



# STATE OF IOWA

## IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

PHIL MCCOLLUM  
INTERIM DIRECTOR

### ANESTHESIA CREDENTIALS COMMITTEE

#### MINUTES

March 27, 2014

Conference Room

400 S.W. 8<sup>th</sup> St., Suite D

Des Moines, Iowa

#### Committee Members

March 27, 2014

Kaaren Vargas, D.D.S.

Present

Richard Burton, D.D.S.

Absent

Steven Clark, D.D.S.

Present

John Frank, D.D.S.

Absent

Douglas Horton, D.D.S.

Present

Gary Roth, D.D.S.

Present

Kurt Westlund, D.D.S.

Absent

#### Staff Member

Christel Branness, Phil McCollum

#### Other Attendees

Stephen Thies, D.D.S.

Jeffrey Purk, D.D.S.

### I. CALL MEETING TO ORDER – MARCH 27, 2014

Ms. Branness called the meeting of the Anesthesia Credentials Committee to order at 12:11 p.m. on Thursday, March 27, 2014. This meeting was held by conference call to review committee minutes, applications for sedation permits, proposed rule amendments, 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 four (4) members present.

Roll Call:

<u>Member</u>	<u>Vargas</u>	<u>Burton</u>	<u>Clark</u>	<u>Frank</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>
Present	x		x		x	x	
Absent		x		x			x

### II. COMMITTEE MINUTES

- *January 23, 2014 – Teleconference*

- *February 20, 2014 – Teleconference*
- ❖ MOVED by ROTH, SECONDED by VARGAS, to APPROVE the minutes as submitted. Motion APPROVED unanimously.

## **OPPORTUNITY FOR PUBLIC COMMENT**

Ms. Braness stated that due to the proposed rule amendments on the agenda, the opportunity for public comment would be allowed for those who wished to comment.

Mr. McCollum reported that Dr. Purk was attending the meeting at the Board office, and Dr. Thies was participating by phone. Mr. McCollum extended the opportunity for public comment to Dr. Thies first since he was participating by phone.

Dr. Thies stated his appreciation for the opportunity to comment. Dr. Thies' comments about the proposed amendments were included as part of the meeting materials. Dr. Thies wanted to express his concerns about the proposed requirement for capnography for moderate sedation permit holders since the ADA has not issued guidelines requiring or recommending capnography for moderate sedation permit holders. The Guidelines for Sedation Analgesia by Anesthesiology do not appear to include recommendations in this regard either. Since the work being performed is done in the mouth, there is the opportunity to see and view the airway. Practitioners are also in contact with the patient throughout the procedure. Dr. Thies sees the proposed capnography requirement as an additional burden, particularly since practitioners are providing oversight during these procedures.

Dr. Purk thanked the committee for the chance to speak. Dr. Purk referenced a couple of articles, which had information relevant to this topic. Dr. Purk cited the Emergency Nursing Resources, from 2009, that came to the conclusion capnography is a more sensitive indicator and more rapid evaluation when a patient becomes hypoxic. Dr. Purk expressed his opinion that capnography is not necessary in other cases.

Dr. Purk referenced other statements from the articles that he brought with him, which indicated that patient outcomes are not necessarily improved by the use of capnography. One such article was published in February 2014 from the members of the American College of Emergency Physicians on the clinical policies committee. The article stated that there is a lack of evidence to suggest that the use of capnography reduces the number of serious adverse events during procedural sedation analgesia.

Dr. Purk referred to the material, which he submitted earlier in the week, and was included in the mailing. Dr. Purk made reference to statements made by Dr. Ernie Lucci, from the University of Texas Health and Science Center, San Antonio, who is a lecturer for the American Society of Anesthesiology. Dr. Lucci states that there is no data linking improved outcomes so long as the moderately sedated patients remain conscious. Dr. Lucci has suggested the use of precordial stethoscope is a suitable alternative to capnography.

### **III. GENERAL ANESTHESIA PERMIT APPLICATIONS**

- *Adam C. Stanley, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Westlund, who was not available to participate in the meeting, provided comments indicating that he would schedule a peer evaluation for later this summer. Apart from that item, Dr. Westlund deemed the application complete.

- ❖ MOVED by ROTH, SECONDED by VARGAS, to APPROVE following peer evaluation and site inspection as needed. Motion APPROVED unanimously.

### **IV. MODERATE SEDATION PERMIT APPLICATIONS**

- *Cody W. Winterholler, D.D.S.*

Ms. Braness provided an overview of the application. Dr. Westlund submitted comments on this application as well. Based on the information provided with the application, Dr. Winterholler will not have received training in the sedation of pediatric or medically-compromised patients. Apart from that, Dr. Westlund felt that the training would be sufficient for approval.

Dr. Clark questioned section 8 of the application and how it was completed at the time of review by the committee. Ms. Braness stated that Dr. Winterholler would be subject to a facility inspection, and the permit would not be issued until the facility passes the required inspection, and all training requirements have been met pursuant to Iowa Administrative Code 650—Chapter 29. Ms. Braness also pointed out that Dr. Winterholler copied several pages of section 8 in order to completely list the auxiliary staff. Each copy of that section of the application is not intended for separate locations.

- ❖ MOVED by ROTH, SECONDED by VARGAS, to APPROVE the application upon completion of his residency program and facility inspection. Motion APPROVED unanimously.

- *Jordan P. Dudzinski, D.D.S.*

Ms. Braness provided an overview of the application. Ms. Braness reported that the course will be completed through Conscious Sedation Consulting. The course is not scheduled until May 2014. The application was submitted in order to expedite processing.

Ms. Braness reported that Dr. Westlund, in the comments provided for the meeting, had concerns about reviewing an application that was incomplete. Dr. Westlund recommended tabling the decision on this application until the training is completed.

- ❖ MOVED by ROTH, SECONDED by HORTON, to take no action until the training has been completed. Motion APPROVED unanimously.

### **V. OTHER BUSINESS**

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

Mr. McCollum addressed the proposed rules. Mr. McCollum addressed these items separately to make the discussion more efficient.

The first item is to allow PALS certification in lieu of ACLS certification for those who sedate pediatric patients. The committee had no comments to this proposal.

- ❖ **MOVED** by VARGAS, **SECONDED** by ROTH, to recommend approval of this proposed amendment to the Board. Motion **APPROVED** unanimously.

Mr. McCollum provided an overview concerning the proposal for capnography for all moderate sedation permit holders. General anesthesia permit holders are currently required to use capnography when providing sedation services.

Dr. Horton recommended not requiring capnography, and instead allow the use of a precordial stethoscope. Ms. Braness asked for clarification on Dr. Horton’s suggestion. Dr. Horton recommended requiring the use of a capnography machine or a precordial stethoscope as a means to better monitor patients undergoing sedation.

Dr. Vargas is aware that some practitioners are having some problems with this proposed requirement. However, it appears that, increasingly, national organizations are moving in the direction of requiring capnography in these situations. Dr. Vargas commented on Dr. Thies’ previous statements, made at the beginning of the meeting, regarding the use of breath swell as a measure of how the patient is doing. Dr. Vargas stated that breath swell and chest rise is not a recognized measure of oxygenation.

Dr. Roth asked about communicating with the patient. Dr. Vargas said that the transition between moderate sedation and deep sedation is rather narrow. Dr. Vargas also pointed out that not all practitioners speak with their patients while they are being sedated. Dr. Vargas noted that talking with a patient is, typically, representative of a lower sedation level, along the lines of anxiolysis. Dr. Vargas does not think that the committee should wait until there is an adverse occurrence before addressing these concerns.

Dr. Roth asked how many deaths have occurred with ASA 1-2 adult patients, who were receiving moderate sedation. Dr. Vargas stated that there have been some deaths. All of those incidents were the result of over-sedation and failure to recognize that the patients were not respirating appropriately. Based on these incidents, Dr. Vargas feels that it is better to be proactive in this area. Dr. Vargas would agree with Dr. Horton’s recommendation to require either capnography or the use of a precordial stethoscope.

Dr. Roth asked about any incidents, which may have occurred in Iowa. Mr. McCollum stated that he is not aware of any deaths resulting from practitioners who have received adequate training in moderate sedation and held an active permit.

Dr. Vargas is aware of at least one pediatric death in Chicago within the last few years. In her past experience, having taught at the University of Iowa College of Dentistry, some practitioners are careless. Dr. Vargas, however, is open to the suggestion to allow a precordial stethoscope as an alternative to a capnography machine.

Mr. McCollum asked for clarification that Dr. Horton and Dr. Vargas agree with the proposal to require either capnography or a precordial stethoscope. Mr. McCollum asked Dr. Roth for his position.

Dr. Roth recommended waiting until the American Dental Association (ADA) makes a recommendation in this area. Dr. Roth does not think that the American Society of Anesthesiologists (ASA) should set the standard for dental practitioners, who use moderate sedation. Dr. Roth questions how effective capnography is when cannulas are used in an open system.

Dr. Clark indicated that capnography is used at the University of Iowa College of Dentistry. Dr. Clark indicated that they also use the precordial stethoscope as there can sometimes be errors with an open system. Dr. Clark referenced Dr. Roth’s comments and understands asking the question about who gets to determine the standard for Iowa.

- ❖ MOVED by HORTON, SECONDED by VARGAS, to recommend a rule amendment that would require the use of either capnography or a precordial stethoscope for moderate sedation permit holders.

Dr. Roth again recommended waiting on setting a standard in Iowa until the ADA makes a formal recommendation. Dr. Roth recommended requiring the use of capnography when using moderate sedation with pediatric patients. However, Dr. Roth does not think it should be required when providing moderate sedation to non-pediatric patients, ASA 1-2.

Dr. Clark agreed with some of Dr. Roth’s comments. However, Dr. Clark pointed out that an increasing number of practitioners have been applying for, and receiving, moderate sedation permits. The fact that there have not been adverse occurrences of this nature in the past does not guarantee that they will not occur in the future.

Dr. Roth stated that Iowa has not accepted the DOCS or other weekend courses as approved training in moderate sedation. Dr. Roth thinks that a requirement for more thorough training in moderate sedation would address most of these concerns.

Dr. Clark asked for clarification about the motion. Ms. Braness reported that the motion would be to recommend the requirement for the use of capnography or a precordial stethoscope for moderate sedation permit holders.

<u>Member</u>	<u>Burton</u>	<u>Clark</u>	<u>Frank</u>	<u>Horton</u>	<u>Roth</u>	<u>Westlund</u>	<u>Vargas</u>
Yes		x		x			x
No					x		
Absent	x		x			x	

Motion APPROVED, 3-1.

Dr. Roth stated that while he is not advocating for the requirement of capnography, he will go along with the committee's recommendation.

Dr. Clark reported that some of the precordial stethoscopes work in conjunction with Bluetooth technology. Dr. Clark stated that they use both at the University of Iowa College of Dentistry to eliminate false positives. Dr. Vargas stated that the American Academy requires precordial stethoscopes for moderate sedation. Dr. Vargas also stated that hearing aid centers will fit someone for the earpieces.

Dr. Roth again stated that he thinks it best for the ADA to sort this out. Dr. Roth will comply with whatever the Board decides.

- *Peer Evaluations*

Mr. McCollum recommended tabling this discussion for a future meeting, preferably when the committee may be able to meet in person, and more of the committee is in attendance.

The committee members were okay with that recommendation.

## **VI. OPPORTUNITY FOR PUBLIC COMMENT**

Dr. Thies asked to comment about the proposal. Dr. Thies asked if the public comment period will be allowed. Ms. Braness stated that the committee's recommendation will go before the Board. If the Board adopts the committee's recommendation, the rulemaking process will begin and there will be additional opportunity to comment on the proposals. Mr. McCollum stated that this information was presented early so as to get a recommendation from the committee.

Dr. Thies also asked about the difference between precordial stethoscopes and pretracheal stethoscopes. Dr. Clark and Dr. Vargas stated they were essentially the same, and that either would be an acceptable substitute for a capnography machine.

Dr. Purk agreed with Dr. Roth's earlier comments recommending that that Iowa wait for the ADA to make a recommendation in this area.

## **VII. ADJOURN**

❖ MOVED by VARGAS, SECONDED by CLARK, to adjourn. Motion APPROVED unanimously.

The Anesthesia Credentials Committee adjourned its meeting at 12:46 p.m.

## **NEXT MEETING OF THE COMMITTEE**

The next meeting of the Anesthesia Credentials Committee is scheduled for July 17, 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.