

Editorial

Quality in Dental Care: Is it an Option?

The goal of dental care is to provide dental resources of high quality to all who need them. Simply put, quality in dental care is getting the right care to the right patient at the right time and every time. There are three basic dimensions to this—structure, process and outcome. Structure represents the basic characteristics of facilities available. Process suggests that quality is determined not just by having the right facilities but also by having the right things done in the right way. And the third, outcome, reflects the end-result of care. Did people finally get better?

In recent decades, the quality movement that has been embraced by the manufacturing sectors has spilled into the healthcare sector. The comprehensive quality management approaches of total quality management (TQM) and continuous quality improvement (CQI), are finding their way into the daily operations of healthcare organizations around the world. Accreditation and certification are systems available to meet the need for quality and performance information.

There is a growing trend for hospitals and dental institutions to develop programs to enhance their operations and ensure compliance with recommended or recognized best practices of their profession. These improvement programs take the form of accreditation. Through the use of an accreditation process, these dental institutions have elevated the quality and effectiveness of the services they provide and improve their organizational professionalism. Examples include the use of the National Assessment and Accreditation Council (NAAC) here in India. The advantages of accreditation include promoting excellence, encouraging quality improvement through continuous self-assessment, assuring public of an organization's mission and objectives, providing a detailed evaluation of a particular department, identifying strengths and weaknesses, encouraging professional growth and fostering public recognition.

Today, we have a window of opportunity made possible by all of the attention that is being paid to changing the dental care system. We need to be more engaged and aggressive and completely committed to transforming the dental care system, because what we are doing clearly is still not good enough. It seems clear that quality improvement in dental care, as in other sectors, requires a coordinated, deliberate, consistent, and sustained approach. It is important to recognize that quality in dental care is improving, but this improvement is happening slowly. We need to ensure that we are basing our quality improvement efforts on good science, the best data, and effective collaboration. The issue of quality dental care is an important issue, one that is going to be raised more pointedly as our healthcare system becomes increasingly managed. Unless there are valid and reliable tools to measure quality, it can never be improved.

Measurement tools need to be acceptable to patients if they are to be employed, as well as to institutions in terms of practicality and costs. We know much of what to do to improve dental care. We now must work together to put it into action. Meanwhile, we must continue to follow our own personal standards for quality, which can actually boil down to answering these simple questions:

- Have I relieved the patient's pain appropriately?
- Have I successfully identified and treated any infection?
- Was the treatment adequate to prevent recurrence of an infection?
- Have I restored function with an acceptable esthetic?
- Have I performed a thorough examination for the patient and not just handled the chief complaint?

Such self-evaluation will ensure that dentistry as a profession can provide evidence to the community at large that its members are responsible stewards of oral health. A culture of self-evaluation is the key to fostering the best healthcare for our patients ensuring transparency of healthcare quality and maintaining the credibility of the dental profession!

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