Perspective on Dental Workflow Structure at DHA
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Abstract

Introduction
Structural management is an important aspect for both employee satisfaction and improving patient dental care outcomes.

Objective
The aim of this study is to evaluate the current dental staff distribution and its effectiveness on employee satisfaction, continuity of care, waiting list, productivity, monitoring system and quality of dental care in primary health care of Dubai Health Authority.

Methods
This was an explanatory study with a before and after design. Studied the effect of distribution of dental staff among 14 health centers and 4 hospitals in DHA through fishbone analysis, which identified the gaps in current structure. Employee satisfaction survey was conducted. Proposed a new structure for staff allocation. Dental clinics regulating committee was established to review. Patients attendance rate, no-show rate, waiting list, path of referrals, challenges and forecast rate were calculated.

Results
Out of 163 participants 123 responded to the number of allocated clinics per week, 5.69% (n=7) in one clinic, 24.39% (n=30) in two clinics, 29.27% (n=36) in three clinics, 21.95% (n=27) in four clinics and 24.39% (n=30) in five clinics. The current structure of dental staff distribution has an effect on continuity of care. 90.48% (n=105) agreed that reducing staff rotation among health centers would improve continuity of care by same provider. 95.15% (n=103) agreed that continuity of care would have an impact on reducing the waiting list. The dental committee approved the proposal and submitted to the higher management with recommendation for implementation.

Conclusions
Reorganization of dental clinics in DHA by allocating all dental staff to be retained in their clinics based on their specialties, general practitioners, Hygienists and lab technicians, this may reflect improvement in monitoring system, path of referral, collaboration and teamwork, continuity of care, reduce unnecessary referrals, employee and patients satisfaction.