World Academy of Science, Engineering and Technology
International Journal of Medical and Health Sciences
Vol:12, No:05, 2018

Management of Myofascial Temporomandibular Disorder in Secondary Care: A Quality Improvement Project

Authors : Rishana Bilimoria, Selina Tang, Sajni Shah, Marianne Henien, Christopher Sproat

Abstract : Temporomandibular disorders (TMD) may affect up to a third of the general population, and there is evidence demonstrating the majority of Myofascial TMD cases improve after education and conservative measures. In 2015 our department implemented a modified care pathway for myofascial TMD patients in an attempt to improve the patient journey. This involved the use of an interactive group therapy approach to deliver education, reinforce conservative measures and promote self-management. Patient reported experience measures from the new group clinic revealed 71% patient satisfaction. This service is efficient in improving aspects of health status while reducing health-care costs and redistributing clinical time. Since its' establishment, 52 hours of clinical time, resources and funding have been redirected effectively. This Quality Improvement Project was initiated because it was felt that this new service was being underutilised by our surgical teams. The 'Plan-Do-Study-Act cycle' (PDSA) framework was employed to analyse utilisation of the service: The 'plan' stage involved outlining our aims: to raise awareness amongst clinicians of the unified care pathway and to increase referral to this clinic. The 'do' stage involved collecting data from a sample of 96 patients over 4 month period to ascertain the proportion of Myofascial TMD patients who were correctly referred to the designated clinic. 'Suitable' patients who weren't referred were identified. The 'Study' phase involved analysis of results, which revealed that 77% of suitable patients weren't referred to the designated clinic. They were reviewed on other clinics, which are often overbooked, or managed by junior staff members. This correlated with our original prediction. Barriers to referral included: lack of awareness of the clinic, individual consultant treatment preferences and patient, reluctance to be referred to a 'group' clinic. The 'Act' stage involved presenting our findings to the team at a clinical governance meeting. This included demonstration of the clinical effectiveness of the care-pathway and explaining the referral route and criteria. In light of the evaluation results, it was decided to keep the group clinic and maximize utilisation. The second cycle of data collection following these changes revealed that of 66 Myofascial TMD patients over a 4 month period, only 9% of suitable patients were not seen via the designated pathway; therefore this QIP was successful in meeting the set objectives. Overall, employing the PDSA cycle in this QIP resulted in appropriate utilisation of the modified care pathway for patients with myofascial TMD in Guy's Oral Surgery Department. In turn, this leads to high patient satisfaction with the service and effectively redirected 52 hours of clinical time. It permitted adoption of a collaborative working style with oral surgery colleagues to investigate problems, identify solutions, and collectively raise standards of clinical care to ensure we adopt a unified care pathway in secondary care management of Myofascial TMD patients.

Keywords : myofascial, quality Improvement, PDSA, TMD
Conference Title : ICOSMPR 2018 : International Conference on Oral Surgery, Medicine, Pathology and Radiology
Conference Location : London, United Kingdom
Conference Dates : May 14-15, 2018