Dental Services at Gateway

A Quality Improvement Project
Te Puaruruahu, Starship
Auckland Regional Dental Service

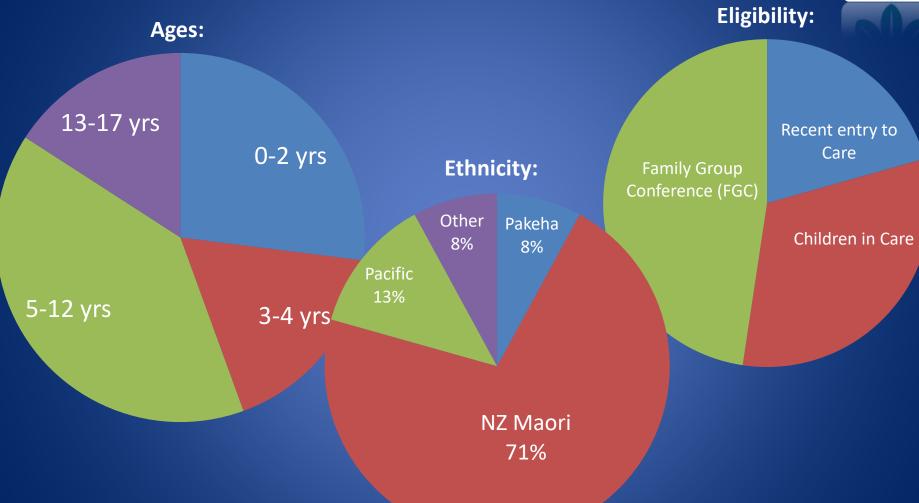
Colette Muir, Developmental Paediatrician Allie Fyfe, Gateway Coordinator

Gateway Assessments

- Ministry of Social Development programme
- Children and young people with Oranga Tamariki support
- Detailed health and education assessment to identify needs and plan support
- Approx. 250 per year at ADHB
- Referrals from Social Workers

ADHB Gateway population





Referral from Oranga Tamariki

Gathering of Information

Clinic Appointment



MDT meeting held-Inter-Service Agreement agreed on



Inter-service
Agreement & full report distributed & implemented

Information Gathering

- Immunisation records
- Plunket records
- Dental records
- ACC
- NZHIS (all health records)
- School/ECE/Ohomairangi Trust
- Oranga Tamariki
- GP records
- Parents/Caregiver complete SDQ / Ages & Stages
- Parents health records
- Te Puaruruhau records (for any non accidental injuries/sexual assaults/neglect assessments etc they have been seen at Te Puaruruhau for)
- Mental Health Services
- Starship Community Service
- Newborn hearing screen
- MoE
- Clinical Services (Psychological/Trauma assessments and intervention)
- Police
- Family Start
- Before School check (B4SC)



The Problem

 At 3-6 months review, often the children had not been taken to the dental service despite need being identified

 We were noticing poor oral health with children with severe decay and dental pain.



Our Problem

- Embryonic knowledge of Quality Improvement
- No funding for this project
- Not a formal project
- No easy data collection possible
- But we were keen!

What We Did

Frontline staff noticed the problem

 Phoned colleagues from Auckland Regional Dental Service

Arranged for a baseline audit

Baseline Data

- 3 months of referrals. Who had received dental care in 6 months after the Gateway Assessment?
- 70% of children and young people presenting to Te Puaruruhau for Gateway Assessments were not up to date with dental assessments
- 22% too young for dental assessment
- 8% up to date
- Despite this need being identified, only 1 child went on to receive dental care within 3 months.

Improved Processes

- Process map
- Improved administrative processes
- Started with providing appointment time to be communicated at the Gateway Assessment
- Moved to ARDS commenced negotiating appointment times at the most accessible clinic with the whanau / caregiver & social worker

Relationships and Networks

 Developed relationships and networks between ARDS and Oranga Tamariki

ARDS embraced by the Te Puaruruhau team

Easily accessible contact person within ARDS

Whanau Centred Approach

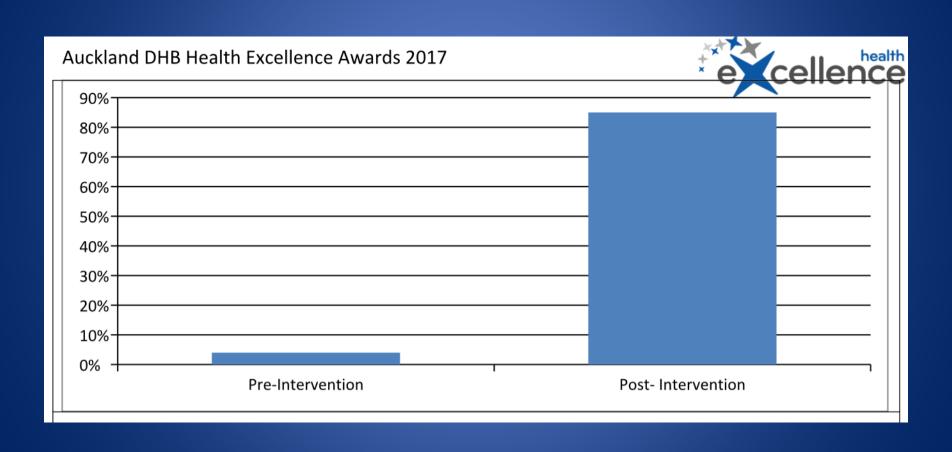
- Tailored innovative solutions
 - most convenient clinic
 - accessing school dental vans
 - joint appointments with siblings
 - request social worker support with transport
 - ARDS or private provider for adolescents

Framework and Narrative

It is health's responsibility to facilitate health services

 Gateway children deserve to have their needs met by the health system

First Data Outcomes



Next Steps

- Demonstrating success led to increased recognition and support
- ARDS committed to providing a dental therapist and dental educator to attend each Gateway appointment

 Funding from Starship Foundation to provide free toothpaste + brush to every child supported positive dental experiences for the families



Recent Audit

- Gateway Assessment Jan-March 2019
- 56 % Māori, 18% NZE, 24% Pacific
- 14 adolescents
 - 9 warm handover to private providers
 - 5 seen at ARDS
- 5 did not require appointment, 2 not yet due

Outcomes

Of the remainder

- 35 due for appointments at ARDS
- 34 attended appointments
- All Māori tamariki attended appointments with ARDS

Next Steps

- Spread to other DHB's- have not yet made this work
- Need to raise profile within organisations
- Whānau asked us if we could address other needs
 - immunisations
 - audiology testing
 - next step is vision testing



Lessons: Outcome Measures

- Manual counting is time-consuming and clumsy but is much better than nothing
- Do enough to tell the story, as often as you need to
- Evolved from:
 - "Need Identified"
 - to "Engaged with ARDS"
 - to "Completed treatment" child centred

Lessons

Knowledge of Quality Improvement is helpful for frontline staff

 Focus needs to be wider than just process improvement

Success leads to success, so celebrate success!

Leadership style matters

Conclusion

Hard to reach is NOT impossible to reach.

 With persistence and commitment Gateway children can successfully be engaged with health services.

Thank You and Acknowledgments

 Children of staff members who kindly posed for photographs for the Gateway Social Story

ARDS team and Te Puaruruhau team