

SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

Introduction

- Tobacco use is a risk factor for oral cancer, oral mucosal lesions, periodontal disease and impaired healing after periodontal treatment, gingival recession, coronal and root caries. [1,2]
- In Klinik Pergigian Menglembu (KPM), the number of smokers increased from 77 in 2020 to 122 in 2021.
- Since 2020, no smokers from KPM attended smoking cessation clinic in Klinik Kesihatan Menglembu (KKM) despite the increasing number of smokers recorded.

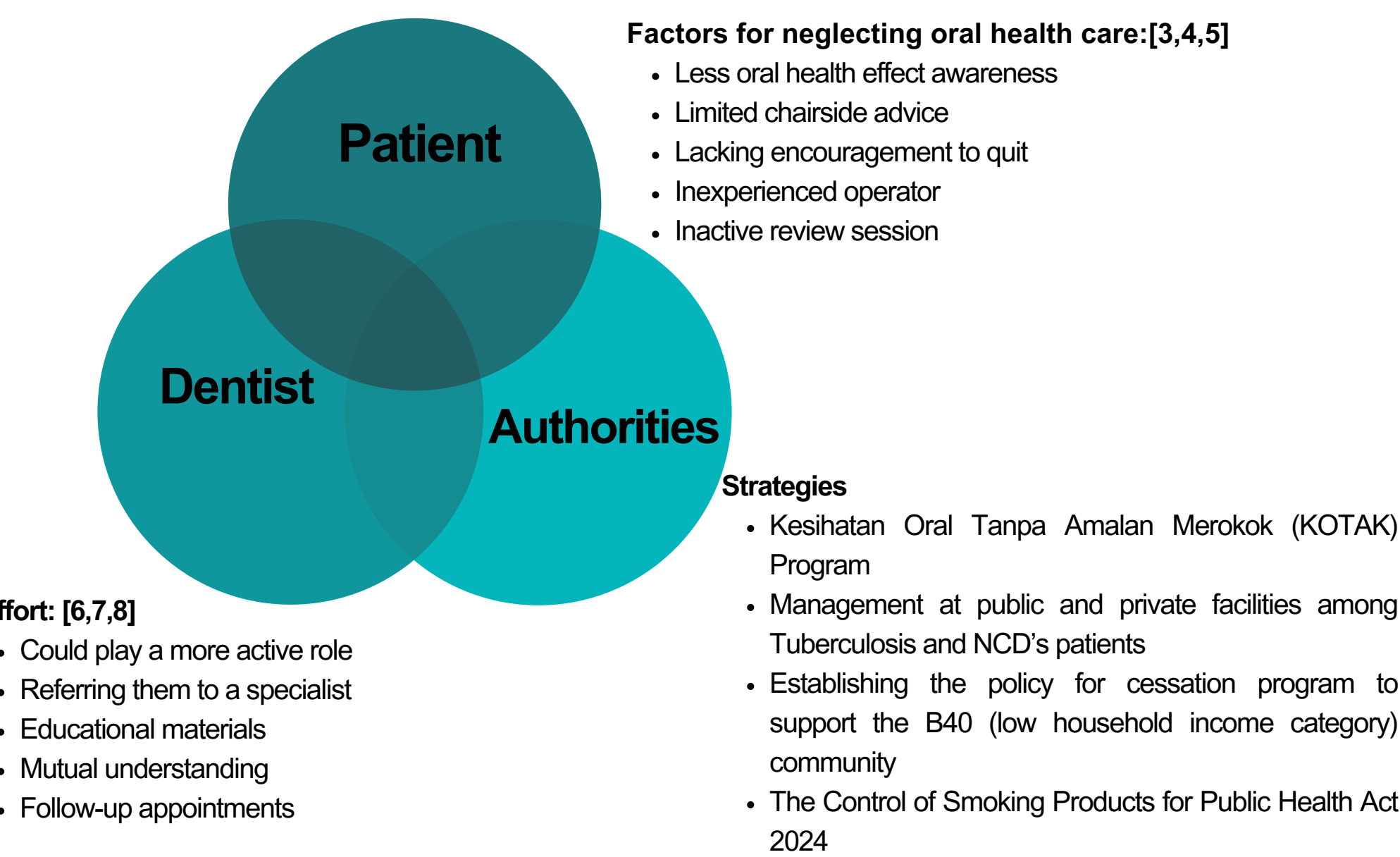
SMART CRITERIA

PROBLEMS	S	M	A	R	T	TOTAL
High percentage of primary school children with moderate plaque score C at Klinik Pergigian Tanjung Tualang.	15	14	15	15	14	73
Low oral cancer education and awareness in primary dental healthcare in Kinta District.	13	12	10	10	10	55
Low attendance of smokers from KPM to smoking cessation clinic in Klinik Kesihatan Menglembu (KKM)	16	16	15	16	15	78

S	Prolonged smoking has increased the incidences of smoker's palate, periodontal disease and dental staining.
M	Data can be collected by questionnaires, <i>Borang Status Kes Rujukan</i> , L.P.8-2 Pin8/2019 records, checklist 3As Protocol for referral to smoking cessation clinic and checklist 5Rs Protocol for smoking status review.
A	Dental practitioners are the first persons to check and assess a patient's oral health condition and could play a more active role in helping patients aware of the effects of smoking and in helping smokers to quit the habit.
R	Remediable by appropriate strategies of change and multidisciplinary approach.
T	Can be completed in a timely manner.

LITERATURE REVIEW

National Health and Morbidity Survey in Malaysia 2019 reports the prevalence of current smokers and e-cigarettes at 21.3% and 4.9%, respectively; (Klinik Pergigian Menglembu has increased around 60% of the smokers)



Objective

GENERAL OBJECTIVE

SPECIFIC OBJECTIVE

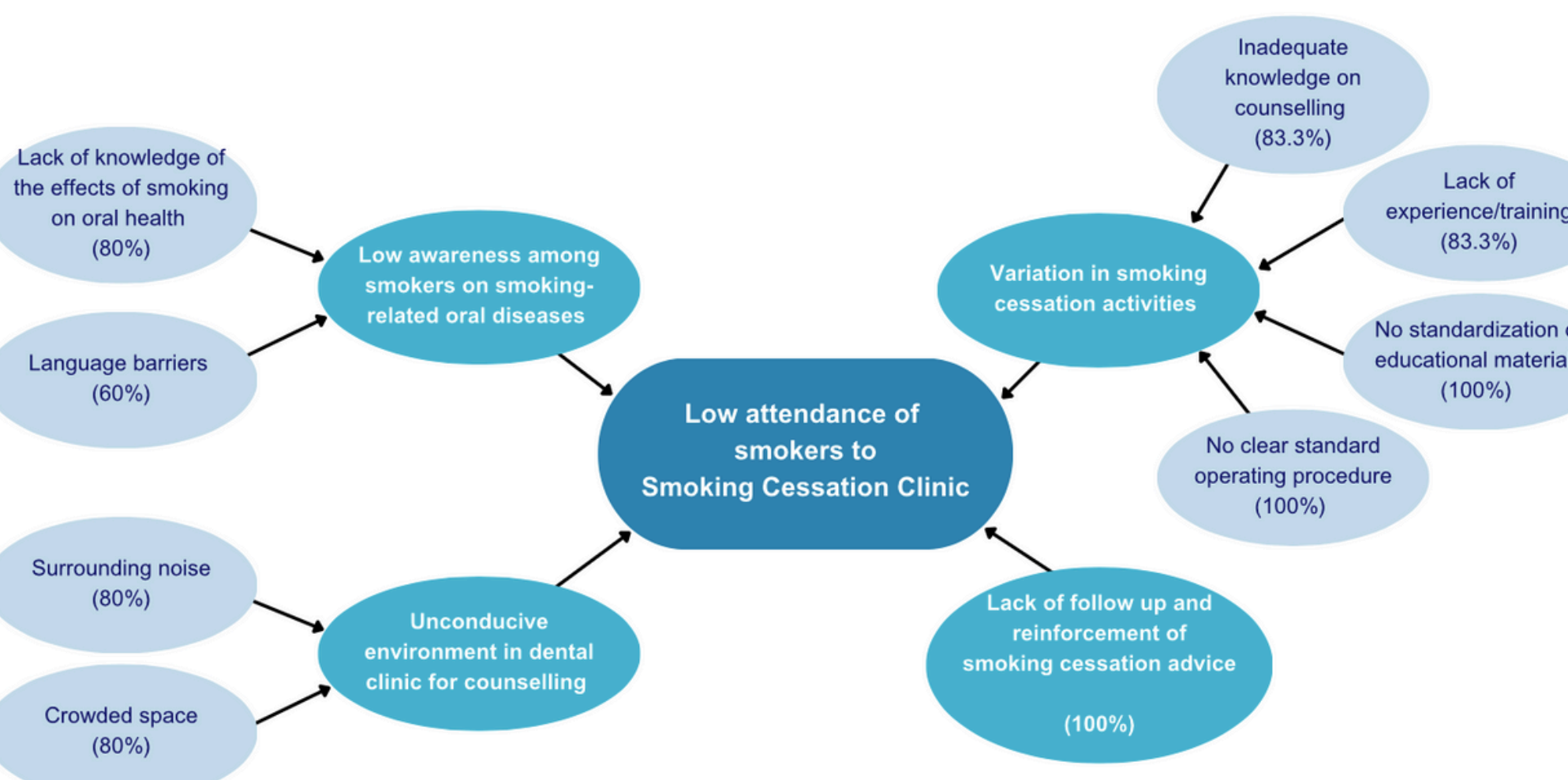
To increase the attendance of smokers at Klinik Pergigian Menglembu to Smoking Cessation Clinic.

- To determine the attendance of smokers to smoking cessation clinic.
- To identify the possible causes of low attendance of smokers to smoking cessation clinic.
- To formulate and implement remedial measures.
- To evaluate the effectiveness of the remedial measures taken.

KEY MEASURES FOR IMPROVEMENT

INDICATOR	FORMULA	STANDARD
Percentage of smokers who attended smoking cessation clinic	$\frac{\text{Number of smokers attended smoking cessation clinic}}{\text{Number of smokers referred to smoking cessation clinic}} \times 100\%$	★ 50% (Based on consensus with Family Medicine Specialist)

CAUSE AFFECT ANALYSIS



PROCESS OF GATHERING INFORMATION

Study Design	Quality Improvement Study	
Contributing Factors Data Collection	April-June 2023	30 smokers, 6 dental practitioners Tools: Questionnaires
Remedial Measures	July-September 2023	
Post-remedial Data Collection	October-December 2023 (Cycle 1), January-March 2024 (Cycle 2)	33 smokers (Cycle 1), 36 smokers (Cycle 2), 6 dental practitioners Tools: questionnaires, <i>Borang Status Kes Rujukan</i> , L.P.8-2 Pin8/2019 records, checklist 3As Protocol for referral to smoking cessation clinic and checklist 5Rs Protocol for smoking status review
Sample Population	Inclusion Criteria: Patients with smoking habits Exclusion Criteria: Denier smoker, failed to attend appointment	
Sampling Method	Universal sampling method	
Sample Size	69 identified smokers	

ANALYSIS & INTERPRETATION

Figure 1: Factors of variation in smoking cessation activities and lack of follow up and reinforcement of smoking cessation advice

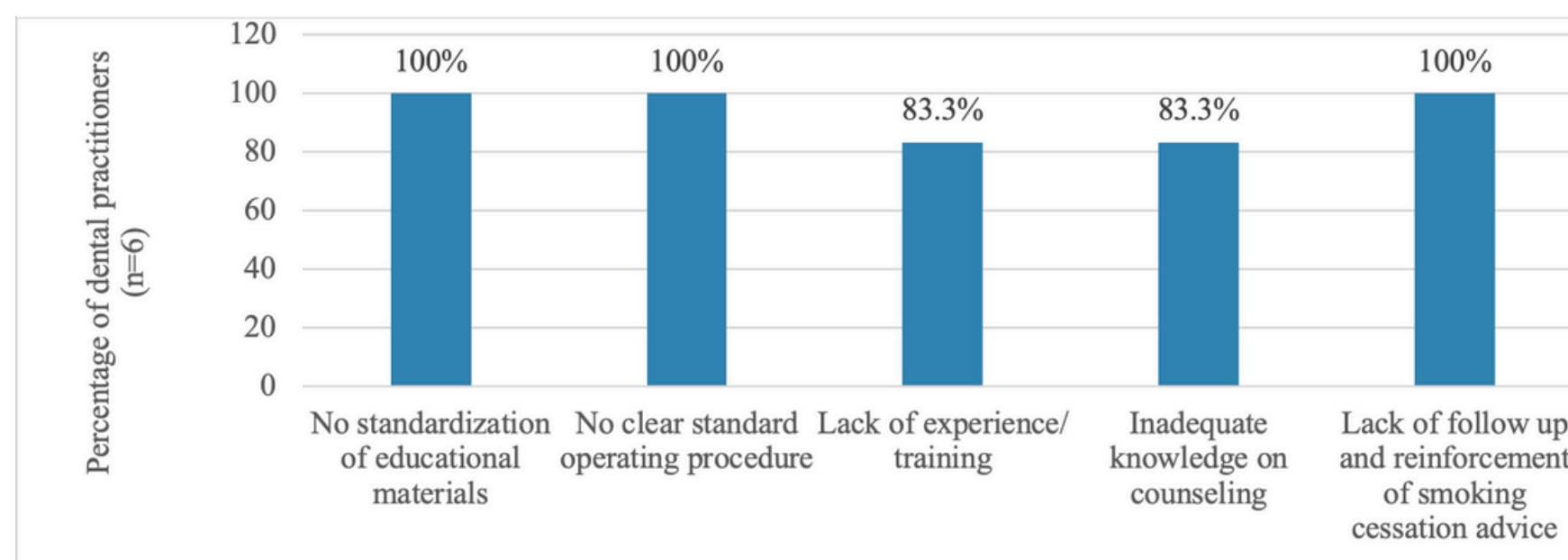
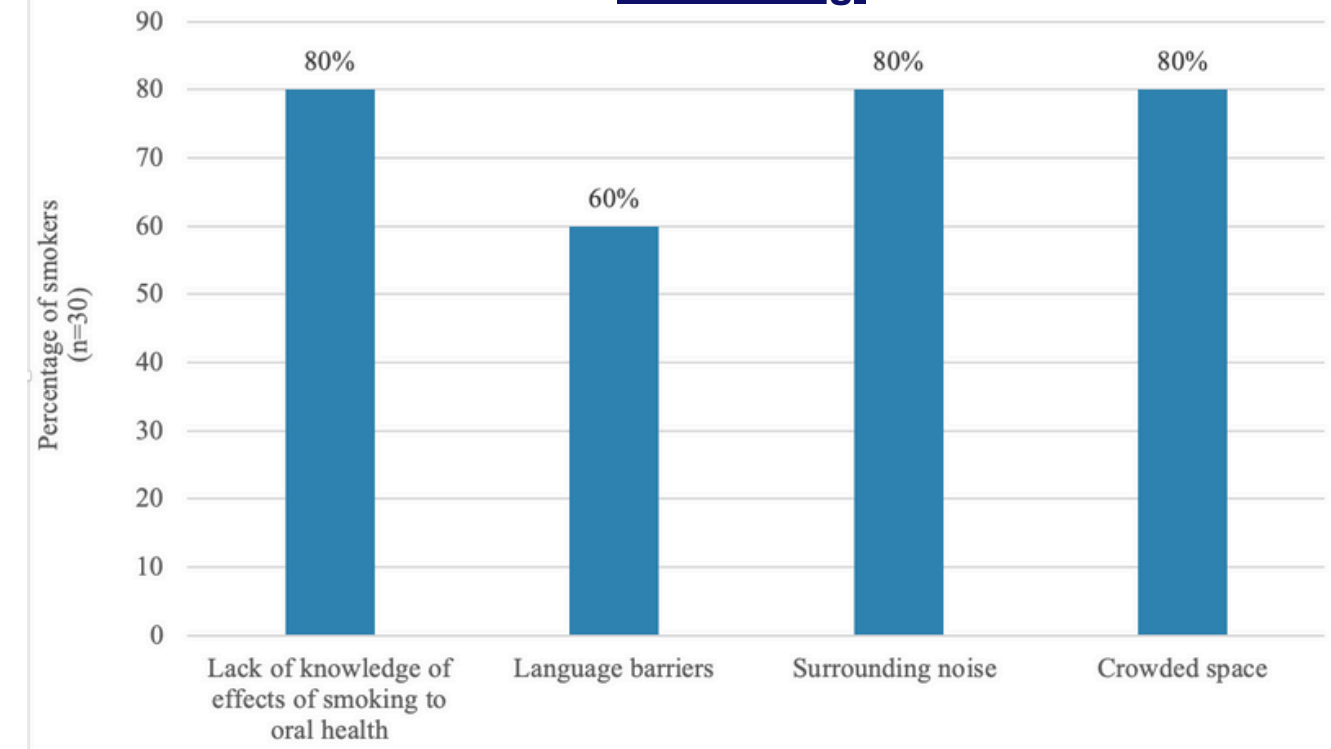


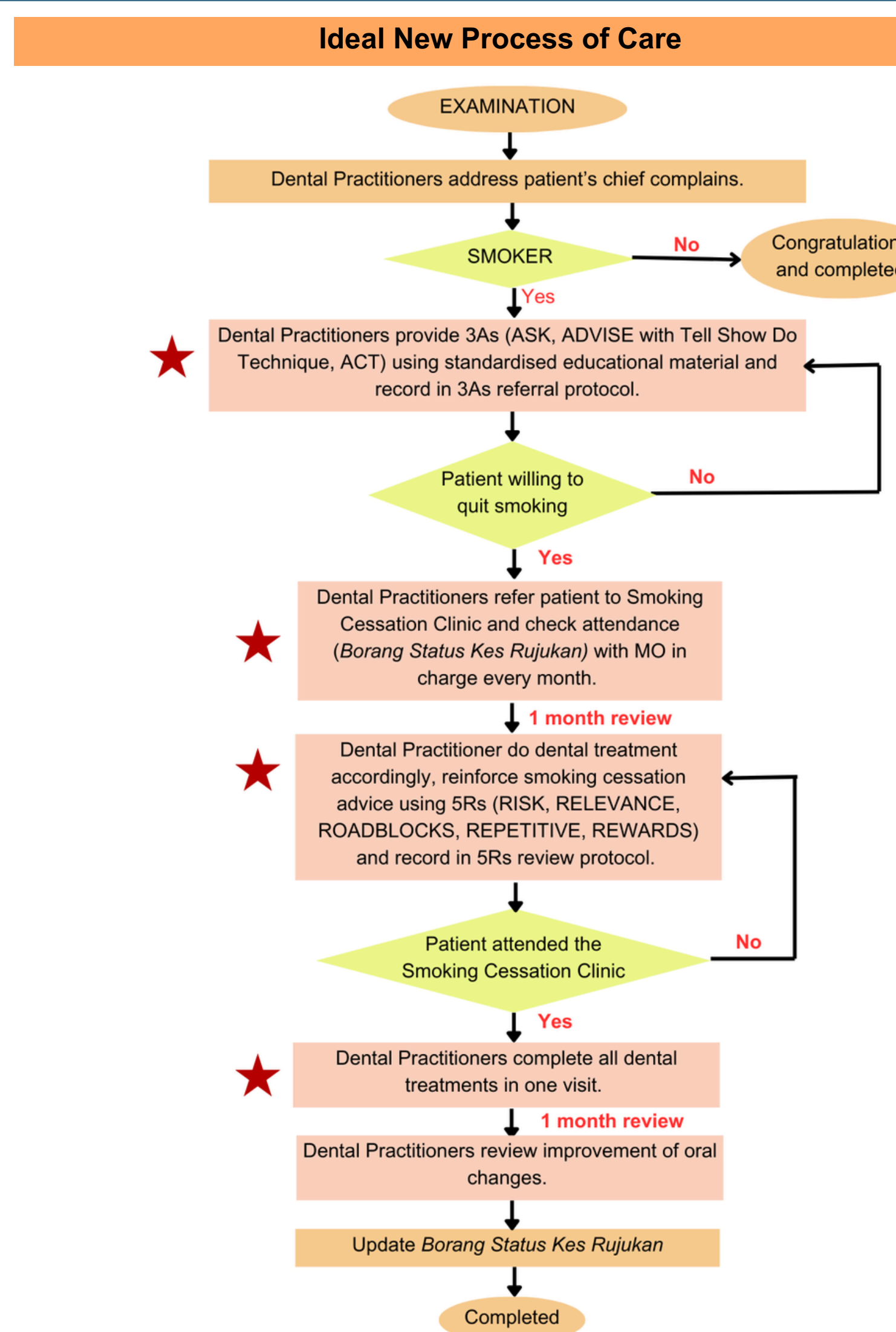
Figure 2: Factors of low awareness among smokers of smoking-related oral diseases and unconducive environment in the dental clinic for counselling



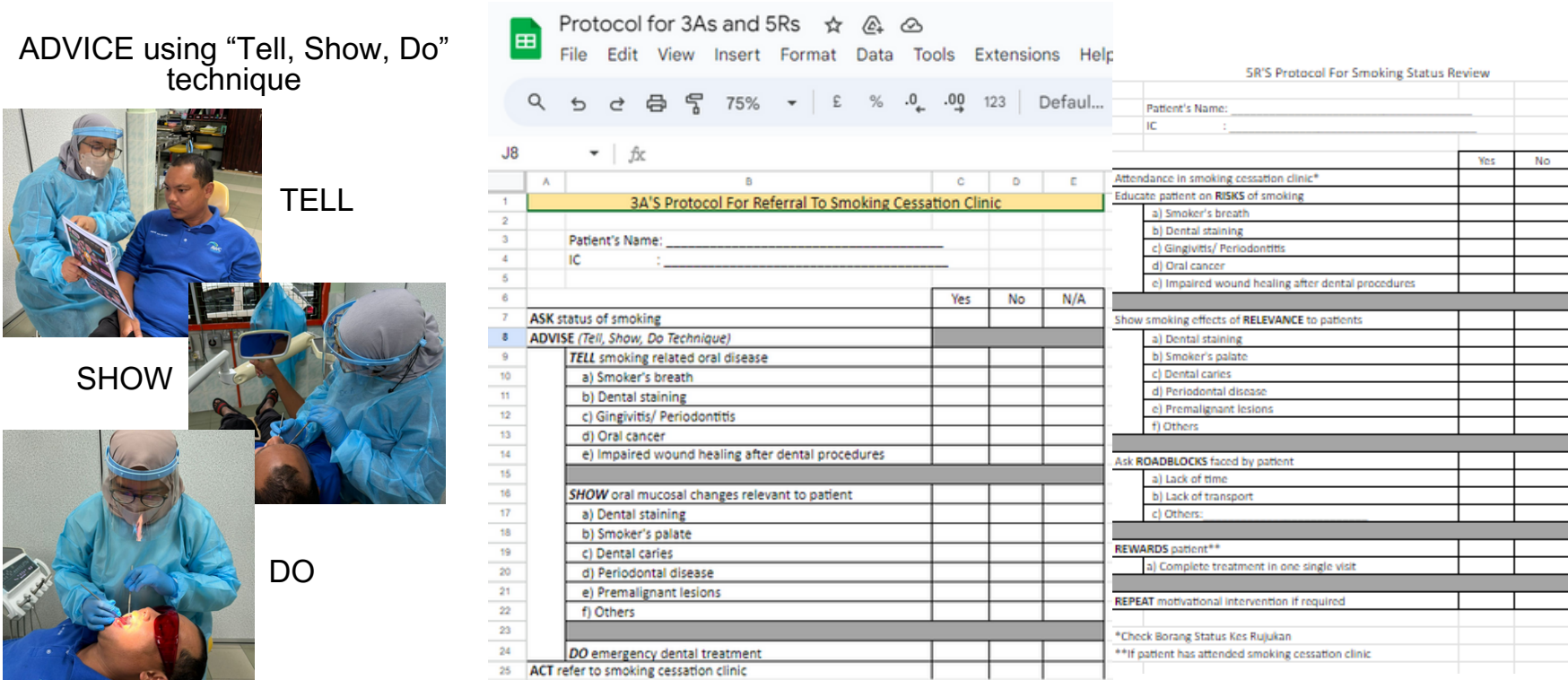
THE IMPACT OF THIS PROBLEM:



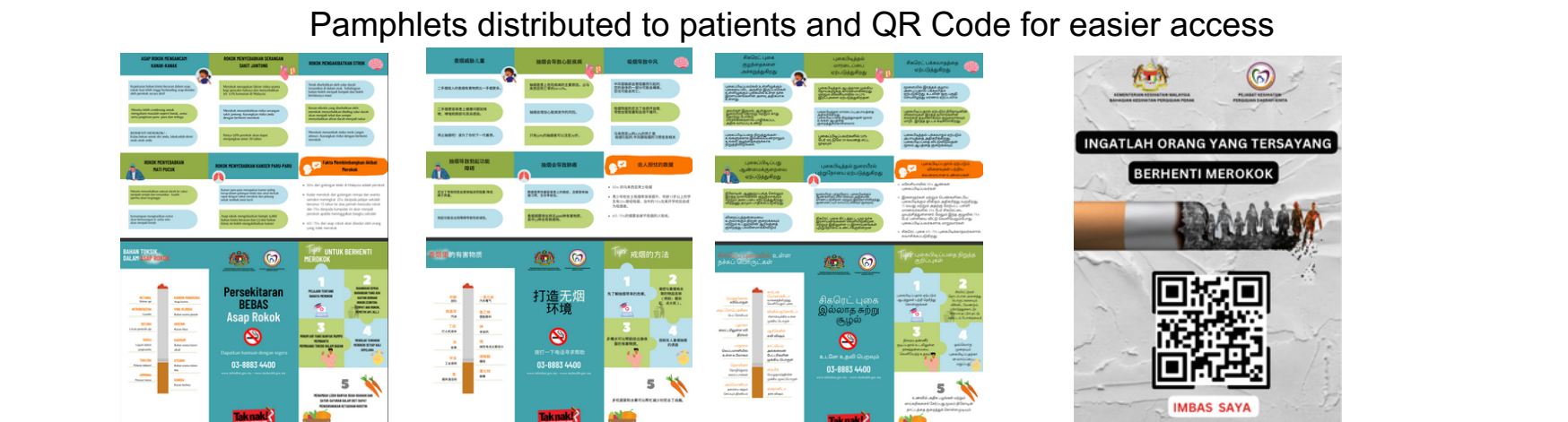
STRATEGIES FOR CHANGE



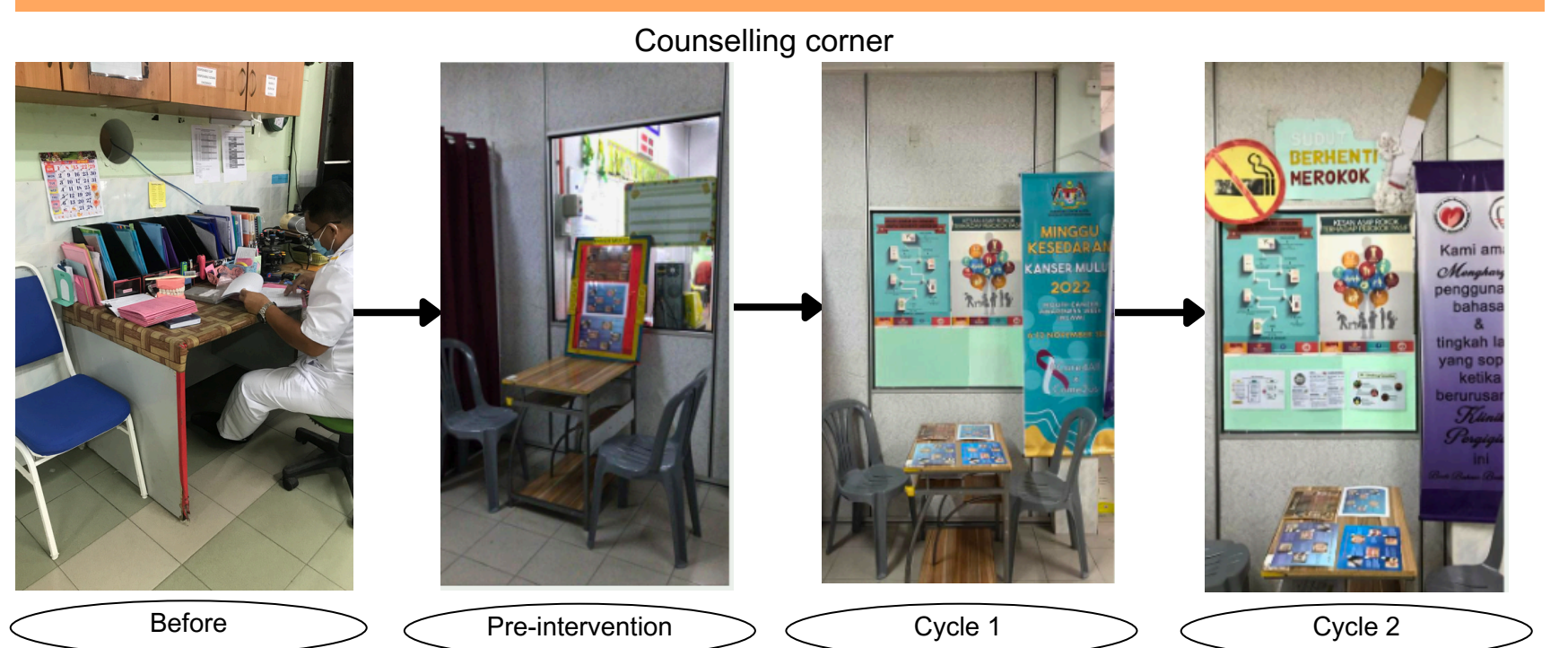
FACTOR 1: VARIATION IN SMOKING CESSATION ACTIVITIES



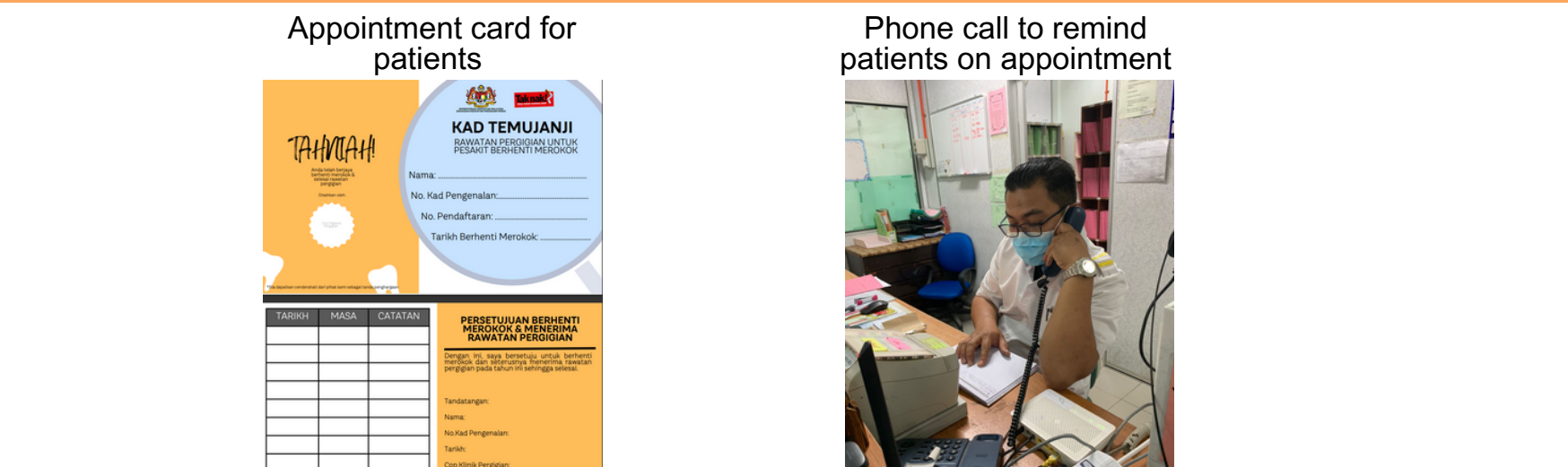
FACTOR 2: LOW AWARENESS AMONG SMOKERS ON SMOKING RELATED ORAL DISEASES



FACTOR 3: UNCONDUCTIVE ENVIRONMENT IN DENTAL CLINIC FOR COUNSELLING



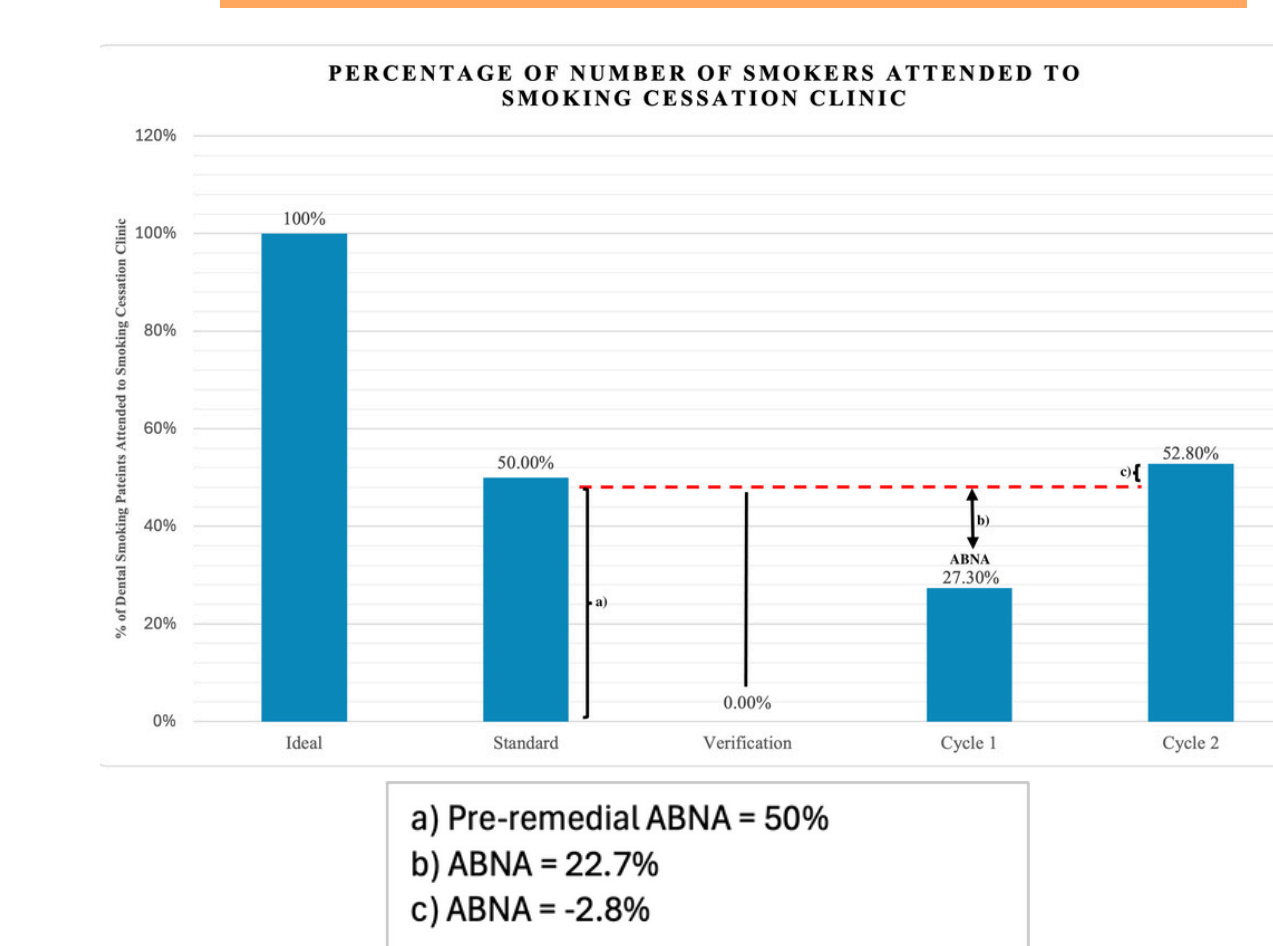
FACTOR 4: LACK OF FOLLOW UP AND REINFORCEMENT OF SMOKING CESSATION ADVICE



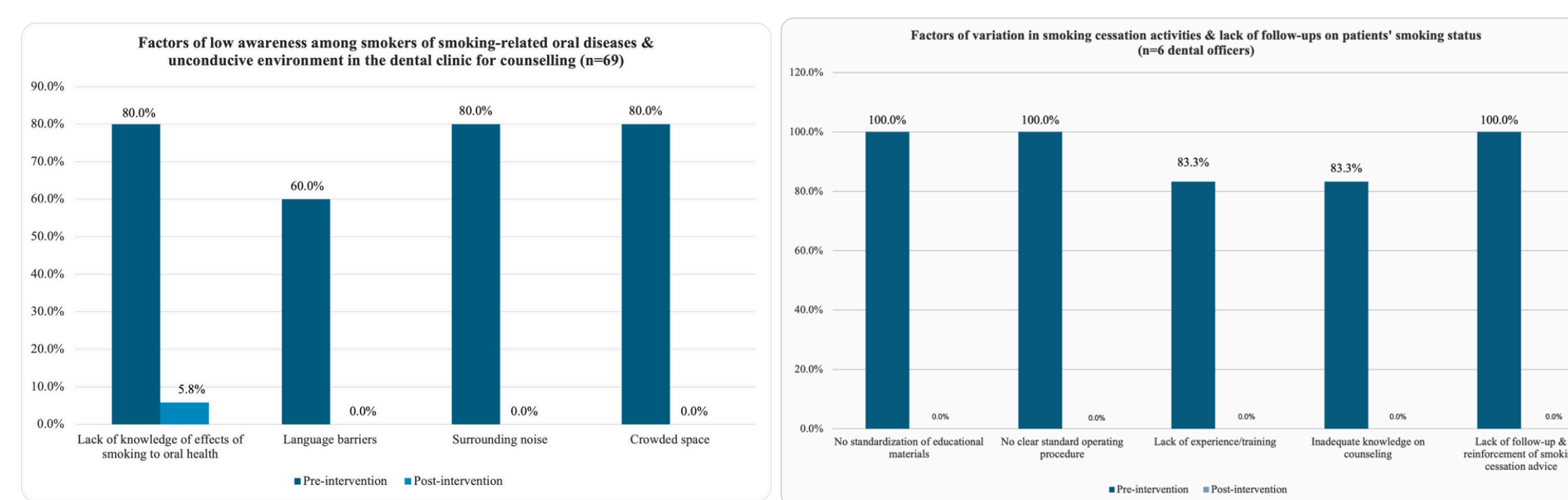
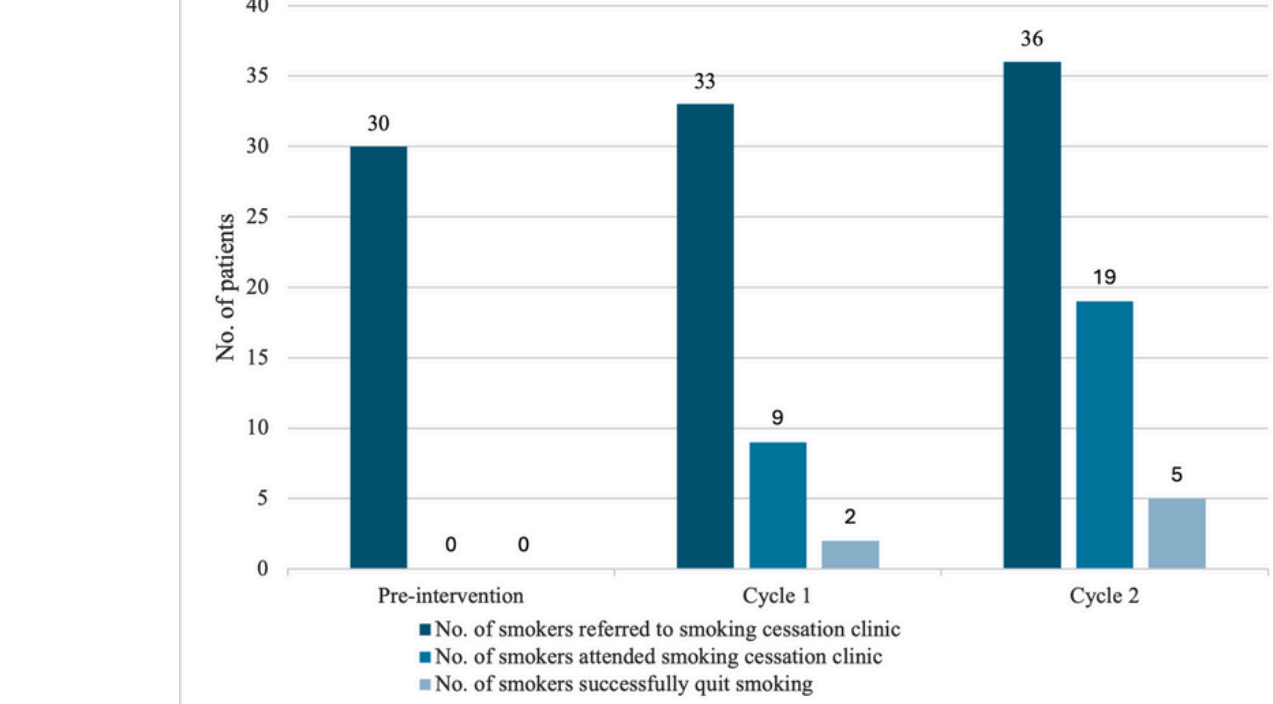
EFFECT OF CHANGE

Critical Steps	CRITERIA	STANDARD	VERIFICATION	CYCLE 1	CYCLE 2
Dental Practitioners (DP) provide 3As using standardised educational materials and record in 3As referral protocol	DP ask about the status of smoking	100%	33.3%	50%	100%
	DP advise on smoking cessation using "Tell, Show, Do Technique". DP TELL patients smoking-related oral diseases (smoker's breath, dental staining, gingivitis/periodontitis, oral cancer and impaired wound healing) based on educational materials available in 3 languages.	100%	16.7%	66.7%	100%
	DP SHOW oral mucosal changes relevant to patient • dental staining, smoker's palate, dental caries, periodontal disease etc	100%	16.7%	50%	100%
	DP DO emergency dental treatment • localised scaling, extraction, pulp extirpation, medications	100%	16.7%	66.7%	100%
	DP provide help accordingly.	100%	33.3%	50%	100%
DP refer patient to smoking cessation clinic and check attendance (Borang Status Kes Rujukan) with MO in charge every month.	Patients aware of smoking-related oral diseases	100%	20%	69.7%	94.5%
	Patients comfortable with advice given by DP	100%	20%	75.8%	100%
	DP refer patients to smoking cessation clinic	100%	16.7%	66.7%	100%
	DP check attendance with medical officer in charge of smoking cessation clinic (<i>Borang Status Kes Rujukan</i>)	100%	100%	100%	100%
DP do dental treatment accordingly, reinforce smoking cessation advice using 5Rs and record in 5Rs review protocol.	DP reinforce the RISK of smoking following standardised educational materials	100%	0%	66.7%	100%
	DP reinforce effects of smoking of RELEVANCE to patients	100%	0%	66.7%	100%
	DP ask ROADBLOCKS faced by patients and advised accordingly	100%	0%	66.7%	100%
DP REPETITIVE-ly showing oral mucosal changes during each review visit	DP REPETITIVE-ly showing oral mucosal changes during each review visit	100%	0%	66.7%	100%
	DP REWARD patients who attended smoking cessation clinic	100%	0%	66.7%	100%
	DP carry out dental treatment accordingly.	100%	100%	100%	100%
DP complete all dental treatments in one visit.	DP complete all dental treatments in one visit.	100%	0%	66.7%	100%
	Patient attended the smoking cessation clinic	50% (based on consensus)	0%	27.3%	52.8%

Achievable Benefit Not Achieved (ABNA)



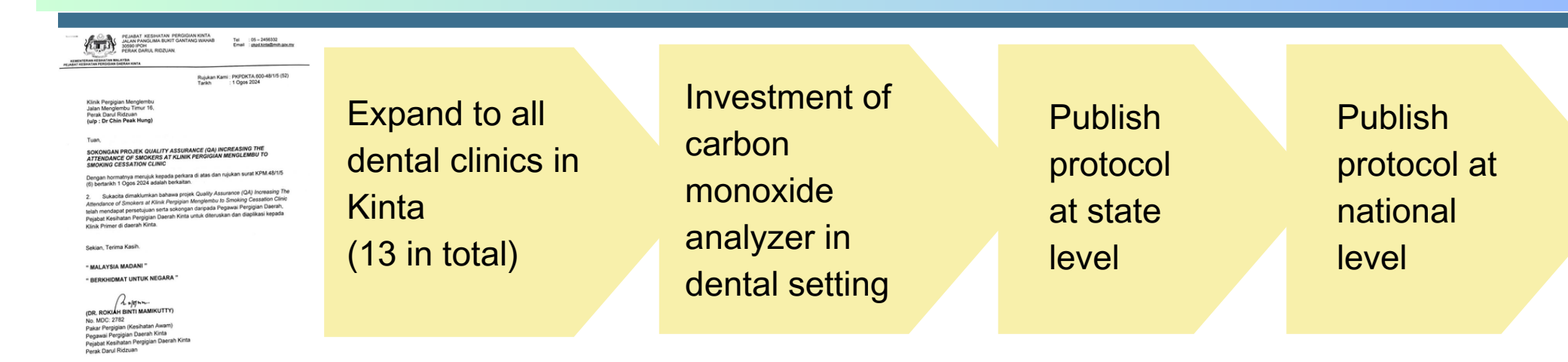
EFFECT OF CHANGE



CLINICAL OUTCOME



THE NEXT STEP



REFERENCES

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