

BACKGROUND

1 in 4 five-year-olds have tooth decay with on average 3 or 4 teeth affected



Tooth decay is the **main reason** for children to be added to the Child Protection Register for **neglect** in Tower Hamlet. Our Doctors look in throats every day but often **don't spot or address this problem**

AIM & MEASURE

Aim: By the 1st March 2022 8 out of 10 children aged between 1-17 years old triaged to the paediatric A+E will have been asked the last time they visited a dentist.

Measure: Number of patients with a documented assessment in their notes of when they last visited a dentist.

DIAGNOSTICS

High level Process map

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graph LR
    A[Patient presents to A+E] --> B[Patient is triaged by nurse who asks screening questions]
    B --> C[Patient waits in the department to see a doctor]
    C --> D[Doctor takes history and examines patient]
    D --> E[Patient is discharged]
    D --> F[Patient is admitted to ward*]
    F --> G[Patient sent to urgent care centre*]
  
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* Patients admitted to the ward or sent to the urgent care centre were excluded

Fishbone Diagram

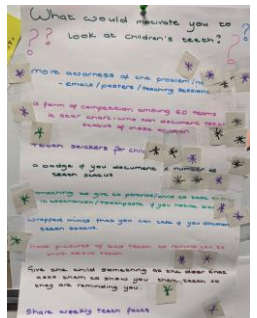
Equipment	Process	People
No specific space to document	Can add short amount of time to the Consultation	Not their role and worried about offending the family
	No reminders to ask the questions	Forget to ask
		Lack of awareness or knowledge
		No guidelines/pathway for these patients
	Very busy department	No patient advice material / leaflets
	COVID means more people wearing masks so don't see teeth as often	

Management **Environment** **Materials**

NOT Asking families "when they last saw a dentist?"



CHANGE IDEAS



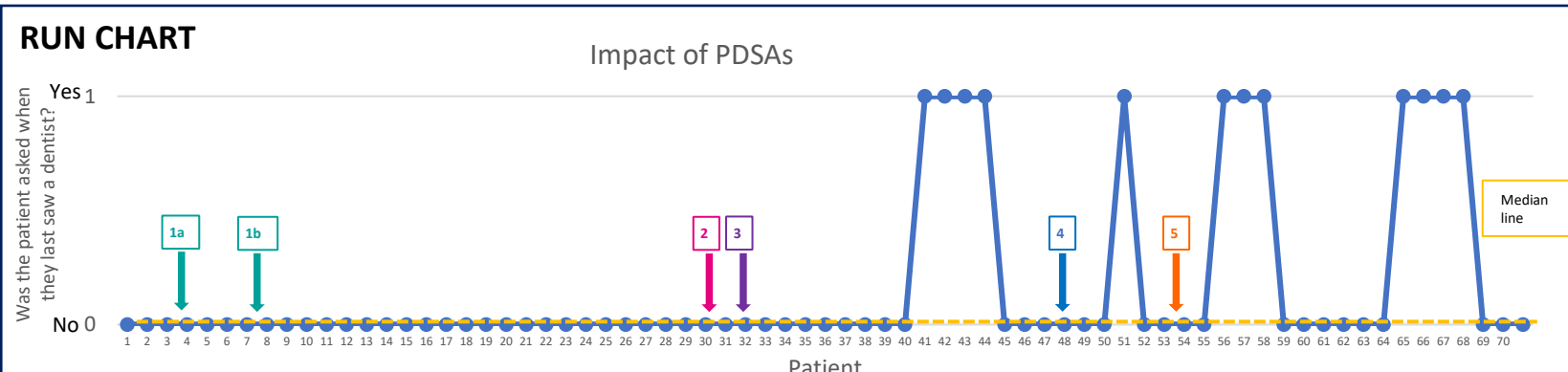
PDSAs

10 PDSAs were performed during a one-month period. Six of the main interventions are shown below

Information Gathering	Information Sharing	Resources	Teaching	Incentives
Action: Share information with the staff (see PDSA cycle 2) 1a Confirmed we should be directing patients to their dentist for tailored advice	Action: Have leaflets printed on how to find a NHS dentist (see PDSA 3) 1b Didn't know children (1-2yrs) needed to see a dentist. Having problems accessing a NHS dentist	Action: Focus on excess admissions and health implications when discussing need 2 Led to multiple informal teachings. People motivated by health implications more than safeguarding	Action: Provide widespread departmental teaching to improve knowledge 3 They were receptive to the learning and clearly had limited knowledge in this area	Action: Add a check box to the triage proforma to include ask about dentist 4 Microteaching with 4 SHO's from different training backgrounds
Action: Brainstorm with dentist 1a Face to Face discussions around the problem, the aim and change ideas	Action: Speak with parents and children 1b Face to Face discussions in the A+E department	Action: Share the problem and the project with the staff 2 Email to all paediatric A+E staff updating them about the project.	Action: Print the leaflet in other languages 3 The forms offered clear advice and the staff felt empowered to give guidance	Action: Add a check box to the triage proforma to include ask about dentist 4 Triage nurses could get up to 12 patients per shift. Nurses reached higher numbers than doctors
				Action: Motivate staff with fun competitive game 5 Created a tooth fairy leaderboard for staff who ask the most patients

RUN CHART

Impact of PDSAs



Was the patient asked when they last saw a dentist?

Yes 1

No 0

Patient

Median line

REFLECTIONS & LEARNING

This was a multi disciplinary project that involved patients and carers. It shows that A+E is an ideal place for health promotion with staff interacting with large numbers of children every day.

Whilst we have not yet show a statistical change what we noticed was that staff started talking about oral health and based on self reported numbers and the amount of leaflets given out, a clear change has occurred within the department.

The next stage is to explore further with parents to see if increased awareness results in increased attendances to see a dentist.