

FRONT OFFICE *Rocks*®

The Leader in Dental Front Office Solutions & Training

Block Scheduling Policy

Each team member at some point will need to help with the schedule, it is important that everyone understands the reason for block scheduling and how to do it. Everyone should take responsibility for the schedule and do their part to ensure that there is an effective and productive schedule.

Without planning your schedule properly, you will most likely see the following:

- Dissatisfied patients because the practice runs late and/or patients have to wait
- Frustrated and burned-out staff members
- Dentistry that becomes less enjoyable and increasingly stressful.
- Decreasing practice revenues

Seeing too many people per day causes an excessive amount of work by front office and clinical professionals. In the treatment area, large numbers of patients create extensive setup and cleanup. The front office has to work harder to collect and help more patients per day, which does not allow us to offer the customer service that we prefer.

The common characteristics of “ideal” days are as follows:

- Fewer patients are treated
- A large amount of treatment is accomplished for each patient
- Appointments start and end on time
- A quiet, relaxed atmosphere prevails
- Goals are reached

When Scheduling, Follow These Guidelines in Order:

- 1) ¾ OF OUR DAILY GOAL BY LUNCH –ATTEMPT TO PUT PRIMARY APPTS IN THE MORNING**
- 2) APPOINT THE DAY 1ST WITH PRIMARY APPOINTMENTS**
- 3) SCHEDULE AT THE EARLIEST OPENING AND SCHEDULE SEQUENTIALLY**
- 4) NEVER BOOK A SMALL APPOINTMENT IN THE MIDDLE OF A LARGE OPENING**
- 5) FOCUS ON THE NEXT FEW DAYS – DON'T WORRY ABOUT THE SCHEDULE WEEKS OUT**
- 6) IF YOU DO HAVE TO BOOK OUT A BIT, LET PATIENT KNOW YOU WILL CALL IF SOMETHING OPENS UP TO MATCH THEIR NEEDS – AND THEN ENTER GOOD NOTES & MARK APPT. SOONER IF POSSIBLE**
 - Book the longer, major procedures early in the day. These procedures are more tedious for the doctor, and demand more skill and concentration. Therefore, you want these procedures booked when the doctor and staff are freshest.
 - Primary Appointments are valued at \$700 or more.

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- When setting an appointment, start at the earliest opening possible and attempt to book the patient there. For example, if the day is totally open starting at 9 am and the patient needs a primary appoint, then try to book them at 9 am- don't offer 10.
- The next step is to work down the day, booking one appt right after the other. For example, if the first patient starts at 9 and finishes at 10:30 – don't book next patient at 10:45 leaving a 15-minutes. Instead book next patient at 10:20
- Whether you are trying to put in a secondary appoint or primary, always book the appointment at the end of another appointment already booked or to finish up when the next appt starts. For example, if there is an opening from 1 pm to 2:20 – don't book a 20-minute appointment at 1:30. That will just leave a 30-minute space on either side, which is going to be harder to fill than the 1 hour appointment left if you schedule right after the previous appointment.

SCHEDULE SECONDARY APPOINTMENTS AROUND PRODUCTION

- Secondary appointments are other dental appointments that are not as high in value or require less time. These should be booked around production appointments whenever possible.

THOUGHTS ON WORKING WITH PATIENTS AND THE SCHEDULE

- **IF YOU WANT SOMEONE TO DO SOMETHING FOR YOU, TELL THEM WHAT IS IN IT FOR THEM!**
 - In order to get the patient to take your appt, they need to see a value in it for them.
- **INTEND TO HAVE THEM COME WHEN YOU WANT THEM TO COME**
 - If you have the intention to get them in when you want them, you will. Meaning, if you believe that the times we have are best for them and us, then you will be able to convince them of that too – even subconsciously.
- **OFFER THEM TWO CHOICES –BOTH BEING GOOD FOR OUR SCHEDULE**
 - It is ok to find out when they would like to come in and if you can accommodate them, then by all means – please do but more than likely, they want a time that does match what we have to offer. In that case, then offer them two options that work best and guide them into a decision that works with our schedule.
 - More than likely, the appointment time they want is not available for quite a while, and in that case, explain that to them. Once they know that they have to wait longer, they are more likely to be flexible to our time.

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OTHER SCHEDULING POLICY POINTS

No matter what position you hold within an organization, the daily schedule of patients affects you and your position. A good schedule can make everyone's job go smoothly and therefore we can have more fun. However, a poor schedule can cause unnecessary stress, as well as prevent you from achieving your individual and team goals. Therefore, it is very important that each and every team member understand and abide by the scheduling policy.

- There must be one person ultimately responsible for the daily production of the Doctors and of the Hygiene Department. Another can help but one must be responsible. No one else touches the appointment book to include the doctor, unless directed by the person responsible.
 - The initials of whomever schedules the appointment must be put into the appointment block – this is put into the Staff field in the appointment screen
- The doctor/hygienist never tells the patient a specific date or time they need to be seen unless they know that the time is available and it follows all scheduling policies.
 - If the doctor/hygienist approves an appointment not following this policy, then put a note in the note field stating that. That way when the day comes up, they will remember that it was O.K.'d by them.
- Doctor/hygienist never does more work than is scheduled unless a previously scheduled patient will not have to wait. Also, the case must be "sold" with payment collected.
- Today is the most important day in the appointment book. Tomorrow is the next most important day in the appointment book.
- Have one assistant for each treatment room and fully responsible for production of that room.
- The Doctor doesn't do any procedure that can be delegated i.e. writing in charts, taking x-rays, making temps, writing prescriptions (not signing them), etc..
- Emergency patients are seen the same day they call in and emergency times for patients to be seen should be worked out in the huddle in the morning so the scheduler knows where they can be put.
 - The scheduler needs to determine if this is truly an emergency or not, prior to giving them the emergency spot. Especially if the emergency spot may push back the rest of the schedule or is being squeezed in. If the emergency is not a "true" emergency, then look for a better time in the next day or two to fit them in.
- No Secondary/Tertiary (no value) procedure into Primary Block area until 70% of goal is scheduled or after noon the day before.

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- Once the x-rays are taken and initial review of findings is completed, the hygienist is 100% interruptible. When the Doctor comes into the operatory, he/she drops what they are doing and begins the transfer of data.
- The Doctor and staff are not to take personal calls or check cell phones/text messages during productive time.
- All patients are to be scheduled for their next visit before they leave, i.e. prophys, restorative, etc..
- There is no “Cancellation Policy”. If they make an appointment they are expected to be there. Don’t imply that you expect them to cancel by having a “Cancellation Policy”
 - If a patient cancels or wants to reschedule a Primary or Secondary appointment within a 48-hour period of the scheduled appointment, they cannot be rescheduled without speaking to the Office Manager.
 - The patients is explained the rules of the office and a verbal agreement is made with patient with the understanding of needing a minimum of 48 hour notice, with notes made in chart.
- If a patient is late for their appointment, the chair side assistant or hygienist notifies the scheduler, and the scheduler decides who is best suited to call at that time. If the patient is running late, the clinician notifies the scheduler to fix the schedule accordingly. If the patient cancels, they do not reschedule and must be turned over to the Office Manager.
- If any clinician is running behind schedule by 20+ minutes, someone has to be moved out of the schedule. If the next patient is there, as them if they would like to wait or reschedule.
- Fill cancellations with an equal or greater dollar value.