REDUCING PATIENTS’ WAITING TIME IN MENGØ HOSPITAL DENTAL CLINIC

BY

MARY JULIET NANNOZI (BDS, MPH)

MEDIUM –TERM FELLOWSHIP

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DECLARATION

I, Nannozi Mary Juliet, do here by declare that this end-of project report entitled ‘Reducing patients’ waiting time in Mengo Hospital dental Clinic’ has been prepared and submitted in fulfillment of the requirements of the Medium-term Fellowship Program at Makerere University School of Public Health and has never been submitted for any academic or non academic qualifications.

Signed

...........................................Date..................................................

Nannozi Mary Juliet MEDIUM –TERM FELLOW

ACADEMIC SUPERVISOR

Signed........................................Date..................................................

Mr. Enock Kizito

INSTITUTION SUPERVISOR

Signed........................................Date..................................................

Dr. Ken Chapman
THE FELLOW’S ROLES IN THE PROJECT IMPLEMENTATION

- To be the technical leader in conceptualizing, adopting and implementing the activities of the project
- To organize CQI team meetings with all the staffs so that all are aware of the progress
- To ensure proper accountability of the project funds
- To write the report at the end of the project
ACKNOWLEDGEMENT

Special thanks for the MakSPH –CDC Fellowship program for having granted me the opportunity to participate in the Medium- Term Continuous Quality Improvement Program.

I highly appreciate the CQI Medium-Term fellowship teaching Staff, my academic and institutional mentors for the dedication and work well done.

I owe a lot of thanks to the Mengo Hospital Management Team, the Dental Staff especially Dr. Nakoolya Mary Assumpta. Thanks a lot for your commitment during the conceptualization and implementation of this project.

In a special way, I am very grateful to my other fellows for having been a source of inspiration.

Mary Juliet Nannozi
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>CDC</td>
<td>Centre for Disease Control and Prevention</td>
</tr>
<tr>
<td>CQI</td>
<td>Continuous Quality Improvement</td>
</tr>
<tr>
<td>Mak SPH</td>
<td>Makerere University School of Public Health</td>
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OPERATION DEFINITIONS

Waiting time:

Waiting time means the period spent by a patient from registration to the time when he/she is called into the surgery unit to start dental procedure/treatment.

Quality Improvement

It is applying appropriate methods to close the gap between the current and the expected level of quality/performance as defined by the standard.

Patients on appointment

These are either the truly assigned patients for the specific date and time in the appointment books, they could simply have made a phone call booking with the dentist or can still be those who missed their appointments and simply just turn up in pain or not but are to have a continuation of a previous treatment.

Patients on the queue

These are patients old or new who come to receive dental treatment in Mengo hospital dental clinic without having been scheduled for treatment.

Orthodontic: Dental treatment aimed at aligning teeth

Prosthetic: Dental treatment aimed at replacing lost teeth with artificial removable teeth (dentures), or fixed teeth (crowns and bridge work)
EXECUTIVE SUMMARY

Mengo hospital dental clinic aims at excelling in the provision of high quality services that bring a high level of satisfaction to the clients. However, the clinic had for a long time suffered the challenge of delaying its clients.

**Issue:** In April 2013, the average waiting time from registration of patients to the time when they are seen by the dentists in Mengo hospital dental clinic, was ninety minutes for patients on the queue and forty for those on appointment. This would cause patient dissatisfaction. Patients’ delays were due to non-sensitized staff, tight appointment schedules, and patients not keeping appointments, and having scarce and un-packed instruments. A project was undertaken to reduce the waiting time from 90 to 30 and 40 to 15 minutes within five months May to September 2013.

**Intervention description:** Interventions were initiated in May 2013, several staff meetings and a sensitization seminar were held to sensitize the members on time management and team work participation, more instruments were obtained and a tray setup system was started. The scheduling system was altered such that each dentist sees a given number of appointment patients and has slots for queue patients. Posters and a video clip were developed to communicate to patients about the alterations and to urge them to keep their appointments. Wall clocks were obtained and synchronized within the clinic. Two types of patient record cards were obtained. Registration time, time for the appointment and that when the patient are called into the surgery unit were recorded. The cards were collected at the end of treatment and at the end of each month the different times were entered in Microsoft excel and analyzed.
Outcome: There was a progressive reduction in the patient waiting time for both types of patients. Reduction for patients on the queue were from 90, 83, 60, 38, 30 while those on appointment reduction was from 40, 33, 26, 19 to 17 minutes from April to August, respectively.

Lessons learnt: Staff sensitization and flexible appointment system were key in reducing patient waiting time.

Conclusion: Simple interventions like sensitizing staff members and re-organizing the appointment scheduling system, greatly improved the patient waiting time in Mengo hospital dental clinic.

Recommendations: Clinics should have proper appointment schedules so as to reduce their patients’ waiting time.
1.0 INTRODUCTION

Patient waiting time is generally known as the length of period taken from when the patient enters the waiting room or the consulting room until when the patient actually leaves the hospital/clinic (Mackey and Cole, 1997). Due to the fact that dental procedures take varying time depending on the complexity of the treatment procedure, in this study, patient waiting time specifically referred to the length of period from registration of the patient to the time when he/she was called into the surgery unit to start treatment.

In this highly competitive era, clinics give their patients appointment so as to minimize on the time spent at the clinic. The reasonable waiting time for a patient on appointment is about 10 minutes. In Mengo hospital dental clinic, the core importance of giving patients appointment was not being met. According to a baseline survey done in April 2013, the average the waiting time for patients on appointment was 40 minutes while those without appointment were waiting for 90 minutes instead of the recommended 30 minutes.

It was for this reason that a continuous quality improvement project at Mengo hospital dental clinic was proposed to assess why patients were being delayed and thereafter institute countermeasures aimed at reducing the patients’ waiting time at the facility as a means of improving health service delivery and increase patients’ satisfaction. The project ran from March to September 2013.
1.1 BACKGROUND

Mengo hospital dental clinic was started in March 1980 as a small outpatient clinic and remained so until April 2005 when a new Ultra modern dental Clinic Complex was opened up with ten working units. The clinic offers a full range of all dental health services which include all types of fillings (amalgams, composite, and Root canal treatment), extractions, orthodontic treatment, and prosthetic treatment as well as dental implants.

Figure 1: The front view of Mengo Hospital Dental clinic
Mengo hospital dental clinic aims at excelling in the provision of high quality services that bring high level of satisfaction to her clients.

**Figure 2: A flow chart of patients in Mengo Hospital Dental Clinic**

The average clinic attendance is about 60 patients though there are heavy seasons when the daily attendance rises to about 90 patients. The clinic receives two kinds of patients, those on appointment and those who follow the queue.
Patients on the queue are those who are to be seen by any dentist, these constitute about 60% of a day’s attendance while patients who specifically come to be seen by a particular dentist (patients on appointment) were about 40%. In this clinic, about 93% of the patients seen are given appointments for either continuation of treatment of the same tooth or start on another one. There was no coordinated appointment system, each dentist would independently give their own appointments and on average 56% of patients keep their appointments.
2.0 LITERATURE REVIEW

Patient satisfaction in a dental clinic is concerned with meeting clients’ perceived needs and concerns. The dental patients’ needs and concerns not only include considerations for the technical quality of the service, convenience of the service, friendly atmosphere, cleanliness of the environment and equipment but also includes respect for the time patients spend in the clinic if it is to retain its clients as well as attract others (Newsome and Wright 1999, Yok et al 2005).

The amount of time that the patient spends at the health facility has often been used as a measure of the patient’s satisfaction with the service being provided. Studies have shown that the patients’ experience of waiting greatly influences their perception of the quality and the overall satisfaction of the service rendered (Tucker & Adams, 2001).

Although Mengo hospital dental clinic is well known for offering high quality service, it has had a long standing challenge of delaying its clients. A study done in this clinic by Nannozi, 2005, found that 40% of the patients waited for less than an hour, 42% waited for 1-2 hours while 18% waited for more than 3 hours from the time of registration to when they were called in to see the dentists.

Efforts to reduce the patient waiting time were made by increasing the number of dentists and introduction of an appointment system. The problem of delaying patients had however continued to exist causing great patient dissatisfaction. It was also breaching the clinic goals and hence the need for improvement.
3.0 STATEMENT OF THE PROBLEM

A survey done in Mengo hospital dental clinic during the months of March and April 2013, found that on average after registration of the patients, the new patients would wait for ninety minutes while those on appointment would wait for forty minutes before being called into the surgery rooms to see the dentists.

Both patients on appointment and those on the queue would on many occasions show their discontentment with the long waiting time at the clinic. Some patients would openly grumble, shout at the staff and some would get so agitated and walk out in protest, unattended to.

3.1 Justification

This project was undertaken in Mengo hospital dental clinic to reduce the average patient waiting time for both the line patients and those on appointment.

By reducing patients’ waiting time in the clinic, this will:

- Improve the quality of health service delivery
- Increase patients’ satisfaction
- Help the clinic not only to retain its clients but also attract new ones
- Improve the general image of the Hospital.
Figure 3: Showing the Conceptual Framework

**Patient factors**
- Do not keep appointments
- Do not communicate if unable to come
- Come late
- Have preconceived idea of being delayed

**Appointment scheduling system**
- Not co-ordinate
- Packed appointments
- No streamlined appointment system

**COUNTER MEASURES**
- Health education
- Hold a time management seminar for all staffs
- Buy more instruments
- Start packing instrument according to procedures
- Start a tray set-up system for different procedures
- Start using a standard appointment system in the clinic
- Design and pin-up appointment posters
- Have a running commentary played in the clinic

**Clinician factors**
- Come late for work
- Start working late
- Do many procedures on one patient
- Not sensitized on time management

**Equipments/Instruments**
- The essential ones not being enough
- Not sterilized fast enough
- Not packaged according to procedures

**Reduced patient waiting time in the dental**

**Out come**
- Improved quality of health service delivery
- Increased patient satisfaction
- Improved image of the hospital
4.0 PROJECT OBJECTIVES

4.1 General objectives

This study aimed at reducing the patient waiting time in Mengo Hospital dental Clinic in five months (May – September 2013) so as to improve services delivery in the clinic and increase patients’ satisfaction.

4.2 Specific objectives

- To reduce the patient waiting time in Mengo Hospital dental Clinic from 40 and 90 minutes (for patients on appointment and on the queue respectively) to 15 and 30 minutes in the next 5 months (May – September 2013)

- To obtain a well coordinated and acceptable appointment system for the clinic that shall ease the inflow of patients

- To obtain a central tray set up system for instruments required for the different dental procedures done in the clinic so as to reduce time spent on sorting them-up.
5.0 IMPLEMENTATION STRATEGY

In March 2013, a general dental staff meeting was called and members were educated about Quality Improvement. The purpose of that meeting was to orientate the members on the concepts of Quality Improvement and the need to have it within the dental department.

A) A questionnaire was formulated and copies distributed among the patients attending the clinic during that period to get their perception about the clinic’s strengths and weakness (Appendix 1).

B) In April 2013, another general dental staff meeting was called; members had a brainstorming session in which a list of problems affecting our clients was generated from both the staffs’ perspective and patients’ perspective using information from the questionnaires. The following list of problems affecting the clients was generated.

- Long waiting time for both the new and the appointment patients
- Delay in starting time
- Some staffs report late for duty
- Receipting/billing system which is on and off.
- Inadequate communications to the patients on a number of issues that include the price list, directions and general patient information
- High medical prices
C) Theme selection

To select the problem area, the members had only single voting done. The most urgent, important and do-able problem affecting the clients was unanimously chosen as “Long patient waiting time” (20/25 votes).

After the theme selection for the project, a CQI team was purposely formed having representatives from the various categories of staff within the department.

Table 1: The CQI team that headed the implementation of the project

<table>
<thead>
<tr>
<th>Name</th>
<th>Role in the department</th>
<th>Role on the CQI team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Ken Chapman</td>
<td>Head of dental department</td>
<td>Institution supervisor</td>
</tr>
<tr>
<td>Dr. Assumpta Nakoolya</td>
<td>Dentist</td>
<td>Secretary</td>
</tr>
<tr>
<td>Dr. Agnes Lematia</td>
<td>Dentist</td>
<td>Member</td>
</tr>
<tr>
<td>Dr. M. Juliet Nannozi</td>
<td>Dentist /fellow</td>
<td>Facilitator</td>
</tr>
<tr>
<td>Mr. John Bosco Ssendagire</td>
<td>Assistant administrator</td>
<td>Member</td>
</tr>
<tr>
<td>Mr. Walugembe Sam</td>
<td>Store officer</td>
<td>Member</td>
</tr>
<tr>
<td>Miss Nanyonjo Florence</td>
<td>Sterilization assistant</td>
<td>Member</td>
</tr>
<tr>
<td>Mrs. Kato Pheobe</td>
<td>Chair side assistant</td>
<td>Member</td>
</tr>
</tbody>
</table>

D) Analysis of the problem

A fish bone analysis was utilized to identify the root causes for the long waiting time in Mengo Hospital Dental Clinic
Figure 4: Showing the fish bone analysis for the long waiting time in the Clinic

Instruments

Crucial instruments not enough and well packed
 Used instruments not re-cycled fast enough

- No proper tray set-up system
- Sterilization section has not prioritized their recycling

Patients

Some miss or come late for appointment
 Pre-conceived idea of being delayed.

Patients not informed or reminded

No system for informing or reminding patients

Start work late, do many procedures on one
 Patient, also fix in other patients between appointments

Appts. too packed and not coordinated

No streamlined appointment schedule

Have not appreciated the need to 1) start work early
 2) respect the patients’ time 3) to strictly keep appointments

Staff not sensitized on time management and respect for patients’ time

Staff

Patient Appointment System

It has never been formulated in clinic

Long waiting time for appointment patients
### E) Counter Measure Matrix

**Table 2: Shows the countermeasure matrix used to reduce the waiting time**

<table>
<thead>
<tr>
<th>Problem</th>
<th>ROOT CAUSE</th>
<th>COUNTER MEASURE</th>
<th>PRACTICAL METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long patient waiting time</td>
<td>Limited essential instruments</td>
<td>Ensure equitable use of the scarce instruments</td>
<td>Start a central set up tray system of instruments for the procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Scarce instruments marked and prioritized in re-sterilization process</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Buy some more instruments</td>
</tr>
<tr>
<td>Staff not sensitized on time</td>
<td></td>
<td>Sensitize and create awareness</td>
<td>Conduct a seminar on Time management</td>
</tr>
<tr>
<td>management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No streamlined appointment</td>
<td></td>
<td>Streamline the appointment system</td>
<td>To design a standard appointment system that ensures:</td>
</tr>
<tr>
<td>system</td>
<td></td>
<td></td>
<td>• A fixed number of appointments for each dentist</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Each dentist has slots for seeing new patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Similar procedures are not appointed at the same time</td>
</tr>
<tr>
<td>No system for informing and</td>
<td></td>
<td>Devise an information flow system</td>
<td>Use patient appointment cards to remind them</td>
</tr>
<tr>
<td>reminding patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Use Posters</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Use a running commentary</td>
</tr>
</tbody>
</table>

**E**→ effectiveness, **F**→ feasibility, **O**→ overall, **A**→ action
F) Buying of more instruments and starting up a tray set-up system

In May and June 2013, more equipment and instruments were obtained. The instruments became more readily available. We started packaging them according to their usage, and a tray set up system was started. This reduced time spent waiting for the sterilization process of the instruments and that taken sorting the different instruments for a given dental procedure.

**Figure 5: Shows a staff with trays of dental instruments that have been set-up**
G) Holding a seminar on Time Management

In July, a time management seminar was held. Staff members were sensitized on time management, they were encouraged to start duty early enough, work diligently, and have team work participation to bring about the desired quality improvement change.

Figure 6: Members taking notes during the seminar on Time Management
H) Alterations in the appointment scheduling system.

Alterations were made such that there were no appointment slots given before 10:00am. The time 8.00am -10.00 was reserved for the patients on the queue and during this period all the dentists worked on patients on the queue.

In addition, the changes ensured that each dentist was seeing fewer appointment patients and had slots for queue patients. Each dentist would get a maximum of four appointment patients at an interval of two hours such that they could have slots to see queue patients in between the time for their patients on appointments.

Figure 7: Showing appointments made before and after intervention
I) Holding several staff meetings

Several staff meetings were held to communicate to members about the different stages of the project and to enhance team participation in adherence to the set standard in the appointment scheduling. A total of eleven meetings were held, four general meetings, four doctors’ meetings and three committee meetings.

Figure 8: Shows some dental staff members in one of the general meetings
K) Improvement on patient information flow system

- Labeling of surgery units

Surgery units were labeled so as to improve patient movement within the clinic. The units were labeled from 1 to 6 on the general side and then 7 to 10 on the Private side of the clinic. Directions were also given to indicate where each surgery unit is located.

Figure 9: Shows labeled the dental surgery units within the clinic

- Designed, printing and pinned up of patient posters.

These were informing patients on the changes in the appointment scheduling, encouraging them not to miss their appointments as well as urging to endeavor to seek early treatment.
A video clip

This was developed with a sole purpose of adding a visual component to the message being delivered. The video clip was emphasizing the alterations in the appointment scheduling system, stressing the need to keep and arrive early for the appointments, it also gives useful information patients ought to known while they are in the clinic premises and when they go away.
L) Monitoring the progress

Wall clocks were obtained and synchronized within the clinic. Two types of patient record cards were obtained. One type was for the patients on appointments and the other for those on the queue. At the point of registration each patient would receive both the clinic treatment card and patient record card on which the following were recorded.

- Time of Registration
- Time for the appointment
- Time when the patient are called into the surgery unit.
- Type of treatment done
- Time at end of treatment

At the end of treatment the patient record cards were all dropped into a common box and at the end of month the different times were entered in Microsoft excel and analyzed.

Figure 11: Showing the patient record cards that were used for monitoring
6.0 PROJECT OUTCOMES

There has been a progressive reduction in the patient waiting time for both patients on appointment and those on the queue. The average patient waiting time has reduced from 90 and 40 minutes to below 28 and 17 minutes for patients on the queue and those on appointment respectively.

**Figure 12: Showing the average patient waiting time during the project Period**

![Average Patient Waiting Time Graph](chart.png)

- **Counter measures started**
- **Target for the appointment patients**
- **Target for the queue patients**
7.0 LESSONS LEARNT

- Staff sensitization and flexible appointment system are key in reducing patient waiting time in a dental clinic.

- To achieve organizational targets, there is need for active team participation. Although individuals do not want to change from their old methods of work, I have learnt that, if the agents of change are very patient and endeavor to have continuous communication with the members, it is possible to build and maintain the team spirit.

- It is very important to have Management involvement in order to obtain effective organizational changes.
8.0 CHALLENGES EXPERIENCED

8.1 Challenges
- Team work participation took too long build up. Some dentists found it too hard to adhere to the proposed appointment scheduling system.

- There are several days when some staff members were absent during the implementation period. Their absence would cause interruptions in the smooth flow of the day’s activities.

- The service provider we used for the patients’ posters and the video clip disappointed us. The work was delivered very late. The video clip came at the time when the project period had come to an end.

- Due to the late implementation of the patients’ information flow systems, some of the patients are still missing their appointments and turn up in pain on other days causing disruptions in performance.

- There are peak seasons when there is an influx of patients with multiple problems yet they have limited time for instance children going back to school.
8.2 Overcoming challenges

Team participation: We had to hold several staff meetings to communicate and encourage members to try their best to adhere to the set standard. The departmental management team organized a meeting in which they had to communicate to the staff that this was a clinic project and not an individual project. A decision was then taken that every staff member joins the CQI team so that the project could become owned by everyone in the department.

Absenteeism: Some staff members present would do extra work and try to cover up for those absent.

Missing appointments: The staffs were verbally encouraging the patients to keep their appointments. Later on the patient posters and the video clip displayed to remind the patients to keep their appointments.

Peak seasons when there is an influx of patients causing more work load for clinicians: Members worked hard during these periods to ensure that they would still meet their target.
9.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

9.1 SUMMARY

Mengo hospital dental clinic aims at excelling in the provision of high quality services that bring high level of satisfaction to the clients. However, the clinic had for a long time suffered the challenge of delaying its clients.

This project aimed at reducing the patient waiting time in Mengo Hospital dental Clinic from 90 and 40 minutes (for patients on the queue and that on appointment respectively) to 30 and 15 minutes in 5 months so as to improve services delivery in the clinic and increase patients’ level of satisfaction.

Various countermeasures were put in place to address the complexity of root causes that lead to the long patient waiting time in the clinic. They included designing a standard appointment system for the clinic, setting up a central tray set-up system for the instruments of the various dental procedures, sensitizing staff on time management and respect for patients’ time and last but not least, designing and putting in place a patients’ information flow system to emphasize their responsibilities in this aspect of reducing their waiting time.

The countermeasures were in operation for five months and produced good results. The average patient waiting time has progressively reduced from 90 and 40 minutes to below 28 and 17 minutes for patients on the queue and those on appointment respectively.
9.2 CONCLUSIONS

Staff sensitization and flexible appointment system were key in reducing patient waiting time in Mengo hospital dental clinic.

A simple intervention like sensitizing staff members on time management greatly improved their commitment to work. Staff would endeavor to report and start working early; they learnt to prioritize issues and became more time conscious as they work on the patients. Re-organizing the appointment scheduling system such that each dentist sees fewer appointment patients and has slots for queue patients ensured that patients on the queue are not too delayed yet at the same time those on appointment could also be seen in their respective time slots. This led to a generalized marked improvement in reducing patients’ waiting time in Mengo hospital dental clinic during the project period.

9.3 FUTURE PLANS

- The managerial problems that were raised (absenteeism and the need for a phone calling system) are to be handled by the clinic management team.
- The project activities like the appointment scheduling system, the tray set-up system, the posters and the video clip are to remain in usage beyond the project period.
- A new column is going to be entered in the registration book to record the patients’ time of arrival and when they are called in to see the dentist. This is to ensure continued monitoring of the clinic’s performance in reducing the patients’ waiting time.
10. RECOMMENDATIONS

To the host Institutions

- The hospital management team needs to devise a general strategy of minimizing staff absenteeism so as to improve the day today performance within the institution.

- The hospital management team should roll out the idea of long patient waiting time from other departments like the OPD, the laboratory and Pharmacy by utilizing similar principles that were used in the dental clinic.

MakSPH-CDC Fellowship Program

- There is need to orientate institutional mentors on the concepts of the Medium-Term Fellowship so that they become more conversant on how to mentor their fellows during the project implementation period.
11. REFERENCES


2. Nannozi M.J. 2005 Patients’ satisfaction at Mengo Hospital dental clinic


Patients’ Questionnaire

Dear our esteemed patients,

We thank you very much for having entrusted Mengo Hospital Dental Clinic to provide you all your dental care needs. It’s our great desire to ensure that we offer you the best dental health services in this country. We are embarking on a mission to improve on the quality of the services we are offering to you.

Please give us your realistic opinions on the following aspects so as to help us identify areas that you would like us to improve on.

1. Your arrival time…………………
2. Are you on appointment? Yes…………………….          No………………..
3. If Yes, What time were you given for the appointment? ................
4. What time have you been called in to see the dentist? .....................
Please give us your realist opinions on the following aspects

5. How were you received at the reception?
   a) Well received  b) there is need to improve

6. What is your comment about the treatment you received? (Tick whichever option that you feel is true)
   a) Excellent work done  b) was uncomfortable
   c) Felt pain  c) Doctor was rude
   d) Doctor didn’t seem confident as he/she worked on me
   e) My privacy was no kept  f) Doctor didn’t explain what he/she did
   g) other comment………

7. What is your comment on our equipment and clinic environment?
   a) They are clean  B) they need to be cleaned better

8. What is your comment on our customer care in general?
   a) Good  b) There is need to improve

9. Which area(s) would you like us to improve so as to offer a quality dental health service?