
Improving Care Outcomes for Paediatric Dental Patients

Initiative Type

Service Improvement

Status

Deliver

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<https://test.clinicalexcelsence.qld.gov.au/improvement-exchange/improving-care-outcomes-paediatric-dental-patients>

Summary

Metro South Oral Health (MSOH) currently uses the Clinical Indicator (CI) data to review procedures and clinical outcomes as part of continuous quality improvement of practices across the service. MSOH receive this information based on clinic and clinician stream, which can be utilised by local managers to assess current practices for preventive and restorative treatment.

Key dates

Jan 2016

Jun 2019

Implementation sites

Metro South Hospital and Health Service

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Aim

Improve oral health care of at risk paediatric patients by reducing return rates for restorative dentistry.

Benefits

- Supports a positive shift in clinical practice by understanding and using local evidence.
- Promotes critical analysis and communication skills of clinical managers

Background

The most effective way for Health and Hospital Services (HHSs) to measure outcomes of care for paediatric patients is to use the Oral Health Clinical Indicators (OHCI), published by the Australian Council of Health Standards. The CI reports, produced by the Office of the Chief Dental Officer (OCDO), enables potential issues to be flagged for review and exploration by Hospital and Health Services.

Solutions Implemented

Collaboration with OCDO has allowed further refinement of the CI reports to tailor them to the needs of clinical managers within MSOH. This ensures information is relevant and triggers further investigation, as the data is reflective of the clinicians in MSOH Nathan-Inala Cluster. Through a collaborative team approach with senior clinicians in MSOH, clinical audit tools are currently in development to assess themes in the clinical rationale for the current rate of retreatment of restorations and fissure sealants in paediatric patients.

Evaluation and Results

Preliminary data gathered during the development of the clinical audit tool have enabled open and transparent discussions within the clinical team of Dental Therapists and Oral Health Therapists in the Nathan-Inala Cluster of MSOH. MSOH uses peer discussion aimed at identifying the causes of high rates of re-treatment when using particular dental restorative materials. Following this approach, clinicians are reassessing current treatment planning processes, including choice of restorative material, based on the risk assessment of individual patients.

Lessons Learnt

CI reports allow clinical managers to review practices occurring within local clinical teams that may affect the provision of safe and effective care to paediatric patients. The collaboration with OCDO has enabled MSOH to develop clinical audit tools; assess the quality of dental materials currently

available to clinicians; identify training and education needs for clinicians; and has encouraged and supported an open dialogue between managers and clinical teams.

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