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**ESAS phase II**

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# The EFOSA Quality News

## ESAS phase II

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### Editorial

It was the initiative of Stephen Richmond (UK) that made appear the first issues of the EFOSA Quality Newsletter. We thank Stephen very much for all the work he has done for EFOSA, and we regret that he has decided to step down as an editor.

Although this newsletter did not appear last year because of a lack of input for a new issue in the old style, the EFOSA Council has decided to continue publishing. It was discussed however that the Quality Newsletter should be more concise and may be 'a bit less scientific'.

As an interim editor I have tried to fulfil these requirements by giving attention to EFOSA's Self Assessment System (ESAS), and to just 1 very nice article on a quality research project that was done in Scotland, and could be repeated in many other places. This would be interesting to compare.

I have reason to believe that it will be possible to find a new editor among the delegates to the EFOSA General Assembly Meeting. According to the tasks and responsibilities of EFOSA there is a place for a Quality Newsletter. Hopefully this reactivation will be the beginning of a long lasting tradition.

Fdw

One of the tasks of EFOSA in the European orthodontic field is promoting the quality of care. In this respect the development of a self assessment system has been a spearhead of the EFOSA policy. In some countries politicians seem to work on having health care controlling institutions also judge orthodontics. EFOSA believes that self assessment is the better alternative being an incentive for continuous improvement of care.

EFOSA's Self Assessment System 'ESAS' is available online since 2008.

This year the EFOSA quality initiative will be promoted in the EOS meeting. Also for next year's WFO meeting in Sydney such arrangements have been made already. The message to bring across is that **ESAS is simple and complete, quick, and free of charge**. This should attract orthodontists to visit [www.esas.nu](http://www.esas.nu) and find out. The self assessment system works with kind of modules: you can use as much or as little as you wish, but the more you use, the more you will get out of it. It will help the orthodontist, the office, and certainly also the patient.

EFOSA has invested a lot of time and money in the system and now is looking forward to the return in the form of a success.

### Self assessment

ESAS offers information on *treatment outcome* (TO) by means of indices of *your choice*, and by questionnaires. Since an eventual change in outcome will only be possible by changing practice routines/processes, questionnaires on *treatment processes* (TP) are used for all phases of treatment. And since *patient satisfaction* (PS) of course is an important aspect of care, patients are invited to online enter data in a questionnaire too. Finally *statistics* in graphs and in detailed text will be

offered for all aspects.

### Study clubs

Since usually the goal of study clubs is the combined study and development of orthodontics, the exchange of experiences and ideas, ESAS could be of help to these clubs offering material for comparison and statistical information. On the other hand study clubs using ESAS would be a great and interesting input of data for comparisons. The synergy of such cooperation would assist uncovering orthodontic care step by step and thus form a sound basis for guiding future development. EFOSA has asked the member societies to help find in each country (at least) one study club start using ESAS. One study club per country is still a goal to reach. We hope that readers of this newsletter will help implement this idea in their country.

### Postgraduate students

In the meantime ESAS has been developed for postgraduate students too. Everything that holds true for delivering quality care in an orthodontic office applies to orthodontic departments too. After all teaching best possible orthodontic care is the core business of these institutions. The circumstances under which post-grads treat patients (e.g. office setting, supervision etc.) differ however from the orthodontist, therefore all data of the post-grads will be in a separate data base and independent of those of

orthodontists.

In training programs indices like PAR and ICON are widely used. This is especially simple and easy to do in ESAS and might just for that one reason already attract many post-grads to go use ESAS. Then automatically the post-grads will get into ESAS' total orthodontic care.

Instead of comparing individual post-grads with the total data base of postgraduate students, it might be more interesting comparing one orthodontic department with other departments. All this will be possible when a big enough data base has been established.

### Dentists

In the future also dentists providing orthodontic care might participate in ESAS in their own database.

### Future

When ESAS was launched online last year it was said to be a start, and that continuous development would be necessary. The new addition to the program shows that ESAS is ready for the future.

The further development of ESAS should be a joint effort of all European orthodontists gathered in EFOSA. It soon could be standard to find in the letterhead of orthodontic offices that they participate in the European quality system ESAS for providing better care to their patients.

Find out all about ESAS online, or at the table clinic at the 2009 EOS meeting in Helsinki.