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Editorial



New procedures for the improvement of the SSN for a better access to dental care

Innovative “prescriptions”, to improve the treatment of the citizen in need of odontostomatological care, are published daily on dental journals. These “prescriptions” are mostly indications from The Experts who have the aim of favouring citizens’ access to dental care in the dental facilities of the Servizio Sanitario Nazionale (SSN), which is constantly grappling with the long-standing and never solved problems of waiting lists and staff shortages.

Beyond the goodness of the initiative, the arranged action plans always need the commitment of financial resources, nowadays not widely available. The question then arises as to how a project is feasible without the appropriate financial backing or, better yet, how economic resources can be found.

However, the reason why the suggestions are never related to structures, technologies and personnel optimization, is not known. One example among many is the appointment agendas of outpatient visits and services, which punctuate the work activity of every health professional, both public and private.

Are we sure that the visits’ and services’ scheduling is calibrated based on actual staff availability and patient demand?

A study conducted a few years ago by the WHO Collaborating Centre for Epidemiology and Community Dentistry showed that the average daily time spent using a dental unit in the Public Service is about 3 hours. The time spent on the dental unit turns out to be about half that of a health professionals’ work shift (7.36 hours) established for medical management by the CCNL’s health area (this is not valid for departmental chiefs). The same concept is true for the assistance staff, of the health care professionals, (7.12 hours) working in the dental team.

In addition, once the opening time of the dental service is defined, the agendas must be set based on the time space established for each service, which is characterized by a known execution time. This execution time considers not only the average medical time but also some corrections (ancillary times).

However, many times this approach is still not used, indeed, in various situations what is seen is an “agenda personalization”.

All of this shows that only with the application of simple scheduling rules, accompanied by the system’s monitoring and control, we can ensure the delivery of the required services and expand the number of beneficiaries without the need of further monetary expenses for the structure.

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