

Policy on Hospitalization and Operating Room Access for Dental Care of Infants, Children, Adolescents, and Persons With Special Health Care Needs

Originating Committee

Dental Care Committee

Review Council

Council on Clinical Affairs

Adopted

1989

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1997, 2001, 2005

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1993

Purpose

The American Academy of Pediatric Dentistry (AAPD) advocates, when indicated, hospitalization and equal access to operating room facilities for dental care of infants, children, adolescents, and persons with special health care needs. The AAPD recognizes that barriers to hospital dental care for patients best treated in that setting need to be addressed.

Method

This policy is based upon a review of current dental literature and policies of dental and medical organizations. A MEDLINE search was performed using the keywords "hospitalization" and "operating room access."

Background

Pediatric dentists often treat patients who present special challenges related to their age, behavior, medical status, developmental disabilities, intellectual limitations, or special needs. Caries, periodontal diseases, and other oral conditions, if left untreated, can lead to pain, infection, and loss of function.¹⁻⁴ These undesirable outcomes adversely can affect learning, communication, nutrition, and other activities necessary for normal growth and development.⁵⁻⁸ Many medical conditions (eg, hematological, oncological) are compounded by the presence of oral maladies and disease. To address these challenges and meet these treatment needs effectively, pediatric dentists have developed and employ a variety of management techniques, including accessing anesthesia services and/or the provision of dental care in a hospital setting with or without general anesthesia. Hospital dentistry is an integral part of the curriculum of all accredited advanced pediatric dental training programs. Pediatric dentists are, by virtue of training and

experience, qualified to recognize the indications for such an approach and to render such care.⁹

Pediatric dentists occasionally have experienced difficulty in gaining an equal opportunity to schedule operating room time, postponement/delay of nonemergency dental care, and economic credentialing. Economic credentialing (ie, the use of economic criteria not related to quality of care or professional competency) to determine qualifications for granting/renewing an individual's clinical staff membership or privileges should be opposed.^{10,11} Additionally, economic credentialing by third party payors in which economic factors are placed above quality of care is unwarranted.¹²

The mutual objective of both the governing board and the medical staff is to improve the quality and efficiency of patient care in the hospital. Decisions regarding hospital privileges should be based upon the training, experience, and demonstrated competence of candidates, taking into consideration the availability of facilities and the overall medical needs of the community, the hospital, and especially the patients. Privileges should not be based on numbers of patients admitted to the facility or the patient's economic or insurance status.¹³

Policy statement

The AAPD shall work with all concerned medical and dental colleagues and organizations to remove barriers to hospital dental care for patients best treated in that setting. The AAPD affirms that hospitals or outpatient settings providing surgical treatment should not discriminate against pediatric dental patients requiring care under general anesthesia. Such patients and their care providers need access to these facilities. The dental patient, as with any other patient, should have the right to be seen in a timely manner.

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