

Quality management in oral health care

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Modern dentistry relies on the delivery of care through an evidence-based approach. But what if the evidence is poor, or lacking? In the different clinical contexts of dentistry there is a struggle with a lack of parameters to define quality assurance and quality control, and it becomes the duty of the practitioner to deliver a high standard of care that meet their own levels of acceptability which is governed by personal ethics, laws, policies and principles.

The evidence used in such a scenario is largely empirical. The importance of this is further highlighted by increasing costs and demand for oral healthcare that drives innovation towards efficacy and quality of care.¹

The question therefore arises: How do we define quality management within our own reference frame? Unfortunately, there is a paucity of literature to provide information regarding the application of quality management in the dental setting as the available material almost always refers to medical practices.

However, by adopting a standardized approach to quality management a practice will ensure continuous improvement in quality of care. Goetz and co-workers define quality assurance as “the systematic measurement and monitoring of process, structure and outcome of care and results in a continuous improvement process”.²

In resource poorer settings with higher patient demands and pressure, an innovative quality management programme becomes indispensable. However, it is often the case that dentists in such situations do not have access to resources to facilitate implementation of quality management programmes.

One such example is seen in the rotation of community service dentist through oral healthcare facilities without having the opportunity to make any meaningful contribution other than service delivery that sees to the immediate clinical needs of patients. This is in stark contrast to the private practitioner who is an owner and driver of their own practice and arguably, a stronger personal motivation and financial incentive.

Practices that actively implement quality management programs tend to perform better to their counterparts who do not.² In clinical practice we have to seek to continually measure what works and what does not, and then implement changes to progressively improve on the outcome being measured. The implementation of quality management systems can comprise of a number of factors to be measured to quantify the provision of care.



In light of the limited quality measurement specifications, as well as the lack of measurement standardization it is time to consider the development of an industry standard for quality management policies. These should be flexible, but reliable and valid to fit the different clinical settings in oral healthcare.

In order to continue to provide optimal care and benefits, we have a responsibility to manage our own quality and implement quality assurance measures in practice. This should encompass organizational activities, patient care and service, and even resource management. In this way we will grow the profession and develop standards of care and practice that will be quantifiable and useful measures of outcomes to be used as industry reference standards.

We present the March issue of the 2021 SADJ and trust that you will receive benefit from the content. We thank all the contributors.

References and further reading

1. American Dental Association on behalf of Dental Quality Alliance. Quality Measurement in Dentistry, a guidebook. 2019. https://www.ada.org/~media/ADA/DQA/2019_Guidebook.pdf?la=en
2. Goetz K, Campbell SM, Broge B, Brodowski M, Wensing M, Szecsenyi J. Effectiveness of a quality management program in dental care practices. *BMC Oral Health* 2014; 14:41.

