Creating a Climate for Change in a Dental Health Unit

Charles A. Clark, M.Sc., D.D.S., M.S., M.P.H

Dr. Clark is a dental planner in the City of Cleveland Department of Public Health and Welfare. Tearsheet requests to Dr. Charles A. Clark, 601 Lakeside Ave., Cleveland, Ohio 44114.

In these days when the health professions are being challenged to provide more and better care to the general population, it is necessary to evaluate established departmental activities and to plot new courses or refine old ones. The dental unit of a city health department represents a major resource for delivery of care to the underprivileged. Further, it is a resource to exercise leadership in setting standards, in promoting quality, and in the efficient use of resources through health education, demonstration, and research. Therefore, changes were sought to improve the quality of service. In this paper, my purpose is to review the methods that were used in a dental unit to

achieve operational objectives that would partially respond to new directions or create refinements in an established health care delivery system.

Background

The setting was the division of community dental health of the City of Cleveland Department of Public Health and Welfare. The division provides services in dental clinics in four schools and two health centers to treat indigent elementary school children of public and parochial schools. Clinic services for special adult populations are provided at the House of Correction, a punitive and rehabilitative institution of the department, and at Jones Center, a similar institution in the department for drug addicts. Twenty-three part-time dentists and 17 full-time dental assistants provide the care.

Agreeing on methods to achieve operational objectives is a multifaceted problem. The staff must recognize a need to improve the current system of operations, agree on ultimate goals, as well as methods to implement those goals, and commit itself to the process of implementing the objectives.

In the division of community dental health, the problem of achieving operational objectives was further complicated because all the dentists were in private practice and were accustomed primarily to individual achievement. When working for the dental unit, however, they must lose their identity and work toward a common goal.

Initial Contacts

A letter was sent to all staff dentists informing them of a departmental self-evaluation. They were requested to offer criticisms and corresponding recommendations on how to improve the department. Topics suggested for evaluation included records, working conditions, auxiliary personnel, quality of care, general organization, programs, and any other topic they viewed as important. A statement in the letter, which I signed as acting division head, expressed the division's appreciation of their cooperation in seeking to improve dental care in the community.

Most of the men responded to the request with appropriate criticisms and recommendations which could be fitted into six general categories. These categories were organization, personnel, records, goals and objectives, quality control, and the writing of a manual of operations. I appointed those respondents who made the strongest suggestions for improvement chairmen of the six committees. Each was given a specific charge relating to that topic heading. Other men who made suggestions relating primarily to a specific topic were assigned to that committee. All remaining men were arbitrarily assigned to one of the committees.

Community Participation

I believed the entire dental community should be informed of and help in planning to improve the division, and representatives from various sections of the dental community were asked to serve on the six committees. They included the professors of operative dentistry, public health dentistry, and pedodontics of the College of Dentistry, Case Western Reserve University; the director of the School of Dental Hygiene, Cuyahoga Community College; the director of the department of dental assisting, Jane Adams Vocational High school; the supervisor of oral hygiene and the coordinator of early childhood development of the Cleveland Board of Education; and the dental director of Hough Norwood Family Health Care Center. Each chairman was then given a specific time to report to me. I served as an ex-officio member and technical assistant to each committee.

Because most dentists who are primarily in private practice are out of the practice of searching the literature, in my role as technical assistant I provided each committee chairman with the most current literature relating to their specific topics that I could ascertain.

Selecting a Consultant

Often an organization, if left to scrutinize itself, may be so close to the problem that it cannot objectively appraise its needs and therefore an outside consultant is sought. I believed the consultant should relate to the work of the unit that he supervises. The suppositions used were that any unit of an organization has a better chance for increased effectiveness when its representative participates in departmental planning and in budget alocations.

I arbitrarily chose eight dental units with a history of active service functioning in cities or States with a population base of at least 1 million persons. They were presented with this supposition, requested to appraise the effectiveness of their unit, and asked whether they believed their organizational position should be changed.

The director of the dental unit of the Philadelphia health department was chosen as our consultant because he was the only respondent who stated that his den-

tal unit had equal organizational position in the health department with all other units; for example, laboratory, medical services, environmental health, and vital statistics. This position, of course, meant that his dental department was directly represented in planning and in budget allocations. It was also the only unit that expressed excellence in its performance. The director of Philadelphia's unit defined excellence of performance in terms of quantity control, peer review, esprit de corps of staff, and recognition for excellence by its related dental school and dental society. He visited our organization and was asked to make a report on the six categories that paralleled those of the committee chairmen.

Presentation of Reports

The direction that a major dental unit takes should be known by the dental community-at-large. Therefore, guests who were invited to observe the presentation of the reports included the dental consultant of Region V, Department of Health, Education, and Welfare; the dental director and the regional dental consultant, State of Ohio; the dean of the College of Dentistry, Case Western Reserve University; and the president of the Cleveland Dental Society. The members of the six committees attended with the chairmen. I was moderator of the presentations.

Each committee chairman presented his report and the report of the consultant, who was unable to attend, was read. Thus the dentists in the division, in addition to the suggestions by the consultant, presented what they considered the direction that the dental unit should take. The members of the staff were, in fact, originators of the concepts of need and of the direction for necessary change. There were no objections to the plans.

Discussion

The participation of the entire staff at the beginning in discussion of the needs for improvement laid the groundwork for continued development in the organization. The staff readily responded to the request for suggestions.

A committee established the ultimate goals and objectives, which while global at least, set a general target of improvement for the unit. The ultimate goals and objectives were "that this dental unit should become one of outstanding prominence within the country, bar none." Another committee stated that the only means by which this ultimate goal could be reached was through an effective quality control mechanism. This mechanism must be based on clinical research toward efficient treatment, prevention, continuing education, and a system of records that clearly identify services needed as opposed to services provided. This record system must also provide an opportunity to identify all of the intermediary factors which cause a balance or inbalance of these to service factors.

The new record system then became the first priority item on the ladder of the development toward the ultimate goal.

The question might be raised regarding the absence of consumers when the plans were made public. I felt that the plans were solely for internal improvement of a dental community and not to develop a new service. Decisions that are usually made with consumers had already been made; for example, the age and the economic status of the population had already been fixed years before with the board of education, and the size of the population, size of the facilities, and the scope of services were dictated by limitation of funds. Had the reverse been true, then consumer participation would have been necessary.

Another question might be raised regarding the absence of private practitioners from the planning. There are no full-time clinicians on our staff—all are in private practice. I felt that inviting additional private dentists was unnecessary, and also, we were planning for internal improvements of operations.

In achieving our objectives, two manifestations of power could have been used. One approach is through an executive who might have single-handedly decided the following: (*a*) there must be a change in the current system of operations, (*b*) the ultimate goals, (*c*) the methods of implementing these goals, and (*d*) to force the staff to submit to the process of implementation.

This method might have proved to be difficult or impossible to use with a group of professionals who might fear losing their identity and their independence.

Another approach is for the executive to create such a climate that the members of the staff would make those four decisions. He works as an indirect motivating force or a coalescing influence, and the staff is publicly credited with movement toward the ultimate goal. The second approach, used in Cleveland, has proved successful in achieving operational objectives.