

Proposed Anesthesia Inspection Process

Please complete the following form to submit feedback on the draft revisions to the anesthesia inspection process. The Board will review the proposed anesthesia inspection process at its upcoming meeting on January 14th.

Name: *

Jon Weber, CRNA

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

Email: *

[Redacted]

Telephone: *

[Redacted]

Feedback: *

As licensed anesthesia providers (LAPs), specifically CRNAs, now becoming a part of the dental sedation practice, it would be prudent to have their involvement in the inspection process and part of the inspection team. I'm interested in participating in this role.

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Name: *

Cody E. Gronsten

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

Email: *

[REDACTED]

Telephone: *

[REDACTED]

Feedback: *

(1) With LAPs entering the dental environment of South Dakota, it is imperative they be part of the inspection process. Certified Registered Nurse Anesthetist, Anesthesiologists, and Dentist Anesthesiologists need to be allowed to inspect facilities. (2) Due to the small South Dakota dental community, the board should allow out of state inspectors that meet the same requirements, if a clinician chooses. Approval/denial of these out of state inspectors needs to be done in a timely manner of one month to facilitate the process. (3) All Moderate and Deep/General practitioners should be allowed to become an inspector after they passed their final inspection. As they are deemed competent by the state - by passing their inspection - this will allow faster inspections due increased flexibility of available clinicians. (4) The process to become an inspector should be transparent, easy, and expedited as the clinician has proven their skillset/knowledge by passing their curriculum and obtaining their certification through the state.

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Name: *

Kevin Croft DDS

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

Self and the ASDA

Email: *

[REDACTED]

Telephone: *

[REDACTED]

Feedback: *

The board previously requested and was provided with the American Society of Dentist Anesthesiologist's model legislation. that document outlines acceptable inspection parameters including nature of inspectors, scope of inspection, and the need to inspect providers independent of the locations where they provide care.

Please rely heavily on that document in any attempt to create or implement policies regarding sedation and anesthesia.

Further, I would hope the dental board would see how inappropriate it is to attempt to propose or implement policies or delegate these activities to any groups without a dentist anesthesiologist heavily and officially involved. It is the equivalent of having non-endodontists implementing policies regarding the practice of Endodontics. it appears suspect and delegitimizes the outcome.

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Name: *

Joshua W. Nehring

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

Dakota Regional Periodontics

Email: *

[REDACTED]

Telephone: *

[REDACTED]

Feedback: *

Thank you for your ongoing efforts to keep our occupation of choice a good field to work within. I think it is a good idea to allow for virtual inspections in offices that have previously been inspected. There are a number of pros about this approach, but I honestly like to talk to people in person and be with them while they are going through their equipment, drugs, etc. Will there be two inspectors per inspection? If not, this is something that I would advocate to keep in place (they should need to do the inspection at the same time in my opinion). There are beneficial conversations that occur with this approach that will not likely happen with one-on-one situations.

I am also a fan of dismissing the requirement for demonstrating venipuncture as part of the inspection.

Again, thank you.

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Cody E. Gronsten

If you are representing an organization, entity, or person other than yourself - please list that organization, entity, or person below:

Email: *

[REDACTED]

Telephone: *

[REDACTED]

Feedback: *

I am also writing public comment about the proposed changing of the ACC structure. For the last decade, OMFS have been a clear majority on this committee. When we evaluate what constitutes sedation providers in the state, Moderate Sedation providers outnumber Deep/GA sedation providers. A list obtained from Mrs. Novotny on June 3, 2021 showed ~58% of providers in the state are Moderate Sedation providers and ~41% are Deep/GA sedation providers. With this list being seven months old, I sure there are some changes but the overall trend continues. With the newly proposed ACC structure, my understanding is ~43% will be Deep/GA, ~43% will be Moderate Sedation, and ~14% will be host providers. In past public records I have expressed my disgust with the ACC as it so poorly reflects the sedation providers in the state. This poor reflection has given advantage to OMFS as they have the ability to initiate and direct policy. I agree with the board trying to fix this discrepancy but still feel groups are under/overrepresented. The equal percentage of Deep/GA to Moderate Conscious continues to give the minority (OMFS) a competitive advantage and continues to stifle the majority (Moderate Sedation Providers). If we consider what might occur in years to come, Host Providers, with any luck for the public health of South Dakota, will continue to rise. Imagine a scenario where 45% are Host Providers, 35% are Moderate Conscious, and 20% are Deep/GA providers. This could happen within a few years. If this were the case, host provers would only have 14% of the vote but make up 45% of the providers. To me, this seems problematic. I sincerely ask the board to assign the ACC relative to the ratio of sedation providers within the state so no one group of providers is favored nor discriminated against.

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Public Comment for proposed ACC Changes 01/10/2022

I've requested a written dental sedation hierarchy in regards to anesthesia in the dental office. This has not been provided and I believe this is pertinent in regards to making any public policy in the dental office. This should be in writing in the board anesthesia rules. It is a professional failure to do so and may result in policy that affects public health access to care and anti-trust concerns. Is it Dental Anesthesiologist > Certified Nurse Anesthetist > Oral Surgeon > Moderate Sedation Provider > Host Provider? I may have literature to support this.

3 Oral Surgeons on the ACC is overweight. Some of us would prefer not to be inspected by an oral surgeon due to anti-trust issues.

Inspection rules should follow the exact guidelines recommend by ASDA. Current guidelines could make inspections unreasonably expensive and create significant barriers for new entrants.

The current policies still violate the first amendment and hamper the ability to freely and easily compete. ASDA has repeatedly advised the board and this is an ADA recognized specialty. If the board is going to rule on ADA recognized specialties to advertise implant specialties and ignore this specialty, it is hypocritical, and anti-competitive to say the least.

Please make this public record and save for the board's records.

Very Respectfully,

Dr. Chris Diaz-Freed

Brittany Novotny

From: Dr. Karli Williams [REDACTED]
Sent: Thursday, January 13, 2022 6:27 PM
To: Brittany Novotny
Cc: [REDACTED]
Subject: RE: Board of Dentistry Meeting/Anesthesia Update

Brittany,

We are writing in response to your request for feedback. First, we would like to acknowledge the time and dedication you and the Board have had to this process. Thank you!

As pediatric dentists, we have concerns with treating all dental populations and clinics the same. We understand many oral surgeons' offices and dental clinics have successfully used the below guidelines. Our unease lies with an office who adds the "pediatric" component to the host permits (ie deep sedation and/or general anesthesia for patients under the age of 12 years old). When including "pediatric" to anything, the safety conversation changes significantly, which is why it is common to modify protocols specifically based on age. Therefore, we would like you to consider modifying the protocols for any host permit request that involves pediatric deep sedation and/or general anesthesia.

The American Academy of Pediatric Dentistry (AAPD) recommends using the *American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)*. They have specific *office-based* guidelines that may help you through this process. <https://www.aaaasf.org/programs/outpatient-programs/outpatient-pediatric-dentistry?hsLang=en>

At this time, we don't have specific recommendations. Our more general concerns have to do with the lack of additional safeguards with pediatric patients and general anesthesia as well as the length of time between inspections.

Again, we thank you for all you are doing to ensure optimal patient safety. We hope this information will give you additional direction during this critical part of developing the guidelines.

Best,

Drs. Williams, Bradley and Jobman

Black Hills Pediatric Dentistry

From: Brittany Novotny [REDACTED]
Sent: Friday, January 7, 2022 3:50 PM
To: Brittany Novotny [REDACTED]
Subject: Board of Dentistry Meeting/Anesthesia Update

Greetings:

You are receiving this notification as an interested party. Information regarding the upcoming Board of Dentistry meeting can be accessed on the [Board's website](#).

The revised anesthesia administrative rules ([ARSD 20:43:09](#)) went into effect in December. The Board would like to thank the ACC, stakeholders and licensees for participating in that rule promulgation process. The second phase of the anesthesia project includes updating the anesthesia inspection process. Below you will find information outlining proposed changes to the inspection process and links to draft documents. The information below can also be accessed on the [Board's website](#). If you would like to provide feedback regarding the proposed process or draft documents outlined below, you may [submit feedback here](#). The Board will review the proposed inspection process and draft documents at its upcoming meeting on January 14th. All board meetings are open to the public and you are welcome to attend.

We appreciate your time and feedback throughout this project. Best wishes for a happy and healthy new year!

Temporary Host, Moderate, Moderate + Pediatric, or General Anesthesia and Deep Sedation Permit - Facility Inspection

A facility inspection required to obtain a temporary permit:

- 1. Practitioner Checklist:** Practitioner completes the [Practitioner Anesthesia Inspection Checklist](#).
- 2. Facility Inspection*:** Inspector and Practitioner connect via video conferencing or in person to conduct a review of the facility/layout to ensure familiarity with the facility and ability to readily access emergency equipment and drugs. Inspector completes the [Facility Inspection/Temporary Permit Office Anesthesia Inspection Results Form](#) during the facility inspection. **Utilization of video conferencing to conduct a facility inspection (temporary permit) is allowed if an inspection has been conducted in the facility in the prior 5 years.*

Temporary Permit Issued (12 Months)

A temporary permit allows a dentist to administer sedation/anesthesia or host a licensed anesthesia provider for a period of up to 12 months. During the term of the temporary permit, the dentist must pass a full inspection (below) to obtain a regular permit. To maintain the permit, the dentist must pass a full inspection once in every five-year licensure cycle.

Host, Moderate, Moderate + Pediatric, or General Anesthesia and Deep Sedation Permit - Full Inspection

A full inspection required to obtain and maintain a permit:

- 1. Practitioner Checklist/Anesthesia Records:** Practitioner Completes the [Practitioner Anesthesia Inspection Checklist](#) and submits three redacted anesthesia records. Inspector then completes the [Office Anesthesia Inspection Results Full Inspection - Form 1 \(Checklist and Records Review\)](#).
- 2. Inspection*:** Inspector and Practitioner connect via video conferencing to conduct a review of:
 - a. Emergency Roles and Responsibilities;
 - b. Written Resources;
 - c. Emergency Drugs;
 - d. Equipment;
 - e. Demonstrations; and
 - f. Simulated Emergencies.

Inspector completes [Office Anesthesia Inspection Results Full Inspection - Form 2 \(Emergency Response Review\)](#) during the inspection. ** Inspection does not include a patient procedure.*

Brittany Novotny, JD, MBA
Executive Secretary
South Dakota State Board of Dentistry
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Pierre, SD 57501
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