Improving Orthodontics and Oral Surgery pathway: Part 2 – Patient pathway redesign

SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

Theme | GIRFT Produced by | Leonie Seager Case Study Date: 17.7.25

REASON WHY?

Patients at SATH were waiting on average two years for their impacted teeth to be exposed and bonded under general anaesthetic (GA). These waiting times needed to be significantly reduced to prevent possible patient harm and to ensure that orthodontic treatment can be commenced in a timely manner. Several improvement ideas are currently being tested to improve the multidisciplinary pathway between orthodontics and the Oral & Maxillofacial surgery (OMFS) team as the department looks to reduce waiting times for patients.

SMART AIM

S SPECIFIC M MEASUREABLE A ACHIEVABLE R RELEVANT T TIME-BOUND

To reduce the overall time of orthodontic patients waiting for oral surgery following an orthodontic referral to 52 weeks by July 2025

To reduce the waiting time of patients from referral to OMFS to TCI (being added to the oral surgery waiting list) to 3 months by July 2025

PLAN

A meeting was held to discuss the waiting list. At that time 122 patients from RSH orthodontic department had been referred to OMFS for oral surgery. 62 of these patients were waiting to be assessed by OMFS. An audit of 27 patients who had received their oral surgery showed that on average patients were waiting 39-52 weeks for an OMFS assessment (longest wait 104 weeks), and an average of 104 weeks from referral to completion of their oral surgery.

An idea regarding holding an OMFS virtual clinic for clinically simpler patients had been discussed and was being tested on an adhoc basis. It was agreed that more complex patients should be seen at a joint clinic to ensure consistency of treatment planning and prevent rework. This was set up at RSH using the template of a similar joint clinic already being held at PRH.

Patients assessed as being suitable for the virtual pathway were given a Trust leaflet and information video QR code as well as the Orthodontist discussing the procedure with the patient/parent/guardian at the normal orthodontic consent visit. A template letter has been designed to ensure the surgeon is able to accurately review the patient on the virtual clinic along with orthodontic records.

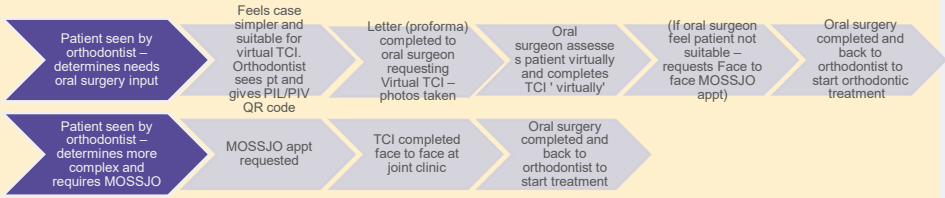
DO

A Joint clinic was set up to be held at RSH once every 4 weeks. An Orthodontist and OMFS surgeon were to be present. A Staff Grade with a high level of oral surgery experience was also included to avoid any unnecessary cancellations occurring from the OMFS Consultant being on-call. 6 patients are seen each clinic. A Dental Nurse requests the patients to be booked onto the clinic 6 weeks ahead and telephones the patients.

1 official Virtual clinics has been booked onto Careflow but this was set up incorrectly and patients were informed to attend, then telephoned and advised they would receive a phone call. This led to one patient making a complaint to the Trust. Overall around 42 patients have had a virtual TCI with 12 of these patients having since had their oral surgery completed.

The oral surgeon can virtually assess 12 patients in a session (compared to 8 patients on a regular face to face assessment clinic).

STUDY



Since a Dental Nurse has taken over ownership of organising the joint clinic and calling the patients ahead of appointments being booked, the attendance has been 100% which is a great improvement and necessary for the financial viability of the joint clinic pathway.
The last 68 patients who have been seen back in the RSH orthodontic clinic following oral surgery taking place under GA have had their pathway timings audited. The average wait time from referral to being added to the waiting list for the required oral surgery through the new pathway has reduced by 13 weeks (joint) and 9 weeks (virtual) compared with patients who were referred on the old pathway. This is likely to reduce further now that patients initially referred on the old pathway and switched to the new pathway have been seen. Improvements in the overall pathway waiting times have improved by 52 weeks (joint) and 48 weeks (virtual) but is likely to also be associated with other external factors such as increased theatre lists. However, urgent patients are now being more appropriately listed and their urgency documented in the joint clinic.

	Time-Referral to TCI (weeks)	Time TCI to Surgery (weeks)	Overall time on pathway (weeks)
Old Pathway (n = 33)	52	56	108
Joint clinic pathway (n= 23)	39 (25% improvement)	17 (69% improvement)	56 (48% improvement)
Virtual clinic pathway (n = 12)	43 (17% improvement)	13 (76% improvement)	60 (44% improvement)

ACT

The new Orthodontic-oral surgery pathway will be adopted as we continue to reduced rework and further reduce the time between referral and TCI.

Virtual clinic patients will be audited further as more patients complete their pathway over the coming months. Because it has taken more time to refine this pathway, further data collection to support the safety of the pathway feels clinically necessary.

Further improvements such as use of an orthodontic-oral surgery referral template will be tested to ensure communication is maximised and that all information is available for Oral Surgeons on Portal at the time of virtual/joint assessments due to issues with paper notes at two sites.

The long-term adoption of this pathway requires support from the Trust in the recruitment of a dedicated Oral Surgery Consultant. Further improvements and the sustainability of improvements for these patients will only by possible with the recruitment of a dedicated Oral Surgery consultant who can lead this service and who will not be pulled to cancel oral surgery clinics and theatre lists due to other service pressures.

ACKNOWLEDGEMENTS & REFERENCES | Many thanks to Anish Patel, Khaled Bhogal and Arif Razzik for their work in the adoption and refinement of this pathway