

How you can help boost implant research

One of the first projects of eViDent*, the dental practice based research network, is making considerable progress. The project - a retrospective assay of implant complications in private dental practices in Victoria since 2005 - is gathering information about the past experiences of practitioners that will drive a prospective investigation describing the incidence and management of implant complications. The findings will help both patients and dental practitioners.

The research team – Dr Denise Bailey, one of two Chief Investigators, helped by Ms Karen Escobar and Ms Wendy Thomson - has amassed some 4000 records but is now seeking to recruit smaller practices which may have conducted up to 50 implants during the period 1 January 2005 – 31 December last year.

To find out what is involved when the research team visits a practice to access implant patient records, Grant Aldous spoke to Dr Bailey.

GA: What is involved in your work when you visit a surgery e.g. identify procedures using health identifier numbers?

Dr Bailey: At the initial visit, which takes about 30 minutes, Karen, Wendy and I meet with the dental practitioner and any practice staff at the practice who might be involved in helping us access the data, to describe the project and answer any questions. We then discuss the practice record keeping system (paper-based, electronic or both) and work out a way to create a listing of implant patients. This may be either running a query in electronic systems using implant-related codes (661 to 691) or going through the appointment book for the relevant time period (January 2005 to December 2009). We then discuss appropriate times for Wendy and Karen to return to start collecting data from the relevant patient records. The practitioner and practice staff will identify an area where Karen and Wendy can work without disrupting normal practice activities.

GA: Are the visits time consuming for practice staff?

Dr Bailey: After the initial visit the involvement of practice staff is minimal. At practices which have paper-based records, Karen and Wendy are happy to pull and re-file implant-related records, but some practices prefer to retrieve the records in advance of a visit. Karen and Wendy will work through the records and compile a list of any queries they might have (e.g. a particular fixture type they are unfamiliar with or missing information that the practitioner might be able to help identify) which they will collate and organise a time to meet with the practitioner. Our aim is to be as least disruptive as possible.



Above: A time to relax (from left) Dr Denise Bailey and Ms Karen Escobar
Right: Ms Wendy Thomson



GA: How do you minimise disruption and maintain patient privacy?

Dr Bailey: Our data extraction form requests no identifying characteristics such as name, contact details or full date of birth. A project ID is allocated to each practitioner and then to each record.

GA: For a practice which has done up to 50 implant procedures in the last five years, how long would you expect to be at the practice?

Dr Bailey: After the initial visit, data collection would probably take two full days, which can be arranged to suit clinic availability.

GA: Do you work in pairs or go separately to various practices?

Dr Bailey: Preferably Karen and Wendy work as a pair to enable them to discuss any queries together on site. However, this depends on the practice space availability and record keeping format – if a practice keeps electronic files and only one computer is available for reviewing the files then only one research assistant will visit the practice to collect the data.

GA: Are there any immediate benefits for practices e.g. the way you go about your work?

Dr Bailey: If a practice requests it, we can give them a summary of their practice data which they may find useful. They will also then be able to compare their data with the complete dataset at the end of the study. This opportunity has been taken up by many of the practices.

GA: What happens to the data you collect?

Dr Bailey: The de-identified data are stored in a confidential database until all data are collected from all practices and ready to be

analysed by the steering committee in conjunction with the consultant statistician.

GA: When would participating practices expect to see the results?

Dr Bailey: We are still recruiting practices and are hoping to complete data collection next March. After analysing the data we would hope to release results middle of next year in preparation to forming guidelines on how best to minimise implant complications.

The other Chief Investigator for this project is Dr Roy Judge. The Associate Investigators are: Dr Jolene Chapman, Dr Robert De Poi, Dr Andrei Locke, Dr Jeremy Sternson, Dr Simon Wylie, Dr Tim Stolz, Mr Michael Lacy, Mr Arun Chandu.

Members who wish to take part in this important research project, by sharing their data on implants, should contact the network's Co-ordinator, Ms Meaghan Quinn – coordinator@evident.net.au - or phone 8825 4603.

**eViDent dental practice based research network is a consortium of dental care providers committed to advancing the knowledge of dental practice and ways to improve it. It is 'practical science' done about, in and for the benefit of the real world. eViDent is an initiative of the Australian Dental Association Victorian Branch and the Oral Health Cooperative Research Centre.*

See next page - Practice based research made easy.