

A quality improvement project improving patient allocation to treatment lists

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Background:

- Patients are allocated to MOS2 or MOS3 lists for treatment under local anaesthetic within the unit.
- MOS2 lists are delivered by DCTs and junior StRs.
- MOS3 lists are delivered by senior StRs, Specialists and Consultants.
- Variation in allocation was evident within the department.
- This led to the following issues:



Aim:

- To standardise the allocation of Oral Surgery patients to MOS2 and MOS3 waiting lists within the department by August 2023.

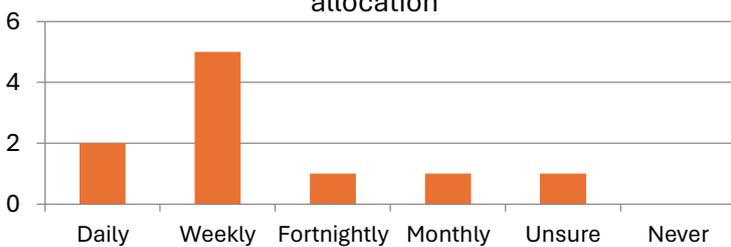
Objectives:

- To produce departmental guidance for patient allocation and achieve 90% compliance with this by August 2023.
- To improve knowledge and reduce variation within the team.

Analysis of issue:

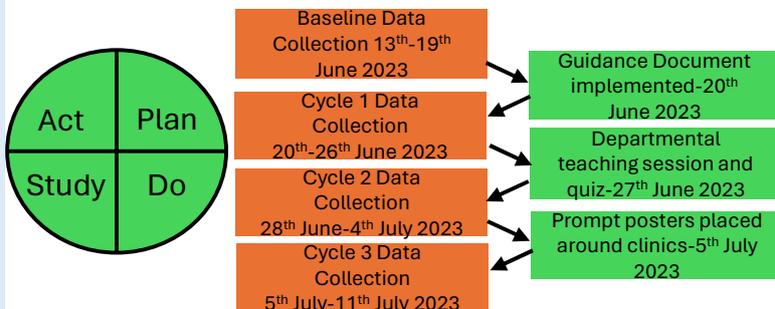
- A 9-question departmental survey was conducted in February 2023.
- Ten responses were received.
- All of the department (n=10) believed patient allocation could be improved.
- 80% (n=8) thought departmental guidance would be beneficial.

Table showing reported frequency of incorrect patient allocation



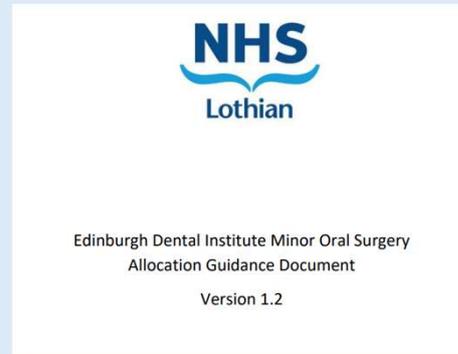
Methodology:

- Project approval was received from the Institute's Quality Improvement Project Approval Team.
- Langley's (2009) Model for Improvement was used to guide the project.
- Data was collected from 20 random patients over a one-week period to test each cycle.

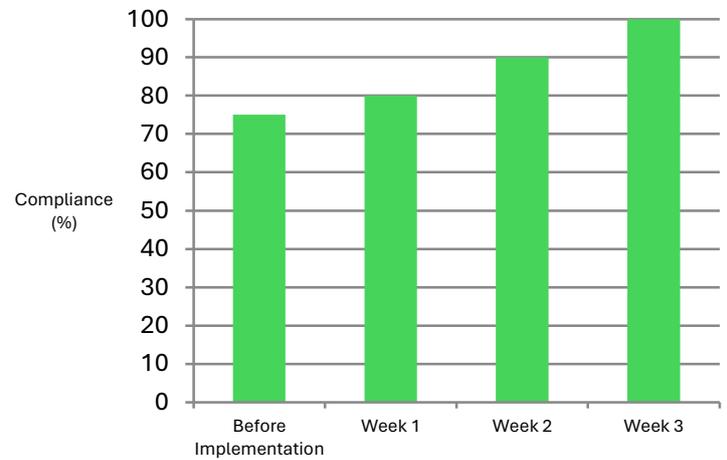


The guidance document:

- The guidance document was agreed within the department prior to implementation.
- It clearly stated what would constitute a MOS1, MOS2 and MOS3 case and detailed potential escalating factors.
- MOS1 cases would not usually be treated at the unit, without exceptional circumstances.
- The guidance allowed for clinician discretion.
- Examples of MOS2 cases include mesio-angularly impacted mandibular third molars and maxillary third molars where at least 50% of the crown was erupted.
- Examples of MOS3 cases include coronectomies, treatment of MRONJ and disto-angularly impacted mandibular third molars.
- See the full guidance using the QR Code below.



Results:



Conclusions:

- This was a very successful quality improvement project in improving patient allocation to treatment lists.
- This will improve training and patient experiences.

This guidance could even be adapted to your department!

References:

- Langley GJ, Moen RD, Nolan KM, Nolan TW, Norman CL, Provost LP. The improvement guide : a practical approach to enhancing organizational performance. 2nd ed. San Francisco: Jossey-Bass Publishers; 2009.
- NHS England» Oral surgery clinical standard [Internet]. www.england.nhs.uk. Available from: <https://www.england.nhs.uk/long-read/oral-surgery-clinical-standard/>