

A SERVICE EVALUATION OF DOMICILIARY MEDICAL EMERGENCY EQUIPMENT IN THE WEST MIDLANDS

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INTRODUCTION

Who does a domiciliary service serve?

- 58,559 domiciliary visits were delivered as part of a course of NHS treatment in England in 2017-18.
- Patient cohorts include those with learning and /or physical disability, obesity, mental health conditions, inpatients, older or frail people.
- Older people are more susceptible to comorbidities, access barriers and frailty which contribute to the need for domiciliary care.
 - In 2018 there were 1 in 5 people in the UK aged 65 and over; set to increase to 1 in 4 by 2050.
- Many conditions are not experienced in isolation: multi-morbidities, medication side effects and lifestyle factors can exacerbate poor oral health and barriers to dental care.

AIMS AND OBJECTIVES

- Gain insight into current practice of risk assessment and available medical emergency equipment for domiciliary dental care visits provided across the West Midlands.
- Improve safety by providing an appropriate tool for identifying medical risk and guiding appropriate preparation for domiciliary care.

RESULTS

Sample: N=29.

- 11 participants from the general dental services (GDS)
- 17 participants from the community dental services
- 1 participant provides domiciliary care in both services

The median number of patients seen by the participants per month was 32 (to the nearest whole number).

Figure 2. Participants who take emergency drug kits on domiciliary visits

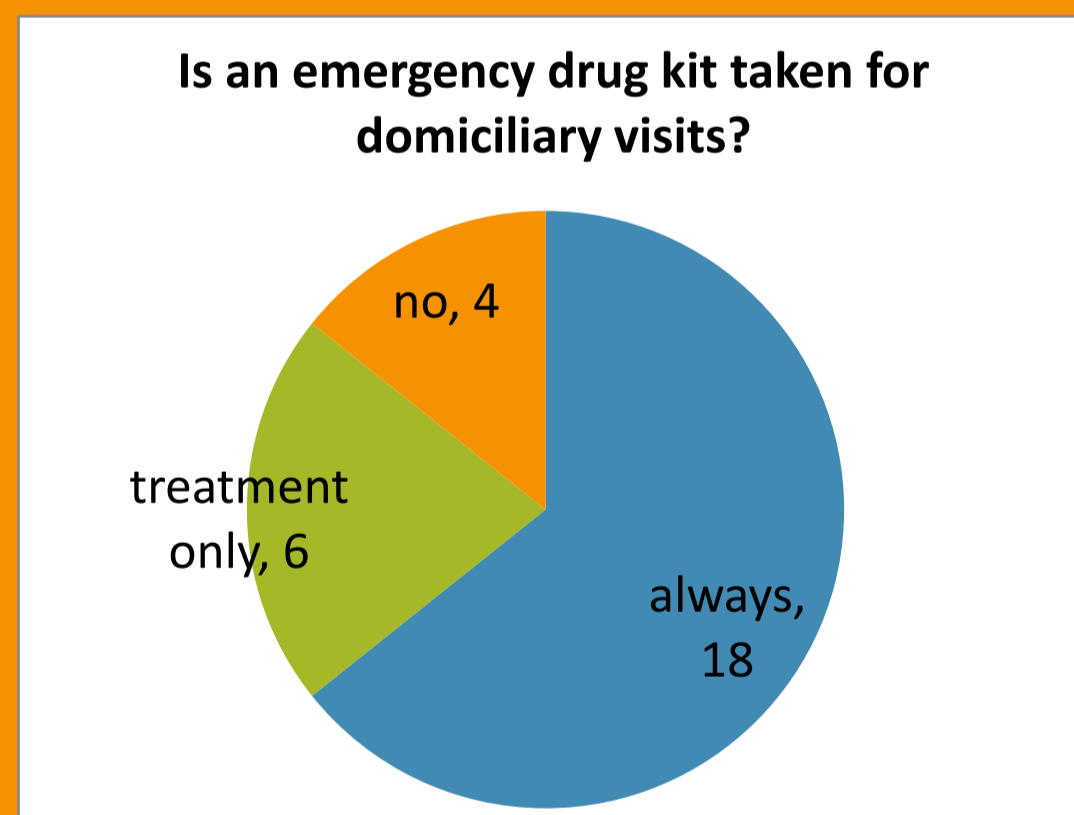
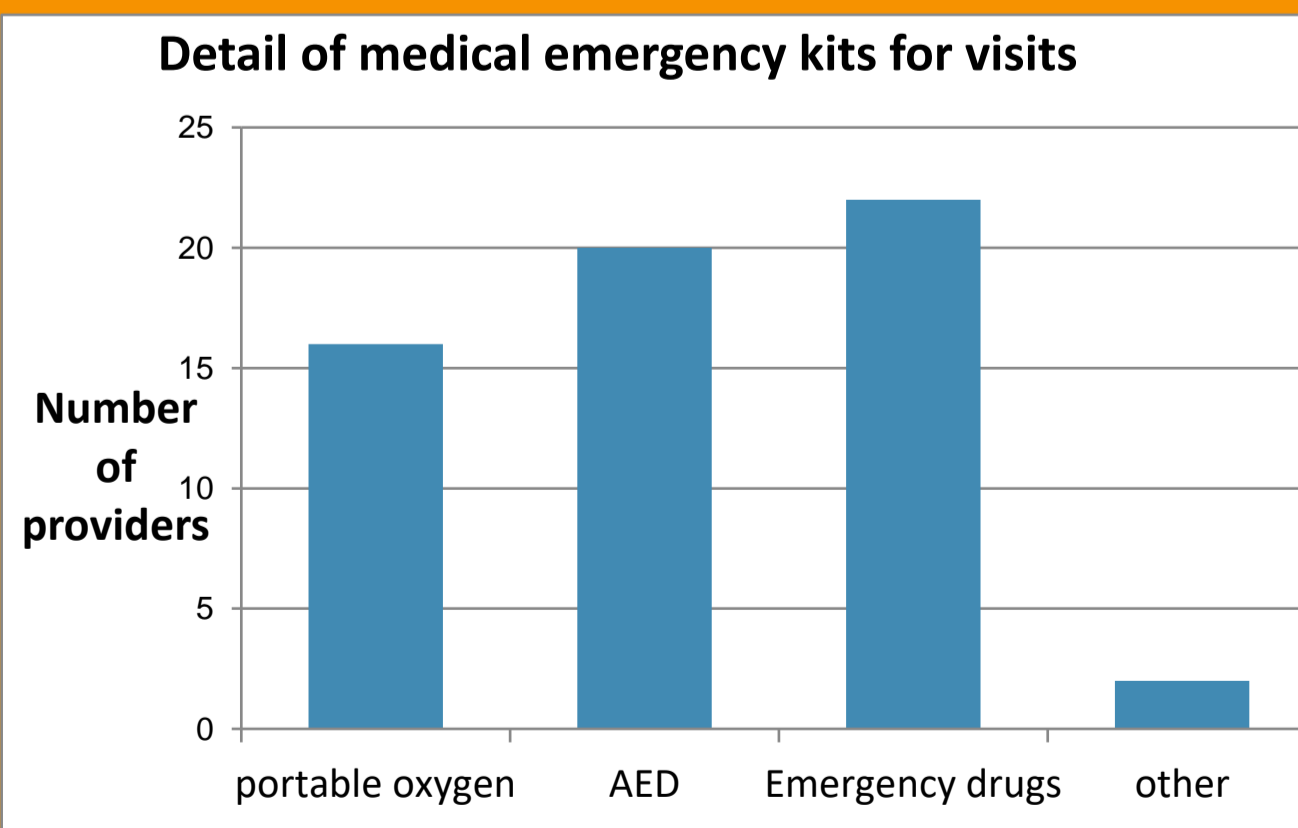


Figure 3. Details of medical emergency kits taken on domiciliary



73% of participants carry out a risk assessment.

81% of participants have local protocols or guidance available.

63% of participants had received manual handling training.

BACKGROUND

BSDH Guidelines for the Delivery of a Domiciliary Oral Healthcare Service (2009)

"It is imperative that the dentist ensures all members of the team are trained, have necessary resources, and are prepared to deal with an emergency."

Domiciliary care settings should have:

- Portable suction
- Oral airway adjuncts
- Equipment to provide intermittent positive pressure ventilation
- Portable oxygen
- Emergency drugs

Resuscitation Council (UK) (2013)

"There are numerous types of setting where clinical care is provided. . . this document can be used to help guide development of standards in clinical settings that are not included in this document".

CQC, Dental mythbuster 24: Medical resuscitation equipment for domiciliary dental care (2018)

A domiciliary risk assessment is expected. For non-invasive dental treatment it is not expected that dental teams take the full range of resuscitation equipment.

The National Dental Advisory Committee (Scotland): Emergency Drugs and Equipment in Primary Dental Care (2015)

Every episode of domiciliary care should have a risk assessment.

- Low risk: emergency drugs and equipment not required.
- Moderate risk: emergency drugs and equipment must be available.

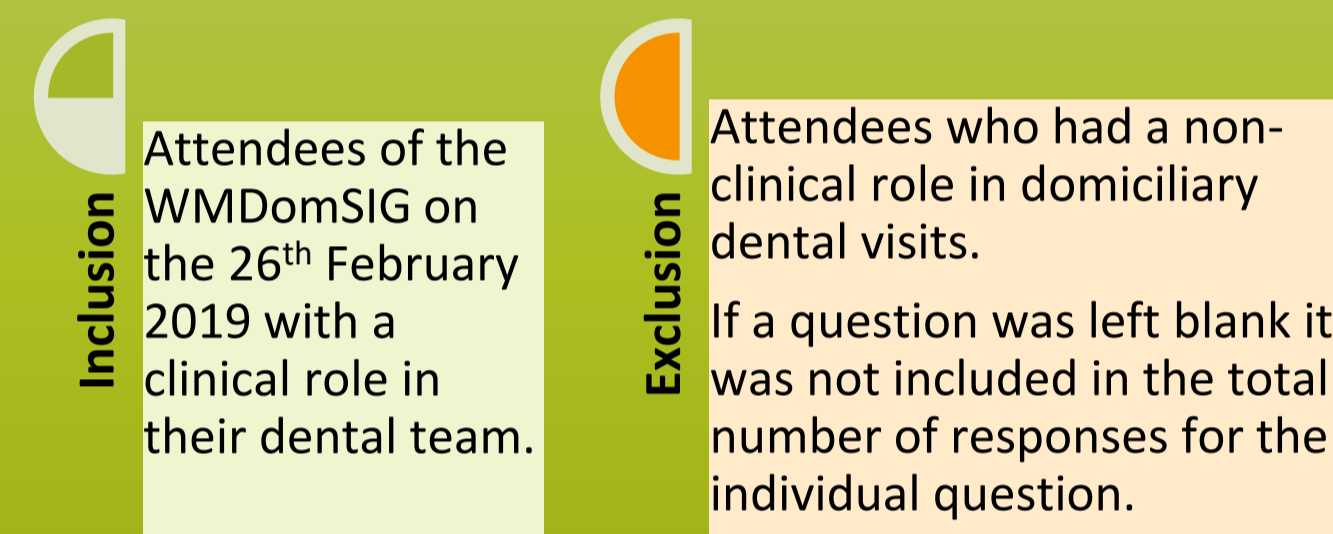
All Wales Special Interest Group - Special Oral Health Care. Guidelines for the delivery of a Domiciliary Oral Health Care Service (2012)

Recommendations for dental equipment and resuscitation equipment encompassing oxygen and emergency drugs.

METHODOLOGY

- Questionnaires were issued to providers of domiciliary dental care who attended the West Midlands domiciliary special interest group (WMDomSIG) on the 26th February 2019 and were completed voluntarily.
- This special interest group meets biannually and invitation is extended to all domiciliary dental care providers in primary and secondary care settings within the West Midlands.

Figure 1. Inclusion and exclusion criteria



DISCUSSION

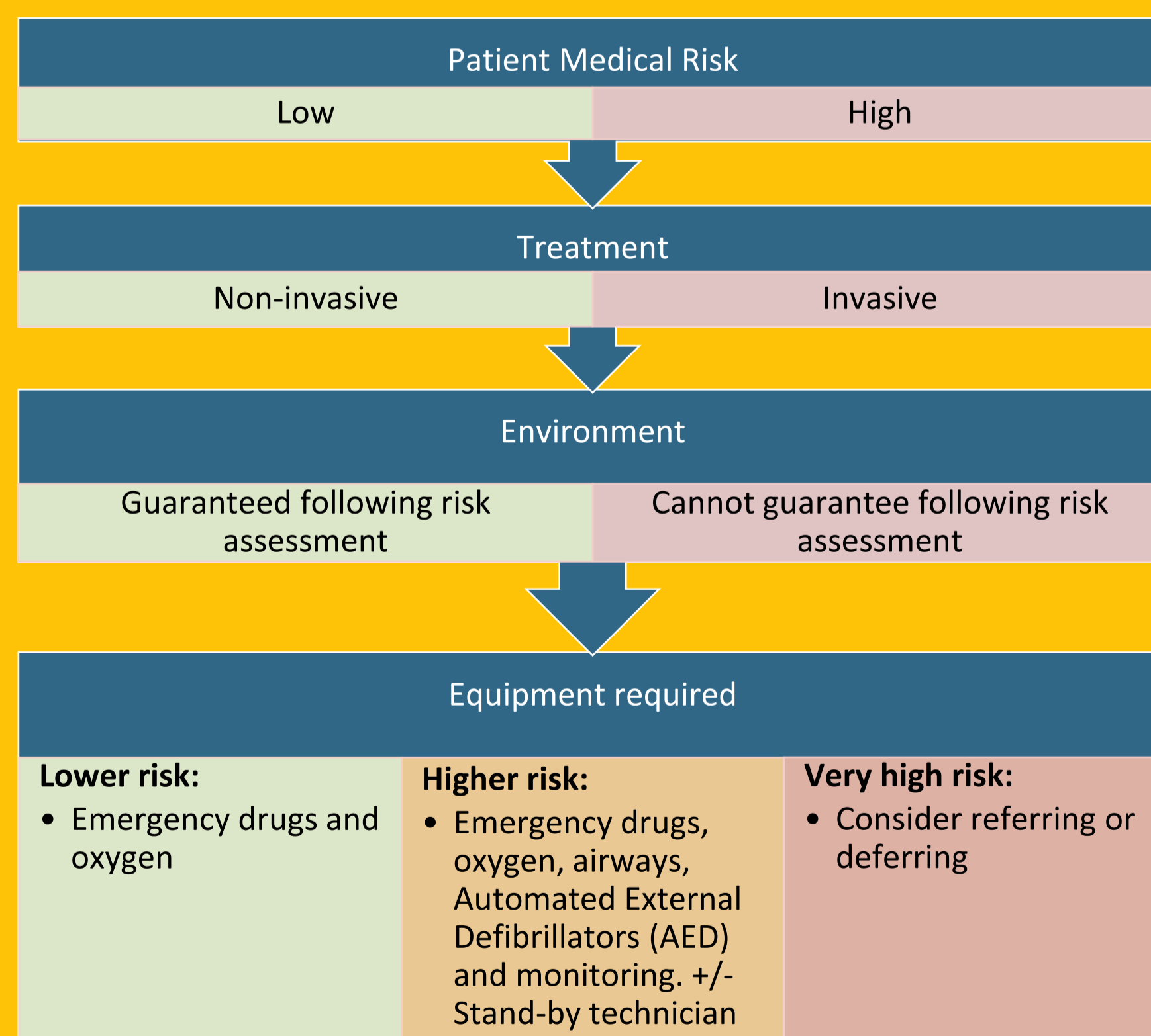
Challenges in the provision of domiciliary care identified by providers taking part in this service evaluation were:

- Lack of a structured risk assessment for domiciliary visits
- Absence of a dedicated domiciliary medical emergency kit leaving the practice without during visits
- Transportation of the emergency kit
- Lack of manual handling training

RECOMMENDATIONS

- Medical emergency equipment should be available in primary care dental premises when patients are seen.
- The dental team should receive appropriate training including manual handling.
- Domiciliary providers should be aware of relevant legislation relating to the transportation of medical emergency equipment.
- A domiciliary risk assessment depends on three factors: the patient, the dental treatment, and environmental factors; an example can be seen in figure 4.

Figure 4. Example domiciliary risk assessment



CONCLUSION

- Variation exists in current equipment and practice among domiciliary dental care providers in the West Midlands.
- The provision of domiciliary dental care present challenges in planning logistics, communication and treatment planning.
- A universal risk assessment tool would contribute to the provision of a safe and effective domiciliary service.
- Collaborative care between GDS, secondary care, and the specialty of Special Care Dentistry is essential in ensuring accessible and holistic oral care for a vulnerable cohort of patients.

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