TOWARDS INCREASING THE PERCENTAGE OF TODDLER ORAL HEALTH COVERAGE BY KLINIK PERGIGIAN CAMERON HIGHLANDS (KPCH)

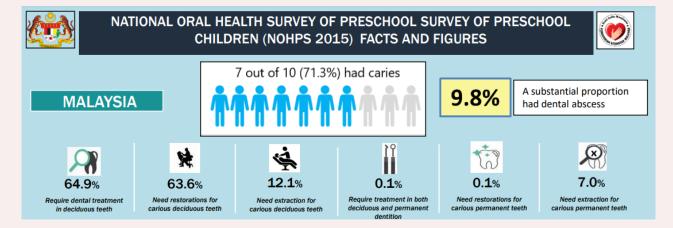
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INTRODUCTION

The first dental visit for toddlers is a critical moment. It not only provides a chance to educate parents about oral health but also plays a crucial role in preventing dental diseases. In Malaysia, a staggering 71.3% of five-year-olds suffer from tooth decay (NOHPS, 2015). This issue may be rooted in the community's low level of awareness regarding dental health screenings.



DEFINITION Toddler: Refers to children aged 4 years and below.

1. SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

Weightage: 1= Low 2= Medium 3= High

1.1	PROBLEM PRIORITISATION					bw 2= Med I by 9 group	members
No	Ovality Broblems			So	core		
No	Quality Problems	S	M	A	R	т	Total
1	Low percentage of complete case among antenatal patients in KPCH.	22	20	21	18	18	99
2	Low percentage of maintaining orally fit (TPR) among secondary school children.	20	21	20	18	18	97
3	Low percentage of toddler oral health coverage by KPCH.	24	22	21	22	23	112
4	Low percentage of periodontitis	19	20	18	17	19	93

19

20

60 years and above in KPCH.

case referral to specialist in KPCH

Low percentage of denture issued

within 8 weeks for elderly aged

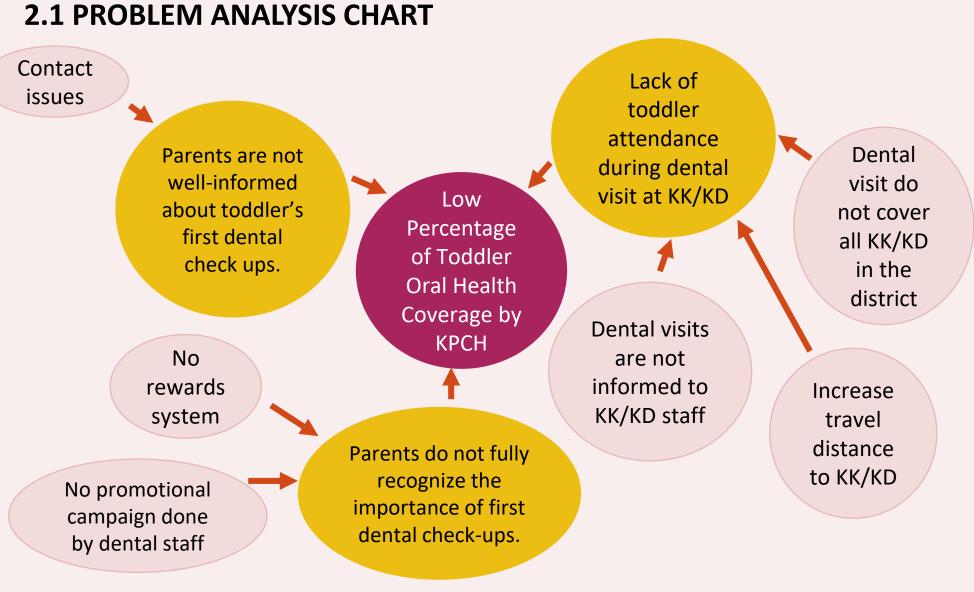
1.2 RATIONALE	FOR SELECTION
	The SMART Criteria
SERIOUSNESS	Toddler oral health coverage is crucial to prevent early childhood caries and risks of developmental complications such as infection and early tooth loss. Low visits during the toddler stage can significantly lead to extensive dental interventions to be provided under pre-school and school programs which can negatively impact the quality of life as well as the performance of KPCH in this regard.
MEASURABILITY	Relevant data can be sourced from KKK201A, PG101A and Gi-Ret 2.0.
APPROPRIATENESS	Enhancing toddler coverage will significantly improve patients' future oral health status, elevate awareness about oral health, and enhance overall quality of life. KPCH also stands as the sole government clinic providing coverage for Klinik Kesihatan (KK)/Klinik Desa (KD) in the district.
REMEDIABLE	Improvement measure can be implemented
TIMELINESS	Study can be conducted within a reasonable timeframe

1.3 LITERATU	IRE REVIEW
American Academy of Pediatrics	A child should visit the dentist within six months of eruption of the first primary tooth and no later than 12 months of age.
Hall-Scullin et al. (2017)	Toddler first visit is very important because it offers an opportunity to educate and inform the parents about oral health . If appropriate measures are applied sufficiently early (in infancy) it may be possible to raise a cavity-free child .
Baker et al. (2019)	With every year past age one that we delay dental visits, it is increasingly likely that dental disease can no longer be prevented or arrested but will require surgical intervention.

1.4 PROBLEM STATEMENT

KPCH experienced a 39% decline in the percentage of toddler oral health coverage from 2018 to 2020. The root cause of this problem is multifaceted, encompassing a lack of awareness, contact issues, and logistical challenges. This study aims to enhance the percentage of toddler oral health coverage thus contributing to the broader goal of promoting better oral health outcomes for all toddlers.

2. KEY MEASURES FOR IMPROVEMENT



2.2 GENERAL OBJECTIVE

To increase the percentage of toddler oral health coverage by KPCH.

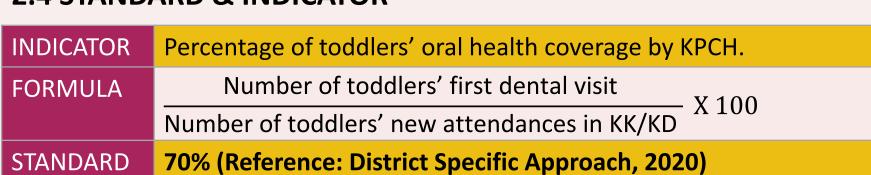
2.3 SPECIFIC OBJECTIVE

- 1. To verify the percentage of toddler oral health coverage by KP Cameron Highlands.
- 2. To identify the contributing factors leading to low percentage of toddler oral health coverage by KP Cameron Highlands.
- 3. To formulate and implement appropriate remedial measure.
- 4. To evaluate the effectiveness of remedial measures taken.

American Academy of Pediatric Dentistry; 2019

2.4 STANDARD & INDICATOR

REFERENCES



National Oral Health Survey of Preschool Survey of Preschool Children (NOHPS 2015)

American Academy of Pediatrics. Recommendations for preventive pediatric health care. Pediatrics 2000; 105:645.

L. Morley, A. C. (2017). Collaboration in Health Care. Journal of medical imaging and radiation sciences.

Hall-Scullin E, Whitehead H, Milsom K, Tickle M, Su TL, Walsh T. Longitudinal study of caries development from childhood to adolescence.

Baker SD, Lee JY, Wright R. The Importance of the Age One Dental Visit. Chicago, IL: Pediatric Oral Health Research and Policy Center,

3. PROCESS OF GATHERING INFORMATION

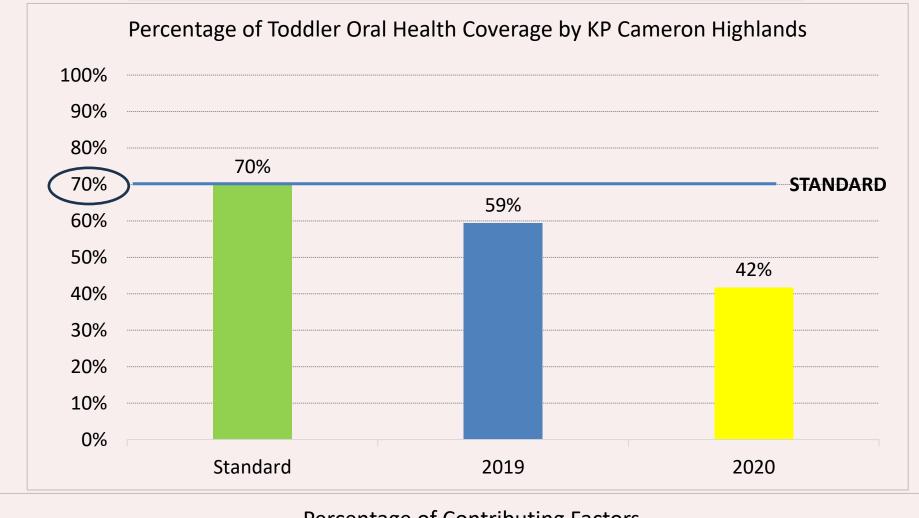
3.1 METHODOLOGY

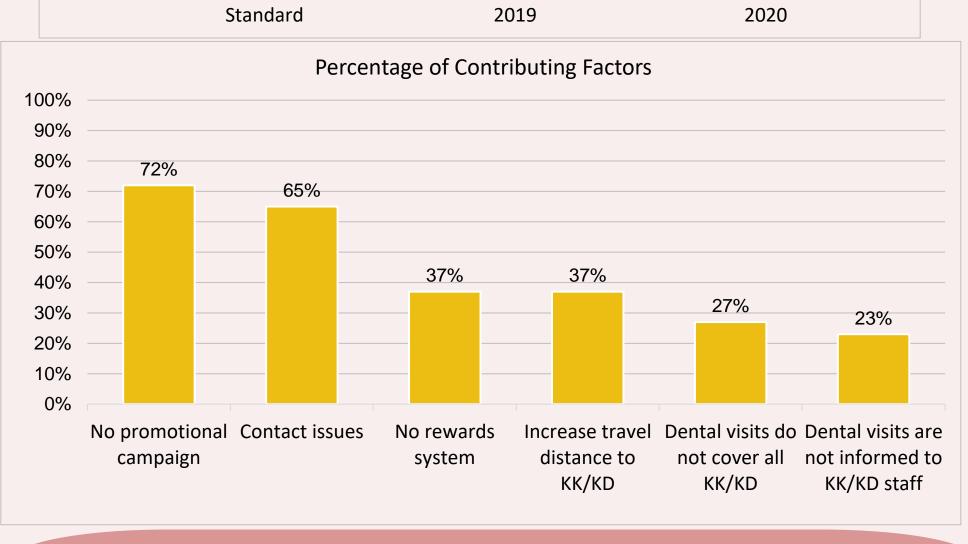
TYPE OF STUDY	Quality improvement study using nonprobability sampling method
DURATION OF STUDY	Verification Study: August 2020 - November 2020 Post Remedial Cycle 1: March 2021 - May 2021 Post Remedial Cycle 2: September 2022 - December 2022 Post Remedial Cycle 3: September 2023 – December 2023
TOOLS	 Self-administered questionnaire Observation checklist for dental officers Laporan Bulanan Kedatangan ke Klinik Kanak-Kanak (KKK201A) Buku Pendaftaran Pesakit KK/KD (PG101A) KKM dental reporting 2023 (Gi-Ret 2.0)
INCLUSION CRITERIA	Toddlers attend their first dental visit.
EXCLUSION CRITERIA	No exclusion criteria

3.2 MODEL OF GOOD CARE

No	Critical Steps	Criteria	Standard	Pre- remedial	Cycle 1	Cycle 2	Cycle 3
1	Prepare the KK/KD list	 All KK/KD in the district are included in a monthly dental visit 	100%	54%	100%	100%	100%
2	Prepare visiting schedule	 The schedule should encompass all KK/KD in the district and visiting should be conducted at least once every month. The visiting schedule should incorporate home visits for parents facing transportation issues. 	100%	0% 0%	23% 0%	100% 62%	100%
3	Distribution of schedule	1. The visiting schedule planned for current and subsequent year is distributed to all facilities.	100%	0%	23%	100%	100%
4	Inform KD/KK of the dental visit	 Comprehensive information and updates regarding dental visits are provided to all KK/KD. 	100%	0%	23%	100%	100%
5	Contact parents	Parents are contacted at least a day before visit	100%	8%	23%	100%	100%

4. ANALYSIS & INTERPRETATION





INTRODUCTION AND IMPLEMENTATION OF NEW PROCESS OF CARE

Prepare the KK/KD list 🖈

5. STRATEGIES FOR CHANGE

Prepare visiting schedule and distribute letter Prepare the necessities for the visi Inform KD/KK of dental visit Contact parents New patient Repeated patient Kanak-Kanak 0-6 Provide 'AG', demonstrate toothbrushing technique dental check up technique, dental check up Appointment for routine fluoride varnish dental check up Need fluoride varnish Caries Risk No need fluoride varnish Apply fluoride varnish Apply fluoride varnish Record patient's details in *Rekod Kesihatan Bayi dan Kanak-Kanak 0-6 Tahun* Record patient's details in *Rekod Kesihata* Bayi dan Kanak-Kanak 0-6 Tahun Give appointment for fluoride varnish and routine dental check up/referral to dental clinic if needed

5.1 ESTABLISHING COLLABORATION WITH KD KUALA TERLA AND KD TRINGKAP

Record in PG101A and Gi-Ret 2.0

TARIKH	KD/KKIA	IN CHARGE
4/7/2022	Kg Chenan Cerah	DR ALIOS / IRYAN / SUKRI
5/7/2022	KD Terla	DR SHUKREY / JAMJI / EFI
7/7/2022	KKIA Ringlet	DR ADIB / JAMJI / SUKRI
	KKIA Kg Raja	DR SHUKREY
12/7/2022	Kg Renglas	DR ADIB / JAMJI / EFI
13/7/2022	KD Bertam	DR JOHN / IRYAN / SUKRI
18/7/2022	Kg Sg Loon	DR ALIOS / IRYAN / EFI
25/7/2022	KD Leryar	DR ALIOS / IRYAN / SUKRI
26/7/2022	KD Tringkap	DR SHUKREY / JAMJI / EFI
	KD Terisu	DR JOHN / ikut SUKRI
27/7/2022	W-T-0	DD KANAINI (IDVANI / CLIVDI

- Action involved Dental Officer and Staff Nurse of KD Kuala Terla & KD Tringkap
- Implemented starting December 2020 onwards

program. Journal of applied behavior analysis.

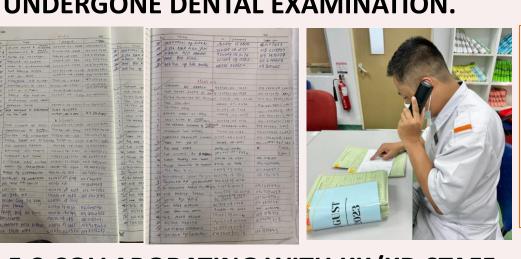
• A monthly schedule is prepared before each visit and distributed to each facility. • L. Morley et al. (2017) - Collaboration in healthcare provides exceptional care and benefits patients, staff, and organizations.

A. Kuiper, M. M. (2021). A flexible and optimal approach for appointment scheduling in healthcare. Decis. Sci. H. Spittaels, I. d. (2006). Implementation of an online tailored physical activity intervention for adults in Belgium. Health promotion M. Reiss, J. B. (1982). Visiting the dentist: a behavioral community analysis of participation in a dental health screening and referral

reminders: a randomized controlled trial. Academic emergency medicine: official journal of the Society for Academic Emergency

- Dr Siti Rudziah, QA Head Coordinator 3. Dr Muhammad Siddig, SMO Cameron Highlands 4. Dr Kamini A/P Selvaraj, Y/M Cameron Highlands
 - 6. Staff Nurse Cameron Highlands

- 5.2 COLLABORATING WITH KK/KD STAFF
- i: TO OBTAIN DATA AND CONTACT NUMBERS OF TODDLERS WHO HAVE NOT UNDERGONE DENTAL EXAMINATION.



- Action involved Dental Surgery Assistant and Staff Nurse of each KK/KD. Implemented starting December 2020
- Parents will be contacted and informed about the dental screening one day before the visit.
- 5.2 COLLABORATING WITH KK/KD STAFF

ii: BY JOINING PASUKAN BERGERAK ORANG ASLI (PBOA)

- Action involved Dental Officers, dental staff and PBOA team.
- Implemented starting January 2022 onwards. Together with PBOA team, home visit to *Orang Asli* village was
- done which includes health and dental check up. M. Keboa et al. (2019) - Interprofessional collaboration
- between dentists and nursing staff can improve oral care delivery in long-term care facilities by increasing awareness and addressing barriers.



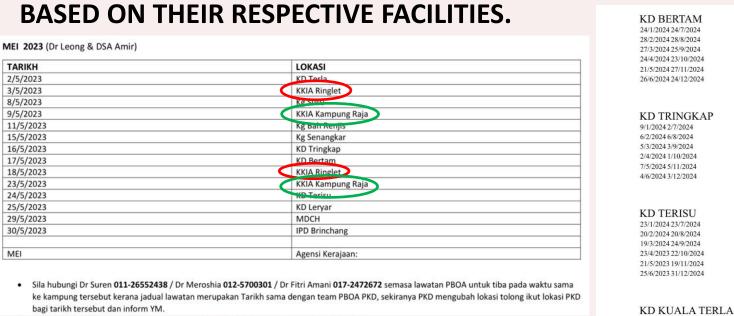
JADUAL LAWATAN KD DAN KKIA 2024

KKIA KAMPUNG RAJA

21/2/2024 21/8/2024 6/3/2024 4/9/2024 20/3/2024 18/9/2024 3/4/2024 2/10/2024 17/4/2024 16/10/202

KD LERYAR

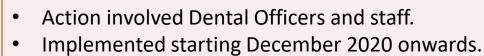
5.3 DISTRIBUTE MONTHLY SCHEDULE TO ALL FACILLITIES AND PROVIDE PARENTS WITH APPOINTMENTS FOR TODDLERS' FIRST DENTAL SCREENING



Action involved Dental Officers and Staff Nurse.

- be referred directly to the dental team. • A. Kuiper et al. (2021) - Appointment scheduling in healthcare services improves flexibility, ease of use, and speed while maintaining a balanced waiting and idle time balance.
- Starting January 2023, two visits per month were conducted at highly populated facilities (KK Ringlet and KK Kg. Raja)

5.4 DISTRIBUTE FLYERS TO PROMOTE THE ORAL HEALTH AND DENTAL PROGRAM FOR TODDLERS.



Implemented starting December 2020 onwards.

Toddlers who have not undergone dental examination will

- Parents received concise, straightforward dental information
- and instructions to raise awareness about oral health. H. Spittaels et al. (2006) - Distributing flyers combined with
- short face-to-face contact increased the number of visitors to the tailored physical activity compared to flyers without contact.



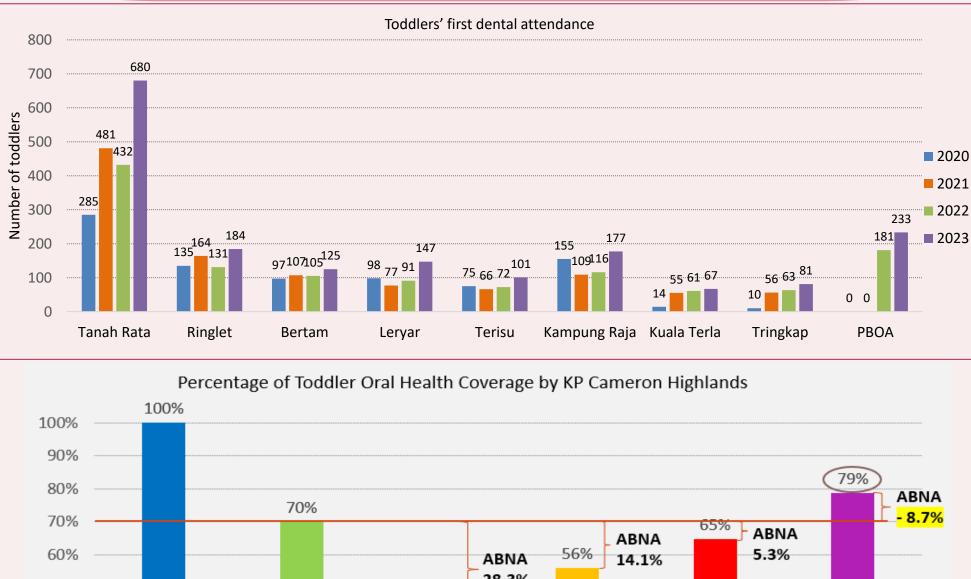
KARIES

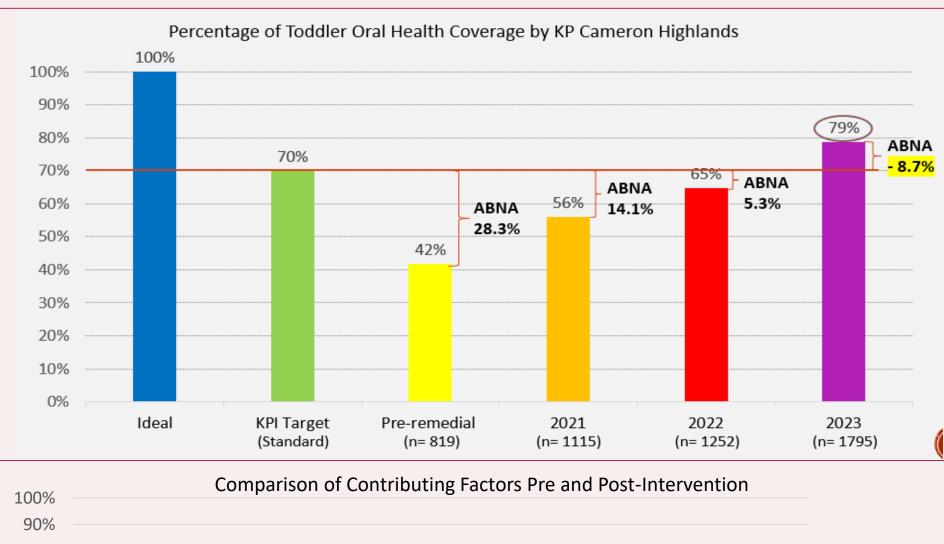
BOTOL

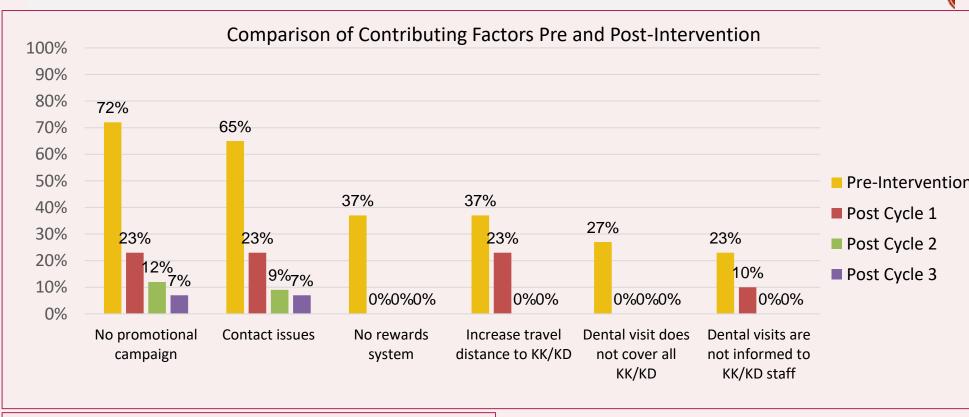
5.5 DISTRIBUTE DENTAL KIT GOODIE BAGS AS REWARDS DURING THE FIRST VISIT.

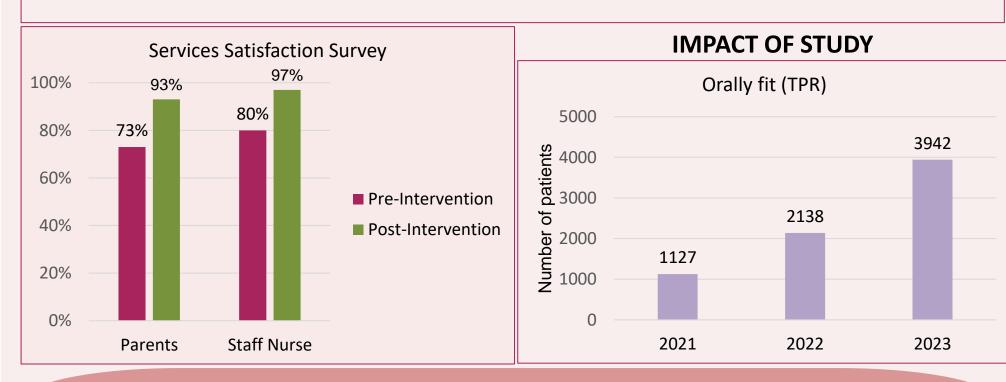
- Action involved mainly Dental Officers. Implemented starting December 2020 onwards.
- The complete goodie bag includes a toothbrush, toothpaste,
- a Mouth Self-Examination pamphlet, and educational flyers. M. Reiss et al. (1982) - Multiple contact, incentive, and
- incentive + problem-solve techniques are significantly more effective in initiating dental visits than control procedures.

6. EFFECT OF CHANGE









- 7. THE NEXT STEP
- Continuous monitoring and improvement, practice as new norm Reinforced continuing dental education for officers for effective oral health delivery
- Amplify oral health promotion via social media and Ikon Gigi Projek Inovasi: Alat Bantuan Mengajar (iGG-iCare)
- LINIK PERGIGIAN CAMERON HIGHLANDS] -Safa Nabiha Peringatan PEMERIKSAAN PERGIGIAN untuk mencegah kerosakan gigi di KK Ringlet . Sila berada di klinik sekurang-Automated WhatsApp reminder system (AppSheet) kurangnya 15 mnit awal sebelum waktu temujanji. Jika anda tidak dapat hadir, sila telefon ke klinik di talian 05-4911298
- to facilitate better communication and serve as an appointment reminder, encouraging toddlers' attendance at the clinic.
- Replicate this study to state level
 - Dr Muhammad Khairil Affandy, SDO Cameron Highlands ACKNOWLEDGEMENT
 - - 5. Dr. Nur Raihana, Y/M KP Bandar Jengka

10. S. Arora, E. B. (2015). Improving attendance at post-emergency department follow-up via automated text message appointment