

BACKGROUND

A notable number of patients are treated in the hospital emergency department (ED) for dental-related problems each year. It has been reported that more than three-quarters of these ED encounters can be reasonably managed in a dental office setting (1). Though pediatric dentists are more likely to offer after-hour emergency care for children than general dentists (2), data from the American Dental Association (ADA) shows that dental-related ED usage from pediatric patients remains unchanged since 2000 while adult usage has declined (3). The US Government Accountability Office reported that dental disease in children has not decreased, and that thirty-three percent of children enrolled in Medicaid had untreated tooth decay. Untreated tooth decay has a high chance of becoming a dental emergency (4)

PURPOSE

The purposes of this study were to 1) assess why guardians or caregivers choose to have pediatric dental emergencies evaluated and managed in a hospital emergency department rather than a dental office and 2) assess the protocols that lead dentists to refer children to the ED for dental issues rather than accommodating them in-office.

METHODS

Seventy-eight guardians or caregivers who accompanied their children to the ED for dental-related issues were given a questionnaire assessing motivations to have the child's dental issue resolved in the hospital setting. Questionnaires assessing protocols for referral to the ED were sent or given to pediatric and general dentists in the Salt Lake City area.

Inclusion Criteria

Guardians or caregivers of male and female patients (0-17 years of age) who reported to Primary Children's Hospital ED for emergency dental treatment. General dentists and pediatric dentists who practice in Salt Lake County.

Data Collection

Data collected included responses to why guardian or caregivers felt like the emergency needed to be managed in a hospital setting. Demographics and type of dental insurance coverage were also measured.

Data collected from dental providers included responses regarding protocols for referring children to the ED and their reasoning.

The data was analyzed on a question-by-question basis using largely descriptive statistics, bar graphs and pie charts.

Survey Questions

Guardians/Caregivers:

- How old is your child?
- When did the dental emergency happen?
- Did you attempt to call a dentist?
- If you didn't contact your dentist, who ultimately sent you to the ED?
- Who do you intend to follow-up with?
- What was the determining factor that influenced you to seek care in the hospital?
- What dental insurance do you have?
- Does the child have special needs?

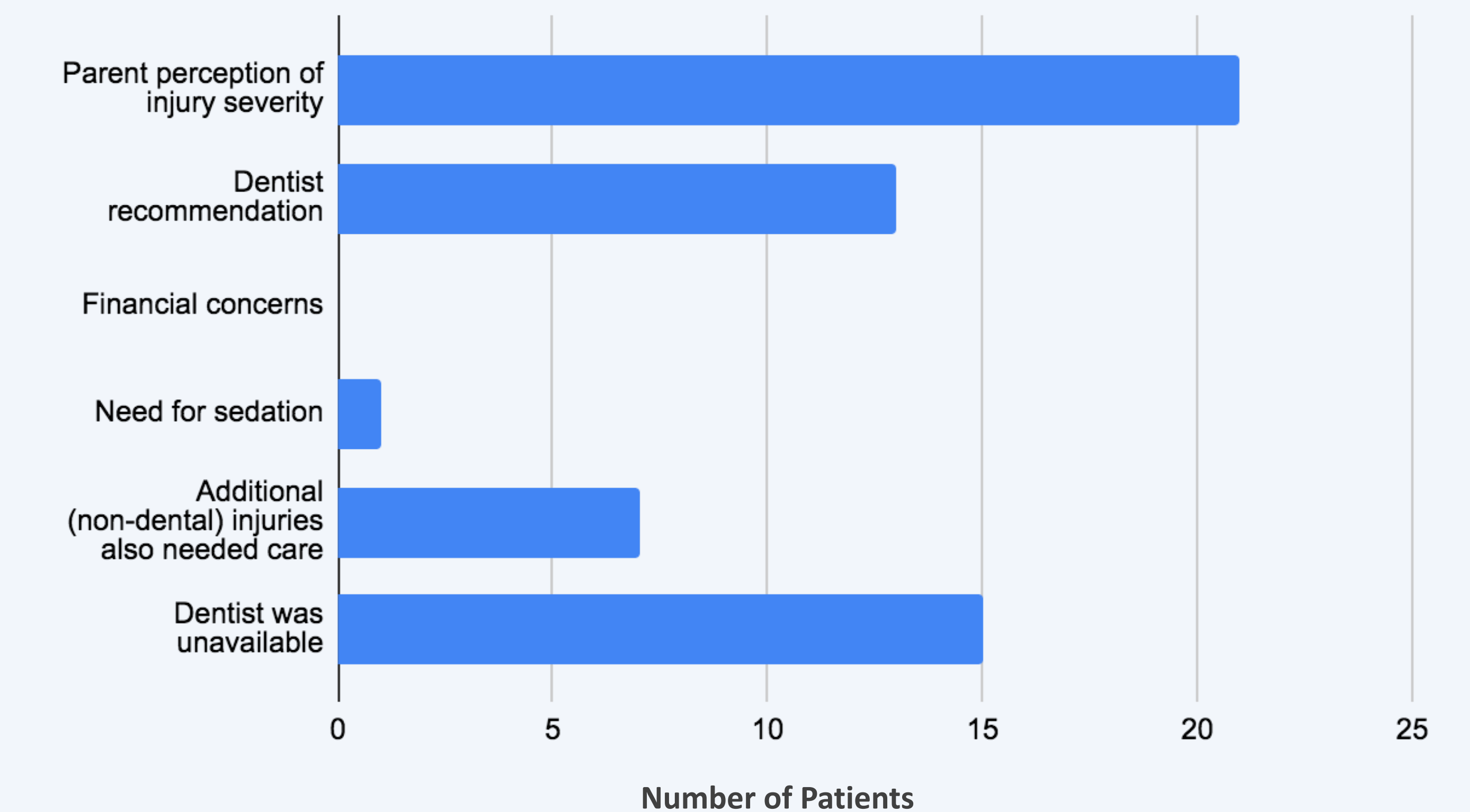
Dentists:

- What is the #1 determining factor that leads you to refer a pediatric patient to the ED after hours?
- Do you have protocols for referring pediatric patients to the hospital?
- Does your office have emergency hours built into the daily schedule?
- Who communicates with the after-hours emergency? Dentist or staff?
- In the case of an after-hours emergency, how likely are you to meet a pediatric patient at the office to assess treatment needs?

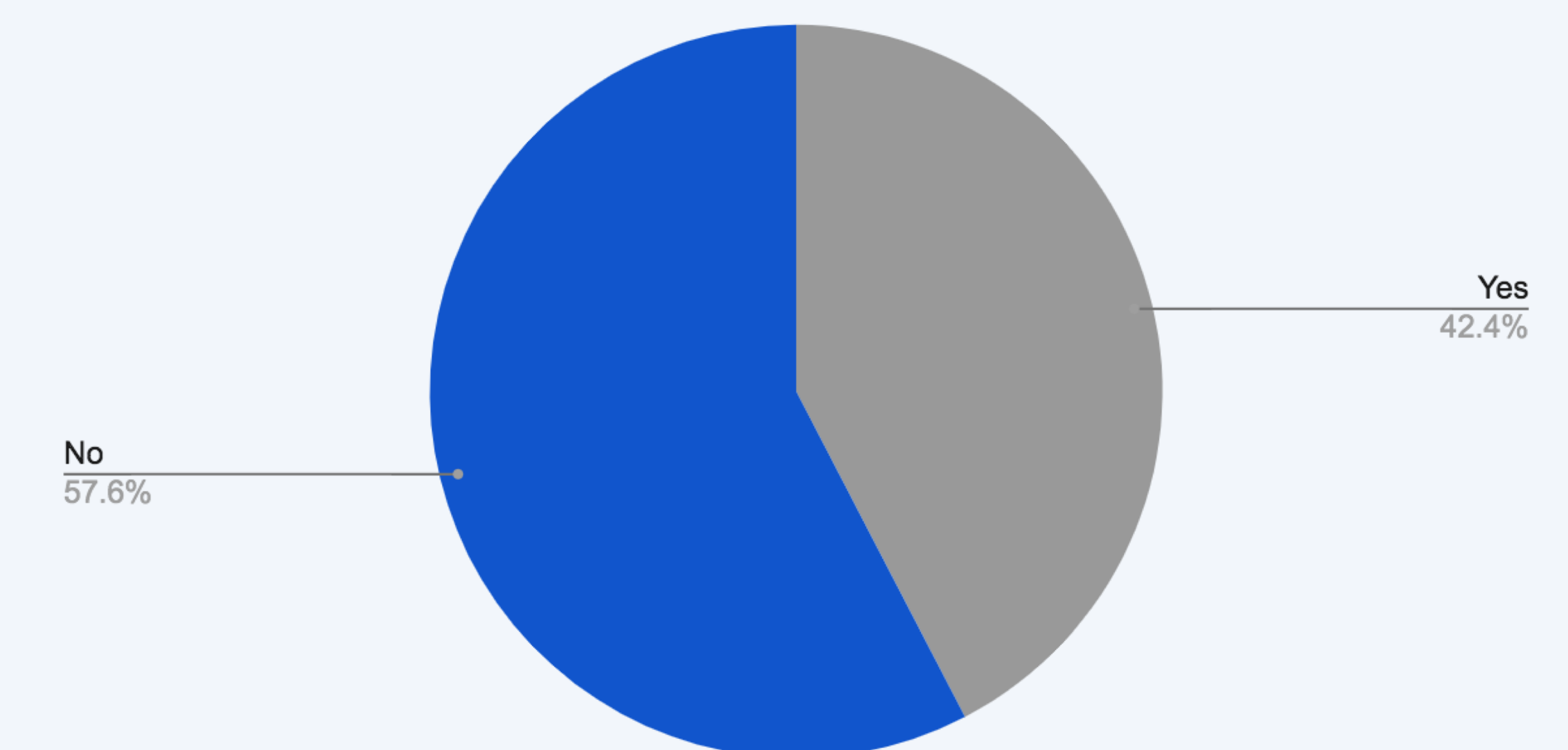
RESULTS

- Thirty pediatric dentists and 29 general dentists participated in the study.
- The average age of children seen in the ED for dental treatment was 6 years old, with a range of 11 months to 16 years old.
- Fifty-seven percent of guardians/caregivers reported that the dental emergency happened during business hours, but 50% of patients had not attempted to call a dentist about their dental emergency.
- Guardians and caregivers listed their personal perception that the emergency needed to be treated in a hospital setting as the most common reason for taking their child to the ED (50%). This was followed by the recommendation of their dentist (27%).
- The most common reason pediatric and general dentists in the Salt Lake City area to refer to the ED during business hours is the possibility of additional non-dental injuries.
- More than 55% of dentist reported that they do not have a protocol for referring to the ED.

Reasons for Seeking Care at the Emergency Department



Do you have a protocol for referring dental emergencies to the Emergency Department?



Conclusion

The majority of patients seen in the ED during business hours for dental emergencies did not attempt to call a dentist first.

The biggest factor for seeking care in a hospital setting was parent perception of the severity of the injury. Parent education could potentially change this perception.

Further research may show the importance of establishing a dental home that has protocols for referring to the ED.

References

(1) Wall T, et. al. Majority of dental-related emergency department visits lack urgency and can be diverted to dental offices. Health Policy Institute Research Brief. Chicago, Ill., USA: ADA; 2014. (2) Brecher EA et. al. Dental emergency practice characteristics among North Carolina pediatric and general dentists. Pediatr Dent 2017;15(2):111-7. (3) Wall T, Vujicic M. Emergency department visits for dental conditions fell in 2013. Health Policy Institute Research Brief. Chicago, Ill., USA: American Dental Association; 2016. (4) Douglass AB, Douglass JM. Common dental emergencies. American family physician. 2003 Feb 1;67(3):511-6.