule that would require patients classified as ASA 3 or greater require medical clearance. Dr. Snell stated that while he liked Dr. Bienstock's suggestion, he did not see how creating a rule or statute was going to effectively rule out those tragic outcomes from a patient selection perspective. Mr. Baghai proposed as an alternative to creating a rule or statute, that the Committee establish recommendations regarding patient selection to publish for the community.

Dr. Jerman summarized that the next case involved a 19-year old with multiple medical conditions who underwent a procedure and aspirated. Patient selection was a concern raised in this case, noting the patient's underlying medical condition. The next case involved a 2 and ½-year old patient with history of asthma who underwent general anesthesia for restoration and developed laryngospasm and bradycardia. Dr. Jerman commented that this case was good to help further educate providers.

Dr. Blazic summarized case ending in 041 that involved a 2 and ½-year old who underwent general anesthesia for restorations and during emergence, developed laryngospasm and stopped breathing. The patient was transported to the hospital and survived, and it did not appear that any reversal drugs were given. The Committee noted that Board staff clarified in the documentation that a physician anesthesiologist was involved in this case. Dr. Blazic summarized case ending in 157 that involved a 76-year old patient whose outcome involved significant injury to the brain. This patient underwent a forty-minute procedure to extract lower teeth and implant removal. The Committee noted that recordkeeping concerns were raised in this case in that the administration of sedation medications and times were unclear. Dr. Blazic stated this was a heavy dose of medication for someone of this age and no reversal drugs were reported. Dr. Blazic stated that similar to the prior case, this case was good to help further educate providers to better understand the medications used for oral sedation or light IV sedation in the office.

Dr. Blazic summarized that case ending in 242 involved an 8-year old who presented for root canal and suffered bradycardia with permanent injury. Dr. Blazic stated that this case needed further review to determine what took place. He summarized case ending in 040 that involved a 65-year old who underwent a three-hour procedure, developed hypotension during the end of the case and continued to be lethargic after three attempts to reverse narcotics. The patient was transferred to the hospital and stayed overnight. Dr. Blazic pointed out that this was the third time the patient had been sedated in that office in six months, and that he believed there were some issues with monitoring the patient. Dr. Blazic stated his concerns regarding patient selection in this case, noting a three-hour procedure involving a 1302 permit holder.

Dr. Jerman stated that over sedation appeared to be a recurring theme involving sedation approved by the permit that slipped into another realm of sedation that is not approved by the permit. He proposed adding language to regulations that better defines moderate sedation. Dr. Brady agreed and stated that there appeared to be the multiple stacking of narcotics. He proposed establishing guidelines for how many times a 1302 permit holder can dose. Dr. Herro agreed that a 1302 permit holder performing a three-hour case is inappropriate. Dr. Snell stated that it comes down to case selection, and that the provider should be able to use their own judgment in terms of length of procedure. Dr. Blazic stated that this case was a good learning tool for providers to review the deidentified data as well as the Committee's commentary.

Dr. Blazic summarized case ending in 151 that involved a 64-year old with underlying medical conditions who underwent a six-hour procedure. Dr. Blazic stated that question was raised in this case relative to the length of the procedure and airway instrumentation for such a long case. He

stated that this case also involved stacking of drugs and that the patient appeared to have received a lot of medication.

Dr. Blazic summarized case ending in 207 involving a 1301 permit holder and a 4-year old who underwent general anesthesia induced with inhalation anesthetic. During the case, the patient developed acute bronchospasm, EMS was called and the appropriate treatment was given. There were no concerns raised in this case. Dr. Herro asked for comments from other members regarding mobile permit holders utilizing inhalation induction in dental offices. Dr. Brady stated that he uses inhalation agents on around 95% of his cases and that changing or restricting that part of anesthesia would cause a significant change in his practice. Dr. Jerman stated that bronchial spasms are common in children and providers need to be prepared to treat it, which he stated appeared to have occurred in this case. Dr. Lout stated that this case could educate providers on case selection given that it involved a 4-year old with an extensive medical history. Dr. Caputo stated his concerns regarding the rules not addressing MH preparedness and that this was an issue that needed the Committee's consideration.

Dr. Blazic recalled prior concerns involving piping in offices, and questioned how mobile inhalation set ups are being regulated. He recognized that this was not a topic agendized for today's proceedings, and suggested placing this issue on a future agenda for further discussion. Dr. Herro stated that he too recalled the piping issue as well as concerns regarding the type of equipment being used for administration.

Dr. Jerman summarized a case that involved a 30-pound child who was dropped off in recovery by the anesthesiologist who then proceeded to start another case. The oxygen tank was empty and the patient became hypoxic and bradycardic, and was reintubated at the bedside of another patient under anesthesia. Dr. Jerman stated that the issue in this case involved failure to check the equipment. He noted that this was a mobile provider and questioned who would have been responsible for checking the equipment. The Committee observed that a dentist and separate anesthesia provider were involved in this case, and that investigations should have been opened on both providers for review. Dr. Blazic commented that if this case is approached as a two-provider model, the responsibility for the anesthetic is on the dentist anesthesiologist on the case. Dr. Herro recalled a prior matter that resulted in cases being initiated against both providers to make them understand that in the setting of a team approach, they carry some responsibility. Dr. Snell stated that the mobile provider is responsible for carrying their own equipment and that it should not be the responsibility of the office to have the equipment.

Dr. Caputo pointed out that the rules are clear in that a mobile provider is responsible for ensuring that all of the necessary equipment and supplies are in place when the procedure is done. He stated that mobile providers do have the ability to rely on the office's equipment and are responsible for ensuring that the equipment and staff are there. Dr. Bienstock stated that the majority of issues occur during recovery, at which time most mobile permit holders leave the recovery care to the dental practice where they provided the anesthesia. Dr. Jerman suggested mandating an attestation on the sedation record that the equipment has been checked, which would cause the provider to pause for thought before providing sedation. Dr. Blazic proposed adding something in statute related to standardized discharge protocol as well as expectations in the anesthetic log, including ASA classification and equipment check.

Dr. Jerman summarized a case that involved an 83-year old patient with a medical history that included coronary artery disease and stent placement, who in the recovery area became over sedated, hypotensive and bradycardic. Dr. Jerman stated his concerns regarding patient selection and sedation in this case. The next case involved a 1302 permit holder and a 67-year old who was intended to receive conscious sedation and was over sedated. The next case involved a 62-year old with coronary artery disease and stents who underwent multiple extractions and became

bradycardic, was transferred to the hospital and discharged two days later. The next case involved a 6-year old patient who was sedated, began to cough and hold breath after moving, and developed what was presumed to be laryngospasm. Dr. Jerman stated that this patient received a hefty dose of ketamine.

Dr. Jerman summarized a case ending in 999 that involved a 240-pound patient who had an increase in blood pressure during the procedure, received medications to decrease and all medications that were administered were not reported. Dr. Jerman stated that it appeared that the provider responded appropriately to the situation, but it was unclear what medications were given to the patient. Dr. Blazic noted that this case was also listed under the item ending in 127, but the providers listed were different as one indicated an oral surgeon while the other listed a periodontist. Dr. Blazic suggested reviewing the cases again to clarify who provided the anesthesia. Dr. Jerman summarized case ending in 176 that involved some documentation concerns relating to units given. The next case involved a 23-year old patient and stated that it appeared appropriate care was provided. The last case involved an 8-year old that was transferred to the hospital after complications occurred 35 minutes into the procedure and was discharged 48 hours later. Dr. Jerman stated that the documentation was lacking in this case regarding medications and what occurred during the code.

Dr. Blazic stated that the overriding themes noted during the review were better educating providers not to over sedate and better patient selection. The Committee discussed the ability to use this information to further educate providers in the community as well as update the rules relating to anesthesia and sedation. Dr. Blazic asked that further review be conducted on the matters where it was noted that the information was lacking, and stated that he had documentation from California and Texas that relate to review of adverse occurrences in those states.

After reviewing the information gathered for the case study, the Committee highlighted the following points:

- Level of sedation;
- Definition of sedation by permit;
- Clear definitions of conscious, moderate and deep sedations;
- Patient selection;
- Role of history and physicals in patient selection;
- Responsibility for equipment and machine checks;
- Opportunity for morbidity/mortality educational experience for providers;
- Standardizing anesthetic record and discharge criteria;
- Documentation ;
- Adverse occurrences involving two providers to result in cases against both providers;
- Utilizing tidbits;
- Requirements for volatile anesthetics and MH preparedness for mobile permit holders; and
- Responsibility of anesthesia.

Dr. Blazic recalled that the Committee discussed at its last meeting that IO access should not be done in a dental office and suggested including language in statutes to that affect. Dr. Herro commented that the rules should address that this is inappropriate.

The Committee discussed a study that was done in Mississippi for an anesthesia advisory panel that referenced all states. Dr. Brady stated that there was a great publication that is currently in draft form that takes a multidisciplinary approach and covers the majority of the Committee's highlighted points. The Committee also discussed having the document disseminated to members and agendizing it for the next meeting for further discussion.

V. CURRENT STATUTE(S) AND/OR RULE(S) REGARDING ANESTHESIA & SEDATION STATUTE AND RULES

Executive Director Edmonson reported that the only recommendations that have been transmitted to the Board include AED recommendations. The Committee discussed presenting further recommendations to the Board as one final product.

VI. BENEFITS OF A TEAM MODEL, A TWO-PROVIDER MODEL OR A SINGLE PROVIDER MODEL WHEN ADMINISTERING ANESTHESIA/SEDATION

The Committee noted that this topic was agendized for discussion of the different types of practice models and discussed whether this should be a standing agenda item for future meetings. Dr. Caputo stated that he believed there are no unsafe practice models and stated that the dental community needs to focus on supporting these models and doing it at a level that is appropriate to maintain the safety and wellbeing of patients.

VIII. DISCUSSION AND POSSIBLE ACTION ITEMS FOR FUTURE MEETING AGENDAS

The Committee discussed including a copy of the case study in the Committee's meeting packets going forward as a reference and agendizing the highlighted points from the case study. Dr. Herro suggested agendizing a discussion regarding 1301, 1302, 1303 and 1304 permits.

IX. NEXT COMMITTEE MEETING DATES

The Committee discussed holding its meetings every third week of the month, alternating between Tuesday and Friday. Executive Director Edmonson stated that he would email the Committee members proposed dates for its next meeting.

Dr. Herro thanked the Committee and staff for their hard work and efforts.

X. ADJOURNMENT

MOTION: Dr. Lout moved for the Committee to adjourn.
SECOND: Dr. Jerman
VOTE: 10-aye, 0-nay, 0-abstain, 0-recuse, 1-absent.
MOTION PASSED.

The Committee's meeting adjourned at 3:10 p.m.