Scheduling ideas

Many clinics use alternative scheduling methods¹ for Give Kids a Smile events. Finding the right scheduling approach for your clinic is one of the most important aspects of running a successful event. Here are some ideas and suggestions. We suggest that you review them with your staff, then come up with a plan that will work best for your clinic.

Triage. One operatory (or more for a large facility) may be set up as a triage room, where dentists and/or clinical staff can assess needs and assign the patients to appropriate areas. This works particularly well for larger facilities that have multiple doctors available, but could work well for one doctor working with one or two hygienists.

Block scheduling. Block scheduling has proven effective for many clinics. This method schedules multiple patients "on the hour" and allows for controlled flow to the operatories. It also makes the inevitable failed appointments less relevant, since more treatment can then be accomplished for patients who do show up. The amount of preventive care vs. restorative care can be controlled according to demand during the given hour. If you are providing restorative services, **schedule the first few hours of the day more aggressively and schedule fewer patients per hour later in the day to avoid a backlog of care**. You may even consider using two-hour blocks if you have multiple doctors/operatories who are more inclined to do comprehensive care. This allows a little more flexibility to do more work for kids who needed it, or to do less if you were running behind. The only downside is that some patients will end up waiting longer for their care.

Other hints:

- Schedule all appointments in hygiene for 30 to 40 minutes.
- Work from your schedule, but be flexible enough to take patients as they come in. If provider 1 is done and her next patient is not here, but provider 2's patient is here, have provider 1 take the patient that is here.
- Ideally, you need one doctor for every two hygienists.

First come, first serve. More and more clinics are using a first-come, first-serve approach to scheduling for Give Kids a Smile. Below, a doctor describes how her clinic uses this approach:

We have been using this method of scheduling for two years now and it works great! We have never had to turn anyone away and we have had nothing but good results. The best thing is that we are constantly busy and there are no failed appointments.

We pick the hours we are open, 8 a.m. to 1 p.m. When someone calls to schedule an appointment, we tell them we are doing a first-come, first-serve basis. We will see as many patients as we can.

¹ These suggestions were provided by Drs. Scott Lingle and Robert Marolt, both of whom were active in helping the MDA create its "Give Kids a Smile" program.

On the day of our event, I make a sign-in sheet numbered 1-30. We open the doors that morning at 8 a.m. (be prepared to have parents come as early as 7). Folks will line up at the door early. As the patients arrive, I have the guardian/parent sign one child's name per line, and give them the forms needed for each person.

When we get the papers back, we call them back in the order of sign in. We triage one person to take all the x-rays needed for all of the patients starting with child#1 (we have digital). She will keep taking the needed radiographs until every child is done. Our office manager will make a copy of the x-rays on a CD.

The patient then proceeds to hygiene with a parent. In the meantime, the doctor reviews the x-rays. I now have a heads up on what to expect before the patients has the exam. I note on the sheet what needs to be done. The doctor examines each patient. If time permits, I will do some extractions or operative. It depends on how busy the day is. If the child is in pain, I do what is needed to get them out of pain. Sometimes I have them wait or come back after a few hours.

We usually do the sealants/fluoride at this time for every child. At the end of the visit the patient is giving their little bag with brush, floss and toothpaste and pamphlets. The parent/guardian is given the x-rays and recommendations of treatment.

First thing in the morning, it's a little full, but after about the first hour it's okay, so don't panic. Depending on the time and how many patients there are, we stop taking names. We have never had to turn anyone away. Usually by about 11 a.m. people stop coming in.

Reducing failed appointments

Clinics should plan on a 10 to 20 percent appointment failure rate. (Though some have less than 5 percent.) Please don't let this deter you from participating. Even airlines book to 120 percent to compensate for guests who change plans. To reduce the impact of failed appointments, consider the following ideas:

- Some clinics call patients three times before their scheduled date, including the day before.
 Please consider using the sample patient reminder letter in this Kit. When you call, confirm that the patient knows your clinic's phone number and exact location.
- Double book (or close to it) in the first two hours of the morning to compensate for failed appointments.
- Schedule family members with different providers, all at the same time, to avoid large gaps in a provider's schedule in case the entire family misses its appointment.
- Once your schedule is full, you may want to take the names and numbers of patients who can be available on short notice the day of your event.