Saving the Planet, one page at a time…

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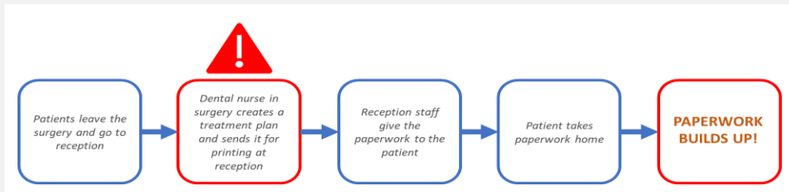
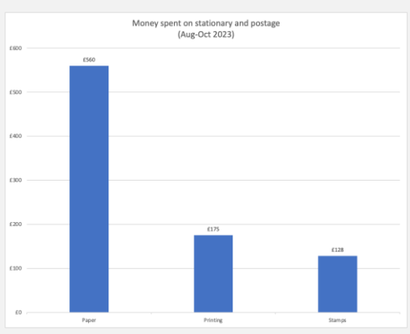
BACKGROUND

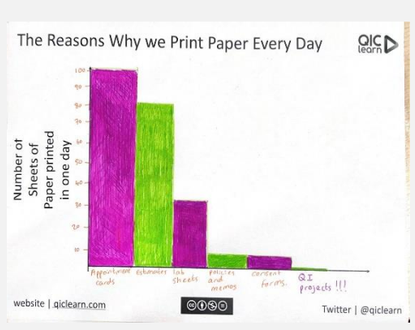
PROBLEM
We use far too much paper in our Dental Practice. It burdens us with administration and costs that we could invest in patient care. Landfill waste really does cost the earth!

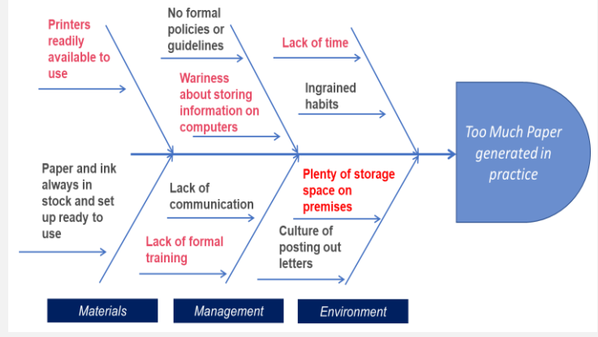
- We are a six-surgery dental practice in Scotland serving both NHS and private patients, and we've noticed a significant build-up of paper waste from appointment cards, treatment plans, policy documents, and more.
- Much of this paper ends up in landfill due to limited recycling efforts, despite many documents being suitable for electronic communication.
- Staff are increasingly environmentally conscious and frustrated by office clutter and high costs associated with paper, ink, and postage.
- While patient care remains unaffected, we aim to reduce our environmental impact, gain patients' respect for our green approach, and lower costs to reinvest in the practice.

DIAGNOSTICS









AIM

By February 2024, our practice will have reduced the amount of paper treatment plans by half (from 50-60 to 25-30 per day)

MEASUREMENT DEFINITION

Chosen measure: The number of estimates printed
Inclusions: Initial estimates printed for everyone that comes to the front desk (our reception staff will be doing the counting)
Exclusions: Amended estimates that are given at a later date from the originals
Data Sampling: Don't count when we are short staffed or overly busy

CHANGE IDEAS

Email or text as standard – Opt-out option for people with limited / no access who continue to receive paper copies.

Observation in reception

Busy morning at reception. Run up to Christmas. Patients anxious. Some were in pain.

Three regular receptionists. Only two currently present. One in training. Staff work well together. Phones were running off the hook. Three phones at the reception desk. Is printing off/ dealing with admin tasks adding to workload. What can be done in surgery prior to receptionists dealing with staff?

- minority of calls were for patients wanting to be see as an emergency that day
- vast majority of calls were for non-emergency appointments, people wanting to register etc.

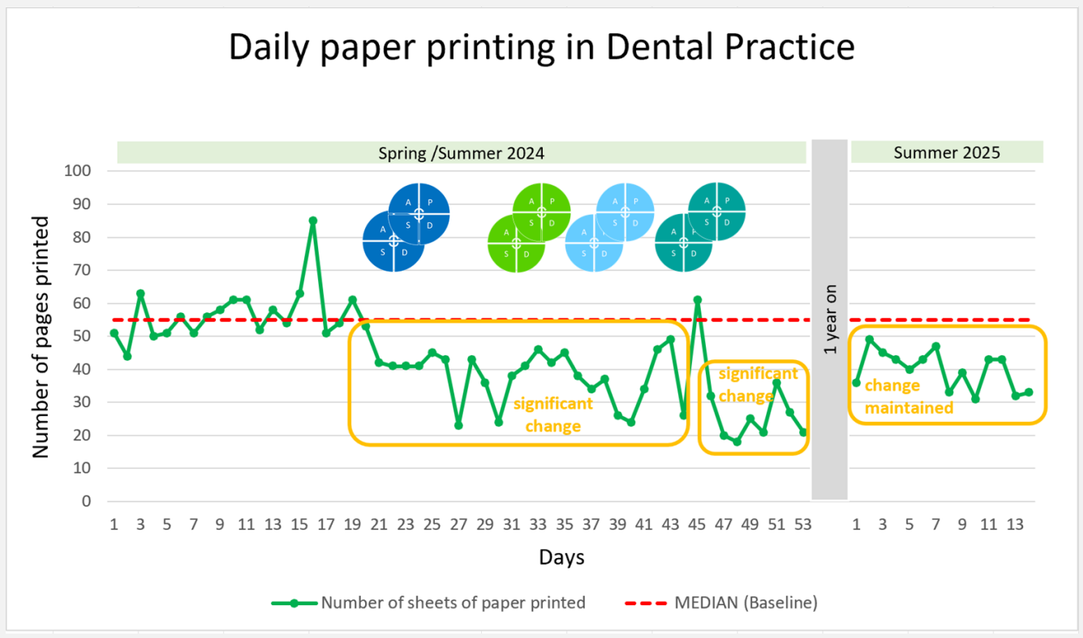
Priority should be given to emergencies in morning.
Maybe we need to look at our protocols e.g. only emergencies should be dealt with in morning?
Or better protocols for triaging ? (separate QIP).

PDSA cycles

PDSA Test #	PLAN (day 21)	Do	STUDY	ACT
1.1	Staff in surgeries (both dentist and nurse) to ask patients if they prefer printed or digital copies of paperwork – so that we don't print if we don't need to. Ensure we have an up to date copy of their email address	Short meeting to instruct staff, prior to commencing test attended by all staff that were working on that date (8th January 2024).	Staff were willing to give it a go	Identify day to test
1.2	Test the new protocol on a Monday at the start of the year Ask staff and patients for feedback	New protocol started Monday 8th January 2024 in surgeries Staff and patient feedback was encouraging. More than half of the patients were happy to go paperless.	The data over the first few days was encouraging. We noticed an immediate improvement (reduction in printing)	**ADOPT** Over time we noticed that some of the surgeries were much more engaged in the QIP than others. (see PDSA 4)
2.1	Raise awareness of our intention to go digital and seek feedback from patients and wider community	Discuss idea to design and run a Social Media campaign with team	Practice manager(PM) to use Facebook/Instagram posts	Start a week after out first PDSA test.
2.2	Campaign initiated in second week of 2024 (15th January)	Facebook and Instagram posts well received - a great response from the public. Encouraged to continue	It helped us to identify which groups would not be as responsive to change.	***AGAIN*** *Revisit in future to give feedback to our patients after we have completed this QIP*

PDSA Test #	PLAN (day 21)	Do	STUDY	ACT
3.1	Receptionists to ask patients whether they prefer a printed or digital copy of their paperwork BEFORE they enter the surgery and ensure that we have up to date details.	Receptionists initially enthusiastic and even devised a pop up note on their computers to remind them. We trialled this over a period of 5 days.	Didn't notice any significant changes in our data. Receptionists reported that they were too busy, or that they simply forgot to ask	**ADAPT**
3.2	Receptionists suggested they ask patients for their preferences AFTER the appointment (when they have more time)	Reception staff attempted to ask the question when patients returned to the desk after their appointment. This was trialled for a couple of days	Staff reported that not all patients needed to return to the desk. It was also apparent that this was too late as the question had already been asked in the surgery!	**ABANDON**
4.1	Some staff less likely to ask the patients their preferences - Observed by the reception staff (the ones handing out the printed paperwork). Discussions planned with individual surgery teams	Myself and practice manager discussed the QIP in more detail with individual surgeries, and asked what the barriers were	The barriers were just generally "forgetting". After the discussions, we studied the results for a few more days and saw an improvement	**ADAPT –** test use of daily print out of day book that is already produced – and add a reminder to the template .
4.2	Each morning the dentists get an individual print out (!) of their daybook, just in case there is an internet outage. We plan to add a permanent reminder to the daybook template	Practice manager arranged for template to be updated	Add in what happened	

RUN CHART



CONCLUSIONS

This was a successful exercise, and I have seen real, consistent results that are now common-place and habitual in our working day. The run chart shows that over the course of Spring and Summer 2024 daily paper printing was reduced significantly (25 data points below the median baseline). Nine months after our focused improvement efforts ceased, recent data shows that the initial improvement has been maintained.
The run chart indicates that usage has decreased from a median of 55 to 38 pages per day with an estimated annual savings of 20kg of paper @£27 and 17kg of CO_2, printer inks (@£1617), 250 hours of staff time (@£3500). Data suggests further scope to reduce by 5-10 pages per day, and I look forward to taking our next steps to realise this and other savings inspired by this project.

LEARNING & REFLECTIONS

Quality improvement projects actually work. Teamwork makes the dream work! It was encouraging to see that a year after the original project was completed, there is a consistent improvement noted. This is entirely due to the enthusiasm and commitment of my staff. I am delighted that they have taken the task on board and continue to observe good practice. I know not to be complacent, and that Quality Improvement is a continuous process. PDSA cycles can be revisited.

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