Published in final edited form as:

J Am Dent Assoc. 2014 July ; 145(7): 696.

The Value of Checklists

Oluwabunmi Tokede, BDS, MPH [Instructor], Rachel Ramoni, DDS, ScD [Assistant Professor], and Elsbeth Kalenderian, DDS, MPH, PhD [Associate Professor and Chair]
Oral Health Policy and Epidemiology, Harvard School of Dental Medicine, Boston

It is with great interest that we read Dr. Christman and colleagues' article, "Designing a Safety Checklist for Dental Implant Placement: A Delphi Study" (*JADA* 2014;145[2]: 131-140), which described the development of a checklist to standardize the process of dental implant placement. Although the concern for preventing patient harm is fundamental to the practice of medicine, the 2000 publication of "To Err Is Human: Building a Safer Health System,"¹ by the Committee on Quality of Health Care in America of the Institute of Medicine, catalyzed a patient safety and quality revolution. Against this backdrop, checklists have emerged as practical and effective tools for realizing a safer health care environment.

Checklists support team members by presenting critical tasks as a list, a format that simplifies understanding and recall of information. Long used in aviation, checklists increasingly are being relied on in medicine to reduce the occurrence of errors of omission, create reliable evaluations, and improve quality and use of best practices.² Dentistry has lagged behind in the attention paid to safety, and the use of checklists within the dental world is almost nonexistent. Dr. Christman and colleagues' work, therefore, is an encouraging step forward.

As the authors suggest, it is critical to test the safety checklist in a clinical environment to establish its functionality and compatibility with task execution. Beyond that, regardless of the systematic approach used in the design of this checklist, perhaps the most important determinant of its success will be how it is implemented.³ Target users must have a full understanding of the purpose of the checklist, and they must be trained in how to use it.³ Usefulness of the checklist also requires support of all staff, dedicated champions and endorsement by clinic leaders.

Along the same lines, we have been fortunate to obtain a grant (1R21DE023408-01A1) from the National Institute of Dental and Craniofacial Research titled "Improving the Quality of Dental Care by Implementing a Clinician Checklist." In a pilot work, we observed that a record of fundamental tasks that directly affect the quality of dental care (such as updating the medical history and medication history) often is missing from patient records. This implies that although most dental care providers agree on what constitutes basic best practices, they often fail to complete and/or document the associated tasks. We are developing a checklist that will be implemented to support clinical dental team members in consistently performing and documenting these tasks.

Again, we are excited that momentum is being generated regarding the topic of patient safety in dentistry. We congratulate Dr. Christman and colleagues for their pioneering work

and look forward to learning about the quality improvement that accompanies the implementation of this implant checklist.

References

1. Kohn, LT.; Corrigan, JM.; Donaldson, MS., editors. Committee on Quality of Health Care in America, Institute of Medicine. To Err Is Human: Building a Safer Health System. Washington: The National Academies Press; 2000.
2. Weiser TG, Haynes AB, Dziekan G, Berry WR, Lipsitz SR, Gawande AA. Safe Surgery Saves Lives Investigators and Study Group. Effect of a 19-item surgical safety checklist during urgent operations in a global patient population. *Ann Surg.* 2010; 251(5):976–980. [PubMed: 20395848]
3. Hales B, Terblanche M, Fowler R, Sibbald W. Development of medical checklists for improved quality of patient care. *Int J Qual Health Care.* 2008; 20(1):22–30. [PubMed: 18073269]