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BACKGROUND

Routine dental care has been shown to:

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

PROJECT AIM & DESIGN

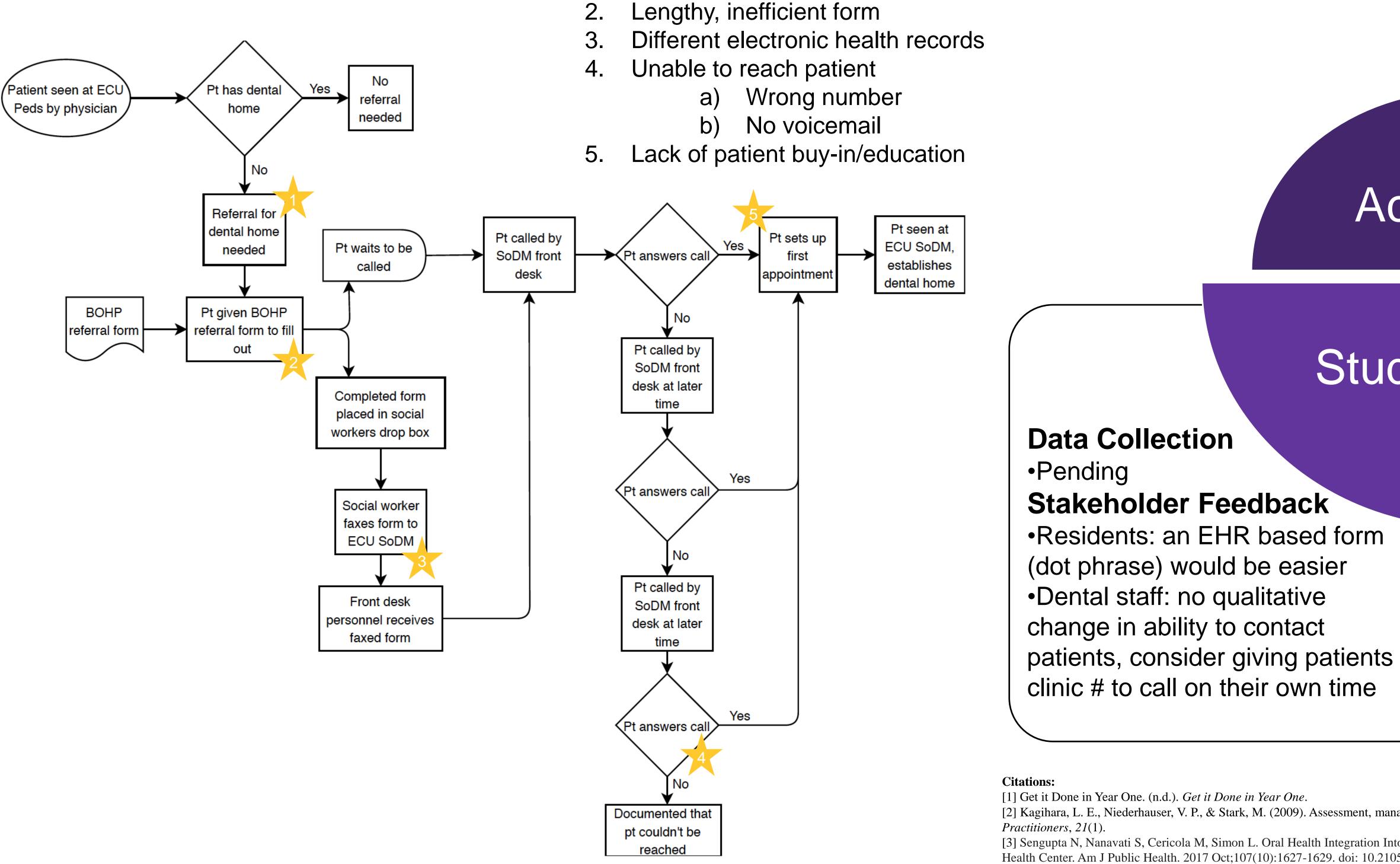
Global Aim

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)

CHANGES MADE

Process Flow Map

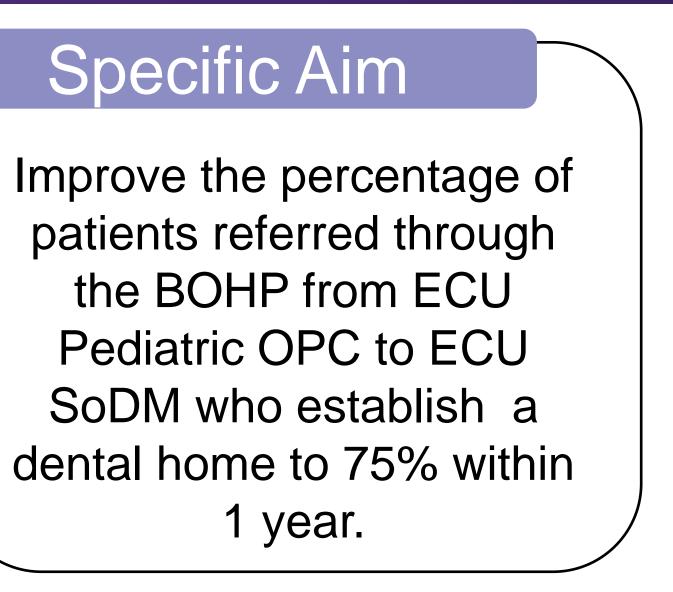


Establishing a Dental Home in a Timely Manner: Improving the Dental **Referral of Pediatric Patients**

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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



Identified areas of improvement:

Resident knowledge of form

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

Cycle 1 **Revised form +** Spanish version

- Shorter
- Less free text
- Additional phone number's
- Added special concerns

New Form Rollout

• Timing: October 2020 resident rotation switch Re-education at clinic orientation

Impact of COVID-19

ACKNOWLEDGEMENTS



[2] Kagihara, L. E., Niederhauser, V. P., & Stark, M. (2009). Assessment, management, and prevention of early childhood caries. Journal of the American Academy of Nurse

Plan

Do

Act

Study

[3] Sengupta N, Nanavati S, Cericola M, Simon L. Oral Health Integration Into a Pediatric Practice and Coordination of Referrals to a Colocated Dental Home at a Federally Qualified Health Center. Am J Public Health. 2017 Oct;107(10):1627-1629. doi: 10.2105/AJPH.2017.303984. Epub 2017 Aug 17. PMID: 28817337; PMCID: PMC5607678.



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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

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.

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