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EDMONTON SOCIAL PLANNING COUNCIL



TASK FORCE ON:

DENTAL EMERGENCY SERVICES

In January, 1974, a group of citizens and dentists met to discuss alternatives to the present informal dental emergency service which is available in Edmonton.

From the ensuing meetings of the Task Force on Dental Emergency Services, Task Force members endorsed an outline for a proposed dental emergency service, one which was originally proposed a year ago by the Edmonton and District Dental Society. The recommendations of the brief have not yet been implemented. No formal service functions where a person requiring emergency dental care can go for immediate treatment.

The number of emergencies handled by the previous Dental Emergency Service which operated until June, 1973, indicates that a need exists in Edmonton for this service. The Task Force feels that a hospital setting is the most advantageous and appropriate place for a permanent dental emergency service.

Therefore, the Task Force recommends that the Alberta Hospital Services Commission and the Area Hospital Planning Council should make positive representation to the Department of Health and Social Development to implement the proposals of the Edmonton and District Dental Society and of this Task Force Report.

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TASK FORCE ON DENTAL EMERGENCY SERVICES

INTRODUCTION

The Task Force on Dental Emergency Services was formed in response to the concern of several Edmontonians that there presently is no formal service available for persons with a dental emergency. From January, 1970, to June, 1973, such a service did exist. It folded after three and one-half years because of medico-legal complications, special health problems of patients requiring more specialized treatment than could be provided by the service and an increase in the misuse of drugs by the general public causing potentially dangerous situations for dentists who treated a patient alone in the dentist's office.

While the Task Force feels that preventive dental care would minimize the number of dental emergencies, it is not possible to eliminate all emergencies. Many cases arise where individuals need immediate treatment of a dental problem. According to information provided by the Edmonton and District Dental Society which maintained the service for three and a half years, nearly two-thirds of the persons requesting emergency care were treated. A similar service located in Vancouver General Hospital treats five to fifteen patients daily.

At the moment, three hospitals in the City are equipped with complete dental facilities. These are the Charles Camsell, Royal Alexandra and University Hospitals. It is the opinion of the Task Force that these facilities should be used for providing the Emergency Dental Service. The idea is not entirely original. In Vancouver, the Vancouver General Hospital is using its dental facilities to handle dental emergencies.

A brief prepared by the Edmonton and District Dental Society describes the history of the former service and proposes a revised format for a dental service. The brief indicates that members of the Dental Society would be willing to voluntarily staff the service.

The Task Force concurs with the recommendations made by this group. The proposals of the Edmonton and District Dental Society and the comments of the Task Force follow.

A. THE NEED FOR DENTAL EMERGENCY SERVICES

From the period of January, 1970, to June, 1973, the Edmonton and District Dental Society sponsored a Dental Emergency phone number which at that time was listed in the local telephone directory. Over 500 telephone calls per month were received by the operator inquiring about a wide range of emergency dental services emanating from the public at large. At the Royal Alexandra Hospital alone during 1971, 460 patients were seen in the Emergency Department regarding dental problems. Of this number, 402 were given medications in the form of analgesics, antibiotics, etc., by a medical intern or a resident doctor, and were advised to see their dentist the next day. The Dental Society is concerned about the additional burden and responsibility that is placed upon the medical staff, and particularly in hospitals, resulting from dental emergencies in question. The membership at large is anxious to assume a more effective role in attending to all the dental emergencies possible and thereby assuming their full responsibility in this matter. They are zealously seeking the cooperation and assistance of all concerned in a genuine effort to serve the general public in this respect to the best of their ability. They feel that this could be and should be a vital community health service.

The Task Force agrees that there is a definite need for the existence of a Dental Emergency Service for the Edmonton District. We feel that the over-all planning of the Dental Emergency Service develop a system without the inherent disadvantages found in the previous operation of the Dental Emergency Service.

B. DISADVANTAGES OF THE SYSTEM DEVELOPED TO DATE

There are in reality "built in" disadvantages of the system developed to date. The main disadvantages of the present program are as follows:

- 1) The person answering the telephone, in the first instance of a dental emergency situation, is the telephone switchboard operator. She is not dentally orientated, understandingly so, yet she is in reality screening patients for a dental emergency. This she cannot do adequately or effectively with the result that she "triggers" a multitude of actions and reactions which inconvenience many persons and places resulting ultimately in unnecessary utilization of finances and personnel and casting an unfavorable public image in the eyes of the public.
- 2) There is no hospital participation or cooperation in the present system. A genuine dental emergency involving a dental patient who may be a haemophiliac, a cardiac, or one who has various allergies to some drugs, and other situations, requires hospitalization and/or medical consultation, including the hospital services of one form or another and which no private dental office could possibly provide.
- 3) There is an ever increasing risk of medico-legal complications involving the dentist and patient whenever a dentist attempts to provide dental emergency service for a patient as described above, in a private dental office but not anticipating the real emergency situation and not being properly equipped.

The Task Force agrees that in each of these instances a built in difficulty exists that must be corrected in the revision of the Dental Emergency Service.

4) There is a widespread use and abuse of various drugs by the populace at large at all socio-economic levels, which increases the risk of medico-legal complications but in addition is a real hazard to the dentist as well. When a dentist is attempting to render an emergency dental service in a private office within a large downtown office building during the "off-hours" for a patient under the influence of a drug, under emotional strain, and anxiety and such like, there is the risk of a "bizarre" behaviour on the part of the patient with potential of inflicting serious harm and injury to the dentist and himself and without recourse to assistance.

4) *It is felt by Task Force Members that a hospital setting would be advantageous in this respect. If the emergency dental service were located in one hospital, there could be the added advantage that hospital staff would become more familiar with individuals potentially abusing available drugs.*

C. FORMAT FOR A REVISED DENTAL EMERGENCY SERVICE

1) The Facility -

This should consist of a single unit dental operatory and ideally located when it is part of a hospital complex. There would be available a complete, permanent dental unit installation, including facilities for taking dental x-rays. No dental laboratory facilities are required. It would serve as the dental emergency service center for the community in question.

1) *The Task Force agrees. Since three hospitals (Charles Camell, Royal Alexandra, University) currently have full dental facilities, the members of this Task Force feel that one or more of these hospitals would provide a suitable location for the Dental Emergency Service.*

2) Hours of Operation -

The dental emergency hours and days covered by the dental emergency service as outlined here will constitute the hours of 7 P.M. to 7 A.M. of each working day, Monday to Friday, and the 24 hour period of each day of the weekend, Saturday and Sunday. All dental emergency calls will go directly to the switchboard of the hospital. During these dental emergency hours, there will be in the dental operatory a dentist who will then take the call from the switchboard for dental emergency services in question.

2) *We concur with the proposed hours of operation.*

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It will be fully the responsibility of the dentist to screen and evaluate the call for dental emergency services and ultimately determine whether the patient should come into the dental operatory at the hospital for dental emergency services in question.

3) Whenever the dental emergency as presented to the dentist on duty, can wait until morning, this will be arranged by the dentist at the hospital. The patient will proceed to a private dental office for the dental emergency care, as arranged. However, if the nature of the dental emergency as presented to the dentist, is one which must be brought to the facility in the hospital, this also will be arranged by the dentist and the hospital will be advised. Upon arrival to the hospital the patient may then follow the usual emergency admitting procedures. Alternatively, to save time and extra work for the emergency staff, the patient could proceed directly to the dental area where the necessary procedures could be followed.

4) Staffing and Hospital Affiliation -
For each interval of 12 hours during the week day i.e., 7 P.M. to 7 A.M., and for each interval of 12 hours, i.e., 7 A.M. to 7 P.M., and 7 P.M. to 7 A.M., during the weekend days of Saturday and Sunday, there will be one dentist on duty. As indicated earlier, there are about 160 dentists who are interested in providing this service and becoming involved on a scheduled basis. A roster or schedule would be drawn up and each dentist orientated as to his duties, responsibilities and procedures at the hospital. This would mean that no one dentist would be called upon to render this service more than about three times in two years.

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3) The members of the Task Force would prefer that dental emergency patients proceed directly to the dental facility for admitting procedures. This would prevent extra work for the hospital emergency room staff and save time for the patient.

The Task Force concurs with the screening procedure as proposed.

4) The members of the Task Force are in agreement with the proposed staffing procedures.

We would urge the hospital(s) involved to cooperate with the establishment of the Dental Emergency Service by allowing members of the Edmonton and District Dental Society the use of the dental facility for the purpose of providing this emergency service. Further, we urge that any existing numerical limits on the authorized number of dentists allowed hospital privileges be waived in this instance. This is necessary to accommodate the number of dentists necessary to make up the roster of the Dental Emergency Service.

If the dentist on the schedule cannot assume his responsibility, it is solely his responsibility to obtain a substitute and so advise the proper hospital authorities.

Due to the large number of different dentists who would be participating in this program, there will be no requirement for an official hospital staff affiliation or appointment. Any member of the Edmonton and District Dental Society, when properly orientated, will be able to render dental emergency care within the area designated for this service.

5) Financial Considerations -

It is the intent of the Edmonton and District Dental Society that this dental emergency service will not be a financial burden or a liability to the hospital in question. Patients who use this service will be charged a fee as set by the hospital or the society in question. This fee, which will be over and above the fee for service, should be adequate to cover the financial liabilities or the costs which the hospital may incur.

The hospital will have the prerogative to purchase from an insurance underwriter a policy or package which will incorporate such terms and coverage that will be reasonable and acceptable to the administrators, the Board, and the Edmonton and District Dental Society, to give the hospital the protection and immunity against law suits which may be instituted against it. The Edmonton and District Dental Society shall reimburse the hospital for the full amount of such a premium.

6) Eligibility for Dental Emergency Services -

The services as defined and provided by the Edmonton and District Dental Society would provide equal privileges and benefits to all seeking and requiring such services, regardless of color, creed or nationality.

5) We concur with the principle that the Dental Emergency Service must not become a financial burden to the hospital(s) involved. The initial fee paid by the patient for the emergency service must be sufficient to cover the operational expenses incurred by the dental facility in the administration of the emergency dental service. This fee should be the same as admittance fees for other hospital emergencies.

6) The Task Force concurs.

PROPOSALS FROM THE EDMONTON AND
DISTRICT DENTAL SOCIETY BRIEF

TASK FORCE COMMENTS

7) Definition of a Dental Emergency -

The true definition of a dental emergency within the context of the above description is not simple to draft. The service will not, however, provide (a) routine regular dental services (b) emergency dental services that can be obtained during regular dental offices hours (c) dental services that may be required outside of regular office hours but can wait a few hours until offices reopen and (d) such other services during situations which the dentist considers as nonemergent.

All follow-up on dental emergency services rendered will be the responsibility of the members of the society in question and will not be a burden on the hospital staff.

8) Recording of Data and Reporting -

Records of emergency dental services rendered and pertinent statistics will be gathered for purpose of evaluation and upgrading the service as may be indicated. This will be the responsibility of the members of the Edmonton and District Dental Society participating and the Society of this service will be continuously under review by an appropriate committee of the Society in question. A periodic report of the services rendered will be available to the hospital administration, as may be requested or required.

7) The members of the Task Force agree that the service should not be expected to handle the functions described by the Dental Society as non-emergent situations. The Task Force feels that a dental emergency is defined as a dental situation in which there is sudden pain and/or excessive uncontrollable bleeding requiring immediate attention.

8) The Task Force agrees with this recommendation.

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