

Scheduling For Success

REDUCING CONFLICT BY PERFECTING YOUR SCHEDULE

Conflict Occurs When...

1. The appointment coordinator schedules the mystery columns.
2. Repairs are "squeezed into" a packed schedule.
3. The quick repair patients needs 3 brackets rebounded.
4. The patient walks in 30 minutes late and is sent back to be seen by the assistants.
5. The late afternoon is overbooked 2-3 no? patients.
6. The lab tech is overloaded with appliances one day and none the next day.
7. A 60-minute appointment is squeezed into a 45-minute slot.
8. The doctor is needed in 3 places at once to see patients.
9. Someone's not pulling their weight:
 - Front desk person on personal calls.
 - The assistant is slow doing procedures.
 - Chatty Cathy at the front desk.
 - Late for work and bolts at 5 pm.
 - Doctor can't find the assistant when needed.
10. Doctor stays in exam room for 30 minutes.

From the Front Desk Perspective

1. You have no idea how demanding the parents can be. Parents are glaring at us at the front desk.
2. Mom calls at 2 pm and says, "Susie is in pain and we are getting ready to go out of town." We cannot say, "We will see her next week."
3. The late patient walks in with mom and says, "Sorry we're late. The road construction had everything backed up."
4. The patient walks out and the says, "The doctor would like for us to schedule a 60-minute appointment in one to two weeks." The appointment coordinator tries to schedule it in four weeks. Mom has a fit, so she squeezes it in.

5. Many times the doctor is there and no assistant is at the chair. "No wonder they are running behind schedule."

How to Proactively Fix Scheduling Challenges

1. Set the stage with the new patient. Have the guidelines signed.
2. Evaluate your # of actives in the practice per week.
3. Decide how many days per month you want to see patients & evaluate # of procedures per day.
4. Create a template that reflects what you need.
5. Streamline appointments and length of time for procedures (i.e. new patient process/RPE).
6. Evaluate time consumers for the doctor. For example,
 - Checking patients twice during the same appointment.
 - Adult patients taking longer.
 - Recall patients more than a 3-minute check.
 - Too much time on the phone or internet.
 - Not delegating duties.
 - Lots of retainer checks daily.
 - Long bonding times.
7. Forecast the schedule for the next 6-8 weeks to make sure some days are not too heavy.
8. Have a system for late patients. Empower clinical coordinator to make decisions.
9. Streamline your # of visits and chair time per case.
10. Don't overdo your retainer checks.
11. Establish a records coordinator position versus saying, "Can anyone take records?"
12. See new patients before 3 pm during the school months.
13. Train-Train-Train
14. Evaluate percentage of no shows, reschedules, and late patients.

Pinpointing Inefficiency in the Clinic

Symptoms of inefficiency in the practice:

- ___ 1. Running behind schedule often
- ___ 2. Light days and heavy days
- ___ 3. Feeling overwhelmed by the number of patients you see each day
- ___ 4. Light mid-days and heavy scheduling in the early morning and late afternoon
- ___ 5. Wondering where to put next weeks emergency patients
- ___ 6. Running out of certain types of appointments
- ___ 7. Parents complaining of brackets and bands off
- ___ 8. Lots of no-shows
- ___ 9. Unhappy assistants
- ___ 10. Poor communication from the front desk to the clinical staff
- ___ 11. Patients in the chair too long

All these things create inefficiencies in the schedule. Practices who suffer from one or more of these are seeing too many patients per day and their profits are lower. These areas must be fine-tuned to have efficient appointment book control.

To evaluate these we will take you through a series of exercises to pin point your target areas:

Problem - Emergencies:

The following is a sample of a **Daily Patient Emergency Log:**

Failure Date	Patient's Name	Tooth #	Bonded By:	Date Bonded	Material Used	Comments
10/08/03	Daily/Tom	UR3	June	07/01/03	Traditional	Came off a couple days after banding
10/09/03	Stephens, Lori	UR1	Kim	08/06/03	Traditional	Tooth Hypoplastic
10/10/03	Black, Sally	UL1	Susie	04/23/03	Traditional	No glue on tooth
10/10/03	Jones, Steve	LL2	June	08/13/03	Traditional	No Comment
10/15/03	Smith, Nancy	UL3	Tina	08/06/03	Fuji	Pt has bad OH, came off while tying AW
10/16/03	Mitchell, Sam	UL2	June	08/20/03	Traditional	Had numerous brackets off before now

Sample Template

Annual: 300 starts per year; 600 active patients; 8week rotation; 12 patients days/month

Schedule: 24 starts or 2/day; 28 active pts/day; 85 patients/week (for a 6-week rotation=110/week); 40 new pts./mo. or 4/day; 38 active pts./day

Staff: 3 chair sides & 1 NPC who takes records (w/6-week rotation, add 1 p/t asst. in pm and add a column)

Chair Name													
	Time	1	2	3	4	5	6	7	8	9	10	11	12
01	08:00	✓	✓	✓	OBS								
02		✓	✓	✓	Ret								
03		↓	↓	↓									
04		↓	↓	↓			NP w/ records						
05	09:00	Start	Start	Deband									
06		↓	↓	↓									
07		↓	↓	↓									
08		↓	↓	↓									
09	10:00			Deband									
10		↓	↓	↓									
11		↓	↓	↓			NP w/ records						
12		↓	↓	↓									
13	11:00	↓	↓	↓									
14		↓	↓	↓									
15		↓	↓	↓									
16		↓	↓	↓									
17	12:00												

Chair Name															
	Time	1	2	3	4	5	6	7	8	9	10	11	12		
01	01:00	Long Appts													
02		& overflow records													
03															
04									NP w/ records						
05	02:00														
06		↓	↓	↓											
07		↓	↓	↓											
08		↓	↓	↓											
09	03:00	↓	↓	↓											
10		↓	↓	↓			NP w/ records								
11		↓	↓	↓											
12		↓	↓	↓											
13	04:00	↓	↓	↓	OBS										
14		✓	✓	✓	OBS										
15		✓	✓	✓	OBS										
16		Ret	Ret	Ret											
17	05:00														

Are You Seeing Active Patients Too Often?

1. Determine how many active patients (full and partial treatment) are in your practice.
Actives = _____ (A)
2. How often do you normally see them? Every 6 weeks, 8 weeks, 10 weeks
Frequency = _____ (B)
3. Now divide the number of active patients by the frequency to get the number of active patients you should see per week (P)
 $A \div B =$ _____ (P) Patients per week

The following chart is an example of the ideal number of actives per week.

No. of Actives	4 wks.	5 wks.	6 wks.	7 wks.	8 wks	10 wks.
200	50	40	33	28	25	20
300	75	60	50	43	38	30
400	100	80	66	57	50	40
500	125	100	83	71	62	50
600	150	120	100	86	75	60
700	175	140	117	100	88	70
800	200	160	133	114	100	80
900	225	180	150	129	113	90
1000	250	200	166	143	125	100

4. When you have determined the number of active patients you should be seeing per week, divide it by the number of days in your workweek.
Patients per week \div Days = _____ (C) Patients per day
5. Add 10% to that number to reflect no shows, reschedules, emergencies, etc.
 $C \times 1.1 =$ _____(D)
6. Take a regular day's schedule and count the active patients seen that day. (Omit new patients, records, recalls, retainer checks, and consults.) Put that number here: _____. Now, divide that by the number of days you work per week (i.e 3, 4,5). That equals the number of patients you are seeing on average per day: _____ (E) patients actually seen in a day.
7. Compare D and E. Ideally these numbers should be the same. However, if E is larger than D, you have room for improvement. This indicates that you are seeing actives too often, or you have a major no-show or reschedule problem.

How Many Days Do You Want to Schedule Patients?

Now it is time to determine how many days a month or year you want to see patients. Remember, the number of days has nothing to do with production.

- How many days did you schedule last year? (2 half days = 1 day) _____
- How many days a month would you like to see patients? (pick one, Be Brave!)
 18 17 16 15 14 13 12 11 10
- Now calculate the average number you see each month of the following procedures. This can be easily done by looking at the number seen over the past three months and divide it by 3. Simply count the appointments on your saved schedules if you don't know how to find it in the computer.

Sample

Appointment Type	Avg./Mo.		Days/Mo.	=	# Per Day*
New Patients	40	÷	12	=	4
Records	28	÷	12	=	3
Starts	24	÷	12	=	2
Formal Consults	0	÷	12	=	0
Recalls	30	÷	12	=	3
Retainer Checks	60	÷	12	=	5
Active Pt. Checks	250	÷	12	=	21
Long Appts.	60	÷	12	=	5
Debands	25	÷	12	=	2

*this indicates the # of procedures you need in your template each day.

Complete With Your Figures

Appointment Type	Avg./Mo.		Days/Mo.	=	# Per Day*
New Patients	_____	÷	_____	=	_____
Records	_____	÷	_____	=	_____
Starts	_____	÷	_____	=	_____
Formal Consults	_____	÷	_____	=	_____
Recalls	_____	÷	_____	=	_____
Retainer Checks	_____	÷	_____	=	_____
Active Pt. Checks	_____	÷	_____	=	_____
Long Appts.	_____	÷	_____	=	_____
Debands	_____	÷	_____	=	_____
(other)	_____	÷	_____	=	_____
(other)	_____	÷	_____	=	_____
(other)	_____	÷	_____	=	_____

*this indicates the # of procedures you need in your template each day.

Additional Scheduling Tips:

1. All assistants must be trained to do procedures at the same rate of speed.
2. Emergencies must be tracked and minimized.
3. The doctor must monitor his/her time with each patient.
4. A clear direction regarding treatment planning and mechanics must be in place.
5. Non-compliant mechanics must be utilized for patients who do not comply.
6. The retention system should be simplified to one year, or 3-4 retainer checks.
7. No shows and reschedules must be under control through effective communication and an excellent system.
8. Maximize the weeks between visits for all patients.
9. Constantly look to simplify things.
10. Too much chair time for various procedures is non-productive.
11. Schedule extra days during peak months like August to do more exams and bandings.
12. Decide the number of days you'd like to see patients per month and template those into your schedule. Once those days are full, add additional days if needed.
13. It is important to color-code your schedule and have a color coded template to show patients to let them know what time of day their type of appointment is scheduled.
14. Be careful not to schedule the doctor in two places at one time.
15. Assign each assistant a column of patients to be responsible for.

**IMPORTANT POINTS TO REMEMBER ABOUT
APPOINTMENT BOOK SCHEDULING**

1. What your doctor wants may differ from what the staff wants.
2. Every practice needs a scheduling template.
3. The appointment coordinator needs to have a full understanding of all of the procedures being done in the office.
4. Understanding the terminology and the charting procedure is also a high priority for the effective appointment coordinator.
5. Understand that emergency patients or patients who are “squeezed in” definitely upset the clinical schedule.
6. Realize that the doctor cannot be in two places at one time.
7. There are actually three ways to schedule the assistants. One way is to schedule a separate column for each assistant, another way is for each assistant to take the next patient up, and the new patient manager system is the third option (the Progressive Concepts’ Smart Talk course outlines the Patient Manager System).
8. Communication is the key, use positive words for positive results.
9. The patients and parents are more demanding today than they have ever been before.
10. Many practices suffer from having light days and heavy days. This means one thing - you are scheduling too many patient days each month.

Communicating a Change in Appointment Scheduling - Sample

NEW INFORMATION CONCERNING APPOINTMENT SCHEDULING

Due to extreme demands in recent years for the late afternoon appointments, it has become increasingly clear to me that I cannot continue to provide quality care for my patients with the schedule being this crowded. Quality care is the main "watchword" that would describe my feelings about my practice. It is my prime consideration for all of my patients.

Therefore, it will be necessary to decrease the number of appointments available after school and to spread patients out throughout the day to allow more time to provide the quality care necessary for each patient. In order to effectively do this, it will be necessary for patients to rotate their appointments between mornings and afternoons. Also, patients will be required to take early afternoon appointments. This is the only way to spread the appointment scheduling evenly throughout the day to provide the time needed for these difficult procedures.

It is important for everyone to know that I am sensitive to working parents, the demands of school placed on teenagers, the inconvenience caused by having to pick a child up at school and go to the orthodontist, etc. I am sensitive to all of these issues and want each patient and parent to know that I would like to accommodate everyone. However, the fact remains that it is physically impossible to do this, and the bottom line is that I must be able to provide quality care to each patient equally.

Actually, school-age children do not miss as many classes as it first may seem. If they are seen on a six weeks basis (and have very few repairs), they will miss only seven to nine classes per year. If these are rotated between morning and afternoon, they certainly will not miss the same class each time and the problems will be minimized.

In closing, let me state that this new scheduling procedure is not being done for our convenience. It is being done to provide equal time for all patients so that each patient can receive an equal amount of my professional time. After all, this is what you are paying for. Thank you, in advance, for your cooperation.

Sincerely,
Dr. _____

RETENTION RECALL PROCESS

After the deband appointment, the patient's retainer schedule should be as follows

- Visit 1) 6 week retainer check appointment made
- Visit 2) 3 month retainer check appointment made (Many orthodontists stop routine appointments at this point, others feel more comfortable with 1 or 2 more visits.)
- Visit 3) 6 month retainer check appointment card sent to call for appointment

If the patient no-shows for any retainer check, send a card that says "*Call us for an appointment*" and document the chart. A second card stating the same should be sent if there is no response to the first.

If there is no response to the two cards, send a final letter. Put a copy of the letter sent in the inactive chart. **We do not recommend spending staff time calling retainer patients.** The letter should read as follows:

Dear _____:

We appreciate you choosing our office for your orthodontic treatment. As we discussed, lifetime wear of retainers at night will keep your beautiful teeth in place.

Obviously your retainers are fitting well since we have not heard from you. If you need us in the future, we are only a phone call away. Thank you for your confidence in our services. We always welcome referrals from patients like you.

Sincerely,
Dr. _____

If you have placed a fixed retainer, you need to decide if the general dentist can watch this. Send a letter to the general dentist with a copy to the patient as follows:

Dear Dr. _____:

We wanted to let you know that _____ has a lower fixed retainer in place. He/she has not returned to our office for retainer checks. If he/she returns to your office and you notice any problems with the retainer, please let us know.

We appreciate your referrals and thank you for your continued support.

Sincerely,
Dr. _____

Recall System Options

Option I: Statistically the Best System (85% effective or better)

1. Appoint the patient before they leave the office. *“Mrs. Jones, Dr. Brunk will need to see Susy again in 6 months for her next pre-orthodontic check. We will go ahead and make the appointment today. Then, a week before the appointment, I will send you a card so you can determine if this is still convenient for you. If not, just give us a call and we’ll be happy to change the appointment. By scheduling today, you will have the best choice of days and times that we have available.”*
2. Have the patient address a postcard to themselves. Put the date and time of the advance appointment on the card.
3. File the card in a file box according to the month and week to be sent.
4. Mail the card a week in advance of the appointment to confirm.
5. Optional: Also call the day before to confirm the appointment.
6. If the patient no shows, call that day to reschedule them.

Option II: (normally 65-75% effective)

1. Mail a card 10 days in advance of the patient’s recall week with an appointment date and time you’ve picked on the card. Request the patient call if it is not convenient.
2. Go into the appointment book and make the appointments before mailing the cards.
3. Call the patient if they do not show for the appointment to reschedule.

Option III: I Call this “Chase the Recall Card” (normally 58% or less effective)

1. Mail a card to the patient that says, *“Call us for an appointment.”*
2. Track who does not respond to the card.
3. Call the patients who do not respond to make their appointment.

Team Questionnaire

If you have ever sat in that chair at the front desk, you know what a hot seat it can be at times. The person who runs the desk can be the victim of the blaming game. However, the appointment coordinator is not totally responsible for scheduling. It is

actually a combination of factors that create a smooth flowing day. The entire team plays a role in taking responsibility for an effective schedule and a less stressful day.

The following is a four part questionnaire for the team. One is for the doctor, one for the appointment coordinator, one for the clinical staff, and one for the team. In the space provided, rate yourself on each question (excellent/good/average/needs improvement). I encourage you to complete these at a future staff meeting to determine what areas need focus in your practice.

Grade Chart: A - excellent C - average B - good D - needs improvement
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Doctor's Questionnaire

- _____ Records the next specific procedure on the patient's record.
- _____ Is in the clinic when needed. Does not waste time with personal calls.
- _____ Has a new patient coordinator so doctor time in exams and consults is normally less than 15 minutes.
- _____ Follows appointment book guidelines set by the team.
- _____ Has adequate number of staff (one assistant for every 15-20 patients seen per day and one business staff person for every \$25,000 - \$30,000/monthly).
- _____ Has invested in an adequate number of instruments and supplies.
- _____ Invests personal time monthly in training the staff.
- _____ Is open to input from the staff regarding changes in the schedule and works to implement changes.
- _____ Is aware of keeping the day's appointments running on time so the team can end on time.
- _____ Has communicated a personal philosophy of appointment book control to the team.
- _____ Has made a concentrated effort to maximize efficiency of clinical procedures.
- _____ Is working on maximizing weeks between patient visits.
- _____ Is working on streamlining clinical procedures.
- _____ Has only 5% of patients over their deband target dates.
- _____ Releases retention patients in one-two years.

Appointment Coordinator Questionnaire

- _____ Follows the scheduling template set up by the practice.
- _____ Offers the next available appointment, not asking "When would you like to come in?"
- _____ Uses positive phrases for results.
- _____ Has good assertive skills.

- _____ Keeps up with active no-shows.
- _____ Is on top of the observation recalls.
- _____ Keeps the doctor and assistants informed of the next available appointments daily.
- _____ Keeps the schedule evened out to prevent light days/heavy days/light mornings/heavy afternoons.
- _____ Keeps accurate statistics on procedures and no-shows.
- _____ Has a good understanding of clinical procedures.
- _____ Takes feedback from the team with an open mind.
- _____ Schedules what is indicated on the record or buck slip.
- _____ Gets feedback from the clinical team regarding where to schedule emergencies.
- _____ Keeps the clinical team informed of changes in the schedule daily.
- _____ Has a list of all student days off for each school system.

Clinical Staff Questionnaire

- _____ Discuss concerns with the appointment coordinator and doctor instead of behind their backs.
- _____ Has worked individually to achieve time goals set by the practice.
- _____ Refrains from taking personal calls during patient hours.
- _____ Asks others, "Do you need help?"
- _____ Supports and encourages new staff members during their training period.
- _____ Records correct information on the patient's records.
- _____ Works at calling long appointment no-shows to reschedule them.
- _____ Makes sure the doctor is not at the chair alone with a patient.
- _____ Has focused on in-office procedures to reduce emergencies.
- _____ Has set up organized systems to do repairs quickly.
- _____ Directs patient flow for the doctor.
- _____ Anticipates needs so everything is set up.
- _____ Has tray set-ups to streamline patient flow.
- _____ Brainstorms solutions rather than haggling over the same problems.
- _____ Monitors patients who are past their target date on a daily basis.
- _____ Keeps track of all emergency patients daily.

Team Questions

- _____ We have a column in the appointment book for each chair in the office.
- _____ We have active patients flow directly to the clinic allowing the appointment coordinator to concentrate on outflow.
- _____ We are careful not to over-schedule the doctor time.
- _____ We have a well-organized daily template.
- _____ We have a non-patient time weekly to get organized.
- _____ We educate patients and parents regarding how appointments are scheduled in the office.
- _____ We focus on “solutions” rather than “blaming”.
- _____ Our days are evenly scheduled.
- _____ We are able to make an appointment for a new patient, records, consult or start within 10 days.

Now that you've had an opportunity to evaluate yourselves, I recommend making a list of areas that need focus in your office. Set a target date to discuss solutions immediately.

	<u>Areas that Need Focus</u>	<u>Target Dates to Implement</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____