Impact of No-show Appointments in a Community Health Clinic: A Retrospective study

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INTRODUCTION

Breaking scheduled appointments without previous cancellation, otherwise known as a no-show appointment, is a common event in child dental care.¹

No-Show appointments may occur for various reasons, including but not limited to lack of transportation. scheduling problems, oversleeping or forgetfulness, lack of childcare, long appointment delay, long patient waiting times, appointment time, discomfort, incorrect perceptions of healthcare not valuing time, and misconceptions about the consequences of missing an appointment.²

Broken dental appointments raise concerns of missed opportunities to prevent oral related diseases or delay treatment in children that can lead to an increased severity of conditions and greater suffering from pain and discomfort that may require more invasive treatment in the future.³

Missed dental appointments can have economic and organizational drawbacks, contributing to wasted time for dental personnel and reduced service efficiency.³

PURPOSE

The purpose of this study was to analyze and identify any trends in the type of no-show appointment compared with committed appointments.

The researchers hypothesized that patients of record scheduled for comprehensive exams are more likely to no-show for scheduled dental appointments than patients scheduled for all other appointments.

METHOD

This retrospective study was conducted using the scheduling information for patients of record at the Sun Life Pediatric Dentistry clinic in Casa Grande, AZ. Information was obtained in collaboration with the Sun Life Health IT department. 2874 charts were reviewed. De-identified data was collected using the eClinicalWorks electronic database, stored in a password protected computer, and accessed only by the assigned IT personnel and principal investigator.

Inclusion criteria

- Patients of record, ages 0 to 17 years old, who initially scheduled and no-showed an appointment between June 1, 2022 to May 31, 2023, of all genders, races, ethnicities, and healthcare needs Exclusion criteria
- Subjects that did not meet the determined inclusion criteria were excluded in this study

The study was reviewed by the Institutional Review Board of New York University Langone Hospital and given an "exempt" status due to its retrospective nature, which did not require subject recruitment.

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Table 1. No-show appts from June 1, 2022 - May 31, 2023

	level	Overall	N/S	Other	р	test
n		2874	535	2339		
Age (mean						
(SD))		6.90 (3.94)	6.95 (3.92)	6.89 (3.95)	0.72	ttest
	Dental- Give Kids A					
Reason (%)	Smile	13 (0.5)	3 (0.6)	10 (0.4)	<0.001	Fisher's exact
	Dental- Limited	126 (4.4)	17 (3.2)	109 (4.7)		
	Dental Child Recall	1716 (59.7)	362 (67.7)	1354 (57.8)		
	Dental Consult	10 (0.3)	2 (0.4)	8 (0.3)		
	Dental Extraction	45 (1.6)	7 (1.3)	38 (1.6)		
	Dental Follow-Up	181 (6.3)	24 (4.5)	157 (6.7)		
	Dental New Patient					
	Child	37 (1.3)	14 (2.6)	23 (1.0)		
	Dental Oral Conscious					
	Sedation	57 (2.0)	0 (0.0)	57 (2.4)		
	Dental Prophy	90 (3.1)	14 (2.6)	76 (3.2)		
	Dental Restorative	372 (12.9)	64 (12.0)	308 (13.2)		
	Dental Silver Diamond					
	Fluoride	94 (3.2)	20 (3.7)	74 (3.1)		
	Dental Stainless Steel					
	Crown	50 (1.7)	8 (1.5)	42 (1.8)		
	General Anesthesia	83 (2.9)	0 (0.0)	83 (3.5)		
Visit Type (%)	D-CC Child	1717 (59.7)	361 (67.5)	1356 (58.0)	<0.001	
	D-CON	10 (0.3)	2 (0.4)	8 (0.3)		
	D-EXT	44 (1.5)	7 (1.3)	37 (1.6)		
	D-FUP	182 (6.3)	24 (4.5)	158 (6.8)		
	D-GKAS	13 (0.5)	3 (0.6)	10 (0.4)		
	D-NP Child	39 (1.4)	15 (2.8)	24 (1.0)		
	D-OCS	57 (2.0)	0 (0.0)	57 (2.4)		
	D-Prophy	90 (3.1)	14 (2.6)	76 (3.2)		
	D-RES	369 (12.8)	64 (12.0)	305 (13.0)		
	D-RES GA	83 (2.9)	0 (0.0)	83 (3.5)		
	D-SDF	94 (3.2)	20 (3.6)	74 (3.2)		
	D-SSC	50 (1.7)	8 (1.5)	42 (1.8)		
	D-TA	126 (4.4)	17 (3.2)	109 (4.7)		
Visit Type						
other (%)	D-NP Child	39 (1.4)	15 (2.8)	24 (1.0)	0.003	chisquare test
	other visit	2835 (98.6)	520 (97.2)	2315 (99.0)		
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RESULTS

A total of 2874 appointments from existing patients of record were reviewed and categorized into "reason" and "visit type."

The mean age of the scheduled patient was 6.90 years old. 535 out of 2874 appointments consisted of no-show appointments.

362 (67.7%; P<0.001) of no-show appointments were categorized under Dental Child Recall, otherwise known as periodic oral evaluation. 361 (67.5%, P<0.001) appointments were categorized under D-CC Child under visit type.

A Fisher's exact analysis was completed to determine the statistical significance of the data. Statistical significance was achieved for both the reason and the visit type.

A chisquare test was performed on D-NP Child visit types, otherwise known as a comprehensive oral evaluation, with a statistically significant p value of 0.003.

CONCLUSIONS

Based on the results of this study, the following conclusions can be made:

- Supporting evidence shows that the majority of no-show appointments in a pediatric community health center in a 12-month time frame consisted of periodic oral evaluations, which comprised of 67.7% of all no-show appointments
- Additional research must be performed to study the trends of no-show appointments in other pediatric dental healthcare environments to increase support for our data.

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