

June Nunn Special Care
Service Delivery Prize 2015
sponsored by DeCare Dental
Cork Adult Special Needs Dental
General Anaesthetic Service

Background

- Loss of service in early 2000s with re-establishment of minimal level of service in 2008 (half-day session/month)
- Summer 2014- waiting list 117 with waiting time ~5 years
- Unacceptable situation for clients/family/carers
- Unacceptable situation for staff
- Complaints to HSE and Ombudsman, HSE Risk Register
- Priority for National Dental Office and Local Management

Validation and Prioritisation of Waiting List

- Agreed prioritisation protocol- un-manageable pain/infection, high-risk medical history, caries anterior dentition etc.
- 41 cases (35%) categorised as priority
- 47 cases (40%) categorised as non-urgent but valid
- 29 cases (25%) removed from waiting list- insufficient justification for GA at present, suitability for sedation, required OS management only
- Cariogram caries risk assessment and managed care- oral hygiene instruction, dietary counselling, fluorides

*Securing the Future of
Smaller Hospitals:
A Framework for
Development*

Health Service Executive &
Department of Health

February 2013

Organisation of Hospital Services: Models of Hospitals

- Model 1- community hospitals
- Model 2- provide majority of hospital activity such as extended day surgery e.g. Mallow General Hospital
- Model 3- 24/7 acute surgery, acute medicine and critical care
- Model 4- similar to model 3 but provide tertiary care and supra-regional care e.g. Cork University Hospital

Bi-Directional Patient Flow

- Management of case in location appropriate to risk and complexity of case i.e. MGH (Model 2) or CUH (Model 4)
- Thorough dental, medical and anaesthetic pre-assessment
- Close working relationship between dental surgeon, anaesthetist and pre-assessment staff
- Transfer protocol from Model 2 to Model 4 hospital in event of adverse event or unexpected overnight admission

Current Position

- Service at MGH commenced November 2014
- CUH and MGH services run parallel based on principle of bi-directional patient flow
- Priority cases were managed first followed by less urgent cases
- Productivity increased from 2 cases/month to 10 cases/month
- Current waiting times approx. 6 months

What next?

- Patient satisfaction survey for clients/family/carers
- Identify unmet need
- Further reduction in waiting times
- Explore role of IV sedation?

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Thank You

Questions?