

**Administrative Closure – Alleged Dental Service Issues at the
Wilmington VA Medical Center, Wilmington, Delaware**

MCI#2011-03136-HI-0248

Date: 09/13/2011

In April 2011, the VA Office of Inspector General (OIG) Office of Healthcare Inspections (OHI) received a complaint involving quality of care, access, and communication issues in the Dental Service at the Wilmington VA Medical Center (the facility) located in Wilmington, Delaware. We are closing this case administratively because (b)(6)'s written and verbal allegations implied wrongdoing that was not supported by medical record documentation or was of minimal consequence.

Specifically, a complainant alleged that dentist X:

- Prescribed an antibiotic that caused (b)(6) to experience an adverse drug reaction (ADR).
- Was not available or accessible to provide needed dental treatments
- Misdiagnosed (b)(6) dental pain and documented the pain incorrectly in her medical record.
- Told (b)(6) to talk to (b)(6) primary provider about possible medication changes, but later denied that he gave this instruction.

The OHI Hotline Management Team reviewed the allegations and determined that they did not meet established criteria for OHI acceptance and could be referred back to the facility for review and response. On June 2, the OIG Hotline Division referred the ADR allegation back to the facility; however, we did not request that the facility respond to the other complaints. On August 2, we reviewed the facility's response but found that it did not fully address the ADR complaint. As such, we contacted the facility and the complainant to further evaluate (b)(6)'s concerns related to dentist X and the Dental Service.

Veterans Health Administration (VHA) provides dental services only to veterans meeting strict administrative and/or clinical criteria; those veterans are assigned a classification that defines the scope of dental services available to them. (b)(6) has a Class IV assignment, meaning that she is eligible for "any dental treatment that is reasonably necessary and clinically determined by the treating dentist to meet the patient's dental needs." The goal of care is to attain and sustain oral health and function.

We reviewed the facility's response, which included reviews by the Chiefs of the Surgery, Quality Management, and Pharmacy. We also reviewed Patient Advocate System (PATs) reports, VHA guidelines and facility policies, and the complainant's medical records. We conducted phone interviews with the complainant on August 16 and 18, 2011.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

(b)(6) is a female veteran who is (b)(6)
(b)(6)
(b)(6) She received mental health and primary care treatment at the Philadelphia VA medical center from January 1998 to January 2010. In January 2010, she transferred her mental health and women's health care to the Vineland CBOC as it was closer to her home. (b)(6) has a history of dental problems, including TMJ [temporomandibular joint] pain and has received her dental care at the Wilmington VA medical center since 1998.

Issue 1: Adverse Drug Reaction

While we confirmed that (b)(6) suffered an ADR, we did not substantiate that dentist X erred in prescribing this antibiotic. On November 23, 2009, (b)(6) reported pain and swelling on the lower right side of her mouth. Dental exam and x-rays confirmed a failing root canal and decay. Dentist X prescribed clindamycin, an antibiotic that is effective in treating bacteria frequently associated with oral cavity abscesses. The (b)(6) told us that approximately 1 hour after taking the antibiotic, she experienced facial and throat swelling and incoherent speech. A friend who had called to check on her became concerned and called the local police, and an ambulance subsequently transported (b)(6) to a local emergency room. She was treated and released the same day.

An ADR is a "response to a drug that is noxious and unintended" and is directly caused by the drug "at normal doses during normal use." ADRs can be unforeseeable — they can occur when starting any new medication, or they can occur after someone has been taking a medication for weeks, months, or years. We found no evidence that the (b)(6) had a known drug allergy to clindamycin. The dentist selection of clindamycin was clinically logical and sound given the patient's presentation and diagnosis of oral cavity abscess.

The ADR did not cause the veteran to suffer irreversible harm or require the provider to alter her therapeutic care. Upon learning of the veteran's ADR, dentist X promptly notated the medical record to alert other providers and to prevent future injuries.

Issue 2: Access to Dental Care

We did not substantiate the allegation that the veteran had difficulty accessing dental care, or that dentist X was not available or accessible to provide needed dental treatments.

During the time frame covering the allegations (January 2009 to August 2011), (b)(6) (b)(6) had 48 dental clinic visits for routine dental hygiene, dental care, or oral surgery. The medical record was replete with documentation that (b)(6) regularly presented to the Dental Clinic without a scheduled appointment but was usually seen anyway. We found that she received comprehensive dental care and had a clearly defined treatment plan consistent with the scope of care for a dental category Class IV patient.

Issue 3: Quality of Dental Care

We did not substantiate the allegation that dentist X provided poor care. On interview, (b)(6) stated that dentist X misdiagnosed her dental pain and documented the pain incorrectly in her medical record.

On August 19, 2010, (b)(6) presented to the Dental Clinic and reported she was experiencing pain on the lower right side of her mouth, which she associated with previous emergency treatment. She was unable to identify a specific tooth that was causing the pain during this visit. Dentist X completed an examination, testing for sensitivity to hot and cold temperatures and probing (b)(6)'s gums. While documentation reflects that the exam results were normal, all the complainant's teeth were sensitive to percussion. The veteran had undergone extensive dental treatment during the previous visit in which teeth on both the right and left sides were treated.

We found no evidence that dentist X misdiagnosed (b)(6)'s dental pain. While dentist X did document pain on the left side of the mouth, we could not say whether this was an error or reflected his exam findings at the time. In either event, we did not find this to be an indicator of poor care.

Issue 4: Communication

While we confirmed that dentist X suggested (b)(6) speak to her physician about possible changes to her medications, we did not find this action to be improper. We had some difficulty discerning (b)(6)'s precise concerns, but upon interview, it appeared (b)(6) perceived that dentist X (1) told her to stop taking her psychiatric medications, and (2) later denied telling her that.

(b)(6) wears mouth guards for treatment of bruxism (grinding of teeth and clenching of the jaw) which is known to cause occlusal trauma (injury to the surface of the teeth). On August 19, 2010, dentist X documented "Radiograph showed widening of the periodontal ligament consistent with occlusal trauma" and "We discussed not using the guard, but I feel this will increase TMJ pain. I advised she speak with her MD regarding the clenching." The note does not specifically mention anything about a change in medications. However, as some medications are designed to reduce stress and

anxiety, it is possible that dentist X thought a medication adjustment could help with the bruxism.

The following day, (b)(6) saw her Vineland CBOC provider (a psychiatrist). The progress note reflects that (b)(6) "says her dentist said she needs to get her psych [psychiatric] meds [medications] adjusted since she grinds her teeth during the day..." The note also states that (b)(6) felt her medications were working well, that she was in psychotherapy, and that she was not under any particular stress. No changes were made in medications or psychotherapy and the psychiatrist advised the complainant to discuss with her primary care or dental providers other possible treatments for the bruxism.

Subsequently, dental impressions were taken for a mandibular night guard (device used to prevent damage from teeth/jaw clenching). On September 29, (b)(6) received her mandibular night guard and the dentist noted that she was "happy with the fit and feel of the night guard".

We could not confirm or refute whether dentist X denied telling (b)(6) to stop taking her psychiatric medications. While the medical record does not support this allegation, (b)(6) believed this is what she was told. This difference in perceptions cannot be resolved.

Conclusions

We made no recommendations. Our review found that the veteran received acceptable care and no further action is indicated.



2/19/14

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