

# SAMPLE SCHEDULING POLICY

**Purpose:** To maintain consistency and efficiency in the scheduling of patients for dental services.

**Procedure:** All scheduling will be done by front desk staff. Other dental staff members are not permitted to schedule or change appointments already in the system. Dental appointments are not scheduled out beyond 5 weeks. (Please see companion scheduling document: Designated Access 5 Week Scheduling Implementation Plan).

The following guidelines are to be used in scheduling patients:

## 1. **Emergency Care**

- a. Front desk staff will follow the clinic's Emergency Policy in triaging patients seeking emergency care. Access to emergency scheduling blocks will be prioritized to "true emergencies" (pain, swelling, acute infection, fever, hemorrhage, trauma, or complaint related to recent treatment in the clinic)
- b. One emergency slot per dentist per session (morning and afternoon) will be built into each day's schedule. Additional emergency patients will be put in openings in the daily schedule caused by no-shows or late cancellations. At the conclusion of each morning and afternoon session, any walk-in emergency patients remaining unseen will be seen.
- c. The duration time for emergency appointments is 30 minutes. Emergency patients can be seated in any open chair. Dental assistants or hygienists can prepare the patient for examination by the dentist (record the patient's complaint and take any necessary x-rays). Patients will receive a 30-minute appointment for diagnostic evaluation and definitive treatment. (Palliative care will only be provided if definitive care is contraindicated or if the provider does not have sufficient time in the schedule to provide definitive care.)
- d. The dentist will assess the patient and provide all necessary palliative care. Patients needing follow-up services will be told to call for an appointment. In the event multiple visits are needed to complete the treatment plan, schedule only one appointment at a time. When the patient shows for that appointment, schedule him or her for the next appointment, and so on.

## 2. **New Patient Appointments**

- a. All new patients will be given 60-minute appointments with a hygienist
- b. The dentist will first authorize the treatment. Patients will then receive appropriate radiographs according to the ADA recommendations, prophylaxis, exam, treatment planning, and home care instructions. In addition, children will receive a fluoride treatment. Some new adult patients may need a gross debridement prior to receiving their comprehensive prevention services and will be scheduled for future additional appointments as directed by the dentist.

- c. Patients needing follow-up services will be offered an appointment. In the event multiple visits are needed to complete the treatment plan, schedule only one appointment at a time. When the patient shows for that appointment, schedule him or her for the next appointment, and so on.

**3. Recall Appointments**

- a. All recall patients will be given 45-minute appointments with a hygienist.
- b. Patients will receive radiographs as appropriate according to ADA recommendations, cleaning, and exam. In addition, children will receive a fluoride treatment.
- c. Patients needing follow-up services will be offered an appointment. In the event multiple visits are needed to complete the treatment plan, schedule only one appointment at a time. When the patient shows for that appointment, schedule him or her for the next appointment, and so on.

**4. Sealant Visits:**

- a. Sealant visits will be 30-minutes in length, and children will receive up to 8 sealants in each visit. Additional sealants will be done as time permits.

**5. Restorative Services**

- a. Patients needing restorative services (amalgam or composite fillings) will be given 45-minute appointments with a dentist. To foster the timely completion of treatment plans, the goal for a restorative visit for a patient with multiple carious lesions should be to do as many restorations as possible given time constraints, provider expertise, and patient tolerance – at least two restorations should be possible.

**6. Periodontal Services**

- a. Patients needing non-surgical periodontal services (eg, scaling and root planing) will be given 30-minute appointments per quadrant.

**7. Endodontic Services**

- a. Patients needing root canal treatment will be given 60-minute appointments with a dentist.

**8. Extractions**

- a. The appointment length for extractions is 45 minutes. To foster the timely completion of treatment plans, as many extractions will be done during the visit as time (and patient tolerance) permits.

**9. Dentures**

- a. Patients needing dentures (full or partial) will be 30-minute appointments with a dentist. In order to provide continuity and timeliness in the fabrication of the denture(s), appointments can be scheduled in 10-day intervals with up to four appointments to be made. This is, of course, a risk to the practice. If the patient misses any one of the prescheduled appointments, all others are cancelled and the patient is required to come to the office and meet with the practice manager to reappoint. When the multiple appointments are initially made, a document should be signed and placed in the patient's chart indicating that they understand the arrangement.

**10. Crown and Bridge**

- a.** The initial appointment for a crown and bridge visit is 90 minutes for a single crown, two hours for two abutments, and two and a half hours for three abutments. The visit length for delivery of the crown or bridge is 30 minutes. Both types of visit are booked with a dentist.