ANESTHESIA CREDENTIALS COMMITTEE

MINUTES
January 23, 2014
Conference Room
400 S.W. 8th St., Suite D
Des Moines, Iowa

Committee Members	**January 23, 2014**
Kaaren Vargas, D.D.S.	Absent
Richard Burton, D.D.S.	Present
Steven Clark, D.D.S.	Present
John Frank, D.D.S.	Present
Douglas Horton, D.D.S.	Absent
Gary Roth, D.D.S.	Present
Kurt Westlund, D.D.S.	Present

Staff Member
Christel Braness, Phil McCollum

Other Attendees
Stephen Thies, D.D.S.

I. CALL MEETING TO ORDER – JANUARY 23, 2014

Ms. Braness called the meeting of the Anesthesia Credentials Committee to order at 12:05 p.m. on Thursday, January 23, 2014. This meeting was held by conference call to review committee minutes, applications for sedation permits, and other items for committee consideration. It was impractical for the committee to meet in person with such a short agenda. A quorum was established with five members present.

Roll Call:

Member	Vargas	Burton	Clark	Frank	Horton	Roth	Westlund
Present	x	x	x	x		x	
Absent					x		x

II. COMMITTEE MINUTES

- *October 24, 2013 – Teleconference*

- ❖ MOVED by VARGAS, SECONDED by BURTON, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

- ➢ Dr. Westlund joined the call at 12:07 p.m.

III. GENERAL ANESTHESIA PERMIT APPLICATIONS

Ms. Braness reported that no general anesthesia applications were received to date.

IV. MODERATE SEDATION PERMIT APPLICATIONS

- ▪ *Bradley Hagarty, D.D.S.*

Ms. Braness provided an overview of the application.

The committee members had some questions about the ACLS certification, which Dr. Hagarty completed. It is unclear if the ACLS certification included a "hands-on", clinical component.

Dr. Vargas stated that she had the same concerns and asked staff to follow up with Dr. Hagarty about his certification.

Mr. McCollum asked for further clarification about the committee's concerns about the certification. Dr. Frank expressed concerns about the airway management portions of the training. Dr. Frank feels that this portion of the certification needs to be done in person, and not via online training.

Mr. McCollum stated that staff could touch base with Dr. Hagarty and get clarification on this matter. If it is determined that Dr. Hagarty's ACLS certification was an online only course, staff will ask him to complete a "hands-on" clinical portion of ACLS training.

- ❖ MOVED by ROTH, SECONDED by VARGAS, to APPROVE the application following confirmation that Dr. Hagarty completed a hands-on, clinical portion of the ACLS certification. Motion APPROVED unanimously.

V. MODERATE SEDATION COURSES FOR REVIEW

- ▪ *Conscious Sedation Consulting*

Ms. Braness provided an overview of the request from a licensee interested in attending this course.

Dr. Westlund indicated that he did not know much about this course and could not comment. Mr. McCollum recommended tabling the discussion for now until everyone had a chance to more fully review the course information. Mr. McCollum indicated that Ms. Braness can follow up and gather more information if necessary.

The committee chose to table this discussion until a later date.

Dr. Westlund indicated that he had difficulty opening the document. Ms. Braness reported that the file size had been too large initially, and the file size was reduced. This may have caused the issues with opening the document. Ms. Braness stated that she would put a copy of the course information in the mail to Dr. Westlund.

Dr. Roth thought the course appeared to be fairly comprehensive, but that the committee needed to clarify whether the sedation training is occurring on live patients. It appears that this course would meet most of the committee's concerns.

Dr. Westlund asked if there was any operating room experience with intubation on live patients. Dr. Roth stated that the course only makes reference to "clinic" so it is unclear based on the information, which the committee has currently.

- MOVED by ROTH, SECONDED by VARGAS, to table the discussion for further review of the course materials. Motion APPROVED unanimously.

VI. PEER EVALUATIONS

Ms. Braness provided an overview of this agenda item. There had been some questions recently concerning the peer evaluations as it related to moderate sedation permit holders. Dr. Westlund reported that the Iowa Association of Oral and Maxillofacial Surgeons (IAOMS) had recently been focusing on the peer evaluations for the general anesthesia permit holders. Ms. Braness asked for direction from the committee as to how staff should proceed with the moderate sedation permit holders.

Mr. McCollum reported that the committee recommended implementing the same standard of peer evaluations for moderate sedation permits; however, he could not recall if the rules included this as a requirement. Dr. Roth recalled that the rules allowed the committee or the Board to do this; however, he does not believe that this was required by rule. Ms. Braness looked up the rules and it is not specifically required by rule; however, it would is allowed at the discretion of the Board.

Dr. Westlund recommended that a spreadsheet be created, including all of the relevant dates and information for the sedation permit. Ms. Braness reported that she has a spreadsheet with most of this information already; however, she can update this spreadsheet to include the peer evaluation dates. Ms. Braness indicated that we can forward this at the next committee meeting for further review as requested.

Dr. Roth stated that, in his experience, most moderate sedation permit holders, who have been peer reviewed, were based on complaints or disciplinary action. Dr. Roth recommended that several committee members offer to conduct these to make it easier to complete these in a timely manner.

Ms. Braness stated that she will update the spreadsheet and forward this for further discussion at the next meeting.

Dr. Frank indicated that he understands that the Board is not bound by the American Association of Oral and Maxillofacial Surgeons (AAOMS) or the American Dental Association (ADA). Dr. Frank asked if the committee might want to refer to recommendations from these organizations to establish a standard in Iowa.

Mr. McCollum reported that the facilities are to be inspected once every five years. Mr. McCollum asked if the committee would want to tie the peer evaluations to the facility inspections to keep better track of these dates.

Dr. Westlund and Dr. Vargas indicated that they liked the idea of bringing this information back to the committee for further review and discussion.

VII. OTHER BUSINESS

- *Proposed rule amendments – Ch. 29, "Sedation and Nitrous Oxide Inhalation Analgesia"*

Ms. Braness provided an overview of the request from the Board. Ms. Braness reported that at the last quarterly meeting of the Board, the Board recommended drafting rules requiring moderate sedation permit holders to use capnography, and that PALS certification be accepted in lieu of ACLS for those moderate sedation permit holders who sedate children. Although, staff has not yet drafted rules, this was being brought back to the committee for further discussion.

Dr. Westlund stated that these recommendations are in line with the recommended guidelines from the AAOMS. Dr. Vargas stated that the pediatric literature indicates that it's recommended, but not currently required. Practitioners who are only using nitrous oxide would not be required to use capnography. Capnography would be recommended when more than one method of sedation is introduced. For example, capnography would be recommended when combining nitrous oxide with an oral medication.

Dr. Thies asked about the definition of pediatric patients. Ms. Braness reported that patients ages 12 and under are defined as pediatric patients in Iowa Administrative Code 650—Chapter 29. Ms. Braness also clarified that in order to sedate pediatric patients, moderate sedation permit holders must receive training through an ADA-accredited residency program, or have been granted a rule waiver from the Board for other training deemed to be equivalent, and have been issued an added qualification to sedate pediatric patients by the Board.

Dr. Frank inquired as to whether general anesthesia permit holders who provide sedation to pediatric patients would be required to obtain PALS certification as well. Ms. Braness believed that this was the intent; however, she asked Dr. Vargas to clarify the recommendation, which she made at the last Board meeting. Since complications can arise rather quickly with pediatric patients, Dr. Vargas would recommend that it be required of everyone who sedates pediatric patients. Dr. Vargas stated that she is open to input from the rest of the committee members.

Dr. Burton reported that most general anesthesia permit holders probably have current PALS certifications. Dr. Burton stated that the University of Iowa College of Dentistry requires all

graduates and faculty members to hold PALS certification. Dr. Burton also reported that most hospitals settings require PALS certification. Dr. Burton reported that the coverage within the PALS training has changed over the years. Dr. Burton does not feel like this is an unreasonable request.

Dr. Westlund indicated that the 2012 AAOMS literature recommends PALS certification for those who sedate pediatric patients; though, it is not required.

Dr. Vargas stated that it may be good to require this across the board since ACLS is required in order to sedate non-pediatric patients. Dr. Roth wonders if ACLS certification is required since that was the only way of addressing airway management concerns. The ideal situation would be for courses to be developed, which specifically address the potential needs within moderate sedation. A lot of the ACLS training does not fully apply to dental treatment. Dr. Roth would hope that other training could be developed to replace ACLS, courses that would be more appropriate for treatment in dental offices and addressing the needs for airway management training.

The committee members noted that there is a difference between the emphasis in training between ACLS and PALS. ACLS focuses more on cardiac issues; whereas PALS focuses more on airway management. Dr. Vargas stated that the primary concern when sedating pediatric patients is airway management.

Dr. Roth asked about capnography for moderate sedation permit holders, like himself, who have not used capnography. Dr. Vargas and Dr. Westlund indicated that there was some cost to the capnography machines. Dr. Roth asked if it would be required to use this equipment while sedating, or if it would need to be on hand for situations where it seemed appropriate to use it. Dr. Westlund stated that the intent of the rule would be that practitioners would use the capnography machines while sedating. Dr. Vargas agreed.

Dr. Roth indicated that he uses pulse oximetry and other methods to monitor the patient. Dr. Roth stated that he does not, typically, sedate his patients very deeply. Dr. Vargas stated that there can be a very fast transition between moderate sedation and deep sedation. By using the capnography equipment, a practitioner could more quickly determine this and respond appropriately.

Mr. McCollum asked for input on the two issues. First, Mr. McCollum asked the committee about the capnography requirement, and secondly, about whether the proposed recommendation related to PALS certification would affect general anesthesia permit holders. Dr. Westlund stated that most oral surgeons are probably certified in PALS already.

Dr. Vargas thought that this may have limited impact on most practitioners. Mr. McCollum asked for clarification on this issue since staff will need to draft rules for the next meeting. The committee may want to clarify if PALS certification should be required of all practitioners who sedate pediatric patients, or if it should just be limited to moderate sedation permit holders who sedate pediatric patients. Dr. Vargas would recommend that PALS certification for required for everyone who sedates children.

Dr. Clark stated that Dr. Vargas may be asking that pediatric dentists be allowed to completed PALS certification in lieu of ACLS. Mr. McCollum and Ms. Braness indicated that this would be a very simple change. Mr. McCollum responded by stating that this provision would only cover one part of the committee's concern.

Dr. Thies inquired about practices that have a broad patient base. Dr. Thies asked if PALS would be required when sedating a minor. The example, which Dr. Thies referenced was regarding a 16 year old. Ms. Braness and Dr. Vargas responded by stating that PALS would not be required in those instances. Ms. Braness reiterated that in order to sedate pediatric patients, moderate sedation permit holders would be required to obtain a special qualification from the Board. In order to obtain this qualification, one must complete residency training. This would only effect a small number of practitioners.

Dr. Roth asked Dr. Clark about training in capnography at the dental school. It was stated that the dental school is not currently teaching capnography. Based on that, Dr. Roth questioned requiring this without further recommendations from the ADA, or other national organizations, which are not specialty organizations. Dr. Burton indicated that, to date, that has been the school's position. Dr. Roth recommended requiring this for moderate sedation permit holders, who sedate pediatric patients since they are at higher risk of complications. Dr. Roth stated that since the risk is lower for ASA 1-2 patients who are not defined as pediatric patients.

Mr. McCollum asked if the committee wanted to make a motion about this. Dr. Westlund and Dr. Vargas stated that it may be better to research this further before making a final recommendation.

- MOVED by VARGAS, SECONDED by WESTLUND, to research this further before making final recommendation. Motion APPROVED unanimously.

- MOVED by ROTH, SECONDED by VARGAS, to propose drafting rules to allow PALS in lieu of ACLS. Motion APPROVED unanimously.

VIII. OPPORTUNITY FOR PUBLIC COMMENT

No public comments were received.

IX. ADJOURN

- MOVED by VARGAS, SECONDED by VARGAS, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:48 p.m.

NEXT MEETING OF THE COMMITTEE

The next meeting of the Anesthesia Credentials Committee is scheduled for March 27, 2014. The meeting will be held at the Board offices and by teleconference.

These minutes are respectfully submitted by Christel Braness, Program Planner 2, Iowa Dental Board.