

Guidelines for Providing Dental Services in Skilled Nursing Facilities



Collaboration Innovation Advocacy

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The following information was adapted from a publication of the Center for Oral Health¹. It was compiled to assist skilled nursing facilities contemplating the use of a provider with mobile/portable dental care equipment. The guidelines are intended to offer information and guidance on the procedures that should be considered before entering into a contract and/or memoranda of understanding with a provider and in the continuous evaluation of providers.

The guidebook was made possible by Susan McLearn and the Center for Oral Health staff.

Susan McLearn

Susan McLearn has been a clinical dental hygienist for forty years and a dental hygiene educator for twelve years. Her under-graduate degree is from the University of California, San Francisco School of Dentistry, while her Master's Degree is in Health Sciences from California State University, Fresno. Accessible and comprehensive dental care for all is her mission. As such, she is a member of the Special Care Dentistry Association and the Statewide Dental Task Force for Persons with Special Needs. She is also a voting member of the Oral Health Access Council of the Center for Oral Health. In 2013, McLearn is a participant in Health Workforce Pilot Project #172: The Virtual Dental Home. In this role, McLearn collaborates with dentists using tele-dentistry in order to provide greater access to dental care for Nursing Home residents. McLearn is past president of the California Dental Hygienists' Association and the California Dental Hygiene Educators' Association. She is currently a member of the RDHAP Committee of the California Dental Hygienists' Association.

Center for Oral Health

The Center for Oral Health (COH), formerly the Dental Health Foundation, was founded in 1985. COH is a California-based non-profit organization whose mission is to improve oral health, especially of vulnerable populations, through innovation, research, education and advocacy. COH collaborates with national, state, and local partners to develop innovative community-based strategies to improve oral health outcomes. COH has offices in Northern and Southern California.

Staff: Conrado E. Barzaga, MD, Executive Director
 Brenton Hughes, BA, Program Associate

Inquiries: Center for Oral Health
 309 East 2nd Street, Pomona, CA 91766
 Tel: (909) 469-8300
 www.centerfororalhealth.org

¹ School-Based Dental Service: Guidelines for School Districts, Center for Oral Health

Guidelines for Facility Based Dental Services

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Establishing an oral hygiene protocol for the frail and functionally dependent elderly is of special concern to many health care providers. Addressing the oral health of this needy population will help prevent systemic disease, reduce healthcare costs, and improve the quality of life by addressing the oral hygiene of long-term care facility residents. The following guidelines can assist long-term care facility professionals in caring for their residents' dental needs.

Skilled Nursing Facilities:

A Skilled Nursing Facility (SNF) is a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. A skilled nursing facility provides 24-hours inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program.² Facilities operate under Federal and State guidelines and regulations to assure that basic services are provided to residents. SNFs are required to have a dentist available for emergencies. They are required to coordinate outside services when the appropriate need arises. They are not required to have on-site dental services but may benefit from doing so providing the services meet the needs of all residents equally. Direct care staff is required to provide daily oral hygiene care as a preventive and therapeutic measure for those residents who cannot perform adequate oral hygiene.

Oral Healthcare Providers:

There are two classifications of oral healthcare providers licensed to provide services and oversight of their staff in providing oral care services in skilled nursing facilities. These are the dentist (DDS or DMD) and the Registered Dental Hygienist in Alternative Practice (RDHAP)

Current regulations require that intake and annual exams for SNF residents are provided by a dentist. Dentists and their staff can and should provide a variety of services including, but not limited to, examination/diagnosis, oral health counseling, x-rays, cleanings (both preventive and therapeutic), preventive care, temporary and permanent fillings, dentures, partials, uncomplicated extractions and further treatment recommendations.

RDHAPs can assess needs and provide preventive and therapeutic cleanings, oral health counseling, sealants, fluoride and further treatment recommendations.

Contracting with either category does not preclude contracting with the other entity as they may provide complementary services for the facility and its residents.

² <http://hfcis.cdph.ca.gov/servicesandfacilities.aspx>

Prevalence of Dental Disease:

An abundance of health research over the last few decades has demonstrated the adverse effects of poor oral health. Some of the immediate short-term consequences include pain and discomfort, which can lead to disruptions of daily life, such as weight loss and difficulty sleeping and eating. Some of the longer-term consequences include infection and the need for costly procedures like tooth extractions and/or restorative treatments for dental problems that could have been more easily and inexpensively prevented or treated if detected earlier.³ Extensive research also shows that oral health and physical health are inextricably linked, as oral diseases can have systemic effects. Untreated oral health problems are associated with a variety of adverse health outcomes including diabetes, stroke, heart disease, and bacterial pneumonia. Left untreated, dental disease or medical conditions resulting from dental disease can lead to death.⁴

Objective	Definition	Facility Responsibilities	Dental Provider Responsibilities
ACCESS Equal access for all residents⁵	Every resident, regardless of financial or insurance status has access to diagnostic services.	Create a list of residents with identifying information. Establish the time frame for annual exams and diagnosis.	Provide a report that addresses each resident on the list. Complete annual exams and report to facility within the designated time frame.
COMPREHENSIVE CARE	Comprehensive care is the ability to take care of all the oral health needs of the resident, including referral to a specialist or another provider should it be necessary for the health and safety of the resident. Comprehensive care includes the full range of diagnostic, preventive and restorative treatment services	Inquire about the scope of services the provider is willing and able to provide. Ask about any limitations such as root canals, large restorations or complicated extractions. Ask the provider for a protocol that clearly establishes: <ul style="list-style-type: none"> • How OSHA standards will be met; 	Informs the facility of service limitations in writing. Informs the facility of how OSHA Standards will be met. Provides a protocol for how identified treatment needs will be met. Assures that local dental facilities

³ School-Based Dental Service: Guidelines for School Districts, Center for Oral Health

⁴ http://www.centerfororalhealth.org/images/lib_PDF/adult_dental_cut_brief_3-20-09.pdf

⁵ Title 42CFR483.20, .25 and .55, Title22, Div.6, Ch 8, 87101.b

Objective	Definition	Facility Responsibilities	Dental Provider Responsibilities
	<p>consistent with the scope of practice of the provider.</p> <p>Mobile/portable provider is required by law⁶ to have an agreement with a community dental clinic/office to provide follow up and emergency care for residents seen by the mobile/portable provider.</p> <p>Abandonment – California law⁷ states it is unprofessional conduct to abandon a patient without “written notice that the treatment is to be discontinued, and before the patient has ample opportunity to secure the services of another dentist...” A provider that accepts a patient and provides diagnostic services, including examination and radiographs, but does not provide care for identified treatment needs or follow-up or referral for treatment may be considered to be abandoning the patient.</p>	<ul style="list-style-type: none"> • How responsible party (RP) permission will be obtained, including in what language(s); • The name and contact information of community dental services with which the provider may have an understanding; • How post-treatment problems and emergencies are addressed with the provider is out of the area; • How the provider will communicate with the RP; • How often the provider will return to provide ongoing restorative and preventive care; • How the facility will receive a report of the results of diagnosis and plan for treatment. 	<p>are available to provide follow-up and emergency care and a protocol for referral.</p> <p>After each appointment, on the same day, the facility will be provided with information that includes:</p> <ul style="list-style-type: none"> • Treatment Plan; • Whether all planned treatment has been completed; • A description of any unmet treatment needs; • Contact information including after-hours contact; • What to do in case of an emergency including any contact with which the provider has an agreement; • Referral information including the reason for the referral. <p>If appropriate, the responsible party (RP) will be informed of the treatment needs and provide written consent prior to treatment.</p>

⁶ California Code of Regulations, Title 16, Div. 10, Ch. 2 Art. 6, Section 1049

⁷ Business and Professions Code Section 1680

Objective	Definition	Facility Responsibilities	Dental Provider Responsibilities
<p>DATA</p>	<p>Data to be used to ensure the provider is fulfilling their contract obligations and that the residents are receiving comprehensive care.</p> <p>Diagnostic records collected by a mobile/portable provider must be shared with a community dental provider if necessary for the completion of the residents' treatment needs.</p>	<p>Request in writing the reports the facility wishes to receive, including, but not limited to:</p> <ul style="list-style-type: none"> • Treatment completed; • Any unmet treatment needs; • Contact information including after-hours contact information; • Referral information if applicable. <p>The facility should receive an aggregate report of all services provided including:</p> <ul style="list-style-type: none"> • Resident served; • Residents not served with reason; • Date when the provider will return to provide recall (routine cleaning, exams), follow-up and new resident care. <p>Keep HIPAA regulations in mind.</p>	<p>Provide the requested daily and aggregate reports within the agreed time frame.</p>

Objective	Definition	Facility Responsibilities	Dental Provider Responsibilities
CONTRACT COMPLIANCE	Method by which contract compliance is assured.	<p>Request or provide an evaluation tool for the services provided.</p> <p>The supervisor or designee reviews the contract, including the evaluation component, to ensure it addresses the facilities' concerns and requirements.</p> <p>The supervisor or designee should decide how the contract will be enforced and consequences for noncompliance.⁸</p>	Submit or obtain a tool for evaluation of services.
INSURANCE	<p>Coverage for claims made by patients alleging injury as a result of the performance of professional services rendered or which should have been rendered.</p> <p>Coverage for personal injury to other people or damage to their property arising from the daily operations.</p>	<p>Assure that the provider has the appropriate professional liability insurance and know the amount carried per incident.</p> <p>Know what types of insurance are required (premise liability, professional liability, etc.).</p>	Mobile/portable provider will provide evidence of coverage indicating the name of the company providing liability insurance coverage and the amount of coverage carried.

⁸ The care received by a mobile dental corporation is not regulated by the Dental Board of California; only individual dentists are regulated. That is, you cannot report a company, only an individual.

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OTHER CONSIDERATIONS	Any need or requirement not covered above.	<p>Establish a mutually acceptable place to set up portable equipment or park a mobile facility.</p> <p>Establish a protocol for any transferring of residents that may be needed.</p> <p>Discuss access to toilet facilities, potable water, including hot water, electricity, etc.</p>	Communicate with facility regarding needs.

Conclusion:

In 2013, the extent of dental disease and the systemic consequences in SNFs has not been thoroughly quantified. However, individual research and anecdotal evidence indicate that oral health in SNFs can and should be improved. The benefits to the facility are numerous and include: an increase in resident comfort, and increase in residents' ability to chew and digest foods that supply essential nutrients, a decrease in the incidence of pain of dental origin, an overall decrease in the need for off-site dental care, and a decrease in the incidence of aspiration pneumonia⁹.

The Center for Oral Health hopes to inspire long-term care facilities to seek and maintain a high level of oral care for the benefit of all their residents.

⁹ Pace CC, McCullough GH. The association between oral microorganisms and aspiration pneumonia in the institutionalized elderly: review and recommendations. *Dysphagia*. 2010 Dec;25(4):307-22. doi: 10.1007/s00455-010-9298-9. Epub 2010 Sep 8. Review. PubMed PMID: 20824288.

Sample Check List for Facility-Based Dental Services

Item	Yes	No	Comments
Intake Assessment for all residents			
Responsible Party Consent			
HIPAA Compliance Procedures			
Community referral sources			
24 Hr. Emergency Contact			
Infection Control Procedures			
Hospital Grade Surface Disinfection			
Sterilization Procedures			
Personal Protective Practices			
Chart Notes of Current Condition			
Restorative Charting			
Periodontal Charting			
Tissue Exam			
Chart Notes of Proposed Treatment			
Chart Notes of Treatment Completed			

Item	Yes	No	Comments
Chart Notes of Incomplete Treatment			
Chart notes of Referrals			
Re-care Cycle			
Annual Oral Exam Schedule			
Quarterly Periodontal Therapy Schedule			
Bi-annual Summary of Residents Treated			