Clinical Audits in Implant Dentistry

Pravinkumar G Patil

How to cite this article: Patil PG. Clinical Audits in Implant Dentistry. Int J Prosthodont Restor Dent 2018;8(4):101

Source of support: Nil
Conflict of interest: None

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change". Audits measure elements of care including structure, processes and potentially outcomes of care. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. An audit assesses if a certain aspect of health care is attaining a recognized standard.² This allows care providers and patients know where their service is doing good or any improvement is required. Clinical audits are a cycle with several steps: identifying a problem, defining standards/ criteria, collect data, analysis of areas of improvement, implementing change, and reaudit.² The good audits are timely, realistic specific, measurable, achievable and derive its standards from good quality guidelines. Audit should also be transparent and should not be confrontational or judgmental.3 Clinical audits can be performed nationwide (national clinical audits) or locally in trusts, hospitals or general/private practices anywhere healthcare is provided.

The importance of clinical audits may weigh very high in implant dentistry practices (including institutional

Managing Editor and Senior Lecturer

International Journal of Prosthodontics and Restorative Dentistry, School of Dentistry, International Medical University, Kuala Lumpur, Malaysia

Corresponding Author: Pravinkumar G Patil, Managing Editor and Senior Lecturer, International Journal of Prosthodontics and Restorative Dentistry, School of Dentistry, International Medical University, Kuala Lumpur, Malaysia, e-mail: pravinandsmita@yahoo.co.in

or private). This is due to high volume of its utility in clinical dentistry that carries high risk of biologic and mechanical complications with high treatment cost. Hebballi et al.⁴ studied the adverse events (AEs) of dental devices as reported in the Food and Drug Administration Manufacturer and User Facility Device Experience (MAUDE) database and the results indicated that out of total dental AEs, 53.5% pertained to endosseous implants.⁴ Sound clinical practice in implant dentistry depends upon defining the methodology that can successfully be used.⁵ This can be achieved by identifying literature relating to a specific implant product, configuration and technique prior to its use. However, on the verge of exponential (and probably volatile) growth in regards to implant biomaterials, clinical/laboratory techniques, clinical evidences, digital technology and globalization the sustainability of any specific parameter always remains questionable. The clinical audits could help in this regards to measure the practice against performance. Performing an audit may be helpful in improving one's own learning curve and refining a clinical skills and protocols especially in implant dentistry.

REFERENCES

- 1. National Institute for Health and Clinical Excellence. Principles of best practice in clinical audit London: NICE, 2002.
- 2. Limb C, Fowler A, Gundogan B, Koshy K, Agha R. How to conduct a clinical audit and quality improvement project. Int J Surg Oncol 2017;2(6):e24.
- Benjamin A. Audit: how to do it in practice. BMJ. 2008;336(7655):1241-5.
- Hebballi NB, Ramoni R, Kalenderian E, Delattre VF, Stewart DC, Kent K, et al. The dangers of dental devices as reported in the Food and Drug Administration Manufacturer and User Facility Device Experience Database. J Am Dent Assoc 2015;146:102-110.
- Sethi A, Kaus T, Sharma N. Clinical record-keeping for monitoring treatment outcomes in implant dentistry: a case study. Prim Dent J. 2013;2(2):39-43.