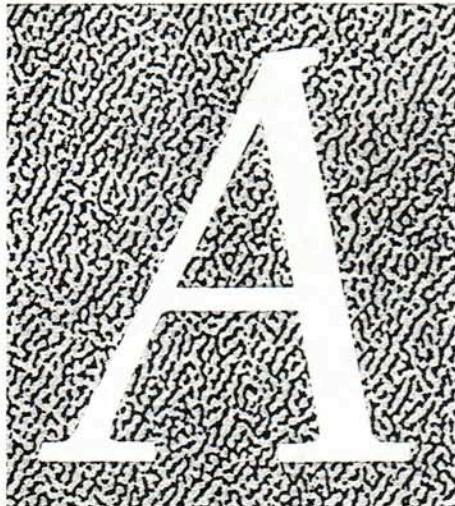


# Scheduling... At Last, A Scheduling System That Really Works - Part I



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## **Introduction**

ah, time — our most precious asset. Scheduling, or more appropriately, the want of proper scheduling, creates more havoc in most orthodontic offices than any other single management system. It almost goes without saying that it is paramount to quality orthodontics — it is simply impossible to have great orthodontics without properly allotted time. Regardless of how technically competent an individual and staff may be, these skills are squandered without the time to properly complete a given procedure.

In a recent survey asking Southern Californians to list their most common pet peeves or irritations, waiting in a doctor's office (improper scheduling) was second only to sitting in a freeway gridlock. Says a lot about how many of us treat our patients, doesn't it? Those surveyed went on to mention that they certainly thought their time was as important as the doctor's; so why can't he/she respect the patient's time equally? More damage is done the esteem of a practice where the patient waits incessantly than the practitioner can even remotely imagine.

## **Typical "Gotchas" Seen in Orthodontic Scheduling**

### **Patient waiting a long time for a short appointment.**

This leads to the commonly asked question — Parent: "What did the orthodontist do?" Patient answer: "Nothing."

### **Examination patients feel rushed/lack of concentration.**

It is impossible to give a good new patient examination when you glance into the operatory and see one of your assistants looking forlornly at you with a Hawley retainer and a three-prong in her hand. Concentration goes right down the tubes.

### **Practice "looks" too busy.**

A great scenario: Patients fill the waiting room, spill out the front door, down the

hall and into the donut shop next door. The new patient walks into this fiasco and your receptionist states, "Welcome to our office. Please take a seat and we'll be with you *real* soon." You can see the patients thinking, "When? Sometime this century?" (Figure 1)

### **Terrible efficiency. Going in five directions at once.**

Did you ever notice that the more behind you get, the slower everyone, especially the doctor, seems to go. It's almost like they're saying, "I'm sorry I'm so late in getting to you, but now that you're here, I think I'll just go ahead and finish the entire case today. Hey, that's just my way of trying to stay calm, cool, and collected."

### **Staff upset — always late to leave.**

One of the truly bonafide ways of endearing yourself to your staff. They really love having their lunch time shortened by a half-hour. Isn't that why "fast food" was invented? They also really dig going to the day-care center after it's closed and finding their five-year-olds roaming the streets accosting old people at the crosswalks.

### **The hurry-up-and-wait syndrome.**

"I know it looks like I have the biggest practice in the entire state. But, honestly, I only have fifty active patients. It's just that they all come in at the same time every month. If you would have come in an hour earlier, you could have gone bowling in the waiting room."

### **No focus time for other staff duties.**

"O.K., so I haven't filed a chart in three months. You tell me when I'm supposed to do it."

## ***The Goal: No patient will ever wait more than five minutes to be seen.***

First of all, you must be aware that *this is a very realistic goal*. I had to go into well-run, well-organized, and efficiently-scheduled offices to prove this to myself. I had the usual, "Yes, but what about...?"

cynicism before I actually observed proper scheduling procedures. I also realized that no office could simply adopt another office's scheduling procedure. It is imperative to comprehend all the pieces quite well, then put them together in a way that flows with your individual style (more on that later). The key is that ***you must have a commanding goal.*** The one we chose is: No patient will ever wait more than five minutes to be seen. We felt that if it were very apparent to our patients that we ran on time, that we would have a tremendous marketing coup in relationship to other practices in the area. Actually, I would like the patient to be able to walk in the front door and go directly to the chair without any wait whatsoever. ***It is crucial to understand that the goal can be achieved as long as you have one.*** Once you realize that, it really becomes a part of you; the goal can be adjusted and improved upon as time goes on. Experience tells us that if your goal is to have the patient wait no more than twenty minutes, they will probably be waiting forty.

### ***The Crucial Skills***

Proper scheduling is difficult because it requires two skills that are very difficult to master: **confrontation and discipline.** It would be well to look at these two skills to further understand their impact upon scheduling concepts.

**Confrontation:** Several years ago I was trying to learn Jay Barnett's scheduling system for "like things at like times." I was told that a young orthodontist in my hometown in Colorado had just instituted Barnett's system and that I should stop by his office and see how it was working. Since I was going home to ski anyway, I stopped by his office to observe a smoothly-running scheduling system, probably just trying to get my enthusiasm up for the drastic changes I was just about to make to my own antiquated system. As I walked into the waiting room, I saw a patient's mother standing toe-to-toe with



Figure 1: Staffing and proper staff utilization are so important to any efficient scheduling procedure. "Sometimes I think the patients wait longer to be rescheduled than they do to be seen for their adjustments," cites Susie Gleason. "We've beat that problem, mainly by getting the right staff mix, staggering schedules, and a little creative teamwork...but it certainly wasn't easy."

the receptionist, her face slowly changing from red to blue, as she angrily professed in no uncertain terms that she would not stand for the doctor's "stupid new scheduling system." After she left, I asked the receptionist, aside from the one irate mother, how it was going. "Terrible," she replied. "Nobody wants to give in. All of the patients want to be seen each day between three- and five-o'clock and they are not about to change, regardless of how I try to show them that it is really in their best interests to do so. I don't think this scheduling system will work in this office — our patients just don't want to change what they have done for years. I think we'll just have to give up and go back to our old methods." I walked out, thinking that this was, for me, too, the incorrect thing to do. I'd be better off holding my old cards.

As circumstances would have it, I went by this same office about six months later

when I stopped in to say "Hi." The transformation was unbelievable. As I watched the patient flow and rescheduling process, it was apparent that something major had transpired. Patients readily acceded to the times allotted them, there was virtually no waiting time in the reception room and the doctor seemed to

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have plenty of time to do what he needed to do, without beads of perspiration falling from his brow in his usual panicky sweat. I asked the receptionist what had happened. Had they, indeed, given up the "like things" concept? She replied that, no, they hadn't, that actually they had instituted the new scheduling system completely, and she went on to make a comment that I was later to learn is the entire basis for good scheduling. "We found out that we had to be willing to confront patients in our practice in order to do things in ways that were fair to all—patients and doctor alike. Once we got through some really tough months, it all smoothed out unbelievably. Now we would never go back to the disorganized mess we once had."

The simple fact that an entire practice cannot come in during a two-hour period each day should surprise no one. However, I am constantly amazed at the number of orthodontists who try to accomplish this miraculous feat. That is because the patients control the appointment book, not the doctor. The more and the longer they are used to having it their way, and their way only, the more the pain incurred when we try to change the system to one that is both more workable and more equitable to all concerned.

Once a workable schedule system is arrived at for your area of practice (that's right, where and how you practice have a lot to do with your scheduling procedures), it takes the patience of Job to stick to it. Virtually everything and everyone is against instituting a new scheduling system. The patients are against it because they want to dictate their own time, your staff is against you because of the pain of confrontation, and you are against it because you're probably not totally convinced it will work anyway.

**Discipline:** The discipline involved in changing your scheduling system is indeed challenging. I was told that it would take six painful months to switch over and that there would actually be patients leaving the practice because of it. Not so far off, really. To give you an idea

of how strongly many patients try to control your appointment book, I once looked up and saw a patient actually take the appointment book out of my receptionist's hand, turn it around, take a pencil and make her own appointment. I joked to my receptionist that maybe we'd be better off if we didn't try to discipline our patients at all and, perhaps, if we just let our patients troop in any time they'd like, day or night. Maybe I could just get a roll-away bed and be available twenty-four hours a day. I thought it might even be beneficial to put in one of those McDonalds drive-up windows at one end of the operatory so the patient could drive to the office at their time of choosing (anytime, day or night) and just stick their head into the window for their adjustments. I know this is starting to sound a little preposterous, but sometimes

Discipline means that in order to make any new system work, you must be willing to address the problems in the most logical and persuasive manner possible. It means that if you cannot retrain your patients, you are going to be stuck with seeing all of them between three and five each afternoon. With a little craftiness, however, it is possible for you to get what you want 99% of the time, and for the patient to get what they want most of the time. That is what this scheduling system is all about—allowing you to get your way while you demonstrate to the patient that their lot in life is fair and not too painful and that your scheduling system is designed to meet the most needs for the most people—patients, doctor and staff.

The discipline must start the day that you institute the new scheduling system. The best discipline always starts with good

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it really seemed like that was the direction in which we were headed.

When we alter a scheduling system, we are trying to alter the perceptions that people have about time. **We are really trying to retrain our patients.** And that is a very difficult process. Quite often, patients are under the guise (actually it isn't a guise, you've actually shown them it's true) that they can come in only when it's convenient for them. They have been shown over and over again by you and your staff that if they want to fuss long and loud enough, they are going to get their way. Truthfully, it is just a very small percentage of your practice that will not go along. They are such a boisterous few, however, that it will seem like everyone is complaining at once.

communication. I would suggest drafting a letter addressed to all of your current patients. It should state, in effect, that you are concerned, most of all, about the quality of care that you give them. It should tell them that you are concerned about their time, as well, and that it is your goal to never keep them waiting for longer than five minutes. In order to do that, you are going to work very hard on placing equity on their appointments so that everyone gets what they need and some great orthodontics, too. If you can, use a little humor in this letter. But be firm. Explain how your new scheduling system is going to work and, last, ask them to call your office if they need further

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clarification of the new procedures.

The second communication will come with all ensuing new patients. At the end of the consultation, your treatment coordinator needs to explain conceptually how your scheduling system works. She should explain how orthodontics is done (I like for her to use a metaphor, "It's like building a watch — lots of wheels and spindles and levers put together over a period of time to come up with one grand timepiece"). She should explain that it is our goal to not keep anybody waiting longer than five minutes. And that, "We've tried several different scheduling systems. This is the one that works the best. It is the one that is the most equitable to all our patients, and more than that, it is the one that gives the doctor the right amount of time to do the very best job possible." She will finish, "We will work with you in any way possible to see that your needs are met within our scheduling framework. If you have any special needs, perhaps we can look at those now to see how we can accommodate." In essence, we are telling patients that they can be seen at their exact time of choice, but they will have to give a little in some other area. Perhaps the day they're seen or the length of time between appointments will change, or they can have it their way one time and we get it our way next. (A little *fun bartering*, that's all this discipline stuff is.)

However, I must tell you that there is no way to get totally away from the confrontation and discipline. When someone has been doing something for a long time in a certain way, change often comes with pain.

Why so much about confrontation and discipline? Because without a strong commitment to these two assets, whatever scheduling system you choose is doomed to failure. You might as well go back to seeing everyone between 3:00 and 5:00. Go into the process of change with this in mind and you have a great chance of being where you want to be. **Good scheduling is nothing more than well-designed problem solving...and discipline and confrontation are the hallmarks of good problem solving.**

## TIMING MECHANICS SEQUENCES

### Procedure

### Ave. Indiv.

|                             |        |  |
|-----------------------------|--------|--|
| IMPRESSIONS STUDY MODELS    | 20 min |  |
| IMPRESSIONS / FACE BOW      | 35 min |  |
| SEPARATORS                  | 10 min |  |
| FIT CEMENT 6'S, 5'S         | 40 min |  |
| FIT/CEMENT LOWER 7'S        | 50 min |  |
| REFIT / CEMENT BANDS        | 30 min |  |
| DIRECT BOND SINGLE ARCH     | 40 min |  |
| DIRECT BOND DOUBLE ARCH     | 60 min |  |
| REDIRECT BOND               | 25 min |  |
| DEBAND / 3-3 / PL. MINITAIN | 60 min |  |
| ARCHWIRE PLACEMENT          | 20 min |  |
| CLOSING / UTILITY ARCHES    | 20 min |  |
| ADJUSTMENTS                 | 20 min |  |
| QUICK CHECKS                | 10 min |  |
| PLACE RETAINER              | 10 min |  |
| HEADGEAR PLACEMENT          | 40 min |  |
| FIT RPE / ALM / TP BAR/"W"  | 30 min |  |
| CEM RPE / ALM / TP BAR /"W" | 25 min |  |
| PLACE PENDULUM              | 30 min |  |
| FIT IMP HERBST              | 35 min |  |
| F/C HERBST                  | 25 min |  |
| TMJ SPLINT IMP / FACE BOW   | 40 min |  |
| TMJ SPLINT PLACE            | 30 min |  |
| TMJ SPLINT ADJ.             | 20 min |  |

Figure 2: Each staff member is timed completing every mechanical procedure utilized in the office. "I tell my clinical staff that they are going to be timed," states Dr. Hilgers, "but I also tell them that I am only doing this so that each of them has all the time they need to accomplish each procedure properly. It is important to stress to our staff that *quality is much more important than quantity*," he concludes.

### Where To Start

Instituting a new scheduling procedure always starts off by taking a good, long look at the demographics and genuine nature of your practice. Don't deceive yourself here. Look very carefully at what you presently have and what you want your future to be. (This amorphous concept is called **Vision**.) This includes many things, a few of which will be discussed here. With each of these considerations, I will give an example from our office to help clarification and understanding.

**How many days do you want to work?** It's always important to work backwards from your own desires because of

**Parkinson's Law, i.e., work will fill time allotted for it.** By truly choosing the number of days you desire to work, you are empowering yourself to create a schedule that meets your needs rather than your meeting the needs of the time allotted. The truth is, when good scheduling does take place, it is possible to be so much more efficient with time that what is now done in five days can be done in four or even three-and-a-half. In my office, I see patients actively 3 days a week (or 12 days a month). This allows for a day of non-patient work (management, diagnosis, communications, work in study). Many management experts say that you typically need about one day of supportive work for every three days of

productive work. This four days of work allows me three days a week for rejuvenation — whatever form that might take. Many clinicians would argue that you don't need that much organizational time. I would remind you that if you are taking your diagnoses home or coming into the office for "just a few hours," that this time should be counted also. If you don't adhere to this organizational ratio, something will give, and usually it is the quality of the practice.

As you can readily see, if you choose to work four days, you will need  $5\frac{1}{4}$  days for complete control, and if you choose to work five days, you might as well forget the weekend. Others would argue, "I do my management at the same time I'm doing my production." Again, this does not work well with an efficient scheduling system. You simply cannot be on the phone all day with referring doctors, let alone your stock broker, and be fresh, productive and communicative. Something has to and will give. I urge you to separate the two tasks as much as you possibly can. It is not my intention for you to go home with work. That is not fair to the rest of your life. When you walk out the office door at five o'clock, orthodontics is over. By defining what you do and when you actually do it, the rest of the time can truly be yours. And that can lead to more simplicity in life.

#### How do patients get to your practice?

Where you practice and how your patients get to your practice can certainly have an impact on your scheduling procedures. If your practice is close to the schools, and not many of your mothers work, and the schools are lenient about letting the children out for orthodontic appointments, you will have a much easier time than someone who practices in a rural area or where the schools are absolutely rigid about student attendance. Again, you must remember that we all have our difficulties with these problems. They can be handled with inventive problem solving. For example, in our area the children don't start school until 8:30 a.m. If we are open for adjustments at 7:00 a.m. one or two days a week, we can

pick up a lot of kids before school (or parents' work) even starts. Or we can work a lot during patients' holidays or school teacher planning days (your school district can let you know when these are). A friend of mine found that the only realistic way he could get the kids to his office during daytime hours was to buy an "orthodontic van" and transport the kids to and from the schools. True, this is a big hassle, but it certainly solved the problem for him and he is delighted with both the practical and the marketing benefits.

#### What is the nature of your mechanics and technical delivery system?

Simplicity in orthodontics pays great dividends in the scheduling arena. When each of the procedures you use is not time-consuming, it is possible to lump certain procedures together that would seem to conflict, at least from the scheduling standpoint. For example, several years ago we would separate archwire changes from adjustments in the "can only be done at one time" categories. That obviously severely limited when each of these patients could come in because we were increasing the number of "like things" categories. Then we discovered that by using preformed archwires and archwires that were easier to build and place (e.g., no multiple loops) that we could remove and place a new archwire just as quickly as we could do a regular adjustment. That means that since we can allot the same amount of time for each, it gives more times available for the patient to select from and, in general, made our scheduling process easier.

When technical efficiency improves and you become simpler in your mechanical approach, scheduling becomes smoother. The more unpredictable your standard procedures (TM splints, talkative adults, new procedures, etc.), the more likely the scheduling system will fail. *The key to efficiency in scheduling is the predictability of the time it takes for each of the procedures involved.*

#### How many patients do you feel comfortable seeing each day?

Many would think that this has something to do with efficiency. That is true only to

the extent that if you do procedures in a technically unpredictable way (timewise), you could see eight patients a day and still run behind. *No, this has to do with personal style.* It has to do with comfort level. It has to do with personal makeup. Some orthodontists are entirely comfortable seeing 130 patients a day, and nary a bead of perspiration will appear on their foreheads. They feel like they can communicate thoroughly with all, don't miss a step and would be bored to death to see a mere 80 patients a day. They are management oriented and like running the show rather than being the show. Others would feel uncomfortable seeing more than thirty patients a day, would feel like they really didn't have time to adequately bond with the patients or do things on the spur of the moment. There is no one correct style. Some like steak, some like potatoes. It becomes a problem when you are a potatoes person trying to eat steak or a steak person trying to eat potatoes. You need to know yourself in order to be able to know your style.

The major problem with most scheduling systems is that the doctor lets the number of patients and the number of days available dictate how many patients seen each day. This is, again, the circumstances controlling you, not you controlling your circumstances. I have run the gamut with the number of patients I have seen each day. I saw 30 patients a day (when my practice was new) and I saw 130 patients a day (when my practice was at its largest volume). I was one of those who became flustered and discombobulated when seeing 130 patients a day. Just my style. Just my personality. No matter how well we did things technically, I just didn't feel comfortable. Obviously, seeing the "right number" can change as technique and approaches change, but I have found that the ability to handle "busy-ness" and have your mind going in several directions at the same time is a matter of personality and how stresses are handled. Not seeing a comfortable amount of patients is tantamount to burnout. Also, this is something most need to learn about

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themselves, although, in honesty, most of us already know before we even start our orthodontic practice. It is simply an acknowledgment of "who we really are."

## How much auxiliary help do you use?

Your ability and propensity to use auxiliary personnel greatly affects your scheduling system. In some states it is illegal to utilize auxiliary personnel for a great many intraoral tasks. That means that the doctor must do more of the work and can only improve efficiency by improving skills in four-handed dentistry. It is my suggestion that you use your auxiliary personnel in every area that you are allowed by law. Not because you will be able to see more patients if you do (that is a secondary benefit) but because it will keep your staff from burning out. There aren't too many bright and efficient assistants who want to stand around and watch the doctor work. That is why so many assistants in general dentistry envy their counterparts in orthodontics. They can see that it is possible to stay in orthodontics a long time without getting bored, because the assistants are so integrally involved in the actual patient treatment.

## How long does it take everyone involved to accomplish a specific procedure?

It is important to break down each of your mechanical procedures into logical orthodontic sequences and then find out how long it takes each of your assistants

to accomplish each procedure. (Figure 2) It must be measured without the assistants knowing they are being timed. If they know they are being timed, it will greatly skew the final measurements. I tell my assistants, "You are going to be timed for each basic procedure we do in this office. This is not a race. If I felt that you were dawdling, I would tell you. No, I want each of you to take the amount of time that it takes to do the best possible job. I know that some of you are faster than others. But some of you are more gentle. And some of you like to communicate more with the patient. There is no right or wrong here. I just need to know, on average, how long it takes us to do each procedure so that we can give appropriate time increments to each. As things change and we improve, perhaps the times will change also." In this manner we can consistently take just the right amount of time to do each job. Also, it helps if you really have your mechanics figured out. When the orthodontist does things differently on every single patient, it is impossible to assign realistic time increments to virtually any of the procedures.

## When do you have the most energy to accomplish certain types of procedures?

As silly as this may sound, if you are a "morning" person, it will drive you crazy to be working at a slow pace at your most efficient time of the day. Conversely, if

you are an "evening" person, your engines just start to get revved in the late afternoon. That is when you will accomplish the most with the most enthusiasm and vitality. This simple fact will greatly effect when you like to see certain kinds of patients. I have a tendency to be a "morning" person. That is when I really come alive. So we will see 20-30 adjustment or archwire patients first thing in the morning. That will clear out a great many patients for other blocks of time. It sets the tone. It allows you to disperse other patients more equitably during the rest of the day. And, I don't like to have full consultations late into the evening—I have no life at that time. As a matter of fact, we do "same-day" consultations as often as possible for that very reason. In that way, I can "focus" on the patient when I am fresh and enthusiastic. Figuring out your particular rhythms is important for both efficiency and mental health. Remember, this is one of the great advantages of being your own boss. You can have all your patients in at midnight if you want. It's your practice.

## Can "flex" hours work for you or your staff?

I am a very strong proponent of keeping a well-trained staff for an extremely long time. As I tell them, "I'm older than you but you're catching up. If you stay here long enough—and I really want you to—you will eventually be older than me." But an older, more mature staff has needs that are quite different from a teenybopper staff. The thirty-five-year-old dental assistant typically has a family, children and needs that are vastly different from the eighteen-year-old assistant. We use a great deal of "flex" hours. Certain people work at certain times, depending upon their individual needs. Let me give you an example of what I'm talking about. When we start in the morning, we need to have all the lights turned on and the office ready to go. But this doesn't require the whole staff, just one or two people. So, when starting at eight o'clock, we have one person come in at 7:20 for setup. Others arrive at 7:50. Since I don't need two receptionists right away (there isn't anyone to make appointments for right at

Figure 3 (contributed by staff): Of course, one of the major hidden advantages for scheduling efficiently is that we keep Dr. Hilgers so busy that he doesn't have the slightest idea where we hide the See's Candy.



## January 1994

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |
| 2      | 3      | 4       | 5         | 6        | 7      | 8        |
| 9      | 10     | 11      | 12        | 13       | 14     | 15       |
| 16     | 17     | 18      | 19        | 20       | 21     | 22       |
| 23     | 24     | 25      | 26        | 27       | 28     | 29       |

8:00 a.m.), one of my receptionists arrives at 8:30 a.m. when the crunch begins. In turn, the people who come in earlier, leave earlier. Those who came in later, stay later. By using a little flex-time, it is possible to more accurately staff the office based on your own particular scheduling system. Remember, everyone doesn't need to come in at exactly eight and leave at five. Flexing the hours actually allows you to service the needs of your patients better. In addition, it helps you meet some of the more specific family and personal needs of your staff. (Figure 3)

### How many vacation days do you need? What about your staff?

How and when you take your vacation time greatly affects your scheduling system. By paying very close attention to the ebb and flow of patients into your practice, you can more adequately allow for time off. I used to take 7- and 10-day vacations routinely. When I did this, however, I constantly found myself overly busy before and after these vacations. It would create a lot of unneeded stress in the practice. If I took two weeks off, even if I added the extra days to catch up, it would greatly affect my bottom line financially. Using a three-day-a-week schedule, we found that it was possible to take six days off without affecting the office at all. That is, work three days (Mon., Tue., Wed.), take six off (Thu., Fri., Sat., Sun., Mon., Tue.) and work three (Wed., Thu., Fri.). Honestly, there aren't too many things I'd like to do that take more than six days. I do take two weeks off occasionally for a special trip. But I know what the costs are, and I really like to keep long vacations to a minimum because of what I know it does to my in-office schedule and to our staff. Likewise, knowing well in advance when my staff is going to be taking a vacation greatly helps with our schedule planning. I often tell them, "If you know you are going to be gone for a week a year from now, let's get it on the books." By knowing well in advance, it is much easier to portion out both the staff and the doctor vacation time.

### The Numbers Input

It is crucial to study your practice for the

## February 1994

| Sunday | Monday | Tuesday                        | Wednesday | Thursday | Friday | Saturday |
|--------|--------|--------------------------------|-----------|----------|--------|----------|
|        |        | 1                              | 2         | 3        | 4      | 5        |
|        |        | Gorman Institute/Lecture Fri 4 |           |          |        |          |
| 6      | 7      | 8                              | 9         | 10       | 11     | 12       |
| 13     | 14     | 15                             | 16        | 17       | 18     | 19       |
| 20     | 21     | 22                             | 23        | 24       | 25     | 26       |
| 27     | 28     |                                |           |          |        |          |

 Reg. Day    Seven to Two    Late Day

Figure 4: Different types of daily schedules are dispersed throughout the month according to numerical data concerning the present status of the practice. A precise schedule is settled on for each month a year in advance using schematics on a Macintosh computer. The further out you can schedule the doctor, the more leeway the staff has to meet some of their specific needs. Based upon our office's experience, shared information about what is going on for the entire next year helps relieve some of the anxiety we had when we only scheduled a couple of months in advance.

kind of information that allows you to make appropriate decisions about your specific scheduling procedures. (Figure 4) Evaluating numerically the way you like to do orthodontics, the demographics of your practice, and your overall mechanical efficiency is paramount to this process. Taking stock of these items dictates your specific flow and subsequent comfort level throughout the day. Ascertaining these numbers prevents you trying to put three pounds into a two pound bag. At a minimum, they include:

1. Number of active patients.
2. Average time interval between appointments.

3. Number of active, recall, and retention patients.
4. Ratio of starts, archwires, banding-bonding, adjustments, TMJ.
5. Number of new patients per day/month.
6. Full consultations per day/month.

### Summary

In Part I of this article, the typical problems of modern orthodontic scheduling have been addressed. In Part II, we'll take a look at a modular approach to designing a scheduling system that fits your specific needs and help you to put these concepts to work.