

‘Investing For Health’ Workstream No. 11: Dentistry

Theme: ‘Quality in Dental Practice’

Tasks 1-3: “NICE into Practice” – recall intervals in dental practices.

ITEM No. 3 (of 5)

MODEL for CLINICAL AUDIT in DENTAL PRACTICE: NICE DENTAL RECALL INTERVALS

<i>Title of Document</i>	Model for Dental Clinical Audit: NICE dental recall intervals
<i>Status</i>	Developed through discussion at W. Mids SHA IFH-11 “NICE Recalls” Task Group
<i>Potential users</i>	NHS dental practitioners; Primary Care Trusts and successors
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<i>Sources used / directly adapted</i>	Hilary Poole and Coventry PCT: previous dental audit exercises

Title of the exercise and subject for the Dental Clinical Audit:
***Oral Health assessment and determination of recall intervals with regard to
N.I.C.E. guidance on dental recalls***

INTRODUCTION

Guideline number CG019¹, published by the National Institute for Clinical Excellence in 2004, helps clinicians determine appropriate recall intervals for individual patients. The recall interval should be based on the findings of an oral health assessment of current levels of dental disease and the patient's risk of, or from, future dental disease. This assessment should usually be done at the patient's initial visit and reviewed on subsequent re-examinations.

Analysis of dental attendance patterns from the NHS Business Services Authority suggests that attendance patterns in the UK are variable and that a large number of patients re-attend at intervals of less than 6 months, with over 70% having a follow-up visit within 9 months². As part of normal contract monitoring, Primary Care Trusts examine such figures and may seek observations from practices/contractors where there is departure from the norms. A practice-based clinical audit on Oral Health Assessment and recall intervals may help to demonstrate that NICE guidelines are being followed.

The guidelines recommend that for patients under 18 years the interval between examinations should be between 3 and 12 months and for adults, between 3 and 24 months. This replaces the previous practice of 6 monthly recalls for all patients.

CLINICAL AUDIT: AIMS AND OBJECTIVES

To monitor, document, and improve the process of

- a. recording the oral health assessment of patients including an appropriate assessment of risk;
 - b. selection of an appropriate recall intervals based on this, and
 - c. recording in the notes the discussion with the patient having taken place (with an indication of patient agreement/disagreement),
- by selecting a standard and then auditing clinical practice against the standard.

THE STANDARD

The proposed standard is that a minimum of 80% [initial standard] of patient records, where examination has been carried out, should include the following:-

- i. Written Oral Health Assessment which assesses the patient according to risk of oral and dental disease and documents the risk category in the notes.
- ii. A record of the recommended recall interval.
- iii. Record of the discussion of the interval with the patient along with their agreement or disagreement.

¹ guidance.nice.org.uk/CG19

² *Access@Dental*, Issue 8, Mar 2010. Primary Care Contracting pcc.nhs.uk/accessdental/issue8/issue8.html

METHOD

For all clinical dentists in the practice who routinely undertake general dental treatment courses commencing with dental examination:

1. Random selection of 25 recent record cards where a dental examination has recently been undertaken.

The suggested sample size is: 25 patients who had an examination in the last course of treatment. Patients should be given an ID number (e.g. computer reference number or initials plus date of birth) to preserve anonymity. This sample size provides the baseline for the standard set (80%). The exact method of selection is up to the practice: computerised practices may find the practice management system can make a selection against these characteristics. Paper-based practices may need to use a combination of / alternatives to / retrieving names from day lists, selecting a random day in the diary; hand-pulling records from the “recent” file. Whichever method is used, efforts should be made to ensure random selection.

Define your method of random selection and record it here for later transfer to your final audit report.

2. Review the criteria you have already set for assessing and categorising risk.

A version of the NICE “checklist” summary table is reproduced at the end of this document (see appendix A) but for greater detail, the risk factors are discussed in depth in the original NICE guidance¹. Nonetheless they are neither exhaustive nor quantified by NICE, and so dentists must use their own judgement in applying them.

Therefore practices will usually wish to develop and define their own practical criteria which should relate to the known evidence-base and current thinking on best practice. This may be best handled by developing a written practice policy or clinical protocol to describe how risk assessment and categorisation is done. As a companion to this document the working group has also developed a model practice policy to assist you.

3. Compare each randomly-selected record for the elements defined previously. Tabulate the results in the first-cycle table.

Is an oral health assessment, with a risk categorisation, recorded?

Is the recall interval set, and is it appropriate to the level of risk identified taking into account the patient’s age?

Does the record document that the risk assessment been discussed with the patient and is the agreement or otherwise recorded?

First cycle table

Dentist code

Patient ID or Code	Oral health assessment recorded including risk categorisation (Y/N)	Appropriate recall interval set, reflecting OHA and risk? (Y/N)	Documented discussion with patient; incl. outcome agreed / not agreed? (Y/N)	If any answer is “no”, why not?
1.				
2.				
... etc. etc.				
24.				
25.				
TOTAL YES				
Percentage /25	%	%	%	%

4. First cycle data analysis, observations, action plan for improvement

Record percentages from first cycle and tabulate by dentist. It may help to present the findings in chart form.

Dentist A	
.....%	patients with Oral Health Assessment and risk categorisation at most recent exam visit
.....%	patients with appropriate recall interval recorded
.....%	patients with discussion recorded (along with agreement / disagreement)
Dentist B	
.....%	patients with Oral Health Assessment and risk categorisation at most recent exam visit
.....%	patients with appropriate recall interval recorded
.....%	patients with discussion recorded (along with agreement / disagreement)
Etc. etc.....	
Practice overall	
.....%	patients with Oral Health Assessment and risk categorisation at most recent exam visit
.....%	patients with appropriate recall interval recorded
.....%	patients with discussion recorded (along with agreement / disagreement)

From the results, and the comments on missing data, review what could be done in the practice to increase the percentage scores. Develop an action plan and put it into practice. If the targets were uniformly achieved across all headings and dentists, increase the target by a realistic amount in conjunction with an action plan aimed at getting even better results.

For suggestions about actions that might help raise scores, see the companion document designed for a practice implementing NICE guidance for the first time.

5. Second cycle data analysis, observations

After adopting your action plan, wait for a suitable [short] interval, then repeat stages 1, 3 and 4 (above) adopting the same standard (or a raised (>80%) standard if the initial standard has already been met).

6. Discussion of results, reflective learning, report

The value of clinical audit is diminished if not recorded and reflected on. Therefore the audit should be written up in the form of a short report. The companion document produced by the *Investing For Health NICE into Practice Group* called “*Review of good practice in auditing dental recalls*” contains short summaries of recall audits undertaken by others. These summaries may help you compose your own report. As a basic outline your report should cover:

Introduction: purposes of the audit; review of your criteria for assessing risk (see the companion Practice Policy/Clinical Protocol

- Methods: Pilot study and method of random selection. System of data recording and analysis.
- 1st audit cycle: - include possible reasons for absence of an Oral Health Assessment, or record of recall set, and record of patient agreement or disagreement
- Description of Action planning and implementing improvements: - include details of any staff meeting to improve standards
- 2nd audit cycle: include timetable to revisit the audit to check that standards are being maintained or possibly raise the standard higher and plan a 3rd audit cycle.
- Conclusions and final report: This should state whether the audit met its aims and objectives and identify any educational or other needs.

If your audit has definable learning objectives and a method of feedback or evaluation, it may be possible for it to meet GDC requirements for certifiable CPD³. The written report may serve as feedback and evaluation. However as one of the four requirements is confirmation of participation, your audit may need to be done in conjunction with a PCT, Deanery PG Tutor or other similar body who would provide confirmation of participation.

Contractors and dentists undertaking an audit such as this are encouraged to share the output voluntarily with their primary care trust.

³ For more information on certifiable CPD for the GDC, see <http://www.gdc-uk.org/Current+registrant/CPD+requirements/>

APPENDIX A: N.I.C.E. Check-list of modifying factors

Oral health review date:						
	Yes	No	Yes	No	Yes	No
Medical history						
Conditions where dental disease could put the patient's general health at increased risk (such as cardiovascular disease, bleeding disorders, immunosuppression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions that increase a patient's risk of developing dental disease (such as diabetes, xerostomia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions that may complicate dental treatment or the patient's ability to maintain their oral health (such as special needs, anxious/nervous/phobic conditions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social history						
High caries in mother and siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of chronic or aggressive (early onset/juvenile) periodontitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary habits						
High and/or frequent sugar intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High and/or frequent dietary acid intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to fluoride						
Use of fluoride toothpaste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other sources of fluoride (for example, lives in a water-fluoridated area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical evidence and dental history						
Recent and previous caries experience						
New lesions since last check-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anterior caries or restorations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature extractions because of caries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past root caries or large number of exposed roots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavily restored dentition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent and previous periodontal disease experience						
Previous history of periodontal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of gingivitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of periodontal pockets (BPE code 3 or 4) and/or bleeding on probing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presence of furcation involvements or advanced attachment loss (BPE code *; that is, attachment loss is at least 7mm and/or furcation involvements are present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mucosal lesions						
Mucosal lesion present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaque						
Poor level of oral hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaque-retaining factors (such as orthodontic appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saliva						
Low saliva flow rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Erosion and tooth surface loss						
Clinical evidence of tooth wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended recall interval for next oral health review:	months		months		months	
Does patient agree with recommended interval?	Yes	No	Yes	No	Yes	No
If 'No' record reason for disagreement in notes overleaf						

Shaded boxes represent factors that may increase a patient's risk of, or from, oral disease.

APPENDIX B: Sample recording form (see p4)

Audit cycle: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			Dentist [Code] _____	
Patient ID or Code	Oral health assessment recorded including risk categorisation (Y/N)	Appropriate recall interval set, reflecting OHA and risk? (Y/N)	Documented discussion with patient; incl. outcome agreed / not agreed? (Y/N)	If any answer is "no", why not?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

APPENDIX B: Sample recording form (see p4)

Patient ID or Code	Oral health assessment recorded including risk categorisation (Y/N)	Appropriate recall interval set, reflecting OHA and risk? (Y/N)	Documented discussion with patient; incl. outcome agreed / not agreed? (Y/N)	If any answer is "no", why not?
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
TOTAL 'YES'				
Percentage /25	%	%	%	%