EDITORIAL
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The Essential Role of Patient Safety and Quality of Care Offices in Ensuring Excellence in Dental Institutions

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The dental clinics of public and private sector medical and dental colleges and universities offer a substantial volume of services to the patient. In these clinics, most of the service providers are students, interns, residents, and junior faculty. Because of the nature of the discipline of dentistry, most of the patient care involves procedures and interventions, and some of the interventions are irreversible too.

Although, on paper, clinical supervision and mentorship are available to trainees, in essence, 1:1 supervision by the instructors is nearly impossible. Thus, negligence and procedural errors are inevitable. The irony is that in Pakistani dental institutions, there is no formal mechanism to document the magnitude of the problems and patient grievances. Mostly, the patients who visit dental schools for their treatment are not financially well-off. These patients cannot afford the expensive dental care offered in the private practice. The patient does not have high expectations from the students or trainee clinicians who run clinics either. However, as patients, they have the very right to care and deserve to be treated with the best possible care in the given circumstances. The challenge is that the faculty and dental school administrators already know that there are grievances to the patients but there is no formal mechanism to address them. Common dental problems such as ill-fitting dentures, separated root canal files, post-extraction incidence of dry sockets, fitted crowns with open proximal contacts etc. remain undocumented due to the lack of a formal mechanism and an office to report the grievances of the patients regarding the rendered services. Most complaints are real and should be addressed.[1] The common problems in a dental care setup can be attributed to inexperienced student providers, less efficient delivery of care, challenges related to continuity of care, and the complexity of adhering to institutional policies.[2]

This is important in the context of accountability. As health care providers, clinicians should be open to being held accountable for the outcomes of the services they offer. This assures a high standard of care in the clinics and offers an opportunity for quality assurance to the patients who are at the receiving end of the care. There is no point in the assessment of the quality of care when we have not done anything for quality assurance.

Patient satisfaction is an integral part of assessing the quality of oral health care. A study reported that the complaints observed in dental school clinics were regarding appointment communication, money, quality, and others. Most importantly, it was found that the system for recording complaints needed to be standardized to improve the quality of patient care.[3]

The scientific approach to manage the grievances of dental patients visiting public or private sector institutions is to advise on establishing a “patient complaints, safety and quality of care office” or simply QCO. This office should ideally be staffed with personnel with proper training and behaviour to manage patient complaints. The phone number and email address of the QCO should be displayed in all the OPDs of the institution. After establishing an easy-to-use channel and raising patients' awareness, the next step would be the documentation and analysis of complaint data (e.g. creating structures and processes for the analysis and management of complaints). The following step would be the action (e.g. timely feedback to complainants). And lastly, there should be some learnings from complaints data for the future improvement of the service quality. All these steps are integrated and can only be done seriously if there is a proper QCO in the dental institution.

QCO can have a broader role in dental institutions. This office could be the focal office to deal with the provincial health care commission on patient-related matters. Similarly, QCO can be the frontline office in dealing with PMC and HEC for the staff credentialing and licensure maintenance etc. Similarly, the same

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office can offer training on quality assurance and assessment to the staff onboard. Measuring patient satisfaction is a key indicator of healthcare institutions' success.[4]

Lastly, it is imperative to understand that QCO will not police the dentists but rather should act as the office to protect the clinicians by training them to be better and safer clinicians. The quality of care can only improve if all the stakeholders work together as a team.[5] It's high time that dental professionals realize the need to offer better care to our marginalized and vulnerable patients in the student clinics. Without a CQO, the dental patients in the student's clinic would continue to suffer. This couldn't be described more suitably than the following lines from the writing of famous Urdu poet (late) Mustafa Zaidi:

maiñ kis ke haath pe apnā lahū talāsh karūñ

tamām shahr ne pahne hue haiñ dastāne

DISCLAIMER

None.

CONFLICT OF INTEREST

None to declare.

ETHICAL STATEMENT

Not applicable.

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