

## Standard 6: Outcomes Assessment

To view examples of standard 6 documentation that Teams have submitted as evidence of compliance of the Standards for Cleft Palate and Craniofacial Teams, please visit: <http://www.acpa-cpf.org/standards-examples>

### 6.1 The team uses a process to evaluate its own performance with regard to patient assessment, treatment, or satisfaction and to make improvements as a result of those evaluations.

38. In the textbox below describe either:

- 1) an example of how assessment or treatment data have been used to change the team's procedures (e.g., modify surgical treatment, change referral criteria, etc.),

OR

- 2) an example of how other data the team has collected have been used to change the team's process (e.g., address clinic processes to increase patient/family satisfaction).

#### Alveolar Bone Graft Review

As of September 2016, there is a new Oral Surgeon associated with the team. This transition prompted us to review our caseload of patients with alveolar clefts to assess the frequency and timing of alveolar bone graft (ABG) procedures in the past and project the number of ABG procedures needed in the future.

We used our team database to pull the caseload based on diagnosis, age and city. This list was cross referenced with our electronic medical record as well as our clinic recall list. We have been able to document and track identified need (or no need) for ABG. This tracking system is updated after clinic recalls and automatically refreshes based on age of patients and new recall dates. For example, of the current 189 cases under review, 60 are confirmed to **not** need ABG and 40 are known to need an ABG soon or in the future. The tracking system also allows us to document the orthodontist and oral surgeon following the patient.

This data review and tracking system has led to several process changes:

- Typically we have brought our patients into the first multidisciplinary dental clinic review at 7 years of age. For those with alveolar clefts, we are now having them come at 6 years of age.
- We are definitively documenting the status of need for ABG on our clinic reports. This allows us to confirm that the issue has been assessed and confidently remove those not requiring ABG from our list of patients with alveolar clefts.
- When possible we are requesting digital panorex at clinic instead of film to try to improve the quality of panorex in clinic. We are also discussing the possibility of using CBCT at a certain age interval in future.
- We have created improved education materials regarding ABG planning for patients and are working on materials for community orthodontists. These materials are distributed to appropriate patients at clinic visits and attached to the report they receive.