

Quality Improvement Project: Social History Record Keeping in Special Care Dentistry

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Background:

“Any alcohol use? Any tobacco use? Any recreational drugs?” These are the three typical questions that most dental teams ask their patients when documenting a social history. With an increasing focus on oral and general health promotion, prevention and patient-centred care, dentistry is moving away from traditional care boundaries towards a more integrated holistic care pathway approach. There is increasing evidence within health for the need to improve social history taking.^{1,2,3,4}

It is time to consider the expansion of a patient’s social history especially within Special Care Dentistry where the majority of patients will have complex social histories which should be documented to support:

- Patient care and self-empowerment;
- Interdisciplinary, multiagency and patient / carer/ and clinician communication;
- Effective clinical judgements and shared decision-making process;
- Continuity of care;
- Clinical and medico-legal risk analyses and complications mitigation;
- Clinical audit, quality improvement methodologies, research, allocation of resources and performance planning.⁵

Methods:

A PDSA approach from the Wales 1000 Lives plus Quality improvement Guide was used to provide a framework for improving social history taking in Special Care Dentistry⁶. Following a literature review, a list of questions was created accumulating the suggested detail to be included in a social history checklist. The social history records of 20 patients was compared with this list retrospectively.

Results:

It was recognised the social history details do not reflect the information required to improve oral and general health and access to dental services.

Discussion:

Dentistry is one of the few professions that regularly come into contact with patients throughout life, making it an ethical obligation to take a thorough social history and identify other issues that can be acted on in terms of patient safety as well as access to appropriate referral channels or advice. For example, a person is struggling to make themselves nutritious meals or access the supermarket so may benefit from local meals at home services or a person may be experiencing social isolation and would benefit from local patient support groups. This type of social support is described as social prescribing through multi agency working to provide a seamless response to individuals with multiple and complex needs. It would be advantageous to explore how the dental team might be able to integrate and link with care navigators that provide this type of support⁷.

A robust social history will help to reduce inequalities for our patients and by looking at whole-person care rather than focusing only on the disease, we can better understand the daily lives of our patients and strengthen the dental team-patient relationship.

Action and recommendations:

It is proposed that the dental team should take a more in-depth social history through the creation of a social history toolkit to be used for Special Care Dentistry patients which should be easy to use and act as an aide memoir for the dental team. The development of the toolkit will use expert knowledge and experience through a Delphi Research study.

References

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8. Andermann A. Screening for social determinants of health in clinical care: moving from the margins to the mainstream. *Public Health Reviews* (2018) 39:19
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12. Hadden AM and FGDP(UK) Clinical Examination and Record-Keeping Working Group. Clinical examination and record keeping: Part 2: History taking. *BDJ* 2017; 223: 765-768
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The Change:
What is being tested? The intent is to identify the social history information currently obtained for Special Care Dentistry patients that should support safe and appropriate patient centred care.
Who will the test change involve? Determining what should be included in a social history then applying this to retrospectively look at the last 20 patient records on the R4 software including new assessments and recalls of patients who have attended the Community Dental Service.
Where is the testing taking place? Community Dental Service, Aneurin Bevan University Health Board

Question:
What should be included in Social History?

Literature Review
The following databases were searched:



No language restrictions were placed on the search. The following search terms were combined with the Boolean operators 'AND' & 'OR' as follows:
 1. "social history"
 2. "socio-behavioural history"
 3. "dent*"
 4. "record*"
 1 OR 2 AND 3 AND 4
 The initial search was completed in May 2020 and 476 articles were found.

Four current UK dental guidelines on history taking^{12,13,14,15}



Out of the 476 articles four were relevant to social history taking in dentistry but none were specific to Special Care Dentistry^{8,9,10,11}

What happened?
The social history of a retrospective sample of 20 patient clinical records who had attended for assessment was examined. The suggested list to include in the social history was derived from the literature review and guidelines.

Aspect of Social History	Number recorded (out of 20)	Percentage recorded (%)
Tobacco/ Smoking habit	20	100
Alcohol consumption	20	100
Diet/ eating habits	20	100
Contact sports	0	0
Chewing unrestricted	0	0
Dental anxiety	20	100
Effect of dentition on quality of life	20	100
Occupation/employment	10	50
Recreational drug use	16	80
Transport to clinic	9	45
Home/family circumstances; who lives with the patient	17	85
Carer or social support	13	65
Type of housing	17	85
Consent and capacity	17	85
Sugar intake	20	100

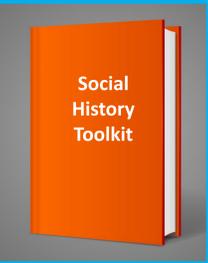
Combined findings created this list

What changes should I make before the next cycle?

Create a social history toolkit to be used for Special Care Dentistry patients

Create the toolkit by using expert knowledge through a Delphi Research study. The research proposal is currently with the Ethics Committee

Taking an in-depth social history may highlight a patient’s unmet need that is affecting their oral or general health or dental service delivery. To support the use of the social history toolkit staff training will be implemented along with a directory of organisations or care navigation services where the dental team can refer or advise the patient /carer to contact as appropriate. The benefits of social prescribing for dental teams will be explored.






What will the next test be?
Once the social history toolkit has been developed and tested, Special Care Dentistry staff will be asked to use the resource to aid clinical record documentation and safety of the patient/carers. It is hoped it will provide support to maintain good oral health and appropriate dental care. The toolkit will be reviewed through regular audit.

Do

Study

What was learned?
From analysing the data it is evident that the social history taking and clinical records need to be more specific. Furthermore, the information gathered does not fully capture the social history for Special Care Dentistry patients required to reduce inequalities and support access to dental care

On reflection

Should there be additional questions asked in the social history to those in the table above? Such as:

- level of patient mobility,
- preferred method of communication,
- feelings of isolation,
- hobbies and
- employment

Does the patient have a hospital passport or ‘This is me’ information?

Should dental anxiety, chewing restriction, eating habits and sugar intake, for example, be part of the social history?

Could the social history be included as part of the bigger picture of social prescribing

How should the dental team carry out a social history? How should the broader skill mix of the dental team be utilised to create more efficiency?