



SDCEP Emergency Dental Care Guidance Pre And Post Guidance Interviews: Participant Summary

May 2009

Heather Cassie on behalf of the TRiADS Research Methodology Team

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, the variation in out of hours facilities and 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

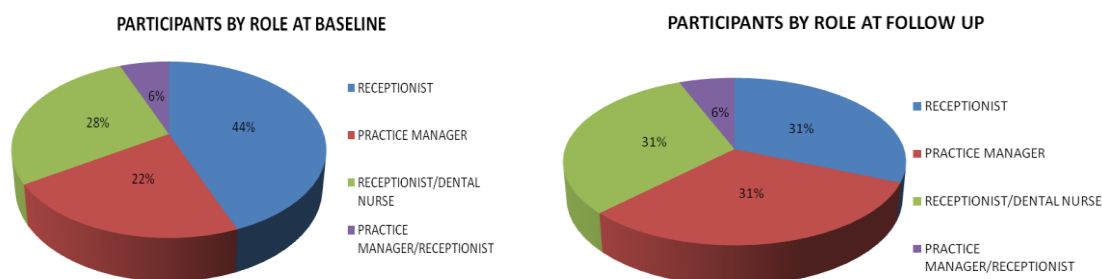
Initial (baseline) interviews took place approximately eight weeks prior to publication and dissemination of the guidance. A random sample of 18 dental practices took part in the interviews. A pre-determined list of questions designed to identify variation from the recommendations in the SDCEP guidance was used.

Follow up interviews took place six months after publication and dissemination of the SDCEP guidance. All 18 practices were re-contacted and of these 16 were re-interviewed.

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 worked 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.

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 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. Since the initial interview, one practice had reviewed their procedure and one planned to review it in light of the SDCEP guidance. The majority of participants thought it was the principal dentist's responsibility to review procedures; however the practice manager and receptionist staff were also mentioned.

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 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 transfer to an emergency care telephone system.

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 it was felt that following the recommendations may upset patients.

SUMMARY

Based on the sample 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.

If you would like any further information about this study please contact Heather Cassie
Email: h.cassie@cpse.dundee.ac.uk Tel: (01382) 420061.

© 2009 by Translation Research in a Dental Setting (TRiADS) Methodology Group

ISBN 978 1-906117-31-3

Translation Research in a Dental Setting

Mackenzie Building, Kirsty Semple Way, University of Dundee, Dundee DD2 4BF

All rights reserved.

No part of this publication may be reproduced by any means, or transmitted, or translated into a machine language without the written permission of the publisher.