

## **Patient Safety at Forefront of OMS Anesthesia Delivery**

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Patient safety is of utmost importance to oral and maxillofacial surgeons who treat thousands of patients every day, particularly in the realm of sedation and anesthesia. While anesthesia provides many patient benefits, it also presents risks to patient safety if providers are not properly trained, regulated, and monitored.

Oral and maxillofacial surgeons are uniquely qualified to comment on dental anesthesia delivery due to the sheer volume of anesthetics performed by the profession. During calendar years 2018-2021, office-based dental anesthesia services were delivered to 24,194,239 individuals insured by private dental insurance in the United States. Of all the moderate and deep sedation/general anesthesia cases performed in 2018-2021, oral and maxillofacial surgeons performed 6,929,439 – or 78% - of the total case load (8,894,182). In children ages 8-12 requiring deep sedation/general anesthesia, OMSs provided 80% of these procedures. For children ages 1-7 requiring sedation services, OMSs provided 41% of these anesthesia services.<sup>1</sup>

The availability for patients to receive OMS- provided anesthesia care is clearly critical to providing compassionate dental care. These statistics were extrapolated by the AAOMS using data from the U.S. Census Bureau and information provided by FAIR Health based on its privately insured dental claims data for calendar years 2018-2021.

As President of the American Association of Oral and Maxillofacial Surgeons (AAOMS), I am immensely proud of my specialty's record and commitment to patient safety as exemplified in our white paper, Office-based Anesthesia Provided by the Oral and Maxillofacial Surgeon. As stated in the publication, oral and maxillofacial surgeons:

- Are highly trained professionals with dedicated hospital-based rotations in sedation/anesthesia who also engage in ongoing continuing education efforts.
- Utilize the OMS anesthesia delivery model that engages the entire care team in patient treatment.
- Possess an advanced grasp of anesthetic techniques, risks and complications.
- Hold a unique in-depth knowledge of the importance of patient evaluation and monitoring.
- Recognize the need for required office anesthesia evaluations and the potential perils of mobile anesthesia delivery models.
- Are committed to patient safety as exemplified by their ongoing engagement in lifelong learning from multiple sources and conducting required emergency preparedness drills for both the staff and provider.
- Have created a state-of-the-art simulation-based learning experience intended to provide every OMS and their staff training in Office-Based Emergency Airway Management (OBEAM) and Office-Based Crisis Management (OBCM).

The AAOMS has consistently prioritized anesthesia safety throughout its existence, which is evident by our low rate of adverse events. Ongoing quality assessment and lifelong learning are signature elements in the delivery of high-quality state-of-the-art patient care and optimized patient safety and emergency response. Given that oral and maxillofacial surgery spans both medicine and dentistry, ongoing quality assessment has been an integral part of the specialty as we collectively strive to cultivate a culture of safety. The results should be continually monitored using objective measures.

The AAOMS and the American Board of Oral and Maxillofacial Surgery fully support this process.

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## References

1. American Association of Oral and Maxillofacial Surgeons. (2022). White paper: Office-based anesthesia provided by the oral and maxillofacial surgeon. Retrieved from [https://www.aaoms.org/docs/govt\\_affairs/advocacy\\_white\\_papers/office\\_based\\_anesthesia\\_whitepaper\\_whitepaper\\_1.pdf](https://www.aaoms.org/docs/govt_affairs/advocacy_white_papers/office_based_anesthesia_whitepaper_whitepaper_1.pdf)

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