

Faribault Stat School and Hospital

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Department of Public Welfare

1-28-65

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Report on Minnesota State Institutional Dental Service

The information requested in your memorandum of January 11, 1965 is as follows:

- I. Faribault State School and Hospital is a state institution caring for mentally defective and epileptic patients, about 2,500 of whom are mentally defective, 350 are both mentally defective and epileptic and 5 are epileptic only, for a total of 2,855 patients living in 29 residential buildings plus a hospital building of 170 beds all fairly wide-spread on a campus of 120 acres. Our functions are to restore the patient to the community at any time where facilities are appropriate, meanwhile helping him achieve optimal self-reliance and social responsibility, or if placement is not possible, to provide a healthy humane living situation for him in the institution and encourage any possible growth potential the patient might have.

Most of the over 200 etiological forms are present at all times in the institution (re: AAMD terminology and classification manual) with a majority of the patients having multiple handicaps, practically all with intellectual and social handicaps, about 75% with emotional and 50% with physical handicaps.

II. A. & B. Historical information

1. Prior to April 1938 a dentist was employed on a part-time basis, one half day a week. Graduation date is not available.
2. April 1, 1938 - First full time dentist employed. Graduation date 1934. One dental assistant was employed.
3. In 1951 second full time dentist added to the staff. Graduation date approximately 1922. Second dental assistant added.
4. In 1957 third full-time dentist was added to staff. Graduation date 1951. Third dental assistant added. At time this proper relationship to patient load and dental staff was achieved.
5. In 1958 replacement dentist to the staff - replacing dentist hired in 1951. Graduation date 1951.
6. The staff at the present time consists of three full time dentists and three full time dental assistants.

C. Physical location of dental facilities and subsequent changes

The dental department, until 1939, was located in a wing of the old hospital semi-basement. With the building of the new hospital the old hospital building was remodeled to a dormitory housing patients. Temporarily the dental office remained in its same quarters during

remod ling. After remod ling in 1938 the d ntal offic moved to another wing of this dormitory building to space that consist d of a small waiting room, a two-chair operatory and a combination offic and laboratory. No patient toil t faciliti s were available. Shortly another room was added for a waiting room plus toilet faciliti s. In 1946 dental facilities were placed in three new buildings that were built. Two of these have been disbanded as they proved to be of littl use. The third has been converted into a passable auxiliary d ntal clinic. The use of this clinic became essential with the addition of the third dentist in 1957 and is used at present. In 1951 a partial dental office was established on the fourth floor of the hospital. This was used for treatment of the patients on the T.B. ward. This has now been discontinued because the need for these faciliti s no longer exist. A dental office was placed in the old isolation unit in the basement of the hospital in 1964. This is used for the care of permanently hospitalized patients. In 1954 the clinic was remodeled again. This did little to improve dental facilities. It did add an additional waiting room with toilet facilities and an X-ray dark room. There was a period from December 1955 to July 1961 that a dental clinic was established at the Lake Owasso Childrens' Home. This clinic with consultant X-ray facilities was deemed adequate for its purpos . July 1961 this was transferred to the Cambridge State School and Hospital.

D. Original equipment adequacy and development to present.

1. Original equipment before April 1938

2 chairs - 25 years old  
1 chair - 50 years old  
2 chair cuspidor  
1 sterilizer, small - ancient  
1 wall mounted motor and tray  
Hand instruments limited  
Surgical instruments for practical purposes - none  
2 lights - ceiling hung obsolete

2. Equipment - 1938

2 chairs retained from above list  
1 Ritter Master unit complete  
1 pedestal cuspidor  
1 sterilizer table model  
1 dental instrument cabinet  
1 porcelain table  
1 wall motor and tray  
Adequate hand instruments

3. Equipment additions - 1951

Dental X-ray  
SS White Master Unit complete  
Motor chair

4. Equipment additions - 1952

3 SS White Master Units complete  
3 Dental cabinets  
3 Sterilizers  
3 Motor chairs

5. Equipment added at various times from 1950 to present.

2 surgical cabinets  
2 autoclaves  
3 increased speed supplements to belt driven handpieces  
3 oil sterilizers  
1 pulp tester  
3 amalgamators  
2 Gunco aspirators  
Various and sundry other small items

D. Cont.

6. Equipment additions - 1964

SS Whit Air Drive Unit complete with air torque. (replacement item)  
2 Borden Airrotors  
1 Pelvac aspirator  
1 Pelvac 2 chair aspirator  
1 X-ray control unit  
2 X-ray heads

At the present time our equipment is fairly adequate. Facilities for dentistry with the use of general anesthesia are extremely limited. The dental clinics being separated in two areas is not a satisfactory arrangement.

E. Patient load until present time in terms of average book population figures and turnover annually:

Year	Book population	Admissions	Deaths	Discharges and Trans. to inst.
1963-64	2831	125	49	195
1962-63	2912	168	54	210
1961-62	3039	165	63	168
1960-61	3163	264	64	149
1959-60	3155	233	49	239
1958-59	3063	367	52	58
1957-58	3138	59	43	44
1956-57	3178	71	46	75
1955-56	3227	114	40	76
1954-55	3212	157	43	69
1953-54	3164	206	55	156
1952-53	3163	497	68	108
1951-52	2835	190	62	109
1950-51	2855	167	73	110
1949-50	2828	166	52	68
1948-49	2812	356	64	92
1947-48	2606	305	102	111

### III. A. Dental Service Functions

#### A. Extent of dental services rendered and programs followed

1. New admissions examined, X-rayed and all needed dental treatment given.
2. Re-admission and transfers - X-rayed and all needed dental treatment given.
3. Each patient seen at least once yearly on routine examinations. Required X-rays, prophylaxis and all needed treatment given. This includes examination for all edentulous patients.

#### 4. Types of dental treatment performed:

Operative  
Crown and bridge  
Prosthetics  
Exodontia  
Oral surgery (minor)  
Endodontia  
Periodontia  
Prophylaxis  
Preventive

5. Consultation when requested by physicians or other therapy groups
6. Advice and suggestions to nursing staff on oral hygiene programs. Our established policy on daily oral hygiene is that it is a nursing care function.
7. All dental treatment is cost free to the patients. (There are a few exceptions to this rule.)

#### B. Limitations of dental effort—staff, equipment, budget, work load

1. At the present time we feel that our staff is adequate for our facilities.
2. We are handicapped by our location.
  - a. Not directly a unit of the hospital proper.
  - b. Separate clinics with 2 dentists in one and one dentist in a separate clinic a quarter of a mile away.
3. Budget has been adequate for supplies. Planning for improvement that requires legislative action has been slow and not ideal.
4. Work load is about in the proper relation to staff.

#### C. Consultant Services

At the present time the only consultant services available are at the Rochester State Hospital through the fellows from the Mayo Clinic. At the present time this has been fairly satisfactory. It must be remembered that this situation could change and we would be without any consultant services although we have every reason to believe there is no such danger at this time.

#### IV. Goals and Planning

##### A. Present and future needs.

1. The dental staff we find is functioning at the proper level and relationship to the institution, hospital, and medical staff. We are a separate department and part of the Hospital Staff. For the future, which depends very greatly on the facilities and policy, the staff would have to be enlarged to include anesthetist, consultants, dental hygienist, and surgical nurse.
2. Additional equipment has been requisitioned, partially replacement and partially addition. Supplies should continue to be adequate.
3. Construction of a new dental clinic as an integral part of the hospital. This should be larger, generally consisting of:
  - 6 Dental operatories
  - 1 Surgical section
  - 2 Offices - Dentists and general
  - Adequate x-ray facilities, laboratory and storage
  - Adequate waiting room space
4. The answer to this question becomes quite involved. Relating to the dental department function their requests are made on a biennial basis. It is difficult to place a monetary value so far in the future. This department has to go on the premise that as requests for increased facilities and service are approved that monies will also be requested and approved for the proper function.

##### B. Suggestions for future dental service improvement

1. This question has been answered in the section A above reference to paragraphs 1 and 3. The new dental clinic noted in paragraph 3 has been submitted as a legislative request to the last three legislative sessions. At one time this had a priority in the overall planning to be approved in 1961. It has been submitted again to the present legislative session.
2. The present plan of having a State Dental Director in the Department of Public Welfare will be a great step forward. Until the present time there has been little impetus on the state level to improve dental services. Any improvements in dental service or facilities have been directly stimulated by individual dentists, institution administrations and the Association of Institutional Dentists.

##### C. Obstructions to the ideal dental care of institutionalized patients

1. Handicapping conditions related to clinical care  
These are some of the handicapping disease and conditions that increase the difficulty of diagnosis and clinical care of our patients. There are others that are not as prevalent or add as greatly to the difficulty of the clinical care. It must be kept in mind that each of these factors may not by themselves create great problems in clinical care or in each phase of clinical care. It also should be noted that a combination of two or more of these conditions increase greatly the difficulty of clinical care.

Retardation - Profound, Severe, and Moderate  
Cerebral Palsy  
Epileptics  
Mongolism  
Cretinism  
P.K.U.  
Hyperactivity  
Psychosis  
Psychoneurosis  
Congenital Heart Defects  
Diabetes  
Gag Reflex  
Tongue complex  
Lip-tension  
Hypothyroidism  
Muscular and Skeletal Disabilities  
Hydrocephaly  
Microcephaly  
Personality Disorders

2. The problem of oral hygiene is probably the area of deficiency.  
This is due to the following factors:

- a. Lack of psychiatric technicians
- b. Low mental level of a percentage of patients
- c. Hyperactive, resistive and aggressive behavior of percentage of patients.
- d. Recognition of dental problems by psychiatric technicians
- e. Physical characteristics of retarded patients i.e. mongolism, malformations, eating habits (including feeding difficulties, regurgitation), epilepsy and severe dental problems existing on admission.

C. 3. Recommendations

1. Increase of personnel in patient care area
2. Improve dental facilities as requested
3. Increase dental auxiliary staff if required and when required
4. Encourage areas to work with small groups of patients to teach dental hygiene. This can be done in the building area, as part of the school department program, and the rehabilitation therapy program.
5. Have the dental department willing and available to advise and in some cases help implement oral hygiene programs.