EXAMPLE PROJECT ON AN AUDIT OF CLINICAL RECORD KEEPING

9.1 AIM

To establish if clinical records contain all the necessary information required to comply with current guidelines.

Patients expect their records to be up to date, complete, clear, accurate and legible (GDC, 2013). They expect that all those involved in their care and treatment will keep their personal details confidential and that all information will be kept securely. Patients also need to be able to access their dental records. All records should be written contemporaneously. Remember that good record keeping is part of our professional practice and the mark of a safe and skilled clinician.

Patients have a right to expect that clinicians will examine them thoroughly, ask the right questions, diagnose their needs correctly, provide a clear treatment plan and treat them accordingly (Faculty of General Dental Practice, 2016).

When carrying out an examination often we go through the process of checking various facts about our patients and observing through examination various structures, however these checks and examinations are not always recorded fully within our records. The type and extent of an examination will vary for each category of patient that presents. A new patient will require a more comprehensive baseline examination than a patient who has been seen previously. The aim should be to maintain these records in such a state that any other clinician could seamlessly ensure continuity of care.

With the above as a focus the purpose of this audit to check what is currently being recorded and to implement change where necessary for the benefit of patient and practitioner alike. This is especially important with regard to medico-legal issues.

9.2 What should be recorded:

- Personal information patient details including date of birth, address and postcode, contact telephone number.
- Socio-behavioural history
- Factors affecting appointment
- Medical History record
- Medical Alerts
- Previous dental history
- Reason for patient attendance
- Mouth Cancer risks noted e.g. smoking and alcohol consumption.
- Periodontal examination: BPE or more
- Extra oral examination: Nodes, TMJ, asymmetry
- Intra oral examination: Tongue, fauces, floor of mouth, palate, mucosa
- Hard & soft tissue examination
- Treatment plan.
- Treatment options noted.
- Radiographs: notes made of justification and report made
- Consent obtained.
- Recall timing noted (NICE guidelines followed).

These headings are for guidance. The group should agree its own headings.

Decide and agree on a standard

Some standards already exist as to the appropriate timing for bitewing radiographs and what should be recorded, but it is for the practitioner(s) to agree appropriate standards.

Data collection

An example of a data collection sheet is shown below. This is not meant to cover all areas and you should modify it to suit your requirements according to the data you wish/need to collect.

9.3 Presentation of results.

Present the results in a way that the group can understand, but ensure anonymity where appropriate.

Agree where change needs to occur.

Number	Patient Detail	Patient Identifier	DOB	Postcode	Medical History	BPE updated	NHS/Private status	Exemption	Extra oral	Soft Tissue	Recall Timing

9.4 Implement the change.

9.5 Re-audit as appropriate.

9.6 References.

- Dunne M, Brown JL Risk Management in dentistry 1991 Curr Opin Dent 5:668-671
- Jerrold L Dental records and record keeping 1993 Am J Orthod Dentofacial Orthop 104:98-99
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- Auvenshine RC Patient record keeping 1998 J Gt Houst Dent Soc 70(2):33-35
- Curcio RJ *The art of the dental examination* 1978 Dent Clin N. Am.22:209-218
- Pendlebury ME lets call it "dental consultation" 1988 Brit Dent J 165(8):276-277
- FGDP(UK) Standards In DentistryFaculty publication 2016
- British Dental Association Clinical Governance Pack
- Dental Defence Union
- Dental Protection Society.
- General Dental Council Standards for Dental Professionals (2013)

This list is purely an example and should merely form the basis for further study.