

Improving The Percentage Of Post Pandemic (Covid-19) Preventive Dental Care Goven To Special Needs Children At Kemaman Community Based Rehabilitation Center



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QLL 102

1. SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

INTRODUCTION

- The varying definitions of special needs children can be roughly divided into 3 categories , mental handicaps, physical handicaps and medical disabilities
- This group has been shown to have a high prevalence rate of oral diseases and unmet treatment needs due to their conditions, and gets worsened by suspension of elective and provisional dental

NO	PROBLEMS	STAR RATING
1	High rate of fail fissure sealants at primary school	61
2	Special Needs Children are underrepresented in receiving Post Covid 19 preventive dental care at Kemaman Community Based Rehabilitation Centre (CBRC)	72
3	High rate of permanent tooth extraction among school children	55
4	Low attendance of atental patient to dental clinic	57
5	Increasing rate of post-extraction complication	54

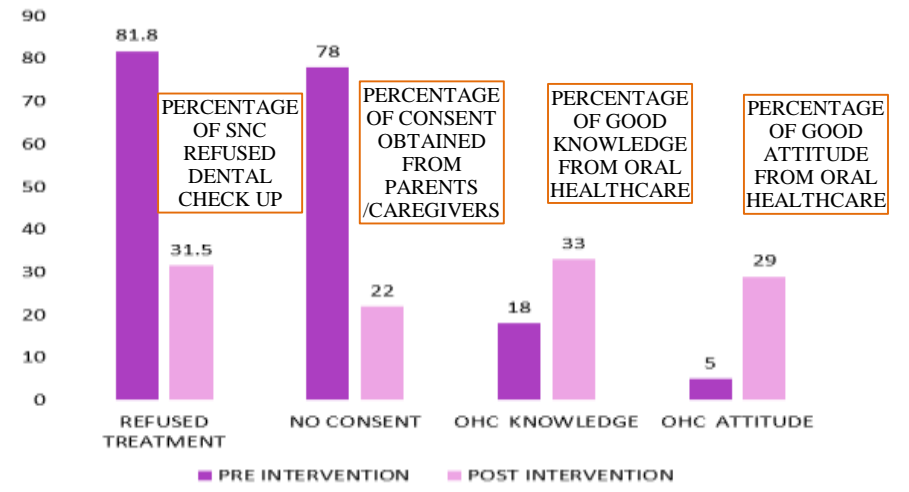
PROBLEM STATEMENT

The percentage of special needs children receiving preventive dental care at CBRC Kemaman was low, at **18.2%** in 2022

The possible causes varies from difficult patient to deal with, no consent from parents/caregivers and difficult procedure to carry out

Continuously neglected preventive dental care can affect the general health of the patient (eg: pain, infection, developing oral habits etc)

4. ANALYSIS AND INTERPRETATION



2. KEY MEASURES FOR IMPROVEMENT

GENERAL OBJECTIVE

To **improve percentage of Special Needs Children** receiving Post Pandemic Covid -19 preventive dental care at Kemaman Community Based Rehabilitation Center. from 18.2% (2022) to **≥ 50%**.

SPECIFIC OBJECTIVE

- To **verify the percentage** of Special Needs Children receiving post pandemic preventive dental care at Kemaman Community Based Rehabilitation Center.
- To **identify contributing factors** for low percentage of Special Needs Children receiving preventive dental care at Kemaman Community Based Rehabilitation Center.
- To **implement remedial measures** in solving low coverage of preventive dental care amongst Special Needs Children
- To **evaluate the effectiveness** of remedial measures.

INDICATOR AND STANDARD

Percentage of Special Needs Children receive preventive dental care at Kemaman Community Based Rehabilitation Center.

$$\frac{\text{No. of Special Needs Children received preventive dental care at Kemaman Community Based Rehabilitation Center}}{\text{Number of Special Needs Children examined}} \times 100$$

Standard: **≥ 50%**

5. STRATEGY FOR CHANGE

5.1 Dental exhibition, lucky draws, Tooth Brushing Demonstration ,games and small group DHE was given to attracts these children.

5.2 Counselling given to parents/caregivers regarding the importance of provisional care towards special needs children.

5.3 Refresher course to reinforce knowledge among oral health personnel.

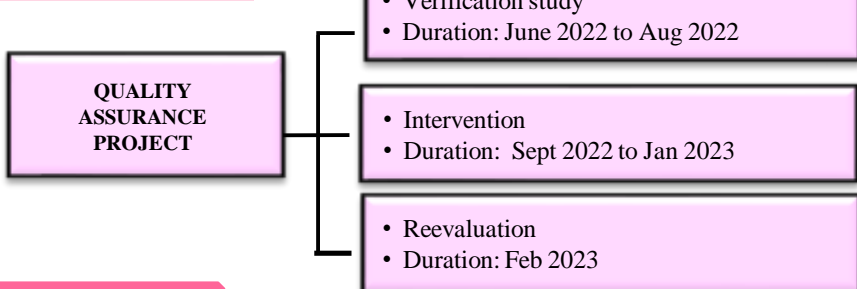
- Continuous Dental Education (CDE).
- Hands-on courses.

3. PROCESS OF GATHERING INFORMATION

CAUSE-EFFECT ANALYSIS



STUDY TIMELINE



METHODOLOGY

Study design
Cross sectional study

Sampling method
Convenience sampling

Sites of study
8 Community Based Rehabilitation Center in Kemaman District

Study instruments
LP8 and Giret 2.0

Knowledge, Attitude and Practice (KAP) Questionnaires

Exclusion criteria for KAP Questionnaire
Patients: Edentulous & Children who are absent throughout the duration of the study.

Oral Health Personnel : Administrative staff

PROCESS OF CARE

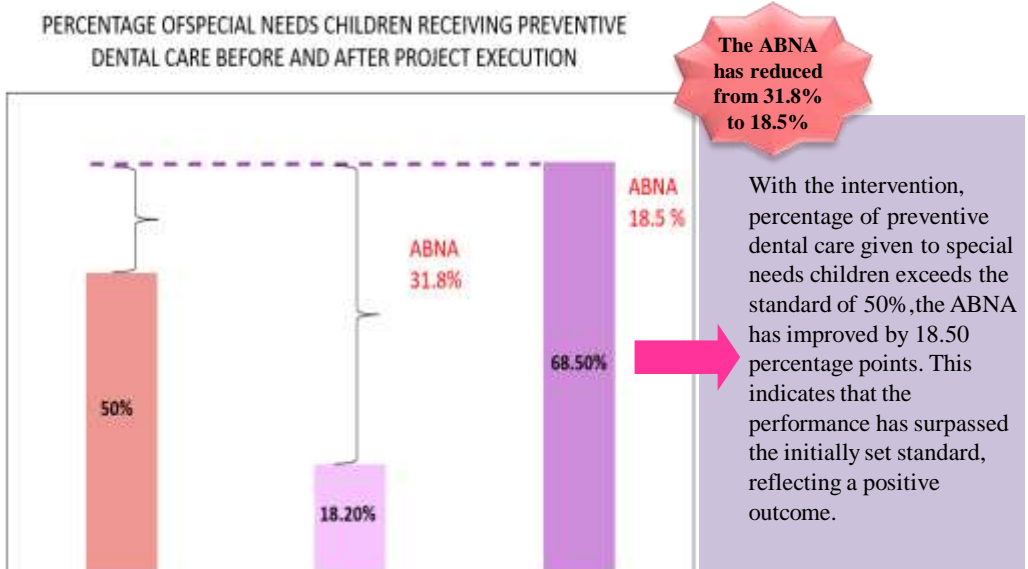


6. EFFECTS OF CHANGE

MODEL OF GOOD CARE

STEP	PROSES	CRITERIA	STD (%)	PRE (%)	CYCLE 1 (%)
1.	Dental Health Education (DHE) given to Special Needs Children	<ul style="list-style-type: none"> DHE given to Special Needs Children Demonstrating Teeth Brushing Technique 	100	75	100
2.	Conducted examination and diagnosis	<ul style="list-style-type: none"> Special Needs Children are examined Oral health status data are recorded in LPS & Giret 2.0 	100	67	80
3.	Dental Health Education (DHE) given to parents/caregivers	<ul style="list-style-type: none"> DHE given to parents/caregivers Demonstrating Teeth Brushing Technique 	100	72	100
4.	Consent obtained	<ul style="list-style-type: none"> Consent form signed by parents/caregivers 	100	22	88

ACHIEVABLE BENEFIT NOT ACHIEVED (ABNA)



IMPACT OF THE PROJECT:

- Improving preventive dental care for special needs children has a far-reaching impact, enhancing oral health outcomes, quality of life, and caregiver support, while also promoting long-term health and reducing costs. Collaborative, tailored care approaches ensure that these children receive the best possible support, benefiting both the individuals and the broader community.

7. NEXT STEP

- This program method will be expanded to other selected CBRC in Terengganu by establishing a dedicated team called 'Dental Care Crew' , oral health campaigns by involving dental buskers and to collaborate with other healthcare provider in future events.
- Module *Gentle Care, Unique Needs* will also be shared with nearest state for duplication.

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- Rusmah M, Majid ZA, Aida H. Dental health of the handicapped at the Selangor Spastic Centre. Sing Dent J 1987;12(1)