Scheduling... *At Last, A Schedulin*

by James J. Hilgers, D.D.S., M.S.
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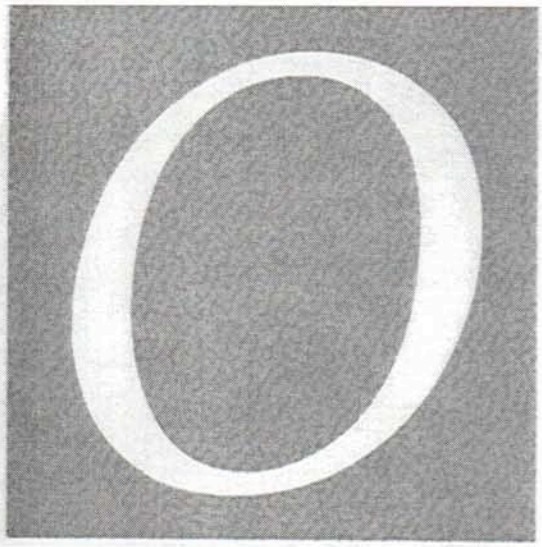

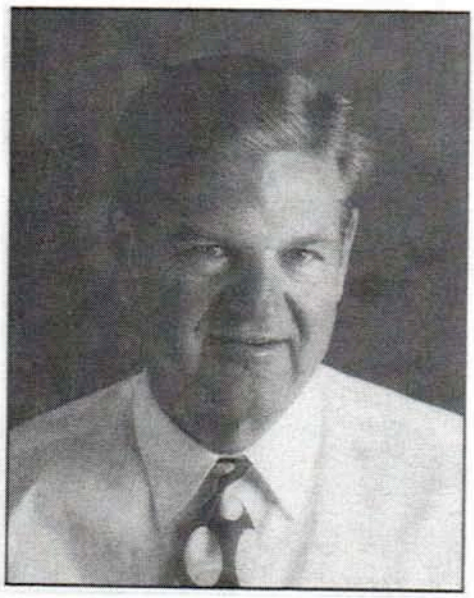

Editor's Note: In case you missed Part I of Dr. Hilgers' article, it can be found in *Clinical Impressions*, Vol. 3, No. 1, 1994. If you would like a copy of this issue, please request: *Clinical Impressions*, Print #070-5153. Call Account Services at (800) 854-1741, Ext. 615 or (818) 852-0921, Ext. 615.

The Concept— Integrated Systems Scheduling

Over the years, I have observed scheduling systems in numerous offices to try to determine the strengths of each. Although each of the systems had its strengths, each had its detriments, also. So, in instituting a new scheduling system, I tried to do it in a way that took the strong points of each of the systems but negated the weaker points. We are dealing with the interplay of time between three essential parties — the patient's time, the doctor's time, and the staff's time. Utilizing the three integrated systems maximizes time efficiency for each of the interdependent parties (Figure 1).

1. Like Things at Like Times
(Adapted from Dr. Jay Barnett's scheduling system)

By scheduling only those procedures that can be completed in a specific and predictable amount of time, *this concept will maximize patient time.* It is the essence of discipline and it is what prevents your receptionist from trying to mix dissimilar treatment procedures. This is a color-coded system, and only procedures of like time periods can be put in certain colored frames. The disadvantage of this concept is that, if it is adhered to rigidly, there isn't much leeway for those patients that don't fit within its rigid framework.

2. Dovetailing
(Adapted from Dr. Robert Ricketts' scheduling system)

This approach acknowledges that the doctor cannot be in more than one place at a time. Procedures are scheduled in a manner that allows the doctor to complete one procedure satisfactorily before going on to the next. *This concept will maximize doctor time.* From the practical standpoint, this is accomplished by the operatory supervisor and her direct control over your time (more later). Dovetailing is most commonly used during the long appointments by controlling how and when each of your assistants starts each procedure. The disadvantage of this concept is that if it is controlled by the receptionist trying to figure out exactly how long each procedure will take, she will quite often be wrong. When she guesses wrong, you will run behind the rest of the day.

3. Zone Concept
(Adapted from the Millenium Society)

This approach acknowledges that the assistant will work more efficiently if she has her "own" chair and is very clear about what she is supposed to accomplish in a certain time frame. *This ownership concept maximizes the assistant's time.* Patients that are adjustments or quick checks are treated on a first-come-first-served basis. Patients with long appointments are assigned a specific chair (assistant) where the assistant is assigned her own individual time increment to accomplish a given procedure. The disadvantage of this concept is that when it is used all the time, certain of the assistants will be overly busy (that is, if you finished your patient you would not go on to the next until you were assigned, and others would be waiting).

Some Key Ingredients

1. Work in decreasing time intervals (units).

A. 20-minute intervals (units) = 0-50 patients per day
B. 15-minute intervals (units) = 50-75 patients per day
C. 10-minute intervals (units) = 75-100 patients per day
D. 5-minute intervals (units) = 100-150 patients per day

2. Save your "Start" times

One of the keys to a financially healthy practice is to keep the starts up. In our practice, we strive to have two full patient starts each working day, or 24 per month. This does not count first phases and simple appliances. In order to make sure that we have time to properly incorporate new patients into the practice, we always

System That Really Works - Part II

save time for the two starts a day. This is delineated by a green column that is staggered so that, generally, we are not starting two new patients at exactly the same time. This is beneficial because at times "loose ends" need to be tied for the new patient, and the staggering of start times gives us the flexibility to do that.

3. Treatment charts horizontal to vertical
It is imperative that you have a simple way of determining where you are in relation to patients in the waiting room. We don't have an "on-deck" so this chart trick allows us to see exactly where we are. We have two chart holders at the front desk — one for adjustments and one for quick checks. The charts of the patients that are due to come in that treatment section are placed horizontally in each of the folders. As the patients arrive and sign in, the receptionist turns their charts to the vertical position. From anywhere in the operatory, one can easily see how many patients are ready to go and which kind of treatment they are scheduled for. Obviously, the charts left standing at the end of the section were Did Not Shows (DNS), so we can reschedule. Real simple technique but it works quite well (Figure 2).

4. "Op Supe" controls all time
I'll never forget walking out of my office to six chairs full of patients and every single assistant looking at me pleadingly to go to their chair to see their patient. What a mess. I learned soon enough that I needed to turn over *all my time* to someone else. If I were in control of my

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Dr. James J. Hilgers was instrumental in the development of the Linear Dynamic System and its approach to Bioprogressive Therapy. He has published and lectured extensively and conducts semi-annual in-office seminars on Bioprogressive Simplified. Dr. Hilgers' private orthodontic practice is located in Mission Viejo, California. He received his dental education at Loyola of Chicago and graduated from the ortho program at Northwestern University.

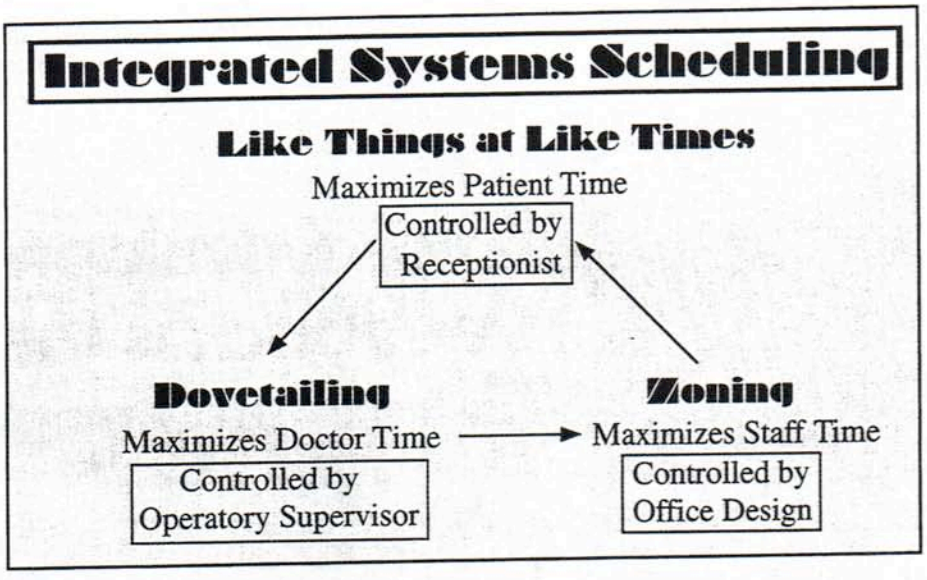

Figure 1.

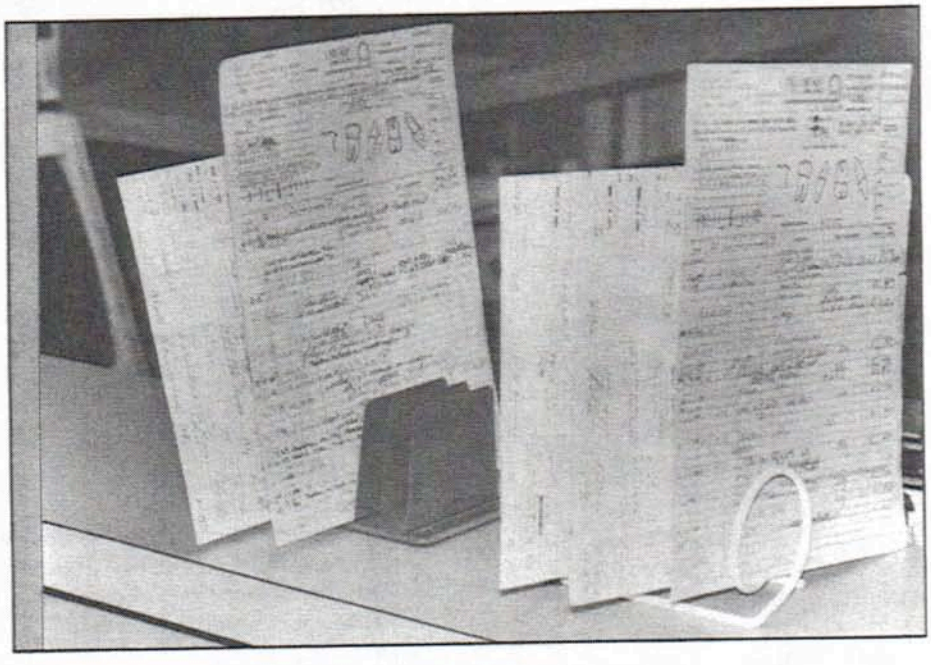

Figure 2.
Two chart holders are maintained at the front desk. One is for *Regular Adjustments* (15 minutes) and a second for *Quick Checks* (5 minutes). As soon as the patient has signed in (and brushed their teeth), the receptionist will turn their chart from horizontal to vertical. Anyone in the office can see exactly how many patients we have ready to go by looking at the reception desks. It cues the operatory supervisor and assists in *staying on schedule.*

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own time throughout the day, it would be terribly abused. Our operatory supervisor controls all my in-office time, and I literally don't do a single thing (phone call, go to a specific chair, etc.) without being told to do so by her. Incidentally, we rotate the operatory supervisor each month and this thankless job is handled successively by each of the dental assistants. That way they get to be the "big boss," it reduces petticoat wars and, in addition, it has a $150.00 monthly bonus associated with it. I also find it a great way to teach management skills to each and every one of my chairside assistants.

5. Bargaining for patients

Obviously, each of my assistants is better at some procedures than others, likes certain patients better than others or is speedier than others. Each morning at the first section break, the chairside assistants huddle and bargain for the "long" patients that are due in that day. They act like old rug merchants haggling for a sale: "I had to see that picky so-and-so last time. Now it's your turn." I don't get into this squabble in any way, shape or form. It allows my staff to be fair with each other without my interference. As a matter of fact, my management style has a tendency to be very "hands-off." I find that if you hand it over to them, most mature people are able to solve problems very nicely without your meddling, thank you (Figure 3).

Figure 3.
Bargaining for patients.

Putting the pieces together

Each type of appointment must fit into the integrated systems framework. Each of these different segments can be put together in your practice in any way that fits your specific needs. Later on, I will demonstrate the three most common days used in our practice to give you an idea.

The Pieces (Figure 4)

1. Regular Adjustments (Adj)

Long adjustments are any appointments that take approximately 15 minutes. This would include virtually all of our simple archwire changes, archwire reties, elastic chain, checking headgear, checking elastic wear, intraoral archwire activations and motivational chitchat.

2. Quick Checks (QQ)

Quick checks are procedures that can be accomplished in five minutes or less. These might include: Placement of separators, checking a retainer, placing a clear retainer, checking a palatal expansion appliance, checking an arch length maintainer, checking for third molars. Quick check appointments are separated from ordinary adjustments because the patient should never have to wait to be seen (even five minutes) at this very short appointment. More importantly, by separating the adjustments into two kinds (regular adjustments and quick checks), you can break the logjam. The quick check chair (and assistant) can see twice as many patients as the regular adjustment chairs. This allows for a more accurate pacing of the appointments so that a "stacking up" doesn't occur. The quick check is one of the major factors in avoiding longer patient waiting times.

3. Emergencies (SOS)

Emergency or SOS appointments are taken in the "extra" chair that is available all day long for this type of procedure. The SOS appointment is not a "repair" chair. It is meant to correct the immediate problem. Interestingly, the one person who is free in a tight schedule to take care of the emergency is the doctor, or one of the receptionists (that's why former RDAs sometimes make great receptionists). So, if all the other assistants are tied up, either the doctor or one of the trained receptionists will handle the SOS chair.

4. Lunch

It would seem funny to talk about lunch. Lunch is lunch, right? Not true. How, when and where lunch is scheduled is very important. I suggest an hour-and-a-half lunch period. And it should start at 12:30 instead of 12:00 for three reasons: (1) If you have lunch from 12:30 until 2:00, it makes the second half of the day shorter than the first half. That is a very important psychological difference. At 12:30, we know there are only three hours left in the day instead of four. We're over the hump. Less than half a day left. It makes the morning just slightly longer, but the afternoon perceptibly shorter. (2) If you want to go out to a restaurant, they are starting to clear at about 12:45, the time you will get there. No waiting time to get in (usually). (3) The most difficult to fill appointments are the 1:00 to 2:00 P.M.

ones (patients not out of school yet and interferes with lunch). So why try? By going slightly into the lunch hour (12:30), you are able to pick up some of the lunch bunch — adults and children — who are at nearby schools during the lunch hour. We typically see a number of short longer appointments at that time (e.g., recement three brackets, cement a rapid palatal expander, cement an arch length maintainer).

5. Examination/Consultation (Excon)
We feel that this is our most important appointment. It is the source of patient flow into the practice, so we are all "geared" to do a great job during this appointment. In the concept of Same-Day Consultations, 80% of our new patients that start are not brought back for a full consultation (or secondary consultation). This appointment lasts about an hour for the patient and involves the doctor (15-20 minutes), two treatment coordinators (40-45 minutes) and a receptionist (for phone). The absolute key to this appointment is that the doctor and treatment coordinators are not required to do one single other thing during the new patient appointments. This is a very focused appointment. I call it "Showtime" and, although other patients are in the office for procedures that the doctor does not need to control, all our energies go into this one type of appointment. We see new patient examinations two of the three days a week, generally between three and five in the afternoon. That's right, the most important time of the day we save for new patients.

6. Non Doctor Shorts
These are short appointments that can be accomplished solely by the assistant without direct doctor supervision. This would include impressions, separator placement, clear retainer placement (it either fits or it doesn't), replacement of fresh elastomers, tooth brushing instructions, adding bonding material to Pendulum Appliances, etc. The doctor must be in the office but need not have direct supervision over these procedures.

7. Assistant Freed
Typically, two assistants are freed to pursue other duties (purchasing, patient phone calls, laboratory) during these periods. It is those times when these assistants are not assigned particular duties at the chairside. The key is to make sure that they are moved back and forth from their other duties to the chairside. This is "their time" to take care of other office duties without disturbance.

8. Reception Freed
During the busy parts of the day (adjustments, quick checks), we need two, sometimes three, receptionists for the reappointment process. (Here is one strong advantage of having more than one appointment book — the computer advantage.) During other times of the day (especially long appointments), we need only one receptionist. The front desk is very heavily staffed during the busy times, very lightly staffed during quieter times. This will free one, sometimes two, receptionists for other duties (e.g., phone consultations, filing, contracting, treatment coordination).

9. With Doctor Longs
These are long appointments that I supervise but do very little of the actual work — indirect bondings, fit and impressions for expanders, impressions and bites for functional appliances. I differentiate these long appointments from others because I can be working on other projects (diagnosis, referral doctor calls, etc.) with little interference. This allows us to fit patients in at the odd times. For example, one chair can be working with doctor longs while four others are working on adjustments. Again, this is an escape valve for those patients who can only do it "one way" or at "one time."

10. Without Doctor Longs
One of my chairside assistants is a mini-orthodontist (skill-wise). Technically, she is capable of doing everything that I can do, and quite often do it better. She can do virtually every non-critical procedure and is especially good at indirect bonding and banding. Again, these are long appointments with the doctor in the office but not supervising every single procedure. I know this is a controversial area and not for everyone, but I am very

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Color Designate	Time Designate	Procedure	Reference to
Dark Blue	15 Min		Regular Adjustments
Green	5 Min		Quick Checks (QQ)
Red	Open		Emergencies (SOS)
Light Blue	45 Min		Exam/Consultation (ExCon)
Turquoise	20 Min		Non Doctor Shorts (NDS)
Cyan	Open		Assistant Freed
White	Open		With Doctor Longs (WDL)
Magenta	Open		Without Doctor Longs (WODL)
Yellow	15 Min		Section Break
Light Green	1 Hour		Saved Start Times (SS)

Figure 4.
The "Pieces."

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comfortable with this because of the quality and length of tenure of my assistants. Quite often, state laws or individual conscience don't allow for the "without doctor longs."

11. Section Break
This may be the most important piece of all. In the past, we have scheduled *straight on through*, meaning that when we finished one section (adjustments, for example) we would go directly into long appointments without any break. Obviously, if we were behind schedule, this was carried on into the next section and we simply stayed behind the rest of the morning. A section break is a barrier between sections. This is meant for catch-up, cleanup, and get ready. So, if we're running 5-10 minutes behind, the section break allows for that. The one cardinal rule — absolutely no patients can be scheduled in this section. Our computer won't even allow the receptionist to appoint here. This simple concept was a big breakthrough in our "staying on time" goal.

The Together
The three most commonly used "scheduling days" are the early adjustments, the late adjustments and the seven-to-two. A computerized schematic of each is shown (Figure 5); see, also, paper version of Integrated Systems Scheduling (Figure 6).

Early Adjustments (see schematic)
Main advantage: Allows us to be able to see a series of new patients in the late afternoon (from 3:00 to 5:00). Twenty to thirty patients are seen in the early morning to "clear out" the rest of the day. This is a *light* day for most of the chairside staff because we are finished with most active treatment by 3:00 P.M. This allows time for other projects. It is a *heavy* day for the clerical staff because we are geared up to see and convert new patients.

Late Adjustments (see schematic)
Main advantage: Allows us to see multiple adjustments after school. It is identical to the early adjustment day except that no new patients are seen, and adjustments

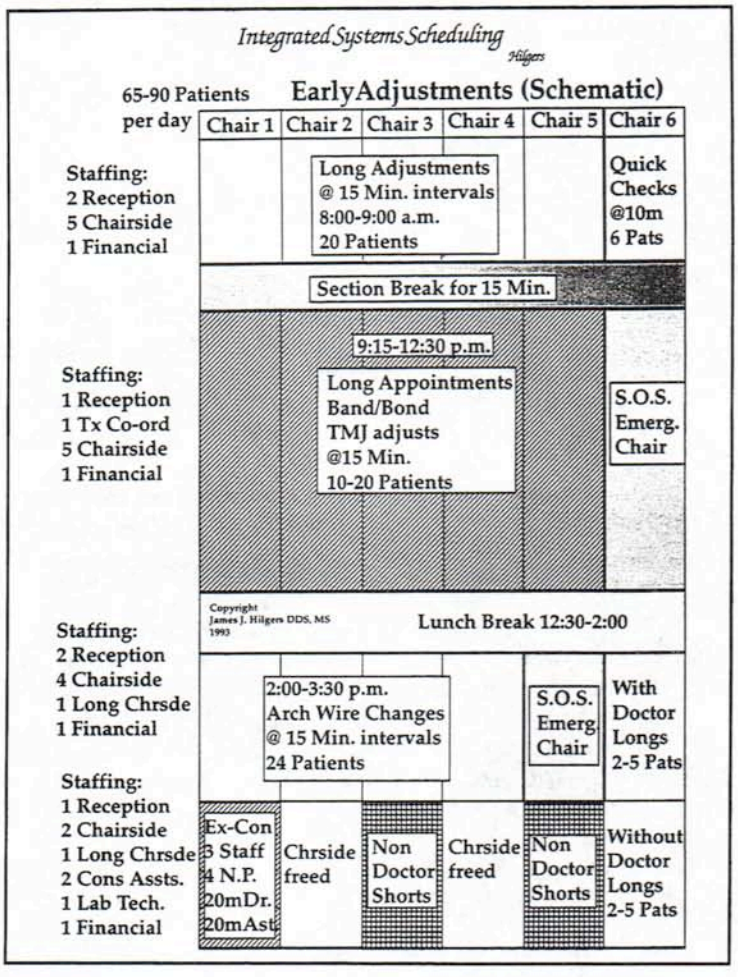


Figure 5.

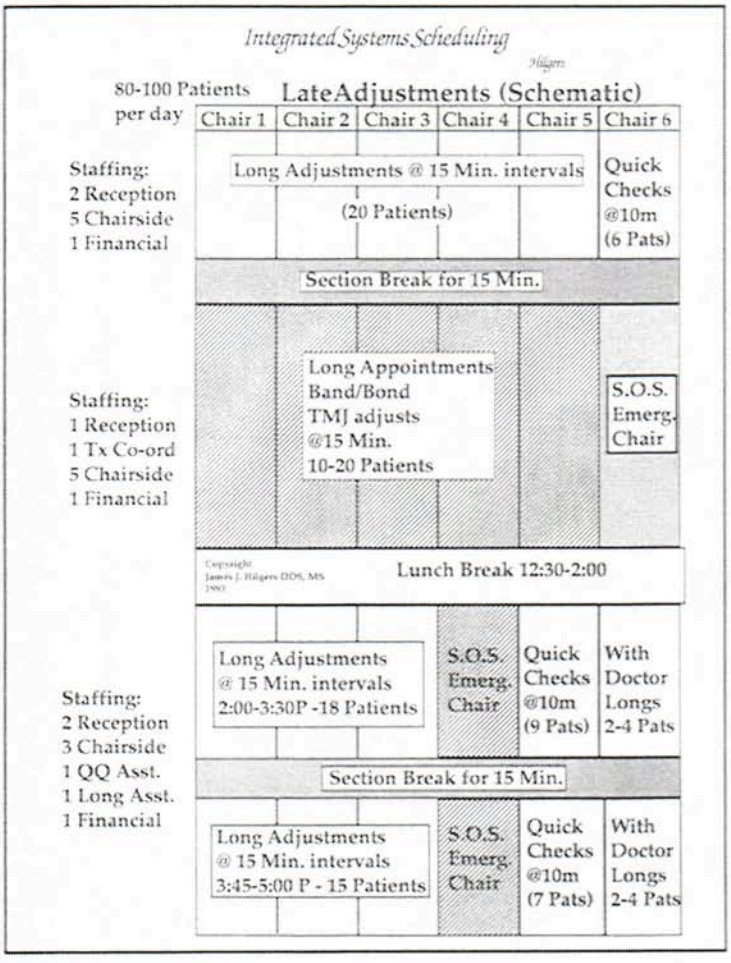
are continued from 3:00 to 5:00 P.M. Patients that must be seen in the late afternoon are scheduled on this day.

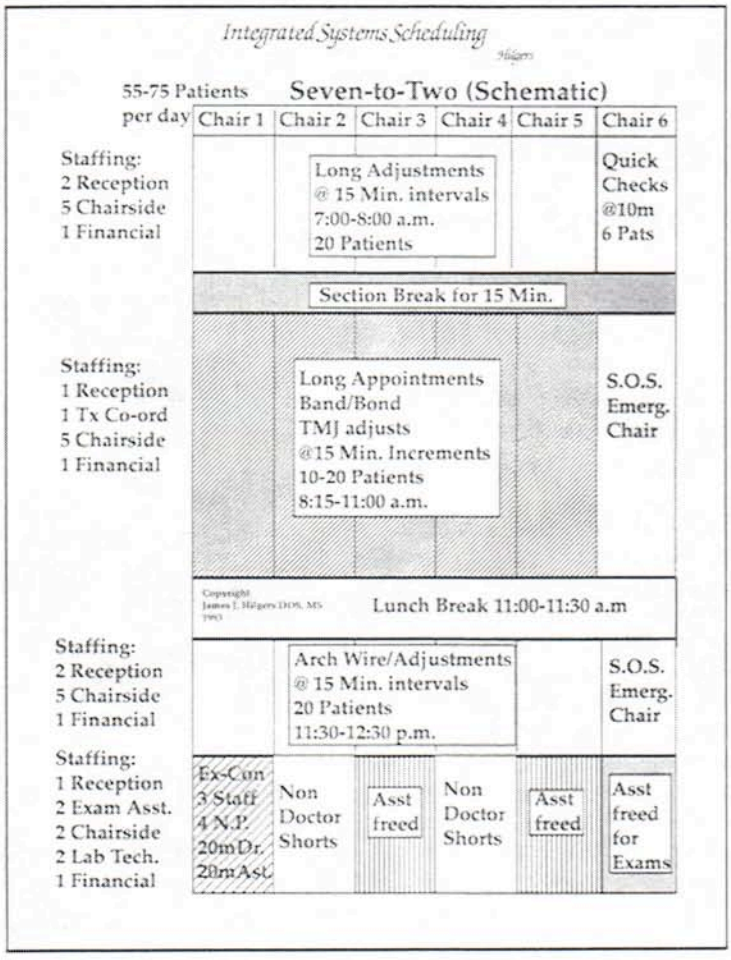
Seven-to-Two (see schematic)
Main advantage: Gets patients in before school. The seven o'clock times are the greatest in demand and, as a side benefit, it's always an excellent hour because the patients at that hour have a tendency to be very compliant. We take a half-hour lunch break at 11:00 A.M., just to tide us over, and we are on the street by 2:00 P.M. — especially nice during the summer when the beach is calling. From my personal standpoint, I can catch a 3:00 P.M. flight and get in an extra day wherever I'm going. This is, all in all, our favorite day.

Craftiness in Handling: The most common problems in scheduling

1. Patient has a loose brace at a regular adjustment or quick check appointment.
There are several ways of handling this sticky problem. Certainly it can be worked in when there is time when other patients have missed appointments or when other procedures were completed sooner than anticipated. With the new quick-etching procedures, it's possible to have a bracket back on the tooth pretty rapidly. But this should not interfere with being on time. So, I have an agreement with my staff that I will never make the decision about this matter. The staff will communicate with the operatory supervisor, a decision will be made as to whether this can be done without effecting the other patients, and if it can be done, it will be. We also look at holding the patient over to a longer treatment zone. For example, if a patient with an 8:15 adjustment time has a loose brace and can wait until 9:15 to recement, we can often do that in the SOS chair if that bracket is critical. Other than that, the patient is reappointed so that the rest of the day can stay on time.

2. Doctor wants to do more than is scheduled.
Shoot him! This is very irritating to the staff. Comfort and lack of stress is basically dictated by having a clear picture of the routine. (Isn't that also true in the rest of your life?) When the plan is drastically changed, particularly when there is not enough time planned to implement the instructions, upset ensues.





How can you have a plan of not keeping patients waiting more than five minutes and then mess it up yourself? That is like shooting yourself in the foot. Let the operatory supervisor control the time.

3. Patient wants long appointment at end of day, can never be taken out of school. We can do that. The patient is just going to have to be a little more flexible about when it can be done. We explain that everybody wants after-school appointments and we can't do it for all. If everybody shares the difficult times to fill, then there is leeway to have some after-school longs. Communication goes a long way in this area. I tell the chairside assistants to help the receptionists with this all the time. This is the best way to retrain your patients to share the "desirable times" more equitably (Figure 7).

4. Patient wants to talk too long. This is handled with eye contact. When I sense or my assistant senses that we're going to hear a whole life story, eye contact is made with the assistant. I can't explain "the look," but the assistants know it by heart. They will then firmly ask what

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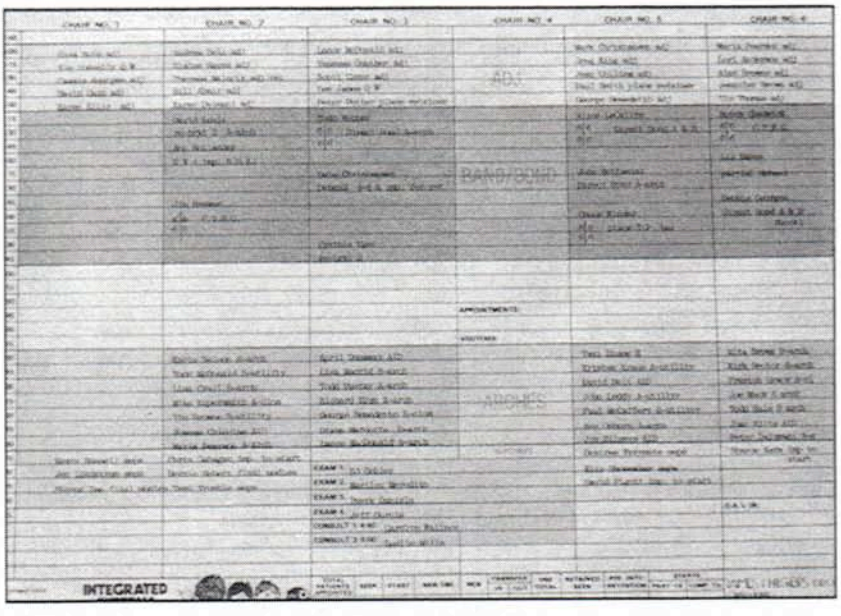

Figure 6.
Integrated Systems Scheduling is tried and true, having been used for many years on paper before finally being adapted to the computer. "It worked well when utilized on paper," states Dr. Hilgers, "but computerizing it really added to the ease and flexibility of the system. We just develop a whole new day putting the pieces together in a different way as the need arises and the practice changes. That is the beauty of this approach—its flexibility."

Dr. Hilgers

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else needs to be done today, and I am called away for a "critical" phone call. I sometimes wonder if some patients wonder why I always get one of these phone calls while they are in the office.

5. How does the patient know what you are doing?
We will tell the parent at each appointment what was done and what we are going to do next. This is done by making sure that the assistants go into the waiting room to collect the patient and tell the parent about the day's appointment. At the end of the appointment, the assistant takes the treatment card out into the waiting room, tells the parent what was done and presents the parent and child to the receptionist for a new appointment. If the child is particularly cooperative, we shout it out for all to hear. I even like to go over, stick my head into the reception room and praise the child to all within ear range. If we are not happy with compliance, we will take the parent and/or child into a mini-consult room. Never embarrass a patient or parent in front of their peers (Figure 8).

6. The doctor is on the phone too much... with the computer too much... chatting too much.
I am particularly guilty of this. I wear my staff out. I would like to be able to place all of my phone calls in the 15-minute break sections. The answer to this is to make an agreement. The operatory supervisor absolutely controls all of your time — no arguments, no rebuttals. When she says to be someplace, you're there. If you are not willing to follow the discipline yourself, why should others?

7. What do you do if the patient is continually late?
We do whatever we can in the time left. For example, if the patient is scheduled for 45 minutes and comes in 20 minutes late, we do what we can in 25 minutes. More importantly, it is never all that was to have been done and we apprise the patient that they need to be rescheduled for that. Then, they are not given the first available appointment — they are given a discretionary appointment. I am not partial to charging for these because the patient won't pay, confrontations ensue and your name is mud whether you were right or not. We just make sure that the habitually late patient doesn't get their way. If you give in, all you are doing is telling the patient that it's OK to drift in whenever they like.

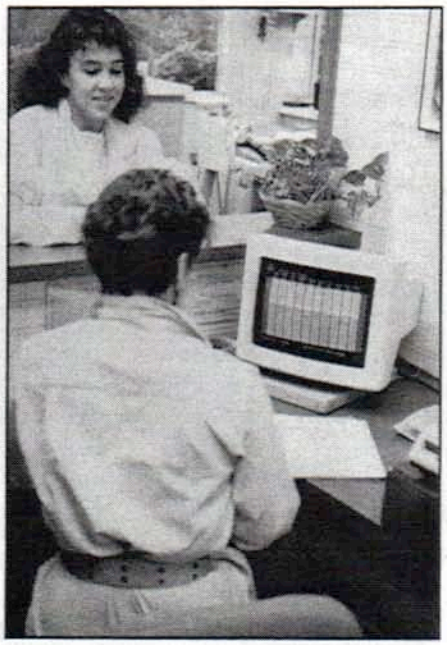

Figure 7.
"It makes scheduling easy for anyone in the office," states Ann Hernandez, "because we know we can't put patients in the wrong colored zone for the wrong kind of appointment. That's the discipline involved. Sometimes, I just turn the CRT around and show the mothers what we've got to work with. They understand better that way. As long as you know how long the upcoming appointment will take and have a little computer knowledge, *even the back office staff* can make appointments."

8. What if I can only come in on Fridays? Do you work Fridays?
We "do" work Fridays. Just not every one. By rotating the three days that we do work to cover every day, we are able to work two of each of the five working days each month. That allows us the flexibility to be able to say, "You can come in any of the five working days. If you have only one particular day available to come in, make several appointments in advance on our computer to save the days and times you are available. We have a lot of flexibility if you think ahead."

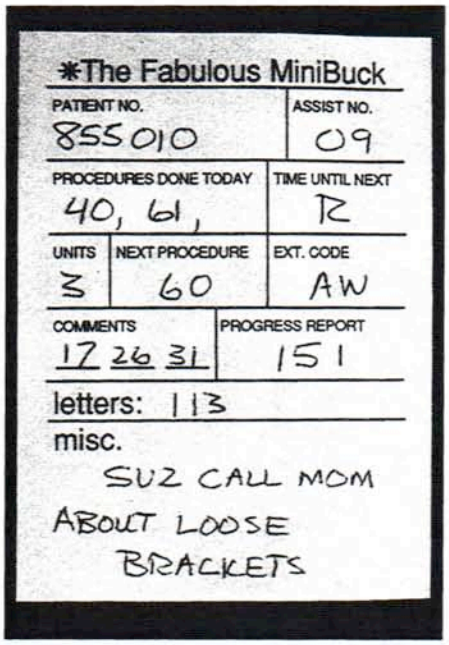

Figure 8.
Information about the patient's present appointment, next appointment and treatment progress is brought to the front desk on a miniaturized buck sheet dubbed the Fabulous MiniBuck by Dr. Hilgers' staff. It is printed on 3M "stick on" paper so that it readily adheres to the treatment chart and is discarded after the next appointment is made and word processing is queued. Sue Gleason states, "This is so neat and simple because it gives us the information we need in the exact order it should be entered into the computer, and it doesn't become detached on the way to the front desk. We tried bar codes but that didn't work very well."

9. How do you handle "Did Not Shows" (DNS)?
After trying every possible angle in the book, all confrontational, I have come to one conclusion about DNS patients. The only real answer is to take a page out of the airline manangement manuals. Overbook — not drastically — but overbook.

The Benefits of "Doing It Right"

A well-manicured scheduling system is a sight to behold. It takes stress out of the days, it gives patients the genuine feeling that you have enough time to properly care for them and it will ultimately create a platform to treat as many patients as you desire in less time. This will not occur, however, unless you are willing to pay your dues. Careful attention to planning, calling on the attributes of confrontation and discipline, and excellent communication skills should all add up to a much more comfortable office atmosphere. Good luck!

Integrated Systems Scheduling

Hilgers

Early Adjustments (Schematic)

65-90 Patients per day

Chair 1	Chair 2	Chair 3	Chair 4	Chair 5	Chair 6
	Long Adjustments @ 15 Min. intervals 8:00-9:00 a.m. 20 Patients				Quick Checks @10m 6 Pats
Section Break for 15 Min.					
	9:15-12:30 p.m. Long Appointments Band/Bond TMJ adjusts @15 Min. 10-20 Patients				S.O.S. Emerg. Chair
Copyright James J. Hilgers DDS, MS 1991	Lunch Break 12:30-2:00				
	2:00-3:30 p.m. Arch Wire Changes @ 15 Min. intervals 24 Patients			S.O.S. Emerg. Chair	With Doctor Longs 2-5 Pats
Ex-Con 3 Staff 4 N.P. 20mDr. 20mAst	Chrside freed	Non Doctor Shorts	Chrside freed	Non Doctor Shorts	Without Doctor Longs 2-5 Pats

Staffing:
2 Reception
5 Chairside
1 Financial

Staffing:
1 Reception
1 Tx Co-ord
5 Chairside
1 Financial

Staffing:
2 Reception
4 Chairside
1 Long Chrsde
1 Financial

Staffing:
1 Reception
2 Chairside
1 Long Chrsde
2 Cons Assts.
1 Lab Tech.
1 Financial

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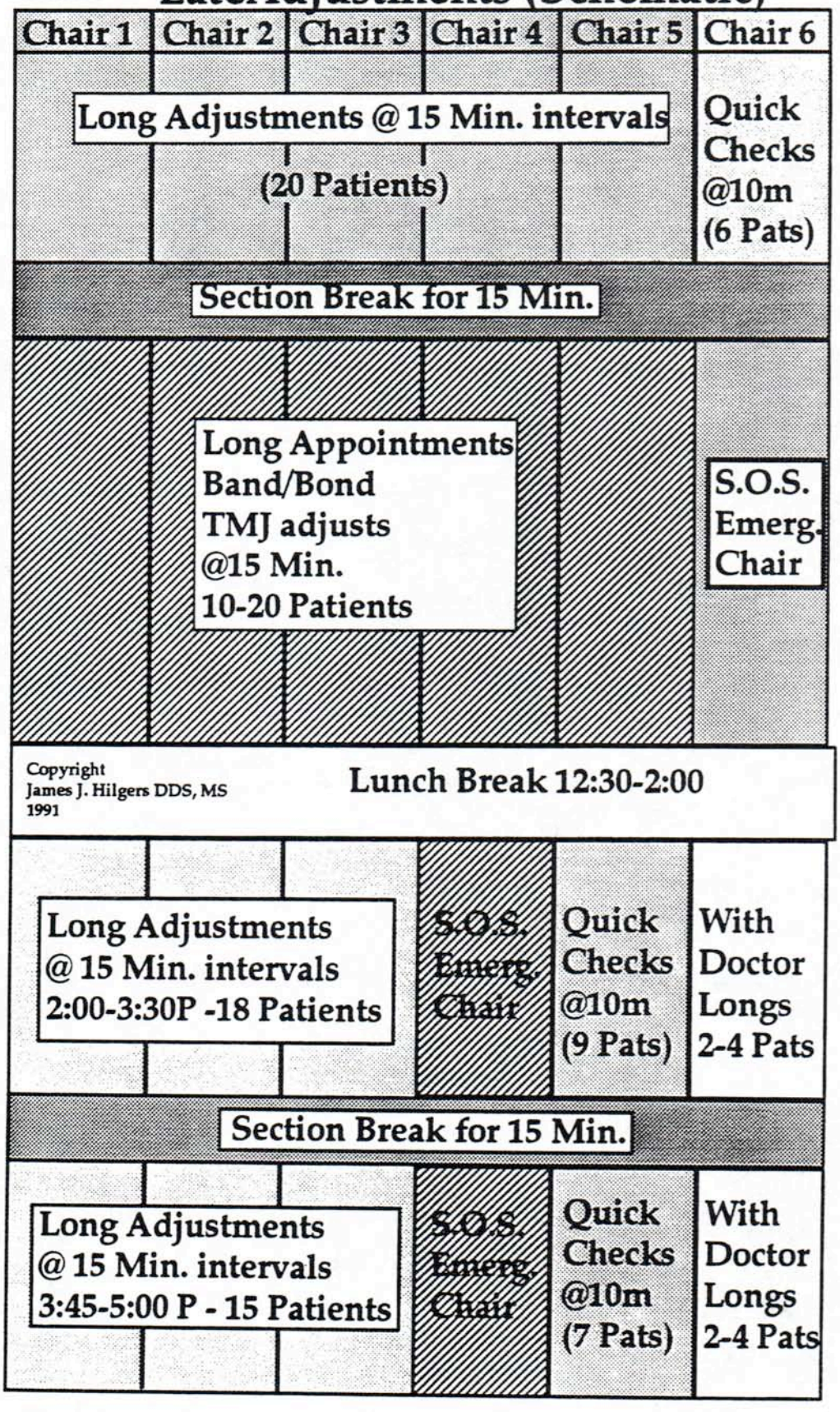
80-100 Patients per day

LateAdjustments (Schematic)



Staffing:
2 Reception
5 Chairside
1 Financial

Staffing:
1 Reception
1 Tx Co-ord
5 Chairside
1 Financial

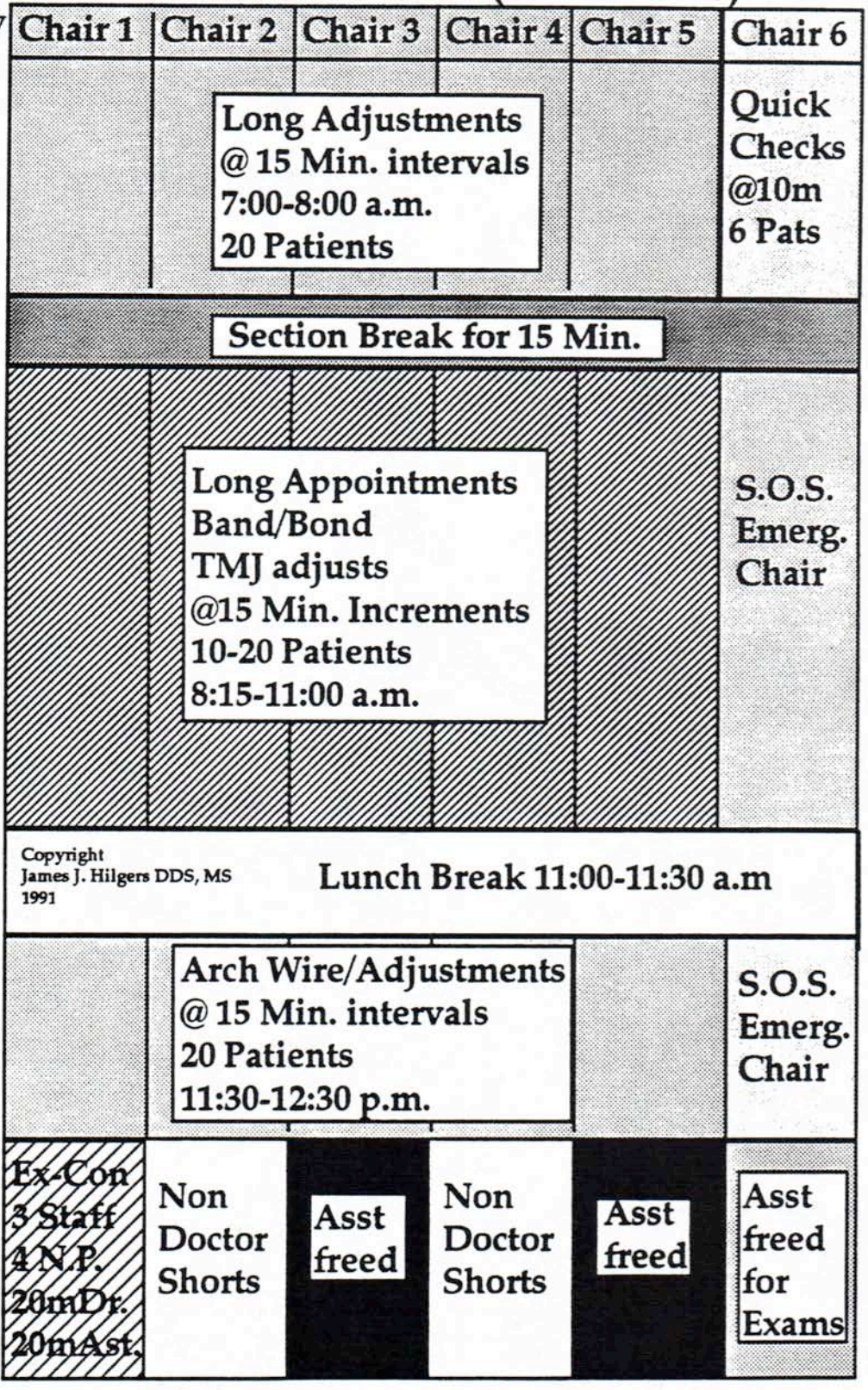
Staffing:
2 Reception
3 Chairside
1 QQ Asst.
1 Long Asst.
1 Financial

Integrated Systems Scheduling

Hilgers

55-75 Patients per day

Seven-to-Two (Schematic)



Staffing:
2 Reception
5 Chairside
1 Financial

Staffing:
1 Reception
1 Tx Co-ord
5 Chairside
1 Financial

Staffing:
2 Reception
5 Chairside
1 Financial

Staffing:
1 Reception
2 Exam Asst.
2 Chairside
2 Lab Tech.
1 Financial