

Can't Figure Hygiene Schedule Out

This conversation will lead us into the realm of pre-booking your hygiene appointments or not.

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reccoso

Member Since: 05/06/08

Post: 1 of 63

I recently purchased a practice with around 3,000 active patients. There are three full-time hygienists (four days a week each, average appointment is 50 minutes) and the problem is that they're never booked out more than a week or so, and even then there are holes in the schedule. Plus, each hygienist books off 20 minutes before lunch and before the end of the day to clean up. Open time is 27 percent for two of them, and 20 percent for the other one.

I consider the hygiene program to be a good one, but there's something off about how patients are scheduled.

The way it works now, patients are sent a card about a month before their next hygiene appointment and then confirmed a week before.

Patients are only pre-booked for their next appointment in a minority of instances; majority of the time a contact is placed for the next hygiene appointment and then followed up with as time gets closer.

And hygiene books patients in their ops, while front desk follows up on any contacts, etc.

I just have a hard time believing that with this many patients hygiene is not booked out. I've tried to get patients pre-booked, but there's some resistance. Thanks for any advice. ■

NOV 14 2011

cmcalderwood

Member Since: 12/14/05

Post: 2 of 63

I haven't had very good results when I pre-book hygiene appointments. We have a lot of no-shows or last minute cancellations when we do that. My results have definitely improved when I have my girls call when the six-month recall approaches. Between that and the e-mails, we have seen an improvement. ■

NOV 14 2011

mopsy

Member Since: 11/22/02

Post: 3 of 63

I tried both ways and what I found is that majority of patients actually do like pre-booking. Hygienists schedule their next cleaning appointment in the operatories. We send a card or e-mail three weeks before to remind and then confirm two days before. Some people cancel or reschedule but most patients keep their appointments.

Those who don't pre-schedule get a postcard then a call from the front office. Then if they still don't schedule, they go on our past due hygiene list and we continue to contact them via e-mails, cards and calls. Note: when we call we block our number and never leave messages. That way we can call back and not appear like we are bothering them too much.

If you have trouble pre-appointing patients, you have to look at the verbal skills that your hygienists are using. I've been coming to the realization that our verbal skills are responsible for many of the things that either work or don't work in our practices. Whenever someone says "my patients just won't do it," I wonder if this is because the front office or another employee in the practice is not using the right verbal skills to guide patients toward making a good decision.

Also, just doing the math, 3,000 active patients require 6,000 hygiene hours (less any patients on irregular recall plus new patients). How many hygiene hours do you offer? Three hygienists full time would come out to 6,000 hours. So either your active patient numbers



are lower or your patients are not consistent in recall. Can you find out average recall time for your practice? That way you'll know whether you need to reduce the number of hygiene hours or start working with the hygienists on improving their verbal skills to both pre-appoint and to show patients the value of regular recall so that more of them go on the regular three to six months. ■

NOV 14 2011

This is exactly what I was thinking. If your staff are telling you that "patients just don't like to pre-schedule," there is probably something going on with your staff. When I first purchased my practice, the patients weren't used to pre-scheduling so many of them would decline. However, when we changed the way we asked them, we had better success.

When we asked "would you like to schedule your next appointment now?" many of the patients would say "no."

When we started to say "let's go ahead and schedule your next appointment," most of the patients did not resist at all, and made his or her next appointment. You can emphasize the positives of scheduling in advance – mainly that the patient will get the time of their choice.

The staff also has to believe in it. If your receptionist secretly thinks that most patients hate pre-scheduling, it will show in her attitude and therefore most patients will not pre-schedule. ■

NOV 14 2011

gdersley

Member Since: 07/26/07

Post: 4 of 63

You said, "The way it works now, patients are sent a card about a month before their next hygiene appointment, and then confirmed a week before."

msgdds

Member Since: 07/02/04

Post: 5 of 63

In my opinion, that is your issue... pre-book or not, make contact the day before the appointment, not a week.

I am working on this same thing. Fixing up an old hygiene program takes work but it's totally worth it.

I think pre-booking is an important way to make sure you don't lose patients because everyone leaves with a next visit.

It takes work but it sounds like you have a good solid base to work with, for sure.

Also, forget blocking before lunch and end of day, which is crazy. ■

NOV 14 2011

Thanks for all the replies, especially the specific verbiage.

reccoso

Member Since: 05/06/08

Post: 7 of 63

I've worked in offices that had fewer patients and hygiene was booked tighter. My staff, including hygienists, are all very experienced and set in their ways.

The one big constant conversation killer is "But we try! What can we do if patients don't want to pre-book?" I don't want these guys to feel like I'm asking of them

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something that's not doable and end up frustrating them. I think I'm going to recommend some of the verbal skills you guys offered.

For confirmation, however, what's the typical protocol for confirming a hygiene patient and a dental patient?

Thanks again. ■

NOV 14 2011

mopsy

Member Since: 11/22/02

Post: 8 of 63

We've experimented with this one quite a bit as well and this is what we ended up deciding on, "Hi, I am so and so calling to remind you that you are all confirmed for your appointment this Friday at 3 p.m. We are looking forward to seeing you soon." When a patient is coming in for something more extensive you can call with pre-operative instructions, "Hi, this is so and so calling to remind you to take your pre-medication and eat before your surgery on Friday at 3 p.m."

If you don't like the word remind you can say: "I am calling to let you know that we are looking forward to seeing you this Friday at 3."

We don't schedule tentative appointments. All of our appointments are confirmed when scheduled. So avoid telling them "I am calling to confirm..." ■

NOV 14 2011

shazammer1

Member Since: 12/20/00

Post: 10 of 63

I have worked in a lot of offices as a temp and for the most part they all book out recall appointments before the patient leaves. It is a given. Even the patients on shift work bring in their shift list so they know what times they will be free six months from



now. They know to prepare for that question. As a last resort, set a tentative appointment, but set it. Don't make it sound like it is going to be easy to change it, just possible to change it.

I am sure when they first started doing this the patients balked or threw up lame excuses, but the truth becomes... if you don't book now, you will be months and months overdue because the book is filling up as we speak. You are making it too easy and convenient for your patients to book on a minute's notice.

Do not ask them if they can. Do not ask yes or no questions. Tell them the book is filling up and if they like the 11 a.m. appointment or 4 p.m. appointment they should put their name on it now because waiting will cause them to be on the wait list.

Most practice management seminars I have been to consider the unbooked patient a lost patient. Think of the chasing time you will save by at least having them in the book. Otherwise there are numerous phone calls and cards.

When your staff tells you that they can't, tell them "Well, I have talked to other offices and they all book out six months and we are going to do this too." It is like knowing you have a steady stream of patients coming in, how to order supplies, how to set vacations, how to plan your week, month, year.



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Your front desk is giving up too easily and does not believe in the book-ahead club. You need some bulldog in there that is a firm believer in pre-booking and thinks a patient is a loose cannon when they don't. Attitude and verbiage and body language is everything. ■

NOV 14 2011

Rick Garfolo

Member Since: 10/06/11

Post: 12 of 63

I am so sorry to hear that your staff is telling you it can't be done. Ninety-nine percent of the dental offices in the country pre-book their hygiene appointments. Most people prefer it that way. In the offices that I have worked with (I am both a practice owner and a practice management consultant), we always pre-book hygiene appointments. In our office 98 percent leave their hygiene visit with their next scheduled and confirmed appointment. Note that when an appointment is made, it is confirmed. When we do our calls three days before, the message is always that "this is a reminder call for your confirmed appointment in our office."



We use a variety of methods for that reminder process that include sending postcards four weeks out, an e-mail and text message one week out (through which they can confirm, which is updated on our schedule immediately electronically) and then the reminder phone call three days out. If it is someone with a history of no-shows or last-minute cancels, we make sure to call them three days out and then again the day before and always leave a message reminding them of our cancellation policy and the fees associated with cancelling last minute or no-showing.

You stated that you just purchased the office. The important thing that you need to remember is to not take excuses from your staff for their lack of performance. If you start walking down that road now, you cannot expect it to get better, and have to assume it will carry over into other areas of performance as well. Excuses should never work. There should be a real conversation regarding the way it is going to be (state the goal) and then the discussion should be about how to get there, not if you can get there. Reaching your goal is not up for debate. You are the owner and you set the goals. The team's job (including you) is to figure out how to reach it.

Don't hesitate to contact me if you have any questions. I wish you the best of luck. ■

NOV 19 2011

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debiellie

Member Since: 03/03/05

Post: 14 of 63

Our patients "reserve" their next recare appointment. Many realize that they might want a particular day, time or specific hygienist. I always encourage them to "reserve" their appointment so that our good patients get their choice of time or hygienist. The leftover appointments go to those who do not "reserve" their time or just call in when they finally want to come in. We have been doing this for a couple of years and patients make their next appointment at least 80 percent of the time. We do not encourage patients to pre-book who habitually cancel or no-show. They have to call us and take the open appointments. We are booked out for six months at the present time for five hygienists. Also, we have some patients who make their family members' appointments for the next 18 months so they can get desirable times for all their recall appointment. Patients who do not pre-schedule recare appointments are sent a text, e-mail or card depending on their choice of method. ■

NOV 19 2011

reccoso

Member Since: 05/06/08

Post: 16 of 63

I do think I'm overstaffed. I think what I really need is two and a half hygienists and not three. It is very difficult to ask someone to cut a day – but let's see. I'm hoping that future growth will allow for a busier hygiene schedule.

Believe it or not, this practice had four full-time hygienists. When I asked staff and the previous owners about this they said the schedule was “more spotty” with four hygienists, but they didn’t mind because they could offer more 8 a.m. and afternoon appointments!

I couldn’t believe it when I heard that they basically paid a hygienist for the whole day just so they could offer more appointments during the morning and afternoon times and I think that unfortunately that mentality is still there.

My hope is that with better scheduling and more growth the three hygienists can have a fuller schedule, but it’s very frustrating to look at the hygiene schedule and see large holes and no one care about it but me – even front desk is gleefully resigned to the fact that that’s how things are and it’s normal! Frustrating!

I’m a little concerned though that the staff will implement the pre-booking thing in a haphazard way and come back to me with a “See! We told you! No one wants to pre-book!” ■

NOV 20 2011

jawbreaker

Member Since: 10/06/01
Post: 20 of 63

DPSDentalcoach

Member Since: 11/09/11
Post: 21 of 63

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Small point, but someone once said not to “remind” people implying they might have forgotten, but to “confirm” the appointment.

“I’m calling to *confirm* the appointment time that is reserved for you on [date].” ■

NOV 22 2011

I have read so many great responses to this question.

If you have 3,000 patients and many of the adult patients are periodontal maintenance or if they are scheduled for scaling and root planing, you will need even more than 6,000



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hours. I agree that your active patient base is a lot less than 3,000 and possibly there are a lot of untreated perio patients. It is now the standard of care to prevent and intervene early rather than wait and watch. I always ask "What are we waiting for?"

One joke I heard from (I think) Esther Wilkins was: "Do you know what WNL means?" Answer: "We never look."

I think that verbal skills are the very important piece here. Many words used when speaking to dental patients can break down the importance of patient-centered, preventive care. I always use and suggest to other dental teams to say "Mrs. Johnson, I look forward to seeing you in X months to recheck that one area that is bleeding today (or insert what is appropriate) and I will do your annual X screening to prevent X. Is X day at X o'clock a time that will work?"

I have also found it works best to send an e-mail or text about two to three weeks prior (when applicable) then call a couple of days prior to the patient's appointment and say "Dr. Goodtooth is looking forward to seeing you for (type of appointment) on X day at X o'clock." There are several companies you can use to set up patient e-mails for appointment reminders and companies to call patients. It works well to continue follow-up between appointments. Examples of this are text messages and/or e-mails and the use of social media with posts about the office to keep patients informed.

I have also found people respond best when they are not "reminded" but you are calling with a positive reason, i.e. "Looking forward to seeing you for X."

When the verbiage is changed, it works well to add value to the patient appointment. It is a proven fact that when the entire dental team uses value-added terminology, patients will make dental appointments a priority. ■

NOV 23 2011

reccoso

Member Since: 05/06/08

Post: 23 of 63

I'm also still in a period of transition (about five months into this). I have made a few changes, and as recently as yesterday I asked the hygienists to switch up the schedule a bit so I wouldn't have three hygienists to check on a day where I'm the only doctor and my associate isn't there. This would mean that two of them would have to work Monday, Tuesday, Wednesday, and alternate between Thursday and Friday off. And the response from one (the one with the lowest hourly production and highest down time) was "I really don't like this because I'm at the cottage on Fridays blah, blah, blah..." They both want Fridays off. They both dislike each other. I would honestly love to get rid of cottage-girl, give the other hygienist the Fridays off and hire a part-time to work the Friday.

The third hygienist works Tuesday to Friday and can't work Mondays at all.

Our schedule is as follows right now:

Monday: one hygienist; Tuesday: three hygienists; Wednesday: three hygienists; Thursday: three hygienists; Friday: two hygienists.

I'm trying to go to:

Monday: two hygienists; Tuesday: three hygienists; Wednesday: three hygienists; Thursday: two hygienists; Friday: two hygienists.

I don't understand how they expect me to place their social calendar ahead of my personal and professional well being! It blows my mind that people can have such entitled attitudes. ■

NOV 24 2011

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