

Evaluation of waiting period, recall period, and appointment scheduling of outpatients in a dental hospital

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ABSTRACT

Aim and Objective: The aim of this study was to assess the waiting period, recall period, and appointment scheduling of outpatients in a dental hospital. **Background:** Appointment scheduling systems are potentially useful tools for enhancing the patient satisfaction. Appointment scheduling system is the first step in health-care provision process in outpatient setting that plays an important role in patient's view. Patient turnaround time is defined as the length of time from when the patient entered the outpatient clinic to the time, the patient actually leaves the clinic. Waiting period and appointment scheduling play a key role in the outcome of patient satisfaction. **Materials and Methods:** A closed-ended questionnaire was prepared based on waiting period, recall period, and appointment scheduling of outpatients visiting a dental hospital. The questionnaire was distributed to 200 patients between 20 and 60 years of age. The filled questionnaires were collected and the data were tabulated. The data were subjected to statistical analysis using Chi-square test. **Results:** From the results obtained, 94% of the patients have visited more than 5 times a dental hospital, around 68% of them were given proper appointment time. Regarding the waiting period, 45% of respondents had a waiting period of 30 min, 32% with 1 h, and 23.5% for more than 1 h. Around 64% were satisfied with their appointment scheduling and treatment planning. Recall period of patients varied, 38% of respondents had 1 month, 36% had 3 months, and 26% had 6 months. **Conclusion:** From this study, we conclude that waiting period, recall period, and appointment scheduling are some of the factors that were potential to affect the patients visiting a dental hospital.

KEY WORDS: Appointment schedule, Dental appointment, Recall period, Waiting period

INTRODUCTION

Patient turnaround time is defined as the length of time from when the patient entered the outpatient clinic to the time, the patient actually leaves the outpatient department (OPD).^[1] Patient waiting time is often one of the most frustrating parts about health-care delivery system.^[2] Making the patient wait for a longer period unnecessarily causes discomfort for both patient and clinician. Waiting time is a tangible aspect of practice that patients will use to judge health personnel, even more than their knowledge and skill.^[3] Due to increased waiting period, many patients leave without taking dental treatment and also it will reduce the satisfaction of the patient toward dental health care.

A proper scheduling of appointments should be prepared in advance for individual patients based on their dental problem and its treatment should be explained to the

patients on the first visit. Moreover, also, the schedule should be followed properly to prevent miscommunication between the dentist and patients. Many studies have been conducted to study about the appointment scheduling and its effectiveness in improving the dental health care as well as the satisfaction of patient. Once the dental treatment is completed, the patient should be recalled properly to review the treatment done. Furthermore, proper recall period prevents the recurrence of disease and helps in maintaining the oral hygiene status of patients. A standard time interval should be given for recall and the changes should be observed.

Hence, this study was aimed to assess the attitude of patients toward waiting period, recall period, and appointment scheduling in a dental institute.

MATERIALS AND METHODS

This study was conducted in the undergraduate OPD of a dental institute in Chennai, India. A closed-ended questionnaire was prepared based on waiting time, appointment scheduling, and recall

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period of outpatients. The questionnaire contained 10 questions depending on duration of waiting period, regular recall periods, and appointment scheduling of their dental visit. Treatment records of the patients who had completed their dental treatments between August 2017 and January 2018 were collected. Patient who had multiple visits (more than three visits) to the dental institute for full-mouth rehabilitations was taken for the study ($n = 200$). The patients were recalled for review and the questionnaire was distributed. This would help us to assess their waiting time, recall periods, and appointment schedules without any bias. Patients who have reported for the first and second visit for the dental treatment were excluded from the study ($n = 300$). Patients who were not willing to participate were also excluded from the study. An informed consent was obtained from patients who were willing to participate in the study. The filled questionnaires were collected from the patients regarding their treatment and their previous visits. The data collected were tabulated and subjected to statistical analysis. Chi-square test was done.

RESULTS

The respondents of the current study were of the age group of 20–50 years. The distribution of respondents based on the age group is given in Figure 1. The study participants comprised 55% of males and 45% of females. Around 94% of the subjects have visited dental hospital for more than five appointments and the remaining 6% have visited

for more than three appointments [Figure 2]. About 68% of the respondents have stated that their dentist provides a proper appointment time, while 32% have denied it. Regarding the waiting period, 45% of respondents had the usual waiting time of 30 min, 32% with 1 h, and the remaining 23.5% for more than an hour [Figure 3]. About 71% of respondents have reported that their mindset was affected due to longer waiting period. Among the respondents, 71% of them suggested that they were given regular dental appointments, while 29% denied it. Among that 71% of respondents, 50% were given regular dental appointments within a period of 1 week and other 50% were given within a period of 10 days. About 64% were satisfied with their treatment planning and appointment scheduling [Figure 4]. Around 66% of the patients were recalled and reviewed with proper time interval. The time interval of recall

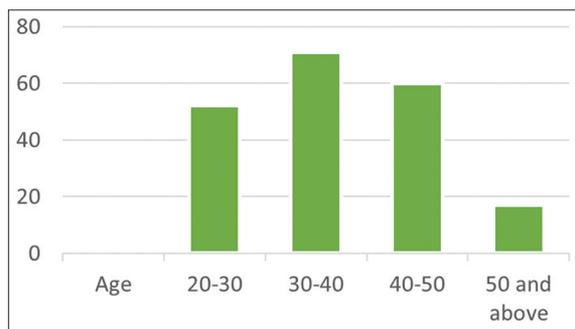


Figure 1: Age distribution of the respondents

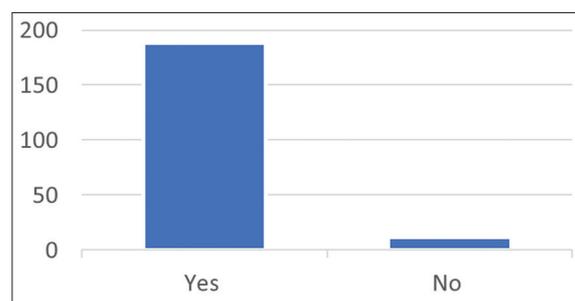


Figure 2: Graphical representation of response to the question “Do you often visit dental hospital?”

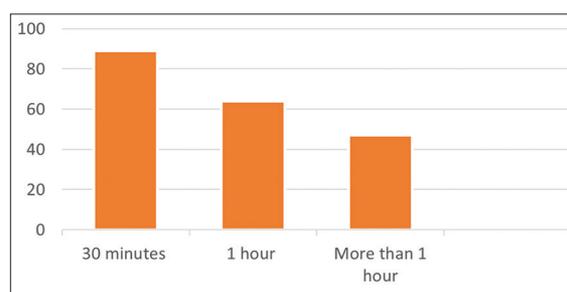


Figure 3: Graphical representation of response to the question “How long do you wait for treatment?”

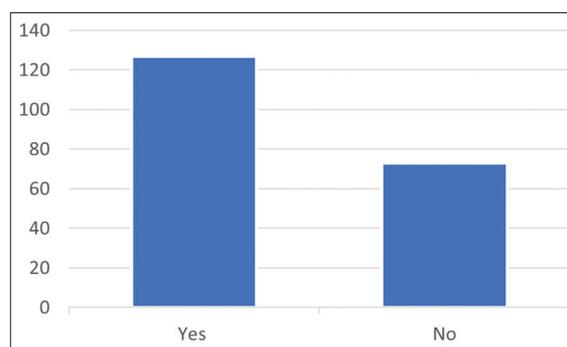


Figure 4: Graphical representation of response to the question “Are you satisfied with your treatment planning and appointment scheduling?”



Figure 5: Graphical representation of response to the question “How long is your recall period?”

period differed from 1 month to 6 months with 38% of them had a recall period of 1 month, 36% of them had 3 months, and 26% had 6 months [Figure 5]. There were no statistically significant differences based on age and gender.

DISCUSSION

From this study, we come to know that waiting period, recall period, and appointment scheduling are three main factors that can affect the patient's satisfaction and mental status toward dental treatment. The patient satisfaction is more important factor than the determinants and performance of health services.^[4,5] Several factors are thought to impact health-related outcomes and patient satisfaction.^[5,6] Excessive waiting time to see a health professional or a dentist is a frequently cited reason why patients are dissatisfied with health-care services.^[6] Fulfillment of patients demands and expectation as well as resolve doubts and confusions of the patient provides better satisfaction.^[7] Dental practitioners may need to make greater efforts to be regularly punctual for the patients such that they are not perceived to be late or absent for rendering dental treatment.^[8] Assessment of quality of the health care is necessary and compulsory for all health services, in such evaluation, the participation of patients and their experience as well as their review plays an important role.^[9] Patients spend a lot of time in the waiting area for dental treatment to be delivered by dental practitioners and other allied health professionals. Oche and Adamu^[3] reported that the three most common factors leading to long waiting time were high patient load, few doctors, and record clerks. Patients who are satisfied with the service they receive are more inclined to return for further appointments or even to refer others to the same practitioner or facility.^[10] The problem of waiting time in health-care institutions has tremendously increased concern by patients, specifically in the OPD, ahead of staff communication attitude, behavior, and staff and management problems.^[11,12] Long waiting times threaten the impact on the quality of care provided and access to health-care needs.^[13] For many public health institutions, they have a goal of achieving many targets with a minimal budget plan. In such cases, waiting for a longer period will seriously affect the number of patients and will eventually lead to loss of reputation. The goal of appointment scheduling is to deliver a convenient access to health services for all patients.^[14] Appointment scheduling also provides proper timing for the dental treatment and prevents crowding of patients in dental clinic and allows to work smoothly. All these factors help in enhancing in mental satisfaction of patient toward dental treatment.

Khatoon *et al.* reported that average patient waiting time was 2.01 ± 1.02 h.^[1] Pandit *et al.* reported

that the major reason causing high waiting time was found to be the waiting time for consultation which was 40 min on an average and reported that it is one of the major causes of discontent among the OPD patients to which a fall in OPD numbers can be attributed.^[15] Motloba *et al.* reported that average waiting time observed is comparable to reported mean waiting times at medical facilities, ranging below the average of some studies and being relatively longer than other reports.^[7] A fixed recall interval, such as 3 months or 6 months, for all dental patients was first questioned by Sheiham, in 1977.^[16] After many years, other studies appeared in literature highlighting the scant evidence to support biannual recall visits.^[17,18]

From the results of the current study, we could find that a small percentage of the patients were not satisfied with the appointment scheduling and recall period. This could be due to fact that this study was conducted in the undergraduate department who are learning with scheduling practices during their clinical hours. Further training and practice are required to gain experience on this phase of managing their patients in clinical practice.

CONCLUSION

From this study, we conclude that waiting period, recall period, and appointment scheduling are some of the factors that were potential to affect the patients visiting a dental hospital. Proper training needs to be provided during educational modules so as to have a better case toward a structured dental practice.

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