Audit and the Dental Team

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Aims of this presentation

• Gain insight as to where audit fits in the current regulatory framework and it’s place in general dental practice.
• Understand what audit is and how it is done.
• To facilitate the integration of audit in the dental team in your own work place.
• To give some examples of possible audit topics (NOT radiography)
Audit: Why do it?

- Because you have to
- Because you need to
- Because you want to?

What my Practice Manager said...
Audit: Why do it?
Because you have to

Says who?

- The GDC
- The PCT??
- The CQC
- Others
GDC Standards For Dental Professionals

5.2 Continuously review your knowledge, skills and professional performance. Reflect on them, and identify and understand your limits as well as your strengths.

5.3 Find out about current best practice in the fields in which you work. Provide a good standard of care based on available up-to-date evidence and reliable guidance.
Guidance about compliance

Summary of regulations, outcomes and judgement framework

March 2010
CQC

“The new system is focused on outcomes rather than systems and processes, and places the views and experiences of people who use services at its centre.”

CQC: Guidance about compliance
• **28 outcomes:** Each reflecting a specific regulation from the Health and Social Care Act 2008 (Regulated Activities)

• Grouped into six key areas

• 16 that relate most directly to the quality and safety of care (core 16 quality and safety standards).
CQC: The Judgement Framework: Four Stages

**Stage 1:** Determining whether there is enough evidence

**Stage 2:** Checking whether or not the evidence demonstrates compliance

**Stage 3:** If concerns are found, making a judgement about the impact

**Stage 4:** Validating the judgement.
“You should remember that simply having policies, procedures and systems in place is not sufficient to demonstrate compliance.”

- Surveys of people who use services
- PROMs
- Staff surveys
- The results of improvements made following changes in practice.
HTM 01-05 CIC Audit Tool

Essential quality requirements

“Practices should audit their decontamination processes quarterly using an audit tool”
Audit: Who else wants to know?

- The Deanery (Foundation Training)
- Denplan
- FGDP
- GDC
  - Professional conduct
  - Revalidation
- Patients?
In summary...

Audit is now an integral part of the professional development for all members of the dental team
We are being Audited all the time...

• Vital Signs
• Exception Reports
• End of Contract reports
• PDS+
  – KPIs
• Pilot Contract
  – “Quality Indicators”
Audit

What is it?
Audit: A Definition

"Clinical audit is the systematic, critical analysis of the quality of dental care, including the procedures and processes used for diagnosis, intervention and treatment, the use of resources and the resulting outcome and quality of life as assessed by both professionals and patients."
Audit: What’s it for?

Helps you answer some questions:
• Are you any good?
• Are you good enough?
• What can we change?
• Are you getting any better?
Audit: What is it?

• Look at something you do
• How well should you do it? (the standard)
• Measure against this standard
• Review
The Audit Cycle

1. Problem or objective identified
2. A standard stated and criteria agreed
3. Audit data collected
4. Identify areas for improvement
5. Make necessary changes
6. Re-audit

The cycle starts with identifying a problem or objective and ends with re-audit.
The Audit Spiral

- improving quality
- measuring for quality
- setting standards for quality
The Limit of Audit

“Not all things that count can be counted, and not everything that can be counted, counts”

Albert Einstein
“Greetings! I am the Count. They call me the Count because I love to count things.”
Why audit

• Improves patient care
• Encourages teamwork
• Useful to clinical practice
• Reduce errors / minimise risks
• Financial benefits (sometimes!)
• Professional development
Barriers

• Don’t know how
• Takes too much time/money
• Don’t have the skills
Takes too much time/money

- PCT support ?
- Delegate!
- Increased efficiency
- Audit of marketing strategies
How to do it
Standards / Criteria

• **Standard Statement**
  an aspirational statement of required performance, i.e. a pre-stated or implicit level of success that you wish to achieve

• **Criteria**
  elements of a standard that are explicit and measurable, i.e. those aspects of care that you wish to examine
Example standard statement

“Crowns should fit successfully at the try-in stage, with no major problems requiring significant adjustment”
Example Criteria

There will be no major problems with
  • Integrity of the impression
  • Clear margins on the cast and on the tooth
  • Contact with adjacent teeth and harmony with existing occlusion
  • Correct shading etc-
Collecting Data

• Consider whether you need to look at all occurrences or a sample.
• Prospective or retrospective
• Sampling technique: random/stratified
• What data do you need?
Data Collection Methods

Data collection forms

• Provide uniformity of data collection
• Ensure you collect exactly what is required
• Provide a paper record
## Data Collection / Analysis

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<th>Major Problem</th>
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Data Collection Methods

Questionnaires

• Efficient method of collecting patient / user information
• Allows access to large samples
Types of Criteria Measures

**Structure**
available resources including staff, current knowledge, skills, equipment

**Process**
what you actually do, e.g. actions performed as per a protocol, methods that should be used

**Outcome**
health benefits, effectiveness of actions or patient satisfaction
Types of Criteria Measures

Structure - what you need

Process - what you do

Outcome – what you expect
**Standard – Dental practices will actively promote oral hygiene**

**Structural Measures**

- Practices will have a well stocked display of oral health leaflets
- Practices will have a stock of toothbrushes, flosses, mouth washes and fluoride toothpaste
- Staff will have received training in oral health promotion
Standard – Root fillings will be done with adequate preparation and follow-up checks

Process Measures

• All patients will have an adequate pre-operative x-ray
• Rubber dam will always be used
• There will be a check x-ray for correct length/apex locator
• The post operative film will be reported on and filed
Standard – Radiographs will be of a sufficiently high quality

Outcome Measures

• Density and contrast will allow clear viewing of the tissues involved

• All relevant structures will be visible on the film
Key Elements to Succeed

• Explicit criteria and standards
• Simple choice of subject and not too many criteria
• Proposals for change that are detailed and specific
• Understanding the basic principles of audit
Deciding on the Audit Topic
Quality Impact Analysis
QIA - What is it?

• It is a way of identifying an audit topic by consensus with colleagues and selecting areas which need improvement

• By involving staff in selection of the topic and selecting areas which need improvement – the audit is more likely to lead to change
Consider 3 areas

• Frequency
• Risk
• History
FREQUENCY

- Tasks performed regularly
- Repetition can lead to skills slipping
- Tasks that take up a lot of time
RISK

— Carrying out procedures which can potentially harm the patient

— Areas where poor performance can result in damage to patient health

— Treating patients who are at relatively high risk of problems

— Perhaps even situations where members of the team are at risk
HISTORY

• Occurrences about which you are always grumbling / complaining
• Complaints received from patients
• Reported incidents / near misses
• Your own level of concern
Once you have a list of scored topics

Any topic which scores six or more is suitable for audit.

However, you must keep in mind that whatever you choose:

MUST BE MEASURABLE
MUST BE CAPABLE OF CHANGE
Audit in General Dental Practice

Some Examples
Our experience at Dentistry For All

- Clinical Records
  - Medical history
  - Soft tissues
  - BPE
  - Options Discussed

- All present in 80% of records
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<th>Retina exam</th>
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Medical history

Periodontal Exam

Soft Tissue Exam

Options discussed

Total

2001
Our experience at Dentistry For All

- Audit effectiveness of a separate reminder slip for new patient first appointment
- Without a reminder slip: 11% failure
- With a reminder slip: 6% failure
Our experience at Dentistry For All

Other audits undertaken:
• Estimates given to patients
  December 07  <50%
  October 2010  88%
  March 2011  82%
• Written prescription for therapist/hygienist
Our experience at Dentistry For All

Other audits undertaken:

- Duraphat application

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<td>25%</td>
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Summary

• Start simple
• Use support
• Use/adapt an existing audit
• Be honest!
• Computers really help
Summary

• Keep good records
• Find someone else to do it
• Appoint a co-ordinator
• Empower your team
• Remember to re-audit
• Collaborative better
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