By persistent follow-up, the rate of broken appointments in a dental program for children was reduced; the dental health and health education needs of the patients were met by thinking in terms of the child and not just his dental problems.

REDUCE YOUR BROKEN APPOINTMENT RATE: HOW ONE CHILDREN AND YOUTH PROJECT REDUCED *ITS* BROKEN APPOINTMENT RATE

Kenneth L. Shmarak, D.D.S.

THIS paper reports how Project PRESCAD reduced the rate of its broken dental appointments, but perhaps more importantly, how we have attempted to meet the dental health needs and the dental health education needs of our project participants—not from *our* point of view, but rather from the patient's point of view, considering his life priorities and problems.

The name PRESCAD is simply the catch-word for *PRE*-school, *SC*hool-age, and *AD*olescent children, our patients from birth through nineteen years of age. We were one of the first of the Children and Youth projects funded and are now one of the largest; Dr. C. Dale Barrett was our founder, and we are now under the leadership of Dr. Louis Heideman, our Executive Director, and Mrs. Gloria Bigham, our Director of Professional Services. We cover selected target areas in the County of Wayne (which includes the City of Detroit), a total of 421 square miles. We have over 73,000 registrants and have provided some elements of care to over 46,000 children since the project first opened its doors in October, 1965. Today we have five community-based health centers and three hospital-based health centers with a proposed budget of $4.2 million. Over 19,000 patients have been treated in our dental clinics, while an additional 10,300 have been seen by private dentists and paid for by our Project.

PRESCAD's patient is the total child within his socioeconomic milieu rather than the child as an episodic or emergency type of patient; the emphasis on health education for child *and parent* is strong, but the emphasis, above all, is on human dignity.

At the time this study was started, the overall rate of broken appointments for the six dental clinics was 28 per cent. Our purposes in planning this study were twofold: (1) To reduce the overall rate of broken dental appointments, and (2) to increase the number of appointments scheduled. We felt also that this should be done without dropping patients from our clinic rolls.

A preliminary meeting was held with Dr. Jerome Rochon, our Dental Director, Mrs. Albreta Merritt, our Chief Dental Hygienist, and myself to explore ways

of approaching this problem; we then met with the entire dental staff, presented our ideas, and together decided to institute the following procedures:

1. The patient would be asked before the appointment was made which day of the week and which time of the day would be most convenient for him to make his appointment.
2. Each patient would receive a reminder of his appointment.
   a. If he had a telephone, he would be called the day before his appointment.
   b. If he did not have a telephone, a postcard would be mailed to him three days before the appointment.
3. An appointment slip would be given for each appointment. It was designed in yellow rather than white so that it might stand out among all the other slips the mother might have. Rather than merely stating "Please telephone IN ADVANCE if you will be unable to keep this appointment," the phrase "so that we may care for another child at this time" was added to explain the rationale behind the request for cancellation.
4. Follow-through on broken appointments would be instituted. Ten minutes after the patient was supposed to be at the clinic, a telephone call would be made to see if the patient was on his way. If the child was late, the mother was to be told that only a certain period of time remained of the child's appointment and that it would be unfair to the next patient to make him wait because the patient due was late. She would also be told that if the following patient was late, more work would be done on her child. In this way, the mother would be made to realize that her time was as valuable and honored as anyone else's. If the child was not coming in that day, the assistant would explain to the mother that if she had called to cancel the appointment, the dentist or hygienist would have been able to schedule another child so that care could be given during the time reserved for her child. Another appointment would then be made for the child who had missed his appointment, thereby ensuring that he would not be lost from our records and that the mother knew we were interested in her child.
5. Dental health would be stressed, not only for the obvious benefits for the child, but also so that the value of good dental care would be appreciated by the parent.
6. Above all, personal warmth and interest in the patient as a human being was to be stressed.

Now let's look at Table 1. All superscripts refer to explanations in this table.

Before checking on the clinics on a site-by-site basis, let me explain how we arrived at the number of appointments scheduled. We totaled the number of examinations, revisits, emergencies and broken appointments; cancellations were not included, since they were able to be filled in with other patients. The number of scheduled appointments varies due to differences in staffing patterns, illness or vacations of staff,[4,10] failure of equipment,[8] or in one case, a strike by Torch Drive workers which forced the closing of the clinic for a period of time.[11] Institution of the previously stated procedures began on August 1.

Our Sumpter site is a rural clinic with no public transportation available; the dental clinic is in a trailer connected to the civic hall, which also functions as the medical clinic. At this site, one dentist and two dental assistants comprise the dental staff. It is interesting to note that the rate of broken appointments remained quite low with the exception of the month of January;[2] during that month there was severe weather and a failure of all three telephone lines into and out of the clinic, and since appointments could not be confirmed and patients could not call in to cancel appointments, the rate took a startling jump.

The Wayne County Clinic site is located in Wayne County General Hospital; until new quarters are obtained (hopefully in the next month) it is a one-chair clinic staffed by a dentist and two dental assistants. In July at this site, as in several other instances on the chart, the dental clinic coordinator saw patients while the regular dentist was away;[1] whether confirmation of appointments was intensified due to the

Table 1—Appointments scheduled—% broken appointments

		Sumper	Wayne County	Inkster	Franklin	North Central	Downriver	Total/ Average
June	Appt. scheduled	181[10]	189	226	150[11]	777	175	1,698
	% Broken appts.	17	21	29	21	21	13	20
July	Appts. scheduled	223	152[10]	276	445	571	224	1,891
	% Broken appts.	35	10[1]	28	44	36	16	28
Aug.	Appts. scheduled	228	233	204	494	554	214	1,927
	% Broken appts.	6	12	14[1]	18	32[5]	11	16
Sept.	Appts. scheduled	215	153	227	442	643	217	1,897
	% Broken appts.	14	7	23	20[9]	18[6]	12	16
Oct.	Appts. scheduled	224	207	219	405	746	208	2,009
	% Broken appts.	8	11	23	12	14[7]	9	13
Nov.	Appts. scheduled	189	203	205	294	709	127	1,727
	% Broken Appts.	9	9	23	6	12	14	12
Dec.	Appts. scheduled	187	230	202	278	747	150	1,644
	% Broken Appts.	8	7	20	15	15	7	12
Jan. 1970	Appts. scheduled	198	193	222	447	844	143[8]	2,047
	% Broken appts.	20[2]	7	23	15	6[1]	11	12
Feb.	Appts. scheduled	163	164	217	424	900	130[4]	1,999
	% Broken appts.	12	7	24	8	6[1]	10	11
March	Appts. scheduled	250	211	302[3]	395	1,190	148	2,496
	% Broken appts.	8	5	4	11	5[1]	9	7
April	Appts. scheduled	252	250	351	463	1,236	166	2,718
	% Broken appts.	10	4	5	12	5[1]	5	7
May	Appts. scheduled	197	234	300	496	1,016	148[4]	2,391
	% Broken appts.	7	7	10	9	8	9	8

1. Dental clinic coordinator worked at clinic
2. Phone failure—could not confirm appts. or have patients call to cancel
3. Hygienist added to staff
4. Illness of staff
5. Appts. not confirmed as requested
6. Hygiene students confirm appts. half month
7. Full month appt. confirmation
8. Broken equipment
9. Medical conflict
10. Dentist part time
11. Strike

presence of a supervisor can only be speculation. At Wayne County, a new dentist started in August, and since this dentist was oriented to telephone confirmation as part of the dental assistants' daily routine, the rate has remained low.

Conversely, the Inkster site, located in the basement of a Methodist church remained at a relatively high rate of broken appointments due to the fact that confirmation of appointments was not routine. When a dental hygienist was added to the staff of one dentist and two dental assistants in March,[3] a meeting was held with the entire Inkster dental staff, Dr. Rochon, Mrs. Merritt, and myself, to ensure proper confirmation procedures and enforcement of same. It will be noted that from March on the rate of broken appointments has remained low.

The Franklin Settlement site is located in the heart of a depressed area of Detroit. It is staffed by one dentist, one dental hygienist and two dental assistants. During the latter part of August and all of September[9] a new system of assessment was instituted with the medical segment of the clinic, but when it was noted how many patients could not be confirmed due to this system, the method being used successfully at the other clinic sites was re-adopted.

The North Central site, also located in Detroit, is our largest site. It is staffed by two dentists, one dental hygienist and four dental assistants. By looking at the chart and comparing clinic site figures for August (the first month of institution of the new procedures), it will be noted that the broken appointment rate remained quite high at North Central;[5] this was due to the fact that confirmation of appointments was not made a routine procedure as requested. In September, dental hygiene students from the University of Detroit started work at North Central as part of their course in Community Dentistry. They took over the confirmation of appointments in the middle of the month under the supervision of PRESCAD's Chief Dental Hygienist, and it will be noted that the rate of broken appointments took a drop to 18 per cent;[6] during October, their first full month of confirming appointments, the rate dropped still further to 14 per cent.[7] Thanks to the work of the students (who finished their assignment in December) and the continuing good work of the dental assistants, the broken appointment rate has remained low throughout the rest of the study. Note also the differences in the number of appointments at this site; the increase in work done (another study) has increased accordingly.

The Downriver site is our smallest site; the medical segment of the clinic is located in the basement of a church, while the dental segment is located in a most compact trailer behind the church. It is staffed by one dentist and only one assistant due to the limitation of space. Since it was the last of our sites to be opened on a full-time basis, both the dentist and the assistant were oriented to telephone confirmations and their rates of broken appointments are routinely low.

In summary, I would like to say that I feel that Project PRESCAD has achieved its goals; the rate of broken appointments has dropped from a high of 28 per cent when this set of procedures was adopted to a low of 7 per cent and 8 per cent at the end of the study. Concurrently, the appointments scheduled increased from 1,891 before institution of procedures to 2,718 and 2,391 at the end of the study. We can be accused of coddling our patients, but the fact that our patients tell us—and others—that they feel that this is *their* clinic, that they are pleased with the personal attention they receive at our sites rather than the impersonal attention they have received in the past, plus the fact that they are showing improved

oral hygiene at recall appointments shows that this initial "coddling" has borne fruit. Whether patients will be able to keep appointments without reminders once they are used to the appointment system remains to be seen; methods are being discussed at present for discontinuing advance confirmation for patients who have routinely kept their appointments. Once procedures are finalized and instituted, a further study is planned.

Our Project's motto is "PRESCAD cares." In all sincerity, PRESCAD does.

Dr. Shmarak is Dental Administrator, Beth Israel Medical Center, 201 Lyons Ave., Newark, N.J. 07112. This paper was presented before the Dental Section, American Public Health Association, at the Ninety-Eighth Annual Meeting in Houston, Tex., October 28, 1970.

A New Look for APHA's Journal

Beginning with the Centennial Volume, January, 1972, the American Journal of Public Health will have a "new look." The decision to adopt a modern design and format for the Journal was enthusiastically endorsed by APHA's Executive Board and the Editorial Advisory Board during the Annual Meeting in Minneapolis, Oct. 10–15, 1971. The new dimension of the Journal will be 8¼x11 inches, and will carry the same amount of articles and other text, if not more.

The new design will result in fewer total pages in each issue and a reduction in production time, thus allowing more immediacy to the articles published in the Journal. Printing schedules have been advanced during recent months, to achieve an earlier publishing and distribution date. The new design and format, as well as the distribution schedule, is expected to result in a significantly greater interest in the Journal.