
Diana L. Lamboy, DNP, FNP-C

Methods

- Intervention process during pediatric clinic visit
- Fluoride varnish application
  - Provide education, demonstration, and coaching on the proper practice of oral hygiene techniques
  - Proper technique of tooth brushing
  - Correct amount of fluoride toothpaste on the toothbrush

Phase I

- Identified need for fluoride strategies in pediatric healthcare setting
- Stakeholder engagement
- Limit fluoride varnish in well child check-up visits for 18, 24, and 36 month children
- No active dialogue with parents regarding dental care basics: tooth brushing techniques or amount of fluoride to place on toothbrush, and fluoride benefits; brochures available
- HRB approval from PeaceHealth Medical Group and Frontier Nursing University

Phase II

- Pretest questionnaire for back office staff via Survey Monkey
- Attend monthly pediatric clinic staff meetings, using PPT presentation
- Pre-intervention in-service educational modules presented
- Prototype of laminated educational sheets for exam rooms reviewed
- Fluoride varnish kits and models for hands on training
- Folders with the following supplied to each staff member:
  - Fluoride benefits, Fluoride fact sheet, Proper tooth brushing techniques, Correct amount of toothpaste to use
  - Wafers for fluoride varnish out of pocket for non-reimbursement from patient insurance provider

Phase III

- Implementation of fluoride varnish application
- Work flow document drafted and shared with the back office staff
- 10 day timeframe

Phase IV

- FDA cycle utilized to promote change to increase fluoride varnish application presence
- Brochures in English and Spanish were given to parents during ensuing month for target population, prior to provider face to face
- Dental care basics
- 10 day timeframe

Phase V

- Posttest questionnaire administered to back office staff via Survey Monkey
- Comparative analysis using SPSS begins
- Review of pre-intervention, post-intervention, and FDA cycle to determine if fluoride varnish application was given during the 18, 24, and 36 month well child check-up visits
- Nominal: Chart review

Results

<table>
<thead>
<tr>
<th>Table 1. Fluoride Varnish Application at 18, 24, 36 Month Well Child Checks</th>
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<tbody>
<tr>
<td>Month</td>
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<tr>
<td>18 month</td>
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<tr>
<td>24 month</td>
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<td>36 month</td>
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<tr>
<th>Table 2. Pre and Post Intervention Survey Questionnaires (n=25)</th>
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<tbody>
<tr>
<td>Questionnaire</td>
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<tr>
<td>Pre-intervention</td>
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<tr>
<td>Post-intervention</td>
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Limitations

- Inclusion of age decreased from children ages one through five years during pediatric healthcare clinic visits to well child check-ups at 18,24, and 36 months
- Waivers for non-reimbursed procedures of fluoride varnish application is given routinely and may be a contributing factor for patient non-adherence
- Project delays due to administrative scheduling, more than one supervisory staff, and multiple clinic sites created logistical challenges when identifying the go-live date for project start
- Electronic Medical Record

Conclusion

Overall, this fluoride QI project was successful...

- HCPC acknowledged that fluoride varnish application during pediatric healthcare visits was an asset to children in the community
- Provided opportunity to promote Child Oral Health
- Provision of a predetermined workflow proved helpful
- Back office staff played integral role in the promotion of Child Oral Health
- Post intervention survey questionnaire demonstrated increase in fluoride knowledge

For additional information please contact:
Diana Lamboy, DNP, FNP-C
Diana.Lamboy@frontier.edu
Cell: 760.224.3351