Audit Prize Category

A1

Parents' views on the information received prior to dental general anaesthesia

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Aim: To assess parents' satisfaction with the quality of information received prior to dental general anaesthesia (DGA).
Standard: Surgery for children – delivering a first-class service: Royal College of Surgeons of England, 2007.
Process: Qualitative audit: one to one semi-structured interviews were conducted on a random selection of parents who agreed to participate at time of DGA admission; six sequential short case lists, over 2 months, at Kings College Hospital Day Surgery Unit. Responses to 10 questions were audio-recorded.
Results: Transcribed responses from 56 parents were summarised and analysed. The vast majority of parents reported satisfaction with the quality of written information received prior to DGA appointment. All parents expressed the desire for the range of media employed to be increased. Over 90% reported ownership of a personal computer with access to the internet. Nearly all parents were of the perception that the use of a child-friendly video package would provide an additional method of delivering information. This would also significantly aid coping behaviour of their children and themselves. In particular, most parents reported preference for a 'video game' describing the usual anaesthetic and surgical procedures their child was to undergo as well as detailed information on pre- and post-operative care.
Discussion: The quality of information parents received prior to DGA visits partially matched the standard.
Implementation of findings: A child-friendly video game will be developed and implemented along with the verbal and written information provided. A future audit cycle will be undertaken once the range of media and pre-admission programmes has been broadened.

A2

Improving caries risk assessment and preventive care standards: a longitudinal clinical audit

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Background: SIGN guidelines state that patients should be caries risk assessed and given targeted preventive treatments. This longitudinal audit monitored compliance with these guidelines.
Aim: (1) To monitor the uptake of a caries risk assessment and prevention (CRA & P) proforma using a run chart. (2) To establish if the proforma improves preventive care standards.
Standard: SIGN 47 and 83.
Process: From September 2008 the uptake of the CRA & P proforma was monitored. Twenty case notes were sampled fortnightly, with the results displayed within the department as a run chart. The use of the proforma was evaluated with a retrospective audit of 20 case notes with the CRA & P proforma and 20 without.
Results: On the basis of 14 samples, the run chart has demonstrated an improved uptake of the CRA & P proforma, ranging from 15% to 70%. The audit of notes with and without the CRA & P proforma respectively showed: bitewing radiographs 55% vs. 10%; fluoride varnish 50% vs. 5%; toothpaste strength advice 80% vs. 5%; fluoride supplements 45% vs. 15%; toothbrushing instruction 70% vs. 15%; diet advice 70% vs. 15%; fissure sealants 50% vs. 10%.
Discussion: The run chart has helped improve the CRA & P proforma uptake. The proforma has improved preventive care standards.
Implementation of findings: The use of run charts helped identify where change was required. Changes to practice included an updated CRA & P proforma and primary care provider communication sheet. These changes were discussed at departmental and clinical governance meetings and via e-mail.

A3

Effectiveness of an assessment form for record keeping on the casualty clinic

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Background: A standard patient assessment form was piloted on the casualty clinic at Newcastle Dental Hospital from September 2008 following the collection of audit data that demonstrated some inconsistencies.
Aim: Evaluation of whether form introduction improved standards, and enhancement of record keeping overall.
Standard: Recent General Dental Council Guidance states that dentists have a professional obligation to 'make and keep accurate and complete patient records'[1]. 100% is the gold standard, especially for information such as current medical history.
Process: Hundred hospital records were identified from the clinic logbook in the period between January and March 2008. A data collection form was used to record information for relevant and available records. Following introduction of the forms, and an initial 'settling in period', reassessment was carried out between November 2008 and January 2009.
Results: Use of the assessment forms by clinicians was observed in 67% of cases examined. Categories of information well recorded prior to introduction of the forms remained so. A substantial improvement in recording of several factors such as GDP registration, orthodontic status and caries risk assessment was seen following implementation of the forms.
Discussion: The use of assessment forms led to a higher standard of record keeping by various members of the dental team.
Implementation of findings: Use of the assessment forms has been adopted throughout the department and is of particular value on the busy casualty clinic. Refinement of the forms has been carried out and further evaluation completed.
Reference:
1. General Dental Council. Standards for Dental Professionals. May 2005. http://www.gdc-uk.org.

A4

Day surgery general anaesthetics: dental treatment of medically compromised children

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Background: Selected patients requiring procedures under general anaesthesia (GA) and returning home the same day is a major element of surgical practice. Presently, Scotland lags behind

England in rates of day surgery cases (DSC). The Scottish Government's national target (2008) recommends 75% of operations to be carried out as DSC. Traditionally, ASAI and ASAII children were admitted through Day Surgery Units (DSU). Advantages of DSU include: shorter waiting times; reduced risk of cross infection; less patient stress; reduced cost and greater efficiency, but with similar procedure outcomes as for in-patients.
Aim: A pilot study was undertaken to audit current GA in-patient paediatric practice for medically compromised children and to produce a pathway of care protocol to allow appropriate placement of children to DSU or wards.
Process: This was a retrospective audit of children admitted to Glasgow's Royal Hospital for Sick Children (RHSC) for a dental GA over 13 months. Data collated included: demographics, medical diagnosis, medication, admission, procedure and discharge details, investigations, drugs administered, and complications.
Results: Forty-two children, 55% male and aged between 3 and 17 years were included encompassing a range of medical specialties and ASA groups. Seventy percent of medically compromised children were fit to be discharged the same day. Of the patients who remained overnight, 58% reported no complications. Twenty-five percent reported post-operative vomiting.
Discussion and implementation of findings: This study suggests ASAIII and ASAIV patients could be admitted through DSU with all the benefits of DSU. A pathway of care protocol has been produced with multi-disciplinary involvement, and a larger audit is planned as a result.

A5

Are we safeguarding our paediatric dental patients appropriately? Audit of patient non-attendance

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Background: Health professionals have a duty to safeguard the welfare of children.
Aim: To assess current practice and subsequently establish and maintain effective practices for dealing with missed/cancelled appointments by paediatric patients at Birmingham Dental Hospital.
Standards: Unusual patterns of appointment attendance may indicate child welfare concerns thus baseline standards were set at 100% in all criteria.
Process: A retrospective examination of appointment records for patients who failed to attend or cancelled their appointments was undertaken from January to March 2008. Information collected: (1) was the cancelled appointment rebooked and when? (2) was an entry made in the clinical notes (for patients waiting beyond 6 weeks for re-appointment) and (3) what was the procedure followed after a non-attendance (NA)?
Results: There were 271 patient cancellations. 98% (254) patients were rebooked. Forty-one patients had not had their appointment rebooked within 6 weeks and of these an entry had been made in the clinical notes in 42% cases. One patient was not followed up subsequent to cancellation. There were 202 NAs, 154 cases were investigated. 6% had no action undertaken following the NA.
Discussion: Patient cancellations are being well managed. Only 1/260 patients was not followed up. However, NAs are not dealt with in a consistent manner. There is a high NA rate and 6% are not adequately followed up.
Implementation of findings: A hospital and department protocol is being developed to ensure cancelled and failed appointments are adequately followed up and to reduce the number of failed attendances.

A6

Transition of care for adolescents discharged from a department of paediatric dentistry

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Background: The National Service Framework (NSF) for children and young people described the transition process from children's services as, '*currently often poorly co-ordinated and patchy*.' 'Transition' is a multifaceted active process that attends to the medical, psychosocial, educational and vocational needs of adolescents as they move from child to adult-centred care, contrasting with a 'transfer' which is an event rather than a process. Paediatric dentists have a responsibility in ensuring their often challenging patients, particularly those with dental anomalies, have a suitably experienced clinician to continue their care as they enter adulthood.
Aim: To determine current provisions made for the discharge of adolescents from a department of paediatric dentistry and transition to adult services. To ensure an effective care pathway for young people.
Standards: Local guidance governing discharge of adolescents. NSF, Department of Health, 2004.
Process: A case note audit was conducted of adolescents previously discharged from a department of paediatric dentistry to identify clinical diagnosis and evidence of a formal referral following discharge. The referee, e.g. the patient's general dental practitioner, was then contacted to assess the quality of the referral and suitability of follow up care arranged.
Results: A structured co-ordinated programme of transitional care for paediatric dental patients is not in process.
Discussion: The obstacles in ensuring transitional dental health care for paediatric dental patients with their diverse range of needs are highlighted.
Implementation of findings: Established care pathways are recommended and currently under discussion but, within the financial constraints of the NHS is this possible and is this a problem nationwide?