MANAGEMENT OF SPECIAL CARE PATIENTS ON AN INPATIENT PATHWAY

An audit/service evaluation.

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BACKGROUND

• LA/sedation in clinic
  - Some patients unsuitable
  - GA required
  - Complex MH
  - Anaesthetist for IVS

• Day surgery unit
  - Sometimes overnight admission required
    - Complex medical history
    - Learning difficulties, Mental health conditions
    - Social reasons

• Hospital theatre and ward inpatient overnight
  - Oral/maxillo-facial surgery (OMFS) admission
  - Special care consultant treating
  - Ward stay overnight

http://www.express.co.uk/life-style/health/404205/Anaesthetic-raises-chance-of-dementia-says-study
AIMS OF AUDIT

1. Ensure standards being met for patients admitted overnight following dental treatment
   a) Referral to treatment times (RTT)
   b) Reason for overnight admission

2. Target areas for improvement

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1. **Reason for admission:** BSDH, The Provision of Oral Care under GA in Special Care Dent.\(^1\)

   5.14 **Elective In-patient Care**

   If a patient has been judged unsuitable for day-case surgery at the pre-assessment clinic, the patient may only be able to undergo oral healthcare under general anaesthesia as an in-patient. This includes patients who have **complex medical disorders** or **severe mental health problems** and occasionally due to **social circumstances**.

2. **RTT:** The NHS Constitution for England, 2015.\(^2\)

   - **March 2010**
   - The NHS Constitution was updated to add new patient rights including:
     - a new right for patients to start consultant-led non-emergency treatment within a maximum of 18 weeks of a GP referral and for the NHS to take all reasonable steps to offer a range of alternatives if this is not possible; and
   - **E.g.** first definitive treatment (not assessment) must begin within 18 weeks from the date the referral was received. If not, the trust is fined.
   - **Additional penalties** for patient’s breaching 52 weeks.
METHODS

- Retrospective patient notes & RTT records
- 17 patients, King’s College Hospital Foundation Trust
- June 2015 to August 2016

Extracted data:

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RESULTS: REFERRAL TO TREATMENT TIMES

Mean breach was 25 weeks (176 days)
• Min -3 weeks (treated on week 15)
• Max 56 weeks, 397 days

Standard not met.
• Why? – 3 patient journeys: minimum, median, and maximum breach patients
PATIENT JOURNEYS

1. Patient with shortest RTT time.

- Day 1 Week 1 – Referral received (RTT start date).
- Day 70 Week 10 – 1st Outpatient appointment, added to inpatient waiting list.
- Day 104 Week 14 – Treatment given.

No DNAs.
No cancellations.

Internal referral from OMFS
Full medical history already taken.

BDA case-mix score: 20
Mental health conditions: 1
No. of systems with chronic illness: 1
PATIENT JOURNEYS

2. Patient with median RTT time.

- Day 1 Week 1 – Referral received (RTT start date).
- Day 185 Week 26 – Patient cancelled assessment.
- Day 206 Week 29 – 1st Outpatient appointment, added to inpatient waiting list.
- Day 264 Week 37 – Patient attended for pre-assessment.
- Day 273 Week 39 – Treatment given.

**Yellow – patient factors.**
- BDA case-mix score: 15
- Mental health conditions: 3

**Blue – treatment factors.**
- No. of systems with chronic illness: 6

**Red – potentially avoidable factors.**
- Patient declined first inpatient date available.
PATIENT JOURNEYS

3. Patient with longest RTT time.

- Day 1 Week 1 – Referral received (RTT start date).
- Day 141 Week 20 – 1st Outpatient appointment, add to waiting list for IV sedation.
- Day 212 Week 30 – Appointment cancelled by patient.
- Day 238 Week 34 – Patient attended, treatment deferred (failed sedation).
- Day 253 Week 36 – Follow up, patient cancelled.
- Day 260 Week 37 – Follow up, decision pending.
- Day 330 Week 47 – Follow up, add to inpatient waiting list.

- Day 505 Week 72 – Patient attended for assessment
- Day 507 Week 72 – Treatment given
- Total 1 year, 4 months, 20 days from referral received

Delay?
Reason not recorded in notes – best guess is lost on inpatient waiting list.

Yellow – patient factors.
Blue – treatment factors.
Red – potentially avoidable factors.

BDA case-mix score: 40
Mental health conditions: 0
No. of systems with chronic illness: 5
- 6/17 (35.3%) had none
- 9/17 (52.9%) had one
- 1/17 (5.9%) had two
- 1/17 (5.9%) had three

High levels of DNA’s/cancellations for these pts.
- Contributing factor for RTT times
REASON FOR INPATIENT ADMISSION

Why does patient need inpatient overnight stay?

- Complex Medical History: 15
- Social Reasons: 2

5.14 Elective In-patient Care

If a patient has been judged unsuitable for day-case surgery at the pre-assessment clinic, the patient may only be able to undergo oral healthcare under general anaesthesia as an in-patient. This includes patients who have complex medical disorders or severe mental health problems and occasionally due to social circumstances.

✓ Standard met
SERVICE EVALUATION:
DESCRIPTION OF PATIENTS WHO REQUIRE INPT ADMISSION

• Age: Mean 42y/o (18-63)
• Sex: Male 6 Female 11
• Smoker: 4/14 (28%), Drinker: 6/14 (46%)

• Type of treatment delivered:
  • 2 LA, 1 IVS, 14 GA
  • 12/14 (86%) had extractions. Mean no. of teeth = 6.
  • 12/14 (86%) had fillings. Mean no. of rests = 3.
  • 8/14 (57.1%) had S&P

• 17 overnight inpatients per year.
• ASA: all class 3 except for one class 2
• Mental Health Condition: 10/17 (59%)
• Phobia reported: 11/15 (73%)
BDA CASE-MIX MODEL

- BDA Case Mix Model (Max score = 60)
  - Mean 31 (15-60)

- Ability to communicate
  - 70% 0

- Legal or ethical barriers
  - 70% 0

- Ability to co-operate
  - 80% B or C

- Medical status
  - 76.5% C

- Oral risk factors
  - 60% B, 30% C

- Access to oral care
  - 30% A, 60% B

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LEVEL OF WORKLOAD

➢ Number of appointments (assess to first treatment):
   • Mean 4 (2-6)

➢ Number of letters/phone-calls/emails to other health and social care professional
   • Mean 9 (1-31)

➢ Anaesthetist pre-assessment
   • 5/14 saw patient in clinic
   • 8/14 normal day before assessment
   • 1/14 notes RV
SUMMARY

➢ Reasons for planned overnight admission meeting standards.

➢ RTT standards not met
  • Waiting lists for assessments
  • Contact to/from other HCP
  • DNA’s/cancellations
  • Administrative issues

➢ Complex patients & high workload
  • Complex medical histories
  • Learning difficulties, challenging behaviours, dental phobias
  • Social issues
ACTIONS

- Waiting lists initiatives have helped to reduce the time from referral to assessment.

- A new inpatient care pathway has been developed.
LEARNING POINTS FROM PATIENT JOURNEYS

- Good communication
  - SCD, OMFS, Dental Waiting List Office (DWLO)

X Admin errors can happen

Pathway Protocol
  - Facilitate communication
  - Definitive administrative pathway
  - Clarify duties: SCD/OMFS/DWLO
INPATIENT PATHWAY PROTOCOL

**Pre-operative process**
- Decision to treat in theatre
- Referral if appropriate

**Opinion sought from consultant anaesthetist on suitability for DSU/hospital theatre.**
- Confirmation that in-patient list needed

**All pre-operative investigations to be arranged by SCD team**
- Specialist anaesthetic input if required e.g. cardio, airway

**Blue card to DWLO**

**DWLO identify list and pre-assessment date**

**DWLO to liaise with OMFS team, to contact listed SCD consultant with the following information:**
- Anaesthetist, Oncall OMFS consultant & SHO, and their emails

**OMFS pre-assessment appointment (SCD Cons. to attend if possible)**
INPATIENT PATHWAY PROTOCOL

Day of admission

Patient admitted to ward by ward team and OMFS SHO. Any pre-op tasks such as bloods and prescriptions to be carried out by OMFS SHO.

Following day

SCD Consultant responsible for 2nd stage consent/confirm procedure with patient/carers

OMFS SHO/SCD Consultant to complete discharge summary on EPR in theatre

SCD Consultant responsible for 2nd stage consent/confirm procedure with patient/carers

SCD Consultant to review patient postoperatively on ward

For overnight admission SCD Consultant to contact on-call SHO OMFS (bleep *****) to hand over

SCD Consultant to see patient on ward pre-operatively

Treatment completed in theatre - OMFS SHO to assist where possible
INPATIENT PATHWAY PROTOCOL

Pre-operative process:
- SCD Consultant to see patient first thing to confirm discharge

Day of admission:
- Patient discharged by ward
- SCD Consultant to confirm arrangements for follow-up

Following day:
- Submission of signed discharge summary by OMFS SHO to the ward
**ACTIONS**

- Waiting lists initiatives have helped to reduce the time from referral to assessment.

- A new inpatient care pathway has been developed.

- Links with other healthcare professionals
  - Specialist cardiothoracic anaesthetist for pre-assessment purposes
  - Older people’s assessment clinic for provision of a comprehensive pre-, peri- and post-operative care plan for older patients.

- Re-audit
REFERENCES


Thank you for listening.

And thanks to

Charlotte Curl.

All the KCH special care team.