REDUCING THE PERCENTAGE OF PATIENTS DEVELOPING ACTIVE CARIES WITHIN SIX MONTHS AFTER COMPREHENSIVE DENTAL TREATMENT UNDER GENERAL ANESTHESIA IN THE DEPARTMENT OF PEDIATRIC DENTISTRY, SLIM RIVER HOSPITAL

Konvensyen QA 2024

GROUP MEMBERS

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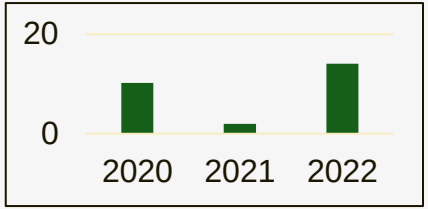
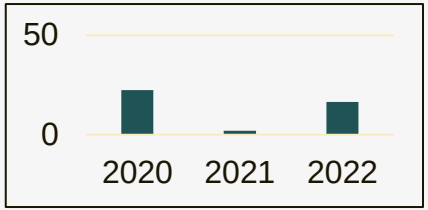
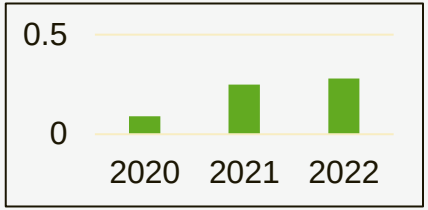
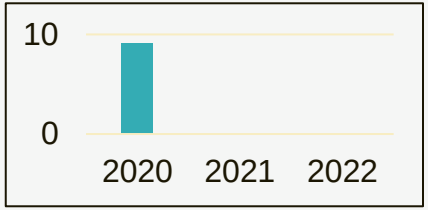
PROBLEM IDENTIFICATION

PROBLEM LIST	DATA
Percentage of patients developing active caries after comprehensive dental treatment under general anesthesia within six months	2020 : 5/49 (10.2%) 2021 : 2/98 (2.0%) 2022 : 10/71 (14.1%) Standard : ≤10% 
Percentage of post-op defaulters following comprehensive dental treatment under general anesthesia within six months	2020 : 11/49 (22.4%) 2021 : 2/98 (2.0%) 2022 : 14/85 (16.5%) Standard : ≤20% 
Oral soft tissue injuries during dental procedure in children	2020 : 1/1067 (0.09%) 2021 : 1/1696 (0.05%) 2022 : 5/1765 (0.28%) Standard : ≤10% 
Percentages of patients on general anesthesia waiting list for elective surgery more than three months	2020 : 1/11 (9.09%) 2021 : 0/4 (0%) 2022 : 0/2 (0%) Standard : ≤30% 

PROBLEM PRIORITIZATION

Problem List	S	M	A	R	T	Score
Percentage of patients developing active caries after comprehensive dental treatment under general anesthesia within six months	**12**	**11**	**10**	**10**	**11**	**54**
Percentage of post-op defaulters following comprehensive dental treatment under general anesthesia within six months	12	11	10	9	9	51
Oral soft tissue injury during dental procedure in children	10	8	9	10	9	46
Percentage of patients on general anesthesia waiting list for elective surgery more than three months	4	4	4	4	4	20

Marks awarded	1	2	3
Rating	Low	Average	High

4 group members

REASONS FOR SELECTION

S SERIOUSNESS	Caries relapse after CDT under GA means patient is subjected for another repeat treatment under GA which is not only costly, but also associated with greater morbidity and mortality rate than provision of dental care under local anesthesia (LA) or minimal sedation.
M MEASURABLE	Data can be collected through patient's clinical records and clinical audit forms
A APPROPRIATE	Our department's primary focus is managing dental caries, and we aim to investigate and improve the current upward trend in cases
R REMEDIABLE	The majority of factors contributing to this trend are manageable within our capabilities and can be enhanced through ongoing efforts.
T TIMELINESS	Can be completed within stipulated time-frame (1 year)

LITERATURE REVIEW

RATE OF RECURRENT CARIES

8.5% and 18.8% of the children developed recurrent caries within 6 and 12 months, respectively in a study conducted in China in 2017 [3]

EFFECT OF CARIES RELAPSE

More severe dental and systemic implications and increase in fear and dental anxiety among patients[6][7]

FACTORS OF RECURRENT CARIES

Failure to attend recall appointments, improper dietary habit and oral habits, patient's health status, inadequate preventive measures and type of restoration used. [4][5]

INTERVENTION

A key strategy involves rigorous follow-up and adherence to preventive protocols [8]

BACKGROUND OF STUDY

Our core business includes management of denta
treatr
comp ve
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CDT ent
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speci ere
dental anxiety.

entistry Hospital Slim
or pediatric dental
ng Padang, Muallim
gor (Hulu Selangor

ecialty treatment for
patients aged 16 years old and below.

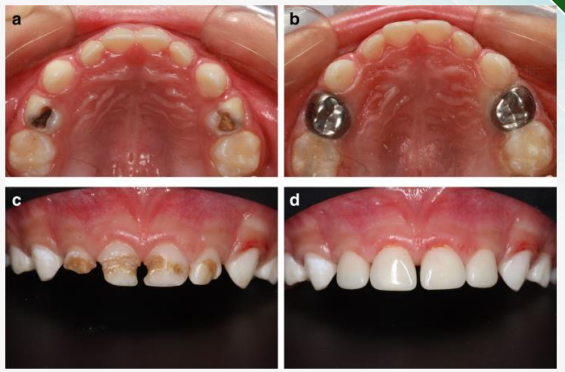
TERMS AND DEFINITION

Dental caries

A prevalent chronic infectious disease resulting from tooth-adherent cariogenic bacteria that metabolize sugars to produce acid, which, over time, demineralizes tooth structure. (9)

Secondary caries

Caries that occurs adjacent to a restoration



Comprehensive Dental Treatment

A dental rehabilitation under general anesthesia which includes a wide range of procedures such as diagnostic exams, restorative treatments (e.g., fillings, crowns), extractions, and preventive measures (e.g., sealants, fluoride treatments) carried out in a single setting. This treatment options is usually offered to medically compromised patients and patients with severe dental anxiety.

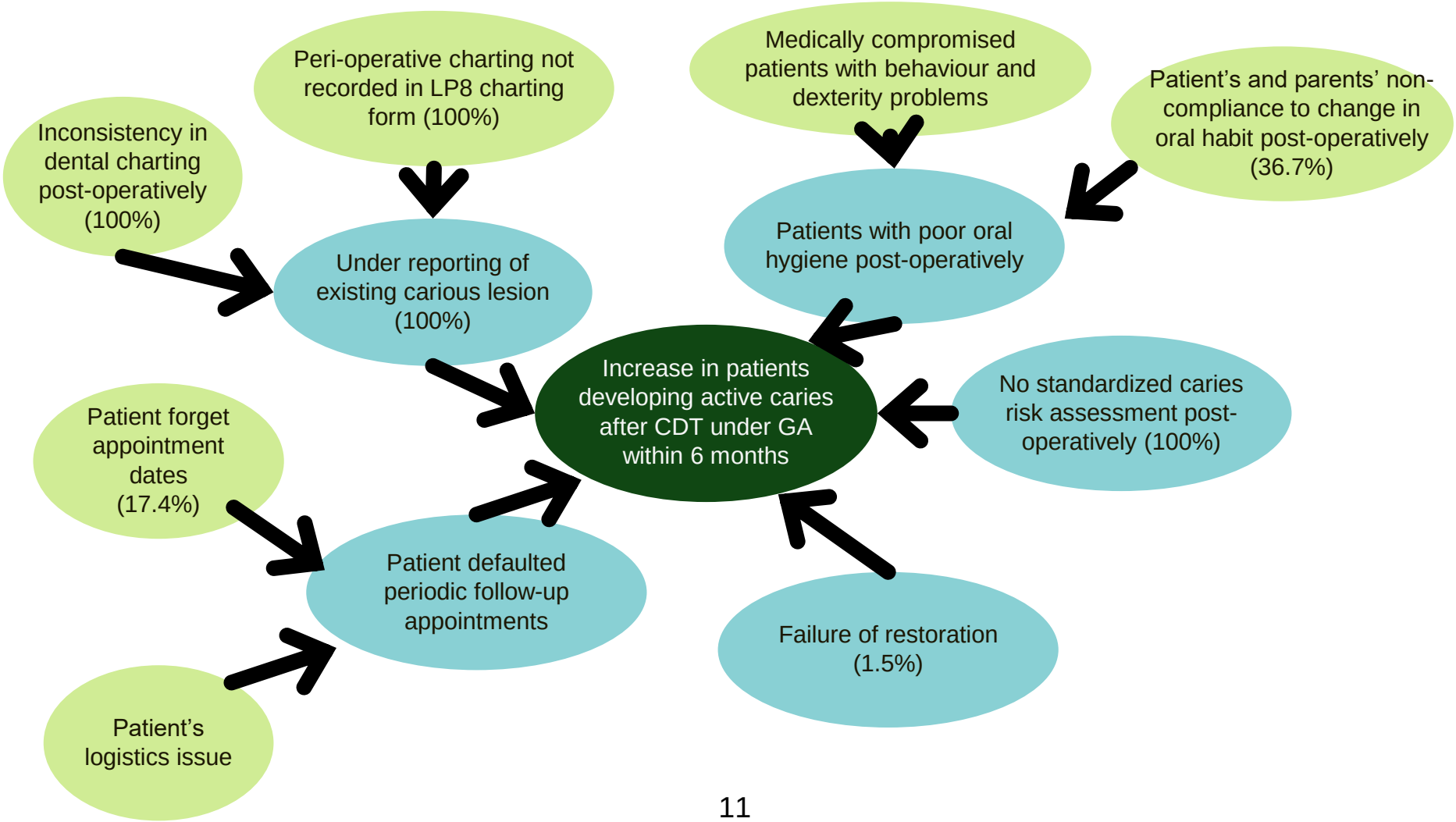
PROBLEM STATEMENT

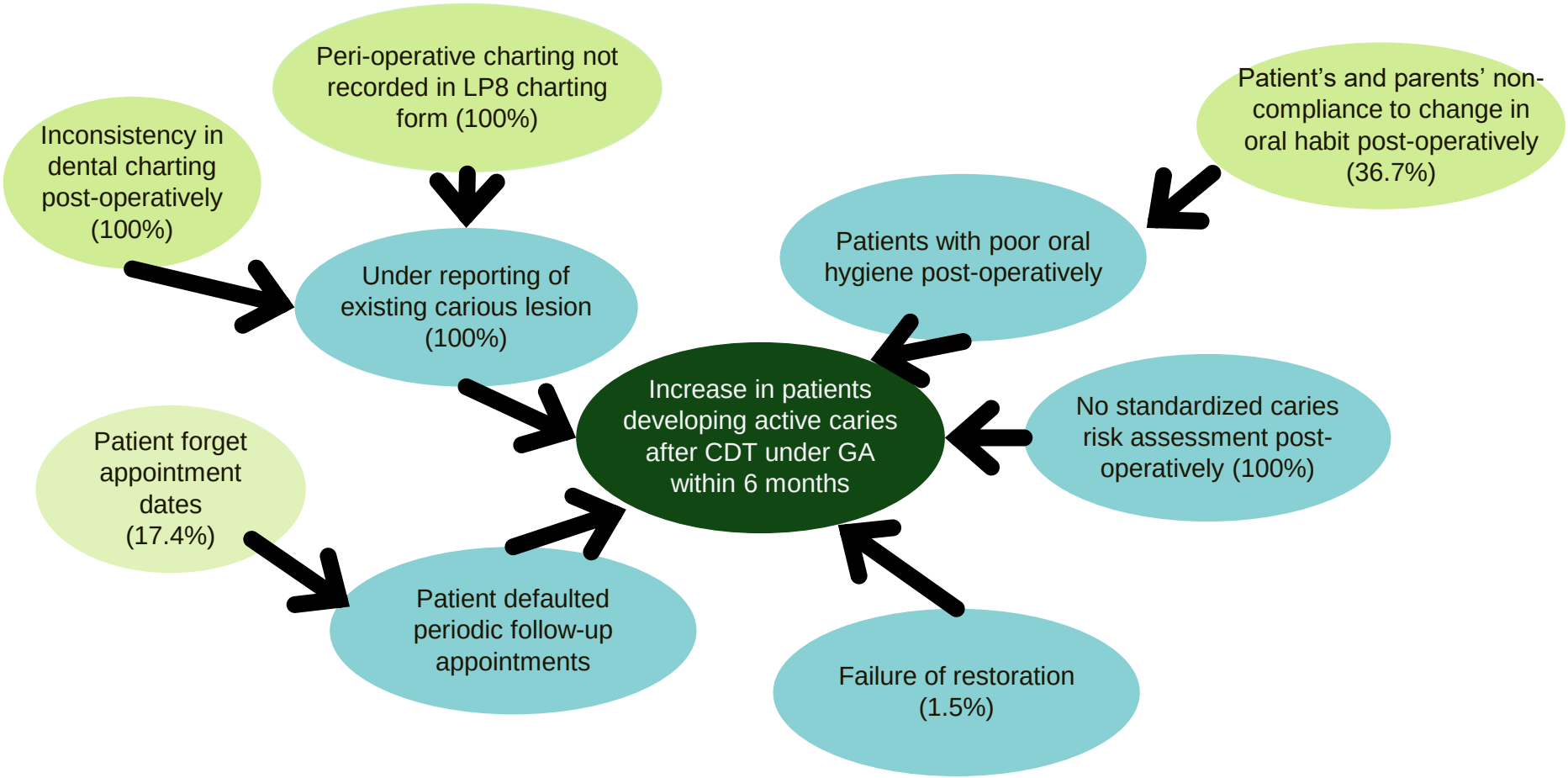
Data collected from July 2021 to June 2022 at the Department of Pediatric Dentistry, Hospital Slim River indicates that **14.1%** of patients developed active caries within six months after undergoing Comprehensive Dental Treatment (CDT) under general anesthesia(GA).

Recurrent caries following CDT under GA increases the chance of requiring further treatment under GA, which is not only more expensive but also linked to a greater risk of mortality and morbidity than dental treatments performed with local anesthesia (LA).

This study aims to reduce this percentage to benefit the patients and also to make sure that the KPI of the department could be achieved.

CAUSE-EFFECT ANALYSIS


Peri-operative charting not recorded in LP8 charting form (100%)
Medically compromised patients with behaviour and dexterity problems
Patient's and parents' non-compliance to change in oral habit post-operatively (36.7%)
Inconsistency in dental charting post-operatively (100%)
Under reporting of existing carious lesion (100%)
Patients with poor oral hygiene post-operatively
Increase in patients developing active caries after CDT under GA within 6 months
No standardized caries risk assessment post-operatively (100%)
Patient forget appointment dates (17.4%)
Patient defaulted periodic follow-up appointments
Failure of restoration (1.5%)
Patient's logistics issue


Peri-operative charting not recorded in LP8 charting form (100%)
Inconsistency in dental charting post-operatively (100%)
Patient's and parents' non-compliance to change in oral habit post-operatively (36.7%)
Under reporting of existing carious lesion (100%)
Patients with poor oral hygiene post-operatively
Increase in patients developing active caries after CDT under GA within 6 months
No standardized caries risk assessment post-operatively (100%)
Patient forget appointment dates (17.4%)
Patient defaulted periodic follow-up appointments
Failure of restoration (1.5%)

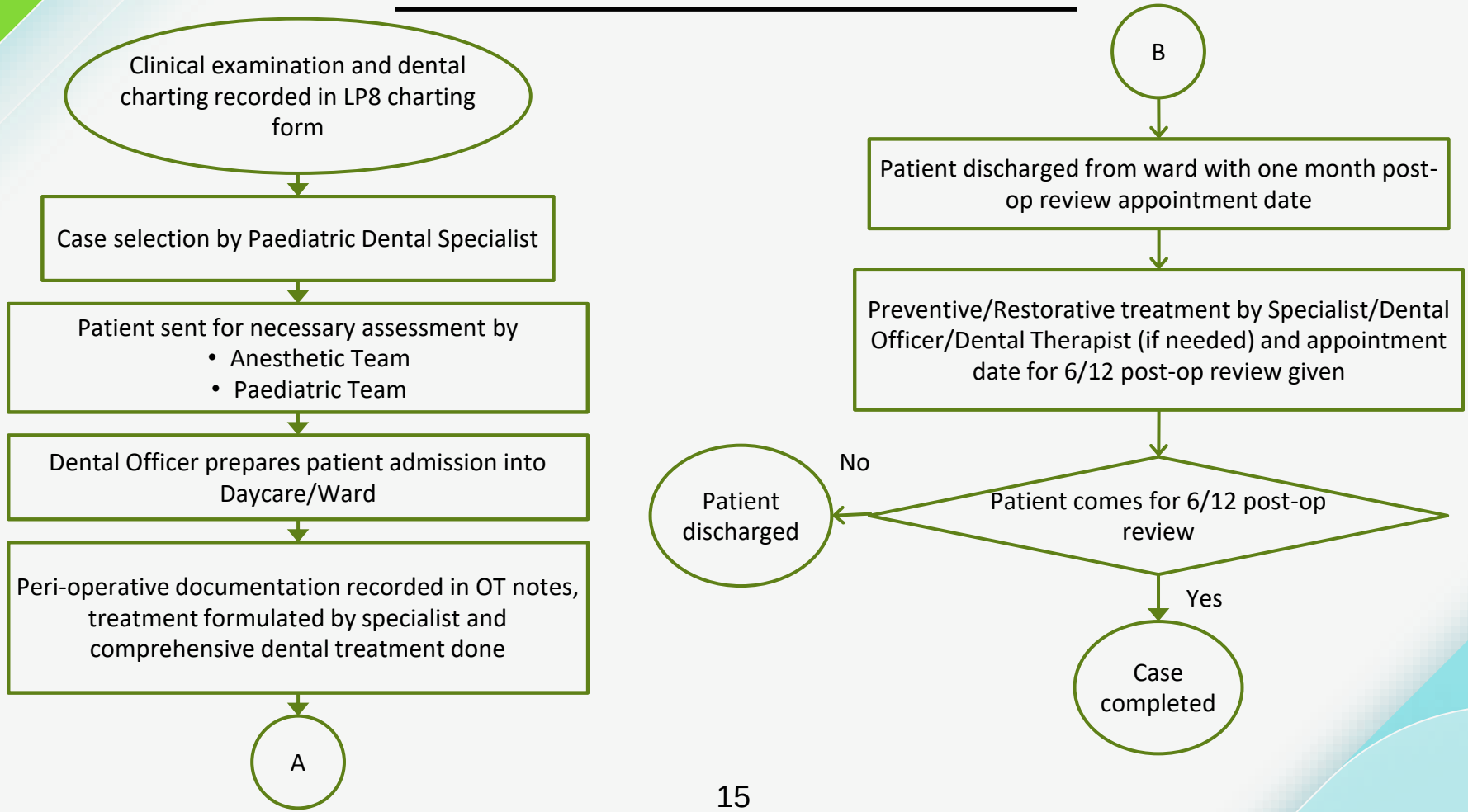
GENERAL OBJECTIVE

To reduce the percentage of patients developing active caries after Comprehensive Dental Treatment (CDT) under general anesthesia within 6 months in the Department of Pediatric Dentistry, Slim River Hospital

SPECIFIC OBJECTIVES			
To identify the prevalence of patients developing active caries after CDT under GA	To identify possible causes of patients developing active caries after CDT under GA	To formulate and implement measures to decrease the risk of patients developing active caries after CDT under GA within 6 months	To re-evaluate the percentage of patients developing new caries after CDT under GA after remedial action

KEY MEASURES FOR IMPROVEMENT

PROCESS OF CARE



MODEL OF GOOD CARE

PROCESS	CRITERIA	STANDARD	PRE-INTERVENTION
Clinical examination and dental charting recorded to screen patients (before admission)	• A complete history is taken for all new patients and for review patients, medical history is updated • Dental charting is completed in patient's card and case presented to specialist • Relevant investigations ordered	100% 100% 100%	100% 100% 100%
Peri-operative documentation recorded in OT notes, treatment plan formulated by specialist and comprehensive dental treatment done	• Thorough examinations done by dental specialist • Findings and charting are recorded • Restorations, extractions and preventive measures done under GA	100% 100% 100%	100% 80% 100%

MODEL OF GOOD CARE

PROCESS	CRITERIA	STANDARD	PRE-INTERVENTION
Patient discharged with one month post-operation review date	• Post-operative instructions and oral hygiene instructions given • Patient's details added to data collection form	100% 100%	100% 100%
Preventive/Restorative treatment by Specialist/Dental Officer/Dental Therapist (if needed) and appointment date for 6/12 post-op review given	• Utilization of fluoride varnish during post operation review visits (1/12, 3/12, 6/12) • Teeth with failed restorations are restored in the same visit to reduce the risk of development of new caries • Appointment date for six months post of review given	100% 100% 100%	100% 100% 100%
Patient came for six months post-op review	• Re-charting of current dentition status and validate with peri-operative charting	100%	100%

PROCESS OF GATHERING INFORMATION

METHODOLOGY

Type of study	Prospective cohort study
Study population	Patients who underwent CDT under GA (<12 years old)
Sampling technique	Universal sampling
Study period	Verification : July 2021-Jun 2022 Pre-Intervention : July 2022 – Dec 2022 Post intervention Cycle 1 : Jan 2023 – Jun 2023 Cycle 2 : July 2023 – Dec 2023 Cycle 3 : Jan 2024- Jun 2024
Study tools	Patient's operation notes Patient's LP8 KPI data collection form
Sample size	Pre-Intervention : 26 patients Post intervention Cycle 1 : 26 patients Cycle 2 : 27 patients Cycle 3 : 20 patients

INDICATOR AND STANDARD

INDICATOR	STANDARD
Percentage of patients developing active caries post CDT under GA within 6 months	≤10%

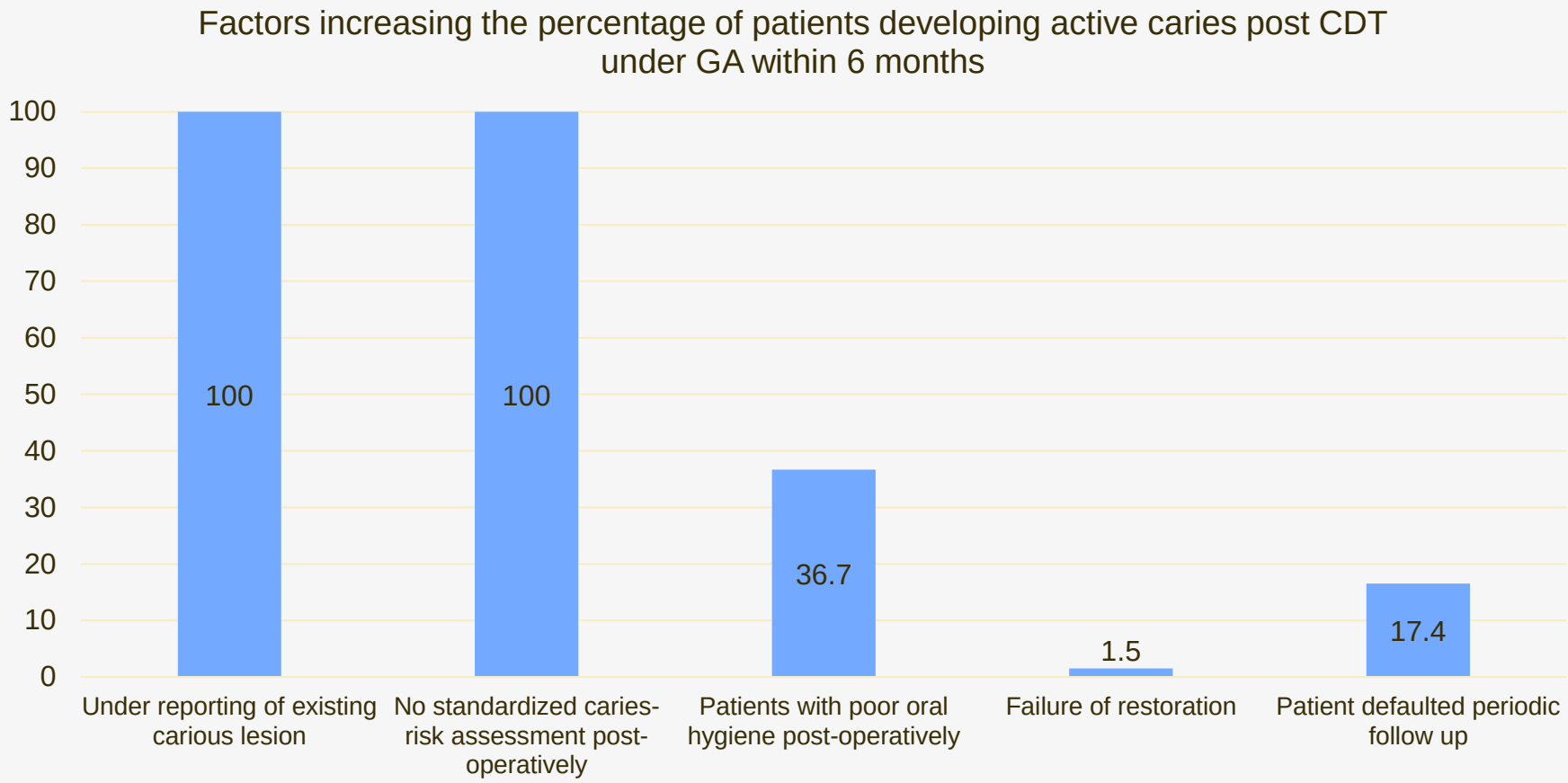
Formula :

$$\frac{\text{Total number of patients developing active caries post CDT under GA within 6 months}}{\text{Total number of patients post CDT under GA within 6 months follow up}} \times 100$$

Standards obtained from the technical specification for KPI of Paediatric Dentistry 2022

ANALYSIS & INTERPRETATION

PRE-INTERVENTION RESULT



STRATEGIES FOR CHANGE

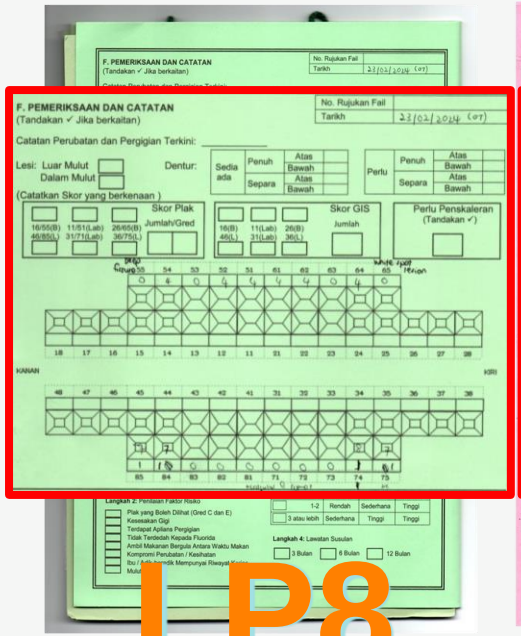
PROBLEMS	Remedial Measures
Under reporting of existing carious lesion	Peri-operative charting recorded in OT notes and LP8 charting form as a baseline assessment during post-operative reviews
No standardized caries risk assessment post-operatively	CAMBRA risk assessment during post-operative visits
Patients with poor oral hygiene post-operatively	• LMG for patients with high/moderate caries risk • Educational pamphlet given to parents
Failure of restoration	• Utilization of stainless steel crown peri-operatively • SDF to arrest caries on teeth with failed restoration post-operatively
Patient defaulted periodic follow up	• Stickers on patient's LP8 • Reminder calls to patients prior to appointments

Under reporting of existing carious lesion

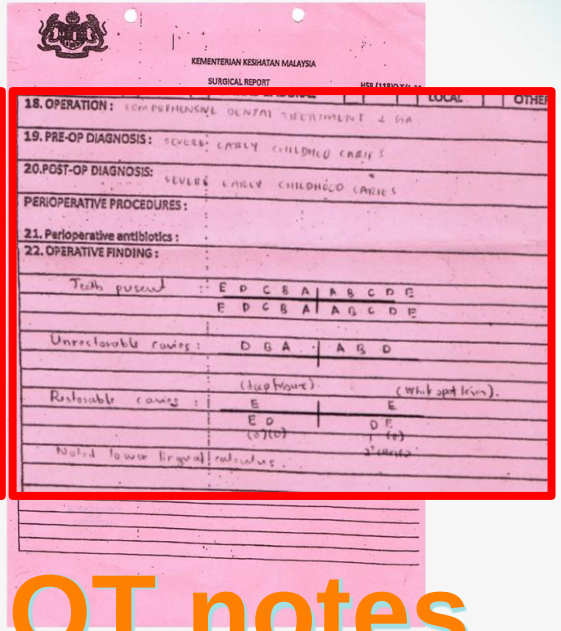
IMPROVING PERI-OPERATIVE CHARTING

Peri-operative charting are recorded both in the operation notes and transferred to LP8 on the same day as a baseline

Re-charting of patient's current dentition status during subsequent post-operative visits in the LP8 charting form



LP8



OT notes

STANDARDIZED CHECKLIST FOR DENTAL OFFICERS

Borang 1/QA2022

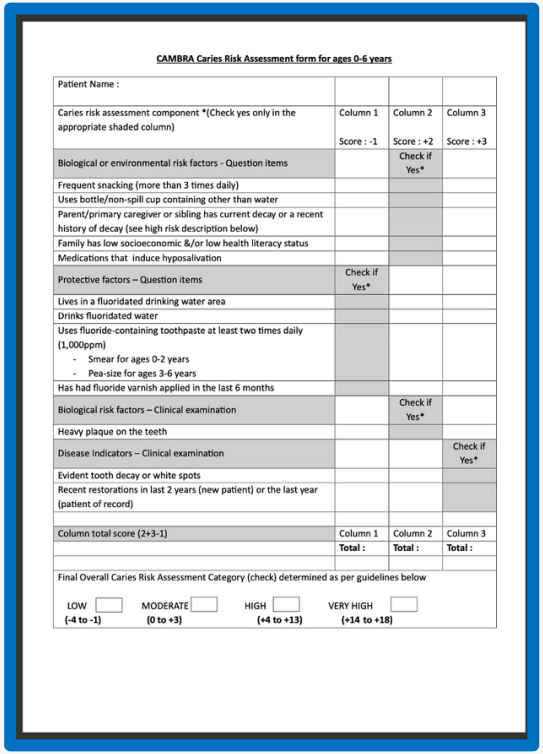
JABATAN PERGIGIAN PEDIATRIK, HOSPITAL SLIM RIVER

CHECKLIST FOR POST-CDT PATIENTS

Record in patient's card on every review appointments :

	YES/NO
Dietary counseling to reduce frequency and amount of fermentable carbohydrates. Record number and type of daily snacks, drinks and juices used	
Oral hygiene and fluoride toothpaste use. At each visit, note frequency and amount used	
Record all recommended therapy such as fluoride toothpaste, fluoride varnish, and chlorhexidine usage by patient	
Record medications at each visit and check for changes	
Child/adult has developmental problems or special care needs	
Inadequate saliva flow and related medications, medical conditions or illnesses	

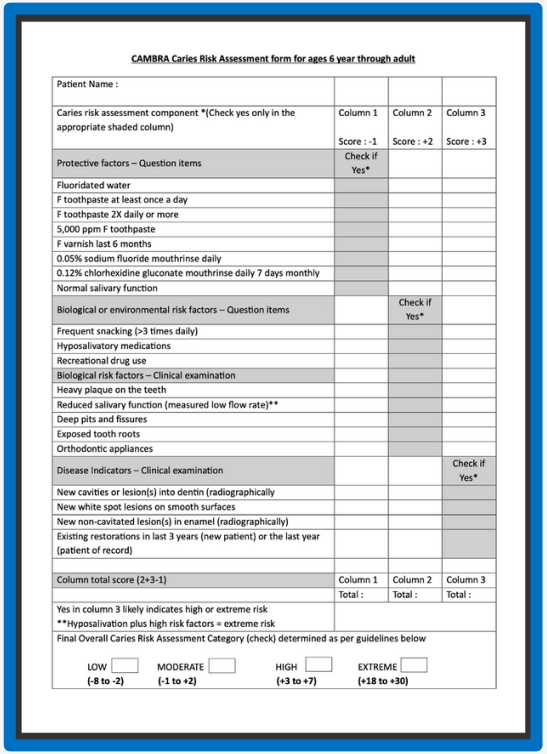
UTILIZATION OF CAMBRA RISK ASSESSMENT DURING POST-OPERATIVE VISITS



CAMBRA Caries Risk Assessment form for ages 0-6 years

Patient Name :			
Caries risk assessment component *(Check yes only in the appropriate shaded column)	Column 1 Score : -1	Column 2 Score : +2	Column 3 Score : +3
Biological or environmental risk factors - Question items		Check if Yes*	
Frequent snacking (more than 3 times daily)			
Uses bottle/non-spill cup containing other than water			
Parent/primary caregiver or sibling has current decay or a recent history of decay (see high risk description below)			
Family has low socioeconomic &/or low health literacy status			
Medications that induce hyposalivation			
Protective factors – Question items	Check if Yes*		
Lives in a fluoridated drinking water area			
Drinks fluoridated water			
Uses fluoride-containing toothpaste at least two times daily (1,000ppm) - Smear for ages 0-2 years - Pea-size for ages 3-6 years			
Has had fluoride varnish applied in the last 6 months			
Biological risk factors – Clinical examination		Check if Yes*	
Heavy plaque on the teeth			
Disease Indicators – Clinical examination			Check if Yes*
Evident tooth decay or white spots			
Recent restorations in last 2 years (new patient) or the last year (patient of record)			
Column total score (2+3-1)	Column 1	Column 2	Column 3
	Total :	**Total :**	**Total :**
Final Overall Caries Risk Assessment Category (check) determined as per guidelines below			

LOW ☐ (-4 to -1) MODERATE ☐ (0 to +3) HIGH ☐ (+4 to +13) VERY HIGH ☐ (+14 to +18)



CAMBRA Caries Risk Assessment form for ages 6 year through adult

Patient Name :			
Caries risk assessment component *(Check yes only in the appropriate shaded column)	Column 1 Score : -1	Column 2 Score : +2	Column 3 Score : +3
Protective factors – Question items	Check if Yes*		
Fluoridated water			
F toothpaste at least once a day			
F toothpaste 2X daily or more			
5,000 ppm F toothpaste			
F varnish last 6 months			
0.05% sodium fluoride mouthrinse daily			
0.12% chlorhexidine gluconate mouthrinse daily 7 days monthly			
Normal salivary function			
Biological or environmental risk factors – Question items		Check if Yes*	
Frequent snacking (>3 times daily)			
Hyposalivatory medications			
Recreational drug use			
Biological risk factors – Clinical examination			
Heavy plaque on the teeth			
Reduced salivary function (measured low flow rate)**			
Deep pits and fissures			
Exposed tooth roots			
Orthodontic appliances			
Disease Indicators – Clinical examination			Check if Yes*
New cavities or lesion(s) into dentin (radiographically			
New white spot lesions on smooth surfaces			
New non-cavitated lesion(s) in enamel (radiographically)			
Existing restorations in last 3 years (new patient) or the last year (patient of record)			
Column total score (2+3-1)	Column 1	Column 2	Column 3
	Total :	Total :	Total :
Yes in column 3 likely indicates high or extreme risk **Hyposalivation plus high risk factors = extreme risk			
Final Overall Caries Risk Assessment Category (check) determined as per guidelines below			

LOW ☐ (-8 to -2) MODERATE ☐ (-1 to +2) HIGH ☐ (+3 to +7) EXTREME ☐ (+18 to +30)

Adapted from CAMBRA 2021

2 No standardized caries risk assessment post-operatively

Risk category	Diagnostic		Preventive interventions				Restoration
	Periodic oral exams	Radiographs	Fluoride	Diet counseling	Self-management goals	Sealants	Existing lesions
CARE PATHWAYS FOR CARIES MANAGEMENT BASED ON RISK FOR CHILDREN 0-6 YEARS OF AGE							
Low	6–12 mos	12–24 mos	Brush twice daily with F toothpaste¥	No	No	No	
Moderate	6 mos	6–12 mos	Brush twice daily with F toothpaste¥ optimize F intake£ FV every 6 mos	Yes	Yes	On enamel defects and pits & fissures at-risk	Active surveillance for developing lesions
High	3 mos	6 mos	Brush twice daily with F toothpaste¥ optimize F intake£ FV every 3 mos	Yes	Yes	On enamel defects and pits & fissures at-risk	Remineralize enamel-only lesions with FV; restoration of cavitated lesions, or non-surgical caries management with ITR or SDF as appropriate.
Very high: with extensive existing disease	Monthly	6 mos	Brush three times daily with F toothpaste¥ optimize F intake£ FV every 1–3 mos Consider additional therapies for caries control*	Yes	Yes	All pits and fissures	Consider caries control prior to surgical tx. Remineralize enamel-only lesions with FV; restoration of cavitated lesions, or non-surgical caries management with ITR or SDF as appropriate

CDE GIVEN TO THE DEPARTMENTAL STAFF ON CAMBRA

REINFORCEMENT OF ORAL HYGIENE INSTRUCTIONS

Hands-on Latihan Memberus Gigi (LMG) conducted by Dental Therapist for moderate/high caries risk patients

Fones Technique

- For pre-schoolers up to 9 years of age
- Using a circular motion

Modified Bass

- For children 10 years and above
- The bristles are used in 45 degree in the long axis of the mouth

EDUCATIONAL PAMPHLET GIVEN TO PARENTS

10 TIPS MEMBERUS GIGI UNTUK KANAK-KANAK

Kita memberus gigi untuk mengurangkan risiko mendapat karies. Karies menyebabkan kesakitan gigi dan adalah mahal untuk dirawat. Elemen yang paling penting dalam memberus gigi ialah fluorida yang terkandung di dalam ubat gigi. Lebih tinggi kandungan fluorida lebih baik kesan pencegahan karies.

1 **MELENTUR BULUH BIARLAH DARI REBUNGNYA**
Amalan memberus gigi bermula sebaik sahaja gigi susu pertama mula tumbuh. Jangan tunggu sehingga ada lebih banyak gigi. Bimbang sudah terlambat.

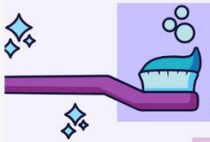
2 **BERUS GIGI DUA KALI SEHARI**
Berus gigi sekali sebelum tidur dan sekali lagi pada waktu lain setiap hari. Ada di antara kita yang hanya memberus gigi di dalam bilik mandi. Sebenarnya, ia boleh dilakukan di mana sahaja termasuk di bilik tidur.

3 **BANTU DAN PANTAU**
Kanak-kanak perlu dibantu atau dipantau oleh orang dewasa semasa memberus gigi sehingga usia mereka 7 tahun. Sebelum mencapai umur ini, kemahiran tangan mereka belum cukup untuk memberus gigi dengan baik.

4 **UBAT GIGI YANG MENGANDUNGI SEKURANG-KURANGNYA 1,000 PART PER MILLION (PPM) FLUORIDE**
Untuk kanak-kanak di bawah usia 3 tahun. Gunakan tidak lebih dari calitan ubat gigi (lapisan nipis ubat gigi meliputi tiga suku permukaan berus gigi) dan jangan benarkan mereka makan atau menjilat ubat gigi. Gunakan jari untuk menekan ubat gigi ke bawah daripada paras hujung berus gigi.

5 **UBAT GIGI SAIZ KACANG**
Kanak-kanak di antara usia 3 hingga 6 tahun harus menggunakan ubat gigi tidak lebih dari saiz sebiji kacang. Baca label kotak ubat gigi. Terdapat maklumat kandungan fluorida dan ilustrasi saiz kacang untuk panduan jumlah ubat gigi yang betul.

10 TIPS MEMBERUS GIGI UNTUK KANAK-KANAK



6 **UBAT GIGI KELUARGA (1,350-1,500 PPM FLUORIDE)**
Boleh digunakan bagi kawalan karies maksima untuk semua kanak-kanak kecuali mereka yang sukar dikawal daripada menelan ubat gigi. Kanak-kanak di bawah usia 8 tahun berisiko mendapat fluorosis gigi akibat pengambilan fluorida berlebihan. Fluorosis adalah masalah kecantikan gigi.

7 **SELEPAS BERUS, LUDAH SAHAJA**
Cukup dengan meludah lebihan ubat gigi keluar. Tidak mengapa jika lebihan ini ditelan selagi jumlah ubat gigi yang betul digunakan.

8 **ELAK BERKUMUR**
Berkumur dengan air atau ubat kumuran mulut (termasuk kumuran fluorida) sejurus selepas memberus gigi akan mengurangkan kepekatan sisa fluoride, lantas mengurangkan kesan pencegahan karies.

9 **BERUS GIGI BERKEPALA KECIL DENGAN TEKSTUR BERUS GIGI LEMBUT**
Kepala berus gigi bersaiz kecil membolehkan capaian ke gigi paling belakang di mana ruangan adalah sempit.

10 **BELAJAR CARA PEMBERUSAN GIGI**
Untuk pembersihan plak gigi maksima, beri tumpuan pada keperluan membersihkan keseluruhan permukaan gigi secara sistematik. Anda boleh belajar kaedah ini semasa temujanji doktor gigi anda yang akan datang.

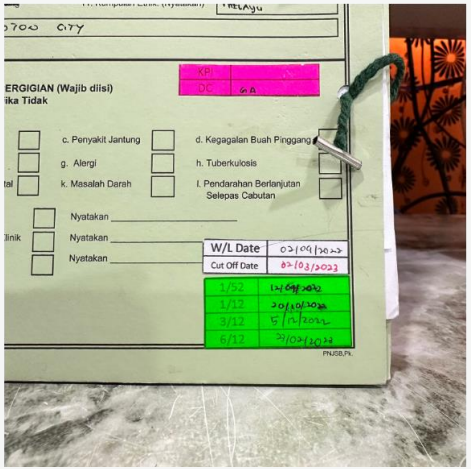
Anda digalakkan membawa anak anda untuk pemeriksaan gigi pada hari jadi yang pertama dan pada setiap hari jadi yang berikutnya (lebih-lebih lagi selepas makan banyak kek hari jadi).

SELECTION OF RESTORATIVE MATERIALS

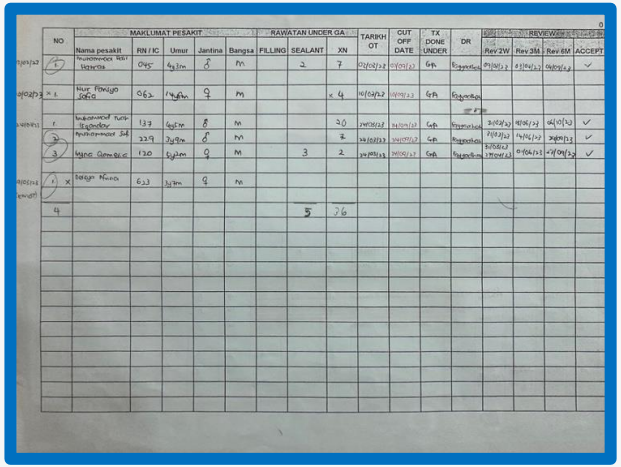
Stainless steel crown on primary first and second molars instead of composites and sealants

Application of SDF peri-operatively and on teeth with a failed restoration post-operatively to arrest the progression of caries

ESTABLISHING A RECALL SYSTEM

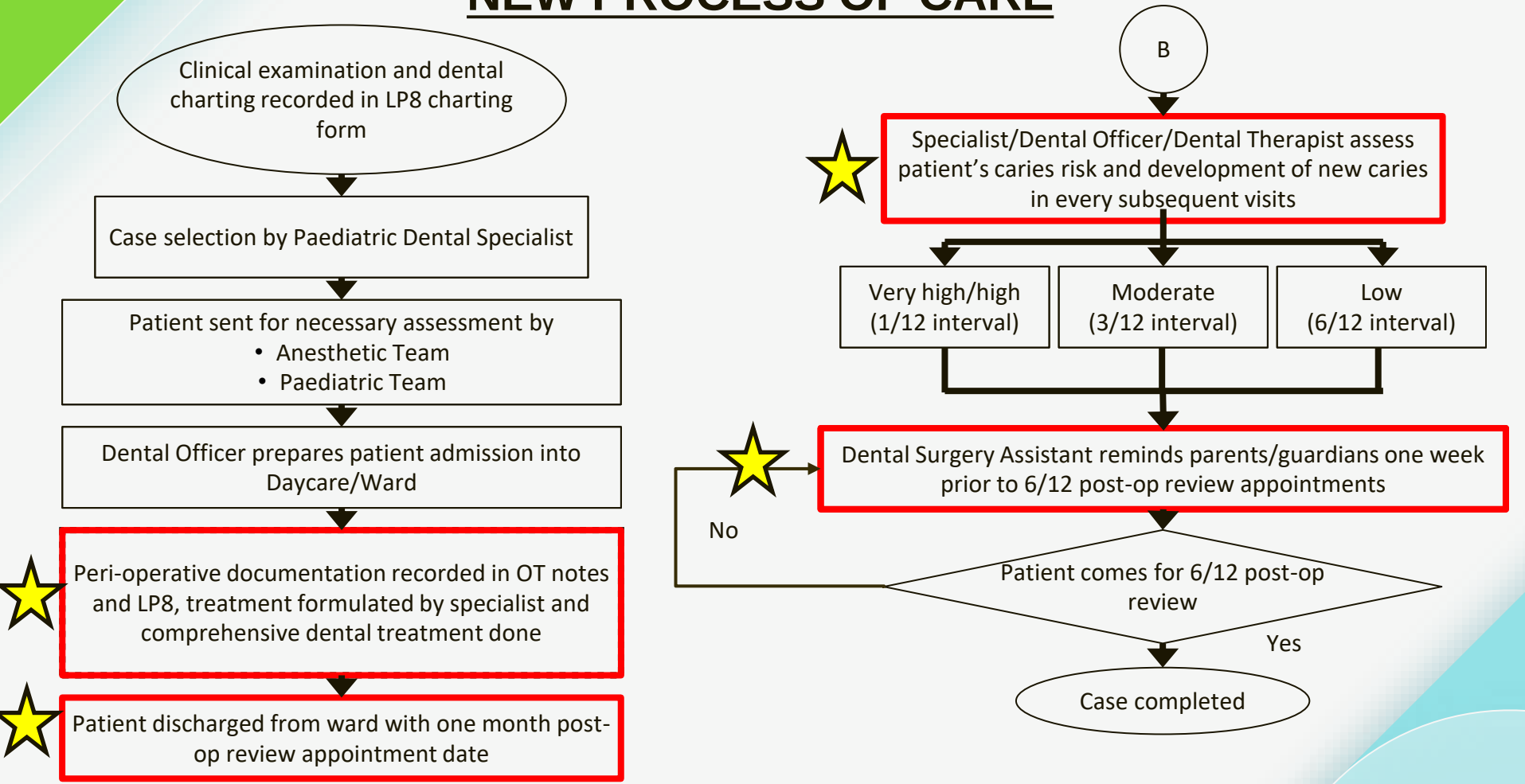


- Sticker with post-op review dates placed on CDT patient's card
- Post-op cards are filed separately



Reminder calls will be given to patients prior to their six months post-operation review appointment one week prior to their appointment date

NEW PROCESS OF CARE



NEW MODEL OF GOOD CARE

PROCESS	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1	CYCLE 2	CYCLE 3
Clinical examination and dental charting recorded to screen patients (before admission)	• A complete history is taken for all new patients and for review patients the medical history is updated	100%	100%	100%	100%	100%
	• Dental charting is completed and case presented to specialist	100%	100%	100%	100%	100%
	• Relevant investigations ordered	100%	100%	100%	100%	100%
Peri-operative documentation recorded in OT notes and LP8, treatment plan formulated by specialist and comprehensive dental treatment done	• Thorough examinations done by dental specialist	100%	100%	100%	100%	100%
	• Findings are recorded in operation notes	100%	100%	100%	100%	100%
	• Findings are recorded in LP8 charting form	100%	0%	93.5%	100%	100%
	• Restorations, extractions and preventive measures done under GA incorporating SDF and SSC placement on posterior teeth	100%	100%	100%	100%	100%

NEW MODEL OF GOOD CARE

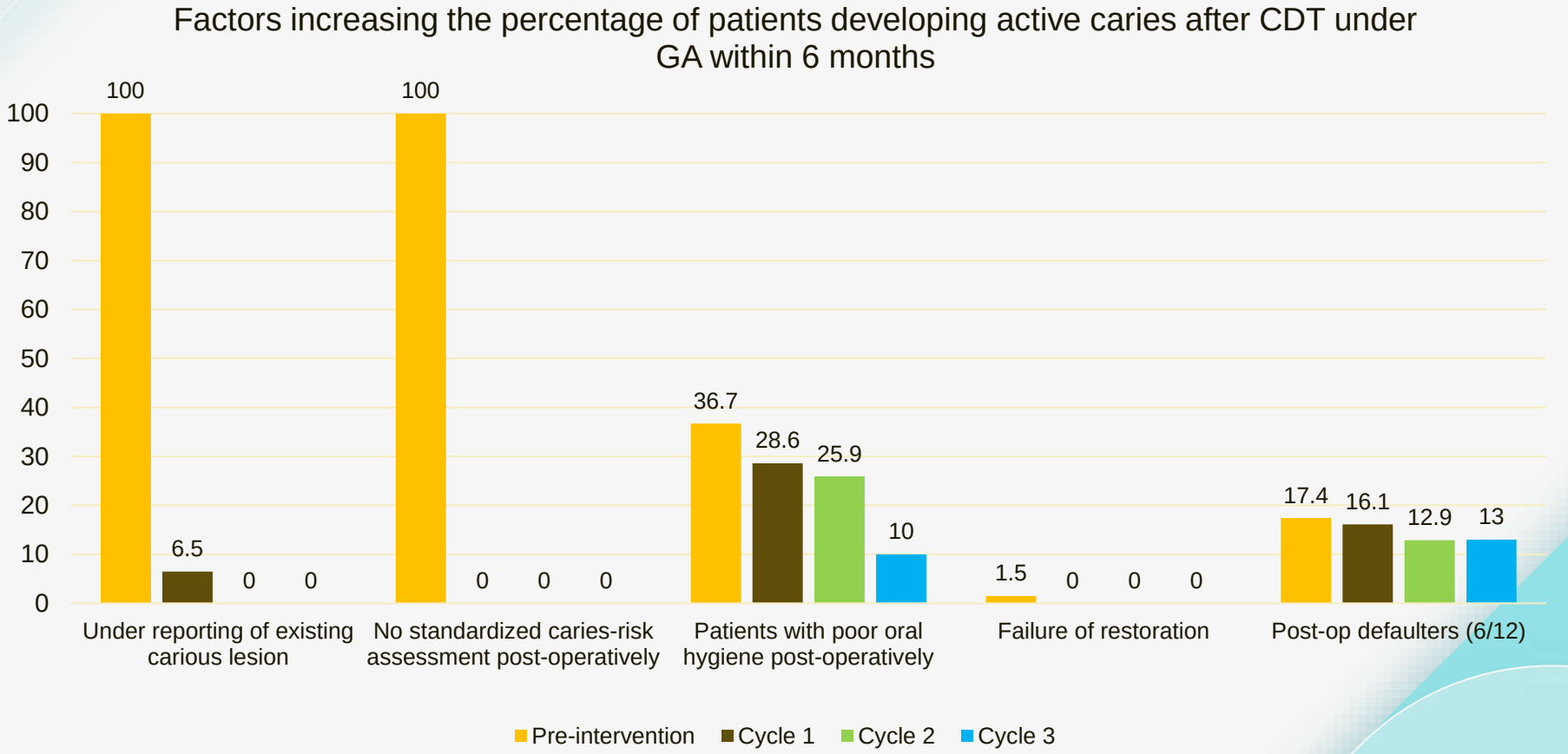
PROCESS	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1	CYCLE 2	CYCLE 3
Patient discharged with one month post-operation review date	• Post-operative instructions and oral hygiene instructions given	100%	100%	100%	100%	100%
	• Patient's details added to data collection form	100%	100%	100%	100%	100%
	• Sticker with post-op review dates placed on CDT patient's card	100%	0%	100%	100%	100%
Specialist/Dental Officer/Dental Therapist assess patient's caries risk and development of new caries in every subsequent visits (1/12, 3/12, 6/12)	• Utilization of CAMBRA risk assessment every 1/12, 3/12, 6/12 review visits	100%	0%	100%	100%	100%
	• Re-charting of current dentition status in LP8 and validate with peri-operative charting in LP8	100%	0%	100%	100%	100%
	• Reinforcement of oral hygiene instructions every visit	100%	100%	100%	100%	100%
	• Hands-on Latihan Memberus Gigi conducted by Dental Therapist for moderate and high risk patients	100%	0%	100%	100%	100%
	• Application of SDF on teeth with failed restoration and new caries to arrest caries progression	100%	0%	100%	100%	0%
	• Preventive/Restorative treatment by Specialist/Dental Officer/Dental Therapist (if needed) and appointment date for 6/12 post-op review given	100%	100%	100%	100%	100%

NEW MODEL OF GOOD CARE

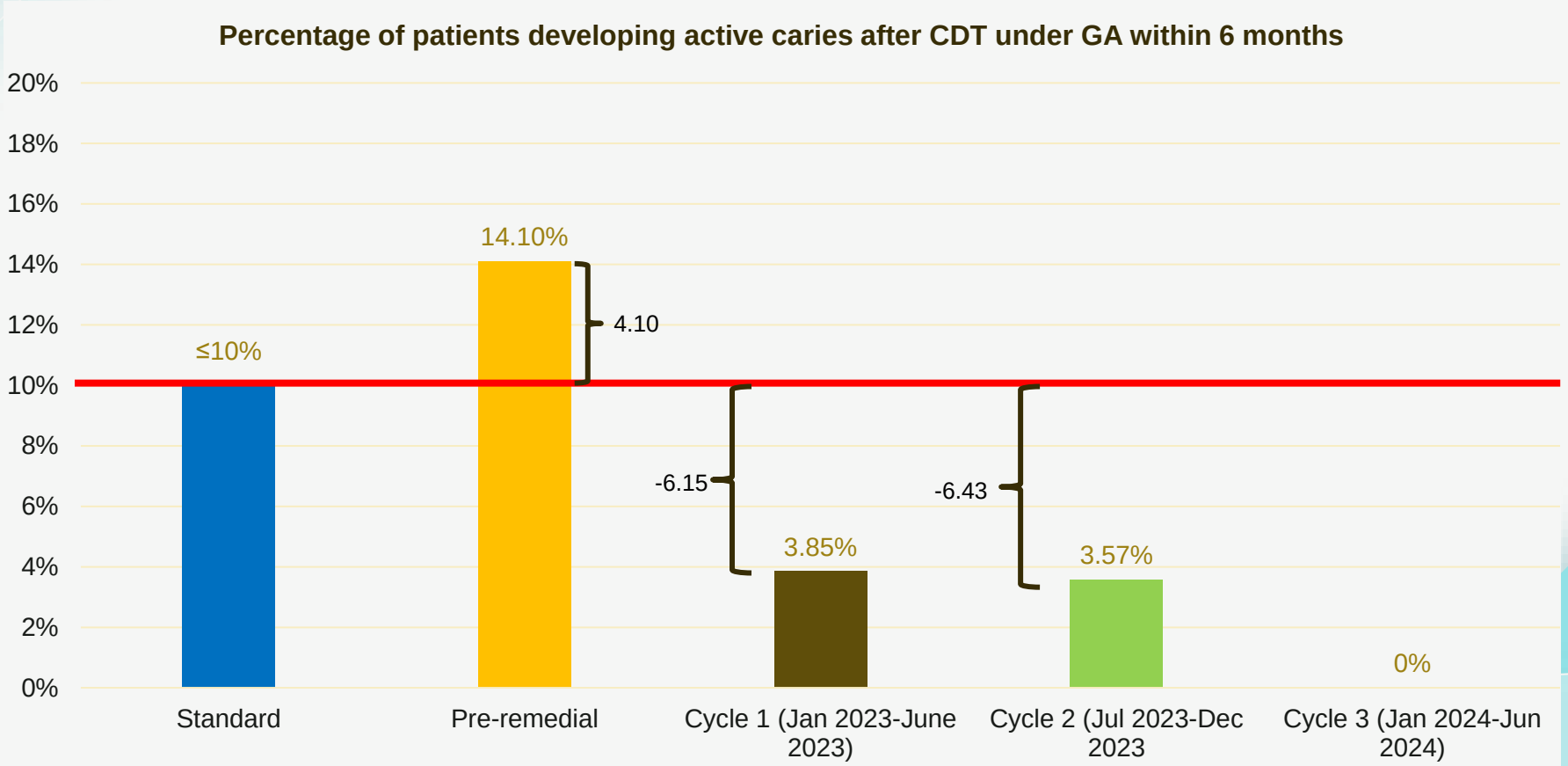
PROCESS	CRITERIA	STANDARD	PRE-INTERVENTION	CYCLE 1	CYCLE 2	CYCLE 3
Dental Surgery Assistant reminds parents/guardians prior to 6/12 post-operation review appointments	• Patient's card identified and patient is reminded via phone call one week prior to appointment date	100%	0%	100%	100%	100%
	• Patient defaulted appointment after 6 months + 2 weeks are discharged from review cases	≤20%	17.4%	16.1%	12.9%	13%
Patient came for six months post-op review	• Re-charting of current dentition status and validate with peri-operative charting in OT notes	100%	100%	100%	100%	100%

EFFECT OF CHANGE

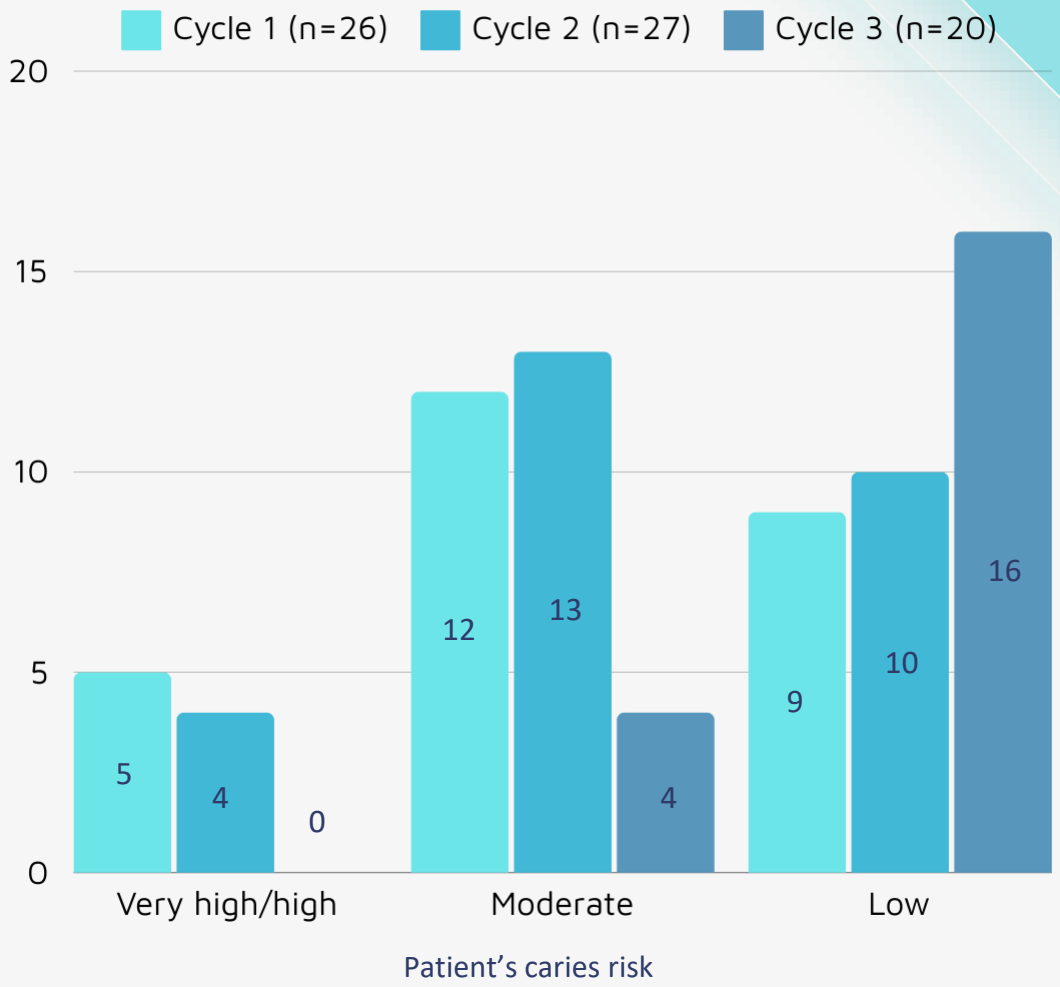
EFFECT OF CHANGE



POST- INTERVENTION ANALYSIS (ABNA)



Improvement in the caries risk scores of patients within six months



CHALLENGES

Patient's dental anxiety and cooperativeness for chairside treatment post-operatively

Parent's and patient's compliance to post-operative changes in oral habits

High turnover rate of attachment officers

LESSON LEARNT

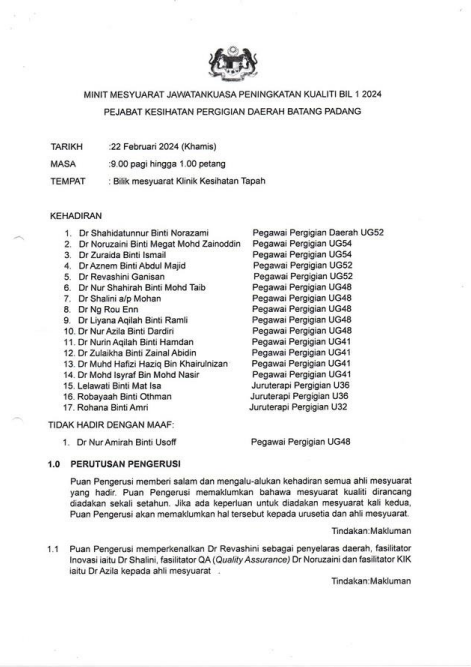
Incorporating caries risk assessment (CRA) into regular dental practice helps professionals make tailored preventive and treatment recommendations based on each patient's caries risk. This approach leads to **more efficient use of time** and **resources** in oral health programs by reducing unnecessary interventions.

Treatment under general anesthesia is not the primary approach for severe caries. Instead, a comprehensive strategy emphasizing preventive modifications in dietary habits, oral hygiene practices, and regular post-treatment dental check-ups is typically preferred

Types of restorations used plays a role in determining the rate of success of restorations placed during treatment under general anesthesia

THE NEXT STEP

1 The project had been presented during Mesyuarat Kualiti PKPD Batang Padang Bil 1/2024 and approved to be implemented in the department as a part of quality improvement program in the department



MINIT MESYUARAT JAWATANKUASA PENINGKATAN KUALITI BIL 1 2024

PEJABAT KESIHATAN PERGIGIAN DAERAH BATANG PADANG

TARIKH :22 Februari 2024 (Khamis)

MASA :9.00 pagi hingga 1.00 petang

TEMPAT : Bilik mesyuarat Klinik Kesihatan Tapah

KEHADIRAN

1. Dr Shahidatunnur Binti Norazami	Pegawai Pergigian Daerah UG52
2. Dr Noruzaini Binti Megat Mohd Zainoddin	Pegawai Pergigian UG54
3. Dr Zuraida Binti Ismail	Pegawai Pergigian UG54
4. Dr Aznem Binti Abdul Majid	Pegawai Pergigian UG52
5. Dr Revashini Ganisan	Pegawai Pergigian UG52
6. Dr Nur Shahirah Binti Mohd Taib	Pegawai Pergigian UG48
7. Dr Shalini a/p Mohan	Pegawai Pergigian UG48
8. Dr Ng Rou Enn	Pegawai Pergigian UG48
9. Dr Liyana Aqilah Binti Ramli	Pegawai Pergigian UG48
10. Dr Nur Azila Binti Dardiri	Pegawai Pergigian UG48
11. Dr Nurin Aqilah Binti Hamdan	Pegawai Pergigian UG41
12. Dr Zulaikha Binti Zainal Abidin	Pegawai Pergigian UG41
13. Dr Muhd Hafizi Haziq Bin Khairulnizan	Pegawai Pergigian UG41
14. Dr Mohd Isyraf Bin Mohd Nasir	Pegawai Pergigian UG41
15. Lelawati Binti Mat Isa	Juruterapi Pergigian U36
16. Robayaah Binti Othman	Juruterapi Pergigian U36
17. Rohana Binti Amri	Juruterapi Pergigian U32

TIDAK HADIR DENGAN MAAF:

1. Dr Nur Amirah Binti Usoff	Pegawai Pergigian UG48

1.0 PERUTUSAN PENGERUSI

Puan Pengerusi memberi salam dan mengalu-alukan kehadiran semua ahli mesyuarat yang hadir. Puan Pengerusi memaklumkan bahawa mesyuarat kualiti dirancang diadakan sekali setahun. Jika ada keperluan untuk diadakan mesyuarat kali kedua, Puan Pengerusi akan memaklumkan hal tersebut kepada urusetia dan ahli mesyuarat.

Tindakan:Makluman

1.1 Puan Pengerusi memperkenalkan Dr Revashini sebagai penyelaras daerah, fasilitator Inovasi iaitu Dr Shalini, fasilitator QA (*Quality Assurance)* Dr Noruzaini dan fasilitator KIK iaitu Dr Azila kepada ahli mesyuarat .

Tindakan:Makluman

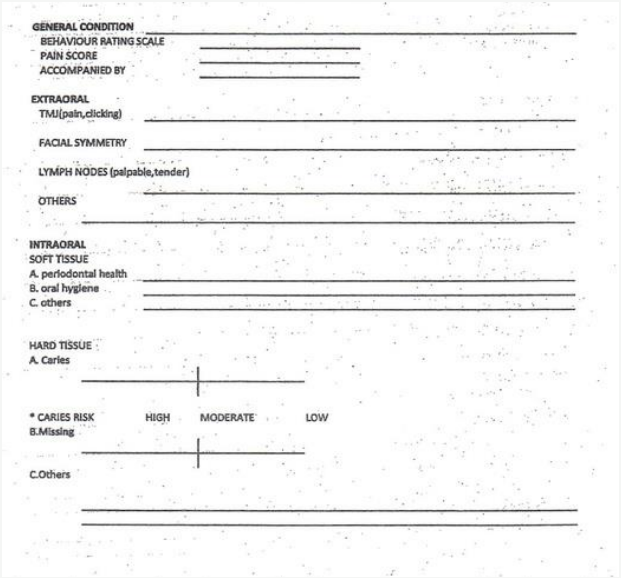
4.7.1.2 Dr Liyana dari Jabatan Pakar Pergigian Pediatrik Hospital Slim River membentangkan projek bertajuk *Reducing the percentage of patients developing active caries after comprehensive dental treatment under GA within 6 months in the Department of Paediatric Dentistry, Slim River Hospital.* Projek telah dihantar untuk saringan Konvensyen QA Peringkat Kebangsaan.

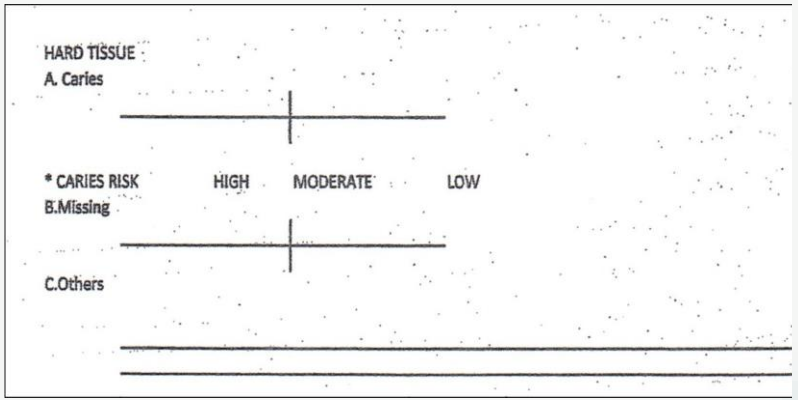
Tindakan:Makluman

THE NEXT STEP

2 To incorporate CAMBRA risk assessment into the orientation of the New Dental Officers that are undergoing attachment in our department

3 Standardized format for every patients post-operatively in which CAMBRA risk scores are incorporated





THE NEXT STEP

4. Patient’s with high caries risk will be continued to be reviewed up to 1 year post-op

5. Virtual check-up (through video call) for patients with low caries risk

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3. Perak State QA Facilitators
   a. Dr. Khamiza bt Zainol Abidin (Pakar Pergigian Periodontik)
   b. Dr. Mohd Syaril b. Mohd Tahir (Pegawai Pergigian Daerah Manjung)
   c. Dr. Farah Syazwani bt Mohamad Tarmizi (Pakar Pergigian Restoratif)
   d. Dr Nur Azniza Zawin Anuar(Pegawai Pergigian Daerah Kampar)

4. Pejabat Kesihatan Pergigian Daerah Batang Padang (PKPDBP)
5. All QA members & staffs KlinikPakar Pergigian Pediatrik, Hospital Slim River

THANK YOU