



Management of anxiety before dental surgery in children: A continuous improvement approach

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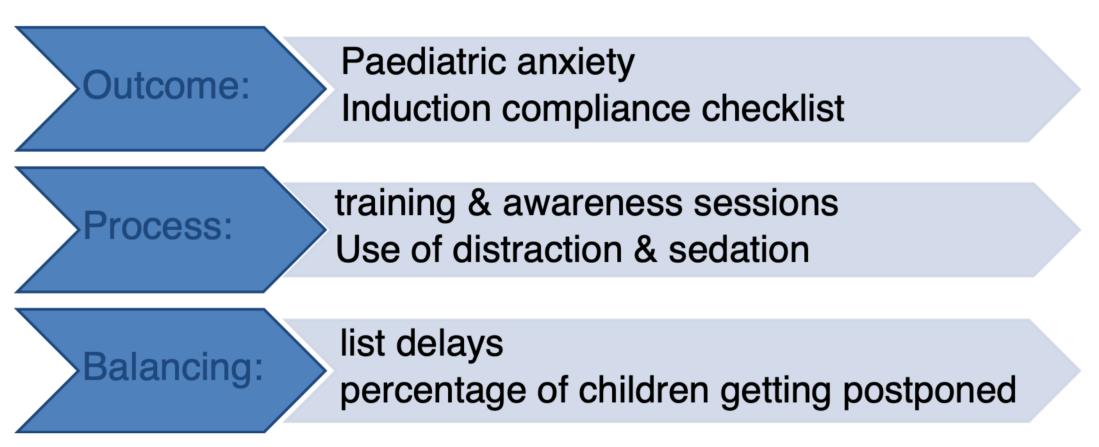
Aim

Reduce number of primary school children non-compliant at induction of general anaesthesia for dental surgery due to distress by 80% by May 2019.

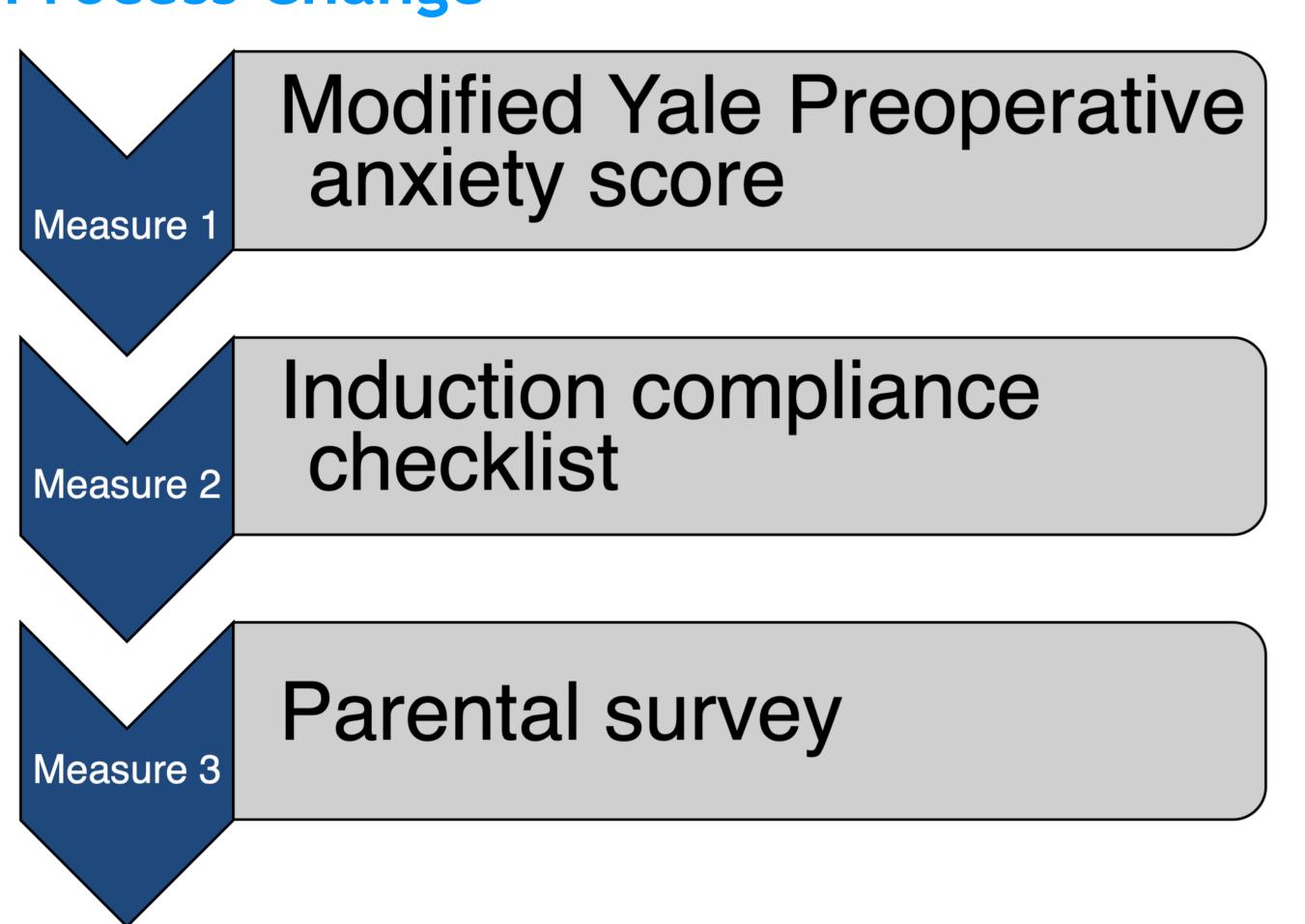
Background: It's important!



Method (for Improvement)



Process Change



Conclusions

Not only is the safety of perioperative care outstanding but the quality & experience is also excellent. The whole perioperative team make use of non pharmacological interventions to minimise distress in children undergoing dental surgery

Next steps

- Sustain high standards Formalise process and balancing measures
- Increase training for all staff in perioperative anxiety involved in the dental surgery pathway - celebration of excellence & professional development = joy at work

Results

Severe Anxiety at induction is rare Use of pharmacological sedation was frequent Cancellations were less than once a month Parents were satisfied with perioperative care

Key Reference Materials

Kain, ZN et al. The Yale Preoperative Anxiety Scale: How Does It Compare with a "Gold Standard"? Anesthesia & Analgesia 1997 Volume 85 - Issue 4 - p 783-788

Key Learning Points

- 1. Address culture change and resolve resistance or misunderstandings - set Goals
- 2. Seek buy in from all team members
- 3. Ensure effective communication
- 4. Ensure inclusion and feedback to all staff
- Adapt changes based on findings-
- 6. Stop & re- evaluate
- Be patient
- 8. Accept it doesn't always go the way expect
- 9. The fundamentals for QI can be applied to all improvement
- 10. Celebrate excellence if it's already there.... But do it with the data