

Policy on Hospitalization and Operating Room Access for Dental Care of Infants, Children, Adolescents, and Persons With Special Health Care Needs

Originating Committee

Dental Care Committee

Review Council

Council on Clinical Affairs

Adopted

1989

Revised

1997, 2001, 2005, 2010

Reaffirmed

1993

Purpose

The American Academy of Pediatric Dentistry (AAPD) advocates, when indicated, hospitalization and equal access to operating room facilities for dental care of infants, children, adolescents, and persons with special health care needs. The AAPD recognizes that barriers to hospital dental care for patients best treated in that setting need to be addressed.

Method

This policy is an update of the previous document revised in 2005. An updated electronic search was performed using the parameters: Terms: “access to care for dental care in hospitals”, “operating room access for dental care”; Fields: all fields; Limits: within the last 10 years.

Background

Pediatric dentists often treat patients who present special challenges related to their age, behavior, medical status, developmental disabilities, intellectual limitations, or special needs. Caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function.¹⁻⁴ These undesirable outcomes adversely can affect learning, communication, nutrition, and other activities necessary for normal growth and development.⁵⁻⁷ Many medical conditions (eg, hematological, oncological) are compounded by the presence of oral maladies and disease. To address these challenges and meet these treatment needs effectively, pediatric dentists have developed and employ a variety of management techniques, including accessing anesthesia services and/or the provision of dental care in a hospital setting with or without general anesthesia. Hospital dentistry is an integral part of the curriculum of all accredited advanced pediatric dental training

programs. Pediatric dentists are, by virtue of training and experience, qualified to recognize the indications for such an approach and to render such care.⁸

Pediatric dentists occasionally have experienced difficulty in gaining an equal opportunity to schedule operating room time, postponement/delay of nonemergency dental care, and economic credentialing. Economic credentialing (ie, the use of economic criteria not related to quality of care or professional competency) to determine qualifications for granting/renewing an individual’s clinical staff membership or privileges should be opposed.⁹ The AAPD and the American Dental Association urge hospital insurance carriers to include hospitalization benefits for dental treatment in both private and public insurance programs so that the resources of a hospital are available to patients whose condition, in the judgment of the dentist, warrants treatment in the operating room.¹⁰

The mutual objective of both the governing board and the medical staff is to improve the quality and efficiency of patient care in the hospital. Decisions regarding hospital privileges should be based upon the training, experience, and demonstrated competence of candidates, taking into consideration the availability of facilities and the overall medical needs of the community, the hospital, and especially the patients. Privileges should not be based on numbers of patients admitted to the facility or the patient’s economic or insurance status.¹¹

Policy statement

The AAPD shall work with all concerned medical and dental colleagues and organizations to remove barriers to hospital and operating room access for dental care for patients best treated in those settings. The AAPD affirms that hospitals or outpatient settings providing surgical treatment should not

discriminate against pediatric dental patients requiring care under general anesthesia. Such patients and their care providers need access to these facilities. The dental patient, as with any other patient, should have the right to be seen in a timely manner.

References

1. Acs G, Pretzer S, Foley M, Ng MW. Perceived outcomes and parental satisfaction following dental rehabilitation under general anesthesia. *Pediatr Dent* 2001;23(5):419-23.
2. Low W, Tan S, Schwartz S. The effect of severe caries on the quality of life in young children. *Pediatr Dent* 1999;21(6):325-6.
3. Milano M, Seybold SV. Dental care for special needs patients: A survey of Texas pediatric dentists. *J Dent Child* 2002;69(2):212-5.
4. American Academy of Pediatric Dentistry. Definition of dental disability. *Pediatr Dent* 2009;31(special issue):12.
5. American Academy of Pediatric Dentistry. Definition of dental neglect. *Pediatr Dent* 2009;31(special issue):11.
6. Kay L, Killian C, Lindemeyer R. Special Patients. In: Nowak AJ, Casamassimo PS, eds. *Pediatric Dentistry: The Handbook*. 3rd ed. Chicago, Ill: American Academy of Pediatric Dentistry; 2007:260.
7. Thomas CW, Primosch RE. Changes in incremental weight and well-being of children with rampant caries following complete dental rehabilitation. *Pediatr Dent* 2002;24(2):109-13.
8. American Dental Association Commission on Dental Accreditation. Accreditation standards for advanced specialty education programs in pediatric dentistry: Hospital and adjunctive experiences. Chicago, Ill; 1998:25-9.
9. American Medical Association. Policy H-230.975 Economic credentialing. Adopted 1991; reaffirmed 1998. Available at: "<http://www.ama-assn.org/ama/pub/physician-resources/legal-topics/medical-staff-topics/economic-credentialing.shtml>". Accessed Jun 22, 2010.
10. American Dental Association. Current policies, economic credentialing (1993:692). Available at: "http://www.ada.org/sections/about/pdfs/doc_policies.pdf". Accessed June 22, 2010.
11. American Medical Association. Policy E-4.07 Staff privileges. Issued July, 1983; updated June, 1994. Available at: "<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion407.shtml>". Accessed June 22, 2010.