Consistency = Efficiency

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The definition of insanity is doing the same thing over and over again and expecting different results.

The “other” definition of Insanity:
Is doing the same thing over and over again, and NEVER achieving consistent results!

When inconsistencies occur:
The doctor and staff are “working harder, not smarter.”

Inconsistency leads us to:

- Re-Bond
- Re-schedule
- Re-take
- Re-print
- Re-pour
- Remake
- Repair
- Recall

Why is Consistency Important?

- Determines the quality of our treatment
- Determines how we spend our days in the office
- Determines how many days we work
- Determines overhead
- Determines whether we meet our patients expectations
- Determines the success of our practice
- Determines our reputation
Why is Efficiency Important?

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Consistency = Efficiency

**Being Consistent…**

- Saves time and energy
- Determines the messages we send to our patients
- Confirms practice values
- Generates trust

**Being Efficient…**

- Doesn’t happen by accident
- Requires evaluation of current office systems
- May require implementing new systems
- Requires responsibility and accountability

Consistency & Efficiency

Affects everyone’s position in the office and how we interact with patients and each other.

Consistency & Efficiency will lead to less stressful, more harmonious days!

The Administrative Staff

- Scheduling, Financial & Insurance Coordinators

The Scheduling Coordinator

**The Voice of the Practice**

**Inefficient Telephone Etiquette**

- “Hello…could you hold, please?”
- Patients on hold indefinitely
- Distractions/interruptions
- “Line is always busy”
- Short-staffed
- Staff absent from the desk during high volume time

**Efficient Telephone Etiquette**

- “Hello, this is…how may I help you?”
- Patients choose on hold or call back
- Politeness/patience
- Appropriate number of phone lines
- Staff appropriately
- “All hands on deck” during high volume time


“Staying in Touch”

- When trying to contact patients or parents, don’t continuously leave messages on home telephone answering machines
- Many home phones are disconnected
- Call work numbers, cell numbers, send emails or use text messaging
- Must have a system to update contact information
- Schedule recall patients for future appointments rather than sending a postcard or calling them to schedule
- Televox & T-Link to confirm appointments – some call 2 days before

Scheduling Inefficiencies

- Unorganized schedule
- Not following established scheduling templates
- Offering too many appointment choices
- Late patients
- Late staff
- Available Appointments
- Unscheduled Procedures
- Emergency Patients

Suggestions for Financial Coordinators

Inefficient Methods

- Allowing delinquency to get out of control
- Not using credit reports
- All payments due the same date
- Inconsistency with methods or payments
- Not closing the day sheet daily

Efficient Methods

- Establish system to manage accounts
- Run credit reports on all patients
- Have multiple due dates
- Establish one payment system (statements...coupons...at appt.)
- Closing the day sheet daily

Suggestions for Insurance Coordinators

Inefficient Methods

- Filling paper claims
- Having another staff member post payments
- Gathering all the information necessary for successful submission
- “Guessing” what benefits are

Efficient Methods

- Electronic claim submission
- Post payments to monitor delinquencies
- Be certain the history form is worded to say “orthodontic insurance benefits” not dental
- Verifying coverage (sometimes means speaking with HR people)

The Financial Coordinator

Responsible for Cash Flow within the Practice

The Insurance Coordinator

Essential to assisting with cash flow within the practice and assisting patients in collecting benefits
The Treatment Coordinator

Largely responsible for the enrollment of new patients. The Treatment Coordinator is responsible for coordinating starts!

- Take new patient phone calls when possible
- Introductory return call – pre-exam interview
- Confirm information on history form and enter into computer
- Offer as much information as possible at the initial appointment
- Orchestrator of a successful “first visit”

The New Patient Phone Call

Consistent execution of the new patient phone call is critical. There is no 2nd chance to make a great 1st impression!

- The TC should take new patient phone calls when possible
- By doing so, a relationship is being established BEFORE patient & parents arrive at the office
- If all information fields in the computer were completed at the NP call, the TC saves time at the exam appointment.

- The TC will not always be able to take the call
- Decide who her “understudy” will be
- The phone call should be done away from the front desk
- Caller receives undivided attention
- Consider this “chain of command”
  - 1st Treatment Coordinator
  - 2nd Financial Coordinator
  - 3rd Insurance Coordinator
  - 4th Receptionist

- Before the doctor sees the patient, the following should occur:
  - Panex & Photos taken by Records Technician
  - If not the Records Tech, another staff member not scheduled with patients
  - During this time the TC is gathering additional info from parents
  - Panex & Photos are not optional
  - Photos assist with conversion
  - Financial Coordinator is generating a credit report
  - This staff member must be available during this time.
  - The Insurance Coordinator verifies insurance benefits during the exam
  - Again, this staff member must be available during this time
  - In some cases, benefits may be verified before the appointment

Initial Consultation
The Records Technician

The patient's first "clinical" experience. It's so important to make a good first impression – LITERALLY!

Consistently including x-rays and photos as part of the initial consultation helps improve new patient acceptance rates. By establishing a routine of how the new patient appointment flows, the records technician will always be prepared to take "pre-exam records". Consistently gathering some records materials BEFORE the exam, reduces the amount of time required to complete the records at a later date. X-rays and especially photographs aid the TC in conversion.

Diagnostic Records Appointment

- By performing "pre-exam" records at every new patient's initial appointment, less time is needed to schedule the rest of the records.
- If the records tech sometimes takes x-rays and photos, and sometimes doesn't, the following can happen:
  - Conversion rates could decrease
  - Confusion about what records are needed can lead to things being missed
  - Not enough time is scheduled at the next appointment to gather all information needed

X-Rays & Photos

- Poor quality x-rays or photographs taken at the records appointment, leads to retakes at the next appointment.
- Causes stress for the next staff member who sees the patient because:
  - There may not be enough time scheduled to retake them
  - Embarrassing to tell the patient/parent retakes are necessary
  - Even more embarrassing to NOT retake poor quality x-rays and photos

Poor Impressions

- Inconsistency in the quality of impressions directly affects patient care, especially when appliances are being constructed
- If an assistant does not get a good quality impression, the lab technician cannot make a good quality appliance
- If the lab technician is unable to make a good quality appliance, several things can happen which leads to inefficiencies within the practice

Poor Impressions don’t make good impressions!

- Poor impressions lead to:
  - The scheduling coordinator calling the patient schedule another appointment (parent may need to take off work/child leave school)
  - The records technician or assistant retaking the impression
  - The lab technician re-pouring the impressions
  - The result is that the inconsistency in the impression technique leads to the "re-do", affecting the work load of three staff members, possibly the income of the parent, and the school work of the child
- That leaves a poor impression!
This is one question that should never be asked! Why?
If you have to ask the question – you already know the answer!
- Poor quality x-rays could lead to misdiagnosis
- Poor quality photos may leave the impression that anything less than an excellence is OK
- Poor quality impressions can lead to poor-fitting appliances
- Incorrect positioning in a bite registration could lead to misdiagnosis, incorrect appliance construction

So………………

The answer to the question is this:

NO!

If you question whether something is good enough, you probably already know the answer. Knowing what the doctor’s expectations are and being consistent in meeting those expectations leads us to “doing it right the first time.”

Inconsistent Technique:
- Pouring plaster with poor technique
- Poor quality pour-ups
- Not “waxing-in” bands
- Not removing plaster “bubbles” from models, caused by saliva or air

Leads to:
- Models with voids from air bubbles
- Can affect appliance construction
- Bands that float – poor construction
- Wires not completely seated in embrasures

A variety of procedures can be fine-tuned in order to be more efficient in regards to scheduling and excellent patient care.

The most common causes of inefficiencies in clinical orthodontics include:
- Bond Failures
- Poking Archwires
- Removable Appliances that are “too loose”
- Let’s explore how we can “do it right the first time”
Reduction Bond Failures

- Use an oil-free pumice to clean the teeth
- Use appropriate retractors for ultimate isolation
- Rinse and air dry thoroughly
- Etch according to the manufacturer’s instructions
- Rinse and dry thoroughly

Bonding Protocol

- IMPORTANT!!!
  - The etched surface of the teeth should appear chalky and matte. If it doesn't, you must re-etch for 15 seconds.
  - If saliva contaminates the bonding field, you must also re-etch for 15 seconds.
  - Continue only when you feel confident the surface is prepped correctly.

Bonding Protocol

- Apply sealant/primer according to the manufacturer's recommendations.
  - It is extremely important to maintain a clean, dry field.

Bonding Protocol

- The next step – apply adhesive according to instructions
  - “Butter” the resin into the mesh pad before placing on the tooth
  - Pre-coat brackets

CURING LIGHTS

- Makes for more efficient use of the assistant's time

Additional Suggestions for Initial Bondings

- When preparing for an initial bonding appointment, there are several ways to streamline the procedure in order to make the appointment as efficient as possible.
- The first thing the assistant or PM should review is the treatment plan in order to:
  - Familiarize herself with the scheduled procedure
  - Important to review x-rays and photographs
  - Select the appropriate bracket type
  - Prepare appropriate bracket set-up trays
  - Retrieve appliance(s) from the lab, if necessary
Planning Ahead

This means utilizing time spent at morning huddles and staff meetings to target consistency in office systems to be as efficient as possible.

Daily Morning Meetings

- First step in having a consistent, efficient day is having an effective morning meeting
- Should commence at least 15 minutes before the first patient
- Must end 5 minutes before the first patient
- Communication Board is necessary
- Daily Agenda keeps it efficient

Daily Morning Meeting Agenda

- Begin promptly and honor the starting time for the meeting
- Ask staff members if everyone is OK – does anyone need help with anything?
- Review New Patients coming for initial consultations, and who will be available to take digital photos, panoramic x-ray and immediate records if required
- Receptionist should come to the meeting with messages retrieved from voice mail and email, televox reports, etc. and update the schedule before or during the meeting
- Review what patients are starting treatment, have fees due, contracts that must be signed, etc.

Morning Meeting (continued)

- Who are the emergency patients coming in? Can the patient managers see their own patients?
- Have the scheduling coordinator share the following information: How far out are we scheduling Initial Consultations, Starting Appointments, Debondings, and other important scheduling information the doctor would like to be updated on daily.
- What is the turn-around time in the lab for lost appliances or appliance repairs?
- Report from Treatment Coordinators on the outcome of the previous day’s consultations and recall appointments
- Review Practice Mission Statement
- Rotate the responsibility of leading the meeting weekly

Morning Meeting (continued)

- Review topics written on the communication board – this will keep monthly staff meeting agendas from becoming infinite!
- Assign a staff member from each “department” to convey information covered at morning meetings to other staff members who work part-time or who are absent that day.
- It goes without saying that every staff member must be on time and be attentive at the morning meeting!
- Adjourn the meeting 5 minutes before the first patient is scheduled. It’s important to seat patients on time and early when possible. The first patients of the morning and after lunch should never be seated late!

Consistency = Efficiency

- By having a consistent format for the morning meetings, the doctor and staff can troubleshoot the schedule and focus on patients who need special attention.
- By utilizing the communication board, topics of importance that cannot and should not wait until the monthly staff meeting can be addressed in a timely fashion.
Non-Patient Work Time is necessary to the success of any practice.

Some offices schedule this time on a daily or weekly basis.
Some schedule one day a month for a monthly staff meeting
The size of the practice and the staff determines how much time is needed form monthly staff maintenance.
Here are some suggestions for a Staff Day Agenda
Again, planning for these work days leads to efficiency during the day.

Much can be accomplished if thought is put into it!

Begin the day with a staff meeting
“Modified Parliamentary Procedure”
Appoint a secretary to take notes during the staff meeting. Type minutes to add to the staff meeting log for future review.
Review minutes from previous meeting and confirm changes have taken place and new systems have been implemented.
Address items on the agenda.
Post the agenda in the conference room between staff meetings.
Anyone can add anything to the agenda - have them put their initials by their addition so they can lead the discussion.

Keep the meeting moving!
Adjourn the meeting - we have a lot of work to do!

By scheduling non-patient time, patient days can be scheduled more efficiently.
The non-patient duties which are vital to the success of the day-to-day operations of an orthodontic practice should be done during non-patient time.
By doing so, no longer should you “run out of this” or need to “restock that” during busy patient days
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Questions?

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