

A One Year Audit (2015) of The Pattern of Oral Health Needs in A Tertiary Dental Hospital – A Policy Guide Benin City

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Abstract: Clinical audit is a process that has been defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. This study was in an oral diagnosis clinic. The register for patients for 2015 was used to audit patients' normative needs as against normative demands. Result revealed infection as dominant (46.37%), followed by caries (22.39%). The least was prosthetic need. (2.40%). We conclude that auditing of our health records is good to guide our future policy projections.

Keyword: One Year; Audit; Pattern; Oral Health

I. Introduction

Clinical audit is a process that has been defined as a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change⁽¹⁾. It is a way to find out if health care is being provided in line with standards. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patient. In recent times public and professional conviction in the quality of clinical care has been hit hard with increasing public grievances, and scrutiny. Yet respect and faith in the competence of health care professionals persists. Nevertheless, this respect and faith can no longer be taken for granted nor can efficiency be considered as a separate professional issue. Hence the imperatives of clinical audit which is an indispensable tool to sustain and validate this trust and respect.⁽²⁾ Quality improvement mechanism audit can demonstrate that genuine and substantial efforts are being made by clinical staff to deliver high-quality professional care to their patients⁽³⁾. Auditing patients care is a century-old concept that is progressively acquiring importance as a potential device to reduce morbidity and mortality and thus improve quality of life.

Clinical audit is the cornerstone of ensuring that the strategy of care is executed as planned and in the process provides a framework to highlight and enable changes to be incorporated ensuring impaired patient care. Hence clinical audit results in enhanced quality of patient care as compared to clinical research which results in improved knowledge and comprehensive understanding.⁽⁴⁾ Clinical audit in dentistry is participatory done in oral diagnosis clinic from record maintaining, clinical diagnosis, treatment and post operation evaluation and follow-up.

The aim of this study therefore is to guide clinical policies with patients' audit information.

II. Material and methods

In this study, the oral diagnosis clinic patients register for 2015 (January 1st to December 31st) was used from the University of Benin Teaching Hospital, Dental Hospital. The study was a retrospective clinical audit of dental cases seen between January 1st to December 31st in 2015, from a non-confidential oral diagnosis register for patients. Normative needs were audited, excluding normative demands to avoid spuriousness.

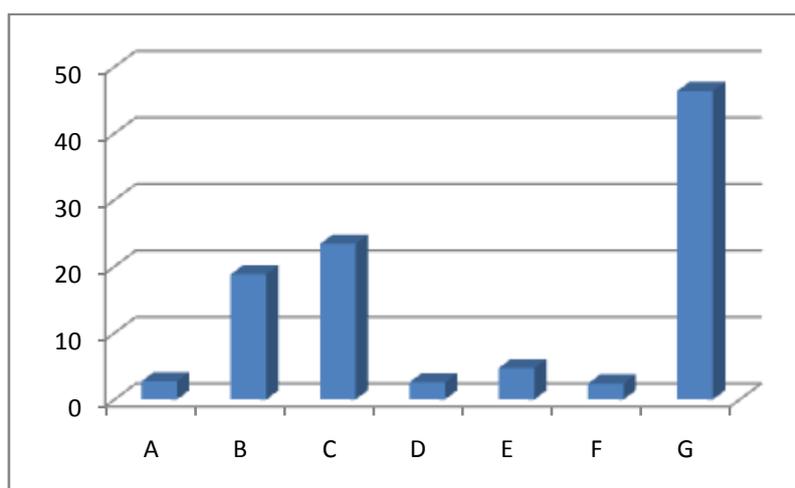
III. Result

Result shows infection as the highest oral health need (46.37%) (Table I, fig I), followed by caries (22.39%) (Table I fig I), periodontal problems (18.81%) trauma (4.7%), developmental problems (2.73%), followed by oral tumors (2.58%) and the least prosthetics problems (2.40%).

Table 1: Normative oral health needs 2015

A	Developmental problems	Number	% of number affected	% of total attendance
	(a) cleft	52	57.8	1.58
	(b) orthodontic	38	42.2	1.15
	Number	90	100%	2.73
B	Periodontal problem	619	100%	18.81
C	Caries	737	100%	23.39

D	Oral tumors			
	(a)odontogenic	52	61.18	1.58
	(b)non-odontogenic	33	38.82	1.00
	Number	85	100%	2.58
E	Trauma			
	(a) fracture	56	36.1	1.7
	(b) soft tissue laceration	68	43.9	2.1
	(c) avulsion	11	7.1	0.33
	(d) tooth fracture	20	12.9	0.61
	Number	155	100%	4.71
F	Prosthetics			
	(a) partial dentures	56	70.9	1.70
	(b) full dentures	23	29.1	0.74
	Number	79	100%	2.40
G	Infection			
	(a) apical periodontitis	405	26.54	12.31
	(b) pulpitis	361	23.66	10.97
	(c)Dentoalveolar abscess	218	14.29	6.62
	(d) submandibular abscess	94	6.16	2.86
	(e) sublingual abscess	71	4.60	2.16
	(f) submental abscess	60	3.93	1.82
	(g) Ludwig angina	3	0.20	0.09
	(h) acute ulcerative gingivitis	84	5.5	2.55
	(i) osteomyelitis			
	(j) localized ostitis	66	4.33	2.00
	(k) viral infection	62	4.06	1.88
	(l) fungal infection	56	3.67	1.70
		46	3.01	1.40
	Number	1,526	100%	46.37
		3,291		100%



A-Developmental problem.B-Periodotalproblem.C-Caries.D-Oral tumour.
E-Trauma.F-Prosthetics.G-Infection.

FIG 1: Normative oral health needs 2015

IV. Discussion

Oral health care providers are concerned with the wellbeing of their patients. Clinical audits is an indispensable tool to retain public trust and improve oral health care. This audit revealed infection as the dominant oral health need, this conforms with Anaral et al ⁽⁵⁾, followed by caries, periodontal problems, trauma and developmental problems this findings are in tandem with Pekiner et al ⁽⁶⁾. Patients' perception of need frequently give rise to a demand for health care. Patients are often unaware of the treatment options available and depends on the health care provider to suggest the appropriate care for their conditions. This audit is important because assessment of these normative needs in patients who seek dental care at an institution is important as such data could be used to estimate the resources and man power required to meet the needs of patients and by proxy constitute a very strong template for a proper policy guide ^(7, 8)

These varied findings from oral health audit of different patient's oral health needs as against oral health demand, infection to developmental defects; is a positive spread of ample information that will definitely shape policy decision in our health care. We therefore conclude that auditing of our health records is good to

guide our future policy projection. We therefore recommend periodic clinical patient auditing, as this will no doubt spread and guide our thinking for future in both resources and manpower decisions.

References

- [1]. (2012) principle of best practice in clinical audit
- [2]. Malleshi S.N., Joshi, M, Nair S.K., Ashraf I, 2012 clinical audit in dentistry: from a concept to an imitation Dent Res.j 9(6) 665 – 670.
- [3]. Sarivener R, Morrel C, Baker R, Redsell, S, Shaw E, Stevenson K 2002; Principles of best practice in clinical audit. United Kingdom Radcliffe medical press LTD.
- [4]. William O. (1996) what is clinical audit? Ann R Collsurg Engl. 78(5): 406 – 11.
- [5]. Amoral SM, Mirand AM, Netto JS, Pires FR. (2012) Prevalence of oral and maxillofacial disease diagnosed in an oral medical service during a 7 – year period. J. Oral Diag. 1 (2):41 – 6.
- [6]. Pekiner F, Gumru B, Borahan M O, Aytugar E (2011) Evaluation of demands and needs for dental care in a sample of the Turkish population Eur. J. Dent. 4(2):143 – 149.
- [7]. Ekanyakel, Weerasekare, Ekanayake N. (2001) Needs and demands for dental care in patients attend the University of Dental Hospital in Sri Lanka. 51 (2): 67 – 72.
- [8]. Robinson PG, Nadorshy P, Sheiham A (1998) can questionnaire replace clinical surveys to assess dental treatment needs of adults. J. Public Health. Dent. 58(3): 250 – 3.