A new paradigm of emergency dental care at the Community Dental Clinic: no appointment necessary!

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Aim:
Patients presenting for emergency dental care (EDC) are required to be seen within specific time frames dependent on triage. EDC requires fitting patients into an appointment schedule that is booked for general courses of care months ahead. EDC may require the next available appointment and in some instances general appointments need to be cancelled, resulting in stress for patients and staff. The aim was to improve the experience of EDC at the community dental clinic.

Method:
Dentists, oral health therapists, prosthetists, dental assistants and receptionists from the clinics attended a briefing session where triage compliance, patient numbers and treatment were presented. It was decided to trial the new "open emergency sessions" as of **February, 2018**. Patients who contacted the clinics are triaged and advised to take a seat or attend the clinic the following morning. General patients are seen in the afternoon.

Results:
The average number of patients seen each morning for emergency care was 15 (IQR 11-17) at Belmont, 17 (IQR 15-20) at Corio and 12 (IQR 11-15) at Newcomb. For the first nine months, 7226 patients were seen by 12.30pm. The number of patients that failed to arrive was 3 (IQR 2-4) at Corio and 2 (IQR 1-3) at Belmont and Newcomb.

Triage Compliance

Category 1 — Category 2 — Category 3
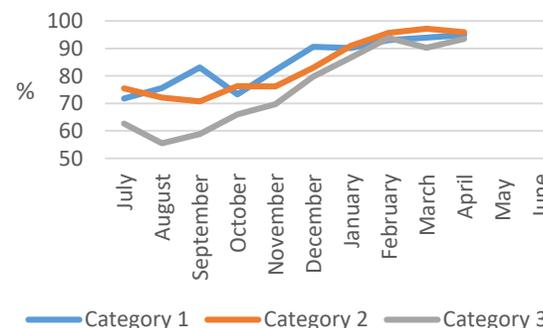
Significance of the findings to allied health:

Our new model of care has delivered significant returns:
✓ majority of Emergency patients are seen with 24 hours
✓ no increase in budget, staffing levels or dental chairs
✓ increased productivity and minimal reliance on vouchers
✓ dentists & oral health therapists are collaborating and working to their scope of practice
✓ the clinics are collaborating to share the workload
✓ less patient behaviours of concern & complaints reported
✓ patient surveys have demonstrated overwhelming support
✓ failed to attend appointments has reduced from an average 11% to 4%
✓ less pressure on reception and clinical staff resulting in improved staff welfare and reduced sick leave
✓ staff engagement in the implementation has been positive
✓ Value = Health outcomes that matter to patients/ Cost of delivering outcomes
✓ could be implemented in any public oral health service