



# ORAL HEALTH IN COMPREHENSIVE CLEFT CARE

An educational manual for non-oral health professionals

DAY 3



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# HOW TO CARRY OUT AN ORAL HEALTH RISK ASSESSMENT

## **Learning objective:**

Understand how to use the risk assessment guide to quickly determine if the patient is at risk for oral diseases

# WHAT IS AN ORAL HEALTH RISK ASSESSMENT?

- Used to assess the level of risk of oral disease in patients with cleft.
- It must be performed at all age stages and it should be filed with the rest of the patient's clinical history.
- It covers a series of risk factors that, when present, on their own or in combination with other factors, increase the likelihood of oral disease



# STEPS TO THE ORAL HEALTH RISK ASSESSMENT

- First is an interview to understand the risk factors for oral disease
  - Low socio-economic status
  - Frequent consumption of dietary sugars
  - Familial risk factors
  - Sub-optimal fluoride exposure
  - Active or previous caries lesion
  - Poor oral hygiene
  - Reduced salivary flow or salivary pH
- Second is a LTL assessment of the oral health status of the child

# SCAR MANAGEMENT IN PEOPLE WITH CLEFT LIP AND PALATE

## **Learning objective:**

Participants will understand the impact scarring has on patients with cleft, what factors influence scarring and the daily management of a scar following surgery.

# SCARS IN PATIENTS WITH CLEFT LIP AND PALATE

Scarring from cleft lip repair can cause lip asymmetry as the scar contracts leading to a shortened lip and nasal deformity on the affected side.

Factors influencing scarring

- The depth of injury, degree of tissue destruction, and introduction of pathogens
- The location of the wound affecting variations in mechanical forces across the skin
- Patient demographics

Keloids and hypertrophic scars

In the skin, pathological scars such as hypertrophic scars and keloids can be unsightly, itchy, and painful.

Incorrect identification of scar type may result in inappropriate management of pathologic scar formation



# SCARS IN PATIENTS WITH CLEFT LIP AND PALATE



**KELOID SCARRING**



**HYPERTROPHIC SCARRING**



**NORMAL SCARRING**

# POSTOPERATIVE CARE AND SCAR MANAGEMENT

- The first three months after surgery is the time when remodelling is at its peak.
- A monthly clinic examination of the scar is reasonable.
- Patients should continue dressing the wound with skin tape (triple-layer, one over the other).
- Patients should be counselled to return to the clinic earlier than the appointed clinic visit if the wound is beginning to look “beefy” or “upset”
- The scar should be regularly massaged from the columella to the vermillion border three to five times per day. The frequency should decrease as the scar gains flexibility.



# QUALITY OF LIFE AND CLEFTS

## **Learning objective:**

Participants will understand the impact of cleft on quality of life as well as well as economic factors

# QUALITY OF LIFE

The World Health Organization defines quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

What is health?

- Physical
- Emotional
- Social
- Spiritual
- Intellectual



# THE SUSTAINABLE DEVELOPMENT GOALS

- every child survives and thrives;
- every child learns;
- every child is protected from violence and exploitation;
- every child lives in a safe and clean environment;
- every child has a fair chance in life.



# HOW DOES ORAL HEALTH FIT IN?

FDI World Dental Federation defines oral health as:

*Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.*

Oral diseases affect 3.5 billion people worldwide, with untreated dental caries being among the most prevalent non-communicable disease

# RISK FACTORS

Oral health status is multifactorial

- social
- environmental
- biological
- behavioural
- cultural factors
- economic factors
- political factors.
- limited access to oral health care services
- complicated oral health care systems
- lack of oral-health-information material
- oral health literacy



# COMMON ORAL CONDITIONS

- Almost 50% of parents of pre-adolescent children with orofacial cleft indicated that their children expressed concerns about appearance.
- Aesthetics of anterior teeth are a crucial factor influencing a patient's psychological self-belief, social confidence, and treatment need in patients with and without cleft.
- Patients with cleft have multi-system and complex anatomical, physiological, pathological and psycho-social problems. These include aesthetics, feeding, speech and language delays, dental anomalies, ear infections, psycho-social issues, such as stigmatization and reduced quality of life.



# IMPLEMENTING THE FDI/SMILE TRAIN SAFETY AND QUALITY PROTOCOL

## **Learning objective:**

- How to use the FDI/ST Dental Procedures Safety and Quality Protocol
- The importance of quality assurance
- Strategies for implementing quality assurance
- How to carry out periodic assessment of quality of care

# WHY IS QUALITY IN HEALTHCARE IMPORTANT?

- By maintaining the quality of healthcare provided and adhering to the recommended health screenings, the cleft care team can improve patient health and achieve better health outcomes, e.g. fewer missed school hours due to dental pain.
- By improving the efficiency of managerial and clinical processes, organizations reduce the costs associated with mistakes, wasted materials and redundancy.
- Proactive processes that recognize and solve problems before they occur ensures that healthcare is reliable and predictable.

# HOW DO WE DEFINE QUALITY IN ORAL HEALTHCARE?

- Patient safety
- Timeliness
- Patient-centeredness
- Equitability
- Efficiency
- Effectiveness



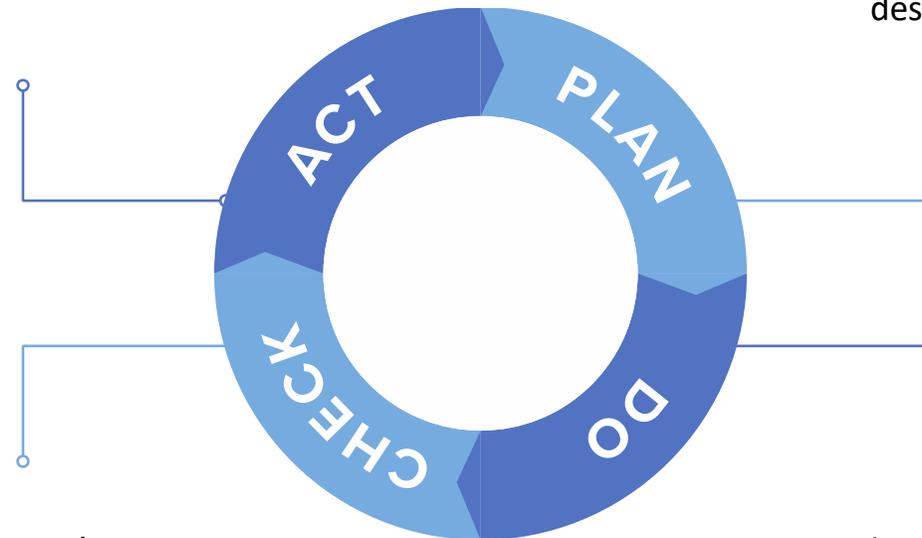
# WHY DO WE NEED A QUALITY APPROACH?

- Legal and regulatory context: quality in healthcare is governed by a set of laws and regulations in force in each country.
- Administrative regulations: all clinicians should be appropriately trained and registered to practice in the chosen country
- Health regulations and good practice recommendations: specific measures for patient safety, defined by law and regulations
- Ethical regulations: unlike business, dental offices and health centres have a responsibility for patient well-being.
- Labour legislation: the rules of labour legislation set out in national legislation

# PLAN, DO, CHECK, ACT

React and improve. Take the necessary corrective measures to reduce gaps and make sure that what has been achieved will remain stable. Each turn of the wheel takes the project higher until the target is finally reached.

Establish quality objectives and processes required to deliver the desired results.



Check that the project is moving towards the objectives, study the results, measure effectiveness.

Implement the plan, carry out the objectives from the previous step.

# EXERCISE

Think of a procedure or system in your hospital that needs improvement.

Work through the steps to plan how you would carry this out

Steps	Questions & recommendations
Identify and assess the problem	What problem do you want to address?
Identify specific objectives	What outcome measure will show the problem was resolved?
Produce a written description of the roles and responsibilities of each member of the dental team to reach the objective	Who is best positioned to be the champion and the leader of the project?  Who has the clinical knowledge and leadership skills to serve as a project leader?  Which staff members will participate in the core collaborative and work proactively to improve quality?
Education and training of staff to implement the QI measure	Train all staff in the new method adopted to solve the problem or improve the system
Establish a test group who will implement the QI measure	The test group carries out an assessment of the new system with all members of the dental team.
Implementation of QI measure	Implementing changes in small manageable steps to allow for continual appraisal and review.  Reducing the risk of failure and negative staff responses
Verification and outcome assessment	Review of the first implementation cycle to review the process and make any necessary adjustments
Repetition of the quality improvement process and identification of new objectives if necessary.	The improvement process must have adequate time to succeed. It is important to review in the longer term to ensure the new habit and process has become a part of the daily routine.

# MONITORING AND EVALUATION

- Quality improvement is an ongoing process, and it is important to create a culture in your clinic where staff can make suggestions openly to improve patient care, procedures or systems.
- Monitoring and evaluation should be carried out routinely, as new quality improvement measures are introduced.

# RECAP AND CLOSE

1. What is an oral health risk assessment?
2. Name two questions from the oral health risk assessment interview
3. Why is scar management important for patients with cleft?
4. How often should a scar be reviewed?
5. What scar management instructions should be given to the patient and caregiver?
6. Name two factors in health
7. Name five risk factors for oral health
8. How do we define quality in healthcare?
9. Why do we need a quality approach?
10. What are the four-steps in a quality improvement cycle?

# THANK YOU

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