innovative

Behind this presentation is a research team striving for excellence in oral health

The DHSV Clinical Guidelines Pilot Study

A DHSV Research & Innovation Grant
Rationale & Background

• DHSV Clinical Leadership Council develops and publishes best practice clinical guidelines.

• These are designed to assist clinicians to provide high quality dental care

• However, it is not known how closely DHSV clinicians adhere to these clinical guidelines, and what impact that might have for oral health outcomes.
Study Aim

The study aims:

• to pilot methods for assessing adherence of oral health practitioners to evidence-based Clinical Practice Guidelines (CPG), and

• develop a model to enable better point-of-care guidance of clinical practice using CPG and improved quality of patient care
Project Objectives

- Examine dental records to *determine if there is sufficient information* in clinical records to assess CPG adherence
- If sufficient information, then to see whether CPG *are being followed*
- Make recommendations for dental record based model to facilitate measuring adherence by clinicians to CPG
Methods - 1

- The method will be tested with 3 selected guidelines first, looking at treatment in children

1. (CG-A013-03)-Stainless steel crowns in deciduous molars,

2. (CG-A018-01)-Provision of restorative care for children under general anaesthetic and

3. (CG-A009-03)-Direct restorative materials linings and bases.
Methods - 2

• A sample of 150 dental records (50 records per guideline) will be sourced from Titanium
• 2 Sites – Barwon Oral Health Service and RDHM
• Clinical audit comparing paper records and electronic records
• Case finding will be possible using specific fields
• e.g. SSC Guideline: Item 576 for use,
  – otherwise 513 Metallic restoration - three surfaces – direct;
  – 514 Metallic restoration - four surfaces – direct;
  – 515 Metallic restoration - five surfaces - direct
### Example - Stainless steel crowns (SSCs) in deciduous molars (CG-A013-03)

#### INDICATIONS

**Case selection for SSC in DHSV:**

1. Multi-surface carious lesions in deciduous dentition. Large occlusal/moderate multi surface caries up to the age of 8 years (grade 3)
2. After pulp therapy (appropriate diagnosis and treatment is mandatory) in deciduous teeth.
3. Severely Hypoplastic/hypocalcified deciduous teeth.
4. As restorative treatment for deciduous dentition of children at high risk to dental caries and undergoing treatment under GA [cf. GA Guideline].
5. Fractured cusps.
6. Extensive tooth wear or teeth with extreme wear facets and more than 2 years before exfoliation.
7. Abutment for space maintainer.
8. Radiographs should be taken: If so, films should be clearly showing the radicular portion of the primary teeth and the permanent tooth underlying it in order to estimate the timing of eruption
9. High risk patients with single surface/multi surface caries/demineralisation under 8 years of age (grade 3)

#### CONTRA-INDICATIONS

- 5 clinical indicators

1. Uncooperative patient under LA.
2. Inadequate tooth structure.
3. Teeth approaching exfoliation in within 12-36 months (GIC or composite resin could be used under these circumstances).[Discussion with CLC]
4. Evidence of cellulitis associated with the tooth in question [proceed to extraction].
5. Evidence of a non-vital pulp [proceed to extraction].

N.B. For patients NOT under GA

9 clinical indicators – one or more need to be documented in the patient’s dental record
Resources -

- Research and Innovation Grant 2013 round

Team:

- 6 investigators – Barwon Health and University of Melbourne
- 4 reviewers – Barwon Health and RDHM
- Acknowledgement of help from DHSV Business Intelligence Team
Schedule – so far completed:

- Ethical approvals
- Design Review Forms
- Engage suitable trained and experienced dentist/s to perform records review
Conclusion

• This represents a first step to gauging the quality of oral health clinical practice using administrative databases as distinct from existing clinical audit processes.

• Eventual aim to improve patient care by providing better point of care evidence-based guidance at the chair-side