“Planning Space, Equipment, Supply & Utility Needs for a Volunteer Dental Project”

Inner City Health Center

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volunteers
in health care
A report written by organizers of volunteer-based health care programs serving the uninsured.
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**DENTAL**

**Planning Space, Equipment, Supply & Utility Needs for a Volunteer Dental Project**

**Inner City Health Center**

**PROJECT DESCRIPTION**

Inner City Health Center (ICHC) is a private, not-for-profit, volunteer-based health care facility established in December 1983 to provide quality medical and dental care and counseling services to the medically uninsured and very low-income families of Metropolitan Denver. During Fiscal Year 1998-99, ICHC recorded almost 14,000 visits by working individuals and their families representing over 100 zip codes in the Denver Metropolitan Area and statewide. The dental clinic reported 2,539 patient visits (18.5% of the medical and dental clinics).

Our patients include Hispanics (60%), African-Americans (30%), and other populations including Native American, Asian, Anglo, and Russian (10%). Within the Five Points Neighborhood, the mean annual household income is $16,960. Approximately 60% of ICHC patients are uninsured and the rest are Welfare/Medicaid recipients.

Inner City Health Center is in the initial stages of opening a second dental site projected to open in fall of 2000 to further meet the dental needs of the medically uninsured and low-income families.

**Dental services offered:**

- amalgams
- composites
- extractions
- root canals
- dentures & partials
- prophylaxis
- crowns
- bridges

The dental clinic, in conjunction with the medical clinics, provides dental screening to adults and children, dental education in prevention and maintenance, hypertension screening, oral cancer detection and referral for treatment, evaluation for child and spousal abuse, and smoking and tobacco cessation programs.

**Our volunteers and paid staff:**

There are 11 professional dental volunteers (e.g., dentists, hygienists, and assistants). In addition we have dentists who donate their services in their private offices by taking patients we refer to them.

Our paid staff consists of the dental director, dental office manager, and two dental assistants. The dental director recruits and coordinates volunteers and supervises students going into dental professions.

**Patient eligibility and responsibilities:**

The uninsured are charged on a sliding-fee scale based upon their income and ability to pay. The dental clinic does not have any population restrictions (e.g., residential boundaries or restrictions, health limitations or requirements, or language restrictions/policies) for patients. Every new patient must attend a 1-hour course in preventive oral hygiene given at ICHC to receive services.
Field Report: Inner City Health Center

Dental department hours of operation:
The dental clinic operates 8:00 am-4:30 pm, Monday through Friday.

Funding:
Funding for the dental clinic includes patient fees and insurances (39%), philanthropy (35%), and donated services from volunteers (26%). During fiscal year 1998-1999, 87% of Inner City Health Center’s total expenses were allocated to medical and dental care programs, 10% to management and administration and 3% for financial development/fundraising.

PHYSICAL SPACE REQUIREMENTS
Ideal space committed to a dental clinic can be from 1,000 to 4,000 square feet. These measurements are from our existing site and could be considered as “minimum.”

1) Reception/Intake/Clerical Records: 10’ x 10’
2) Waiting Area: 17’ x 29’ (the dental education seminars are held in the waiting area)
3) Per Operatory: 8’ x 8’
4) Lab and Sterilization: 7’ x 13’
5) X-ray: 4’ x 7’
6) Supply Room: there is no existing supply room at ICHC, which is one of the problems addressed in “Tips” found at the end of this report.

EQUIPMENT
Reception, clerical and waiting area: The equipment for these areas has been donated.

- dentist desk and chair for private office
- typewriter
- clerical desk and chairs
- computer and printer
- chairs for patient seating

Per operatory: The majority of the equipment over the past 16 years has been donated. An estimated total for purchasing operatory equipment and instruments would be $16,268.

- adjunct instruments (hemostats, scissors, daappen dish, napkin chain, spatulas, and matrix), amalgamator, anesthetic syringes, assistant stool, carving instruments (anatomic and smooth surface)
- condensing/insertion instruments (plastic instruments, amalgam carrier, compressor, condenser/plugger gingival cord placement instruments, and placement instrument)
- contour chair
- cutting instruments (angle former, chisel, excavator, gingival marginal trimmer, hatchet, and hoe)
- delivery system
- dental unit (includes all motor-driven handpieces)
- doctor stool
Field Report: Inner City Health Center

- emergency oxygen unit
- examination instruments (explorer, mirror, pliers, articulating-paper forceps, and probe)
- eyewash station
- finishing and polishing instruments (burnishers, orangewood stick/points, and finishing strips)
- instrument trays
- lead apron
- light curing unit, light shield
- nitrous oxide equipment
- operating light
- operating stool for dentist and assistant
- overhead light, patient chair
- pulp tester, surgical instruments
- ultrasonic prophylaxis unit
- vacuum system

Lab and x-ray: The majority of the equipment over the past 16 years has been donated. An estimated total for purchasing lab and x-ray equipment and instruments would be $8,273.

- alcohol lamp
- articulator
- assorted knives and spatulas
- auto fin processor
- Bunsen burner
- dental lathe
- exhaust system
- film processor
- laboratory benches
- model trimmer
- modular cabinetry (includes sink)
- panoramic x-ray unit
- plaster/gypsum bins
- rubber bowls
- sandblaster
- small vibrator
- x-ray, x-ray illuminator
- x-ray view box

Sterilization area: The majority of the equipment over the past 16 years has been donated. An estimated total for purchasing sterilization equipment and instruments would be $3,324.

- autoclave
- cold sterile bin
- garbage can with lid
- germicide tray
- hand scrub brush
- sharps container
- spray bottles/unit
- steel bur brush
- towel dispenser
- ultrasonic cleaner unit
Field Report: Inner City Health Center

**Equipment repair:** Accounts for 5% of direct expenses.

**SUPPLIES**

**Clerical:** Clerical supplies account for 6% of our direct expenses.

- adding machine
- appointment book and cards
- bookkeeping supplies
- chart folders
- copier supplies
- computer supplies
- drug envelopes
- envelopes (file, legal, statement and x-ray)
- letterhead
- message pads
- forms - collection, inventory, patient history & receipts, referral, statements

**Lab, x-ray, operatory, sterilization:** Supplies in these areas total 16% of our direct expenses.

- acrylic temp crowns
- adhesive (denture and tray)
- alcohol (burning and Isopropyl)
- alginate
- alloy
- anesthetic (cartridges, needles, topical gel, spray)
- applicators (cotton tipped)
- articulating paper, bands (matrix and orthodontic)
- handpiece cleaner and lubricant
- bite registration material
- bulbs (curling light, laboratory, operating light, and overhead light)
- burlew wheels
- burs (friction grip, carbide, finishing, diamond, and surgical)
- cement (crown and bridge, porcelain, and temporary)

- paper clips
- prescription pads
- recall cards
- rubber bands
- scheduling sheets
- staples
- tape (packing and scotch)
- typewriter ribbon
- writing utensils

- finishing strips
- fluorides (topical and home gel)
- gauze sponges
- germicidal soap
- gloves
- gutta percha
- hand lotion
- IRM
- lubricating oil
- mouth mirror replacements
- patient bibs and patient towel clips
- pressure indicator paste
- prophy angles
- prophy paste
- prophy polishing cups
- retraction cord
- rubber dam materials
- sandpaper discs
Field Report: Inner City Health Center

- composite materials
- cotton pellets and cotton rolls
- covers (headrest and tray)
- crown forms (aluminum, plastic, and stainless)
- cups (mixing and patient)
- dental floss (unwaxed and waxed)
- discs and mandrels
- disclosing solution and tablets
- disinfecting solution
- disposable saliva ejectors
- disposable syringes and disposable suction

Sterilization:
- autoclave bags
- bags (trash, contaminated waste, and sterilization)
- biological indicators
- cleaning supplies
- cold sterile solution
- disinfectant
- hand soap
- paper towels
- tray cleaner
- ultrasonic solution

Utility costs:
Electrical and water/sewer account for approximately 8% of direct costs for the dental clinic. Telephone is 6%.

Maintenance of equipment:
The recommended schedule for maintenance of equipment is once a week to be done by hired personnel. The dental clinic of ICHC has service contracts for repairs on the equipment. Of the equipment we have, the x-ray developer carries a warranty because we purchased it new.

Obtaining dental equipment:
New and used dental equipment for ICHC is obtained through in-kind donations and funding from grants. The evident risk with used equipment is the cost of repairs. In Denver, two major suppliers offer equipment at low cost.

Replenishing dental supplies:
ICHIC has found the Dental Mid-Winter Convention to be a successful and economical way to replenish dental supplies. ICHC receives discounts from two suppliers. The majority of the companies from the Dental Mid-Winter Convention make donations as well.
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TIPS:
Listed below are factors to take into consideration when planning a volunteer-based dental project:

- **Adequate space to allow for privacy of patients:** ICHC does not have private operatory rooms for the patients. The operatories are all connected to one another.

- **Quiet rooms for children** to prevent disturbances to other patients and the providers during treatment. Many of our patients cannot afford child care or do not have a support system and, therefore, bring their children to the clinic when receiving treatment.

- **Proper evacuation system/plumbing:** for the use of nitrous oxide.

- **Adequate storage space:** The dental program does not have much storage room for supplies and items that come in bulk. Much of the donations that the clinic receives comes in bulk and creates stress for the dental assistants when searching for supplies.

- **Separation of sterilization and lab area:** Currently, the sterilization and lab area is a countertop space in the back of the dental program.

- **Office space or desk stations for the volunteers:** The volunteers often need to write up treatment reports or other documentation. There is no space for the volunteers to write reports at this time.

- **Adequate space for monthly patient dental education seminars:** The seminars are currently held in the waiting area.

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Volunteers in Health Care
A program of the Robert Wood Johnson Foundation
“Planning Space, Equipment, Supply & Utility Needs for a Volunteer Dental Project”

Los Angeles Free Clinic

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DENTAL

“Planning Space, Equipment, Supply & Utility Needs for a Volunteer Dental Project”

Los Angeles Free Clinic

PROJECT DESCRIPTION:
The Los Angeles Free Clinic was founded as a free medical, legal, and counseling clinic in 1967. It has served more than one million of the indigent, working poor, disenfranchised, and senior populations of the Los Angeles area. Our service area is not limited by zip code, residency or referral guidelines. Dental clients come from all across the county and beyond, because the need for free dental care is so great.

For its first 25 years the department ran on an all-volunteer basis. However, at this point, after tremendous growth, the majority of staff members in the dental department are full-time paid employees of the organization.

Facilities: The Medical/Dental Clinic now operates two facilities and provides over 84,000 service visits. The Clinic imposes no geographic boundaries or means testing and services are, in most cases, delivered absolutely free of charge. The clinic relies on more than 480 volunteers.

The dental department functions out of four operatories, one x-ray room, one darkroom, and a tiny lab. We recently renovated a section of the general waiting room to create a children’s area (where patient education is conducted) and a dental director’s office.

LAFC Mission: To be a community-based agency that identifies unmet needs, develops the resources and programs to meet those needs, and provides free services in a non-judgmental and caring environment.

Offered services:

<table>
<thead>
<tr>
<th>Primary dentistry</th>
<th>Pediatric dentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>Space maintainers</td>
</tr>
<tr>
<td>X-rays</td>
<td>Sealant</td>
</tr>
<tr>
<td>Hygiene Services and Instruction</td>
<td>Root canal therapy (with the stipulation that the minor’s guardian will crown the tooth at their cost)</td>
</tr>
<tr>
<td>Amalgam and Composite Fillings</td>
<td></td>
</tr>
<tr>
<td>Extractions</td>
<td></td>
</tr>
</tbody>
</table>

Special program: Specialty program in collaboration with UCLA to provide dentures to 32 clients annually.

Currently our volunteer staff includes:

During the year, pre-dental students may volunteer for some hands-on experience in their chosen profession. There are also several supporting volunteer receptionists that help with patient flow.

| 5 general dentists | 100% direct service |
| 1 endodontist      | (performs our difficult pediatric root canal therapy) |
| 3 community dentists| 100% consultant and community representative for QA |
| 1 community hygienist | 100% consultant and community representative for QA |
| 2 clerical volunteers |                           |
| 1-3 dental assistant interns | perform 150 hrs for us annually |
Field Report: Los Angeles Free Clinic

Currently our paid staff includes:

1 full-time dental director – 80% direct service/20% admin
1 full-time program administrator
1 full-time administrative assistant
3 full-time dental assistants (1 is RDA)
1, 36 hr staff dentist evenings & Saturday
1, 38 hr RDA- evenings & Saturday
1, 34 hr dental assistant- evenings & Saturday

*All above positions include benefits: medical, dental, retirement*

1, 8 hr staff dentist – 1 day per week
1, 16 hr hygienist – 2 days per week
1, 4 hr hygienist – 1 evening per week

*Above positions do not include benefits*

Dental department hours of operation:

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday through Thursday</td>
<td>9 am-9 pm</td>
</tr>
<tr>
<td>Friday</td>
<td>9 am-5 pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>9 am-5 pm  Saturday clinic</td>
</tr>
</tbody>
</table>

Funding sources:
Corporations, foundations, individual gifts, and various city, county, and state funding sources

**PHYSICAL SPACE REQUIREMENTS**

**Office Area:**

*Reception* – Enough space should exist for a computer (if using electronic registering) and necessary paperwork.

*Intake* – A private in-take space should be provided if clients are asked any questions regarding their health or income for reasons of confidentiality. If planning to register clients for billing at the front end, space for a computer will be needed in the intake area.

*Clerical* – Include areas for administrators and professionals to deal with paperwork. We use one large 12’x12’ office to house the program administrator and a department administrative assistant. If you intend to employ a full time dental director, she/he will also need a standard-size office. Enough counter space within, and just outside, of the operatories to write charts and necessary paperwork is a must.

*Records* – We created a patient record room where both medical and dental patient charts reside. We have an end tab filing system. Floor-to-ceiling and wall-to-wall, the dimensions are approx. 9’ x 13’. Our dental charts are purged every five years to maximize space.

**Waiting area:**

In addition to a general waiting room, we also have a small education room for children that includes a television used for educational videos, a child-sized table and chairs, books, toys, and coloring books. The proposed waiting area should have adjacent restrooms, and enough seats for expected clientele.
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Per operatory:
Plan on a minimum 9’ x 11’. Be sure to employ a professional dental space specialist to design for your particular needs. Many local supply houses have design departments that can help you create a system that you can live with.

Lab:
Our lab is 6’ x 7’ and was too big for us in the beginning. As we began providing pediatric services and taking impressions for space maintainers, etc., we grew into it. At this time, it is too small for our needs due to our denture program expansion with the UCLA dental school. The lab is also where we store our small dental supply refrigerator.

X-ray:
The x-ray room should be large enough for the expected client numbers, and the number of new or exam patients per day who require full sets of x-rays (as opposed to returning clients needing 0-2 x-rays). During the design process, decide whether you will want a panoramic x-ray unit, and x-ray units in one or more operatories as well. Both need specifics for radiation regulation up front. If you have a high volume of exam clients per day, a second x-ray room, or machine in the operatories, is advisable. We have only one and it causes flow glitches throughout our day.

Supply room:
We do not have a supply room. Our operatories were designed with cabinet space, and our sterilization area is also designed for maximum space. Make sure the design includes supply space within your operatories. If we had it to do over again, we would have asked for more cabinets, employee lockers, and perhaps a small supply room. Many supply houses have price breaks that encourage large orders, so it could save significant money in supplies if you have room to store them. We have called the owners of these supply houses explaining our non-profit status, that our clients do not pay for services and we survive on donations and grants, then asking if we can enjoy the price break even when ordering less due to lack of space for our supplies. To this day we have not received one denial for this request.

Darkroom:
A dark room can be very small. Ours is 3.5’ x 6’ and includes cabinets above a counter for all x-ray supplies, including film. It could’ve been more useful if it was a bit larger, with cabinet storage.

**EQUIPMENT:**

**Reception**
- Telephone w/ extension, computer, appropriate forms, pens, highlighters, clip boards, 2-hole punch, 3-hole punch, staplers, either built-in wall units to house daily charts and forms, or portable metal or plastic chart holders (we have built-in areas for this in our walls).

**Records**
- Wall unit large enough to store 5 years of patient charts. Our chart room, housing both medical and dental charts, is equipped with a computer.

**Waiting area**
- Enough comfortable chairs for expected number of clientele, educational pamphlets/materials, rack to store these. TV/VCR combo is a luxury, but can be used effectively for patient education.

**Per operatory**
- Procure enough high and low speed hand pieces for the number of clients projected. We have 15 high speeds, and 7 slow speeds, plus 6 extra attachments for the slow speed motors. High speeds run about $400 each, slow speeds $800, and attachments $200. Because of our expansion we are purchasing more of each to keep up with the demand. As we continue to use them from 9 am–9 pm, they need repair more often and must be replaced earlier as well. You will need sterilization packets for each type of procedure filled with appropriate instrumentation.

In each operatory we use the following instruments: Metal cassettes for hygiene and amalgam procedures (they vary in size to differentiate between the two). Each hygiene cassette includes a
Field Report: Los Angeles Free Clinic

A complete set of Gracy scalers, a sickle, and a basic set up. Each amalgam set up includes 1 double-sided amalgam carrier, dycal applicator, universal tofflemier, large and small condensors and discoid/cleoids, other carvers and interproximal instruments, and a basic set up.

Composite, space maintainer, and exam instruments that are composed of a basic set up, and 0-3 other specific instruments, are packaged in sterilization bags and marked appropriately. Extraction/emergency instruments are bagged and sterilized separately.

Because dentists use different techniques/instruments, your professional consultant will guide you as to which elevators, forceps, suture material, tissue scissors, hemostats, etc. will best suit their needs.

Lab

- The instrumentation needs directly depend on the services you will provide.
  - If you are only providing basic restorative and extraction, a lab is not necessary.
  - If you are providing space maintainers, you need a small lab w/ a model trimmer.
  - If you are providing dentures, mouth guards, or procedures that require polishing, you will need a lathe and mouth guard heat source/former.

Our lab instrumentation and materials include: A lathe, model trimmer, water baths, stone dispenser, mixing bowls, mixing pads, alginate and impression spatulas, model knife, wax, impression materials, torches-alcohol & butane, impression trays, impression adhesive, cement spatulas, pressure indicating paste, acrylic burs, polishing wheels, and two small refrigerators (one to store dental supplies only, the other for staff lunches).

Storage cabinets for all above materials were built into the design.

X-ray

- Depending on the number of clients you serve, you should have two x-ray rooms with one x-ray machine each. Your consultant/DDS should decide if a panorex is needed. A new panorex costs about $10,000. Investing in RINN kits is suggested to help keep radiographs diagnostic.

Darkroom

- A film processor is needed. This is a long-term investment and you should purchase a size that fits the number of clients served. We will serve 6,624 in the 1999-2000 year and we use an Air Techniques/2000 series. We also have a duplicating machine so we can keep our originals as a document when clients want radiographs to be released to dentists/clinics that provide more extensive work. We charge patients $10 for each copy, all other services are provided free of charge. A donation is encouraged.

Supply room

- We do not have a supply room. However, shelving and locking metal cabinets have been added for storage. They are bulky and inappropriate so be sure to include enough storage space in your original design.

Sterilization

- You will need an ultrasonic cleaner large enough for metal instrument cassettes, and an autoclave capable of handling the number of clients you serve. We use a Pelton Crane Validator10. With our expansion to evenings and Saturday, we have nearly grown out of it. Unfortunately, the design of our sterilization area will not allow us to replace it with a larger model. Be sure you design your space with future growth in mind. It is important to have enough handpieces and instrument packs available so a dentist or patient is not kept waiting for sterilization to be completed. Other materials needed include: sterilization/indicator bags, indicator tape, autoclavable instrument cassettes, autoclavable bur blocks, ultrasonic solution, autoclave cleaner/solution, distilled water, bur brushes, instrument brushes, handpiece lubricant/sprays, tray covers, oven mitts, utility gloves, and spore killing disinfectant.
### SUPPLIES

#### Clerical – program supplies:

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holiday decorations</td>
<td>Dental outreach</td>
<td>Client charts</td>
</tr>
<tr>
<td>Chart labels</td>
<td>Appointment cards</td>
<td>Children’s toys/stickers</td>
</tr>
<tr>
<td>Coloring books/crayons/etc.</td>
<td>Outreach supplies</td>
<td></td>
</tr>
</tbody>
</table>

#### Lab – Dental laboratory:

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space maintainers</td>
<td>Cold cure and relining materials</td>
<td></td>
</tr>
<tr>
<td>Fees for the UCLA denture clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### X-ray & operatory:

Supplies for x-rays and operatory, including materials for lab, sterilization, dental procedures, and OSHA enforcement include the following:

#### Pharmacy:

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tylenol #3</td>
<td>Tylenol #4</td>
<td>Antibiotic oral suspensions</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>Pen VK 250mg</td>
<td>Pen VK 500mg</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Ibuprofen</td>
<td>Amoxicillin</td>
</tr>
<tr>
<td>Aids Pep Kit</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At LAFC we give prescription medications to our clients through our dispensary and outside community pharmacies.

#### Dental supplies:

We have entered into a new contract with a major dental supply company which provides us with the lowest price/greatest discount + 5% without needing to order in bulk. Our representative also supplies the clinic with many free items.

#### Linen purchase and cleaning:

The dental clinic staff wears OSHA-approved gowns daily, and disposable gowns when performing oral surgery. We pay for the linen service and for disposable gowns.

#### Utility costs:

Because we are housed in a 3-story building that includes all medical, dental, legal, mental health, case management, executive management, and administrative – there is no viable way to measure our % or dollar amount of utility expenses. These costs are distributed throughout LAFC programs as an allocated debit.

#### Maintenance:

All internal maintenance is performed at least once a week. External maintenance of electric equipment, plugs, cords, etc. is provided to both the medical and dental departments on a quarterly basis by a contracted group. Specific maintenance of dental equipment is provided on an as-needed basis for repair.
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The following is our repair and maintenance budget line:

- A dental supply company gives the clinic a discounted price on emergency calls. Parts are charged separately at a discount.
- The Medical/Dental Dept. contract a periodic maintenance provider; the dental dept. pays a share of the cost.
- The sterilizer gets a weekly spore check that is sent to a lab.
- The staff wears x-ray dosimeter devices that monitor the exposure to radiation.

We only allow paid staff and outside professionals to perform maintenance, so there is real responsibility within a job description, or contract. The medical and dental departments share a periodic maintenance contract. Most equipment (if purchased new) will carry a warranty. After purchase be sure to send in the appropriate paperwork to companies.

**MISCELLANEOUS EXPENSES:**

**Licenses/Permits/Taxes:**
The dental clinic pays for a quarterly toxic waste permit. The clinic also pays for an annual x-ray machine license.

**Biohazardous Waste:**
The dental department pays 10% of the clinic’s biohazard waste management.

**LESSONS LEARNED - OBTAINING EQUIPMENT - NEW VS. USED:**

**New:**
The majority of the time, if we are looking for new equipment, we will have to pay for it. Do not let this information discourage you from campaigning dental suppliers for equipment. It can be easier to obtain when you are starting a new clinic, especially if you are willing to put up plaques, name rooms, or buildings thanking them for their donations.

We deal with several supply houses, get estimates from each, talk them up for discounts, and then go with the lowest price. If one supplier is local, and the lowest is far away, I will try to get the local one to match them so repair and maintenance is easier.

**Used:**
The United Way may be able to steer you towards organizations that help with obtaining used equipment. Local dentists in your area are sometimes in search of a tax-deductible donation. For our purposes we have found that many of the intended donations pre-date the equipment already in use in our program, or needs much reconditioning to be useful. In cases like this we refer those dentists to the United Way, Doctors w/o Borders, etc.

There are risks in accepting used equipment and that is why we do not accept it if it does not meet our needs. In the past we used to take anything and found that sometimes we had to pay to get rid of it after accepting the donation. Now the program administrator goes out and examines the donation before accepting it, and asks appropriate questions regarding the donations age and condition.

**REPLENISHING SUPPLIES:**
Depending on how much you spend with a supplier, you can sometimes qualify for discounts. Always use the fact that you are a volunteer-based, non-profit to see if they will help out. We have been able to ask most suppliers to give us the multiple item price break when ordering smaller amounts. We have no manufacturers or wholesalers that supply at no cost. We have priced all the suppliers in our area, or nationally, that can get orders to us within 2 days.
TIPS:
- Each year the program administrator attends the California Dental Association convention to meet with suppliers and manufacturers. Sometimes manufacturers can point you to the most economical supplier. We were trying to get donations of surgical equipment from a particular manufacturer’s representative and he steered us to another company. We did not get a donation, but their prices on surgical instruments, small dental equipment, handpieces, etc., is by far the best. They are also the only supply house whose house brand knock-off is as good as, or comparable to, the name brand. All our amalgam carriers, tofflemiers, surgical scissors, etc., are now of that brand. This is a significant savings; they also have the lowest price on the brand names as well.
- Be willing to acknowledge the donations publicly to see if that helps bring them in. It was easier to get free items during start up.
- In our experience saving money on instruments by buying the least expensive is “penny wise and pound foolish.” There are a few off-brands that are manufactured by suppliers that are quality products.

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Field Report

“Planning Space, Equipment, Supply & Utility Needs for a Volunteer Dental Project”

St. Elizabeth Of Hungary Clinic

volunteers in health care
A report written by organizers of volunteer-based health care programs serving the uninsured.
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PROJECT DESCRIPTION

St. Elizabeth of Hungary Clinic was established in 1961 to provide medical, dental, and home care to the working poor — those persons whose income makes them ineligible for government-funded programs, and is insufficient to allow them to pay for insurance or private care. Seven thousand patients receive dental services annually.

Dental services offered:

<table>
<thead>
<tr>
<th>Emergency care</th>
<th>Preventive care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>Dentures</td>
</tr>
<tr>
<td>Regular dental check-ups</td>
<td>Bridges &amp; other restorative procedures</td>
</tr>
</tbody>
</table>

Our volunteers and paid staff:

Currently, the clinic has over 216 volunteers in the medical department including family practitioners, pediatricians, ophthalmologists, OB/GYNs, cardiologists, RNs, and LPNs. In the dental department, our providers include (65) general dentistry, periodontists, endodontists, oral surgeons, orthodontists, pediatric dentists, and hygienists. This includes dentists and dentist specialists who see our patients in their offices and accept our rates.

Our paid staff totals 54. This includes FNPs, family physicians, nurses, medical assistants, a part-time dentist, dental assistants, receptionists, medical records clerk, caseworkers, appointment clerks, and secretarial staff.

Patient eligibility and responsibilities:

Patients are uninsured and fall below 200% of the FPL. Eligibility is determined using proof of income, address verification and a picture ID. Upon determination, patients are then assigned a sliding-fee scale which determines payment for their visit, procedures, or tests.

Dental department hours of operation:

The clinic is open Monday through Friday, from 7:00 am to 7:00 pm for medical and eligibility, and dental is open Monday through Friday, from 8:00 am to 12:00 pm and from 1:00 pm to 5:00 pm.

Funding:

We receive funding from United Way, Bishop’s Appeal, Tobacco Tax, donations, and patient fees. Several grant proposals are completed during the year to help defray the cost of equipment, supplies, and special services such as cancer detection and treatment, emergency medications, health education and promotion, outreach, etc.

The clinic completed a renovation project in 1998, which included six newly remodeled and updated dental operatories and a new dental laboratory. In 1999, it received funding for an additional 4,700 square feet to extend medical services.

PHYSICAL SPACE REQUIREMENTS:

Amount of space in:

- Reception/intake/clerical/records area: $10^{1/2} \times 11^{1/2}$ ft.
- Waiting Area: 15 x 29 ft.
Field Report: St. Elizabeth Of Hungary Clinic

- Per operatory area: Room 1 - 9 1/2 x 13 ft., Room 2 - 8 x 10 1/2 ft., Rooms 3 & 4 - 7 1/2 x 10 1/2 ft., Room 5 - 8 x 10 ft., Room 6 - 7 1/2 x 11 1/2 ft.
- Lab area: (room 1) 7 1/2 x 13 ft., (room 2) 18 x 4 ft.
- X-ray area: Wall separating room
- Supply room: 5 x 12 1/2 ft.

EQUIPMENT:
Equipment may account for 5 to 10% of the direct expenses depending on the year.

Reception/clerical area:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 computers, keyboards, and mouse</td>
<td>1 copier</td>
</tr>
<tr>
<td>1 adding machine</td>
<td>1 printer</td>
</tr>
<tr>
<td>3 vertical filing cabinets</td>
<td>2 telephones</td>
</tr>
<tr>
<td>1 2-hole puncher</td>
<td>2 clocks</td>
</tr>
<tr>
<td>1 pencil sharpener</td>
<td>4 carts</td>
</tr>
<tr>
<td>2 chairs</td>
<td></td>
</tr>
</tbody>
</table>

Waiting area:
Chairs, end-tables, bookshelves, and a bulletin board.

Per operatory areas:
(Price estimates are from a dental supply company catalog.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Price estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental chair/overhead light</td>
<td>$6,000–8,000</td>
</tr>
<tr>
<td>Dentist chair</td>
<td>$300</td>
</tr>
<tr>
<td>Assistant chair</td>
<td>$400</td>
</tr>
<tr>
<td>Assistant cart</td>
<td>$400</td>
</tr>
<tr>
<td>Amalgamator</td>
<td>$215</td>
</tr>
<tr>
<td>Curving light</td>
<td>$330</td>
</tr>
</tbody>
</table>

Lab area:
Sterilizer ($2,400)
X-Ray unit ($5,000-6,000) Each unit requires an x-ray head in each room.

Supply room:

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination gloves</td>
<td>Sterilization pouch</td>
</tr>
<tr>
<td>General use sponges</td>
<td>Paper towel</td>
</tr>
<tr>
<td>Bracket tray covers</td>
<td>Fluoride</td>
</tr>
<tr>
<td>Face masks</td>
<td>Toothbrushes</td>
</tr>
<tr>
<td>Floss</td>
<td>Toothpaste</td>
</tr>
</tbody>
</table>
Field Report: St. Elizabeth Of Hungary Clinic

SUPPLIES:

(Price estimates are from a dental supply company catalog).

Supplies account for approximately 20 to 25% of the direct expenses and are driven by volume.

Clerical area:

<table>
<thead>
<tr>
<th>Stapler</th>
<th>Index cards</th>
<th>Appointment cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash box</td>
<td>Thumbtacks</td>
<td>Clip boards</td>
</tr>
<tr>
<td>Pens</td>
<td>Clasp envelopes</td>
<td>Envelope holder</td>
</tr>
<tr>
<td>Folders</td>
<td>White out</td>
<td>Envelopes</td>
</tr>
<tr>
<td>Labels</td>
<td>Paper clips</td>
<td>Fasteners</td>
</tr>
<tr>
<td>Tape</td>
<td>Desk trays</td>
<td>Bulletin board</td>
</tr>
<tr>
<td>Alphabet stickers</td>
<td>Post-its</td>
<td>Rubber bands</td>
</tr>
<tr>
<td>Binders</td>
<td>Staples</td>
<td>Drawer organizer</td>
</tr>
<tr>
<td>Copy paper</td>
<td>Staple remover</td>
<td>Erasers</td>
</tr>
<tr>
<td>Calendars</td>
<td>Tape dispenser</td>
<td>Scissors</td>
</tr>
<tr>
<td>pencils</td>
<td>Highlighters</td>
<td>Adding machine paper</td>
</tr>
<tr>
<td>Mailing envelopes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lab & X-ray area:

Sterilizer ($2,400)
X-ray developer peri pro ($1,900)

Operatory area:

<table>
<thead>
<tr>
<th>Syringes ($13)</th>
<th>(3) mirror</th>
<th>10 1-2 scaler</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand piece drills high ($400)</td>
<td>12 explorers</td>
<td>10 3-4 scaler</td>
</tr>
<tr>
<td>Hand piece slow ($300)</td>
<td>20 spoon evacuator</td>
<td>10 5-6 scaler</td>
</tr>
<tr>
<td>Burs ($1)</td>
<td>6 cotton pliers</td>
<td></td>
</tr>
<tr>
<td>Amalgam-silver set-up ($57)</td>
<td>9 carvers</td>
<td></td>
</tr>
<tr>
<td>Composite (white filling) ($27)</td>
<td>10 carriers</td>
<td></td>
</tr>
<tr>
<td>Prophylaxis set-up ($45)</td>
<td>9 plastic instruments</td>
<td></td>
</tr>
<tr>
<td>(10) pluggers</td>
<td>10 peri probe</td>
<td></td>
</tr>
</tbody>
</table>

UTILITIES:

Electrical costs make up 25% of our utility expenses, while other utilities, including gas, make up 75%.

Maintaining of equipment:

Our equipment is maintained on a yearly and as-needed basis. Due to the specific equipment and instruments used in dental care, it usually requires maintenance by the manufacturer or company it was purchased from - not the volunteers.
Field Report: St. Elizabeth Of Hungary Clinic

We have service contracts. The length of the contract depends upon the type of equipment. Equipment is under warranty. Occasionally, we purchase extended warranties.

Obtaining dental equipment:
We have learned that it pays to work with different companies to obtain the best product for the money. Our dental clinic accepts used equipment, and we find that in most cases, the equipment is in good working condition and is only being donated if the practice closes or a certain facility closes.

Replenishing dental supplies:
We have found some economical ways to replenish dental supplies which include: getting samples from manufacturers, bulk ordering, and conducting price checks to include 5 to 10 vendors for a good comparison.

LESSONS LEARNED…A FEW TIPS:
Why would anyone with limited funds put so much time and money into a dental clinic? It is clear that today’s economy and the current situation with insurance companies make quality affordable dental care scarce – yet extremely important. Based on need, the dental clinic would need to be twice as large as the medical clinic. Unfortunately, finances do dictate the space.

Ideally:
• There would be three operatories per dentist and a dedicated room for the dental hygienist. Even with a limited budget, having at least two rooms per dentist increased both productivity and the flow of patients. It has also allowed more time for the educational follow-up by the dental assistants.
• When planning the space for materials, the staff gave significant input to the design and placement. This decreased the number of steps from materials to patient and increased the ability to keep accurate inventory of supplies and equipment. Having sufficient space to store supplies allows buying in bulk at significant cost savings.
• Placing the x-ray arm in the wall between rooms, allowed for the purchase of fewer machines and additional space for either pleasant pictures or informative charts.
• Having the patient face a picture window, complete with bird feeders, does have a calming effect. It does not take much money, but it does take planning with staff and with both young and older patients in mind.

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Volunteers in Health Care
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