

Department of Orthodontics - Redesigning the Journey **Creating a Better Patient Journey for Orthodontics**



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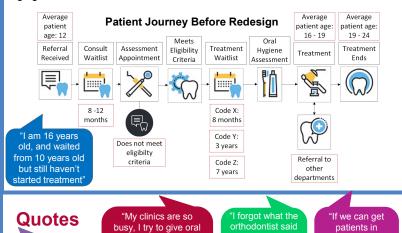
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Sydney Dental Hospital, Sydney Local Health District

Case for change

In 2016 waiting lists for initial consults and treatment in the Department of Orthodontics at the Sydney Dental Hospital were up to 7 years

As at June 2016, there were 907 patients on the initial consult waiting list and 3,036 patients on the treatment waiting lists. In addition to the extended waiting times, reviews of patient files have shown that up to 48% of the department's patients were unable to maintain their oral hygiene throughout treatment resulting in increased levels of preventable conditions like gingivitis and cavities.



Goal

Improve access for eligible patients to the Department of Orthodontics at the Sydney Dental Hospital and ensure that the care they receive; is delivered within a suitable time frame, is appropriate for their condition, and is comprehensive and cost effective.

explain to my

I don't always have

or a full clean"

Orthodontic

Postgraduate

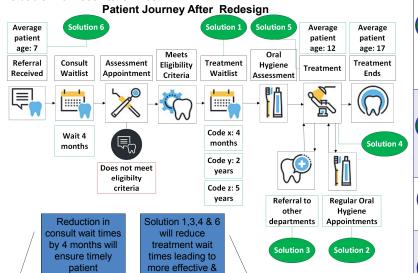
Objectives

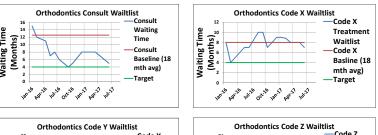
- · Reduce the waiting times for orthodontics patients to attend consult clinics and commence treatment on Code X (very urgent), Code Y (urgent) and Code Z (surgical intervention) wait lists by 31 December 2017
- Reduce the number of orthodontics patients with poor oral hygiene from 48.4% (in 2015) to 20% by 30 June 2017



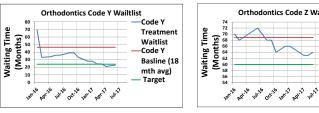
Results

Building on a strong history of providing quality patient care, and utilising the strong engagement and ownership that staff and patients have with the Department of Orthodontics at the Sydney Dental Hospital, this redesign project assisted the department in delivering patient care in a more timely, efficient and patient centred environment. These solutions, developed by staff and consumers together, will assist in creating a personalised experience to meet the expectations of both these stakeholder groups by decreasing waiting times, increasing patient engagement in the importance of oral hygiene and providing valuable information to families.





efficient patien



Solution Impact Solution Description

Incomplete transfer patients from araduatina postgraduates to be transferred to Senior Orthodontics

Specialists. Allocation of 1 full

time Oral Health Therapist to the Department of Orthodontics for increased education and engagement of

orthodontics

Orthodontic

patients.

postgraduates to perform extraction of an extraction chair

Allocation of eight (8) IMPLEMENTED Nov 2016 relief of pain (ROP) per day

Specific orthodontic treatment, oral hygiene and appliance brochures to be provided for patients

Amendment to the state-wide Specialist Referral Guidelines to recommend patients are referred at the age of 7

o maintain good ora

IMPLEMENTED Nov 2016

30% increase in new patients treated from the Orthodontics treatment waitlists by first year Orthodontics Postgraduates by December 2017. This will reduce the waiting lists for Code

X. Y and Z treatment waitlist.

IMPLEMENTED Jan 2017

Increase good oral hygiene in the Department of Orthodontics treatment patients from 50% to 80% and above by

IMPLEMENTED Feb 2017

Reduction of wait times for orthodontics extractions from 6 months to 2 weeks teeth on Orthodontic Reduction in delays in orthodontics patients by allocating treatment plans for patients which will decrease treatment time and increase capacity to treat new patients.

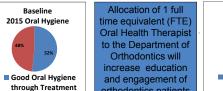
8 additional ROP sessions allocated each emergency sessions day will increase the capacity to treat treatment patients by 16% each day

IMPLEMENTED Nov 2016

Increase good oral hygiene in the Department of Orthodontics treatment patients from 50% to 80% and above by December 2017.

Increase in patient education and engagement in oral hygiene by 100%

Patients average initial referral age will be reduced from age 12 to age 9, this will decrease the complexity and length of some patient treatment requirements. (where possible) that Orthodontics treatment length in some patients will be reduced from 6 years to 3





through Treatmen ■ Poor Oral Hygiene

Method

be shorter and

Orthodontic

Specialist

The project utilised the Agency for Clinical Innovation Clinical Redesign Methodology. Each phase of the project has defined activities and deliverables requiring approval by the project Steering Committee, Project Sponsor and Chief Executive.



Acknowledgements

■ Poor Oral Hygiene

Basline (18

- Consumers and carers who participated and assisted
- Dr Teresa Anderson, Chief Executive SLHD
- Project Sponsors and Steering Committee Members
- The Department of Orthodontics at SDH
- SLHD Redesign Leaders
- The Agency for Clinical Innovation CHR Redesign Team

Diagnostics Oral Hygiene of Patients Receiving (n=131)

Sustaining change

- Solutions have been implemented as part of standard Hospital procedures
- Solution owners and sponsors have been central during implementation and are invested in the continuation of solutions
- Project team and the department will continue to monitor outcomes
- Output measures and objective measures for evaluation have been defined and a review schedule published

Conclusion

Continued support from the Department of Orthodontics is central to the continuation and implementation of the project. Engagement with patients, their carers, clinicians and postgraduate orthodontics students has been exceptional, with each stakeholder group contributing to identifying issues and developing solutions.

Four key focus areas were identified during diagnostics which led into six solutions which address the needs of consumers, carers and staff.

This level of engagement with stakeholders has resulted in high levels of ownership and dedication to solutions from solution owners and sponsors.

The solutions implemented will continue to ensure the methodology of a more efficient, effective and engaged course of care for patients and staff in the Department. With the continuous high demand for public orthodontic treatment this redesign will ensure that the department can continue to deliver high quality orthodontic treatment and outcomes for patients in a more timely, effective and patient centred environment.