Dental Audit
An Audit of Caries Risk Assessment. (NHS Education)

BACKGROUND
Following publication of GDC standards, it is increasingly important that record keeping, also including Risk Assessment for every child patient of Caries development, in General Dental Practice demonstrates the level of care which patients are entitled to expect.

The purpose of this audit will be to assess to what extent that Caries Risk Assessment is carried out in relation to patient care, and to put in place any protocols necessary to improve our results.

Following completion of the audit, the practice expects to be able to demonstrate good standards of Caries Risk Assessment, which will provide both a robust defence in the event of any medico-legal challenge, and improved care for our patients.

The audit will examine records of child patients attending the practice. The aim of the audit is to assess to what extent the practice currently undertakes caries risk assessment, and to evaluate the recording of information in notes, in relation to child dental care.

In light of the development of programmes such as childsmile, it is important that proper assessment of a child's needs is carried out and recorded, so that they can be offered the care most appropriate to their need.

AIMS & OBJECTIVES
It is anticipated that this audit will enable the practice both to improve recording of information for children, and improve the care provided.

This will have obvious benefits for the child, and will also potentially be of help should liaison with other care teams be required.

CRITERIA TO BE MEASURED
The following will be recorded for child patients (birth - 16 years) attending the practice:

1/ Caries risk assessed (yes/no)
2/ Caries risk recorded in notes (high/low)
3/ Personal care plan recorded for each child (yes/no)

**STANDARDS**
Using guidance for SDCEP "Dental caries in children", a data sheet was created to collect information on risk assessment recording, and the creation of personal care plans.

At the end of round 2 of the audit, 100% of child patients records should contain risk assessment results and care plans.

**METHODOLOGY**
For round 1, a retrospective sample will be taken from 75 child patients for each dentist involved who have attended the practice prior to the audit.

The sample for both rounds will consist of patients from birth to 16 years.

Data will be collected and analysed. This will then be presented to a meeting of all staff, along with proposals for change, and any new protocols which are deemed to be required. A period of 2-3 months will be allowed for data collection, meetings and development of new processes.

Following the implementation of change, a further round of data will be collected from 75 child patients for each dentist involved attending the practice.

Data will again be analysed, and a report of the audit will be produced, identifying the level of compliance for each of the criteria measured. Following completion of the audit, periodic review will be undertaken to ensure that improvements are maintained.

**RESULTS**
A total of 75 records that were child patients seen by myself, selected from our Computer System randomly.

In general the results in Round 1 were as expected and varied.

**NO areas showed 100% of compliance.**

*Caries Risk recorded showed 28% compliance*

*Caries Risk recorded as being high / lowered showed that only the records with high caries risk were being recorded. Again this showed a 28% compliance*
Care Plan Recorded showed 28% compliance

It can be seen that the overall compliance in Caries Risk Assessment recording was inadequate with respect to current recommendations and guidelines. A pattern emerged showing that the times where caries assessment was being properly carried out was when the child patient fitted into the high caries risk category. It can therefore competently be assumed that I was only logging and recording the required values for the risks assessment when I identified that the child patient was of a high risk of developing active caries. This clearly shows that this area required improvement. In my opinion, when digital computer software is available this is unacceptable.

We discussed our findings at our practice meetings and reiterated the importance of achieving 100% compliance in all areas medico-legally and to also benefit the future care of our child patients.

The second round data was collected and showed the following:

A total of 100% was recorded in all data collection areas.
Caries Risks of both high and low values were fully recorded.

CONCLUSIONS

• The recording of the required information for each patient selected was not routinely being followed and adhered to.
  • Without the use of prompting from our computer software it was easy for the Practitioner to leave out or miss out important data.
  • This can be attributed to the timeframe available to the Practitioner, Stress and workload.
  • If the computer software prompted the Practitioner to enter the correct required data for every patient this had a 100% improvement effect for the Practitioner
  • The prompting by the computer ensured an immediate positive effect and therefore compliance with GDC Standards and Guidance from BDA and FGDP.

RECOMMENDATIONS
The main recommendation for change for Computerised Dental Practices is to include and ensure the Practice Management Software prompts the fields to be entered for each corresponding data point required by the regulations.

Our Practice management software had specific custom screens created which "popped up" at specific points during the examination, treatment and recalled attendance appointments. Thus ensuring that the record could not be closed without supplying the required information. Thus ensuring 100% compliance.

The computer software was programmed to allow "pop up" Windows to appear for all child patients under the age of 18. This ensured a full risk assessment was being carried out along with the clinicians recommended treatment and care plan for the individual patient.

**ACTION PLAN**

The ongoing action plan is to continually monitor compliance with the current set of GDC Standards and Guidance from the FGDP. This will call for the Practice to re-Audit this area every year. Regular Practice meetings will also be carried out.

**IMPORTANCE OF RECORD KEEPING CORRECTLY**

It is exceptionally important as health care professionals that we record notes on our patients correctly and concisely. Not only is this for potential Medico-legal issues but also to ensure were deliver high quality care safely to our patients.

The GDC Standards State :-

We must:

4.1 Make and keep contemporaneous, complete and accurate patient records.
4.2 Protect the confidentiality of patients’ information and only use it for the purpose for which it was given.
4.3 Only release a patient’s information without their permission in exceptional circumstances.
4.4 Ensure that patients can have access to their records.
4.5 Keep patients’ information secure at all times, whether your records are held on paper or electronically.
The process of maintaining patient records ensures that we are able to maintain good quality treatment for our patients by ensuring all details are available to all our own treatments but also to colleagues to allow them to fully assess and treat our patients also in the future.

The risks of not keeping contemporaneous notes can be seen to be of patient safety, identification of patients and noting treatment carried out and required. The recording of Treatment Options and noted informed consent ensure that we can show all options have been discussed with patients and they have been able to decide, from all options available, the best course of treatment for themselves.

Caries risk assessment ensures we deliver the best quality of care to our child patients. The United Kingdom, especially Scotland, has a very high caries rate by comparison to Europe. By ensuring this process is made routine practice and regularly reviewed aims to ensure we intervene appropriately and thus give our child patients the best chances at reducing the overall incidence of caries, intervening when appropriate and establishment of long term monitoring and treatment planning.

This process thus ensures we act in the best interests of our patients, maintain professionalism and thus maintain the public perception of the profession as a whole.