Early Treatment of Patients Needing Simple Surgical Extractions

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ECLP Cohort 20

Amr Statement: By December 2018, 90 percent of patients assessed to need simple surgical extractions completed in CCOHC were treated within 3 months.

Background:

Surgical work is worth doing

All dental officers need to be competent in simple surgical extractions and assessed in the Community Oral Health Clinic (COHC) at Sydney Dental Hospital will be treated within 3 months.

Pre-operative assessment and planning

surgical work should be assessed in the COHC prior to work being undertaken by the surgical team. Projekt team members are being referred to Department of Oral Surgery to be managed under Specialist care.

Surgical work in COHC requires safe and competent surgical management of patients within scope of practice, thereby reducing waiting time and improving patient satisfaction.

Project team members

Project lead – Dr Trupta Desai, Head of Department, COHC SDH, SDH
Dr Asadulla Ahmed and Dr John Chu, Senior Dental Officers, COHC SDH
Stevens Greenwood, Dental Assistant Manager, COHC SDH
Dr Rehana Nasir, Dr Eleanor Senate, Dr Catherine Hunt, Dental Officers, COHC SDH
Ms Sofie Heslin, Dental Assistant Manager, COHC SDH
Ms Natalie Hendry, Administrative Support Staff, COHC SDH
Ms Liz Wurie, Patient Administrative Services Manager, SDH

Quality Advisor

Ms Rhonda Evangelista, Quality and Security Manager, SLHD Oral Health Services

ISO9 Senior Analyst

Mr Nikolai Gustilo, Consumer Consultant Representative, SLHD Oral Health Services

Roadmap Superser

Ms Camilla Cameron, Business Manager, Oral Health Services and SDH

Patient / Consumer involvement

Seth Bonis – Consumer Consultant Representative, SLHD Oral Health Services

Sponsor

Prof Sameer Bhate, Clinical Director Oral Health Services and SDH, SLHD
Steven Cheng, General Manager Oral Health Services and SDH, SLHD

This quality initiative project is aligned with National Safety and Quality Health Service Standards, Second Edition

Standard 1 Clinical Governance
Standard 2 Partnership with Consumers
Standard 3 Preventing and Controlling Healthcare-Associated Infection
Standard 4 Security
Standard 6 Communicating for Safety

Change Concept 1 via a PDSA Cycle – Realisation of second surgical motor to COHC improved clinical time and chair availability

1. Dr. Mohan managed a second surgical motor by reusing a surgical motor and a second surgical skill set.
2. A dedicated surgical motor for COHC was made available.
3. A second surgical team member was permanently allocated to COHC to manage surgical appointments daily.
4. An increase in number of surgical extractions was seen in 2018 as compared to previous year 2017.

Change Concept 2 via a PDSA Cycle – Assessment of all referrals from the general dentist to Oral Surgery and Reallocation to COHC decreased unnecessary referrals

1. All referrals from Dental Officers in CCOHC to Oral Surgery were audited. DWAUs were calculated and HOD to check appropriateness. A formal criteria for management in COHC were established and maintained for consultation and treatment.
2. Assisted with OASIS is a consultation tool for
3. A dedicated surgical motor and a second surgical skill set was made available.
4. An increase in number of surgical extractions was seen in 2018 as compared to previous year 2017.

Change Concept 3 via a PDSA Cycle – Mentoring and Support of Dental Assistants and providing regular feedback increased scope of practice and surgical skills

1. Regular feedback was provided to DOs and regular feedback.
2. An increase in number of surgical extractions was seen in 2018 as compared to previous year 2017.
3. The log maintained by the DOs who were referred to COHC for surgical treatment.
4. An increase in number of surgical extractions was seen in 2018 as compared to previous year 2017.

Change Concept 4 via a PDSA Cycle – Mentoring and Support of Dental Assistants by providing additional training in aseptic technique, surgical possessing and providing regular feedback and assisting by providing regular feedback increased surgical skills and confidence

1. A dedicated surgical motor and a second surgical skill set was made available.
2. An increase in number of surgical extractions was seen in 2018 as compared to previous year 2017.
3. A dedicated surgical motor and a second surgical skill set was made available.
4. An increase in number of surgical extractions was seen in 2018 as compared to previous year 2017.

Overall Outcome of Project

In April and June 2018 we reached our stretch goal of 90%.