Continuous quality improvement (CQI) is not a new concept. The goal of CQI is to assure appropriateness of patient care and to improve the well-being of our patients. Accordingly, we should strive to create innovative improvement methodologies, share best practices, and inspire all health care workers to put the interests of the patient above all else. Participating in an active CQI process generally involves the following:

- Formation of a team that has knowledge of the need for improvement.
- Defining clear aims using parameters of care.
- Understanding the needs of the people who are served by the process.
- Identifying and defining measures of success.
- Brainstorming potential change strategies for producing improvement.
- Planning, collecting, and using data for facilitating effective decision-making.
- Applying evidence-based methods to formulate, test, and refine changes.

These general concepts are at play in most academic health care centers and larger hospitals, but less commonly in the “private practice” setting. Might patient care in private practices benefit from some form of systematized CQI? Could patients benefit from a process where private practitioners share best practices, perform systematic outcomes assessment of treatment, and examine the appropriateness of their day-to-day care?

Like many changes in behavior, as a first step, perhaps it would be possible to initiate CQI in private practice on a voluntary basis, whereby regional professional societies provided a suitable forum (either virtual or face-to-face) for those surgeons who wanted to participate, to present their difficult cases to their peers for discussion. In addition to possible improvements in patient care, such voluntary sessions could be used to plan, collect, and analyze data for decision-making purposes that would be common to the participants. Licensing authorities could make provision to recognize such activities in a manner similar to that used for continuing education credits.

The largest volume of oral and maxillofacial surgical care takes place in private practice settings (compared with hospital and academic settings). We have a responsibility to take real, substantial efforts to assure appropriateness of care and to improve the well-being of the patients we serve. Meeting this responsibility is one of the immutable prerequisites of a self-governing profession.

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