



ORIGINAL ARTICLE

Clinical dental care in hospital dental departments in Taiwan: Results from the 2008 national survey



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Abstract *Background/purpose:* Hospital accreditation in Taiwan was begun in 1978, but dental departments were not included until much later. In 2007–2008, a field survey of dental departments of hospitals was carried out. The purposes of the study were to understand the overall conditions of clinical dental care of hospital dental departments in hospitals in Taiwan, and produce criteria for clinical dental care.

Materials and methods: In 2007–2008, a questionnaire survey (evaluation form) about clinical dental care criteria was mailed to 165 dental departments in Taiwan. After the questionnaires were mailed back, a field survey of dental departments of these hospitals was carried out. A field visit was made to each hospital to check the answers on the questionnaire. The survey return rate was 62%. This research examined 36 of 93 criteria concerned with clinical dental care, and the results were analyzed. Scores of the criteria in the questionnaire (evaluation form) were on a five-point scale, from high to low: A = totally achieved, B = above the average standard, C = the average standard, D = below the average standard, and E = not suitable. The percentages of A–E were analyzed according to the location of the dental department (i.e., in a medical center, regional hospital, or district hospital), then for every respective criterion, and finally for the entire dataset.

Results: For total clinical dental care, 53% medical centers received an A, 42% of regional hospitals received a B, and 48% of district hospitals received a C. The overall average was B (35%). Percentages above C were 99% of medical centers, 88% of regional hospitals, and 76% of district hospitals.

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Conclusion: For overall clinical dental care in hospital dental departments in Taiwan, the results of this research show that medical centers are superior to regional hospitals, which are better than district hospitals. The criteria used in the study can be taken as references for dental department accreditation in hospitals in the future.

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Introduction

In 1978, the Ministry of Education and the Department of Health (DOH) began accreditation of teaching hospitals.^{1–3} In 1988, the DOH first began national hospital accreditation, and together with the Ministry of Education began accreditation of teaching hospitals.^{4,5} In 2005, the DOH announced the new hospital accreditation to implement a patient-centered healthcare model,^{6,7} and in 2007, it was implemented.

The new hospital accreditation in Taiwan changed from mainly focusing on structure to mainly focusing on processes and results.^{8,9} The score also changed from a percentage to five levels, from high to low (A–E), with C being the qualified standard (average standard). If a hospital could not supply an item, it received 'not applicable' (NA), and this was not included in the accreditation results.^{10,11}

The items of hospital accreditation include nearly all related departments in hospitals, yet dentistry was not included.^{12–14} In 2006, the Association of Hospital Dentistry, according to the guidelines of new hospital accreditation, used the method of five grades, with the style of planning, doing, checking, and acting to plan the score of every grade. We selected 93 items related to dental departments from 508 items of hospital accreditation criteria and 95 items of teaching hospital accreditation. In 2007–2008, a field survey of dental departments of hospitals was carried out. This research examined 36 of the 93 items concerning clinical dental care, and the results were analyzed.

The purposes of this study were to prepare dental departments for hospital accreditation, to produce criteria for clinical dental care, and understand the conditions of clinical dental care of dental departments in hospitals nationally.

Materials and methods

In 2007–2008, a questionnaire survey (evaluation form) was mailed to 165 hospitals with dental departments in Taiwan. After the questionnaires were mailed back, a field survey of dental departments of these hospitals was carried out. A field visit was then made to each hospital to check the answers on the questionnaire. The survey response rate was 62%.

Survey criteria were first selected and modified according to 508 items of hospital accreditation and 95 items of teaching hospital accreditation that were suitable for dentistry. The parts related to hospital dentistry were summarized and divided into three parts: administrative management, clinical dental care, and dental teaching and training.

This paper covers clinical dental care criteria of dental departments and mainly includes the eight topics of personnel (Item 2.1), medical affairs (Item 2.2), clinical section (Item 2.3), service quality assurance (Item 2.4), dental assistant jobs (Item 2.5), radiation work (Item 2.6), laboratory operations (Item 2.7), and quality assessment of specified items (Item 2.8). There were 36 criteria totally in clinical dental care. The other two parts (administration management and dental teaching and training)^{15,16} have been separately examined in other papers. In order to choose the criteria, dental professions were invited to hold six meetings. After the criteria were chosen, we held two survey consensus meetings in Kaohsiung and Taipei. Six communication and explanation meetings were held nationally in the northern, central, and southern parts of Taiwan. The criteria were then posted on the web page of the Association of Hospital Dentistry for 3 months to elicit final comments and modifications before the survey. The score was also changed from a percentage to five grades, from high to low of A–E, with C being the qualified standard. A indicates that an item is totally achieved, B that it is above the average standard, C that it is at least the average standard, D that it is below the average standard, and E that it is not suitable. If a hospital could not supply an item, it received NA, and that item was not included in the accreditation results. As long as a hospital could meet the set criteria, then it received a qualified C.

Data analysis

The database was designed using Microsoft Excel. Data were analyzed using SPSS version 13.0 software (SPSS Inc., Chicago, IL, USA). Descriptive data are reported as frequencies and percentages. The percentages of A–E responses were analyzed according to the location of the dental department (i.e., medical center, regional hospital, or district hospital) and then for every respective criterion. Finally, the percentages of A–E were analyzed for the entire dataset.

Results

Overall clinical dental care

Of the 36 criteria of clinical dental care (Table 1), medical centers were not qualified for one item, and eight items were NA. Regional hospitals were not qualified for 125 items, and 129 items were NA. District hospitals were not qualified for 109 items, and 123 items were NA. In general, 53% of medical centers were ranked A, 42% of regional hospitals were ranked B, and 48% of district hospitals were ranked C. The overall clinical dental care was scored as B

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