

COLOR CODING, BLOCK SCHEDULING, AND IDEAL DAY SCHEDULING

Scheduling for efficiency and profitability, while alleviating stress!

Improve your patient schedule from start to finish with tips for setting goals, making improvements, and avoiding the most common pitfalls. Stop overworking your patient schedule and let it do the work for you!

✓ BEST PRACTICES

- › Make scheduling a team effort
- › Perform time studies
- › Prevent broken appointments
- › Be on time for your patients
- › Be proactive instead of reactive
- › Communicate and calibrate with your team

✓ ACCELERATE YOUR SUCCESS!

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Practice success depends on the strength of a strategically planned schedule. It is important to have a systematic method for scheduling patients. On a daily basis, the entire dental team spends much of their day discussing and dealing with the topic of appointments: cancellations, broken appointments, no-shows, and patient E-R = C. Having a system in place will decrease the level of stress and increase revenue in your dental practice.

A full schedule translates into revenue and production only if the patients come in. If a practice loses 1 to 2 appointments/day, either on the hygienist's schedule or on the dentist's schedule, the lost production from this could be anywhere from \$100 (minimally) to \$900 per day, depending upon the procedure. Let's assume you have 200 working days during the year, the annual lost production works out to \$20,000 at the low end to \$180,000 at the high end. Take into account that if you lose even \$20,000 over the next 5 years. This is \$100,000, which can be used in many areas for a successful and profitable dental practice. Think about your salary being reduced by this much. This can really hurt a dental practice! Multiply these figures for a multi-doctor office, or for a solo practitioner with more than one hygienist. Improving practice performance in this one area alone could significantly improve the financial status of many dental practices.

Practice success depends on the strength of a strategically planned schedule. It is important to have a systematic method for scheduling patients. On a daily basis, the entire dental team spends much of their day discussing and dealing with the topic of appointments: cancellations, broken appointments, and no-shows. This is a big source of endless frustration. No-shows and cancellations are the biggest single source of lost revenue.

It is helpful to be proactive, have a strategic approach and design a systematic schedule. Having a system in place will decrease the level of stress and increase revenue in your dental practice.

Stephen Covey, author of many professional management and family management planning books has said, "*The key is not to prioritize what's on your schedule but to schedule your priorities.*"

WHAT IS AN "IDEAL DAY" & HOW TO MAKE IT HAPPEN

It doesn't need to be a calculus equation or statistics formula but there needs to be a strategic mathematical formula to make certain the practice meets their goals. It is not realistic to produce this same number each day. The important part is the daily average.

Having "Ideal Day" schedules and daily production goals also tend to reduce practice stress. Ideal schedules and daily production goals also tend to iron out the stress in dental practices. We encourage practices to schedule approximately the same production each day so that the practice is well paced. Otherwise, you have what I call a "*sprint and crash*" type of practice that can be exhausting.

STEP #1: CREATE A SCHEDULING TEMPLATE AND SCHEDULE TOWARD A SPECIFIC DAILY PRODUCTION GOAL

The general goal should be for each day to have a similar flow. The schedule needs to be dedicated to achieving the daily production, or it is unlikely that the practice will reach its annual production goals. Schedule larger, more productive cases in the morning when you and your team are energized.

65%



**OF DAILY
PRODUCTION
SHOULD BE
COMPLETED IN
THE MORNING**

(5 hours) and this time should be focused on higher-end procedures.

► **Note:** Purchase a “Year at a Glance” calendar and put it in a convenient location so that all team members can see it.

Determine vacation days, continuing-education days, holidays, administrative days, strategic planning days, etc. Decide how many days the doctor and team members will be working each year.

Now, divide the number of available days into the yearly production goal. This will determine how much will need to be produced per day to reach a goal each month.

AT-A-GLANCE Yearly Planner

> JANUARY

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> FEBRUARY

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> MARCH

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> AUGUST

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> SEPTEMBER

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> OCTOBER

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> NOVEMBER

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> DECEMBER

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- CLOSED NEW YEAR
- CLOSED MEMORIAL DAY
- CLOSED LABOUR DAY
- CLOSED VACATION
- CLOSED FOR 4TH OF JULY
- CONTINUING EDUCATION DAYS
- CLOSED FOR CHRISTMAS

Example of How Production Goals are Determined by Doctor:

► **First:** Create a simple production goals number based off the new required revenue as determined from the budget. Schedule productive cases in the morning when you and your team are energized. The daily targets recommend are:

Yearly production goal, divided by days worked = daily collection goal \$ _____

Determine what each producer will need to generate each month to hit your total practice goal. Every producer must have a specific target to achieve each month.

Daily Goal for the doctor (s) is: \$ _____

Daily Goal for the hygienist (s) is: \$ _____

For example if the business needs to generate \$950,000 to meet its expenses annually and anticipates working 120 days, the goal for each day is \$ 7916 per day. If the doctors anticipate producing 70% of the goal, their daily goal becomes \$5542 a day. The hygienist would be responsible for \$2374 each day.

The idea is to have 12 equally productive months so that you don't get to the end of the year and wonder how they

did. It is much too late at that point. As successful business people, the dentist wants to define a strategic business plan and stay on course throughout the year. If they are not on course, careful and regular evaluation will give them the opportunity to adjust before it's too late. A month that is made up of evenly productive days will be less stressful than a month that is full of high days and low days. This "roller coaster" type of scheduling leads to stress, not to mention financial security concerns.

► BE PROACTIVE. FIRST THINGS, FIRST.

This allows you to take control of the schedule and the schedule will not control you. When setting up your annual schedule template, decide how much production you need to stay in the black. Decide what procedure blocks will be added and at what times on the schedule. Many practices make the mistake of scheduling by reactively filling empty time slots. Schedule today and tomorrow first. When today's schedule is filled or meets your production goal, schedule tomorrow.

Most people have more energy at the beginning of the day and as the day progresses they tend to run out of steam. For many people the time after a lunch break seems to create a decrease in energy. Try having longer, more intensive treatment options in the morning. This is the time to fill the schedule with longer procedures and high-production cases.

When you have a strong scheduling system in place you have increased productivity and profitability. When you create a schedule with production as a priority you create harmony, less stress and help the practice meet all the daily goals; production and otherwise.

One of the key principles of scheduling is always do the most productive things first. There should be time blocked off every day for productive procedures. We suggest you pick specific hours, usually in the morning, where 65% or more of the daily production occurs. This could be in 1-3 hour time blocks allocated toward certain fee level cases. Otherwise, the schedule tends to get clogged with all types of dentistry. The practice will become busier over time, but will be filled with small cases or minor procedures.

STEP #2: DETERMINE DOCTOR TIME AND ASSISTANT TIME. THEN SCHEDULE EACH PROVIDER.

Procedural time studies are a methodology to examine exactly how much time a dentist or team member needs to perform each appointment. Identify the services that equal 80% of all scheduled production.

► **DELEGATE:** a key word and key strategy for productivity in dentistry today. Delegation means that whenever possible, you assign a responsibility to an auxiliary person. Determine all that is legally possible for a clinical assistant or hygienist to do in your state. Provide the necessary education and skills so that the auxiliary persons will be competent, comfortable, and confident with their responsibilities. The doctor will do the things that only a doctor can do. All else will be delegated to excellent auxiliary personnel.

Once you have determined what can be delegated, provided the necessary training, and let go of the role as someone else tries it, take the time to write down a breakdown of each of your major procedures. Identify doctor time, assistant time, and decontamination time. Indicate what is happening during each phase of treatment, how long each part takes, and who is doing what.

Schedule a team meeting to analyze each major procedure. Have all members of the team at this meeting. The scheduling coordinator will do a better job of scheduling if she understands what's going on during each procedure.

Once you have completed this process, take these "analysis sheets" into the clinical area for a "time in motion" study. Do this for a week or two. Once the clinical assistants put their stamp of approval on the sheets and determine they're accurate, give these analysis sheets to the scheduling coordinator so she can precisely orchestrate the schedule.

The following is an example of a 'procedure analysis sheet.' You can see a breakdown of the procedure that indicates clinical assistant time, and doctor time. These symbols can be identified in the practice management software to determine when Dr. is occupied and cannot be in another place at the same time. This information needs to be clearly identified on the schedule.

PROCEDURE ANALYSIS WORKSHEET

THE PROCEDURE ANALYSIS WORKSHEET

Is essential for concise scheduling. Without this data, the scheduling coordinator cannot engineer the appointment book. Time is wasted, individuals are not used effectively, productivity is diminished, and stress can result.

► **Note:** Create one of these sheets for each major procedure. Place a formula at the bottom of the sheet for multiple teeth, surfaces, etc. For example: "For each additional crown, add one unit of time for the prep and one unit of time for the temporization."

SOME PROCEDURES INCLUDE:

- Crowns
- Quadrant dentistry
- Surgical cases
- Implant restorations
- Veneers
- Root Canals
- Active Hygiene Therapy
- Whitening

Whatever the procedure, the assistant will have to observe and document a number of factors in the moment. As you note both the time of day and the actual units the procedure takes, remember to include pauses or disruptions in the appointment. Time studies can (and should) reveal the amount of interruptions that typically occur during production. If the doctor leaves for a hygiene check, make sure that time is included. "Actual Units" means the total time from when the patient is seated, until the time the procedure is finished. As you closely watch the duration of typical procedures, you may notice regular interruptions are setting you back.

These are not written in stone! Each patient is unique and there will be variables. You are working with human beings and there are special circumstances and unexpected situations. However, these will serve as a guideline and that's more than most practices have. A guideline will make it possible for you to smooth out and streamline your days.

STEP #3: MAKE ROOM FOR NEW PATIENTS

Run a practice analysis to determine how many adult and children new patients you are getting monthly and proactively block time into the schedule. New patients are the key to continually increasing practice production. By reserving specific blocks in the schedule, practices can accommodate new patients quickly and efficiently. The target for scheduling new patients once they have contacted the practice is within 7 days while motivation and interest are high. Given that a significant portion of doctor production is generated from new patients, this is an essential point.

STEP #4: USE 10-MINUTE UNITS

Using 15-minute increments on the schedule costs the practice approximately seven days of treatment time every year. This means the doctors are working that much harder and not smarter. When you change the practice schedule to 10-minute units you are able to schedule procedures with a higher degree of accuracy. When you utilize 10-minute units of time the practice can schedule a 20-minute procedure with ease. With 15-minute units, the procedure must be scheduled either with not enough time (15 minutes) or too much (30 minutes). Ten-minute units will now offer greater flexibility and result in increased productivity.

STEP #5: CREATE A TEMPLATE FOR EACH OPERATORY

Every 10-minute unit needs to be put into the schedule in advance. A schedule built on a 10-minute template outlines exactly how every 10-minute increment will be used for each operatory. Doctor and the auxiliaries need to take a look at the 10 minute units first. This is how they will know how each day is going to flow. This needs to be reviewed even before the team huddle begins.

STEP #6: COLOR-CODING

Through color, labeling operatories and block time, you can set up your schedule to easily see open time for each provider. Determine the Doctor's side of the schedule first to reach the desired production goal and then work on scheduling hygiene schedule blocks to coincide with Dr. schedule and to control hygiene exams/interruptions. Have teams determine the value amount of each colored appointment and what types of treatment can fall into each category. Make a master sheet of each color breakdown that can be accessible from the operatories for future scheduling.

| | | |
|--------------|---|-----------------|
| YELLOW TIME: | > | New Patients |
| BLUE TIME: | > | High Production |
| GREEN TIME: | > | Low Production |
| RED TIME: | > | Emergency time |

PREPARING A COLOR-CODED, IDEAL DAY POLICY & SYSTEM

What & Why:

What is the team trying to create with this policy and system, and why is it important to your practice? How will this system benefit your patients, your team and your business?

Who:

Who will be responsible for following this policy and system?

When:

What one-day of the week will you start color-coding your ideal day?
When will this policy be evaluated for results?

How: Suggestion:

Try to keep your color selection simple. Typically teams use 4 - 5 colors. Often teams will choose a system such as this:

| | | |
|---------------------|---|------------------------|
| YELLOW TIME: | > | New Patients |
| BLUE TIME: | > | High Production |
| GREEN TIME: | > | Low Production |
| RED TIME: | > | Emergency time |

YELLOW TIME:

New patient management is one of the single greatest keys to success in a practice dedicated to excellence. New patients should never be worked in between other patients when you are busy and hurried. They should normally be the first patient of the day or the first patient after lunch. The idea that you "don't have the time" to take thorough records for every new patient is, without a doubt, a shortcut to failure.

BLUE TIME:

High production appointments are typically the longer appointments and should have the fewest interruptions of the doctor's time. As a rule, blue time is in the morning and is reserved for your "A" dentistry. The goal is to meet your production goal before you take lunch. Your daily production comes directly from your practice budget. The purpose of this is to get the money pressure before you take lunch therefore freeing your afternoon up to do less productive appointments. Most offices have found that they need at least five hours of high production time in the morning to reach their goal.

GREEN TIME:

Low production does not infer less important. As a rule, green time is in the afternoon (after the new patient appointment) and is reserved for your "B" dentistry and those procedures that are less productive.

RED TIME:

Emergency appointments are for palliative treatment only. It is important that the scheduling coordinator be able to distinguish between an emergency and an urgency at the time of the patient's call. These appointments, while an important service, should not infringe on patients who have reserved your time in advance.

During your initial ideal day, answer the following questions:

1

What appointments can be double booked on your ideal day? Or, do you prefer that on this one day, you don't double book?

2

What types of "blue" appointments get scheduled during the morning?

3

When are new patients and consultations scheduled? Suggestion; many teams prefer to see new patients after lunch and consultations at the end of the day. By seeing consultations at the end of the day it allows your team to have some quiet time to prepare for the next day.

4

What types of low production appointments are scheduled in the afternoon?

5

Many doctors elect not to treat children on this one day per week. Are there certain procedures or types of patients you choose not to treat on the ideal day?

6

If you lose a blue appointment due to a cancellation, what type of appointment should be scheduled in that spot? Suggestion; often times the team will feel the pressure to keep the doctor busy so they schedule a low production appointment in a high production spot. Give your team clear guidelines on how to replace blue appointments. A recommendation is to try and replace it with a high production appointment, see a new patient or do a consultation first. These appointments build future revenue and keep the reactive behavior of just getting another patient in the chair to fill a hole in the schedule. By doing this you will be back into the single tooth model and not building your comprehensive care model.

7

How will the clinical team communicate with the administrative team when to schedule a patient for their next appointment? Suggestion; often teams will color code their routing slip with a colored check mark so they administrative team knows when this patient needs to be scheduled.

Dental Procedures Color Classification Example

BLUE DENTISTRY

- LAMINATES
- MULTIPLE UNITS OF DIRECT RESINS (ANTERIOR OR POSTERIOR)
- INLAYS/ONLAYS (PREPS/IMPRESSIONS ONLY)
- CROWN AND BRIDGE
- DENTURES, RPDS (IMPRESSIONS)
- IMPLANTS
- SIMPLE ENDO
- MULTIPLE EXTRACTIONS
- POST AND CORES
- TMJ/OCCLUSAL WORK-UPS (INCLUDING EQUILIBRATION, SPLINT IMPRESSIONS, ETC.)

GREEN DENTISTRY

- CROWN AND BRIDGE (INSERTIONS, TRY-INS)
- INLAY/ONLAY INSERTIONS
- RPD, DENTURE INSERTIONS
- SIMPLE EXTRACTIONS
- COMPLEX ENDO
- CORE BUILD-UPS (EXCEPT MULTIPLE UNITS – "A")

RED DENTISTRY

- EMERGENCIES
- RECLINES
- MINOR OPERATIVE PROCEDURES
- FOLLOW-UP/POST-OP EXAMS (INCLUDING SUTURE REMOVAL)
- CONSULT

CHAIR UTILIZATION CALENDAR

Below are two scenarios of how to add more chair time to your calendar without changing your current schedule.

Work with your coach to help customize your calendar.

Example One: One doctor practice must accommodate an additional 8 hours of hygiene to support the needs of their patient base.

| Chair | | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|----|--------|---------|-----------|----------|--------|
| Chair 1 | AM | DR | DR | DR | DR | |
| | PM | DR | DR | DR | DR | |
| Chair 2 | AM | DR | DR | DR | DR | |
| | PM | DR | DR | DR | DR | |
| Chair 3 | AM | H1 | H1 | H1 | H1 | |
| | PM | H1 | H1 | H1 | H1 | |
| Chair 4 | AM | H2 | H2 | H2 | H2 | |
| | PM | H2 | H2 | H2 | H2 | |

Example Two: By giving up Chair 2 on Thursday, the practice adds 8 hours of hygiene time to the schedule without compromising the doctor's schedule. (Doctor will do all large cases out of one chair on Thursday)

| Chair | | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------|----|--------|---------|-----------|----------|--------|
| Chair 1 | AM | DR | DR | DR | DR | |
| | PM | DR | DR | DR | DR | |
| Chair 2 | AM | DR | DR | DR | H3 | |
| | PM | DR | DR | DR | H3 | |
| Chair 3 | AM | H1 | H1 | H1 | H1 | |
| | PM | H1 | H1 | H1 | H1 | |
| Chair 4 | AM | H2 | H2 | H2 | H2 | |
| | PM | H2 | H2 | H2 | H2 | |

The same technique can be applied to accommodate any additional provider. In these circumstances, Ideal Day Scheduling is required to support the economics of this choice.

MORNING SAMPLE OF PERFECT DAY

► **Example:** One doctor practice must accommodate an additional 8 hours of hygiene to support the needs of their patient base.

| TIME | Chair 1 | Chair 2 |
|-------|--------------------|-------------------|
| 7:00 | > \ Susie Anderson | |
| :10 | > x | |
| :20 | > x | |
| :30 | > x | |
| :40 | > x | |
| :50 | > x Bridge Prep | |
| 8:00 | > x | |
| :10 | > x | |
| :20 | > x | |
| :30 | > x | |
| :40 | > x | |
| :50 | > x | > \ Ron Williams |
| 9:00 | > \ | > X 14 Crown |
| :10 | > \ | > x |
| :20 | | > x |
| :30 | | > x |
| :40 | > \ Betty Smith | > x |
| :50 | > \ | > x |
| 10:00 | > x | > \ |
| :10 | > x New Patient | |
| :20 | > x | > \ Toni Needham |
| :30 | > \ | > x 30 MOD, 31 DO |
| :40 | > \ | > x |
| :50 | | > x |
| 11:00 | | > x |
| :10 | > \ Bill Jones | > x |
| :20 | > x 14 DO | > \ |
| :30 | > x | |
| :40 | > x | |
| :50 | > x | |