

A Quality Improvement Project: Implementing Standardized Radiation Dental Care Screening

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PROBLEM STATEMENT

- Barriers to dental care with head and neck cancer patients can delay treatment ¹
- Use the Perceived Needs for Oral Health Care Services (PNOHCS) tool to screen for dental needs to improve outcomes ²
- In this facility the average number of days from consult to treatment is 30 days
- The recommended goal should be closer to 14 days³
- Delays of care are associated with negative outcomes, like decreased lifespan¹

PROJECT PURPOSE

- To reduce the time from consult to start of radiation treatment

PROJECT AIM

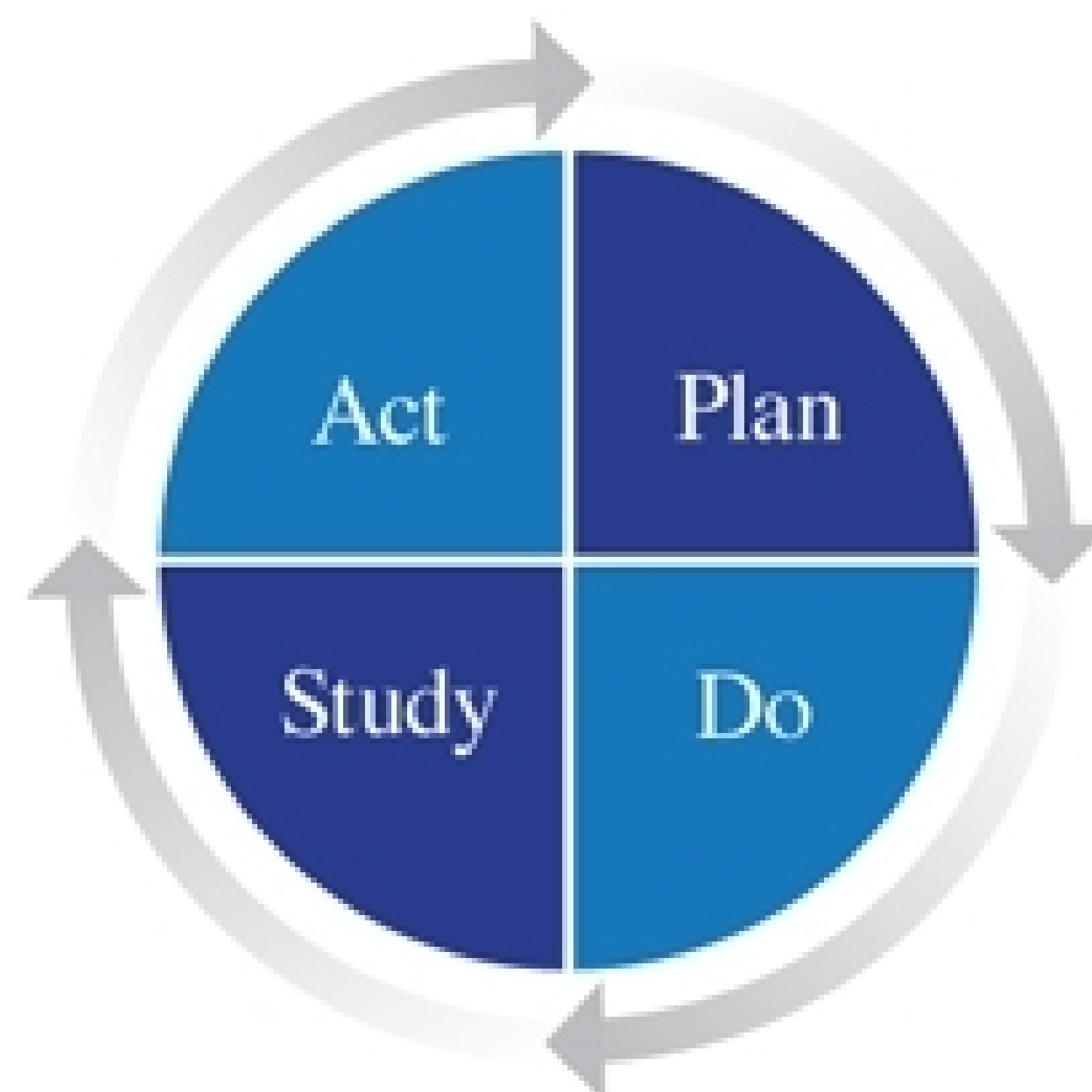
- Use PNOHCS tool and a protocol to reduce delays or days from consult to treatment start.
- Implement this as a quality improvement (QI) measure.

PICOT QUESTION

- In patients undergoing radiation treatment for head and neck cancer, will the implementation of a pre-radiation dental assessment protocol versus current practice decrease delays in time from consult to treatment over three months?

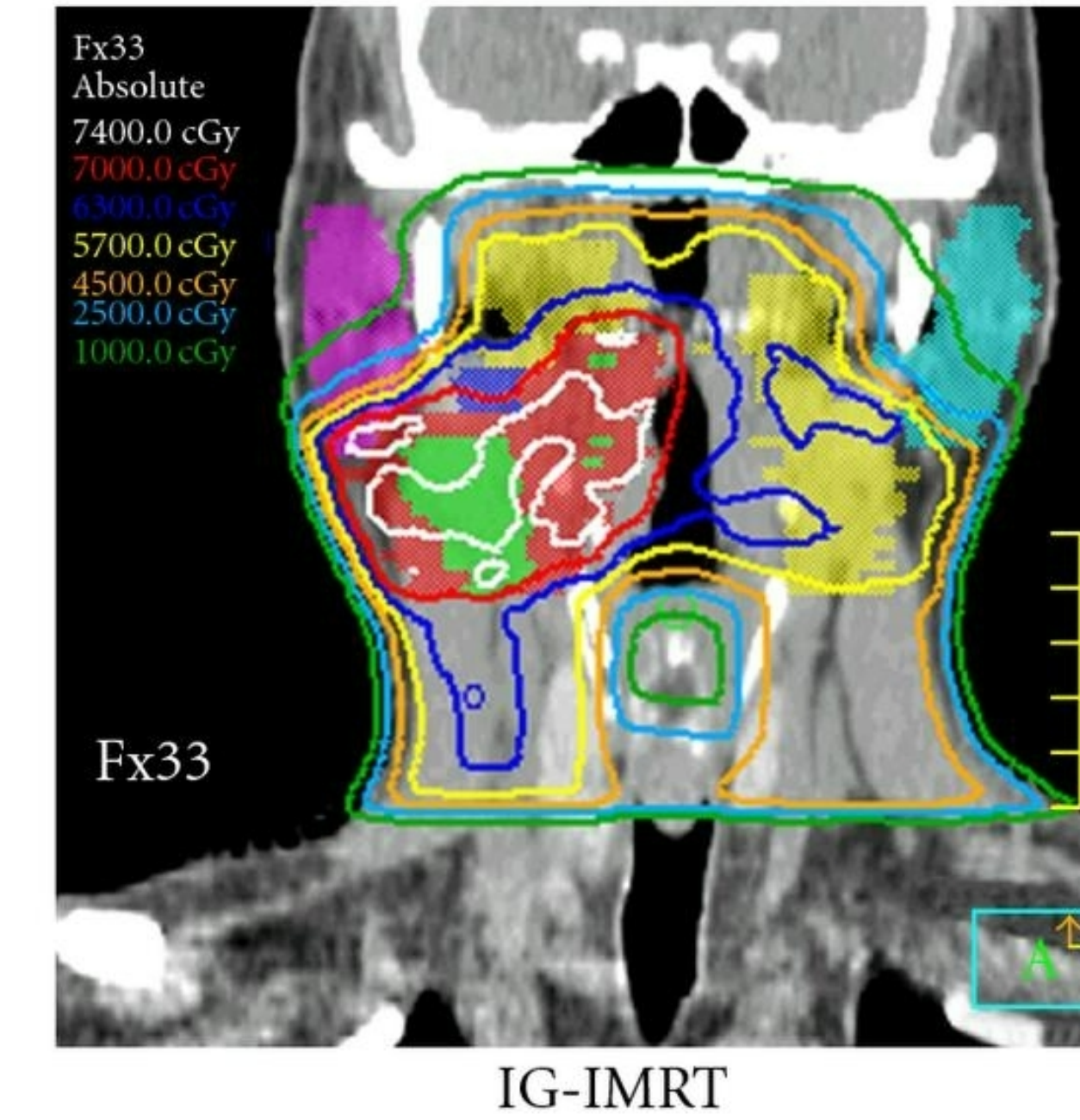
MODEL/NURSING THEORY

- QI Model: Plan-Do-Study-Act
- Theory: Health Promotion Model



METHODS

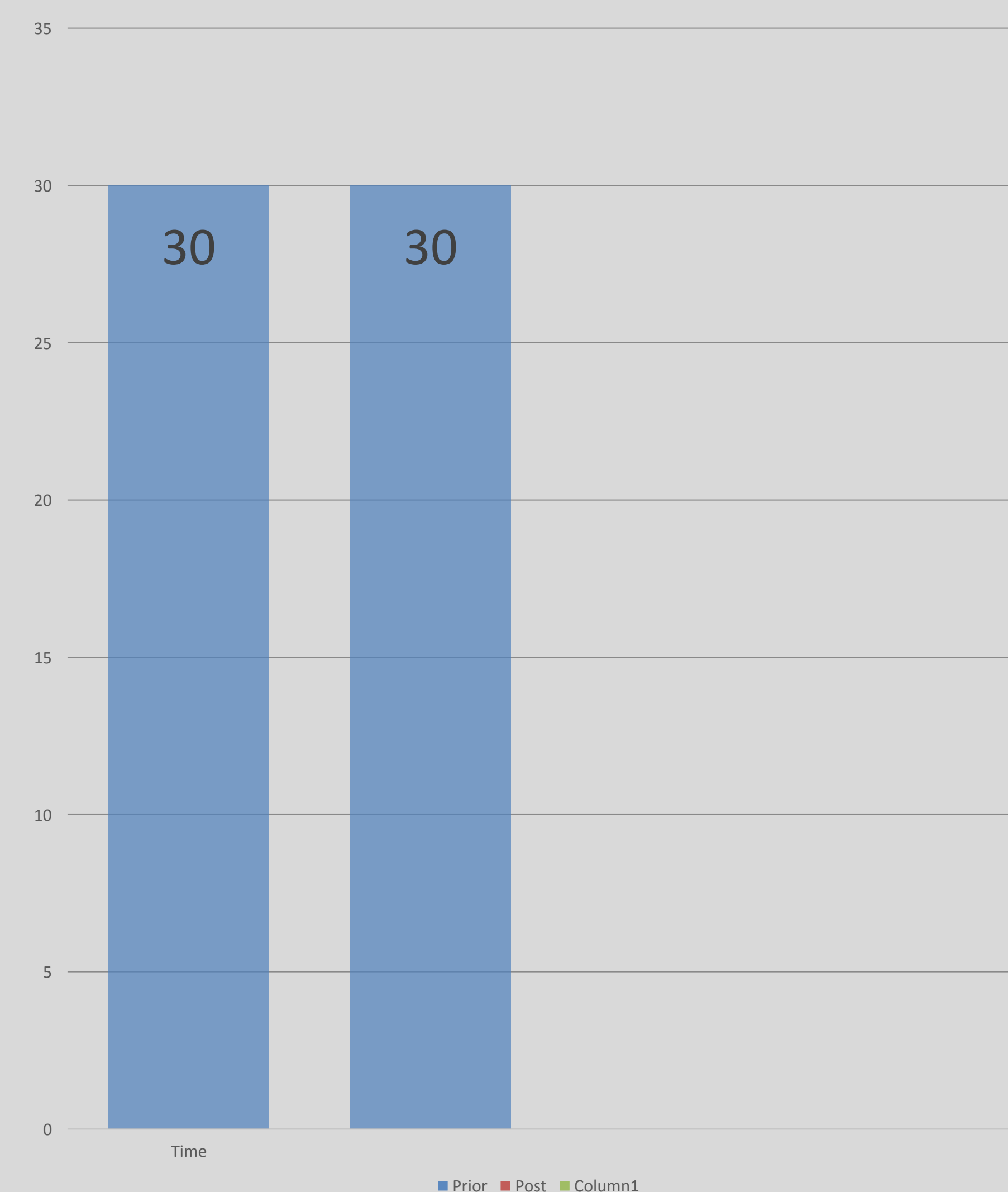
- **Subjects (Participants)**
 - Head and neck radiation therapy patients, age 18 and older
- **Setting**
 - Head and Neck cancer patients consulted for cancer treatment.
- **Instruments/Tools**
 - PNOHCS tool
 - Head and Neck Cancer Dental Protocol
 - Measuring time from consult to start of care
- **Intervention and Data Collection**
 - Implementation of tools and data collection over three months time.



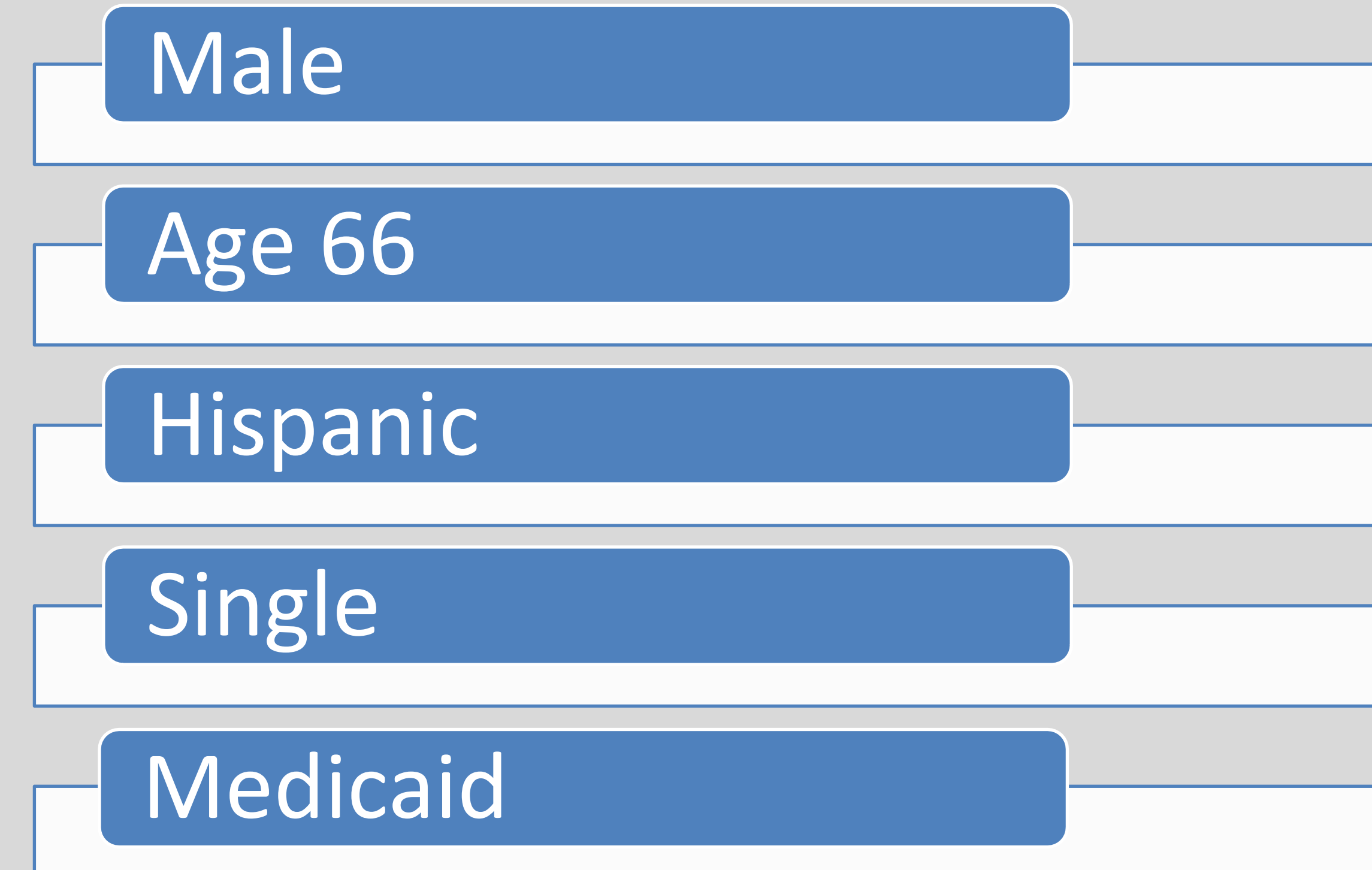
RESULTS

- 16 Participants completed the PNOHCS tool
- One participant with complete data and three additional have data pending
- Remaining participants decided to coordinate care at an alternative radiation therapy provider office
- One potential patient declined participation

TIME (DAYS) TO START OF TREATMENT – Pre versus post QI Project



Demographics



DISCUSSION

- Patient time from consult to treatment remained at 30 days. However, delays not related to dental clearance or extraction caused time greater than goal to occur.
- PNOHCS led to improved referral process for dental evaluation pretreatment
- PNOHCS under consideration for EMR build
- Protocol to remain in place for facility

LIMITATIONS/BARRIERS

- Provider transitions
- Low number of participants with finalized data

IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- Dental protocol and PNOHCS for reducing time for start of care worthy of continued implementation
- Recommend adding to EMR for staff ease of use
- Initiating the protocol and tool at the earliest point possible

SUSTAINABILITY

- Key stakeholder staff familiar to tool and protocol
- EMR inclusion and possible best practice alert to staff



REFERENCES

