Course Objectives

- Identify problems affecting time management and solutions to better optimize clinical productivity
- Discover how to optimize time management through chart audits
- Learn to use effective communication for better case-acceptance in short, simple terms
- Identify cost-effective strategies to organize your practice and increase productivity while preserving your instrument investment

Professional Responsibility

We have a professional responsibility to our patients to be ethically responsible, legally responsible and practice within a standard of care to not take shortcuts when it comes to our patients. That includes diagnosing periodontal disease – taking full mouth probings on 6 sites per tooth and recoding bleeding on probing every patient, every time. We need to record our patient findings and treatment findings comprehensively, and remember if it wasn’t documented, it wasn’t seen or performed. We need to also perform a comprehensive medical history review and determine our patients’ risk factors to disease. It is your responsibility to eliminate any likelihood of performing under supervised neglect. The standard of care is treating your patients as how the reasonable and prudent practitioner would do, given the same circumstances, at the basic level, which we I will define for you on the next slide.

Reasonably Prudent Standard of Care

A dentist/hygienist “will be held to the level of care that a reasonably prudent practitioner would have provided under a certain set of circumstances.”
Problems Affecting Clinical Time Management

As dental practitioners, we face many problems that prevent us from running on schedule on a day to day basis.

In my career as a practicing hygienist and working with practices, some of the issues I find can often be avoided. Many problems that affect clinical time management are issues like lack of communication; running behind schedule and feeling rushed; not enough time on the schedule to accommodate the patient demand; patients who have unmanaged oral health conditions that require more time than we allowed; lack of support from other team members to help out; dull instruments that lead to longer clinical time to remove deposits; no time to breathe; no time to properly document charts.

And we feel pressure - from the dentist who can’t make it in to our rooms when we need them, pressure from the front office who are getting pressure from the patients waiting impatiently. Pressure to get an assistant to come help record our probe readings. We have pressure to perform our jobs effectively when we are dealing with an economic downturn. We are having to do more with less and have to be sure we are legally compliant with following the practice act and the duty to treat our patients with the highest professional standards. This pressure leads to stress. Stress leads to burnout, and soon we dread coming to work in a profession we worked so hard to become.

It is essential to plan out your day as much as possible ahead of time and be proactive instead of reactive with time management.

The key is not spending time, but investing in it. You will learn many solutions by the end of this webinar to better optimize clinical productivity while increasing efficiency and reducing the pressures leading to stress and burnout.

Increasing Time Management Through Chart Audit

To decrease the level of stress in your practice, become proactive and take control of your schedule and anticipate your patients’ needs before they catch you off guard.

To accomplish a more proficient way to manage your patients while increasing time management, audit your patients’ charts before the beginning of your clinical day.

By performing a chart audit, you will be better prepared to anticipate any medical condition that may impede on your time management. For instance, if you know your patient takes multiple medications, you can remind them to bring a list of their medications so better expedite your use of time. You can also determine what patients need to premedicate so they are prepared for their visit.

In the same respect, you can identify which patients you will need help from other team members and work it into the schedule to prepare everyone so there are no surprises.
**Chart History**

You can review your patients’ information in the morning before you see your first patient, or around your lunch hour the day before. This next section will provide helpful information on how to take the proactive approach to reviewing your charts and preparing your schedule.

**Review and Prepare**

- Understand your patients by identifying their risk factors
- Medical History
- Dental/Periodontal History
- Parafuunctional Habits
- X-ray History
- Chart History

**Medical History**

We cannot deny the evidence that suggests the strong connections between oral health and general health. We also live in a time where patients are taking more medications than ever before.

By looking at their previous medical history, we can determine and possibly prevent any adverse issue that can impede with our patients’ health. By reviewing the medical history ahead of time, we can prevent precious time taken away from our next patient and running behind schedule.

**The Impact of Bacterial Biofilm & Inflammation on Total Health**

- Heart disease
- Stroke
- Pulmonary disease
- Diabetes
- Dementia
- Rheumatoid arthritis
- Obesity
- Pancreatic cancer
- Pregnancy
- Osteopenia/Osteoporosis
- Stress


Pejcic , et al. (2010). C-reactive protein as a systemic marker of inflammation in periodontitis. *Eur J Clin Microbiol Infect Diseases*


**Dental History**
Reviewing the dental history and asking questions are an integral portion of getting a clearer picture of what to expect from your patient’s experience. Reviewing charts to see where opportunities may lie to help your patients manage their oral health. This is key so you can plan out what to address with your patient if you continue to see these signs and symptoms.

Here’s what to look for:

- Caries risk assessment
- Saliva testing
- Parafuncional habits
- Malocclusion
- Tobacco history
- Snoring/apnea
- Intraoral/extraoral examination
- Hypersensitivity
- Periodontal assessment

**Periodontal Assessment**

- Past chart entry history
- History of full mouth probings
- Bleeding
- Furcation involvement
- Recession
- Mobility
- Gingival description
- Plaque and calculus assessment

Hopefully if you are a hygienist or a dentist, you are probing every patient every time. Without a full mouth probing, you have no roadmap to identify how deep to scale into the pocket or if you have an active area of infection that would otherwise needed to be addressed. Full mouth probing is the standard of care; without full mouth probing you’re not in fulfillment of your legal responsibility to your patient. There are also tremendous opportunities for production in every one of those pockets you discover and treat.

Read your last chart entry history. Did you have a comprehensive full mouth probing performed at the last visit? If so, were there pockets and bleeding on probing treated at that visit? These are areas to evaluate and opportunities to discuss with your patient before you pick up the probe on the day of their visit.

Was their history of furcation involvement? Can you see areas of concern on previous x-rays? Was mobility noted? What did the tissues look like? Was there a lot of plaque and calculus present? Did you have a difficult time managing that patient in the past? These should all be in your notes. If your notes aren’t as detailed, this is a great time to start improving your documentation.

**Full Mouth Probe**

When I perform a full mouth probing on my patients, I prefer to use a plastic probe to make the best use of my time like the Hu-Friedy Colorvue® probe that you see here. The shank is large and the plastic probe heads are interchangeable. I don’t
have to worry about switching probes on patients who have implants. I also never probe a patient until I look at their x-rays and use them as a guide as to how to position my probe.

**Use X-rays as a Map**

Look at this x-ray for example. If I didn’t see this calculus radiographically, I might not know that there would be calculus in the way that would prevent me from obtaining a true pocket depth probing. Also, look at the position of teeth #18 and 19. See how they are mesially inclined or tilted? If I didn’t have these x-rays out, I may not have adapted my probe correctly to reach the true pocket.

**How We Communicate**

When we communicate, only 7% of what we communicate are spoken with words. Our tone of what we say makes up 38% of what we communicate. The remainder of what we communicate is expressed through our feelings and attitudes. These are displayed by our actual visual/body language makes up for the rest of the 55%.

Think of the way we treatment plan. If you are unsure, uncomfortable or unconfident in your skills and abilities, your patients will most likely pick up on that and your patients may have a hard time accepting your recommended treatment plan.

Think about it. If you saw your doctor and he or she waffled when speaking to you, how would it make you feel? What if you heard them say, “you have an infection but it’s up to you if you want me to treat it and maybe put an antibiotic in it that your insurance may not cover...I’ll just leave it up to you...” how would you feel? Leaving a treatment up to a patient is a malpractice lawsuit just waiting to happen. In order for you to communicate the significance of periodontal disease as an infectious disease that can lead to bigger health complications and infections, you have to believe in it yourself. You have to discover through reading the most up-to-date literature and attending continuing education courses to keep yourself current and increase your belief system and confidence levels.


**Effective and Efficient Case-Acceptance Strategies**

In a nutshell, treatment case acceptance cannot happen unless your patient has the true awareness of their condition. The next section will provide many time-efficient tips to optimize your treatment planning acceptance.

**Show What Health Looks Like**

The first step is to be proactive.

Get a picture of what health looks like and present it to your patients. There are many resources like computer programs and flip charts out there for you to educate your patients and I suggest you find them as they are very important tools toward case-acceptance. It also makes your life a whole lot easier than to be reactive and tell them that they have disease when they are caught off guard since they weren’t
educated on what health looks like in the first place. Inform them what you will be doing and looking for before you start the exam.

**Involve Your Patients in the Assessment**

“Mrs. Jones can you see how red and puffy your gums are? This is bacteria that leads to infection, bone loss, and is linked to systemic disease’s such as heart disease. You have Periodontal Disease which is an active infection.”

“These are your x-rays and this is your bone.”

“See the difference in the appearance of your tissues compared to the healthy tissues?”

“Do you see how far the probe can measure deep into the tissues compared to where probe reaches on the healthy gum tissue area?”

“And do you see where your bone levels are compared to where the healthy bone levels are?”

**Acronym I.D.E.A.**

- **Identify** – assess your patient’s deviation from health (whole person)
- **Document** – complete documentation
- **Educate/Explain** – educate and discuss active infection with your patients
- **Action** – take action and treat (ideally prevent) the infection

**Complete a Perio Treatment Sheet**

A great time-saving tool for the clinician is to use a perio-treatment sheet based on the needs of the patient to receive the best clinical outcomes. By determining the sequence of treatment and the adjunct services needed, you are now ready to generate a financial agreement based off the treatment recommended on the perio-sheet.

While the front office is generating the treatment plan, this is the time the clinician needs to communicate the patients’ needs. I learned how to use a very effective communication tool from a hygienist and educator, Kirsten Jarvi that aids in better case-acceptance in short, simple term that I will show next.
See – Know – Do

For those of us who may have challenges with communication, I recommend you can simplify the findings of your exam into three simple steps:

1. This is what I See
2. This is what I Know
3. This is what I Do

“Mrs. Jones, this is what I see...you have gum disease which is an infection...”
“Mrs. Jones, we know through science that we cannot allow this infection to be left alone...”
“Mrs. Jones, this is what we need to do to treat the infection which includes periodontal debridement, placement of a localized antibiotic, etc.”

Resist the Bloody Prophy

Don’t spend more than you need to trying to being a hero and attempting to perform a prophy on this unstable patient. A prophylaxis is intended to be a preventive procedure – not therapeutic treatment.

ADA CDT Code D1110 Adult Prophylaxis

D1110 Adult Prophylaxis Includes the removal of plaque, stain and calculus from tooth structures and is intended to control local irritation to gingival tissues, thereby preventing disease initiation.

Periodontal Infection

“Periodontal disease affects the mass of tissue in the oral cavity, which is equivalent in size to the skin on an arm that extends from the wrist to the elbow.”
- American Academy of Periodontology

It’s important to understand the magnitude of periodontal disease when explaining infection to the patients, and be committed to take this disease seriously.

According to the American Academy of Periodontology says that PERIODONTAL DISEASE AFFECTS THE MASS OF TISSUE IN THE ORAL CAVITY, WHICH IS EQUIVALENT IN SIZE TO THE SKIN ON AN ARM THAT EXTENDS FROM THE WRIST TO THE ELBOW.
I ask my patients if they had an infection on their arm that extended from the wrist to the elbow, do they expect to go into the emergency room and have the top layer of dirt off the skin, but leave the infection on the arm and have them come back in 6 months and see how it looks? Of course not. Explain disease as a bacterial infection.

**Team Approach to Case-Presentation**

After identifying the need to take action on your patient, the best way to manage your efficient use of time in achieving optimal case-acceptance is to involve the team which includes the hygienist, assistant, dentist and patient care coordinator and/or the office manager.

Once the FMP and assessment is performed, fill out a periodontal treatment plan and immediately share your findings with the doctor. Once the diagnosis is finalized, bring the periodontal treatment form to the front office. The front office is ready to generate a financial agreement for the patient. While the front office is generating the patient’s financial agreement, this is the clinician’s time to educate your findings to the patient using the IDEA and the “See-Know-Do” approach.

When communicating with the patient be sure your patient is upright and sit facing him or her.

Once the need for active therapy is addressed with the patient, the patient care coordinator can come into the treatment room while the hygienist is there to answer any technical questions for the patient. As the patient care coordinator is presenting, the hygienist can use their time to document their findings, discussions and recommendations in the chart. This whole process should take no more than 15 minutes from the time the patient is seated, medical history reviewed along with vitals, probed, assessed, and presented with the treatment plan. Remember to gather as much information about your patient before the clinical day too to help expedite your time.

**Strive for Same Day Therapy**

Once the treatment plan and financial arrangements are accepted, you are ready to take action and try to initiate treatment immediately. If there is a site-specific area needed for non-surgical periodontal therapy, try to treat it right then and there. Try to initiate therapy so infection does not have to walk out the door, and bring them back to treat their additional areas if needed as soon as possible.

**Hindsight 20/20**

I came up with a strategy to best help address those patients who do not accept the treatment plan you recommend. It’s called the Hindsight 20/20 or Monday Morning Quarterback book.

**How to Avoid the Time Warp**

Now that we indentified some communication strategies leading toward better patient case acceptance, lets look at ways that we can avoid the time warp and how to make the best use of clinical time when it comes to managing our instruments.
What I often observe when I visit most practices are hygienists scrambling and running to find a particular instrument while the instruments are strewn all over the office. More time is wasted on looking for the "right" instrument, yielding with an enigma for dental practice owners who must deal with wasted time and productivity associated with countless hunting and drawer searching while running behind schedule. I constantly watch the shuffle of instruments going from the treatment room to the sterilization room; all sorts of potential hazards and injuries that arise with handling, cleaning, and bagging of instruments.

**Solutions to Better Optimize Clinical Productivity**

Fortunately, there are some solutions to better to optimize clinical productivity such as Hu-Friedy’s Instrument Management System (IMS™). These systems organize, standardize, protect and promote better time-management in your practice.

Instruments can be easily organized by "ringing" or banding every instrument and placing them in a cassette in a diagonal pattern like you see here. You can immediately identify if an instrument is missing and where to put the instrument after it is used. I find it helpful to place the most used instrument first (i.e. mirror, probe, explorer) in order beginning closest to the clinician, then arrange your scalers, curettes, and additional instruments to follow suit.

**Longer Sharpening Intervals = Better Time Management**

The quality of the instrument and length of time it takes to prolong your blades’ sharpness is a very important time management element. Look for instruments that hold their sharpness for longer periods of time so the clinician can be more effective and productive in the chair. Scaling strokes will be more effective and comfortable for the patient with minimal burnishing risk. Consider the salary of a hygienist. Isn’t a hygienist’s time better well spent delivering quality care with the patient than taking time out of the schedule for ongoing instrument maintenance?

Hu-Fredy has developed EverEdge® Technology that addresses these issues. Ideal instruments help improve the time necessary to remove subgingival deposits, lengthen the sharpening maintenance intervals while decreasing risk for repetitive hand/wrist injuries.

**Preserving Instrument Integrity and Longevity**

Another idea to increase productivity is to empower the dental auxiliary team to maintain scalers and curettes. You can achieve consistent sharpening results by investing in an automated sharpener that is easy to use. The Sidekick® Sharpener is one solution you can try. Even if hygienists need to maintain their scalers and curettes, automated sharpeners are quick and easy, and this one is small and cordless.

**Increasing Patient Satisfaction**

The Xerox company conducted a study that shows a direct link between customer satisfaction and business performance.

If you can improve the day-to-day quality that you face in your practices, your patients’ satisfaction levels will correlate and increase too. When you truly take the time to prepare your day ahead of time, there is no question that patients feel that
positive flow of the office. When you are confident and lifted of unnecessary stress, you will be more productive and your time will not be wasted.

**Team Effort**

You have the ability to predict your day for the worst-case scenario and not sweat the small things that have a tendency to snowball into big things. Proactive pre-planning is essential. Alert assistants, doctors, front business members where their assistance is needed. Involve their input on what will work best for their schedule in order for the patient to not have to wait. Determine what patients need x-rays, full charting and exams. How will you organize your instruments? When will you have time to freshen your scalers, will assistants have time to sharpen for you? Use any downtime proactively.

With proper planning, your days will run more smoothly and the time will go by quickly and you won’t be as exhausted.

**Be the change you wish to see in the world. - Mahatma Gandhi**

**About the Author**

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Dona is a Thought Leader for Hu-Friedy and a key opinion leader speaking and writing on new dental products and technology, periodontal disease, remineralization, geriatrics, and communication. She specializes in optimizing hygiene productivity and efficiency – taking the guesswork out of insurance coding and treatment ambiguity.

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**References:**


