



# Reducing Wait Time to Appointment using a Team-Based Care Model

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## Introduction

The wait time to appointment (WTA) is measured as an indication to a patient's access to care in the National Dental Centre of Singapore (NDCS). This is represented by the percentage of patients who waited more than 60 days for their first appointment. Due to the overwhelming demand for prosthodontic dental treatment, the WTA for prosthodontic patients has been persistently high and was unable to meet NDCS' target of 24.7%.

### Objective

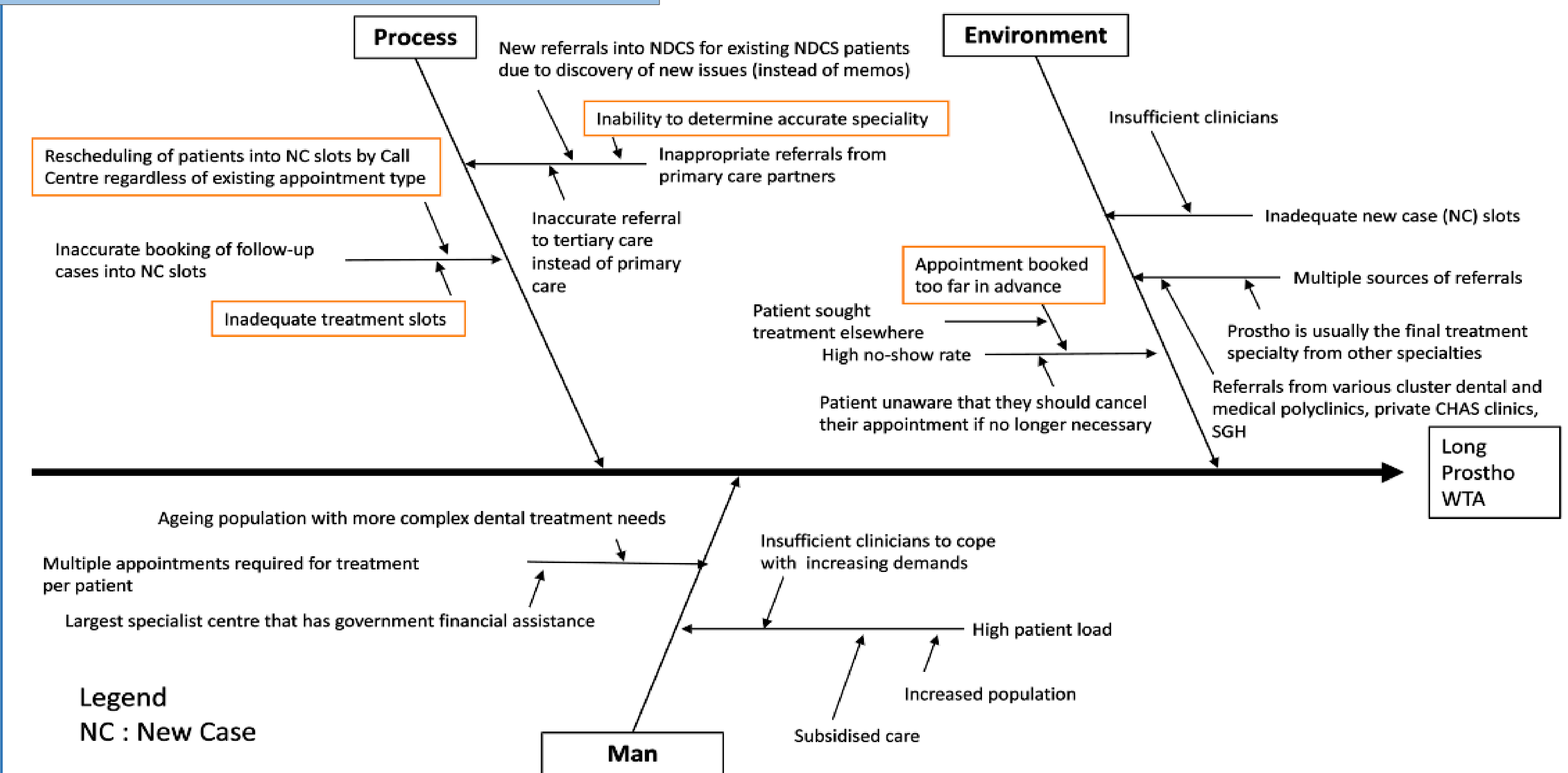
**PROSTHO WTA 64%**

6 months from Jul 2022

**WTA 24.7%**

### Root Cause Analysis (Exhibit 1)

Cause-Effect Diagram



Main contributory factors

- 1 Incorrect referrals
- 2 Incorrect use of appointment slots specified for new cases

## Interventions

### 1) 29 Sept 2022: Introduction of Prosthodontic Specialist-led Clinics (SLC)

Appointment calendars of 5 dental officers (DOs) are retabulated to provide for a full day of NC slots.

Each patient is allocated 30mins instead of 45mins. It used to be 45mins x 20 sessions a week x 5 DOs. It is now 30mins x 15 sessions a week x 5 DOs. The time savings was channeled towards treatment instead.

DOs are requested to obtain consults with rostered specialists for all patients

### 2) 30 Nov 2022: Improving Accuracy of New Case Appointment Utilization

SLC appointments reviewed regularly.

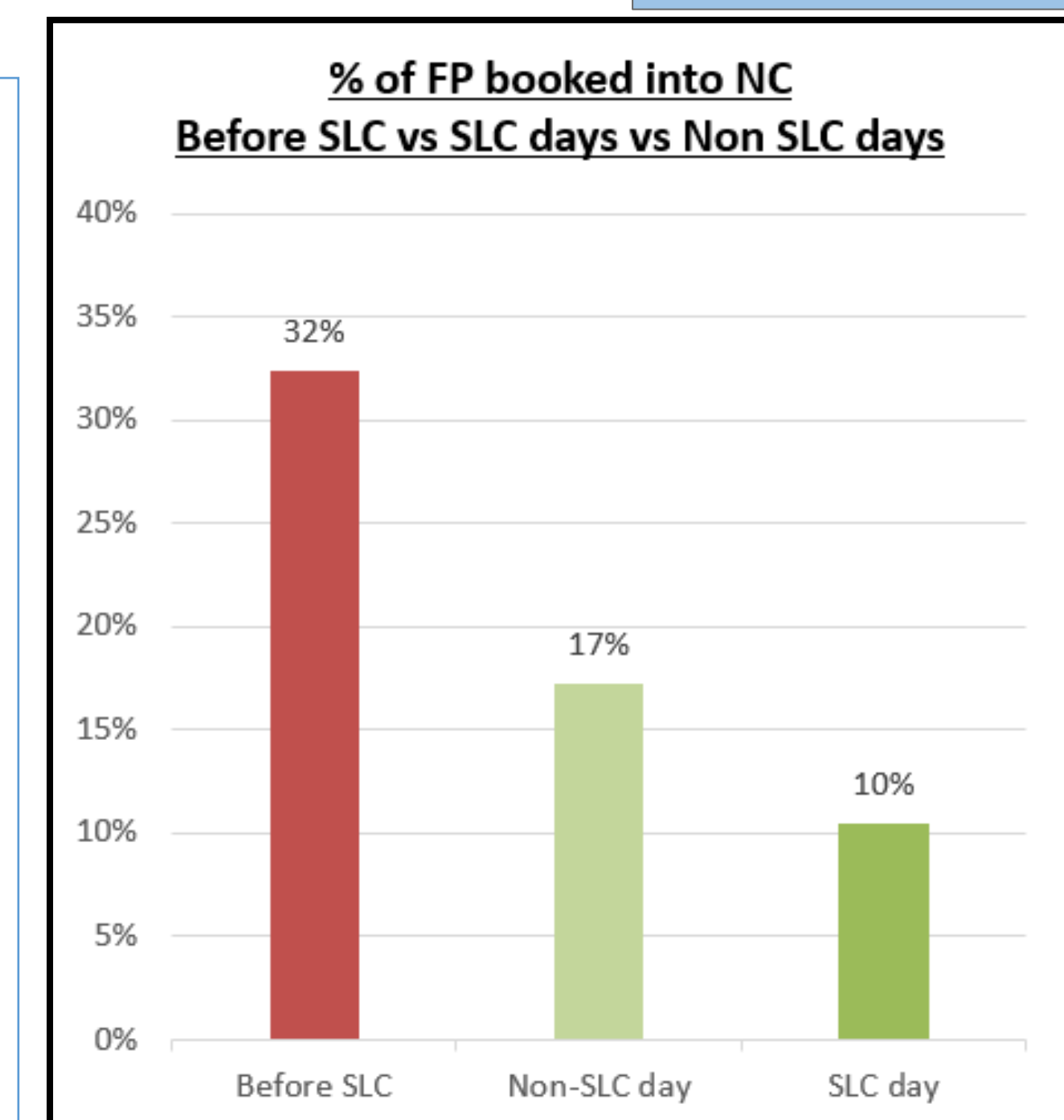
The appropriate allocation of appointment resource was reinforced to Patient Service Associates (PSAs) involved in appointment scheduling.

## Results

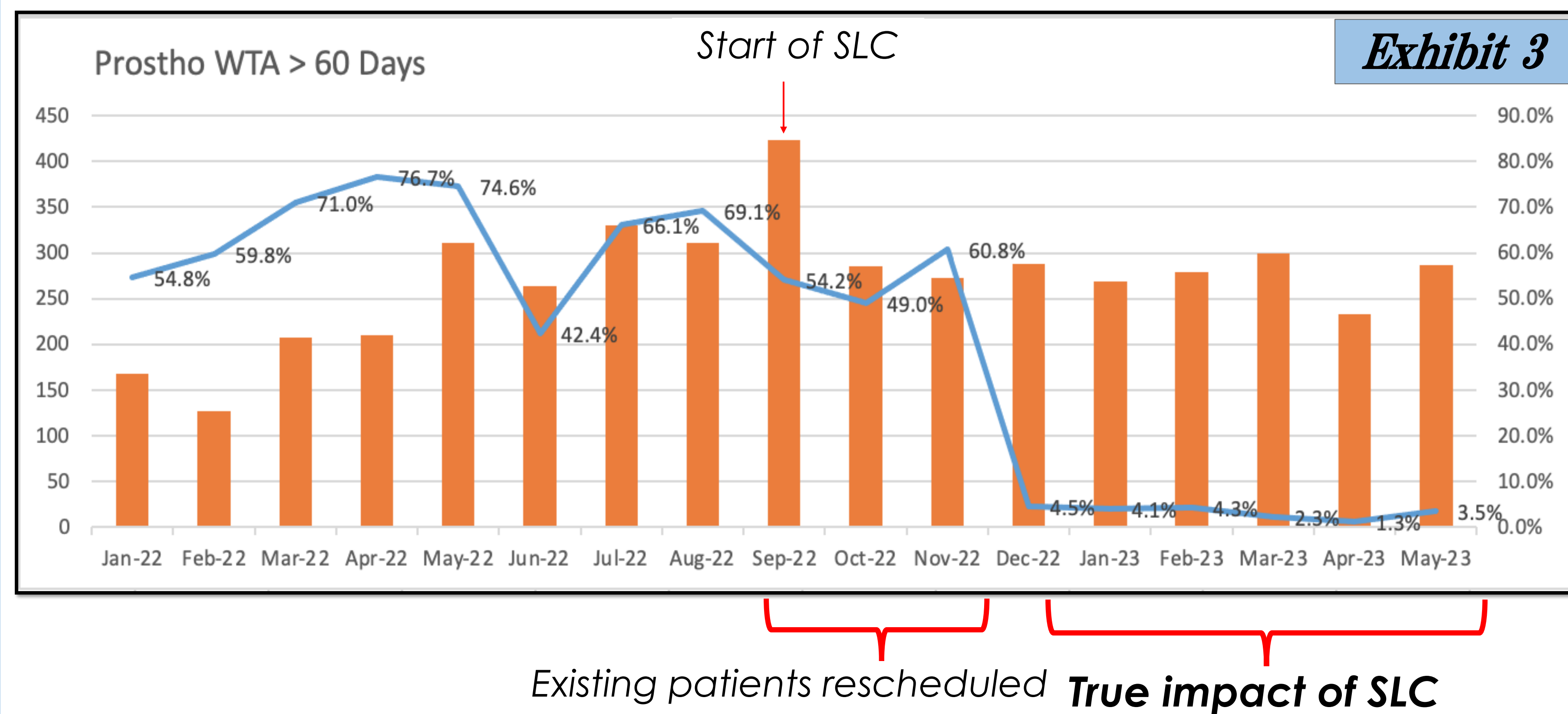
- Triaging accuracy of patients
- Efficiency of NC triaging with dedicated consult
- Visibility of appointment slots specified for new cases
- Accuracy of appointment scheduling
- Number of treatment slots from reduction of new case slot duration

Increased

### Exhibit 2



### Exhibit 3



## Conclusions

1. WTA data showed sustained improvement: 96.5% of new patients obtain their first appointment with NDCS within 60 days (Exhibit 3).
2. Decreased incorrect scheduling of treatment cases into NC slots significantly (Exhibit 2).
3. Going forward: Expand SLC to all (n=9) Prosthodontic DOs. Thus:
  - further decreasing the absolute amount of time spent on NCs
  - diverts more resources towards treatment cases