Developing Your Clinical Excellence

I Quit, But Forgot To Tell You
2018 MSO Annual Session – Sept. 21-22, 2018

Do you know what your employees want?
- Interesting work
- Good wages
- Job security
- Feeling of being "in" on things
- Promotion and growth
- Good working conditions
- Tactful disciplining
- Personal loyalty to employees
- Full appreciation of work done
- Help with personal problems

Gallup's Three Types of Employees

31.5%
16.5%
52.0%

Engaged Employees: Those working with passion and feeling a profound connection to their company. They drive innovation and move the organization forward.

Not-Engaged Employees: Those who have essentially "checked out." They are sleepwalking through their workday, putting time—but not energy or passion—into their work.

Actively Disengaged Employees: Those who aren't just unhappy at work—they're busy acting out their unhappiness. Every day, these workers undermine what their engaged coworkers accomplish.

Performance Planning:
- All team members
- All supervisors
  - Office manager
  - Clinical coordinator
- Annually
- Employee's three major strengths
- Employee's three areas needing improvement
- Personal workplace goals

Top 10 Characteristics of Proactive Leaders
1. They think long term
2. They inspire others
3. They are great listeners and communicators
4. Highly organized
5. Great problem-solving skills
6. Seek advice and help when required
7. Compassionate, loyal, integrity-filled attitude
8. Calm demeanor
9. Know how to utilize team strengths
10. Take criticism well
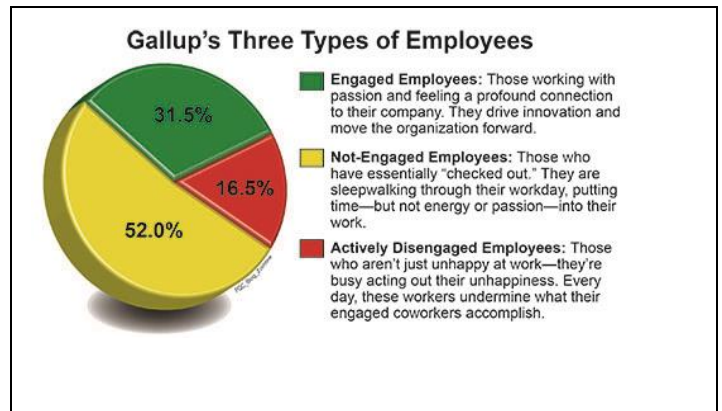
Team Leaders:

"Good Job" Goes a Long Way
    Be specific
Set (Fun) Team Goals
Confront Frustrations Head On
Learn From Each Other
Go For Random Acts of Kindness
Lead By Example

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Do You Need an Office Manager?

Are you burdened with the administrative aspects of your practice?

Does your practice need systems or organization?

Do you need to check up on team members making sure their duties are complete?

Does your office struggle with inner office conflicts?

Do you feel there is a lack of communication between you and your staff?

Are breaks in office policies addressed?

Do you ever feel like it is you against the staff?

Do you want a leader for your team?

Are you a multi-doctor practice?

Do You Need a Clinical Coordinator?

Is your clinic running on schedule?

Is the level of patient care provided at the highest level?

Are your clinicians trained to meet the necessary level?

Do you feel this level of care is provided on a consistent basis?

Is your team self-motivated?

Is your level of emergencies at an acceptable percentage?

Does your clinic work together as a team?

Are extra duties evenly divided and completed as needed?

Are there clear expectations and are they met on a consistent basis?

Is communication between you and your team in open and honest?

Office Manual/guidelines
Set standards
Accountability
Equality

Training Program:
- Information to learn
  – Basic information
- Information to read
  – Office specific
- Observe
- Assist trainer
- Practice
- Proficiency
- Timings

New Team members
Office manual
Introduce to all team members
Who to report to
Job description
Meet daily for first week
Meet weekly for first month

"SMART" Goals
Specific
Measurable
Attainable
Relevant
Timely

Job Descriptions:
- Receptionist
- Treatment Coordinator
- Financial Coordinator
- Clinical Coordinator
- Orthodontic Clinician
- Sterilization Technician
- Records Technician
- Lab Technician

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Conscience Competence Ladder

Level 1 – Unconscious Incompetence
    You Don't Know that You Don't Know
    Blissfully Ignorant
    Complete lack of knowledge and skills
    Unaware of the lack of skill
    Confidence may therefor far exceed your abilities

Level 2 – Conscious Incompetence
    You Know that You Don't Know
    Skills you need to learn
    Others who are much more competent than you
    Confidence drops
    You go through an uncomfortable period

Level 3 – Conscious Competence
    You Know that You Know
    Put your learning into practice
    Gain confidence
    Aware of your new skills
    Concentrating on the performance
    Becoming increasingly automatic

Level 4 – Unconscious Competence
    You Don't Know that You Know – It Just Seems Easy!
    Skills become habits
    Perform without conscious effort
    Automatic ease
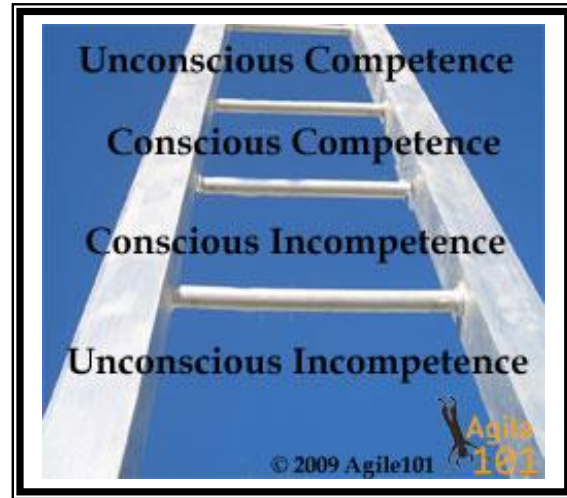   Peak of your confidence and ability

Unconscious Competence
Conscious Competence
Conscious Incompetence
Unconscious Incompetence
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VISUAL TRAINING
- **CLINICAL PROCEDURES**
- **EXAM**
- **ENTERING CONTRACTS**
- **ANSWERING PHONES**
- **RECORDS**
- **STERILIZATION**

SET EXPECTATIONS!
- Schedule
- Trainee/Trainer check off
- Meet daily for first week
- Meet weekly until trained
- Set procedure timing goals

Customer EXPERIENCE
- The sum of ALL interactions
- Every interaction cannot NOT be an experience
- Touchpoints
- Truly understanding your patients
- Empower team members to deliver

Customer service is the delivery of service to a customer/patient before, during and post purchase.
Customer experience refers to the sum of all interactions and experiences customers have over the course of their relationship with your business

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Mission Statement
- ✓ Sets the tone for the office
- ✓ Developed by entire office
- ✓ Use key words that reflect your practice

Create YOUR culture
- ☝ Create your vision
- ☝ How do you want people (staff and patients) to act and feel?
- ☝ Hire, train and fire based on vision

Multigenerational Workforce:
- Baby Boomers
  - o 52– 70 years old
- Generation X
  - o 37 – 51 years old
- Generation Y
  - o 22 - 36 years old
- Generation Z
  - o 7 – 21 years old
- Generation Alpha
  - o Under age 7

Six Principles:
- Initiate conversations about generations
- Ask people about their needs and preferences
- Offer options
- Be flexible
- Build on strengths
- Pursue different perspectives

Team Meetings:
- Agenda
- Structured meeting
- Rotate leader
- Make decisions
- Set responsible party
- Set time frame

Morning Huddle
- Exams
- Rotation
- Openings in the schedule
- Starts
- Removals
- Bottle necks in the schedule
- Patients beyond ECD

Benefits:
- The team can attract and retain people of all ages
- The team is more flexible
- The team can gain and maintain greater market share because its members reflect a multigenerational market
- Decisions are stronger because they are broad-based with multiple perspectives
- The team is more innovative and creative
- The team can meet the needs of a diverse public and relate more effectively

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Infection Prevention

Guidelines for Infection Control in Dental Health-Care Settings – 2003
https://www.cdc.gov/oralhealth/infectioncontrol/pdf/recommendations-excerpt.pdf

"Summary of Infection Prevention Practices in Dental Settings – Basic Expectations for Safe Care – 2016
https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care.pdf

Infection Prevention Checklist for Dental Settings – Basic Expectations for Safe Care – 2016
https://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf

OSHA – A guide to Compliance with OSHA Standards
https://www.osha.gov/Publications/OSHA3187/osha3187.html

Recommendations office must incorporate into their practice:
- ✓ Develop and maintain written infection prevention policies and procedures appropriate for the services provided by the facility and based upon evidence-based guidelines, regulations, or standards.
- ✓ Infection prevention policies and procedures are reassessed at least annually or according to state or federal requirements.
- ✓ Assign at least one individual trained in infection prevention responsibility for coordinating the program.
- ✓ Provide supplies necessary for adherence to Standard Precautions including hand hygiene products, safer devices to reduce injuries, and personal protective equipment.
- ✓ Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter.
- ✓ Respiratory Hygiene/Cough Etiquette
- ✓ Develop and maintain written infection prevention policies and procedures:
    - o Instrument Processing (Sterilization) Protocol
    - o Standard Precautions and Infection Control Procedures
    - o Impression and Appliance Disinfection Protocol
- ✓ Sterilization and Disinfection of Patient-Care Items and Devices
    - o Have manufacturer instructions for reprocessing reusable dental instruments / equipment readily available, ideally in or near the reprocessing area.
    - o Label sterilized items with the sterilizer used, the cycle or load number, the date of sterilization, and (if applicable) the expiration date.
    - o Ensure routine maintenance for sterilization equipment is performed according to manufacturer instructions and maintenance records are available.

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Questions to Ask:
- Are patients seen on time?
- Are procedures completed on time?
- Is treatment completed on time?
- Is equipment available to perform procedures?
- Are clear protocols developed?
- Is training provided?

What do you need?
- ✓ Schedule built for your office
- ✓ Revisions made
  - o Adjust for growth
- ✓ Accurate number of appointments
  - o Coding
- ✓ All team trained
- ✓ Instruments and supplies
- ✓ Clinical organization

Accurate data
- Proper coding
  - – Consistent
  - – Change in procedure
  - – Additional procedures
- Correct scheduling
- Check in/out
  - – Patient
  - – Clinician
  - – Doctor
  - –

Late/Early Patients
- Keep on time patients on time
- Seat patients by appointment time
- Set defaults for late/early
  - – 10 Minutes
- Reschedule
- Keep doctor time on track

Common Concerns for Patients:
- Being seen late without explanation
- Inconsistent messaging
- Lack of feedback/communication
- Lack of available appointment times
- Inadequate phone lines – recorded message

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EXCELLENT TREATMENT
OFFICE METRICS
- ☝ FINAL OCCLUSION
- ☝ TREATMENT TIME
- ☝ FINANCIAL GOALS

PATIENT METRICS
- ☝ SEEN ON TIME
- ☝ CONVENIENT LOCATION
- ☝ FRIENDLY EMPLOYEES
- ☝ COMMUNICATION
- ☝ TREATMENT COMPLETED ON TIME
- ☝ CONVENIENT OFFICE HOURS
- ☝ FEW EMERGENCIES

Common Scheduling Mistakes
1. Phantom chairs
2. Dr/Team guessing on the procedure time
3. Not using number of procedures during a rotation
4. Overriding schedule to compensate for lack of appointments
5. Not using Dr/clinician/chair time
6. Working chairs per clinician

Evaluate your systems
- Run Reports
  - Emergency tracking
    - By procedure
    - Monthly/yearly totals
  - Number of procedures during treatment
  - Patient flow reports
    - Check in tracking
    - Procedure tracking
    - Assistant tracking
  - Patients beyond ECD

Number of procedures during treatment
- Meet financial goals
- Free up schedule

Solutions:
- Treatment Plans
  - Efficient appointments
- Bracket Options
  - Self-ligating?
- Decrease Emergencies
  - Emergency tracking
  - Bonding protocol
- Bonding Options
  - Indirect bonding
  - Computerized treatment planning

Patients beyond ECD
- 8% or less
- Meet financial goals
- Free up schedule

Solutions
- Confirm Correct Date
  - Breakage
  - Non-Compliance
  - Financial Concerns
  - Adjust ECD for missed treatment time
- Address at the morning huddle
- Schedule a progress consult
- Charge for additional time in treatment
- Discontinue treatment

Patient flow
- Late/early
- Time in
  - Lobby
  - Operatory
- Office total

Solutions:
- Seat patient on time
- Follow out time
- Clinical training
- Prepared for doctor
- Chairside organization
- Instruments

Emergency tracking
- Number of emergencies
- By procedure code
- Goal
  - 5% or less

Solutions:
- Triage
- Tracking system
- Clinical training
  - Bonding protocol

Consistent Charting
- All documentation
- Clear documentation
- Abbreviations
- Procedures Codes
- OH Grades
- Compliance

Continuity of care
- All visits
- Examinations
- Findings
- Treatment options
- Correspondence
- Chosen treatment plan
- Financial arrangements

> A dental record is the single most important source of evidence in a liability claim. Most attorneys contend that if an occurrence is not cited in the chart, it never happened, and juries are not inclined to trust the memories of the dental team.

EXCEED PATIENT EXPECTATIONS!!!

Andrea Cook's in-office, hands on training motivates and energizes orthodontic clinical teams. She bases training systems on practical knowledge gained through 20 years chairside experience. She works as a clinical consultant and trainer for premier orthodontic offices across the country.

Since effectively training clinical team members is a critical portion to the advancement of clinical productivity and profitability Andrea works with teams to increase efficiency, improve communication and guides the office to a new level of excellence.

Her years of experience include working in single, double, and multi doctor practices. She has extensive experience as clinical coordinator for a multi doctor practice seeing over 120 patients per day. Andrea's experience allows her to understand and address the concerns of the clinical team.

Andrea can help you with:

- Sterilization review, design and implementation
- Basic and advanced chairside duties
- Clinical training system and manual
- Indirect bonding
- Clinical coordinator
- Verbal skills to encourage compliance
- Reduction of emergency visits
- Personalized clinical manual
- Inventory control
- Implementation of your treatment plans
- Reduction of patients beyond estimated completion date
- Instrument set ups and organization in the operatory

Sign up for my quarterly clinical newsletter at Andreacookconsulting.com