



QUALITY ASSURANCE PROJECT DENTAL PASIR PUTEH TEAM



**Improving the Percentage of
Dental Case Completion Among
Kindergarten Children in
Selising, Pasir Puteh**





SUPERVISOR

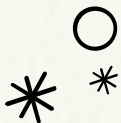
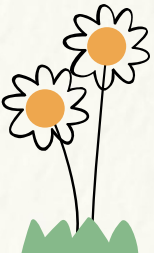
- Dr. Nazuha binti Ahmad Fikri

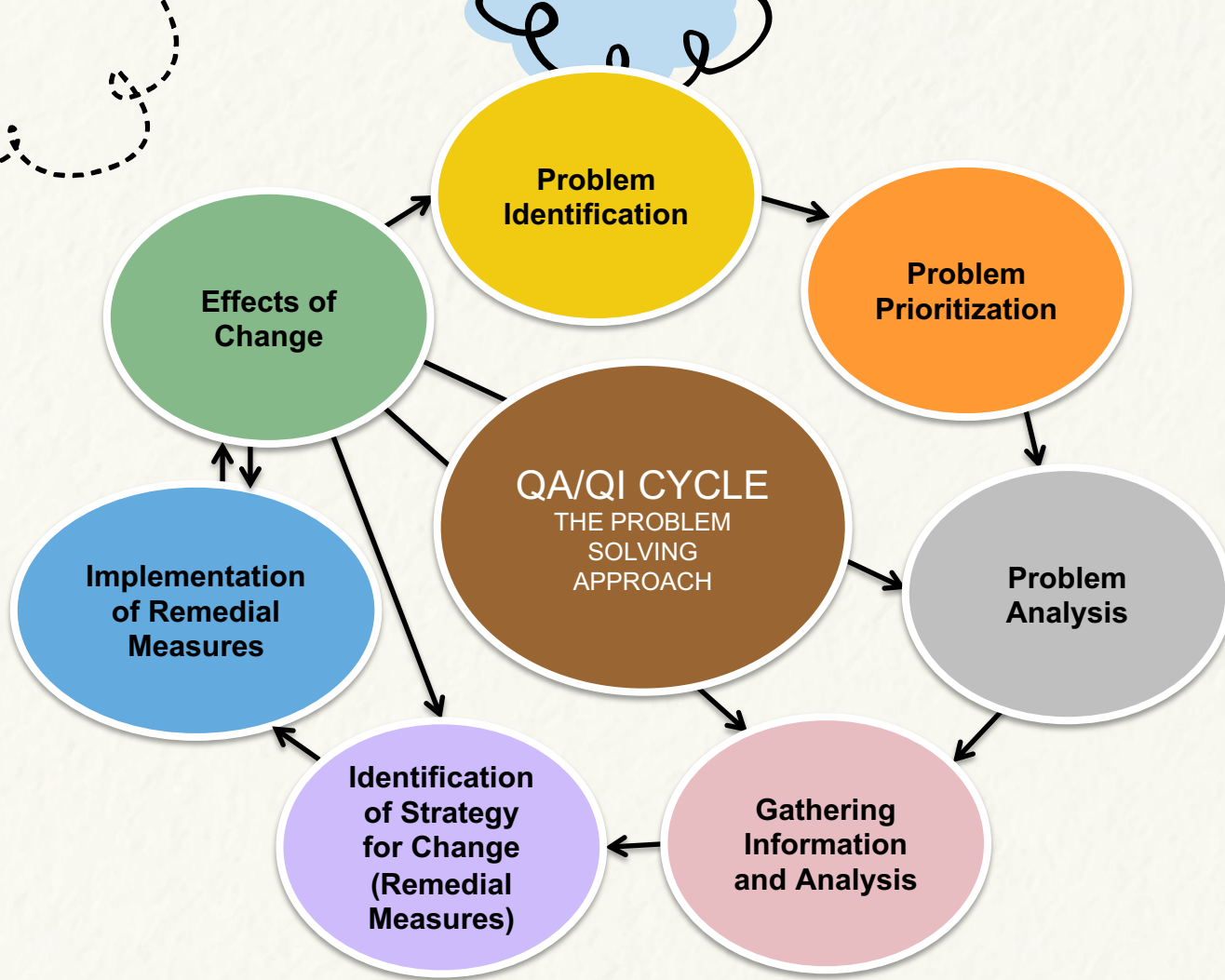
FACILITATOR

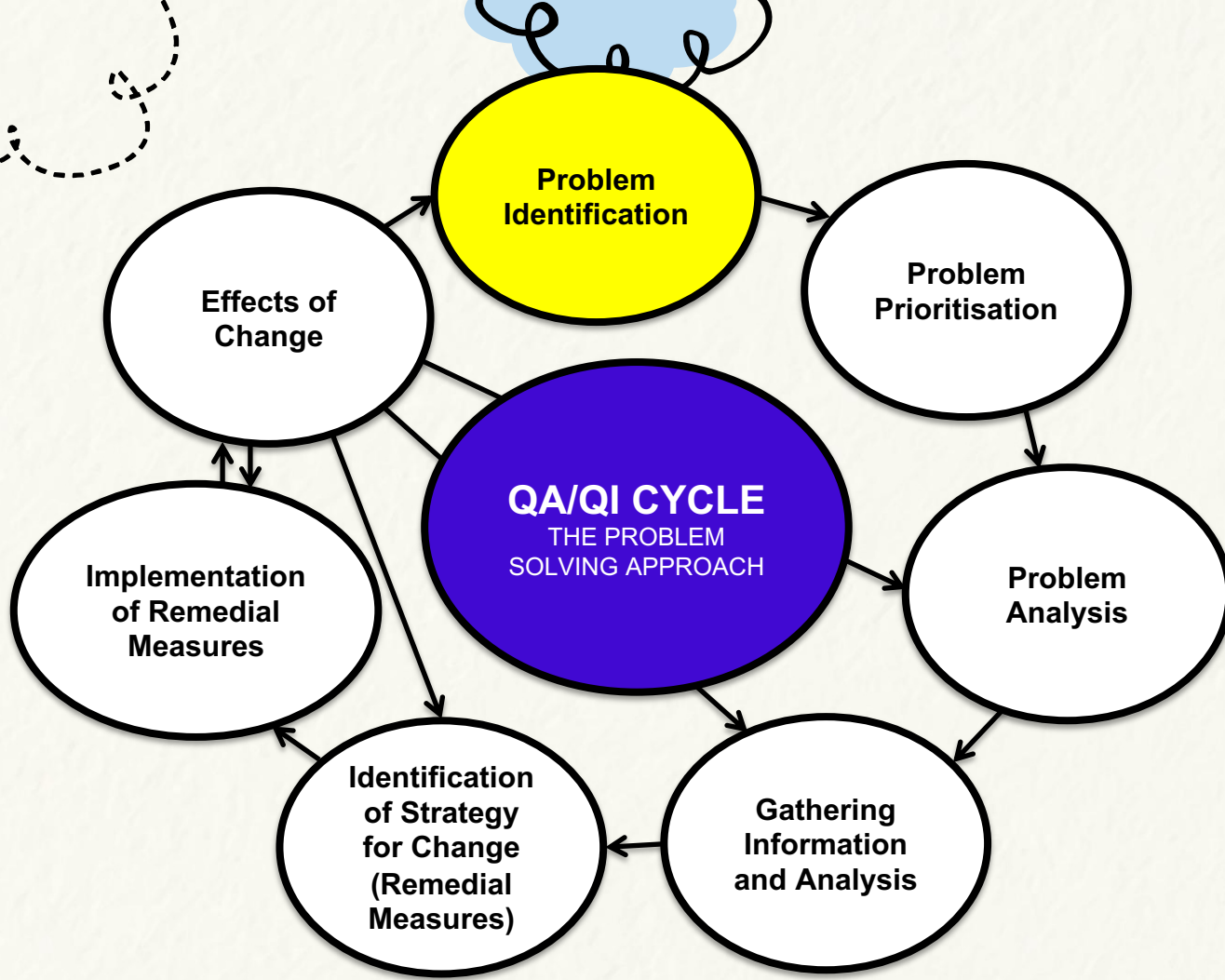
- Dr. Herni Wati binti Haron

GROUP MEMBERS

- Dr. Siti Razan binti Ramli
- Dr. Izzah Hameeda binti Zamani
- Dr. Nurul Izlin binti Zahidi
- Dr. Nur Farah Athirah binti Muhammad
- JP Hasmawati binti Hasbullah







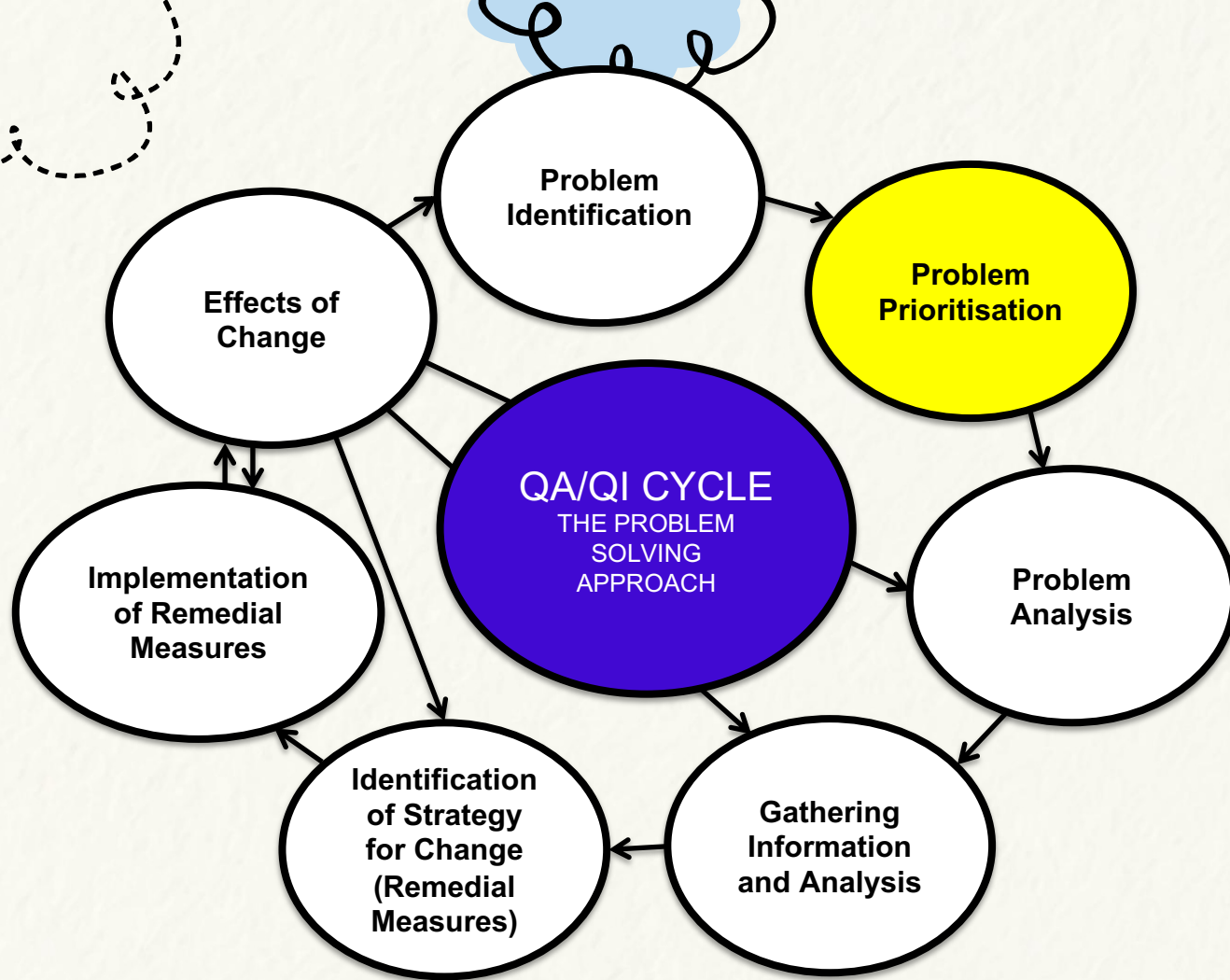


PROBLEM IDENTIFICATION



LIST OF PROBLEMS	2019	2020	2021	2022	STANDARD
1. High percentage of redo filling on permanent front tooth in KP Pasir Puteh	1.7%	1.7%	1.4%	1.3%	<1 % (DSA)
2. High tooth mortality due to dental caries (X+M)/100 among primary school children	2.9%	2.2%	2.0%	1.5%	<4 % (KPI)
3. Low percentage of antenatal mother rendered orally fit	38.2%	40.0 %	41.5%	44.5%	>50 % (KPI)
4. Low percentage of primary school children undergone complete smoking intervention	43.6%	36.9%	38.0%	40.0%	≥51 % (KPI)
5. Low percentage of dental case completion among kindergarten children in Selising, Pasir Puteh	45.3%	42.5%	38.0%	30.9%	≥70% (State Target)







PROBLEM PRIORITIZATION

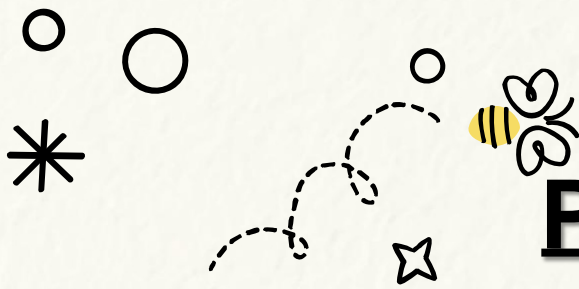
(NOMINAL GROUP TECHNIQUE)



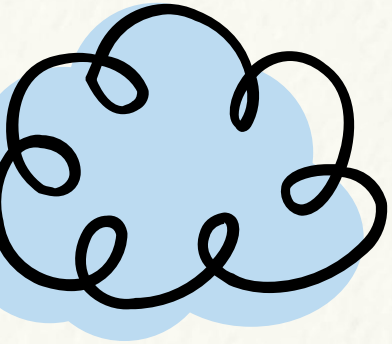
Opportunities	S	M	A	R	T	Total
Redo anterior filling in KP Pasir Puteh	5	15	10	10	15	55
Tooth mortality due to dental caries (X+M)/100 among primary school children	15	13	15	5	13	61
Percentage of antenatal mother rendered orally fit	10	15	13	13	5	56
Percentage of primary school children undergone complete smoking intervention	13	5	10	12	10	55
Dental case completion among kindergarten children in Selising, Pasir Puteh	15	15	13	13	10	66

GROUP MEMBER: 5 RATING SCALE: 1 = Low 2 = Medium 3 = High

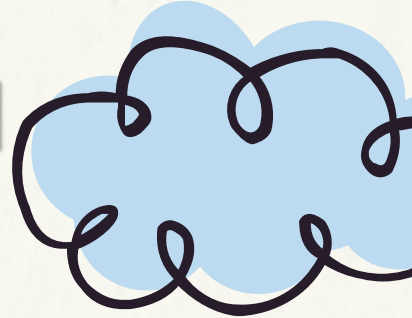
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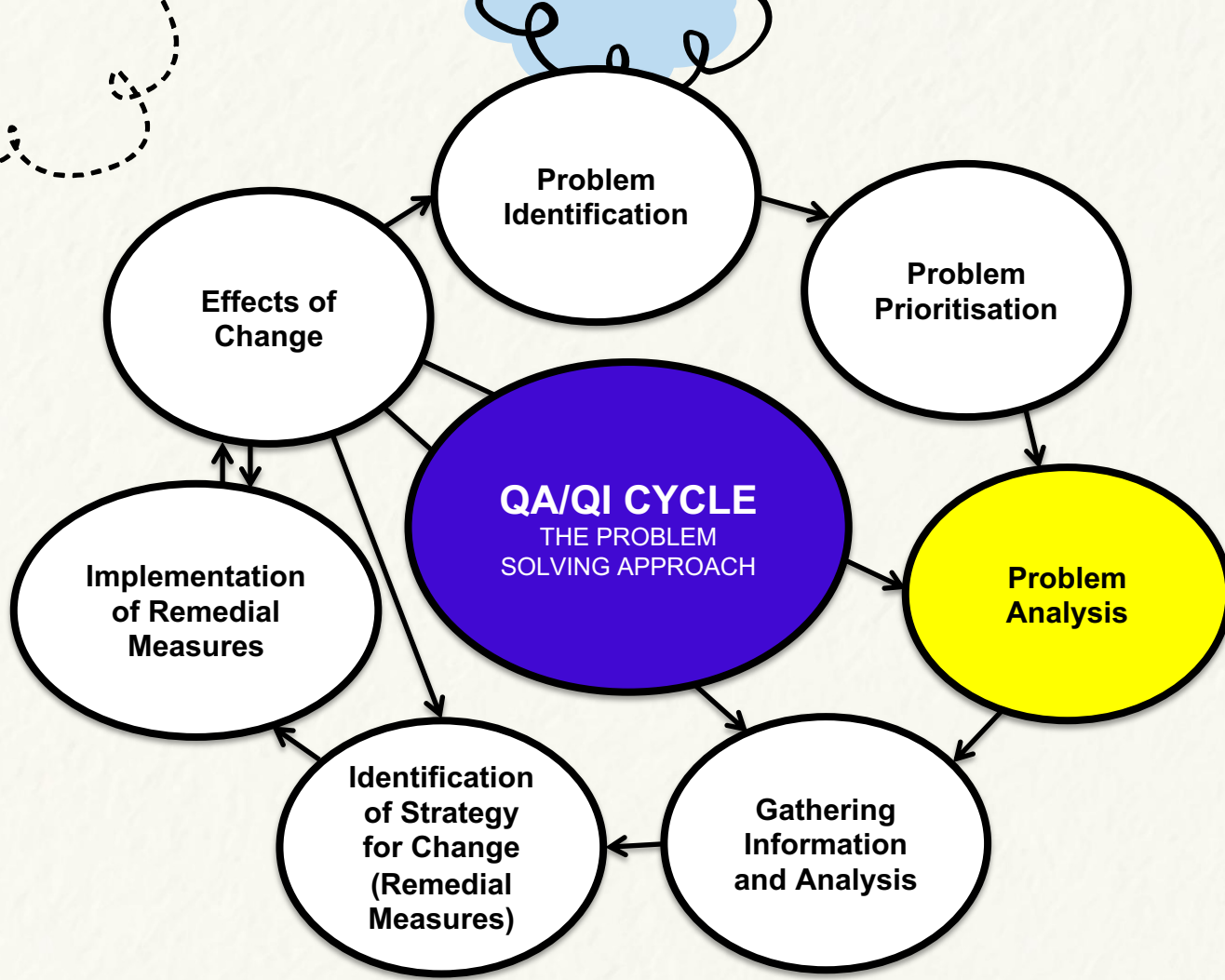


PROBLEM TO BE STUDIED:



Low Percentage of Dental
Case Completion Among
Kindergarten Children in
Selising, Pasir Puteh







RATIONALE OF THE PROBLEM



Seriousness	<ul style="list-style-type: none">• With the increase of incomplete dental case in kindergarten children , it will increase the caries prevalence in future among primary school children.• Thus, it will increase the risk of oral health problems such as:<ul style="list-style-type: none">➤ dental abscess➤ premature exfoliation of baby teeth➤ malalignment of occlusion➤ impaired oral function➤ malnutrition• Contribute to the low quality of life in term of physical and mental development in a child
Measurable	Problem analysis and assessment can be done using data from Patients' Dental Record (LP 8), Kindergarten Report Data (PGPS 201), Malay-Modified Child Dental Anxiety Scale face version (Malay-MCDAS_f) and Questionnaires
Appropriateness	By increasing dental case completion, we can improve oral health status among kindergarten children
Remediable	Improvement measures can be implemented and sustained
Timeliness	Study can be carried out continuously and can be monitored within a year



INTRODUCTION

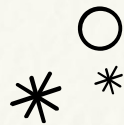
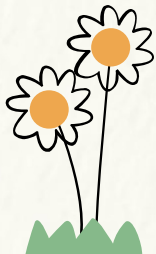


- Preschool children aged 5 to 6 years old contributed 3.13% (33.57 million) of total Malaysian population in 2021.

(Department of Statistics, Malaysia, 2021)

- It is shown that 7 out of 10 (71.3%) preschool children in Malaysia had dental caries.
 - 64.9% of preschool children need dental treatment in primary teeth
 - 63.6% of preschool children require restoration for primary teeth
 - 12.1% of preschool children require extraction of primary teeth

(National Oral Health Survey of Preschool Children 2015)





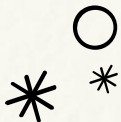
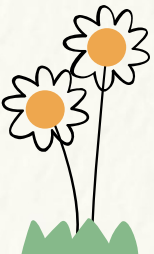
DEFINITION



Dental case completion

- ❖ Patient completes all dental treatments needed.
- ❖ Patient meets the following condition upon oral examination and completion of treatment :
 - i. Caries free or caries teeth filled
 - ii. Have healthy gum
 - iii. No dentofacial anomalies that limits normal function of the oral cavity.

(HIMS, Health Information Management System)

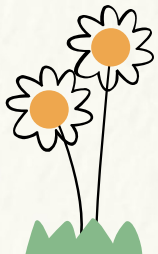
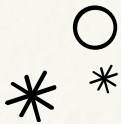




Kindergarten children



- ❖ Children aged five to six years old attended pre-school education at pre-school classes or at kindergarten.
(Def: *Guidelines Oral Healthcare for Preschool Children 2019*)





LITERATURE REVIEW

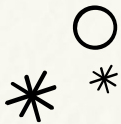
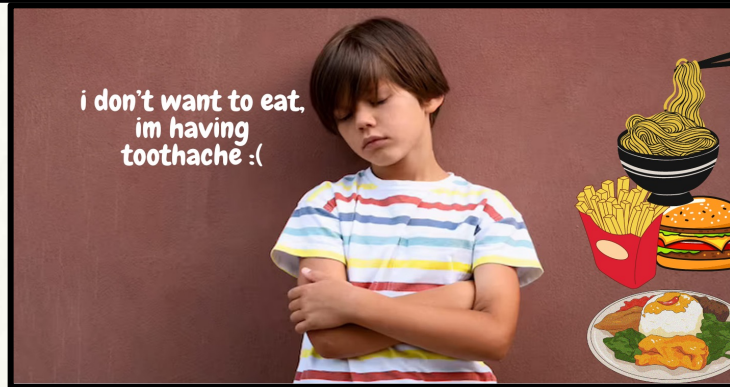



Similar findings from the Malaysian National Oral Health Survey of Preschool Children (NOHPS) in 2015 among 5 years old reported a relatively **high caries prevalence of 71.3%**.

(NOHPS 2015)

Dental caries were more prevalent in underweight children as a result of malnutrition, in contrast to children with normal weight and those who were overweight or obese.

(Reddy, V et. al, 2019)





The **presence of dental caries in kindergarten children may impact their overall quality of life**, as well as that of their families, and could serve as an indicator of diminished oral health-related quality of life.

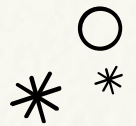
(Sharina Dolah et. al, 2020)



Dental Abscess



Facial Cellulitis





PROBLEM ANALYSIS



WHAT

Low percentage (%) of **dental case completion** for kindergarten children

WHERE

In Selising, Pasir Puteh District

WHEN

2022 until 2023

WHO

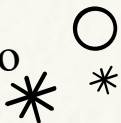
General dentist, dental therapists, kindergarten children, teachers and parents

WHY

Unmet treatment needs

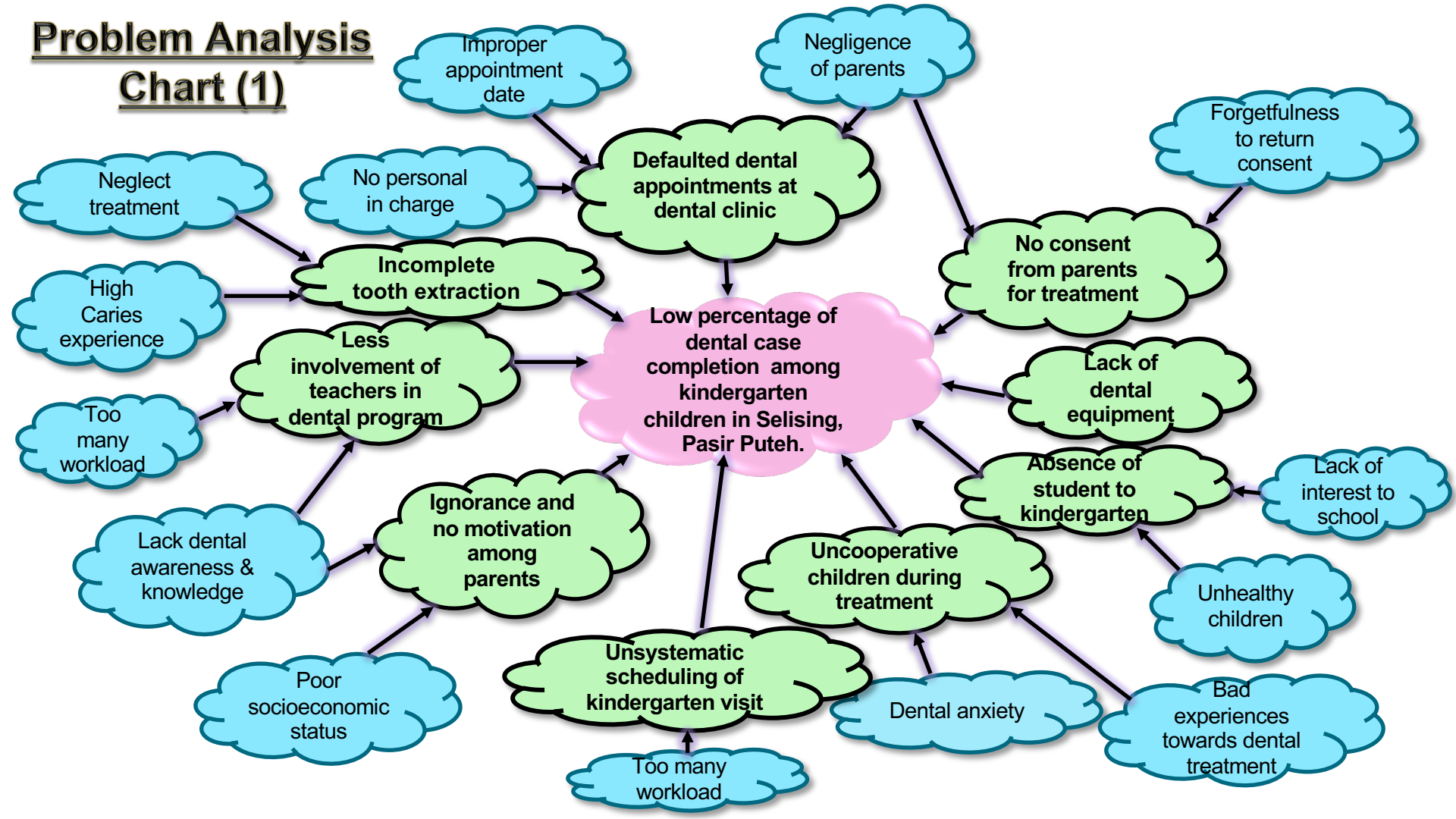
HOW

Patients defaulted appointments given, their high level of dental anxiety and no consent from parents contributing to increase caries prevalence and related dental diseases



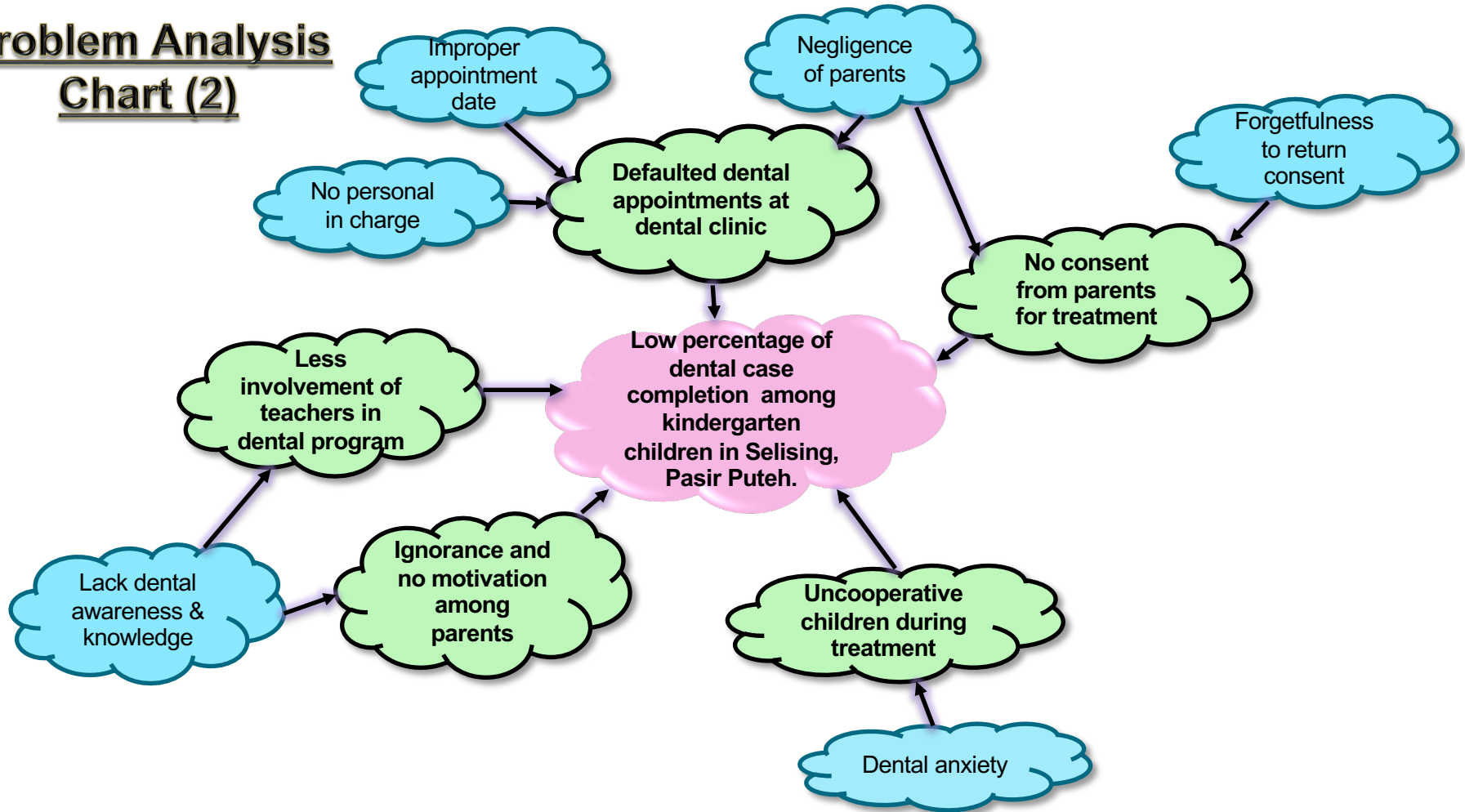
Problem Analysis

Chart (1)



Problem Analysis

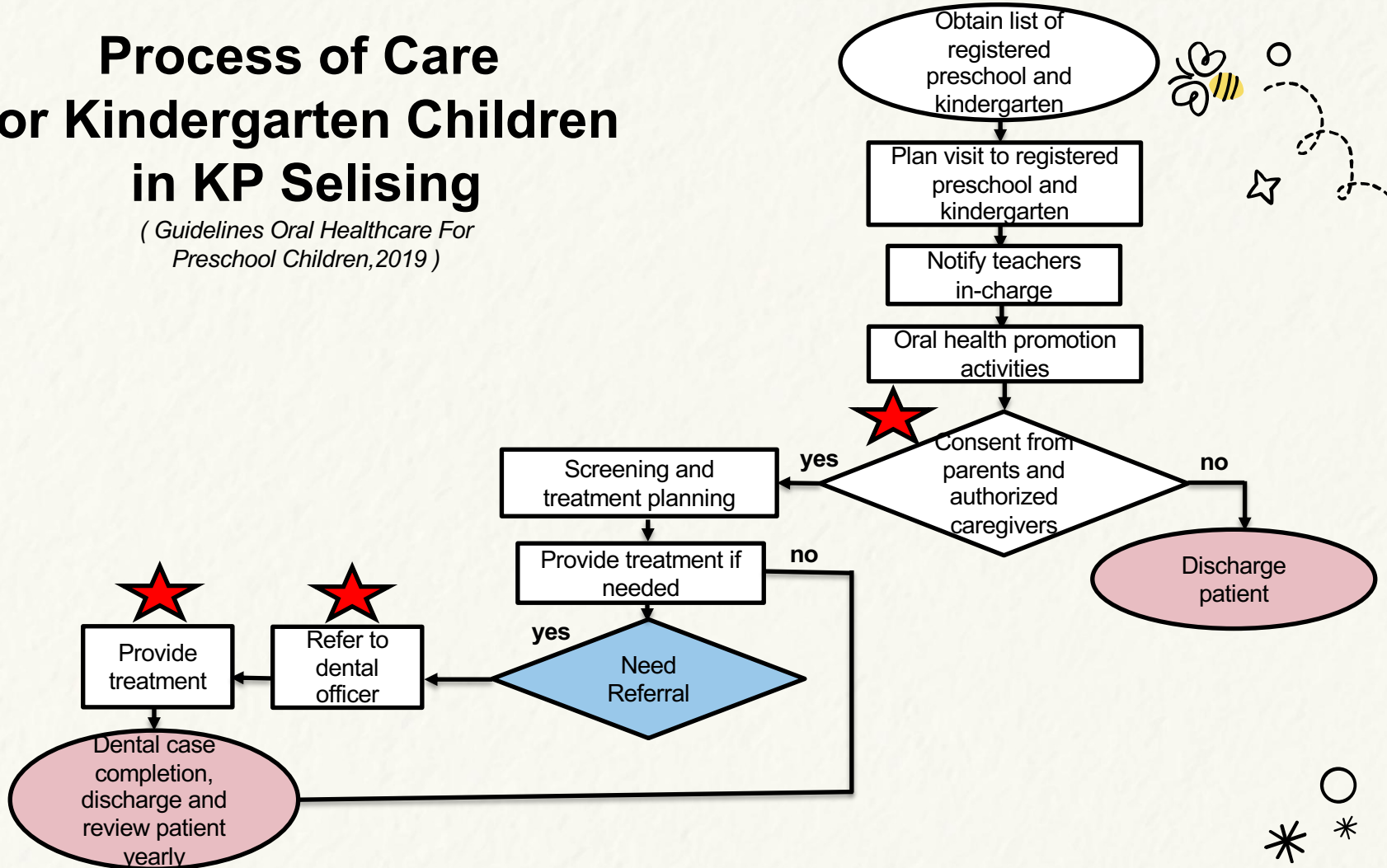
Chart (2)





Process of Care for Kindergarten Children in KP Selising

(Guidelines Oral Healthcare For
Preschool Children, 2019)


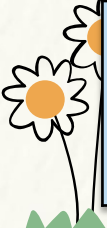




MODEL OF GOOD CARE



Process	Criteria	Standard
Plan visit to registered kindergarten	Number of visits to kindergarten should be scheduled according to the enrolment of each kindergarten	100%
Consent from parents and authorized caregivers	Consent should be obtained from parents for dental treatment using <i>PGKebenaran/Sekolah/Prasekolah/Toddler/Pin 2019</i>	100%
Provide treatment if needed	Cooperative children with less dental anxiety should be given dental treatment as needed	100%
Refer to dental officer	Children that require complex dental treatment should be referred to nearest dental clinic and they should comply with the appointment	100%
Dental case completion, discharge and review patient yearly	All kindergarten children with dental case completion should be discharged and reviewed after 6 months	70% (State Target)

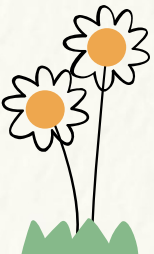
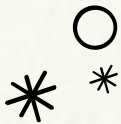


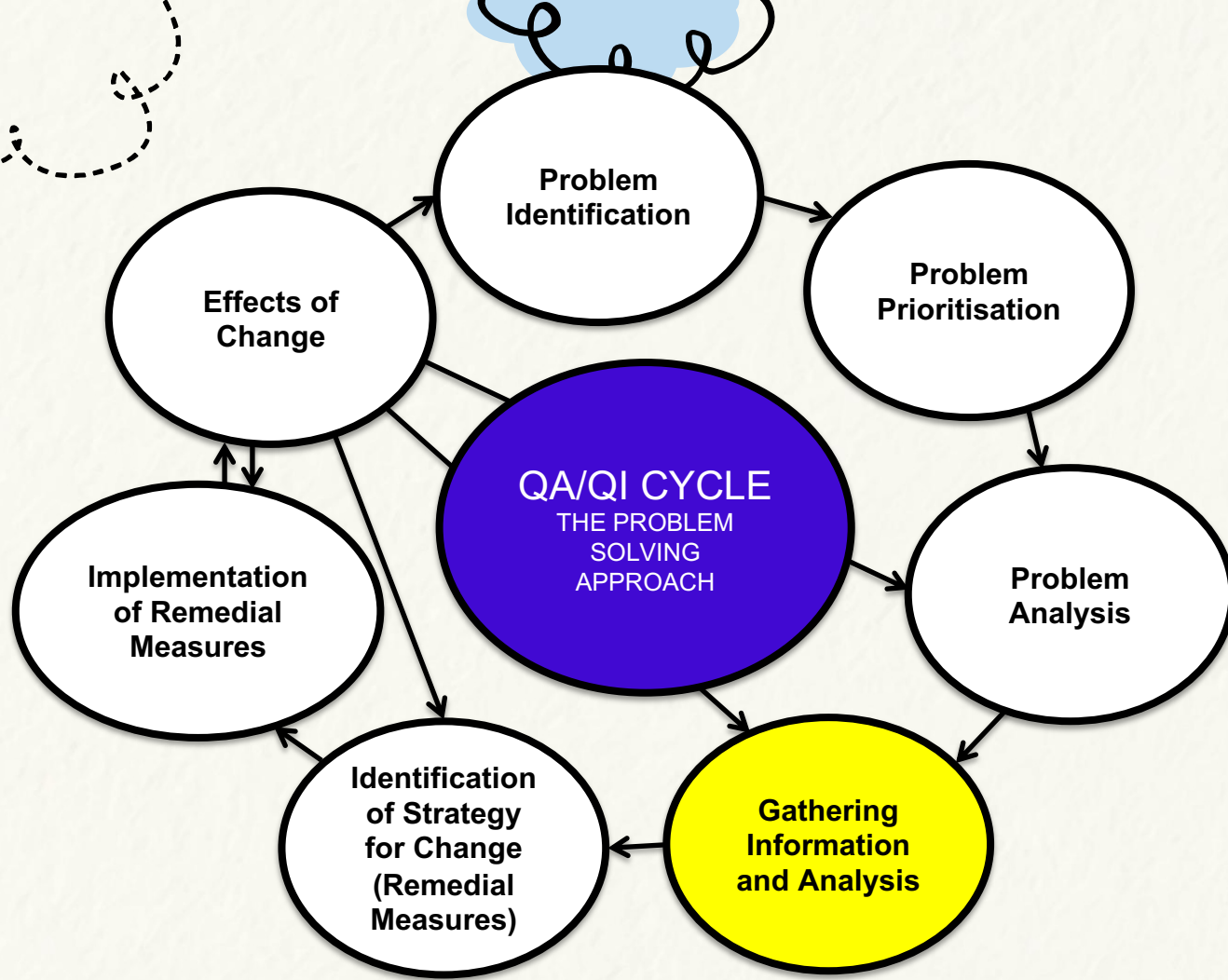


PROBLEM STATEMENT



Effects	A failure to achieve appropriate dental case completion will lead to several effects such as high caries prevalence , impaired oral function thus lead to low quality of life in children.
Possible causes	Major factors contributing to low percentage of dental case completion were lack of dental appointment schedule , children with high level of dental anxiety towards dental treatment, no consent from parents and lack of dental knowledge and awareness among parents and teachers .
Aim of study	From this study, we hope to identify factors contributing to this problem and propose appropriate remedial actions .







OBJECTIVES

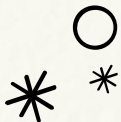
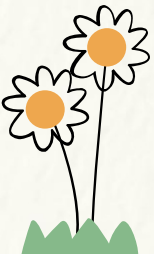


GENERAL OBJECTIVE :

1. To increase percentage of dental case completion among kindergarten children in Selising, Pasir Puteh from 30.9 % to 70 % within a year.

SPECIFIC OBJECTIVES :

1. To verify the percentage of dental case completion among kindergarten children in Selising, Pasir Puteh.
2. To identify factors contributing to low percentage of dental case completion among kindergarten children in Selising, Pasir Puteh.
3. To formulate and implement proper remedial actions.
4. To evaluate the effectiveness of remedial actions.





INDICATOR AND STANDARD



INDICATOR

% of kindergarten children with dental case completion in Selising, Pasir Puteh

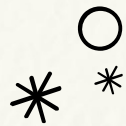
FORMULA

$$\frac{\text{No. of kindergarten children with dental case completion in Selising, Pasir Puteh}}{\text{Total number of new attendance of kindergarten children in Selising, Pasir Puteh}} \times 100$$



STANDARD

≥ 70% (State Target)

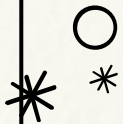
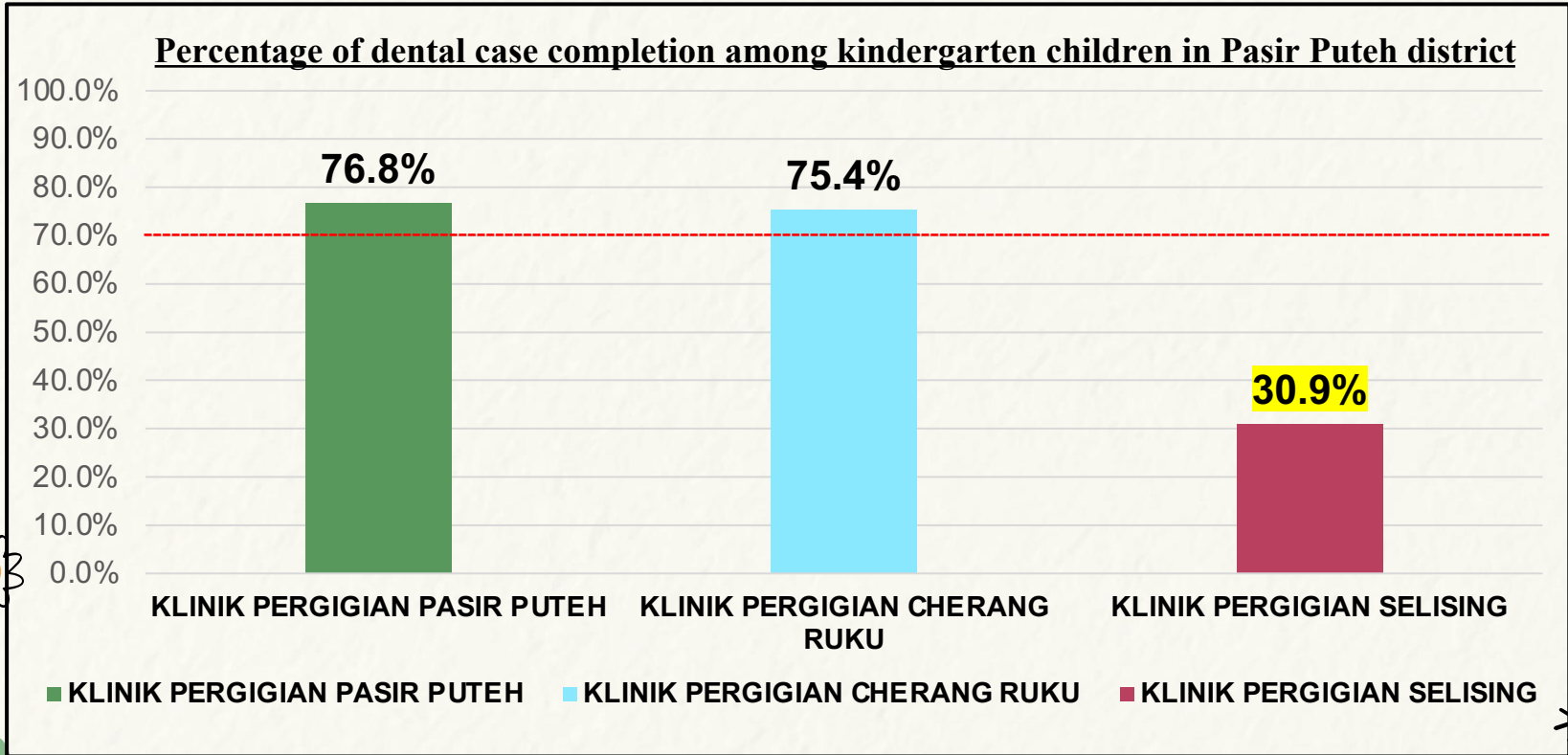




PROBLEM VERIFICATION

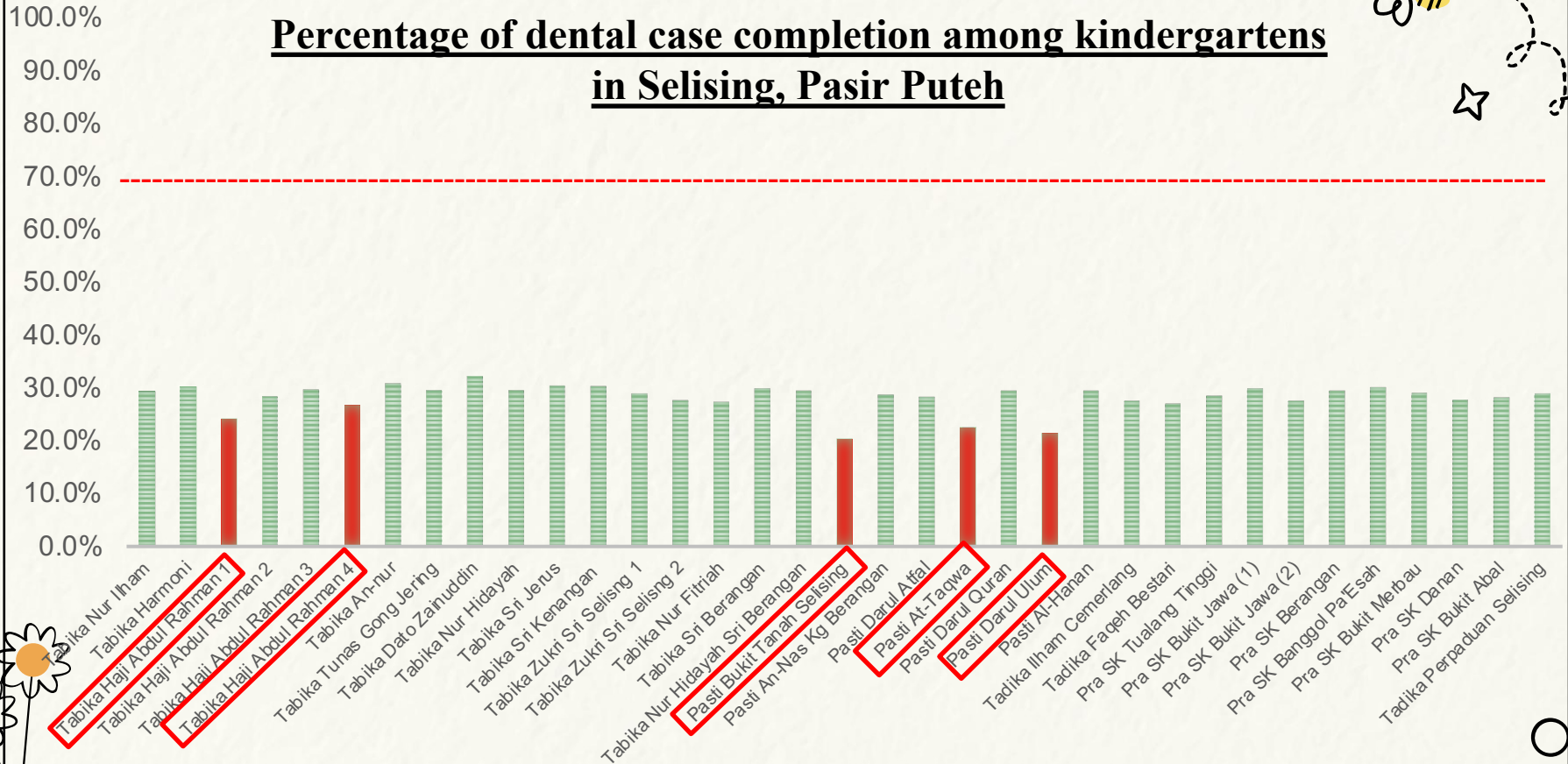


- The lowest percentage of dental case completion among kindergarten children in Pasir Puteh district was in **Klinik Pergigian Selising**.



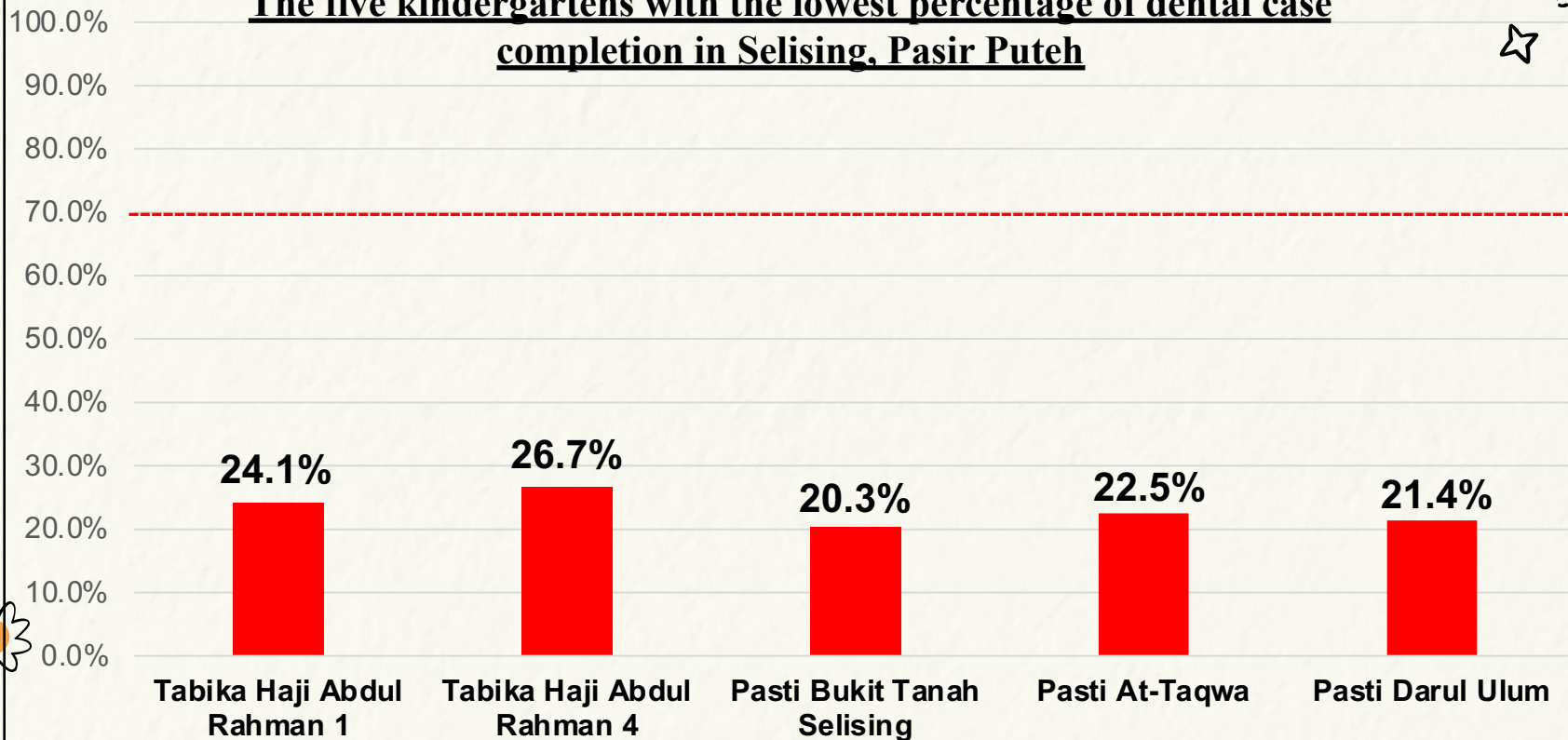
PROBLEM VERIFICATION

Percentage of dental case completion among kindergartens in Selising, Pasir Puteh



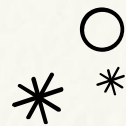
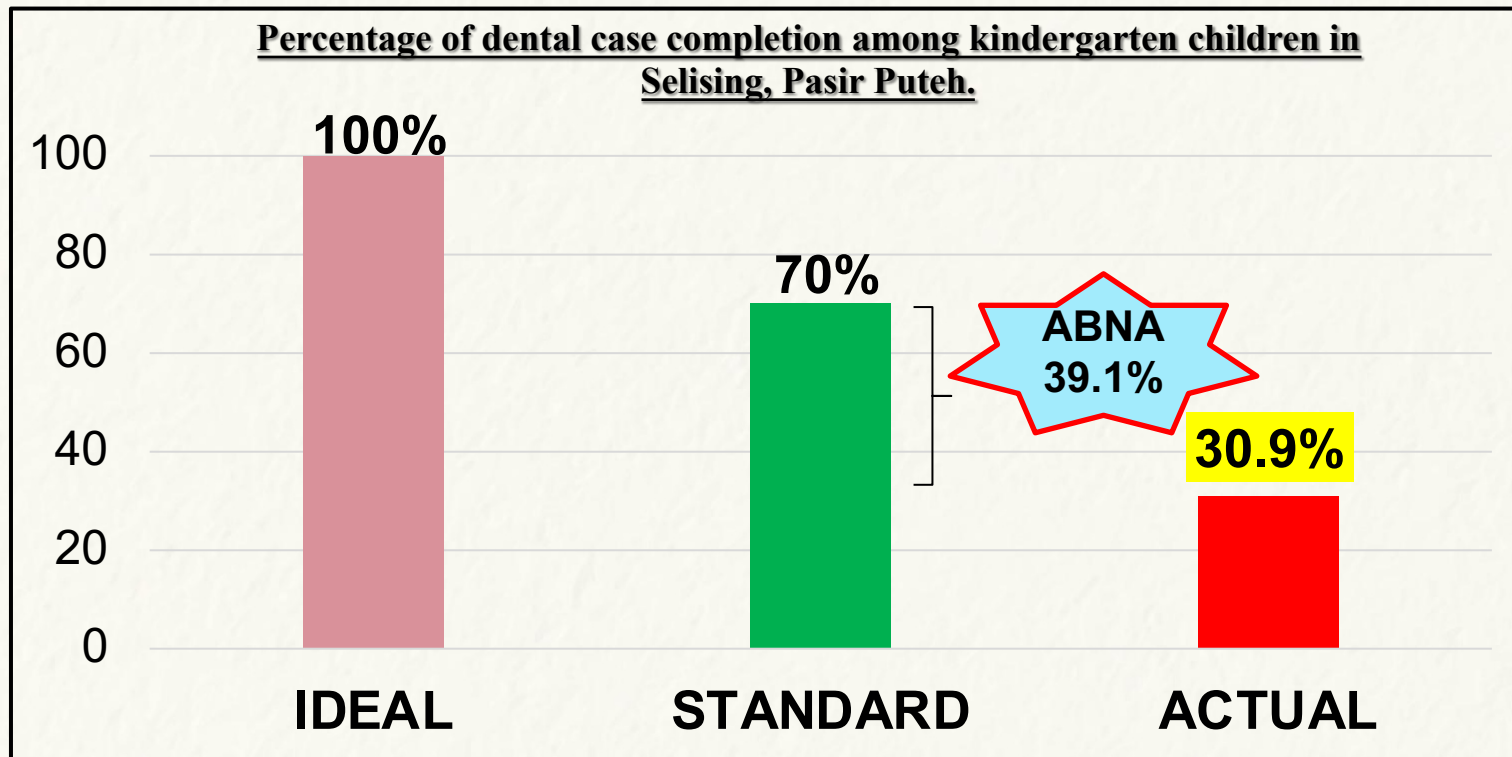
PROBLEM VERIFICATION

The five kindergartens with the lowest percentage of dental case completion in Selising, Pasir Puteh





PROBLEM VERIFICATION





METHODOLOGY



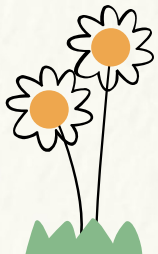
Type of study	<ul style="list-style-type: none">• Cross sectional study
Duration of study	<ul style="list-style-type: none">• 2022 to 2023
Inclusion criteria	<ul style="list-style-type: none">• All incomplete dental treatment cases of kindergarten children in Selising, Pasir Puteh• Parents of kindergarten children and teachers
Exclusion criteria	<ul style="list-style-type: none">• Absent kindergarten children• Children with severe medical problem
Study sample	<ul style="list-style-type: none">• Purposive sampling technique• 5 kindergartens with lowest percentage of dental case completion in Selising, Pasir Puteh• 136 kindergarten children, 136 parents of kindergarten children, 30 kindergarten teachers



Method of Data Collections



1. Patient Dental Record (LP 8)
2. Kindergarten Report Data (PGPS 201)
3. Malay-Modified Child Dental Anxiety Scale face version (Kindergarten Children)
4. Questionnaires (Parents & Teachers):
 - Closed-ended questions
 - Respondents: Distributed to 136 parents & 30 teachers
 - Parents: 28 questions , Teachers: 10 questions
 - 4 sections : Demographic data, Knowledge, Attitude & Practices
 - Method scoring : **Poor (<50%), Moderate (50%-75%), Good (>75%)**
 - Data analysis: Microsoft Excel



1) Patient dental record (LP 8)

(LP 8 - 1 Pin. 8/2019)

PERKHIDMATAN KESIHATAN PERGIGIAN
KAD RAWATAN KANAK-KANAK PRASEKOLAH/SEKOLAH/AM

No. Rujukan Fail: _____
Tarikh Pendaftaran: _____

Tahun: _____
No. Pendaftaran: _____
Darjah/Tingkatan: _____

A. MAKLUMAT AM (Wajib diisi penuh. Sila potong yang tidak berkaitan)

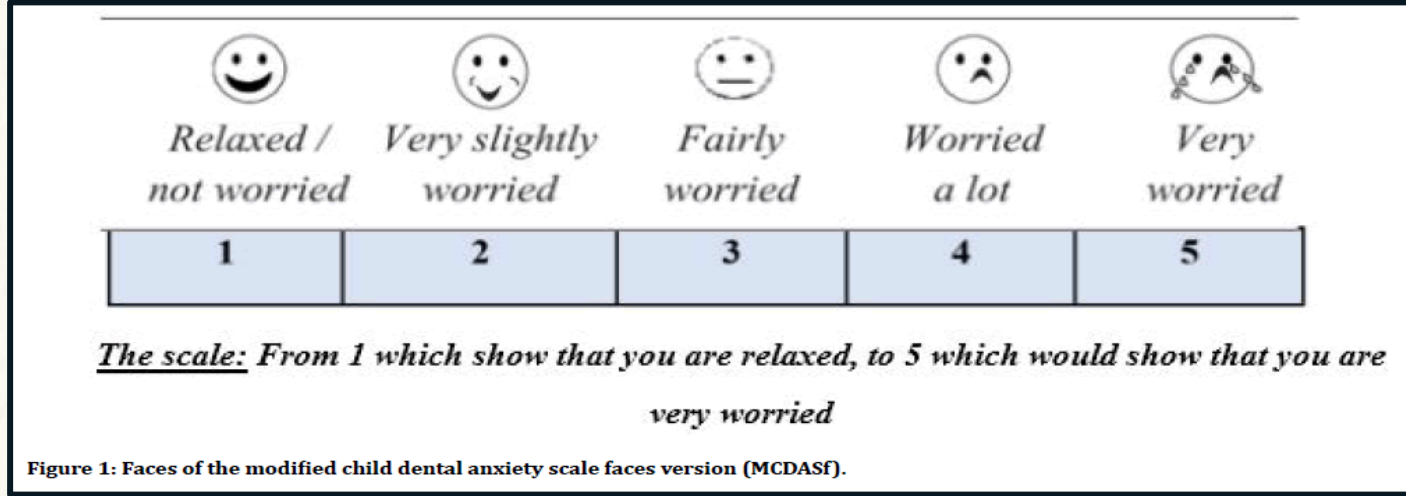
1. Nama: (Huruf besar) _____
2. No. MyKad/ MyKd/Pasport/Tentera/Polis/Sijil Lahir: _____
3. Jantina: Lelaki/Perempuan 4. Umur: _____ 5. Tarikh Lahir: _____
6. No. Kad OKU/Pesara/UNHCR (Jika ada): _____ 7. E-mel: _____
8. No. Telefon: Bilik _____ Rumah _____ Pejabat _____
9. Alamat Surat-Menyurat: _____
Poskod: _____
10. Warganegara: Malaysia/Warga Asing 11. Kumpulan Etnik: (Nyatakan) _____
12. Nama Sekolah/Klinik: _____

B. CATATAN PERUBATAN DAN PERGIGIAN (Wajib diisi)
Tandakan (✓) jika Ya dan (X) jika Tidak

a. Hipertensi ☐ b. Diabetes ☐ c. Penyakit Jantung ☐ d. Kegagalan Buah Pinggang ☐
e. Epilepsi ☐ f. Hepatitis ☐ g. Alergi ☐ h. Tuberkulosis ☐
i. Asma ☐ j. Penyakit Mental ☐ k. Masalah Darah ☐ l. Pendarahan Berlanjutan Selepas Cabutan ☐
m. Penyakit Lain ☐ Nyatakan: _____
n. Pernah menerima rawatan di Hospital / Klinik ☐ Nyatakan: _____
o. Pengambilan Ubat - ubatan ☐ Nyatakan: _____

2) Kindergarten report data (PGPS 201)

SISTEM MAKLUMAT KESIHATAN																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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3) Malay-Modified Child Dental Anxiety Scale face version (Malay-MCDAS_f) (Rashidah et al., 2015)

4) Questionnaire for parents

BORANG KAJISELIDIK BAHAGIAN KESIHATAN NEGERI KELANTAN

DEMOGRAPHIC DATA

Tuan/Puan yang dihormati,

Jabatan Kesihatan Pergigian Negeri Kelantan sedang menjalankan kaji selidik seperti yang dinyatakan di atas. Kesudian dan kerjasama tuan/puan di dalam menyertai kajian ini diucapkan ribuan terima kasih.

No. Indeks (Biarkan Kosong)

No. K/P

Nama:

Alamat:

No. Telefon:

1. Tarikh lahir:
Hari Bulan Tahun

2. Umur:

3. Jantina:

☐ Lelaki
☐ Perempuan

4. Status perkahwinan (Sila tanda ✓ di mana berkenaan)

☐ Bujang ☐ Berceraai
☐ Berkahwin ☐ Duda/balu

5. Purata pendapatan keluarga setiap bulan: RM.....

6. Tahap pendidikan: ☐ Rendah
☐ Menengah
☐ Tinggi

7. Pekerjaan:

8. Pendidikan: ☐ Ijazah ☐ SPM/Setaraf
☐ Diploma ☐ PMR/Setaraf
☐ STPM/Setaraf ☐ Sekolah Rendah

Bahagian A: Amalan Penjagaan Gigi: PRACTICE

1. Bagi penjagaan kesihatan pergigian anak anda, biasanya anda berbincang dengan:

☐ Doktor gigi ☐ Suami/Isteri ☐ Kawan/Rakan
☐ Saudara ☐ Jiran ☐ Lain-lain.....

2. Adakah anda memeriksa sendiri gigi/mulut anak anda di rumah?

☐ Ya ☐ Tidak

Jika Ya, nyatakan kekerapannya

☐ Setiap 3 bulan
☐ 6-12 bulan sekali
☐ Setahun sekali
☐ Hanya bila ada masalah di dalam mulut/sakit gigi/gusi bengkok

3. Nama jenama ubat gigi yang biasa digunakan oleh anak anda (Nyatakan)

☐ Berfluorida
☐ Tanpa fluorida
☐ Tidak tahu

4. Berapa kali anak anda memberus/menggosok gigi dalam sehari?

☐ 0-1 kali ☐ 1-2 kali ☐ 2-3 kali

5. Masa/tempoh yang diambil setiap kali anak anda memberus gigi:

☐ Kurang dari 1 minit ☐ 1-2 minit ☐ Lebih dari 2 minit

5. Kekerapan anak anda memakan/mengambil makanan manis dalam sehari:

☐ Kurang dari 1 kali ☐ 2-4 kali
☐ 4-6 kali ☐ Lebih dari 6 kali

KNOWLEDGE

BAHAGIAN B: Pengetahuan Tentang Kesihatan Oral (sila tanda ✓ di petak yang berkenaan)

Skala	1= Ya	2= Tidak	3= Tidak Tahu	
Soalan/Pernyataan	Skala	1	2	3
K1 Walaupun tidak sakit, pemeriksaan gigi harus dilakukan setiap 6 bulan/secara berkala				
K2 Makanan/minuman manis yang kerap menyebabkan gigi rosak				
K3 Gigi mudah rosak disebabkan kekurangan kalsium				
K4 Tabiat merokok boleh meningkatkan risiko terjadinya kanser /barah mulut				
K5 Kemungkinan gigi kekal juga rosak jika gigi susu rosak teruk				
K6 Plak gigi adalah sejenis tampalan pada permukaan				
K7 Penyusuan bayi dengan susu ibu boleh menyebabkan gigi bayi rosak				

ATTITUDE

BAHAGIAN C: Sikap Penjaga Terhadap Kesihatan Gigi Anak: (sila tanda ✓ di tempat yang berkenaan)

1= Sangat Setuju 2= Setuju 3= Tidak Pasti 4= Tidak Setuju 5= Sangat Tidak Setuju

Pandangan Anda	Skala	1	2	3	4	5
A1 Gigi susu tidak perlu dijaga kerana akan diganti dengan gigi kekal						
A2 Anak perlu ditegur/diperingatkan jika tidak menggosok gigi						
A3 Gigi kanak-kanak tidak perlu pemeriksaan berkala (jika tidak sakit)						
A4 Anda tidak ada masa untuk membawa anak ke klinik gigi						
A5 Kerosakan gigi tanpa rasa sakit tidak perlu ke klinik gigi						
A6 Susu pekat manis senang disediakan untuk kanak-kanak						
A7 Rawatan di klinik gigi adalah cara terakhir untuk hilangkan sakit gigi						

Adopted from Bahagian Kesihatan
Pergigian
Negeri Kelantan & verified by
Dr Jessina Sharis Othman
(Dental Public Health Specialist)

5) Questionnaire for teachers

PRACTICE

BORANG KAJISELIDIK UNTUK GURU TADIKA/ PRA SEKOLAH

DEMOGRAPHIC DATA

ID:

UNTUK KEGUNAAN PEJABAT:

- Negeri:
- Nama Tadika:
- Lokasi Tadika: 1 = Bandar 2 = Luar Bandar
- Jenis Tadika :
1 = KEMAS, 2 = Perpaduan, 3 = Islam Kerajaan, 4 = Islam Swasta, 5 = Prasekolah Kementerian Pendidikan, 6 = Swasta lain-lain, 7 = Lain-lain (yang tidak dapat dikod 1 hingga 6)

BAHAGIAN A: MAKLUMAT GURU

Sila isikan jawapan anda dalam kotak yang berkenaan ATAU isikan tempat kosong bagi soalan-soalan berikut.

No. Item	Item	
A1	Umur anda pada hari jadi terakhir :	<input type="text"/>
A2	Kumpulan Etnik :	<input type="text"/>
	1. Melayu	
	2. Cina	
	3. India/Pakistan	
	4. Bumiputera lain	
	6. Lain-lain, sila nyatakan.....	
A3	Jantina :	<input type="text"/>
	1 = Lelaki 2 = Perempuan	
A4	Tahap pendidikan tertinggi anda :	<input type="text"/>
	1. Ijazah dan ke atas	
	2. STPM/Matrikulasi/Diploma/Sijil (atau yang setaraf)	
	3. Tingkatan 5 (atau yang setaraf)	
	4. Tingkatan 3 (atau yang setaraf)	
	5. Darjah 6 (atau yang setaraf)	
	6. Sekolah rendah, tetapi tidak sampai Darjah 6	
	7. Tiada pendidikan formal	

BAHAGIAN B: AMALAN KESIHATAN PERGIGIAN/MULUT DAN TINGKAH LAKU YANG BERKAITAN

Sila tandakan () bagi jawapan anda (1, 2, 3, 4, 5, 6 atau 7) dalam kotak yang disediakan di akhir setiap soalan.

No.	Item	Jawapan adalah dalam bilangan kali dalam sehari/seminggu/sebulan/tidak pernah
B1	Berapa kerapkah anda memberus gigi?	<div>>2x sehari <input type="text"/></div> <div>2x sehari <input type="text"/></div> <div>1x sehari <input type="text"/></div> <div>2-3x seminggu <input type="text"/></div> <div>1x seminggu <input type="text"/></div> <div>1x sebulan <input type="text"/></div> <div>Tidak pernah <input type="text"/></div>

BAHAGIAN C: PENGETAHUAN TENTANG KESIHATAN PERGIGIAN/MULUT

Sejauh manakah anda bersetuju dengan kenyataan C1 - C2 berikut?

Sila tandakan () dalam kotak yang disediakan di akhir setiap soalan.

No.	Item	Sangat tidak setuju	Tidak setuju	Tidak pasti	Setuju	Sangat setuju
C1	Pengambilan makanan manis secara berlebihan boleh menyebabkan gigi berlubang.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C2	Memberus gigi dengan ubat gigi yang mengandungi fluorida mencegah gigi dari berlubang .	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

KNOWLEDGE

BAHAGIAN D: PERSEPSI TENTANG PERANAN ANDA DALAM MEMPROMOSIKAN KESIHATAN PERGIGIAN

Sejauh manakah anda bersetuju dengan kenyataan D1-D3 berikut?

Sila tandakan () dalam kotak yang disediakan di akhir setiap soalan.

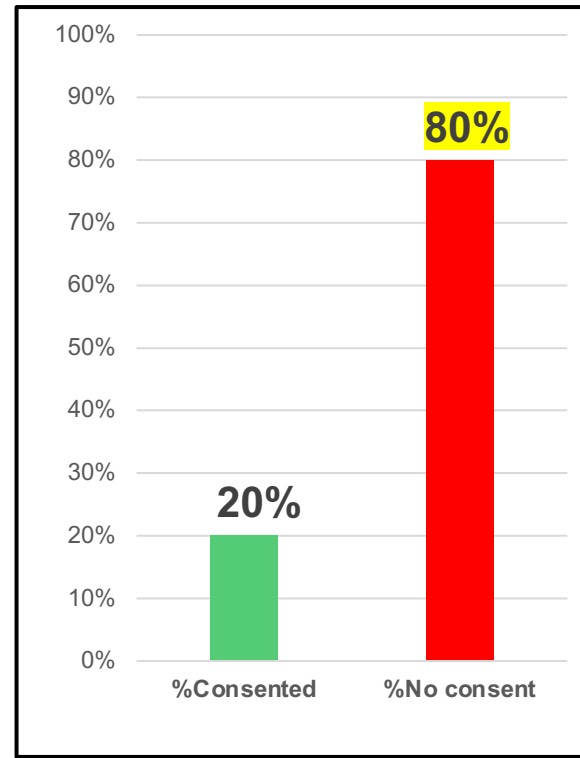
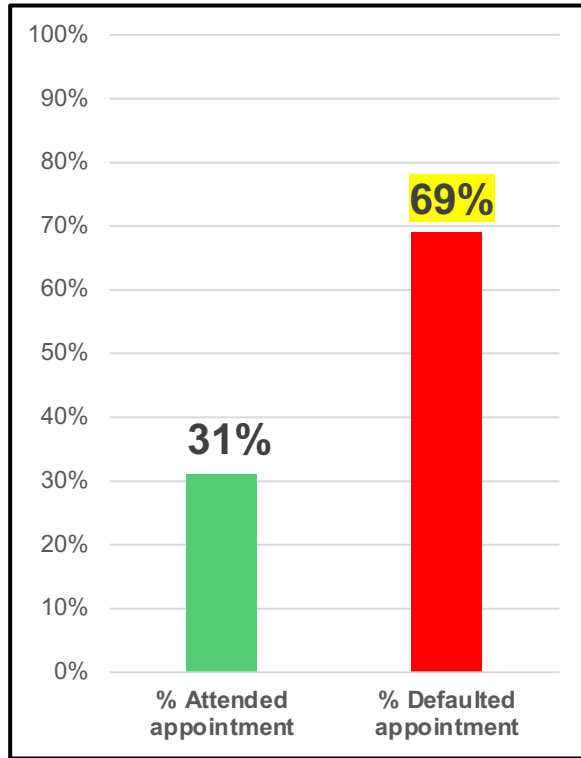
No.	Item	Sangat tidak setuju	Tidak setuju	Setuju	Sangat setuju
D1	Penting bagi saya untuk mengesan kerosakan gigi dan masalah gusi pada kanak-kanak.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D2	Bukan tugas saya untuk menyelia aktiviti memberus gigi kanak-kanak setiap hari semasa waktu persekolahan.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Menjadi tanggungjawab saya untuk memantau jenis makanan/minuman yang dihidangkan kepada kanak-kanak prasekolah.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ATTITUDE

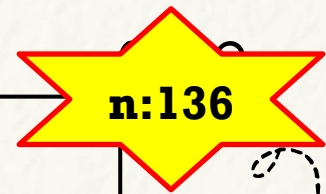
Adopted from Guidelines Oral Healthcare For Preschool Children 2019
& verified by Dr Jessina Sharis Othman (Dental Public Health Specialist)

Factors of incomplete dental case among kindergarten children in Selising, Pasir Puteh

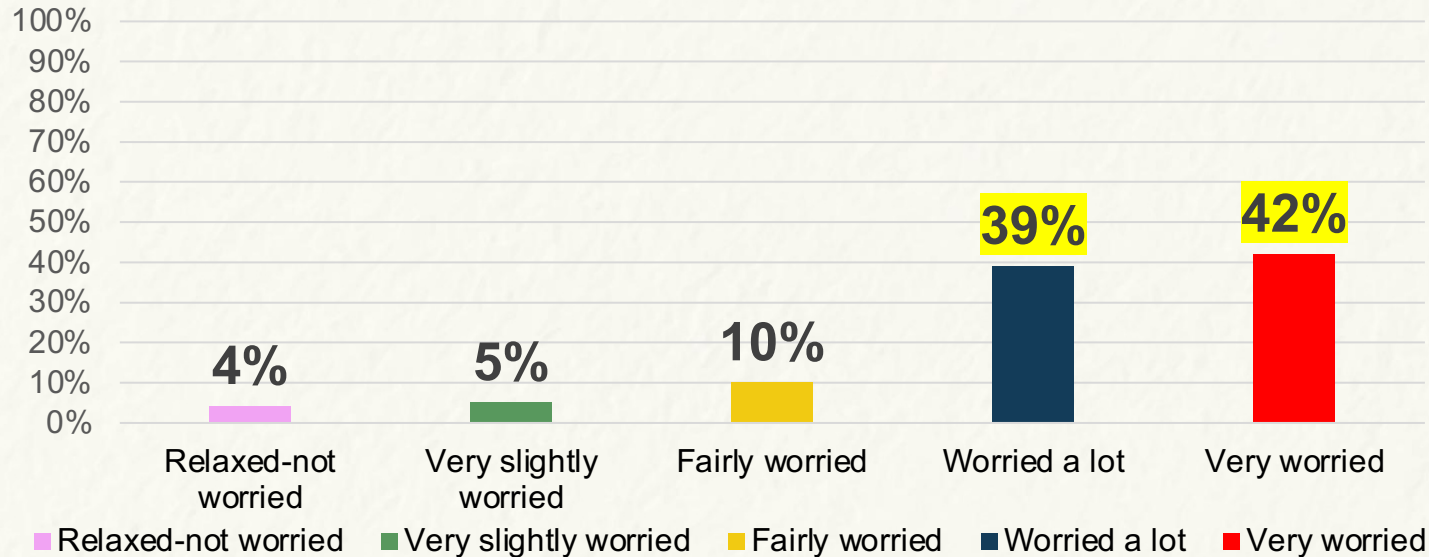
n:136



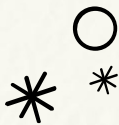
- Most of the kindergarten children defaulted appointment given.
- Most of the kindergarten children did not have consent for dental treatment.



Dental anxiety status of kindergarten children in Selising, Pasir Puteh



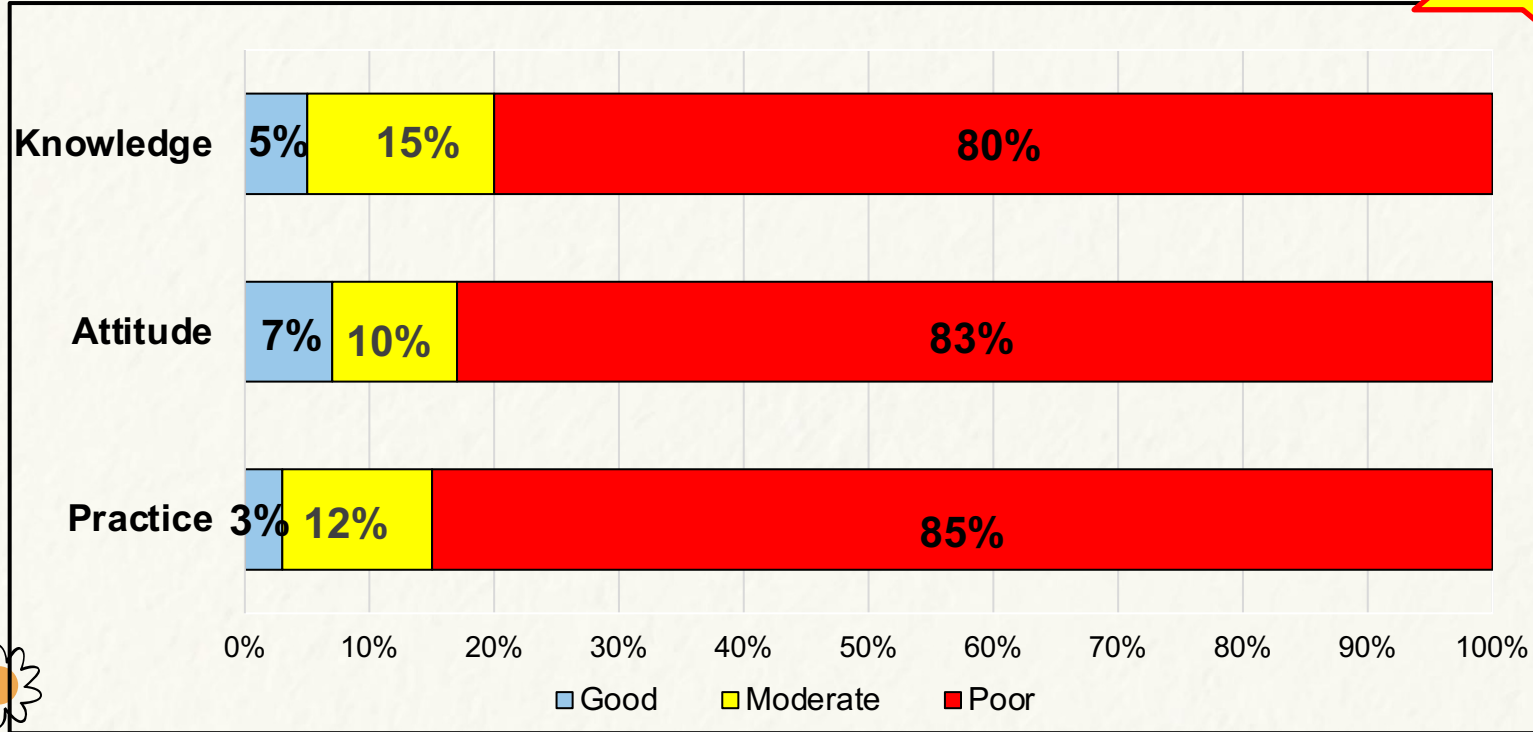
- Most of the kindergarten children have high dental anxiety towards dental treatment.



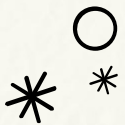


Pre-remedial parents' knowledge, attitude and practices

n:136



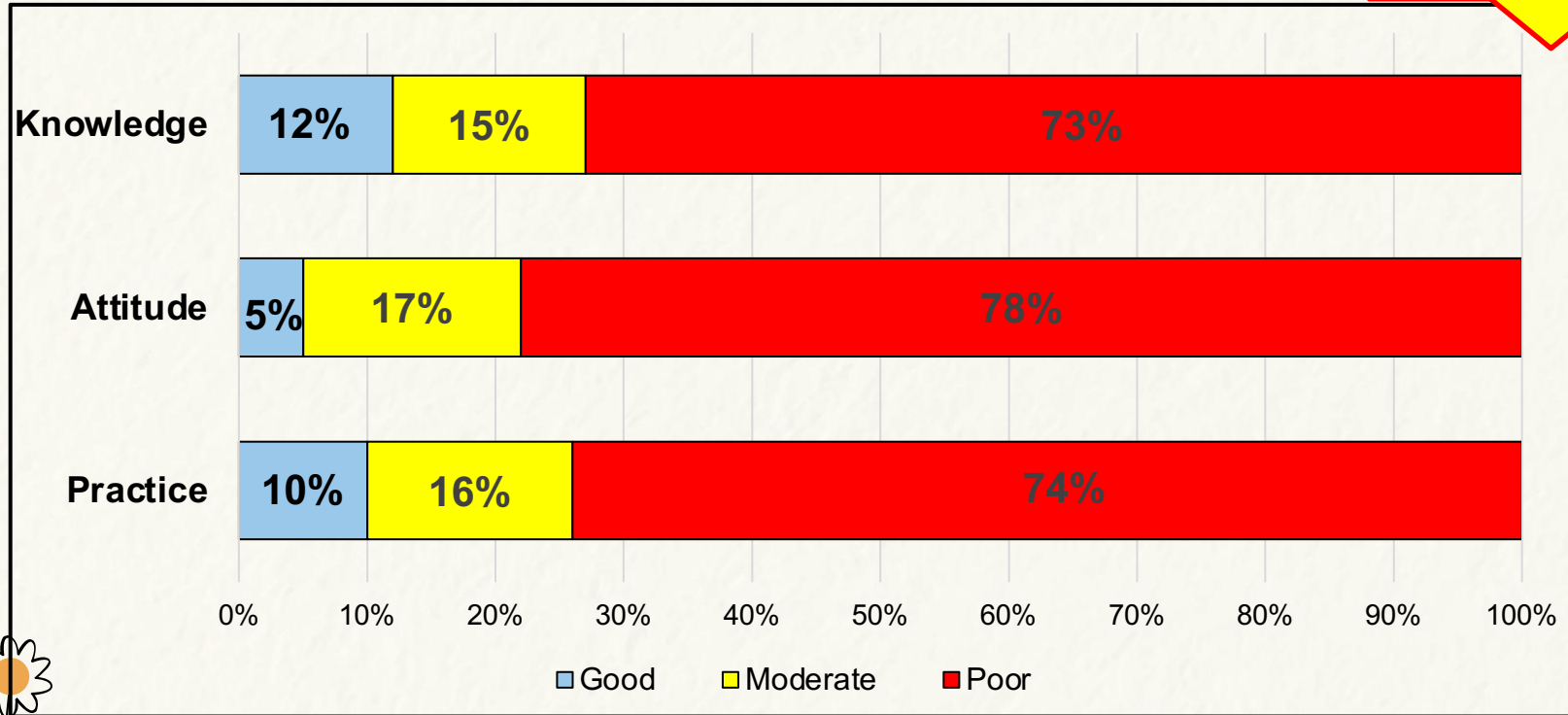
- Knowledge, attitude and practices among kindergarten parents were generally **poor**.



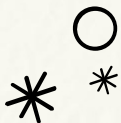


Pre-remedial teachers' knowledge, attitude and practices

n:30



- Knowledge, attitude and practices among kindergarten teachers were generally **poor**.

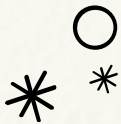
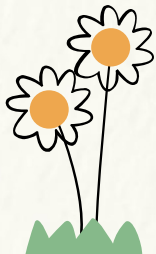


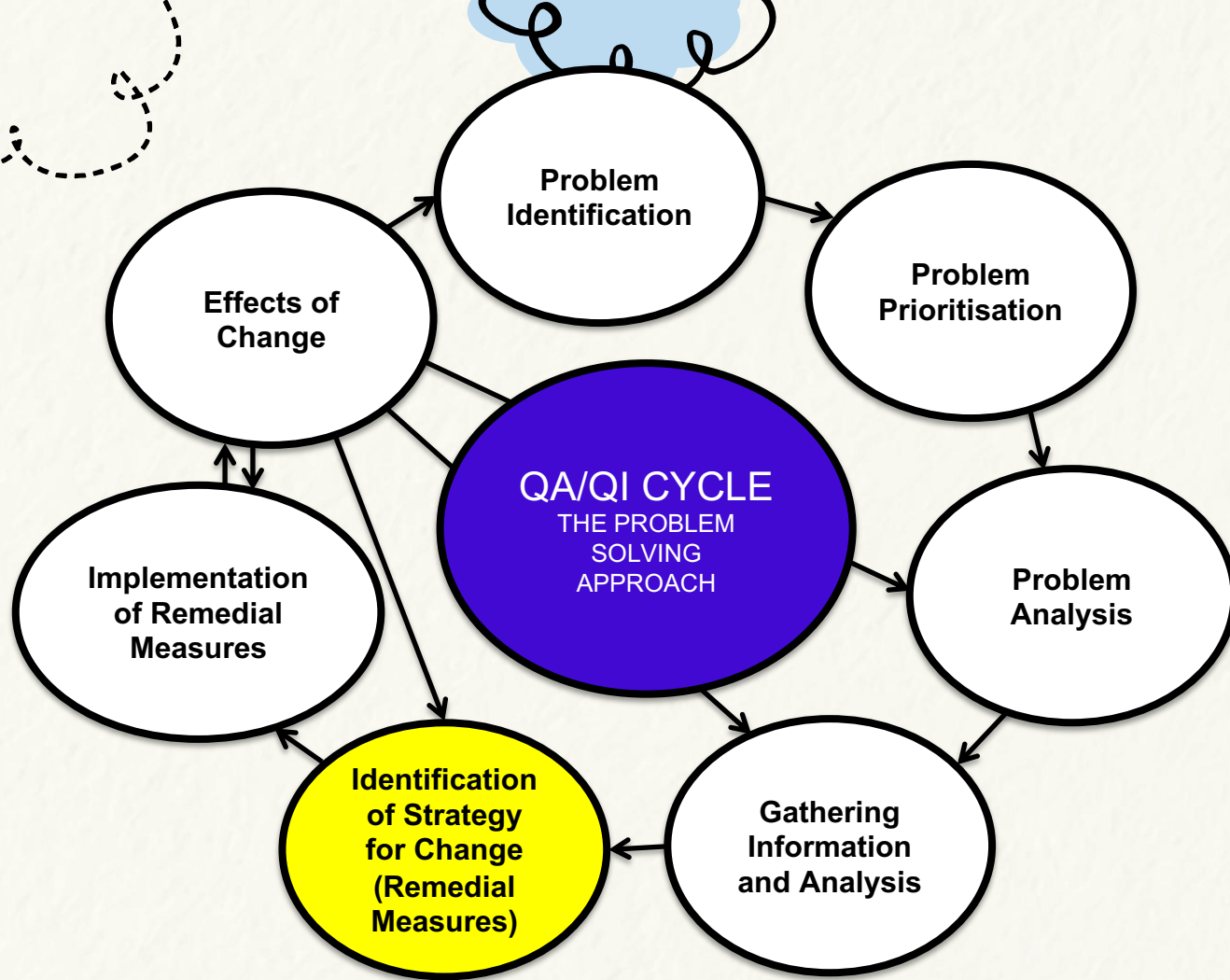


Main Contributing Factors



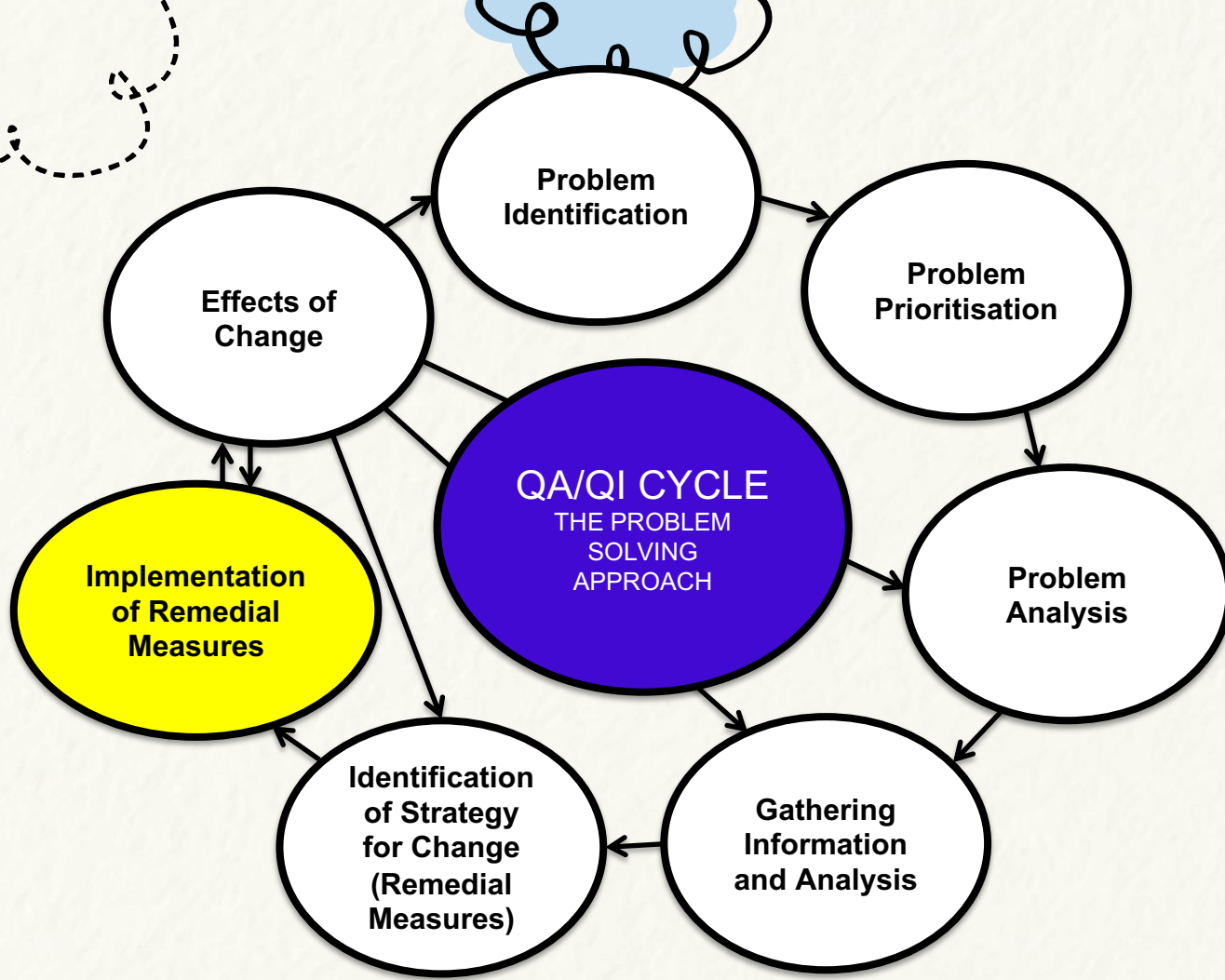
1. 1. High cases of defaulted appointment for dental treatments : **69%**
2. 2. High percentage of kindergarten children with dental anxiety : **81%**
3. 3. No consent from parents/caretakers for dental treatment : **80%**
1. 4. Poor knowledge, attitude & practice among parents : **K-80% , A-83% , P-85%**
2. 5. Poor knowledge, attitude & practice among teachers : **K-73% , A-78% , P-74%**





Identification of Strategy for Change

Lack of dental appointment schedule	<ul style="list-style-type: none">• A specific appointment book in dental clinic to aim for dental case completion• Assign Dental Officer in charge for close monitoring
Attitude or Behaviour Problems	<ul style="list-style-type: none">• Innovative ‘Child Friendly’ treatment approach• Distribute consent forms to all parents and consent forms returned on the same day during kindergarten registration day (<i>‘Sesi pendaftaran awal tahun persekolahan’</i>)
Knowledge Problem	<ul style="list-style-type: none">• Organize Parents-Dentists Meeting Day• Counseling session with parents• Organize <i>seminar</i> programme to Kindergarten Teachers





CONTRIBUTING FACTORS

PRE REMEDIAL

REMEDIAL ACTION



1) Defaulted dental appointments at dental clinic

- No specific appointment book for kindergarten children at the dental clinic
- No monitoring daily progression of dental treatments

- Create **a systematic appointment book** specific for kindergarten children
- Assign 1 dental officer to incharge:
 - Referral book and update current progression** of treatments done at dental clinic
 - Remind parents by phone call** for their children dental appointments



BEFORE

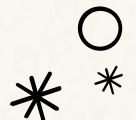
PEJABAT KESIHATAN PERGIGIAN DAERAH PASIR PUTEH

KLINIK PERGIGIAN SELISING

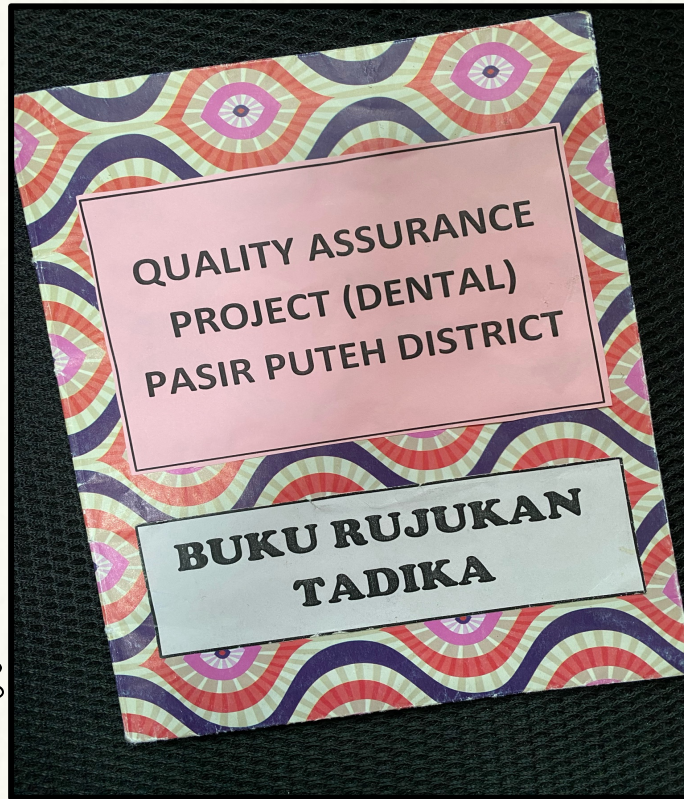
TARIKH: 5/12/21

HARI: Khamis

BIL	MASA	NAMA PESAKIT	R/N	NO K/P	NO. TEL	JENIS RAWATAN							CATATAN	
						FILLING	SCALING	R.C.T	XCS	REVIEW	1 st IMP	BITE		TRX-IN
AM														
10.15		Nurul Izzah bt Zamil	P99	7782	0112906224	✓	✓							KW 27 - 28 - 29
10.45		Naina Mulya bt Mohd Jazali	391	0920	09-8772331	✓					✓			for extraction of 85
11.15		"	"	"	"									
12.00		Muhammad Shahrul Ikham	751	0383	014-7618730	✓								Recess cavity 51m
DENTURE														
8.15	IMP													
8.30	IMP													
PM														
2.00	TRX-IMP	Muk Hafiz	2167m	5125	010-660 6764								✓	Issue pr Noj.
2.30	TRX	Karnah Mohamed		5608	015-7113854								X	✓
3.00	TRX-IMP	Zakariyah		5648	019-966 1761									
3.30	TRX													
4.00	TRX-IMP													



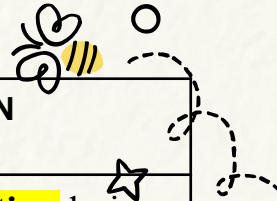
Specific appointment book for referral kindergarten patient at the dental clinic



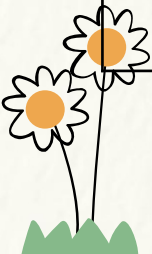
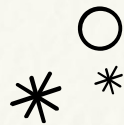
BUKU KEDATANGAN TEMUJANJI DI KLINIK PERGIAN SELISING

BIL	NAMA MURID	TADIKA	NO TELEFON	RAWATAN PERLU	TARIKH & MASA TEMUJANJI	RAWATAN DIBUAT	HADIR / TIDAK HADIR	KES SELESAI YA / TIDAK
1	Nuraizya Bt Mod. Ganyam	Pasti But Tanah	010 - 9317212	65 - Abscess	1/3/22 2 Ptg	pulp therapy	Hadir	Ya
2	Putri aini Bt Sabrolim	TBK Berangan	012 9847088	36 4th PRR	8/3/22 2 Ptg	PRR Type I	Hadir	Ya
3	Nurmawaddah Bt Hussin	TBK Berangan	04 1789212	46 4th tampalan	16/3/22 2 petang	46 tampalan	Hadir	Ya
4	M. Iman B Sukri	TBK Dato Zahudin	011 18757478	85 Abscess	16/3/22 2.30 petang	pulp therapy	Hadir	Ya
5	Maniam Bt Nasrudin	Pasti Darul Ulum	017 9418072	46 4th PRR	26/3/22 2.00 Ptg	PRR Type I	Hadir	Ya
6	M. Sharhan B. Haznor	TBK Fageh Butan	010 9426478	36 4th tampalan	26/3/22 2.30 Ptg	tampalan	Hadir	Ya

AFTER



CONTRIBUTING FACTORS	PRE REMEDIAL	REMEDIAL ACTION
2) Dental anxiety during treatment	<ul style="list-style-type: none">• No innovations created before• No reward given to kindergarten children during dental treatment	<ol style="list-style-type: none">1. Operators use cheerful attire during dental treatment2. Implement the innovation project such as :<ul style="list-style-type: none">• A-Muse-C syringe holder• DentoBeats Headphone• Positive reinforcement: Praising and rewarding children by giving them certificate for completing their dental treatment can motivate them to continue with their treatment





Implementation of innovation project cheerful attire



BEFORE



AFTER



Implementation of innovation project 'A-muse-C syringe holder'



BEFORE



AFTER

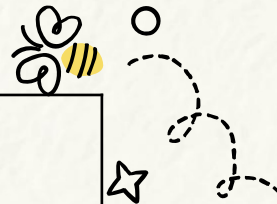


Implementation of dental innovation project 'DentoBeats headphone'

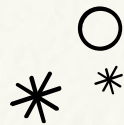
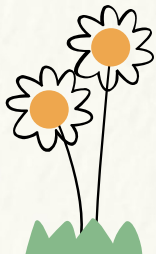


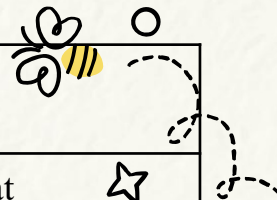
Positive reinforcement : Children for completing their dental treatment



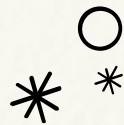
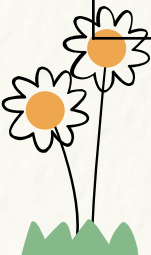


CONTRIBUTING FACTORS	PRE REMEDIAL	REMEDIAL ACTION
3) Consented forms not returned to operators for dental treatment	<ul style="list-style-type: none">Consent forms given to parents via teachers	<ol style="list-style-type: none">Consent forms distributed by dental dedicated team to all parents and consented forms returned on the same day during kindergarten registration day (<i>‘Sesi pendaftaran awal tahun persekolahan’</i>)





CONTRIBUTING FACTORS	PRE REMEDIAL	REMEDIAL ACTION
4) Poor knowledge, attitude & practices among parents.	<ul style="list-style-type: none">No involvement of parents/carers in any kindergarten programme	<ol style="list-style-type: none">1. Held a Parents Dentists Meeting Day at kindergarten and presented dental report card to parents during counseling session at kindergartens2. <i>Ceramah Kesihatan Pergigian</i> to parents during Parents Dentists Meeting Day to help the parents to understand the benefits of good oral health and encourage regular dental visits for dental check up & treatment3. Innovation project: Dental Report Card during Parents Dentists Meeting Day



Parents-Dentists Meeting Day



#TOWARDSZEROCAVITIES
#QUALITYASSURANCEDENTALPROJECT

PARENTS DENTISTS MEETING DAY

VENUE : PASTI BUKIT
TANAH, SELISING, PASIR PUTEH



Innovation project : Dental Report Card during Parents-Dentists Meeting Day



REKOD KESIHATAN PERGIGIAN MURID

NAMA:

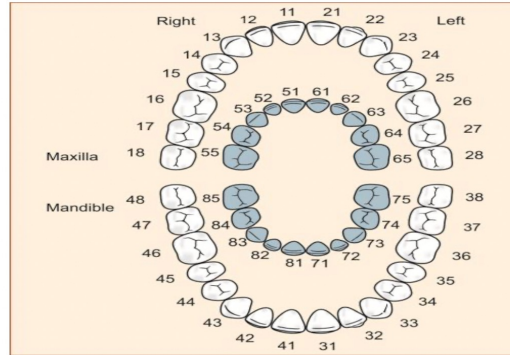
NAMA TADIKA:

UMUR:



PEJABAT KESIHATAN PERGIGIAN DAERAH PASIR PUTEH

PERTUMBUHAN GIGI SAYA



(A) STATUS GIGI SAYA

d (Gigi berlubang)	
m (**gigi telah dicabut)	
f (gigi telah ditampal)	
x (gigi untuk dicabut)	

**cabutan disebabkan oleh karies

(C) RAWATAN YANG DIPERLUKAN

Tampalan	
Pengapian Fisur (Fissure Sealant)	
Sapuan Flourida	
Cabutan	
Perlu cuci gigi	

(B) KEBERSIHAN MULUT SAYA

A	
C	
E	

(D) TARIKH TEMUJANJI SUSULAN:

--

PESANAN DOKTOR GIGI BUAT ADIK-ADIK COMEL

- 1) Berus gigi dengan teknik yang betul sebanyak 2 kali sehari di waktu pagi dan sebelum tidur
- 2) Gunakan ubat gigi berfluorida
- 3) Amalkan pemakanan yang sihat dan seimbang
- 4) Kurangkan kekerapan dan jumlah makanan manis
- 5) Ibubapa perlu membantu anak anda memberus gigi sehingga berumur 6-8 tahun
- 6) Ibubapa perlu memantau status kesihatan mulut anak dengan mengangkat bibir atas dan bawah untuk mengesan tanda-tanda awal kerosakan gigi



TANDATANGAN DAN COP PEGAWAI PERGIGIAN:

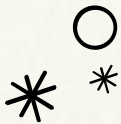
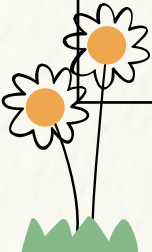


Ceramah Kesehatan Pergigian to parents to increase dental awareness





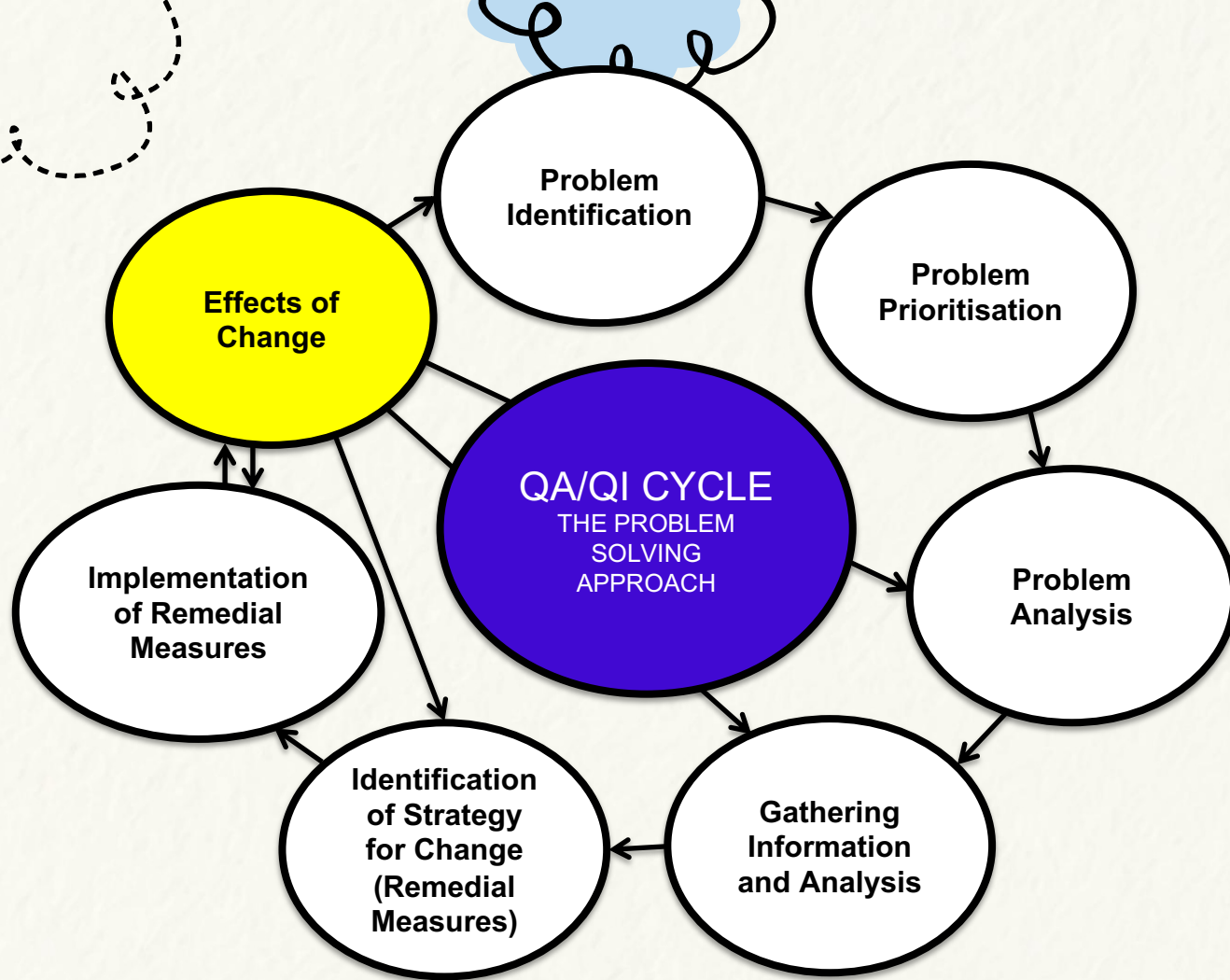
CONTRIBUTING FACTORS	PRE REMEDIAL	REMEDIAL ACTION
5) Poor knowledge, attitude & practices among teachers	Seminar Guru Tadika : <ul style="list-style-type: none">Regular Dental talkIce breaking	<ol style="list-style-type: none">1. Improvised seminar programme with innovative activities by involving Pediatric Dental Specialist for dental talk & Dietitian for dietary advice and healthy eating habits2. Training of Trainers(TOT) to teachers regarding dental health educations and tools3. Distribute oral health education video, dental poster or dental flipchart to the teachers





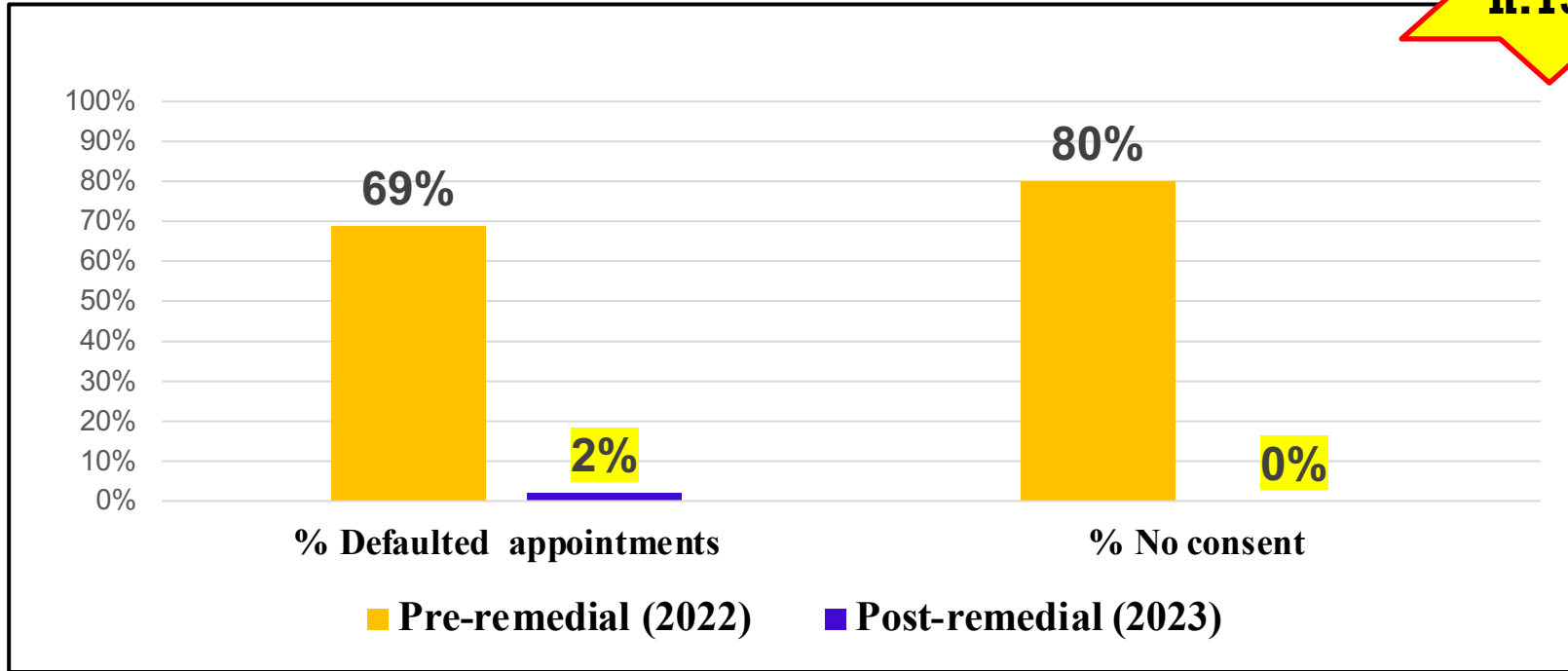
Dental health seminar & training of trainers with kindergarten teachers





**Factors of Incomplete Dental Case Among Kindergarten Children in Selising,
Pasir Puteh (Pre and Post Remedial)**

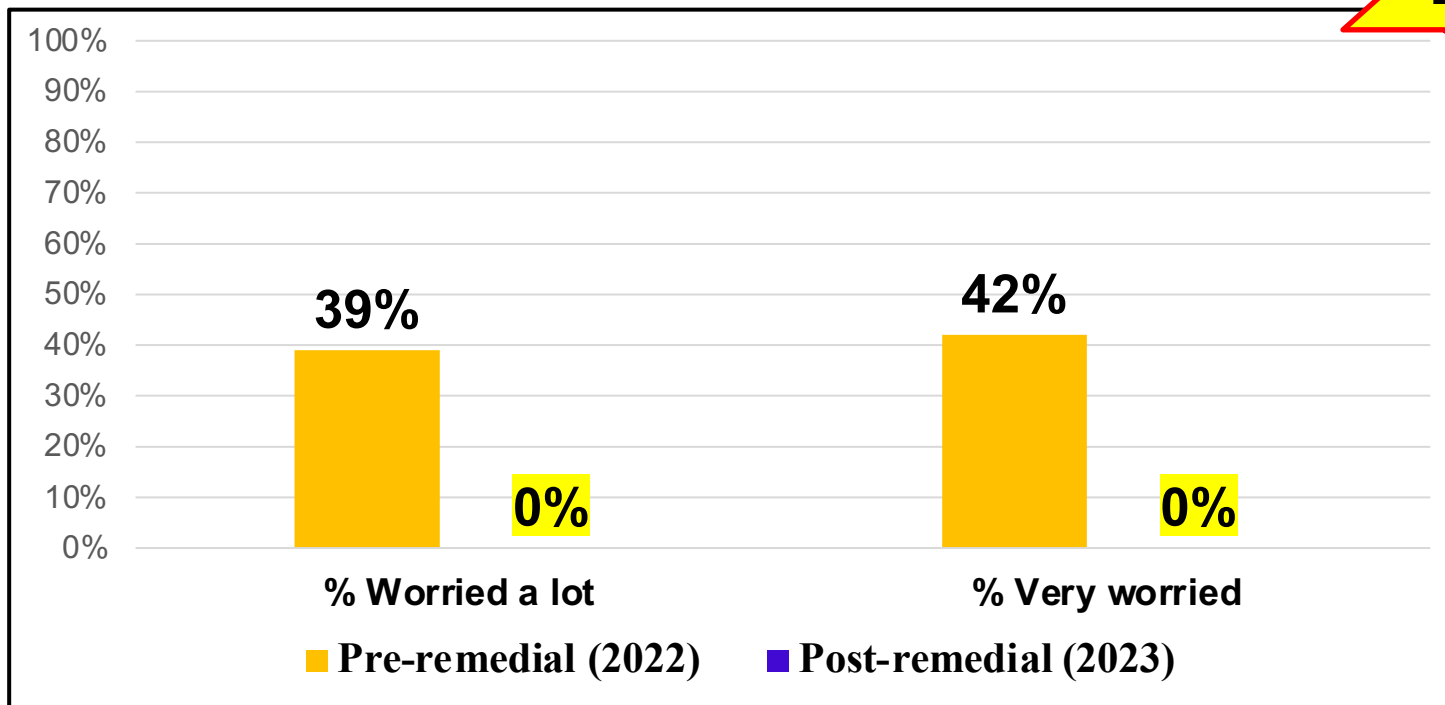
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- Percentage of defaulted appointments and no consent were significantly decreased.
- Forgetfulness of parents regarding returned consented forms for treatment was not significant because consented forms obtained from all parents during kindergarten registration day.

**Factors of Incomplete Dental Case Among Kindergarten Children in Selising,
Pasir Puteh (Pre and Post Remedial)**

n:136



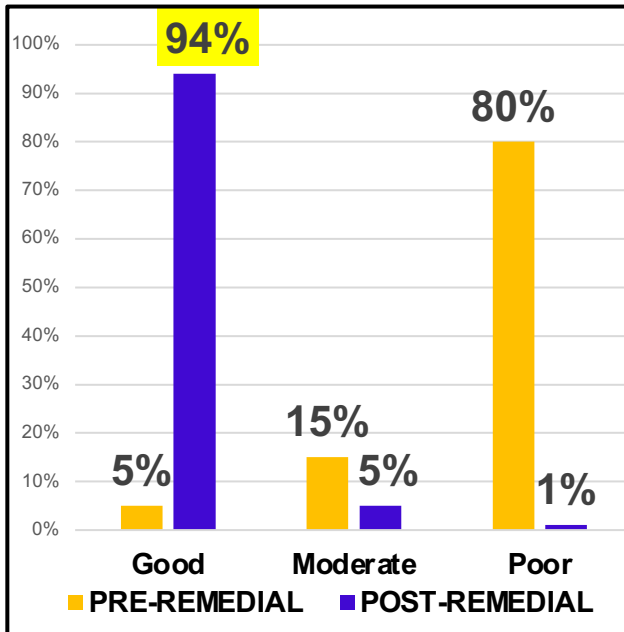
- Dental anxiety towards dental treatment among kindergarten children was decreased.

Factors of Incomplete Dental Case Among Kindergarten Children in Selising, Pasir Puteh (Pre and Post Remedial)

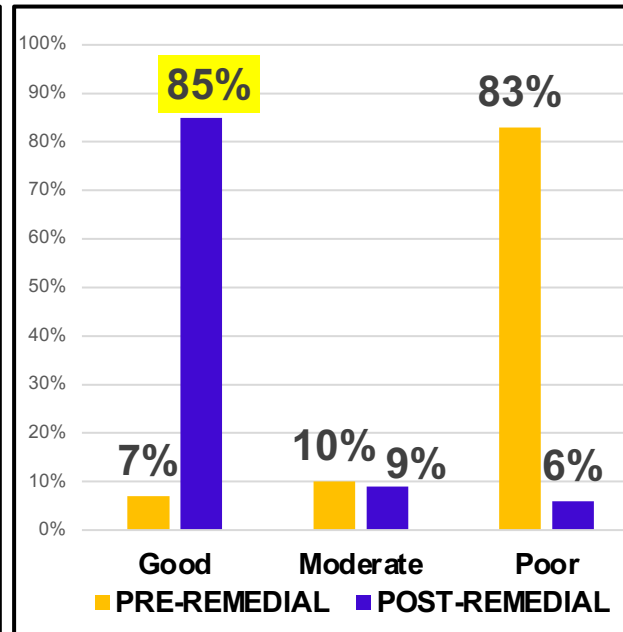
n: 136

- Knowledge, attitude and practices among **parents** are generally good

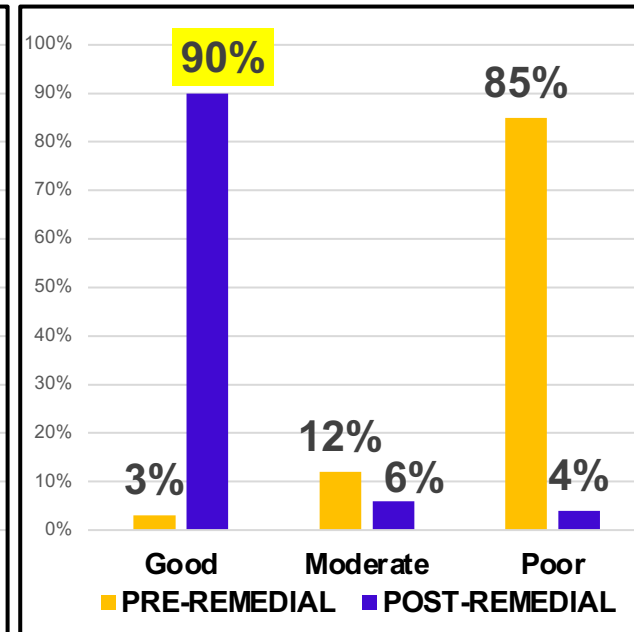
KNOWLEDGE



ATTITUDE



PRACTICE

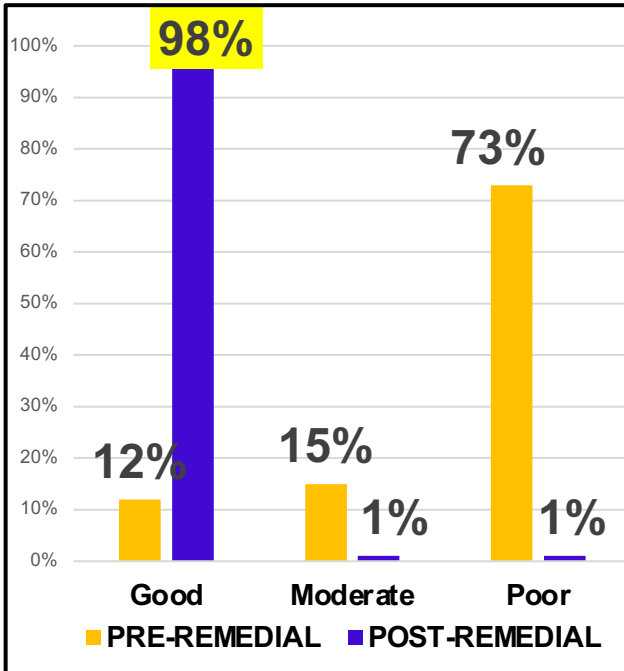


Factors of Incomplete Dental Case Among Kindergarten Children in Selising, Pasir Puteh (Pre and Post Remedial)

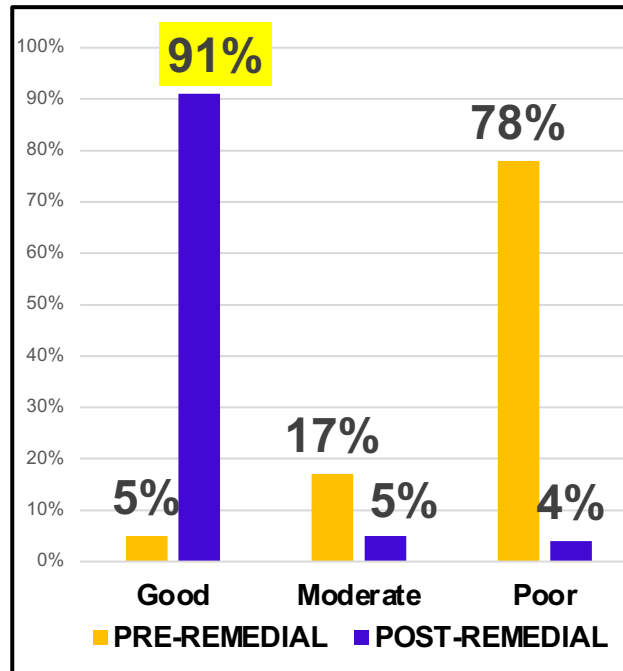
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- Knowledge, attitude and practices among kindergarten **teachers** are generally good

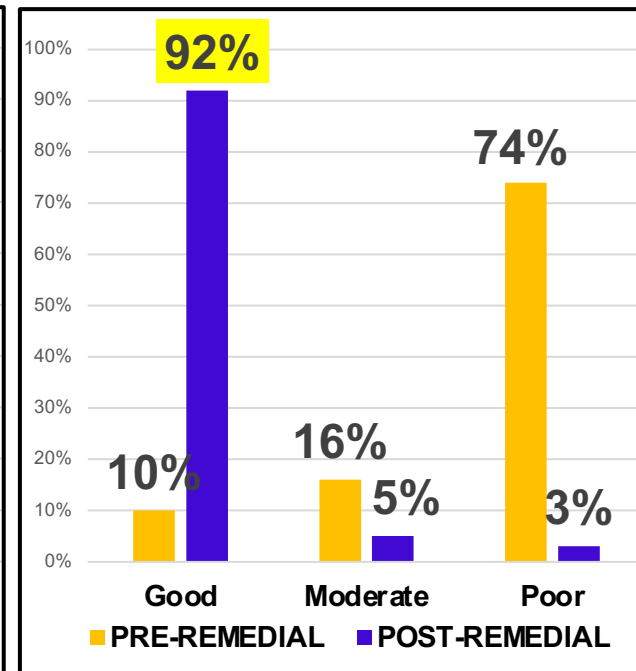
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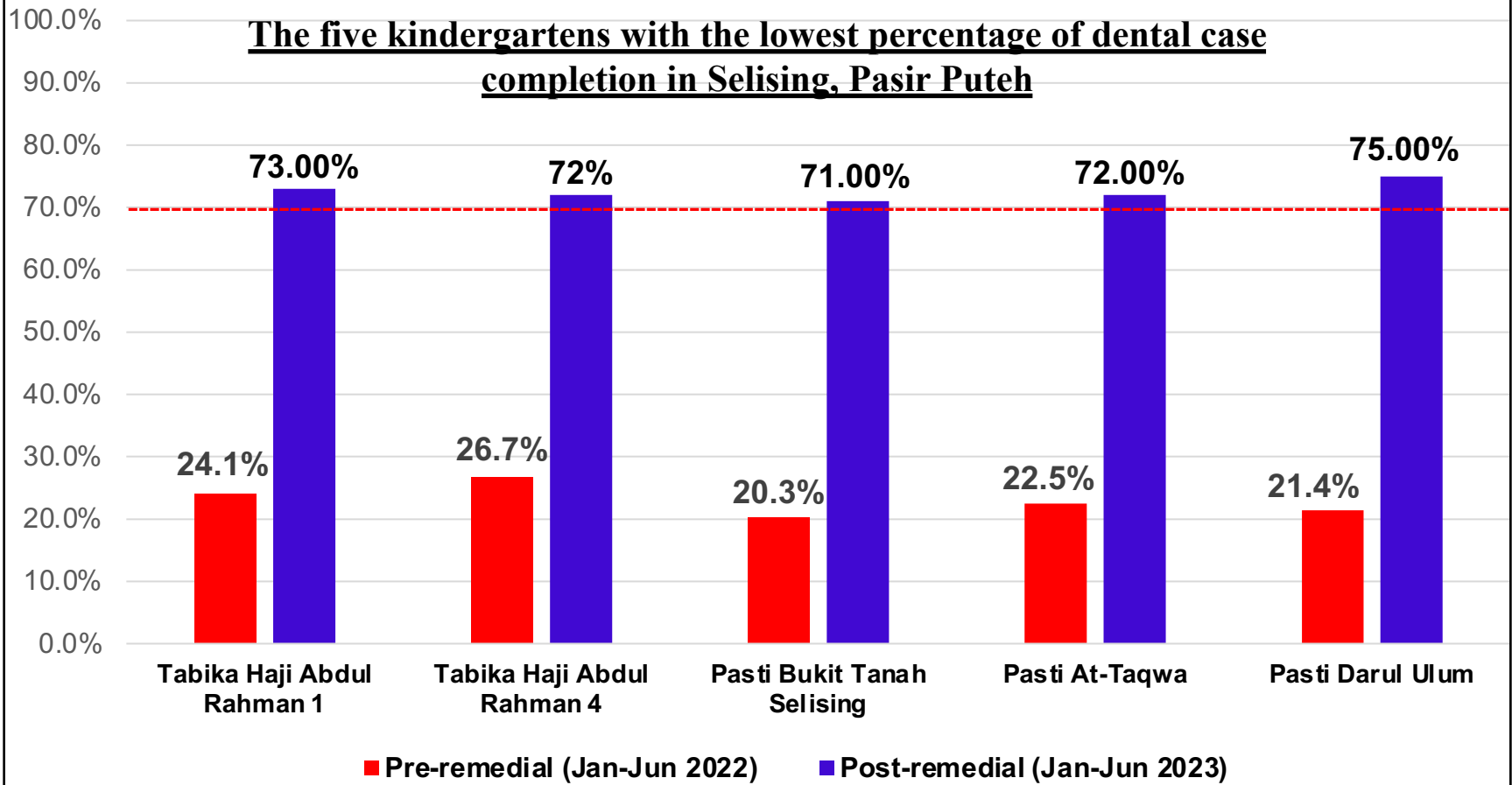


PRACTICE



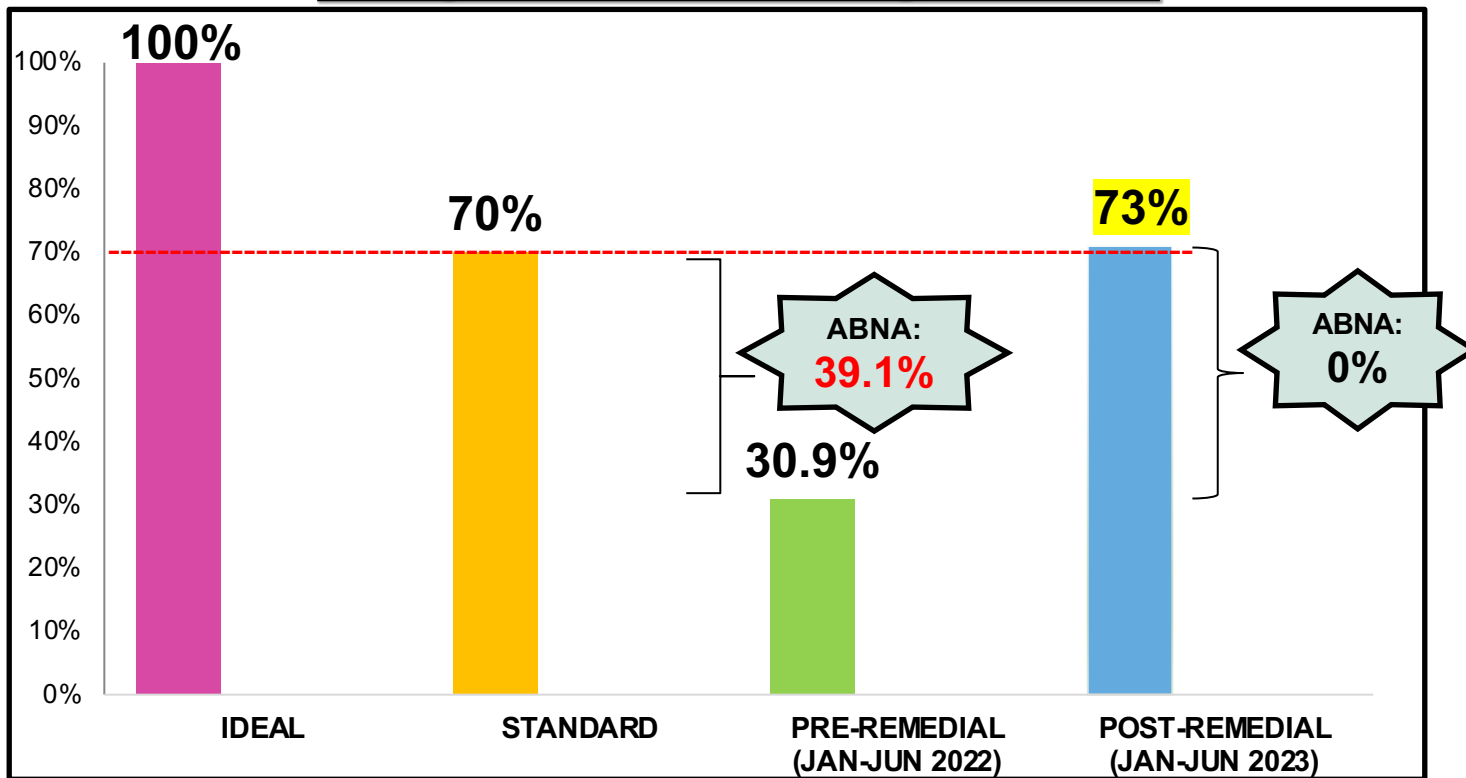
EFFECT OF CHANGE

The five kindergartens with the lowest percentage of dental case completion in Selising, Pasir Puteh



EFFECT OF CHANGE ON ABNA

ABNA and percentage of dental case completion among kindergarten children in Selising, Pasir Puteh.





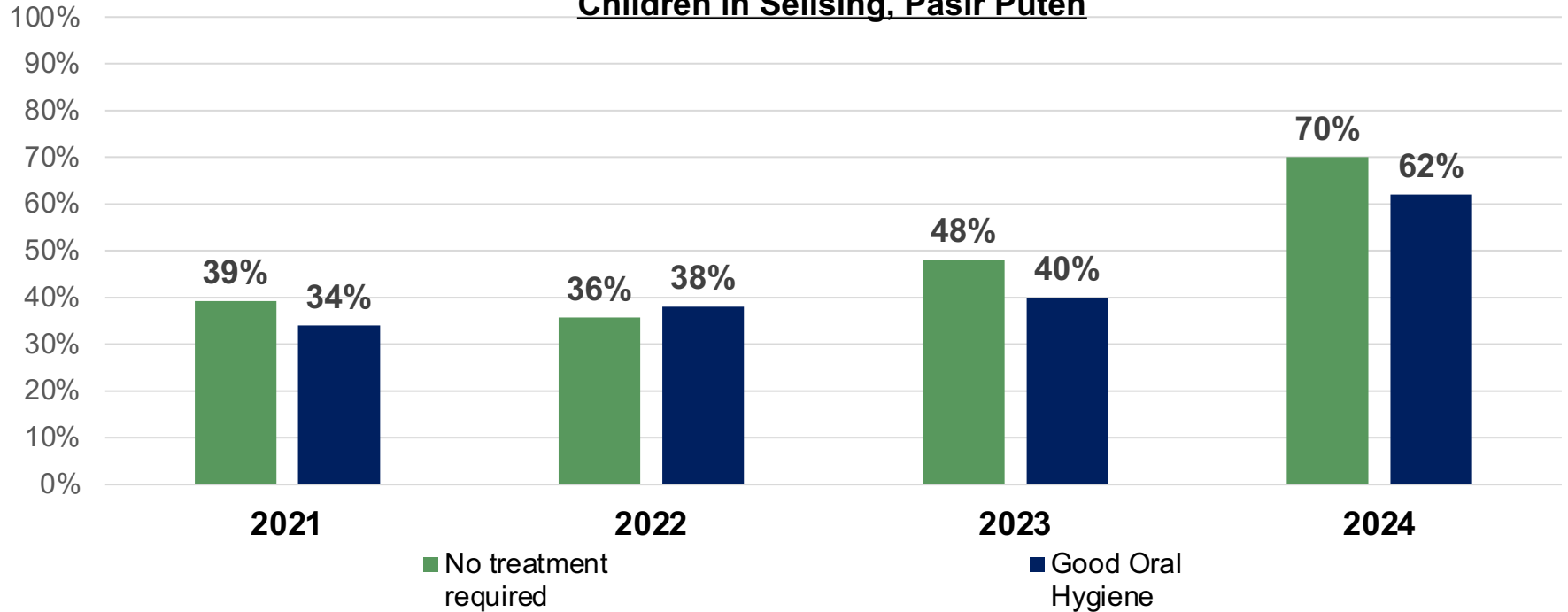
MODEL OF GOOD CARE

Process	Criteria	Standard	Pre-remedial	Post-remedial
Plan visit to registered kindergarten	Number of visits to kindergarten should be scheduled according to the enrolment of each kindergarten	100%	100%	100%
Consent from parents and authorized caregivers	Consent should be obtained from parents for dental treatment using <i>PGKebenaran/Sekolah/Prasekolah/Toddler/Pin 2019</i>	100%	20%	100%
Provide treatment if needed	Cooperative children with less dental anxiety should be given dental treatment as needed	100%	19%	100%
Refer to dental officer	Children that require complex dental treatment should be referred to nearest dental clinic and they should comply with the appointment	100%	31%	98%
Dental case completion, discharge and review patient yearly	All kindergarten children with dental case completion should be discharged and reviewed after 6 months	70% (State Target)	30.9%	73%

No	Objectives	Conclusion
1.	To verify the percentage of dental case completion among kindergarten children in Selising, Pasir Puteh	Pre-remedial data showed that 30.9% incomplete dental treatment cases of kindergarten children in Selising, Pasir Puteh.
2.	To identify factors contributing to low percentage of dental case completion among kindergarten children in Selising, Pasir Puteh	<p><u>The main contributing factors to low percentage of dental case completion are:</u></p> <ul style="list-style-type: none"> • Unorganized appointment schedule for kindergarten children in dental clinic • High percentage of kindergarten children with Dental anxiety • No consent from parents for dental treatment • Poor knowledge, attitude & practices among parents and teachers
3.	To formulate and implement proper remedial actions	Strategies formulated included creating a systematic appointment book for kindergarten children, innovation projects, consented forms obtained during kindergarten children registration day, Dental Report Card innovated and used during Parents Dentists Meeting Day at kindergartens and improvised <i>seminar</i> programme to the kindergarten teachers.
4.	To evaluate the effectiveness of remedial actions	Post-remedial, the percentage of dental case completion among kindergarten children in Selising, Pasir Puteh had increased from 30.9% to 73.0%. ABNA was eliminated from 39.1% to 0%.

STUDY IMPACT

No Treatment Required & Good Oral Hygiene among Standard 1 Primary School Children in Selising, Pasir Puteh



- The workload per operator will decrease when no treatment required and good oral hygiene among primary school children in Selising were high.



NEXT STEP

- This study was expanded to all kindergartens in Selising and Pasir Puteh district
- Person in charge for preschool programme in district had discussed with *Jabatan Kemajuan Masyarakat* coordinator to implement dental project (**Parents Dentists Meeting Day**) twice a year under *Jabatan Kemajuan Masyarakat* annual programme
- Continuous collaboration with Pediatric Dental Department, Dietitian and *Jabatan Kemajuan Masyarakat*

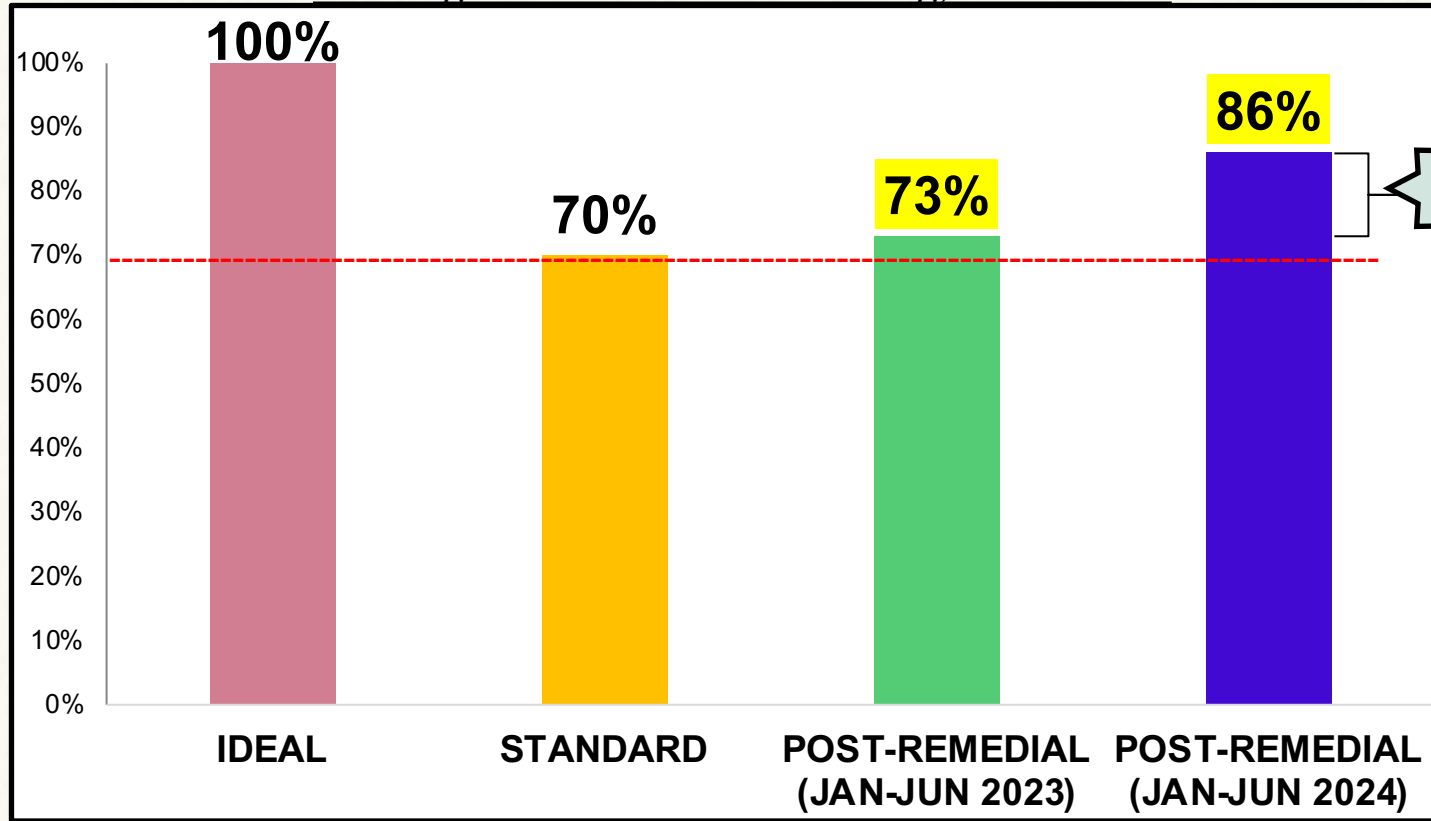


Ongoing Parents-Dentists Meeting Day Program in Pasir Puteh district



SUSTAINABILITY

Percentage of Dental Case Completion of Kindergarten Children In Selising, Pasir Puteh





MONTHS	2022												2023												2024
	J	F	M	A	M	J	J	O	S	O	N	D	J	F	M	A	M	J	J	O	S	O	N	D	J
ACTIVITIES																									
Proposal						■																			
						■																			
Problem verification							■																		
							■																		
Data collection							■	■	■	■	■														
							■	■	■	■	■	■													
Data Analysis									■	■	■														
									■	■	■	■													
Remedial Action													■	■	■	■	■	■							
														■	■	■	■	■	■						
Re-evaluation of remedial action																			■	■	■	■	■	■	■
																				■	■	■	■	■	■
Writing report and presentation																									■
																									■



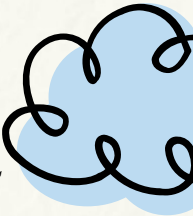
GANT CHART





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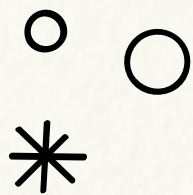
ACKNOWLEDGEMENT



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THANK YOU

