Audit on recall intervals of high risk children at Billingshurst dental practice

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Caries is an established, chronic disease present in childhood in both deciduous and permeant dentition. Recently released statistics from Public Health England, noted one in four five- year-olds now has dental decay. This is a pressing concern, as no progress has been made since the previous survey who noted a similar figure. The responsibility of dental decay not only lies on the patients or parents, but also their dental practitioner to monitor and review the child to ensure prevention or early detection of such lesions. Thus, there is an increased importance placed on the recall intervals of high risk children. These reviews assess the children on the dental caries factors such as, a high cariogenic diet, poor plaque control, their fluoride intake as well as any medical history changes.

This audit consists of two cycles, a retrospective and a prospective audit. Both audits involved analysing a random selection of 20 high risk patients under the age of 18, attending for an oral health assessment. The results of the first cycle were collect and compared to the set standard placed by the National Institute of Clinical Excellence (NICE). Analysis of the data will noted if the children have been given a risk level as well a recall interval.

The results of the first audit cycle showed that only 65% of the high risk children had the accurate risk level write in their notes. Of this, only 40% of the high risk children seen were placed on the appropriate recall interval of 3 months. Therefore, further teaching and interventions needed to be put in place to ensure the dentists in the practice were aware of the current guidance and the current findings of the audit. Thus, a staff meeting was put in place discussing why this may be occurring and how as a practice we would put in further changes to improve adherence. It was noted in the meeting, placing the risk level as part of their oral health assessment templates would be a useful reminder to place this on all notes. Furthermore, posters were placed in the staff room and leaflets were given to the practitioners with the written guidance.

Sufficient time was given for the changes to be implemented in the practice and this was assessed with the use of a prospective audit cycle, consisting of another sample size of 20 patients. The second cycle showed a huge improvement, with 100% of the high risk children having the accurate risk level written in the notes, as part of their template. As well as, 85% of patients had the appropriate recall interval of 3 months. This proved a positive result of the interventions placed and will be continually reviewed annually in the practice to maintain this standard.

References

1. UK. 2020. Oral Health Survey Of 5-Year-Old Children 2019. [online] Available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019> [Accessed 20 March 2020].