

BACKGROUND

Routine dental care has been shown to:

- Decrease morbidity and mortality
- Lower overall cost of care^{1,2}

Baby Oral Health Program (BOHP)

- Partnership between ECU Pediatrics Outpatient Center (OPC) and School of Dental Medicine (SoDM)
- Established referral process for OPC patients without a dental home
- Model for areas where co-location of medical and dental clinics is not an option³
- 13/13 (100%) of attending physicians, 13/21 (62%) of pediatric residents, and 0/5 (0%) of medicine-pediatric residents surveyed were aware of the BOHP at initiation of the project
- Baseline: 61% of BOHP referred patients established a dental home with ECU SoDM

PROJECT AIM & DESIGN

Global Aim

Improve patient adherence to AAPD/ADA/AAP guidelines for establishing a dental home
 (by the end of the 1st year or within 6 months of the first tooth eruption)

Specific Aim

Improve the percentage of patients referred through the BOHP from ECU Pediatric OPC to ECU SoDM who establish a dental home to 75% within 1 year.

Measures

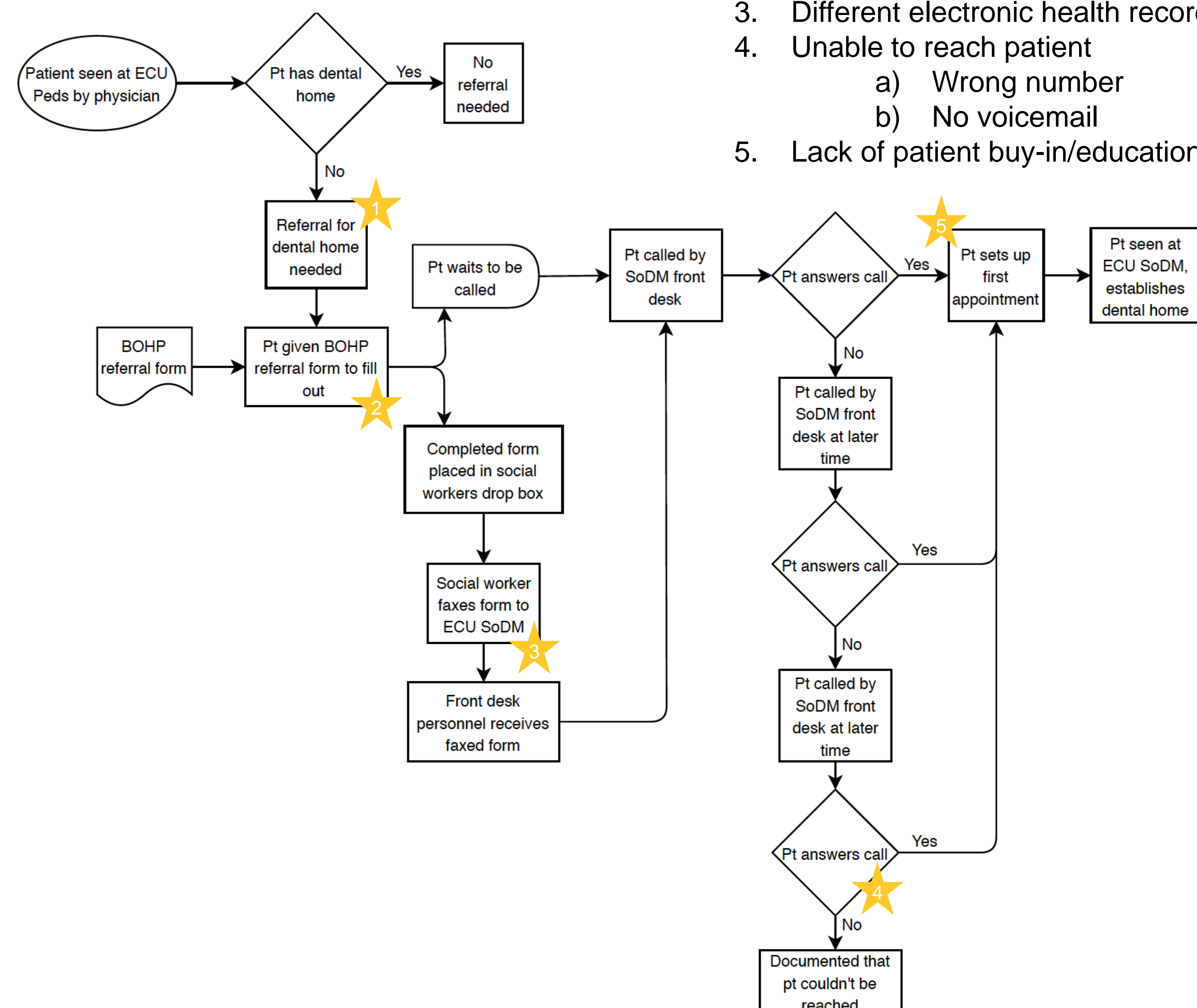
Outcome: % of referred patients that schedule a visit with ECU SoDM
Process: Turnaround time (days) between referral and SoDM contact with patient
Balancing: Appointment wait time (days)

Data Collection

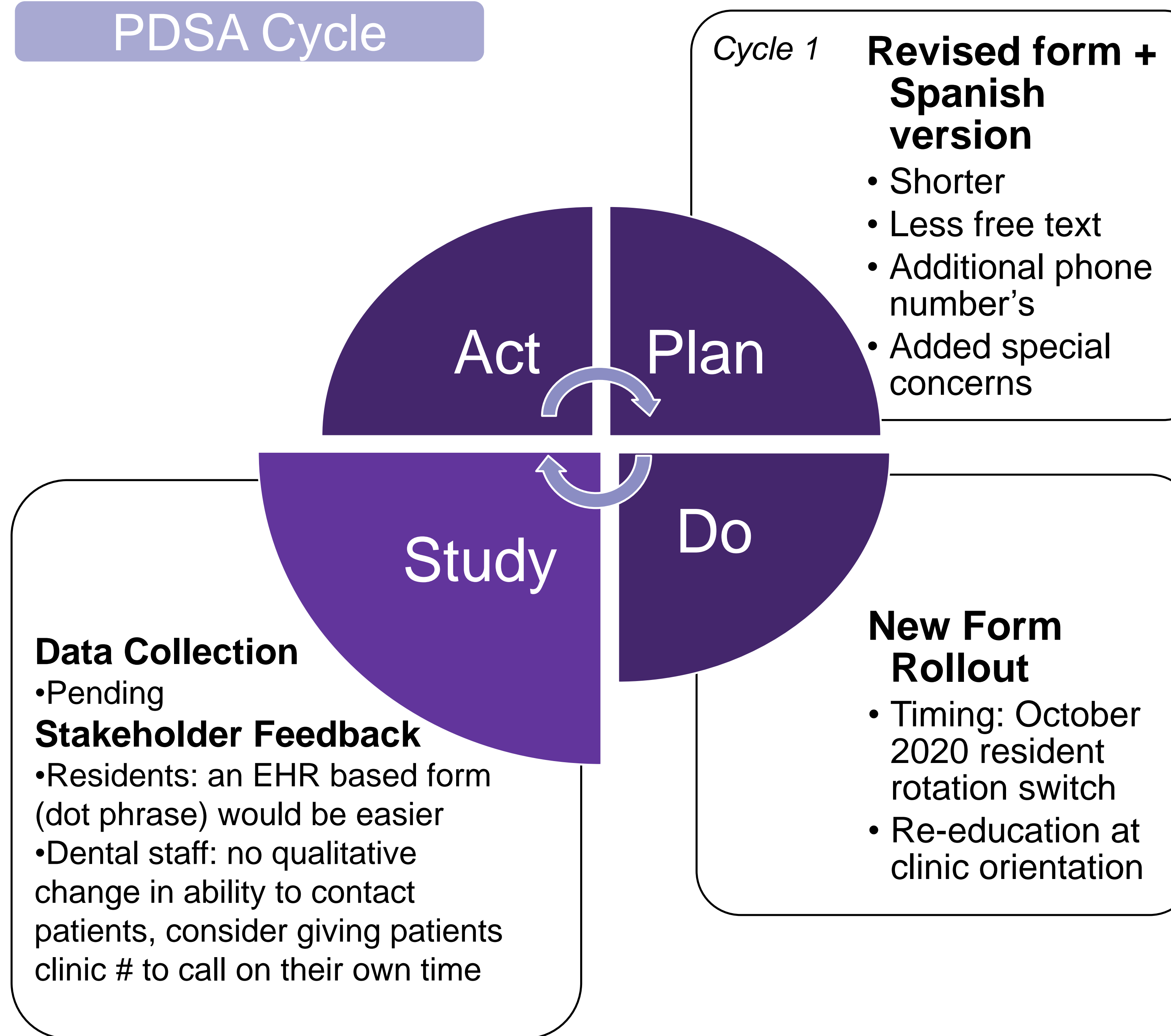
Quantitative Research
 Prospective chart review (EPIC and AXIUM)
 [Retrospective for baseline]
 Exempt Study IRB Approved

CHANGES MADE

Process Flow Map



PDSA Cycle



LESSONS LEARNED

Interprofessional collaboration:

- Communication becomes increasingly challenging due to differences in schedules, technical knowledge, physical space, and electronic health record (EHR) systems
- Early and frequent communication is crucial
 - End goals should be re-evaluated often to maintain shared mental model

System-based challenges:

- Working with different EHR systems adds complexity to data collection
 - Reliable and realistic methods for data acquisition should be sought in early stages of a project
 - Avoid relying on external personnel to access data for collection
 - Locations with high provider turnover (i.e., teaching hospitals) require structured education practices to maintain sustainability
 - Targeted changes should address these high turnover situations
- Impact of COVID-19**
- Personnel turnover that occurred as a result of the pandemic created challenges to the process
 - Sustainable processes should be targeted to withstand turnover

These challenges are best met with **strong communication** and a **shared mental model**.

ACKNOWLEDGEMENTS

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