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# JUST A CLEANING?

## Breakthrough Methods to Maximize Patient Care and Bottom Line

**Anastasia L. Turchetta, RDH**

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# Foreword

Dentistry is changing at a rapid rate of speed, and so is the hygiene department of very successful practices. Just as a dentist would be totally burned-out and nonproductive if they tried working solo in one treatment room, the 21st century hygienists are discovering the advantages of Assisted Hygiene. Anastasia Turchetta is a hygienist beyond her time. She embraced AH early in her career and decided in the late 90's to make this topic her speaking, consulting and writing platform. Anastasia dispels the myth that it compromises the care of patients to work duo in the hygiene arena. In fact, her book is the ONLY guide in dentistry that outlines the entire process of enhancing patient care through Assisted Hygiene.

I have known Anastasia for more than ten years. She walks her talk about total patient care, in and out of the treatment area. She is devoted to patients of all ages on and off the stage. Her co-workers and colleagues admire and respect her. She is truly a ray of sunshine and compassion to all who have the honor of being with her for an hour or a day. If you want to bring quality as well as quantity to your hygiene department, this is without a doubt the person who can do just that. Stop reading and start calling her to arrange a seminar or in-office consultation. There are only 42 working weeks in a consultant/speaker's calendar. Be one of the lucky meeting planners or private practitioners who decide to work with Anastasia on this very important but often denied topic. Your patients, your practice, your audiences and YOU will benefit.

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# Assisted Hygiene Program Development

Anastasia L. Turchetta RDH

## Explanation of AHPD:

In 1997, I was first introduced to the Assisted Hygiene (AH) concept. Since then, I have personally practiced both the highs and lows of this program, thus developing the AH system for successful implementation of this progressive hygiene protocol. I'd like to personally thank Dr. Paul Richmond for his unwavering belief in this program. His encouragement and leadership granted me the opportunity not only to practice with the best of the best, but also to rediscover my passion as a health care professional. Lisa, your patience and sense of humor have given shape for this journey in sharing our AH success with others. I'm honored to have worked AH with you and grateful for our friendship. Love ya like a sister!

The format is similar to my in-office AH coaching, a step-by-step method completed when communication, commitment and consistent behaviors enrich both your patients' care and your work environment. This instructional guide introduces the basics for effective AH implementation. It is followed by an interactive section which customizes or defines what you believe will work best for your patients, hygiene department and practice. You will receive a hard copy, PDF and audio version of AH Basics, This interactive Protocol as well as a DVD of my AH presentation, and complimentary checklists, hygiene/patient survey and patient awareness labels.

Each page has a "Best Ideas Sheet" for interactive notes/comments that will customize or define what you believe will work best for your patients, hygiene department and practice. Supplemental materials to this guide include an AH Interactive Protocol completed by you, as well as a DVD of my AH presentation with bonus features.

I believe this program will take your hygiene department from dormant to dynamic in 90 days from completion of the AH system upon following my guidance and recommendations.. I guarantee an increase in hygiene productivity by at least 30%, depending upon what screenings or services are put into practice, or I will personally grant you telecoaching utilizing the system.

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# Introduction

## *What is Assisted Hygiene?*

Assisted hygiene pertains to one dental hygienist working together with a ***designated*** dental assistant in providing optimum patient care out or ***two*** treatment rooms.

## Swift Team Survey

Do you believe your doctor can give the best possible care to his/her patients while working out of at least two treatment rooms ***plus*** performing dental hygiene exams?

***Circle One:*** Yes or No

Are you currently converting your inactive patients to current or active status?

***Circle One:*** Yes or No

Are your new patients able to be scheduled with the dental hygienist within 2 weeks of the initial or comprehensive exam for preventative or periodontal care?

***Circle One:*** Yes or No

Is your current percentage of case acceptance within the hygiene department acceptable according to your present protocol?

***Circle One:*** Yes or No

Is your patients' perception of hygiene services "just a cleaning?"

***Circle One:*** Yes or No

Has your hygiene department progressed with the profession, such as providing the top 5 screenings?

***Circle One:*** Yes or No

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# Method 1

## WHAT IS POSSIBLE WITH AH?

*Alone we can do so little; together we can do so much.*

***~ Helen Keller***

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## 1) Top 5 Screenings

Most hygienists do not have either the time or assistance to accomplish any of these screenings for their patients. One's perception is one's reality. Patients' perception of their hygiene appointment will be a renewed view of reality as these screenings accompany the health benefits in living a longer quality life.

The following top 5 screenings should be consistently provided at least once (1X) a year for each patient.

* Blood Pressure Screenings
* Periodontal Screenings
* Oral Cancer Screenings
* Malocclusion Assessment
* Caries Risk/Product Protocol

Let's address each screening before moving onto additional services. .

**Blood Pressure Screenings**

***Health Risk Factors Associated with High Blood Pressure:***

* Heart Disease
* Stroke
* High Cholesterol
* Side Effects from Cold/Flu Medication

## Fast Stats:

* 65 million Americans age 6 or older have high blood pressure
* 1 in 3 US adults has HBP
* 30% don't know they have it

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## Blood Pressure Screenings

Record Blood Pressure and inform patient of their last recording which would most likely be from the comprehensive exam. Sample dialogue;

*We now know that approximately 45 million Americans fall into a new category called "pre-hypertension". Today, your blood pressure is … placing you in ….category.*

> *NOTE*: See chart below for classifications of hypertension provided by the Seventh Report of Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure.

| New Classification (2003) | | Previous Classification (1997) | |
|---|---|---|---|
| 140/90 or above | High | High | 140/90 or above |
| 120-139 / 80-89 | Prehypertension | Borderline | 130-139 / 85-89 |
| | | Normal | 129/84 or below |
| 119/79 or below | Normal | Optimal | 120/80 or below |

## Periodontal Screenings

This screening is to be performed once a year for patients, as this is the only way to determine if disease may be present.

***Health Risk Factors Affected by Periodontal Disease***

* Heart Disease
* Diabetes
* Low Birth Weight Babies
* Respiratory Problems
* Osteoporosis
* Stroke

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## Periodontal Screenings

Comprehensive Periodontal Recording consisting of 6 probing depths of each tooth, recession, bleeding points, furcations, suppuration and mobility. Once again, almost all of your patients will not be accustomed to this technique. Verbal communication from team member to patient is vital in achieving your vision for your practice.

This will also create a value for the preventative care appointment. The following are a few case scenarios I have personally applied.

# Possible Question/Answer Dialogue

**Dialogue for Initial Periodontal Charting Experience**

*Patient:* Why didn't my other dentist do this gum recording?

*Team:* We can not speculate why your have not received this service before, although here at Dr. Wilson's we can and will continue to offer you the best care in relation to your total health.

**Dialogue for Periodontal Charting During Hygiene Appointment**

*Team:* Laura, It has been one year since we updated your periodontal charting. As you know, this is the only way to discover or monitor any active disease or infection within your mouth. Optimum oral health show's no sign of bleeding during our charting. Healthy numbers to listen for are 1,2 and 3.

*Patient:* Is this an additional cost to me?

*Team:* No hidden costs are added for this valuable service.

**Dialogue for Patient upon Pre-appointing for Preventative Care**

*Team:* Laura, I will be updating your complete periodontal charting for you in June during your preventative care appointment. Your upper right molar area had some bleeding today and spot probing revealed a 4 mm pocket. Upon your daily oral hygiene regimen, pay particular attention to that area. Now, let's look forward to our next visit. Would you like morning or afternoon?

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## Oral Cancer Screenings

If you are just beginning to perform and inform your patients, review the oral cancer risk profile below and proceed with the highest risk group until each patient within each profile has been screened using the non-invasive product vs. visible gauze technique.

***Oral Cancer Risk Categories***

**Highest Risk**

a) Patients over 40 years of age and older with lifestyle risk factors, tobacco/alcohol
b) Previous history of oral cancer

**High Risk**

a) Patients age 40 & over
b) Tobacco users (any type, any age within 10 years)

**Increased Risk**

a) Patients age 18-39

## *Fast Stats:*

* Survival rate has not changed significantly in over 40 years.
* 25% of oral cancers are discovered in patients with no risk factors
* Failure to diagnose oral cancer is the #2 cause of dental malpractice

This underutilized service may now be offered to your patients thanks to it's non-invasive screening technique. Do your research and decide what product will work best for you and your patients.

Check out:: **www.Vizilite.com**; **www.oralcdx.com** & **www.velscope.com**

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## Malocclusion Assessment

Classification of your patients' current occlusal relations should be documented within their chart along with ntraoral digital photos, panograph, cephalograph, or full mouth series of radiographs.

Malocclusions to note for our young patients include: Class I, anterior crossbite, posterior crossbite, crowding, open bite, overjet (Class II), ectopic eruption, underbite (Class III), diastema, midline shift, deep bite and oral habits.

Patients who have fully erupted twelve year molars may consider Invisalign. Your practice must be certified to offer this extended level of care and hygienists must know their role with this option.

Below is a guideline for your hygiene department to follow. Whether you are a seasoned pro with Invisalign or a newbie, our role for assisting or re-addressing the value of a functional bite for our patients is a constant one.

### *Hygiene Role with Invisalign*

* Identify the malocclusion for treatment, Class I, Class II, Class III
* Arm yourself with information pertaining to Invisalign treatment. 70% of clients have some form of malocclusion, assess for abfractions, recession and muco-gingival irregularities in association to malocclusion.
* Address health improvement in relation to malocclusal treatment, i.e. heart disease, stroke, diabetes, respiratory infections, pre-term low birth weight babies, Alzheimer's, periodontal disease, caries risk compounded OHI by malocclusion and tooth hypersensitivity during instrumentation
* Orthodontic Relapse - 90% previous ortho patients have it
* Benefits of treatment within practice via monitoring, check retention of aligners to attachments
* Empower client to wear the aligners for 20-22 hours a day; only remove aligners when eating or drinking
* Provide and instruct clients to keep their aligners. The blue case is for the current set of aligners; the red case is for the most recent previously worn set
* Instruct clients to clean aligners twice a day with a sonic electric toothbrush
* At the end of treatment instruct the client about retainer wear

Invisalign's credibility is well established within our profession. Over 500,000 patients have been in treatment. In addition to both a Periodontal Certification and ADHA relations, Invisalign is an advantage for your practice. I advocate the AH team attending both Cert 1 and 2 courses as this will enhance their understanding for implementation of their role as addressed above.

**Check out** *www.Invisalign.com*

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## Caries Risk/Protocol

An example of a patient's caries risk classification is shown below. In addition to the clinical classification, perform a thorough of review patients' medical history for diseases/conditions, medications and physical limitations, as this will provide you the insight pertaining to product(s) best serving your patient needs, for instance, Saliva Check or MI paste, Fluorides or Chlorohexidine Rinses.

### *Caries Risk Classification*

| | New Patient | Established Patient |
|---|---|---|
| Low Risk | 0- DMFS | 0-DMFS for 3 years |
| Moderate Risk | Past Experience<br>1 Active Lesion | Same/3 years<br>Decalcification/Recession |
| High Risk | 2 Active Lesion<br>Current Ortho | Same + Sugar Intake |

***Preventative therapies or treatment options for patients:***

* Fluoride
* Antimicrobials
* Nutritional Counseling
* Sealants
* Dry Mouth Relief/Moisturizer

***Some Sites for Product Reference or Developing Your Protocol for Caries Risk Patients:***

*http://www.gcamerica.com*
*http://www.sunstarbutler.com*
*http://www.omniipharma.com*
*http://www.colgateprofessional.com*
*http://www.discusdental.com*
*http://www.dentsply.com*
*http://www.laclede.com*

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The top 5 screenings will become a nice addition for most of your patient base, however, children may be exempt from either blood pressure screenings or oral cancer screenings as they may not be able to properly fit their arm into the blood pressure cuff and unlikely to succumb to the habit of tobacco/alcohol/drug abuse. Orient yourself with the child/adolescents' family history and perform when appropriate.

## 2) Learning Quest of 5 Screenings

***True** or **False:*** Cold/Flu Medications have no adverse affect on those with high blood pressure.

***True** or **False:*** Pre-hypertension is now 120/80.

Complete periodontal charting includes _____ probing depths.

Name the other risk factors associated with periodontal disease, other than heart disease, diabetes, & low birth weight babies.

_____, _____, _____

***True** or **False:*** Oral Cancer survival rate has changed significantly in the last 40 years.

***True** or **False:*** Adults age 30 and over are considered to be at high risk for oral cancer.

_____% of oral cancers are discovered in patients with no risk factors

***True** or **False:*** Current orthodontic patients are considered to be at a low caries risk

_____% of previous Orthodontic Patients experience Orthodontic Relapse

***True** or **False:*** Patients with Periodontal Disease can not receive Invisalign treatment.

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3) AH Patient Advantage with Profession Advances

Hygienists and Assistants demonstrate a higher standard of dentistry by utilizing any of the following advances available within that treatment room during the hygiene appointment. In most instances, these additions assist with the screenings as well as increase your patient ownership in acquiring optimum oral health complimented by living a quality life.

Next to each advance, you will notice a ___ or space. **Place an X beside the options you are <u>currently providing</u>.**

_____Complete Health History
_____Patient Pre-Rinse
_____Caries Detection Technology
_____Computer/Periodontal Software
_____Intra-Oral Camera
_____Updated Film Status
_____Nutritional Counseling
_____Smoking Cessation
_____CAESY Educational System
_____Sealant Treatment
_____Antimicrobial Options
_____Oral Hygiene Products
_____Desensitizing Agents
_____Cold Sore/Canker Sore Product
_____Whitening Option
_____Fluoride/Remineralization Option
_____Sports Dentisrty
_____Toothprints
_____Implant Options

**Now, place a circle in the space beside the option or service <u>you would *like* to perform</u> within your hygiene department.**

**NOTE:** You may already have an X beside this option. It may be win-win if you do!

Now that we've established what is possible with AH, let's move to the basics for effective preparation or protocol and successful implementation.

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# Method 2

## AH BASICS

*Learn the fundamentals of the game and stick to them.*
*Band-Aid remedies never last.*

**~ Jack Nicklaus**

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## 1) SMART Communication

SMART Communication allows for your dental team to be in compliance according to your goals for your practice/hygiene department. Patients are more likely to approve the recommended treatment when observing a united dental team.

The assisted hygiene team must apply SMART not only to their patients, doctor & team, but also each other to ensure that no patient is left behind in delivering treatment, future or present, accompanied by complete documentation. This is your foundation to build upon. Embrace its effects!

**S** - Show What You Know
**M** - Mean What You Say
**A** - Actively Listen
**R** - Reinforce Each Other
**T** - Teach, Not Preach

## S - SHOW WHAT YOU KNOW

We are a visual society! AH Team: Show them the visual!

1) CAESY System
2) Intra-Oral Photo of Your Finding
3) Periodontal Charting
4) Films (Traditional X-rays or Digital)
5) Diagnostic Models
6) Before/After Photos
7) Orthodontic Brochure/Photos
8) Implant Treatment
9) Goody Bags with Recommended Products or Coupons for Products
10) Engage the 5 senses with whatever is available to you; visual, sound, touch, taste or smell.

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## M - MEAN WHAT YOU SAY

*Words.* How you choose to use them can inspire or retire a patient's acceptance of treatment or team member's feeling of appreciation. Professional, positive, action-packed words, spoken with both clarity and confidence, will leave a lasting impression.

1) *I'm confident*…this product will offer you the solution to your dry mouth.
2) *I believe*…that you will love the results once the treatment has been completed.
3) *I'm positive*…that our financial coordinator will do everything possible to work with you.
4) *I'm concerned*…about your blood pressure recording today.
5) *I'm certain*…that Dr. Wilson will want to correspond with your physician.
6) *I agree*…with Dr. Wilson's recommendation for treatment..

## A - ACTIVELY LISTEN

Listening is one of the toughest skills to master! By listening, we avoid gossip. Focus on your patients completely. If you would like to share what you are experiencing within your personal life, invite them out for coffee or lunch.

There are 3 active listening secrets that will provide you with more insight into that patient than you previously thought. In fact, it could save their life.

***1) Listen to the tone in their voice.***
***2) Listen to their speech or pronunciation***
***3) Listen to their nonverbal communication or body language***

Tone of voice will guide you to their emotions. For instance, do they sound angry, anxious, depressed, or happy? Once you determine that particular factor, you can gather your thoughts for your own tone in responding to them.

Speech or pronunciation may be the warning of a medical condition that is about to occur or is currently happening, such as a stroke or a diabetic low. Side effects from medications may impair speech as well as many other medical ailments.

Nonverbal language speaks volumes as it can accompany medical conditions. Finally, you can also perceive whether or not a patient is receptive to treatment, or notice a physical limitation.

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## R - REINFORCE EACH OTHER

We all enjoy the pat on the back don't we? If you are going to become an outstanding AH team, you must give the pat on the back to each other. Give, then you will receive.

***For example:***

"*Great intra-oral photo*" "*Nice work*" "*I enjoy working with…*"

Reinforcing each other nurtures a healthy bond between the AH team. Patients will identify with the relaxed yet supportive environment. It simply connects us.

## T - TEACH NOT PREACH

It is pretty safe to say that most patients state that they get lectured, scolded or yelled at some point during their hygiene appointment pertaining to their oral health. This method hasn't improved home care so why do we still preach?

The only solution to a new acceptance of education for our patients is to start from the beginning. Show them what you know! Use statistics for patient education from your professions' publications and write it on a laminated index card. Either hygienist or assistant will be teaching the same thing.

**NOTE:** Personality may have a part in teaching; we'll address this in Method 3.

***Examples I have utilized for teaching:***

*I just read an interesting article in …*

*We've just attended a course and/or event and learned the latest…*

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## 2) SMART PREVENTATIVE

Strategy for preventative prophylactic appointments via AH will vary whether your patient is an adult or child. Notice how SMART plays a role in each phase. You will see which area of SMART is applied during each phase provided in parentheses before description.

***Preventative AH Adult Phase Appointments***

**Phase 1 (M, A)**

Adult preventative appointments begin with a ***complete review*** of medical history. Verbally state medications listed as some patients may believe that nothing has been changed until the team members bring attention to it. Such information consists of the dose, name of medicine (prescription, OTC or herbal) and its function. Ask questions that aren't on your health history form. Just because a patient hasn't experienced a cold sore, smoked in 3 months or doesn't mean that they won't. Address side effects of medications within the mouth as well as possible drug interactions.

**Phase 2 (S, T)**

Begin taking blood pressure. Record it on a label for your patient to take home with them and re-address the results with your patient.

**Phase 3 (R)**

Patient Pre-Rinse. Chlorhexidine, Breath RX, Closys, Listerine, rinses may be used. Keep in mind that most patients have not experienced this protocol, thus an explanation with support of either team member may be necessary.

For example, "*Anastasia, research has proved that each patient's oral aerosol remains in the room for approximately 1½ - 2 hours after you leave the room. When you swish for 30 seconds, you have reduced the aerosol dramatically.*"

You will find that patients will comply once they understand its importance.

**Phase 4 (SMART) Film Update:** Decide what films are required for accurate documentation. For example, what is protocol for updating FMX or mini FMX, vertical vs. horizontal BWX and Panorex?

Determine your film protocol and write it either here or on interactive sheet. How often? Who would best benefit? Consider your New, Edentulous, Periodontal, Routine Adults, Children and Challenged Patients.

FMX ____ mini-FMX (7films) _____ BWX _____
(Vertical/Horizontal) _____ Panorex_____

**Phase 5 (SMART) Screenings:** Oral Cancer, Caries & Malocclusion

**Phase 6 (SMRT)** Instrumentation, Periodontal Screening/Documentation, Polish/Fluoride Selection & Home Care Product Discussion

**Phase 7 (SMART)** Prepare for Exam, Treatment Plan, Schedule & Share with Front Office Team the Services Performed/Recommended

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**NOTE:** Most adult patients have not benefited from a fluoride treatment in a very long time. Similar to the initiation of the patient pre-rinse, it is imperative to present each patient with information of why the treatment is needed, as they must understand this is part of the office protocol endorsed by the doctor in acquiring their optimum oral health.

Patients with porcelain or esthetic resin restorations should receive NaF.

According to your caries risk protocol, a patient who is at moderate or high risk may require a professionally applied fluoride application from 2X a year to 4X a year.

The following statement may be used when describing the importance of fluoride treatments, which was taken from *The Preventative Angle Vol. 2 by Young Dental.*

> *"Fluoride for adults 50 years and older is recommended as tooth retention increases, caries increases."*

Likewise, for child fluoride treatments:

> *"Studies show semiannual fluoride caused an average 26% decrease in caries in children in non-fluoridated areas."*

**Preventative Child AH Phase Appointments are considered to be 3-15 years of age.**

**Phase 1 (MA)** Updating health/nutritional/allergy history with parent. Ask the parent what brand of juice, soda or beverage their child prefers to drink and its frequency. Do they eat sticky foods such as fruit roll ups, gummy candy, gum, etc and frequency. Do you know the caries risk of each parent?

**Phase 2 (ST)** Blood Pressure Recording (Usually around age 8) Use a label, similar for adults, however, designed for children/young adults to record a child's blood pressure and give to parent.

**Phase 3 (SMART)** Update films. View your film protocol from Phase 4 (*p.18*).

**Phase 4 (SMART)** Screenings. Periodontal, Caries, Malocclusion.

**Phase 5 (SMRT)** Disclose entire mouth, involve child with oral hygiene instructions by first having them look where the disclosing solution stained the teeth, educate while instrumentation/polishing, determine if the amount of plaque found on the dentition is from inadequate brushing/flossing and decide whether the addition of a frequent professional fluoride application or remineralization application be in the best interest of the child's oral health.

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**Phase 6 (MAT)** Advise both child and parent/guardian which products are best suited according to caries risk if applicable. Evaluate for sealants or orthodontic referral. Introduce toothprints and sports dentistry.

**Phase 7 (SMART)** Prepare for Exam, Treatment Plan, Schedule & Share with Front Office Team of Services Performed/Recommended

*NOTE*: Brief description of Sports Dentistry & Toothprints benefits for your young patients.

## Sports Dentistry

Trauma to the mouth occurs between the ages of 5-14 in children who play soccer, baseball, karate, etc. Parents and coaches mostly identify a mouth guard for football and basketball. Keep in mind these are children, not professionals. For instance, living at the beach may prompt an interesting question to parents or adolescents whether a hobby is skate boarding or surfing as those sports are subject to trauma in and around the mouth.

## Toothprints Identification Method.

This wafer is designed to identify a patient by both the bite registration and DNA in saliva. Children must have this performed at least three times during the transforming dentition years, for example, the initial impression may be at 3 years of age, second impression at 7-8 years of age and third impression at 12-13 years of age. This may also benefit adult patients who do not have any restorative ID.

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## 3) SMART PERIODONTAL

The 1999 International Workshop for a Classification of Periodontal Disease & Conditions:

**I.** Gingival Diseases
**II.** Chronic Periodontitis
**III.** Aggressive Periodontitis
**IV.** Periodontitis as a Manifestation of Systemic Diseases
**V.** Necrotizing Periodontal Disease
**VI.** Abscesses of Periodontium
**VII.** Periodontitis Associated with Endodontic Lesions
**VIII.** Development or Acquired Deformities & Conditions

Each classification has subdivisions. Diagnosis is imperative for determining treatment via your practice or referral to a specialist.

Speaking of co-management with a periodontist, I suggest viewing Guidelines for the Management of Patients With Periodontal Diseases developed by the American Academy of Periodontology in 2005. You may locate the document at

*www.perio.org/resources-products/posppr2.html*

Acquire patient compliance by education via SMART techniques. This creates value for each phase of treatment scheduled.

*NOTE:* It is essential for OA to reiterate which phase of treatment is designated for that patient upon confirmation of appointment. Because of reinforcement, communication is clear, thus avoiding any misunderstandings of services to be performed that day.

***AH-FMD (Full Mouth Debridement)***
Usually associated with Type 1 gingivitis.
Requires 2 appointments.

***First Appointment 7 Phases***
Some similarity to *Preventative Phase* found on Page 14.

**Phase 1 (MA)** Full Mouth Debridement appointment will begin with a complete review of medical history. Verbally state medications listed as some patients may believe that nothing has been changed until the team members bring attention to it. Such information consists of the dose, name of medicine (prescription, OTC or herbal) and its function. Ask questions that aren't on your health history form. Address side effects of medications within the mouth as well as possible drug interactions.

**Phase 2 (ST)** Begin taking blood pressure. Record it on a label for your patient to take home with them and re-address the results with your patient.

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**Phase 3 (SMART)** Optional Film Update

**Phase 4 (SMT)** Patient Pre-Rinse. You may opt to choose to irrigate the inflamed tissue as well.

**Phase 5 (SMART)** Desensitze Accordingly. Ultrasonic instrumentation.

**Phase 6 (SMART)** Periodontal Screening/Documentation, & Home Care Product Discussion with Concerns Addressed:

a) Inform patient of where they stand today with their periodontal health from the periodontal screening. For example, print out perio-chart for patient take home with areas of BOP (Bleeding On Probing) circled along with PD (Pocket Depths) < 4mm.

***NOTE:*** Some software programs may already prepare this for you.

b) Discuss with patient product options in striving for oral health and what to expect post treatment, such as minor discomfort, what to eat, etc.

**Phase 7 (SMART)** Pre-appoint for final visit. Share with front office team of services performed.

***NSP (Non-Surgical Periodontal)***

Appointments will vary due to the affected teeth, quadrants & patient's ability to undergo lengthy time frames in the chair. Everyone MUST be on the same page when scheduling FMD, NSP or Maintenance as this enables an ample time for skillfully completing each phase to treatment.

Phases for Successful NSP remain the same.

**Phase 1 (MA)** A complete review of medical history. Verbally state medications listed. Ask questions that aren't on your health history form. Address side effects of medications within the mouth as well as possible drug interactions. Now redirect those potential risk factors that may be a contributor/obstacle in associating it with periodontal disease.

**Phase 2 (ST)** Begin taking blood pressure. Record it on a label for your patient to take home with them and re-address the results with your patient.

**Phase 3 (SMT)** Patient Pre-Rinse. You may opt to choose to irrigate the inflamed tissue as well.

**Phase 4 (SMA)** Provide anesthetic topical or local according to Legal Scope of Practice.

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**Phase 5 (SMAT)** Ultrasonic and hand instrumentation for optimal removal of pathogenic material. Integrate type of locally applied therapy best suited to assist with optimum results.

**Phase 6 (SMAT)** Provide an effective daily regimen for patient following your listening to their frustrations/challenges/obstacles they believe contributes to less than favorable outcome.

**Phase 7 (SMART)** Prepare for doctor exam and introduce an appropriate interval for periodontal maintenance. Pre-appoint. Share with front office team of services performed.

**NOTE:** Consider a NSP care kit consisting of an electric brush, mouthwash and water pik.

***Incorporate Interval for Periodontal Maintenance (PM)***
It is imperative for you to support each other's recommendation of periodontal maintenance. Likewise, it is vital for the patient to accept your periodontal protocol as well. If patients do not follow through with maintenance, they are not only misusing your time, but also the time of someone who would like to control the disease, thus delaying scheduled treatment.

*Appointment* has 7 Phases, with some similarity to NSP Phase found on Page 21 and 22.

Comprise a commitment agreement stating your office protocol for periodontal disease treatment customized for your practice as this creates an importance of obtaining total health.

Appropriate time for PM is 60 minutes unless otherwise indicated, i.e. a patient may have 4 sites of pocketing and does necessitate the entire 60 minutes.

*NOTE:* A sliding fee scale could be applied concerning the above example.

Effective education occurs when the patient grasps that periodontal disease *IS* a bacterial infection. Similar to diabetes, heart disease and osteoporosis, periodontal disease can be maintained but not entirely alleviated.

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Dental insurance coverage for periodontal therapies varies. Some plans may request a narrative along with complete periodontal recordings/radiographs for acceptance of therapy. In the future, include intraoral photos as well.

Practice Administrator (PA), hygienist/assistant may explain to the patient:

(1) NSP is not considered part of the 2 "cleanings" awarded per year
(2) Although we are not required to file insurance, this service is a courtesy for our patients.

The PA will most likely have explained to the patient what is covered by each individual's plan pertaining to NSP, although, hygienist/assistant should be prepared to clarify once again as patients simply do not understand their plan in relation to periodontal disease. PA may give a "heads up" for this situation. For example,

"*Laura, your 9:00 appointment for NSP may still claim that her insurance is supposed to cover today's procedure. I would appreciate your help to interpret the difference of procedures.*"

There are pamphlets available which account for the questions of "*Why doesn't my insurance cover this?*"

Keep in mind that a patient's dental insurance plan should not dictate what treatment is best for the patient. Your practice provides extraordinary care at every level and must not tolerate anything less. Someone once said, "*Who's flying the plane?*" So, I will ask you to contemplate the question with a twist,

"*Who's flying your plane, you or your patient?*"

If the patient chooses to receive ordinary care, they may seek ordinary care elsewhere.

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# Method 3

## AH ASSESSMENT/GOALS

*It's never crowded along the extra mile.*

**~ Wayne Dyer**

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## Delegated Responsibilities of AH Team Clinically or Within Appointment Services

*Doctor* ~ Advise your AH team with what you expect to be completed for your exam.

Is it acceptable for the RDH, upon assessing patient, to check a certain area by writing it on a post-it so that you can acknowledge the concern and provide the appropriate diagnosis?

Common sense is not that common. This means that **each** of you must not only write/type **what** procedure was performed, date of service, health/nutrition history updates, blood pressure, **who** provided it (initials), **when** patient is to return for treatment, how patient did during treatment and **what** material is used, such as carbocaine, Oraqix or dentin bloc. Also, **was** the patient interested in additional services not previously mentioned in the computer and were these communicated **verbally** to Practice Administrator (PA) when the patient is escorted to the front of the office?

Yes, you will feel like a broken record, however, each patient's visit is unique to them. Remember that PA has no idea what was communicated in the treatment rooms, otherwise, patients will try to leave the office without scheduling the needed appointments.

Before starting this program, view the legal scope of practice chart and complete it according to both hygienist and assistant duties. It is a great tool to use in establishing credibility of both team members with what they bring to the profession for delivering optimum patient care.

*NOTE:* If you hire a dental assistant who has not completed certain qualifications for furthering their ability to practice AH, don't count them out. In my opinion, that individual must only have one pre-requisite - an energy that radiates both a passion for our health-centered profession and a desire to continue to seek advancements within it.

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***Mark the legal scope of practice for AH beside each service.***

**Y = YES N = NO**

| ***Service*** | **RDH** | **CDA** |
|---|---|---|
| Update Panorex, FMX, BWX | | |
| Review Medications/Oral Side Effects | | |
| Blood Pressure Recording | | |
| Caries Risk Documentation or Test | | |
| Malocclusion Observation/Review Ortho Awareness | | |
| Patient Pre-Rinse | | |
| Apply Topical, Fluoride Varnish, Fluoride, Desensitizing Agents | | |
| Take Impressions for Whitening, Mouth Guards, Study Models | | |
| Coronal Polish | | |
| Place Sealants | | |
| Intra-Oral Camera/ MedVisor/CAESY DVD | | |
| Periodontal Recording | | |
| Perform Oral Cancer/ Periodontal Screenings | | |
| Nutritional Counseling/Smoking Cessation | | |
| Explain Hygiene/Home Care Products/Oral Health Plan | | |
| Sharpen Instruments | | |
| Instrumentation, Irrigation, Place Locally Applied Therapeutics | | |
| Pre-Appoint Patient | | |
| Relay Concerns to Doctor at/during Exam | | |
| Assist in Code /Financial Information of Hygiene Service Performed | | |

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## Check List Below of Expected RDH/CDA Teamwork

(Add on other teamwork responsibilities in the space provided)

**Ask a Team Member To:**

- ☐ Contact your patient who is late
- ☐ Answer Phone
- ☐ Contribute with Recare, Inactive
- ☐ Assist Other Team Members with Their Instrument Sterilization
- ☐ Gather All Garbage in Practice
- ☐ Monitor Bathroom/Replenish Supplies
- ☐ Assist Fellow RDH Treatment Set Ups,
- ☐ Take X-rays even if not Your Patient.
- ☐ _____
- ☐ _____
- ☐ _____

The task of case presentation relies on your team members to identify the different personality types of each patient. I advocate the **DiSC** personal profile for team members as well as for patients.

**D -** patients who want the facts, such as how many visits, why will this benefit me and what does it cost?

**i -** patients who will be your best esthetic cases as they deserve a nice, healthy smile

**S -** patients are cautious. Treatment should be completed in phases, as they do not like change.

**C -** patients who want treatment plus research facts explaining what will happen if treatment is not acted upon and/or success rate, lifespan of procedure.

Understanding the personality of the patient when case presenting will give you the edge needed in treatment acceptance.

For more information on the DiSC Personal profile system, contact certified DiSC consultant Lois Banta. *www.BantaConsulting.com or* (816) 847-2055.

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## Effective AH Scheduling

Incorporate FLEX time into the hygiene schedule. What this means is to have 1 hour in the morning (preferably mid morning) and 1 hour in the afternoon (try to avoid the last appointment) blocked off only for periodontal/FMD/nursing home patients only. If this is not arranged, your periodontal program will not be successful. How can we inform our patients of the relation between periodontal and health when they can't have the NSP for weeks or months?

Block off one day per month. This combination may be separated into one morning and one afternoon on different days of the week. Otherwise, those patients are pushed further behind in achieving a healthy oral environment. Unblock this time approximately 2-3 months before actual month. For example, if the current month is December and you know that you are not attending a major meeting in the spring of the next year, unblock March.

Remember to block off time for staff meetings for the year. You will always be able to place someone in the opening if you do not warrant the need for a staff meeting.

Remain alert for schedule changes-When hygienist's 10:00 does not show, walk up front and ask PA, "Have you heard anything from Mrs. Wilson, my ten o'clock? May I help you contact her?" We do not know what has been happening with PA and should not assume the patient has been notified.

Vice versa. When there is a change in the schedule, OA may inform RDH/CDA who is going to become the ten o'clock patient. It sounds simple; however, they will now be prepared mentally for who is behind door number two.

The next page will provide you with an AH schedule I personally practiced. The interactive section will have a copy for you to discover where to place your FLEX time and when periodontal therapy may be a better time for the hygienist providing the care.

If you add services or find that doctor exam time is slightly longer, use a 70 minute schedule vs. 60 minutes.

Have fun with it, then apply it!

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## 60 Minute Sample Schedule

| | *Hygiene Room A* | *Hygiene Room B* |
|---|---|---|
| 8:00 | Recall Exam, Adult Prophy, | |
| :10 | Panorex, Adult Fluoride | Recall Exam, Adult Prophy |
| :30 | | Perio-chart |
| :50 | | |
| 9:00 | Recall Exam, Adult Prophy | |
| :10 | 2BWX, Perio-chart | Recall Exam, Adult Prophy |
| :30 | | 2BWX, Perio-chart |
| :50 | | |
| 10:00 | Perio-Maintenance | |
| :10 | * Pt. requires 4 handed | Flex Time for Perio |
| :30 | dentistry | * 10:00 will take 1 hour |
| :50 | | |
| 11:00 | Perio-Maintenance | |
| :10 | * Pt. does not require 4 handed | Recall Exam, Child Prophy, |
| :30 | dentistry | Child Fluoride |
| :50 | | *Sealants/Impressions/Deliveries |
| 12:00 | Recall Exam, Adult Prophy, | |
| :10 | Perio-chart | Flex Time |
| :30 | | |
| :50 | | |
| 1:00 | | |
| :10 | LUNCH | LUNCH |
| :30 | | |
| :50 | | |
| 2:00 | Recall Exam, Adult Prophy, | 2 Quadrants Scaling |
| :10 | Perio-chart | * |
| :30 | | * |
| :50 | | * |
| 3:00 | Flex Time | * |
| :10 | Comprehensive Exam, Child | * |
| :30 | Prophy, Child Fluoride, | Fluoride Treatments, |
| :50 | Sealants | Sports Dentistry, Invisalign |
| 4:00 | Recall Exam, Adult Prophy | |
| :10 | Adult Fluoride, Panorex | * This side of schedule is |
| :30 | | time allotted for end of day duties |
| :50 | | |

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## Effective AH Scheduling

Each appointment will have 7 phases. Reference pages 17-22.

***Adult Preventative***

1) 60 Minute Schedule (Total Appointment Time)
2) Option for 70 Minute (Total Appointment Time)
3) Option 30-40 Minute (Total Appointment Time)
    * Patient may have few teeth
    * Patient may be returning in accordance to caries risk protocol, such as professionally applied fluoride treatment

***Child Preventative***

1) 30-40 Minute (Total Appointment Time)
    * Varies with age
    * Service Provided
2) 60 Minute (Total Appointment Time)
    * Service Provided
    * Adolescent/Teen with Traditional Ortho

***Periodontal***

1) Periodontal Therapy/NSP
    * 60 - 120 Minutes (Total Appointment Time)
    * Vary with Severity
2) Periodontal Maintenance
    * 60 Minute (Total Appointment Time)
    * Individualistic

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## Return For Investment (RFI) or Wellness Visit

The RFI or Wellness Visit is what I call the "Recare" or "Recall" System, both of which resonate negativity vs. a return for your investment, whether it be preventative or periodontal in nature.

***Pre-appointing the patient in the treatment room by hygienist or assistant.***

Believe it or not, this approach develops a verbal and written agreement between patient and hygienist. For instance, upon handing a patient their appointment card hygienist/assistant may state,

"*Anastasia, I have reserved your preventative care appointment July 12 at 9:00. We will be reviewing your periodontal health assessment at this appointment as well as updating the bitewing films. I look forward to seeing you in July*."

Accomplishing a healthy RFI or Wellness system requires the continual focus of both office administrator and dental hygienist/assistant. Three strategies for implementation are:

1) Appointment cards
2) Phone/text/email
3) Postcards.

A courtesy call to confirm appointment is made one to two days prior to appointment. Software is available for this task. This software will ease some responsibility from PA via confirming appointments, calling active unscheduled patients, etc. Time spent on the phone for this protocol can be unproductive, thus allowing more time to focus on matters such as gaining financial approval for restorative procedures, insurance, etc. Below are some websites for software worth a look.

www.televox.com
www.elexity.com
www.smilereminder.com
www.uappoint.com

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Appointment cards should have the name, date and time of appointment on card. I would recommend the post it appointment cards as the patient may peel off the reminder and place it in their day planners, etc. There should not be a statement on the card stating that a 24-hour cancellation notice is appreciated as this decreases the value of the scheduled treatment. Clinically, I have worked mostly with *Dentrix*, however, I'm positive *Eagle Soft* and *Practice Works* may also include an unscheduled list for patients who prefer to call your practice for their RFI or Wellness appointment.

* Each month **assign** someone to both print out the information and contact those patients who may be "floating" in the abyss. This task may be carried out during the time blocked off for a scheduled staff meeting. Each team member may now share the responsibility.

* Those individuals who have periodontal disease (either quad rant scaling, perio-maintenance, full mouth debridement) must become priority. How is PA to know? You may flag it in the system such as an *, or ALL CAPS, etc. to help identify.

*NOTE:* It is imperative to update phone, cell, pager and/or e-mails during patients' appointment as this will help in the process without wasting valuable time locating the patient. PA may accomplish this upon the arrival of the patient for their scheduled appointment. Otherwise, hygienist or assistant may assist with responsibility.

*Golden Opportunity List* for patients who are retired, live close to practice, home from college or school (have a local school calendar/Holiday available as you will know who has what days off, such as teachers/parents/state employees, etc).

***Dialogue:*** "*Mr. Wilson, we've had a change in our hygiene schedule today for 10:00 and noticed you are due for your preventative care visit. Will this time work for you?*"

It is best not to say "*cancellation*," or "*hole in the schedule*."

If 8:00 patient cancels last minute by repeat offenders, the patients who habitually no show, or forget even after RFI confirmed, do not place them in the "hot" spot appointment upon rescheduling.

***Dialogue:*** "*Mrs. Wilson, the first available appointment I have for you is 9:00; otherwise, it may be awhile until the preferred time is presented for you.*"

If they still choose not to schedule, they may be placed in the inactive category.

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Inactive RFI/Wellness patients may be contacted by letter stating their status with your office. For example,

*Dear Ms. Turchetta,*

*Our data indicates that you are past due for your preventative care visit. Our efforts to contact you by phone have been ineffective (if possible, list dates). Obtaining a healthy oral environment is our goal for each patient and we would like to continue to provide you with that service. We look forward to hearing from you.*

This serves two purposes:

1) You have shown concern for the patient in obtaining optimum oral health
2) You may now place them into the inactive file. These files do not require further attention for scheduling hygiene appointments.

***Three Strikes You Are Out*** protocol. If a patient misses one hygiene appointment, make contact with them by phone to reschedule. If the same patient misses the hygiene appointment for a second time, make a phone call and send a certified letter stating the situation as well as informing the patient that if they miss any additional hygiene appointments, we will be glad to transfer their records to the dental practice of their choice. One hygiene opening per day will cost the practice between 25-30 thousand dollars a year!

*NOTE:* This must include every repeat offender patient, no matter who you are. If there is no consistency, do not use the 3-strike protocol. Determine areas of reason: medical ailments, medical emergencies or family emergencies/situations. Write them down for entire team.

## Bottom Line Goals

| ***ALT - AH*** | ***1998*** | ***1999*** | ***2000*** | ***2001*** |
|---|---|---|---|---|
| January | 8,869 | 10,257 | 10,604 | 14,047 |
| February | 7,113 | 11,829 | 12,472 | 13,985 |
| March | 5,025 | 14,737 | 12,468 | 19,414 |
| April | 6,353 | 11,698 | 14,275 | 18,411 |
| May | 10,286 | 9,531 | 15,717 | 20,306 |
| June | 12,393 | 12,432 | 12,506 | 19,034 |
| July | 10,618 | 7,945 | 15,786 | 19,034 |
| August | 11,324 | 12,921 | 18,451 | 21,068 |
| September | 10,955 | 9,015 | 13,949 | 16,017 |
| October | 10,797 | 11,830 | 11,417 | 16,019 |
| November | 11,708 | 9,409 | 16,680 | 14,741 |
| December | 11,353 | 14,568 | 13,066 | 15,280 |

**January 2002 = 18,771 February 2002 = 15,587*

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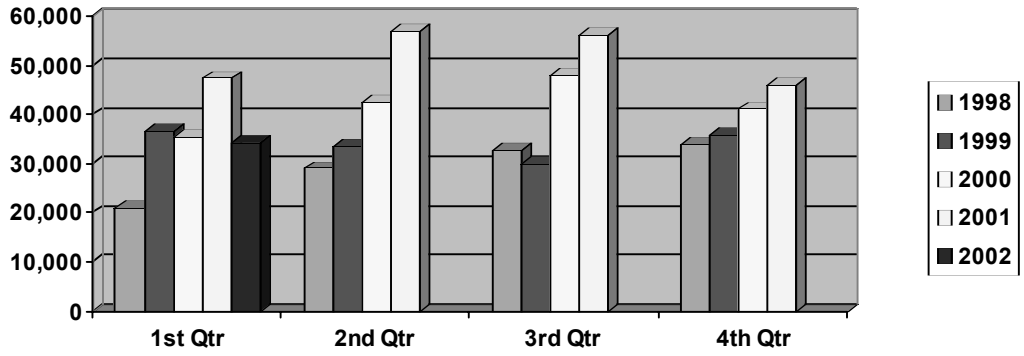


The above chart and graph are taken from my own bottom line production with AH. Practicing AH began in 1997 till 2003. My documentation starts with 1998 and ends with 2001. Because documentation was not complete in 2002 it was not included within the first chart, as it was in the graph's 1st Quarter. My hours of AH were from 8-4, two days a week. Why only two days? At that time, my colleague did not want a full time position, yet enjoyed dentistry. I would have loved to practice this with her on our routine 4 day work week.

***Hygiene Compensation (Two Options)***

1) Preventative Care Fee X Number of Patients= _____

divided by 3 (1/3 production) = _____

divided by 8 (hours work) = _____

2) Ten dollars per patient added to hygienist for additional patients seen that day. For example, usual number of preventative patients seen per day is 10. AH program allots 13 patients per day. The added daily bonus is 30 dollars.

*NOTE:* This plan excludes hygienist from team incentive.

***Assistant Compensation***

1) Based upon experience or advancements in profession. For example, ability to take impressions, perform coronal polish for RFI. Salary comparable to dental assistant in restorative.

2) Included in team bonus/incentive program

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## Passive Income

These products should be available for your patients to purchase since:

1) Patients will most likely forget what brand to buy or can't buy without a prescription. Isn't your practice just as capable as Walgreens?
2) Patients will not remember to buy the product at the store.
3) When made available that day the patient may start the habit needed to achieve better home care. Why wait?
4) At $30/day X 4 (work week) = $120 per week.
   $120 X 50 (weeks/year) = $6,000 year

***Such products include but are not limited to:***

* Water Pik
* Electric /Sonic Brush/Replacement Heads
* Rinses
* Whitening Touch Up Kits
* Fluoride for Home Use
* Toothprints (Children/Adults)
* Sports Guards/Night Guards
* EMT Save a Tooth or Similar Products
* Pet Products (some breeds are prone to periodontal disease)
* Tobacco Cessation Products
* Desensitizing Treatments (Home or Professionally Applied)
* Treatments for Decalcification/High Caries Risk Patients
* Dry Mouth Products
* Medical Related Service, such as In Office CRP
* Nutraceuticals
* Denture Adhesives/Cleaners
* SPA Dentistry

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## Maximize Insurance (Hygiene)

Everyone must communicate with each other as well as the patients pertaining to the insurance codes to use within the hygiene department. Below are the codes that may be left behind in your hygiene department itemized into a "series". Grab your new CDT-2007/2008 book and complete the missing number or procedure. To order this product visit *www.adacatalog.org.*

***Diagnostic - Clinical Exam Series***

_____for patients with risk factors such as smoking or diabetes. It includes probing, charting, evaluation of patient's dental/medical history, Occlusal relationships/oral cancer screenings

_____ new or established patient

***Diagnostic - Radiographic Series***

_____ FMX (Intra-oral complete series including bitewings)

_____ BWX, Four Films

_____ 1 PA

_____ Additional PA

_____ Vertical BWX, 7- 8 Films

_____ Panoramic Film

_____ Intra-oral /Extra-oral Photos

***Diagnostic - Tests Series***

_____ Caries susceptibility test

_____ Oral Cancer Screening NOT Biopsy

_____ Study Models/Diagnostic Models

***Preventative Series***

_____ Sealant per tooth

_____ Nutritional Counseling

_____ Oral Hygiene Instructions

_____ Tobacco Counseling

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***Periodontal - Non-Surgical Series***

_____ **Localized delivery of antimicrobial agents**

_____ **SRP for 4 or more teeth per quadrant**

_____ **Full Mouth Debridement**

_____ **SRP for 1-3 teeth per quadrant**

_____ **PM**

***Adjunct General Services Series***

_____ ***Oral analgesics, topical fluoride dispensed in office for home use***

_____ ***Occlusal guard***

_____ ***Application for desensitizing "per visit"***

_____ ***Sports/Athletic Guard***

_____ ***Unspecified adjunct procedure***

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## Marketing

Market your practice by offering a special rate for soccer or baseball teams pertaining to sports guards. Place an ad in the paper 1-2 months prior to the season. If a patient is a coach of a particular sport, give him/her the EMT *Save a Tooth* bottle with your name and number imprinted on it in the event of an emergency.

Invite a plastic surgeon's team to your office and provide an in-office whitening in return for your brochure to be placed in their office. This may be performed during a staff meeting.

February is Children's Dental Health Month. For example, implement the *Toothprints* product for them during their preventative care appointment. Once again, place an ad stating

*Dr. Wilson's office acknowledges the importance of National Dental Health Month and is providing children a complimentary identification product at the time of their preventative care appointment.*

Give a research fact such as *85-90% missing persons are juveniles*. Remember that when a child is scheduled in your practice, they have family members (possible new patients) attached to them!

Offer whitening specials in the months of December and May. Word of mouth will bring new patients into your practice. However, when they realize they are missing out on the best care, they may become established patients!

When a family has not missed an appointment for the past year, or a couple celebrated a wedding anniversary of 25 or more years send them a gift certificate to a local restaurant/movie/store. Be creative! Patient appreciation at its best, thanks to your best!

***Write Your Ideas for Marketing and/or Patient Appreciation:***

_____

_____

_____

_____

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## Marketing

When deciding whether or not to add new services into your hygiene department, consider a patient survey to assist you. Confidential surveys provide a safe, anonymous forum for patients to share their insights and opinions, and they are excellent tools for patient education and marketing. Patients rely on the expertise of hygienists to provide care and guidance for good oral health. The following are example survey questions that can be used to educate patients, promote good oral hygiene, and assess communication.

### For all adult patients:

| | | |
|---|---|---|
| Do you consider your dental hygiene appointment as "just a cleaning"? | **YES** | **NO** |
| Was your health history reviewed during this visit? | **YES** | **NO** |
| Was your blood pressure recorded during this visit? | **YES** | **NO** |
| Are you aware of the possible oral side effects of some medications? | **YES** | **NO** |
| Do you know the risk factors for gum disease? | **YES** | **NO** |
| Do you know the risk factors for tooth caries/decay? | **YES** | **NO** |
| Do you understand the importance of fluoride to reduce tooth caries/decay?` | **YES** | **NO** |
| Have you had your gums/bite charted (periodontal charting) routinely? | **YES** | **NO** |

### Which of the following interest you? (select all that apply)

☐ Invisalign clear braces ☐ Annual oral cancer screen ☐ Smoking cessation
☐ Electric toothbrush/floss aid ☐ Whitening touch up kit ☐ Tooth desensitization

### For parents of young children:

**Which beverage does your child drink ***most often*****? (*select only one*)**

☐ Drink juices ☐ 100% juices ☐ Soda ☐ Milk ☐ Water

| | | |
|---|---|---|
| Are you aware that certain types of chewing gum may benefit your child? | **YES** | **NO** |
| Has your child's bite or crowding been discussed? | **YES** | **NO** |

**Which of the following were NOT explained for your child? (select all that apply)**

☐ Sports guard ☐ Sealants ☐ Caries Risk Test ☐ Toothprint ID

For more information about the complete Hygiene Survey or other surveys, please contact:

***www.AnastasiaRDH.com*** ***www.valmontresearch.com***
***greg@valmontresearch.com***

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# Method 4

## TROUBLESHOOTING

*Doing more of what doesn't work won't make it work any better.*

**~ Charles J. Givens**

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## Troubleshooting Issues

The following are the most common areas of miscommunication within a practice. They happen quite often and breed unappreciative feelings from your team due to lack of consistency, communication and commitment to abide by Doctor's leadership decision in practice. Prepare for three situations:

a) Patients
b) Services/Team
c) What if

Beneath the troubleshooting question, **fill in your answer** to current practice protocol. You may want to include questions in the section of "What If?" as hygiene department has unanswered questions for certain situations.

***Patient Troubleshooting***

What is the protocol when a patient has forgotten to take pre-medication?

_____

How late is too late? For example, the 10:00 adult prophy arrives at 10:20. Do you reschedule? My recommendation is to perform the exam/x-rays/review OHI/ reschedule for the 1110.

***Sample Dialogue:***

"*Mrs. Wilson you are 20 minutes into your appointment time, RDH can not adequately perform the preventative care with the amount of time remaining, however, we may provide you with the exam, etc. Our office values each patients' scheduled appointment time, therefore we appreciate your understanding with this matter.*"

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How many family members per hygiene visit? Rule of thumb for this is no more than 2 or 3. From experience, whenever more family members are scheduled and one is sick, the entire block of time is now open.

***Sample Dialogue:***

"*Our office policy requires that we do not schedule more than 2 or 3 family members at the same time for Hygiene. We have found that if one member is unable to make it to the appointment, the others will be unable as well. We appreciate your understanding.*"

_____

How would you prepare for the patient who will not comply with the treatment plan or office protocol? (X-rays, perio-therapy, etc.)

_____

What is protocol for a non-confirmed patient whether hygiene or restorative? Do you double book and take a chance of both individuals showing up?

_____

When a patient calls stating they have a sore throat, do you choose to see them or reschedule? In other words, how sick is too sick?

_____

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## Patient Troubleshooting

Are children expected to be in the treatment room with or without a parent?

_____

What protocol is acceptable for a patient who repeatedly misses or forgets appointments?

_____

When do you refer a patient to a specialist for periodontal, biopsy, endo?

_____

Are you prepared for geriatric patients who may exhibit symptoms of Alzheimer's, stroke, etc.?

_____

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## Service/Team Troubleshooting

Prepare for team members (RDH, CDA, PA) to miss a day's work. Do you have a plan?

_____

Do you have a performance review for AH team member on their anniversary date of employment?. If you would like a review form, I can supply one for you. A review for new team members may be given at 90 days from date of employment. Upon deciding the amount of increase in the team member's pay and/or any other added benefits at this time, make sure you have it in writing!

_____

Do you have scheduled team meetings?

_____

If not, would you consider them? View example below before decision.

_____

*Knowledge is power.* Everyone on the team receives many informative newsletters or magazines. Assign a team member to an article they felt would best serve in patient care. Meetings may be scheduled on a designated day every other week for 2 hours, such as 12-2. PA must know this so they may schedule accordingly.

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Do you have morning huddles?

_____

If not, would you consider them? View example below before decision.

_____

If you are looking for a connection with your team, discussing the schedule via the morning huddle will set a tone of positive unity. Not only will each team member share what services are to be provided and with whom, but also whether or not any patients will be "crossing over" from restorative to hygiene or vice versa. Findings from chart audits may also be addressed at this time.

***Patient Wellness Assessment Form (Chart audits)***

***Who performs them? Circle options a,b,c,d or e***

**a)** PA may check the patients chart to see if they are due for films before making the courtesy call. She may write a note for CDA/RDH and inform patient of the need so that the patient is prepared. Remind patient of pre-medication and/or ask patient if they have had joint replacement therapy/pacemaker/or any other procedure that may require pre-medication. This will avoid rescheduling a patient, which results in an unproductive appointment for the practice.

**b)** CDA may perform a chart audit while patient is on the restorative side

**c)** AH Team can perform a chart audit for future or missed restorative treatment giving them time to discuss with patient during hygiene appointment. This is performed either:

* End of Working Day in Preparation for the Next Day
* Morning Huddle
* Right Before Patient is Invited into Treatment Room

**d)** Both ***b*** and ***c*** can be talked about at the morning huddle.

**e)** All of the above

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Do you have a set goal for technology additions in hygiene? (3 months, 6 months, etc.) What would be of greatest assistance for the AH team?

_____

Who will be responsible for implementing or ordering the above?

_____

Is your AH team prepared to assist PA via an understanding of dental insurance codes within hygiene?

_____

Would it be helpful to consider it? View example below before decision.

_____

Both RDH and CDA may set the stage for case acceptance when monitoring patients who are in need of restorative work, but are not ready to receive it. Case in point: Mrs. Wilson has been recommended to crown #31 during her comprehensive exam in May. RDH mentions this again at the hygiene appointment in June. RDH/CDA must explain to Mrs. Wilson the *use it or lose it* method of insurance. Mrs. Wilson may be interested to know that dental insurance benefits do not carry over into the New Year. What she is entitled to and does not use per year, the insurance company will keep. AH team may now inform PA of the situation and a list may be made to call those individuals starting in October. From my experience, late October, November and December have been banner months for practices thanks to the team effort in explaining the *use it or lose it* method.

***What if? Troubleshooting***

What if a member of the AH team is consistently late in arriving to work?

_____

What if a patient is interested in a service that you currently do not offer? Do you assist them in a referral?

_____

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What if

_____

What if

_____

What if

_____

What if

_____

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# Method 5

## INTERACTIVE PROTOCOL

*Take what you learn and make a difference with it!*

**~ Anastasia L. Turchetta**

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Begin with reviewing and duplicating your answers found on page 12 as this will assist you with creating your customized protocol.

For each advance, you will notice a ___ or space beside it.

***Place an X beside the options you are currently providing.***

____ Complete Health History
____ Patient Pre-Rinse
____ Caries Detection Technology
____ Computer/Periodontal Software
____ Intra-Oral Camera
____ Updated Film Status
____ Nutritional Counseling
____ Smoking Cessation
____ CAESY Educational System
____ Sealant Treatment
____ Antimicrobial Options
____ Oral Hygiene Products
____ Desensitizing Agents
____ Cold Sore/Canker Sore Product
____ Whitening Option
____ Fluoride/Remineralization Option
____ Sports Dentisrty
____ Toothprints
____ Implant Options

***Place a circle beside the option or service <u>you would like to perform</u> within your hygiene department.***

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Take your notes from the sheets provided and discuss your ideas for implementation into your practice. Team storm the methods and individualize for your practice and patients. Possible AH Q&A are provided for you below.

***Method 1 - What is Possible with AH?***

* Would you like to provide the Top 5 screenings for your patients?
* If not all 5, which screenings will you provide?
* What is the time frame for accomplishing this?
* Will you add any of the above advances?
* What is the time frame for accomplishing this?

***Method 2 - AH Basics such as SMART Communication***

* Will SMART communication become your foundation so no one is left behind?
* What is the acceptable time frame to begin using what you've got?
* Does everyone agree with the 7 phases within an appointment?
* Will it become consistent?
* How will you and your team remain consistent with communication in delivering quality patient care?

***Method 3 - AH Assessment & Goals***

* Determine the legal scope of practice for RDH & CDA (page 26 & 27)
* Are you underutilizing either professional?
* Will a personality profile be of assistance when hiring an AH team member or when considering how to present a treatment plan for patients?
* View both AH schedules. Will 60 or 70 minutes be best and why?
* Will FLEX time be incorporated?
* If so, will FLEX time be the same time each working day?
* Have you determined a compensation plan for both RDH & CDA?
* Will you provide OHI products within hygiene for passive income?
* If so, which products?
* Are you interested in developing marketing strategy for your hygiene department?
* Are you interested in a Patient Survey for your hygiene department?
* If yes, who will be responsible to gather the information?

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### *Method 4 - Troubleshooting*

* View your notes from pages 41 – 47 and discuss any new situations.
* Will the patient wellness assessment form become an extension of SMART communication?
* What is your time frame for implementing this?
* Who is responsible for obtaining these forms for your practice?
* If this form is not of value at this time, what is your current protocol for both team and patient awareness pertaining to documentation of services completed, products recommended or used and monitoring for success?

Once you've thoroughly reviewed, discussed and agreed with these methods, determine a time frame to bring this program to life. Success for AH must include ***Commitment*** to the program, ***Communication*** within the program and ***Consistency*** for the duration of the program by all team members.