TRiaDS
Translation Research in a Dental Setting

SDCEP Emergency Dental Care Guidance Pre And Post Guidance Interviews

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INTRODUCTION

The Scottish Dental Clinical Effectiveness Programme (SDCEP) published guidance on Emergency Dental Care in November 2007. The motivation behind this was, the variation in availability and consistency of advice and care for patients with a dental emergency, inadequate out of hours facilities, variable provision for unregistered patients and a lack of clarity about what actually constitutes a dental emergency.

AIMS

The aims of this study were to:

- identify current practice when handing dental emergencies;
- identify any changes in practice following publication and dissemination of the SDCEP guidance.

METHODS

Baseline interviews took place approximately eight weeks prior to publication and dissemination of the guidance. A random sample of 50 dental practices was taken from the Management Information Dental Accounting System database (MIDAS). Letters were sent to all 50 practices asking if they would be willing to take part in a short telephone interview. Only two practices said that they would be unwilling to take part. More than one attempt was made to contact the remaining 48 practices to arrange a suitable time for an interview. Of these 48, 18 dental practices took part in the baseline interviews. For the 30 who did not take part the main reasons were they were too busy or there was no answer when phoned. A pre-determined list of questions designed to identify variation from the recommendations in the SDCEP guidance was used.

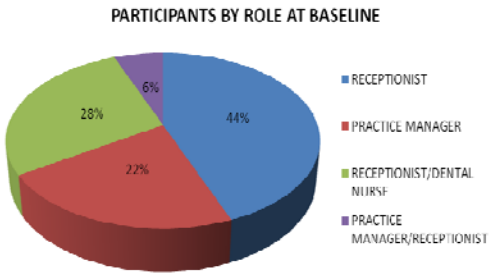
Follow up interviews took place six months after publication and dissemination of the SDCEP guidance. All 18 practices interviewed at baseline were re-contacted and of these 16 were re-interviewed. Of the two who were not re-interviewed, one practice had closed down and the other was not available within the study timeframe. In all except two of the 16 practices the same person was interviewed at baseline and follow up. In the two practices where a different person was interviewed this was because the original person no longer worked at the practice.

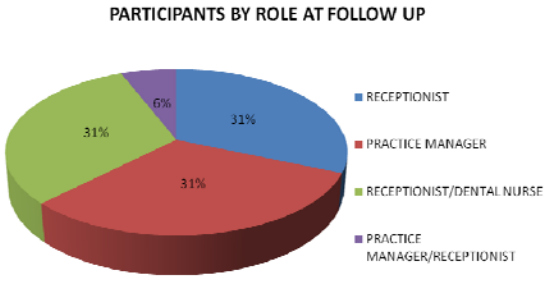
RESULTS

Demographics

At baseline, 44% of participants were Receptionists, 22% Practice Managers, 28% Receptionists/Dental Nurses and 6% Practice Manager/Receptionists. At follow up, 31% of participants were Receptionists, 31% Practice Managers, 31% Receptionists/Dental Nurses and 6% Practice Manager/Receptionists.

Therefore as illustrated by the graphs below, the breakdown of participants by role was similar at baseline and follow up.





At baseline, 13% of participants had been in post for less than 1 year, 33% for 1-3 years, 20% for 3-5 years, 7% for 5-10 years and 27% had been in post for more than 10 years. At follow up, 7% had been in post for less than a year, 20% for 1-3 years, 13% for 3-5 years, 40% for 5-10 years and 20% had been in post for more than 10 years. Eleven percent of participants work in a single handed practice and 89% work in a multi-handed practice with 2–8 dentists. Fifty-six percent of participants said that their practice employed a hygienist, 44% said they did not. 28% of participants said their practice was fully NHS, 67% said their practice was part NHS/part private and 6% said they were fully private. In the six month period between baseline and follow up, 11 of the 16 practices reported a change in personnel (69%).

Practice procedure:

When interviewed before the publication and dissemination of the SDCEP guidance the majority of participants said that they were aware of a procedure in their practice which should be followed if a patient phoned up asking for unscheduled or emergency attention. Most said that they would ask standard questions to ascertain the severity of the problem and six of the 18 participants spoken to said that their practice had emergency slots which could be allocated. Other responses included; having an on-call dentist available, asking the patient to come into the surgery straight away, offering a sit and wait system and double booking. Most participants said that their procedure had either evolved over time or had been advised by the dentists. Other responses included; that the procedure had come about as a result of staff meetings/informal discussions or that it had been developed by the dental team. Most said that there was no formal review of their procedure although a few said that it was either reviewed informally or formally at staff meetings.

Following the publication and dissemination of the SDCEP guidance all participants said that they were aware of a procedure in their practice which should be followed if a patient phoned up asking for unscheduled or emergency attention. The majority said that they would ask standard questions to ascertain the severity of the problem. When asked if their practice had changed the procedure since the initial interview, one practice had reviewed their procedure and one planned to review it in light of the SDCEP guidance. Participants were asked at follow up whose responsibility they thought it was to review the practice procedure and the majority thought it was the principal dentist's responsibility; however the practice manager and receptionist staff were also mentioned. One participant said that they thought that the responsibility lay with the dental team as a whole.

Practice response to specific emergencies:

If a patient phoned up complaining of a **toothache** the majority of participants would either offer them an emergency appointment or cancellation, or offer them an appointment that day. At baseline, 11 of the 18 participants would triage (assess how bad the pain is by asking standard questions e.g. how long has it been painful, are they experiencing hot/cold). At follow up, the same participants said that they would triage, with one exception, who didn't mention it. In addition, in the follow up interviews participants mentioned checking a patient's history, checking a patient's attendance record and looking to see if they have any outstanding debts to the practice before determining their course of action. Four participants at both baseline and follow up said they would ask if the patient's face was swollen.

If a patient phoned up complaining of **bleeding following an extraction** the majority of respondents at both baseline and follow up would either give the patient the first available appointment or tell them to come straight into the surgery. A few participants said they would ask a dentist or nurse for advice. Three participants at baseline said that they would give advice to bite down on a hanky, this increased to six at follow up.

If a patient phoned the surgery with a **dental trauma** the majority of participants at baseline said they would try to determine the level of trauma. At follow up, three of the 16 said that they would do this. At both baseline and follow up, virtually all participants would either give the patient an appointment straight away or tell them to come straight into the surgery to be seen as soon as possible.

If a patient phoned up complaining of **facial swelling,** 13 participants at baseline said that they would advise the patient to come into the surgery straight away. At follow up this decreased to eight however, the number of participants who said that they would ensure that the patient was seen that day increased from baseline to follow up.

Conditions requiring the most rapid attention:

Interviewees reported that facial swelling would result in the most rapid attention, followed by bleeding and dental trauma. An emergency involving a child, an infection and toothache were also mentioned when asked what type of problem would result in the most rapid attention. All participants felt that these problems would be treated within the day and the majority felt that they would be treated within the hour. Responses to these questions were very similar at follow up as they were at baseline.

Out-of-Hours arrangements:

If a patient contacts the surgery when it is closed the majority of participants said that their practice has instructions in an answer machine message advising of practice opening hours and giving the emergency helpline number. At baseline, five participants advised that their answer machine message gives out the telephone number of an on-call dentist or the principal dentist, at follow up this had reduced to three. For the remainder of practices the telephones move onto an emergency care telephone system. Where there is an answer machine it is generally the receptionist or person working on reception that is responsible for turning the machine on and off and relaying any messages.

Registration:

At baseline, if a non-registered patient phoned the practice, four participants said that they would not do anything differently and that they would see the patient. This increased to five at follow up. There were also four practices at baseline who were not taking on new NHS patients, compared with five at follow up. In this situation all said that they would give them the emergency helpline number. At baseline, one participant said it would depend on the severity of the emergency as to whether they would see the patient and if the patient had facial swelling they would see them whether they were registered or not. This increased to two at follow up.

Awareness of SDCEP guidance:

At follow up participants were asked if they were aware of the SDCEP guidance on Emergency Dental Care. Of the 16 participants interviewed, three were aware of it and two said they had read it. Three participants thought they had heard of the guidance but were not sure. Of those who had read the guidance, one found the guidance useful for pain relief advice and used it as a reference, the other, however, did not refer to it as felt that following the recommendations would upset patients.

SUMMARY

Based on the sample we interviewed, the results suggest considerable variation in current practice when dealing with dental emergencies and there have been few changes in the six months following the publication and dissemination of the guidance.

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