

Impact of Preoperative Visit Implementation on Moderate Sedation Appointment Attendance Success in a Federally Qualified Health Center (FQHC) Pediatric Dental Clinic

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NYU Langone Dental Postdoctoral Residency Programs

INTRODUCTION	FIGURES				RESULTS																																																																																																																																																													
<ul style="list-style-type: none"> The Sun Life Pediatric Dental Clinic treats high caries risk children age 14 and younger in Casa Grande, AZ. Moderate Sedation is indicated for appropriate candidates (BMI <95%, safe airway scores, ASA I/controlled II), to provide effective care for children who are uncooperative, fearful, or anxious. It requires careful coordination between the dental team and parents to ensure timely, essential treatment to prevent pain, school absences, and worsening disease. High no-show rates in pediatric dentistry (15–46%), often due to forgetfulness, illness, or transportation barriers, delay care and waste resources; implementing pre-operative appointments at SLPDC may help reduce no-shows and improve access and outcomes for children needing moderate sedation. 	<table border="1"> <thead> <tr> <th colspan="2">Table 1</th> </tr> <tr> <th>Characteristics</th> <th>N=187</th> </tr> </thead> <tbody> <tr> <td>Gender</td> <td></td> </tr> <tr> <td>F</td> <td>83 (44%)</td> </tr> <tr> <td>M</td> <td>104 (56%)</td> </tr> <tr> <td>Age</td> <td>5.00 (5.00, 7.00)</td> </tr> <tr> <td>Preop OCS Attended</td> <td></td> </tr> <tr> <td>N</td> <td>108 (58%)</td> </tr> <tr> <td>Not Scheduled</td> <td>60 (32%)</td> </tr> <tr> <td>Y</td> <td>109 (58%)</td> </tr> <tr> <td>OCS Appt Attended</td> <td></td> </tr> <tr> <td>N</td> <td>78 (42%)</td> </tr> <tr> <td>Y</td> <td>109 (58%)</td> </tr> <tr> <td>Treatment Outcomes</td> <td></td> </tr> <tr> <td>Successful</td> <td>89 (48%)</td> </tr> <tr> <td>Unsuccessful</td> <td>98 (52%)</td> </tr> <tr> <td>Period</td> <td></td> </tr> <tr> <td>After</td> <td>85 (45%)</td> </tr> <tr> <td>Before</td> <td>102 (55%)</td> </tr> </tbody> </table>	Table 1		Characteristics	N=187	Gender		F	83 (44%)	M	104 (56%)	Age	5.00 (5.00, 7.00)	Preop OCS Attended		N	108 (58%)	Not Scheduled	60 (32%)	Y	109 (58%)	OCS Appt Attended		N	78 (42%)	Y	109 (58%)	Treatment Outcomes		Successful	89 (48%)	Unsuccessful	98 (52%)	Period		After	85 (45%)	Before	102 (55%)	<table border="1"> <thead> <tr> <th>Characteristic</th> <th>OCS Appt After Intervention N=85</th> <th>OCS Appointment Before Intervention N=102</th> <th>P-Value</th> </tr> </thead> <tbody> <tr> <td>Gender</td> <td></td> <td></td> <td>0.2</td> </tr> <tr> <td>F</td> <td>33 (39%)</td> <td>50 (49%)</td> <td></td> </tr> <tr> <td>M</td> <td>52 (61%)</td> <td>52 (51%)</td> <td></td> </tr> <tr> <td>Age</td> <td>6 (5, 7)</td> <td>5 (5, 7)</td> <td></td> </tr> <tr> <td>Preop OCS Attended</td> <td></td> <td></td> <td><0.001</td> </tr> <tr> <td>N</td> <td>6 (7.1%)</td> <td>102 (100%)</td> <td></td> </tr> <tr> <td>Not scheduled</td> <td>60 (71%)</td> <td>0 (0%)</td> <td></td> </tr> <tr> <td>Y</td> <td>19 (22%)</td> <td>0 (0%)</td> <td></td> </tr> <tr> <td>OCS Appt Attended (Y/N)</td> <td></td> <td></td> <td>0.9</td> </tr> <tr> <td>N</td> <td>36 (42%)</td> <td>42 (41%)</td> <td></td> </tr> <tr> <td>Y</td> <td>49 (58%)</td> <td>60 (59%)</td> <td></td> </tr> <tr> <td>Treatment Outcomes</td> <td></td> <td></td> <td>0.9</td> </tr> <tr> <td>Successful</td> <td>40 (47%)</td> <td>49 (48%)</td> <td></td> </tr> <tr> <td>Unsuccessful</td> <td>45 (53%)</td> <td>53 (52%)</td> <td></td> </tr> </tbody> </table>	Characteristic	OCS Appt After Intervention N=85	OCS Appointment Before Intervention N=102	P-Value	Gender			0.2	F	33 (39%)	50 (49%)		M	52 (61%)	52 (51%)		Age	6 (5, 7)	5 (5, 7)		Preop OCS Attended			<0.001	N	6 (7.1%)	102 (100%)		Not scheduled	60 (71%)	0 (0%)		Y	19 (22%)	0 (0%)		OCS Appt Attended (Y/N)			0.9	N	36 (42%)	42 (41%)		Y	49 (58%)	60 (59%)		Treatment Outcomes			0.9	Successful	40 (47%)	49 (48%)		Unsuccessful	45 (53%)	53 (52%)		<table border="1"> <thead> <tr> <th>Characteristic</th> <th>OCS Appt Success N=89</th> <th>OCS Appt Failure N=98</th> <th>P-value</th> </tr> </thead> <tbody> <tr> <td>Gender</td> <td></td> <td></td> <td>0.5</td> </tr> <tr> <td>F</td> <td>42 (47%)</td> <td>41 (42%)</td> <td></td> </tr> <tr> <td>M</td> <td>47 (53%)</td> <td>57 (58%)</td> <td></td> </tr> <tr> <td>Age</td> <td>5 (5, 7)</td> <td>5 (5, 6)</td> <td>0.3</td> </tr> <tr> <td>Preop OCS Attended</td> <td></td> <td></td> <td>0.014</td> </tr> <tr> <td>N</td> <td>49 (55%)</td> <td>59 (60%)</td> <td></td> </tr> <tr> <td>Not scheduled</td> <td>25 (28%)</td> <td>35 (36%)</td> <td></td> </tr> <tr> <td>Y</td> <td>15 (17%)</td> <td>4 (4.1%)</td> <td></td> </tr> <tr> <td>OCS Appt Attended</td> <td></td> <td></td> <td><0.001</td> </tr> <tr> <td>N</td> <td>0 (0%)</td> <td>78 (80%)</td> <td></td> </tr> <tr> <td>Y</td> <td>89 (100%)</td> <td>20 (20%)</td> <td></td> </tr> <tr> <td>Period</td> <td></td> <td></td> <td>0.9</td> </tr> <tr> <td>After</td> <td>40 (45%)</td> <td>45 (46%)</td> <td></td> </tr> <tr> <td>Before</td> <td>49 (55%)</td> <td>53 (54%)</td> <td></td> </tr> </tbody> </table>	Characteristic	OCS Appt Success N=89	OCS Appt Failure N=98	P-value	Gender			0.5	F	42 (47%)	41 (42%)		M	47 (53%)	57 (58%)		Age	5 (5, 7)	5 (5, 6)	0.3	Preop OCS Attended			0.014	N	49 (55%)	59 (60%)		Not scheduled	25 (28%)	35 (36%)		Y	15 (17%)	4 (4.1%)		OCS Appt Attended			<0.001	N	0 (0%)	78 (80%)		Y	89 (100%)	20 (20%)		Period			0.9	After	40 (45%)	45 (46%)		Before	49 (55%)	53 (54%)		<ul style="list-style-type: none"> Before the pre-op intervention (Sept 1, 2023–Mar 1, 2024), 102 patients were evaluated: 60 (59%) had successful moderate sedation, while 42 (41%) were unsuccessful; the average age was 5 years old. Gender distribution shifted slightly before vs. after the intervention: 49% female and 51% male pre-intervention, compared to 39% female and 61% male post-intervention. Implementing pre-operative appointments did not improve success rates, with a pre-intervention success rate of 48% and post-intervention success of 47% (p = 0.9, not statistically significant).
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<h3>PURPOSE</h3> <ul style="list-style-type: none"> This is a retrospective study to analyze the increase of successful Moderate Sedation appointments and decrease the unsuccessful appointments for Moderate Sedation treatment after implementation of Moderate Sedation pre-operative appointments. 					<h3>CONCLUSIONS</h3> <ul style="list-style-type: none"> No significant change in moderate sedation success rates was observed after implementing pre-operative appointments (48% vs. 47%, p = 0.9). Standardizing pre-operative appointments for all moderate sedation patients while not immediately improving appointment success rate, it can improve preparation and communication, help identify and address barriers (e.g., transportation or misunderstandings), and support long-term gains in patient preparedness, safety, adherence to bringing the child to the sedation appointment and satisfaction. 																																																																																																																																																													
<h3>METHOD</h3> <ul style="list-style-type: none"> A retrospective chart review at a Federally Qualified Health Center analyzed Moderate Sedation and pre-op appointments (Sept 1, 2023–Sept 1, 2024) using eCW to assess whether pre-op visits influence sedation success. Data from 187 moderate-sedation patients were reviewed to compare success rates before vs after pre-op implementation, including pre-op attendance and basic demographics. 					<h3>REFERENCES</h3> <ul style="list-style-type: none"> QuickFacts: Casa Grande city, Arizona. Census Bureau QuickFacts. Published 2023. https://www.census.gov/quickfacts/fact/table/casagrandecityarizona/PST045223 Sung Eun Choi, White JM, Mertz E, Normand SLT. Analysis of Race and Ethnicity, Socioeconomic Factors, and Tooth Decay Among US Children. <i>JAMA network open</i>. 2023;6(6): e2318425-e2318425. Doi: https://doi.org/10.1001/jamanetworkopen.2023.18425 R PV, Victor Samuel A, Ramar K. Changing Trends in Conscious Sedation at Pediatric Dental Offices: A Bibliometric Analysis. <i>Cureus</i>. Published online June 9, 2023. doi:https://doi.org/10.7759/cureus.40191 Gao F, Wu Y. Procedural sedation in pediatric dentistry: a narrative review. 2023;10. doi:https://doi.org/10.3389/fmed.2023.1186823 American Academy of Pediatric Dentistry. Policy on school absences for dental appointments. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2024:122-3. Bhatia, R., Vora, E. C., & Panda, A. (2023). <i>Pediatric dental appointments no-show: Rates and reasons</i>. <i>International Journal of Clinical Pediatric Dentistry</i>, 16(3), 317–322. https://doi.org/10.5005/jp-journals-10005-2572 																																																																																																																																																													

Table 1: Demographic characteristics and all patient characteristics of the 187 patients analyzed for this study.

Table 2: Demographic characteristics of the 187 patients split into "Before intervention" and "After Intervention".

Table 3: Demographic characteristics of the 187 patients and data comparing the success and unsuccess of the Moderate Sedation appointments.