



The MGE

Practice Recovery Workshop

CHECKLISTS & RESOURCES

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PURPOSE AND POLICY ACTION ITEMS

PURPOSE: To familiarize the entire team with required prevention procedures in the office and to get these procedures drilled in so that the staff know them “cold,” and don’t have to “think about” how to perform them.

1. Meet with your team and discuss/clarify the purpose of your office. Get them on board with achieving it and ensure they can see its importance above all else.
2. Get policies written and instituted on all subjects related to new processes. Some of which may include: (This is a big list but by no means complete...as the doctor, you would have to judge what is needed. The ADA has an excellent list of templates to this end.)
 - Modifications to appointment process (i.e. pre-screening, checking for change in address of benefits).
 - COVID-19 screening policy for both patients and staff
 - PPE policy
 - Financial policy modifications (how payment is made),
 - Office cleaning/turnover and sterilization policy
 - Updated consent forms
 - Possibly some type of staff acknowledgment and waiver,
 - At-risk patients, potentially ill patients
 - Intake, registration & check out policies
 - Clinical & procedural changes
 - Staff and office protection
 - Employee illness and general prevention guidance (e.g. handwashing & prevention)
 - Seating, scheduling and managing patients in the office.

3. Determine the key procedures from these policies that you need to drill.
4. Work out which procedures should be dummy run.
5. Build time into the schedule to drill and dummy run these new procedures.
6. Make simple checklists for any important, repetitive, multi-step processes that you've recently instituted and get these to the appropriate team members.
7. Drill and dummy run regularly until your team can do these steps cold – without thinking – especially important as you're adding new team members

SAMPLE POLICIES, CHECKLISTS AND FORMS FROM MGE CLIENTS

Patient Screening and Routing Checklist

- Patients are to enter the building and use the hand sanitizer on the table in the foyer. There will be a sign directing them to do so.
- They will then proceed to the right into suite 102 where we will have a team member in proper PPE greet them. Again, there will be a sign directing them to enter suite 102.
- The patients are to go through the waiting room into the main room of the suite and follow the taped spots on the floor until it is their turn to be screened.
- The patient's name will be asked and written on the screening form. The patient will then be given the screening form on a clipboard to quickly answer the questions about them and COVID-19. Any "yes" answers will need further consultation with the doctor.
- The team member will then record the patient's temperature (must be <100.4 F). If it is 100.4F or above it will be explained to them that these are the CDC/ADA guidelines that we have to follow. Advise them to isolate and evaluate their symptoms and seek help from their doctor if symptoms persist. Have the patient sign the form. Please dismiss the patient.
- The patient will read and sign the waiver.
- The team member will record the patient's cell phone number and tell him/her to return to their car and we will contact them when ready for the appointment and they can proceed into the main office. *The patient heads to the car unless the team member is notified via Dental Link ("Check-In" in Dental Link) that we are ready to seat the patient when they arrive. *If the patient has insurance changes and needs to provide information, he/she is directed to front desk of main office to give this info. That team member directs him/her to their car at that point and gives them their insurance card on the way out at the end of the appointment.
- The team member in suite 102 goes into the patient's appointment in Dentrix and changes the status to "READY."
- When the clinical team member is ready (or about ready to save time) they message the team member who will be listed as "Check-In" on Dental Link to contact the patient to come in. The clinical member goes over to screening and picks up the screening form for the appointment and greets the patient in the foyer (masked of course) or lobby of the office and takes them to the operatory. The clinical member marks the appointment status as "SEATED."

- The clinical member has the patient swish with the 1% peroxide solution for 30 seconds and proceeds with the appointment.
- The screening form stays in the operatory and is to be reviewed with the patient by the hygienist/assistant/dentist.
- At the end of the appointment, the screening form is taken up to check out and given to check out to be immediately scanned and attached in the patient's Document Center. It is then to be shredded.

****The screening/waiver form is to be completed by anyone who is entering the office with the patient as well. This includes a guardian of a minor and people assisting with transportation of the elderly or disabled. One guardian per minor is allowed and no siblings without appointments are to be permitted.

CLINICAL PROTOCOL

MAY 6TH, 2020

1. Throughout the day
 - a. Front staff: hold onto ONE mask and wear at all times
 - b. Clinical staff: hold onto ONE mask and ONE N95 mask
 - i. Wear N95 during treatment
 - ii. Keep the other mask for outside of op, keep this mask on at all times unless you are taking x-rays or delivering treatment
2. Before entering the op (operatory) to deliver treatment to patient:
 - a. Wash hands
 - b. Dry hands
 - c. Use hand sanitizer
 - d. Put on a gown
 - e. Put on N95 mask
 - f. Put on additional mask over N95
 - g. Put on eye protection
 - h. Put on gloves
 - i. Step into op
3. When finished delivering treatment to patient:
 - a. Step out of op
 - b. Take off eye protection
 - c. Take off outer mask and dispose
 - d. Take off N95 mask and keep for personal protection
 - e. Take off gown
 - f. Wash hands
 - g. Dry hands
 - h. Use hand sanitizer
 - i. Put on mask (from item 1a)
4. When entering op but not to deliver treatment:
 - a. Wash hands
 - b. Dry hands
 - c. Use hand sanitizer
 - d. Put on mask (from item 1a)
 - e. Step into op
 - f. Stay as far back as you can while talking to patient
 - g. Do not touch patient
 - h. When finished, step out of op
 - i. Wash hands
 - j. Dry hands
 - k. Use hand sanitizer
5. Taking x-rays:
 - a. Wash hands
 - b. Dry hands
 - c. Use hand sanitizer
 - d. Put on N95 mask
 - e. Put on additional mask over N95
 - f. Put on eye protection
 - g. Put on gloves
 - h. Step into op
 - i. Take x-rays
 - j. Clean sensors, buttons, x-ray head, lead vest, & all else touched
 - k. Step out of op
 - l. Take off eye protection
 - m. Take off outer mask and dispose
 - n. Take off N95 mask and keep for personal protection
 - o. Take off gown
 - p. Wash hands
 - q. Dry hands
 - r. Use hand sanitizer
 - s. Put on mask (from item 1a)

Providers PPE policy

Doctors:

1. N95, kn95 mask- use it at least 2-3 days or change it sooner if soiled
2. Gown - use it few days (4-5), change it sooner if soiled
3. Loupes/ glasses
4. Face shields if you like

Hygienist

1. N95, Kn95 and level 2/3 mask on the top of it- change the n95 and kn95 mask daily or sooner if soiled. The level 2,3 mask you can change more frequently
2. Gown- every 2,3 days or more frequently if soiled
3. Face shield- disposable ones every day/ reusable ones- wipe it with caviwipes
4. If you are using cavitron- high vac use is necessary- use isolate or have assistant help you to suction

Dental Assistant:

1. N95, kn95 and regular surgical mask on the top of it. Change the mask every day or more frequently if soiled
2. Gown- change every 2-3 days , more frequently if oiled
3. Face shields mandatory while any aerosol procedure is done
4. Otherwise use glasses
5. When doctor is using high speed hand piece or air water syringe, make sure to use high vac suction
6. Use caviwipes/ spray to clean chair and all the surface areas
7. Turn on and off UV light over suction everyday

Wellness Policy for office

Patients:

When calling to confirm:

- 1) tell them when appt is, make sure they say they're coming.
- 2) Let them know about forms they need to fill out that are now available online (at minimum the "wellness form"). Be sure they know there is a link for each form. You will need to determine this before calling the patient so you can let them know which forms to fill out. We can send these links out either on text or email. Make sure to confirm the information we have on file for whichever method they say. (ex- if they say email, make sure we have the correct email address)
 - If they're not able to access internet before they come or they state any objections, let them know we have paper copies of the forms in the office, but they will need to fill them out in the car when they arrive
 - List of forms that could be sent: Wellness form, Medical History update, New Patient forms
 - After confirming the appt, let the receptionist know which forms to send and by what mode of communication.
- 3) Let them know about the "text-when ready" system we're implementing (see below) (arrive at office and wait in car and we'll text them know when we're ready for them to come inside AND let patient know that we will not let any companions wait for them in the office unless it's a minor child or a caregiver)
- 4) Explain wellness program (see below)

For patient appointments:

- Receptionist: At the end of each day, make sure to put together a list of patients still needing paperwork filled out for the next day (not received via electronic correspondence). Pull the physical papers for them for next day. In the morning before huddle, check to see if any of those patients filled out paperwork overnight. Remove any paperwork that was completed overnight. (consent forms must be filled out on paper instead of using the iPad)
- Receptionist: At the end of each day, note on the schedule who needs health history updated for two days out. This way the scheduler will have that ready when she confirms those patients the next day.
 - When patients arrive for their appt, we're follow the text-When-Ready system outlined below. The patient will call and you instruct them to remain in their car. If they are not due to update their medical history, please ask them to update phone number, address, any change in insurance info, email. (if change in ins info, please have them get the ins card ready so we can make a copy when they come in). If they are updating their medical history, only ask them about any changes in their dental ins.
 - Make sure the patient's paperwork is current and has been received in the computer, let them know about any deficient paperwork and/or consent forms needed, and then ask what car they are in so you can run that out to them.
 - If you run out to the car, take their temperature outside. If they don't have any paperwork, you can take it when they arrive. Patient's temperature must be documented in the chart.

- Also, be sure to confirm the number you will text back on. Make sure they can receive text messages. If they're not able to receive texts, let them know you will call them back at the number they called from
- Check to make sure the assistant or the hygienist is ready to receive the patient at the front desk. Review "wellness form" to see if patient has any "yes's".
- Text (or call) the patient back and ask them to come in.
***If patient has any yes's on their wellness form and/or has a temperature over 100.4, we need to reschedule patient for no sooner than 14 days later.

Text-When-ready: Patients are to call us when they arrive at the office and remain in their car. We will text them when we are ready for them so they are not waiting in the waiting room. When they call, we will quickly verify their information is correct (ins info, address, phone, email). Provider is to meet the patient up front and escort them immediately to their room. This must be communicated to patients when confirming their appt. Only the patient is allowed in the office, unless it's a caregiver or is a minor child, everyone else must remain in the car.

We have a marking on the floor that patients can remain socially distant from other patients at the front desk.

We must instruct Patients to stand behind the sneeze guard. This area has blue tape where they need to stand.

All patient paperwork should be completed online (including med hx update) before the patient's appt. (excluding consent forms)

We are not to use the iPad for patients to fill out forms until further notice. Any consent forms are to be filled out on the iPad.

No paperwork in the operatories.

Staff:

COVID-19 questionnaire for staff:

1. Do you have any of the following respiratory symptoms? Fever, Sore Throat, Cough, Shortness of Breath?
2. Have you recently lost your sense of smell or taste?
3. Do you have any GI symptoms? Diarrhea? Nausea?
4. Even if you don't currently have any of the above symptoms, have you experienced any of these symptoms in the last 14 days?
5. Have you been in contact with someone who has tested positive for COVID-19 in the last 14 days?
6. Have you traveled outside the United States by air or cruise ship in the past 14 days?
7. Have you traveled within the United States by air, bus or train within the past 14 days?

Temperature must be taken before coming into the office. Temperature must be under 100.4. receptionist to take each staff members temp 2x a day, keep in record log to be turned in to OM at end of day.

CDC signs are hung on front and back door regarding expected hygiene by staff and as a reminder to patients.

Flu vaccine is strongly recommended by the TDA

You will **not** come into the office if you are feeling unwell. Any respiratory issues, sneezing, cough. You will be asked to leave for the day if we believe you are ill and have not self-reported. This is considered a fire-able offense.

Staff must keep the social distancing (6 feet minimum) amongst themselves. Lunchtimes will not be staggered, but we have downstairs and upstairs for seating areas for staff to eat.

Please make sure to keep the staff bathrooms clean (wipe down surfaces you touched with lysol wipe before you leave bathroom)

We now have four air purifiers in the back office.

Receptionist will take each staff members temperature two times every day. Once first thing in the morning and once after lunch. This is documented on a log to be turned in to the OM at the end of each day. Receptionist to report any staff member who has a temp over 100.4 to the OM.

OM to have a COVID wellness binder.

In it will be:

The emergency COVID form that we gave any emergency patients that were seen between 3-20-20 and 4-30-20.

Elective procedure Wellness form- began giving to patients on 5-1-20

A copy of the post-op letter that we began giving to patients on 5-1-20

A copy of these new requirements for patients and staff and any updates to these procedures.

The temperature logs of the staff- started on 4-29-20

Dr Macalik will continue to keep us up to date as anything changes in regards to what works for our office and if there are any changes that come forth from the CDC, TSBDE, and/or the Governor's office.

Providers:

Please arrive in your street clothes, and change into your work clothes in the office, including shoes. At the end of day, must change out of scrubs and back in to street clothes. Take your work clothes home in a trash bag until washer is installed upstairs. please leave your work shoes at the office.

It is recommended but not required to have a head covering that you wear all day.

hygienists, assistants and doctor will wear N-95 mask with a surgical mask over and a face shield. Surgical masks to be disposed of each patient and disposable N-95 mask is to be used all day, unless visibly soiled. Non-disposable N-95 masks must be covered with a surgical mask when you are seated with a patient. Disposable N-95 masks may be placed in a paper bag to dry for 3 days before reusing.

Providers are to wear gown, N-95 masks all day, only to be removed at lunch and at end of day. When removing gown, place directly into the laundry bag in the “dark room”

Eye protection is required for all patients throughout entire appointment.

Eye protection is required for all providers throughout the entire patients appointment as well as face shield.

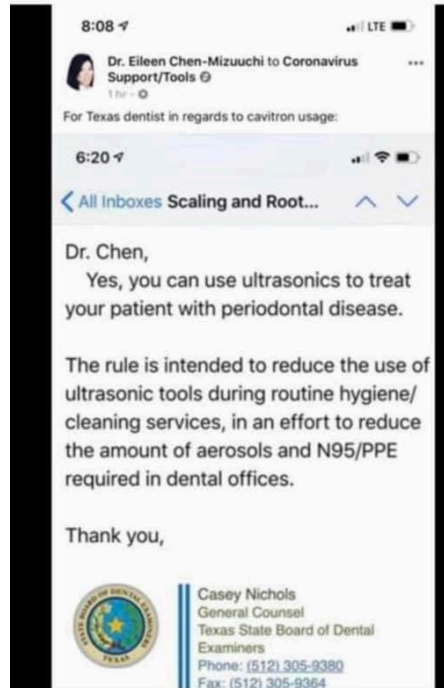
Dr Macalik strongly recommends no jewelry, including rings.

Per the TDA Q&A shown below, we are allowed to use the cavitron for perio appts, but not routine hygiene appts. It is our policy to reduce the amount of aerosol as much as possible while using the cavitron for perio appts. Perio appts include perio maintenance, limited and full scaling, and full mouth debridement. Assistants will suction for hygienists if they are available to do so. We will use the HVE with an adapter if the dental assistant isn't available.

https://www.tda.org/COVID-Reopening-Your-Practice?fbclid=IwAR0Nerfkp73sAzmpLDUYfueVcX2ePn_jkK7GIkpKaniRowhnJQC6zpFSu6Y#83062634-frequently-asked-questions-and-answers

Q: Are DHCP limited to only using hand instruments and low speed polishing tools to provide periodontal procedures/treatment to patients?

A: No. According to the TSBDE's emergency rule, “DHCP shall use only hand instruments and low speed polishing tools for hygiene services.” This is to reduce the use of ultrasonic tools during routine hygiene services such as dental prophylaxis adult/child. The emergency COVID-19 rule section governing clinical techniques requires that DHCP focus on reducing aerosol production as much as possible when performing dental procedures. This means prioritizing the use of hand instruments and using dental isolation if an aerosol-producing procedure is being performed on a patient. Hygiene procedures, as opposed to hygiene services, are reserved for periodontal treatment.



"Reduce aerosol production as much as possible, as the transmission of COVID-19 seems to occur via droplets or aerosols.

DHCP may prioritize the use of hand instrumentation."

SRP and PM are not hygiene services (D1000 codes), they are perio services (D4000 codes).

Cleaning rooms: wear gloves and eye protection

Cleaning instruments: must wear gloves and eye protection while sterilizing instruments through bagging step of instruments. May wear just gloves (no eye protection needed) while putting bagged instruments (and/or gowns) in autoclave. DO NOT wear gloves when removing anything from the autoclave.

When removing PPE:

Remove gloves first and immediately wash hands.

Remove the face shield and place on the counter. Hang face shield on the hanger on the wall by the computer when clean and ready for next patient appt.

Remove surgical mask

Wash hands before and immediately after removing gloves AND frequently throughout the day.

To reduce aerosols, we need to maximize hand instrumentation whenever possible. Cavitrons are not allowed for the next 120 days (through the end of August). Also, doctor to use "dental isolation" as much as possible, meaning a rubber dam

Patients cannot have a blanket from our office but may use one of their own from home.

Patients that need to borrow our pillow- this must be covered with a chair bag so pillow is completely covered.

Disposable or non-disposable gown changed out after lunch and end of day.

Face shield is to be wiped down with cavi-wipe. Wait until dry and wash with water.

All patients are to rinse with Chlorohexidine/peroxyl before getting started with tx.

All patients are to be given a post-op letter at the check out desk that asks them to let us know if they develop any COVID-like symptoms up to 14 days after their visit with us.

Front office staff:

Front office staff is not to help in the back office with suction or charting numbers

Front office staff to wear surgical mask throughout the whole day (even while on the phone)

Front office- receptionist to wipe down any used chairs in the lobby (should be avoided by having patients escorted to rooms immediately) and check in and out counters after each patient.

Pens, cc machine, and clipboards must be wiped down after patient use

Must wipe down your station (phone, mouse, keyboard, pens) before you leave for lunch and at end of day

Patient bathroom must be cleaned after each use: this is the receptionist's job unless she is at lunch.

Then it is to be done by whoever is covering her post. Must clean sink handles, light switch, doorknob (inside and out), toilet seat, the toilet flusher handle and handrail, top of the soap dispenser and counter and sides of the counter.

Receptionist- every 2 hours, wipe down the front door and inside and outside handles and the sneeze-guards.

Consent forms and treatment plans for patients to do same day treatment may be signed in the operatory.

Updated Office Protocol/Precautions Policy April 2020

Staff & Office:

- Air purifiers in or around the operatories and front desk
- Sneeze guards at the front desk and check out desks
- The schedules will be minimized to accommodate "Social Distancing"
- Signage on the doors and bathrooms for Social Distancing & Hand Washing instructions. This is for patients and staff to adhere to.
- SafeZone area - staff will leave all personal belongings including purses, cellphones, food and drinks in one area away from the patient area (To be determined at each office)
 - Anyone wearing contaminated PPE is not allowed in this room
 - All PPE must be removed prior to entering this area. To reduce the spread to personal items
- staff cannot share food like pizza and we stagger their breaks
- Daily Wellness documentation
 - We will be taking all staff temperatures daily in a log as well as documenting any symptoms
 - If you are experiencing any symptoms at all they should stay home, no exceptions!

Front Office:

- Front desk staff will wear a lab jacket or disposable gown/lab jacket that will not go home with them.
- Front desk staff will also be supplied with gloves and masks for the interactions they have with patients.
- Disinfect pens - have a clean jar and an unclean jar at the desks. Patients will be told that they can keep the pen.
- Collecting payment - The idea is to limit staff contact with patients personal items
 - Call ahead of time for copays when we know the amount
 - Disinfect credit cards before and after use
 - Have the patient use the keypad/swiper themselves
 - Have the patient hold the card as the staff member types in the information
 - Have the patient use Paypal
 - Check payments accepted with gloves on

Clinical area

- N95 masks are available. You can cover this with a level 2 or 3 mask
- All clinical staff are required to wear safety glasses, glasses with side shields OR a face Shield
 - If you are seen not wearing the proper PPE you will be written up and/or sent home without pay
- Please continue your normal disinfection processes that follow OSHA guidelines.
- Pens will be used once by the patient.
 - Disinfected pens will be stored in each room in a drawer or cabinet (not out in the open). Once used the patient can take the pen with them.
 - The used pens will be placed in a bin to be disinfected at a later time.
- During Cavitron scaling, an assistant will be required to use the high speed suction to reduce aerosols, until further notice.

Patient:

- Patients will be asked CoVID-19 Survey questions prior to making their appointment.
- At the time of their appointment they will have their temperature taken & documented at the front desk or in their cars.
- The patient will then sign the survey stating the information is correct.
- No friends or extended family allowed in the office to wait for a patient. With the exception of Parents of minors or a child of an elderly patient. All other should wait in their cars
- To prevent the doctors from doing multiple PPE changes. They will be doing “Virtual” Hygiene exams when they can. This will consist of:
 - Communication from the hygienist of their findings
 - Doctor will look at x-rays and intra-oral photos from outside of the treatment room.
 - If the doctor needs to see the area in person, they will change PPE to do the in person exam.

Curbside service

- When patients arrive they will call the office cell number or a number that rings directly to the office, not the call center.
- We will find out their needs and handle them accordingly
- When New Patients arrive, the front desk staff will go to their car with gloves and mask on to give them:
 - their paperwork
 - take pictures/scan their ID and Insurance cards.
 - Give them their NP gift that will include a “tour” of the office on paper.
 - The patient will fill out their paperwork in their car and call when it is completed.
- If they are making payment we will try to handle it over the phone or the front desk staff will go to their car to get the check
- Existing Patients with appointments will call the office number to notify us they’ve arrived and wait in the car until we are ready to seat them

I _____, have read and understand the listed changes, precautions and protocol. I agree to follow each as an addendum to the Office Policy. I also understand that all of these items hold strict guidelines and if not followed could lead to a write up, suspension or termination. These items are subject to change as we get updates and new information is learned.

Employee Signature _____ Date _____



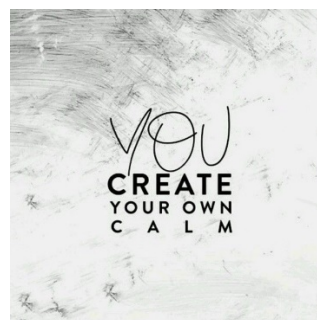
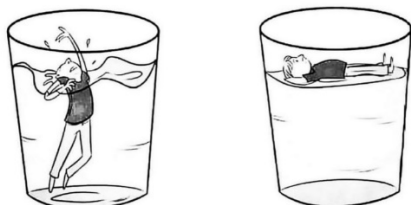
Recovery Action Plan May 2020

“Embracing the Opportunity for Recovery, Refinement and Sustained Growth”

Our Practice Culture is EVERYTHING

- IDOC is a *fun* place.
- Team IDOC is *family* & our patients are friends/family and we frequently love on them.
- Deep belly laughs and hugs are normal
- IDOC is inviting and cozy.
- Our office smells like fresh baked cookies rather than a typical sterile dental office.
- We have sustained a referral-based practice for 20 years and that will continue.
- We are implementing new protocols, but I do not want these additional measures to *distract US* from what has made IDOC so special.
- Patients will certainly notice the changes, however we need to be “business as usual” as much as possible
- We have yet another amazing opportunity to showcase how we are different.
 - Keep it fun
 - Avoid negative talk and speculation (there is more than enough of that already)
 - Be empathetic, but WE set the tone for the office

There are two kinds of people



Purpose

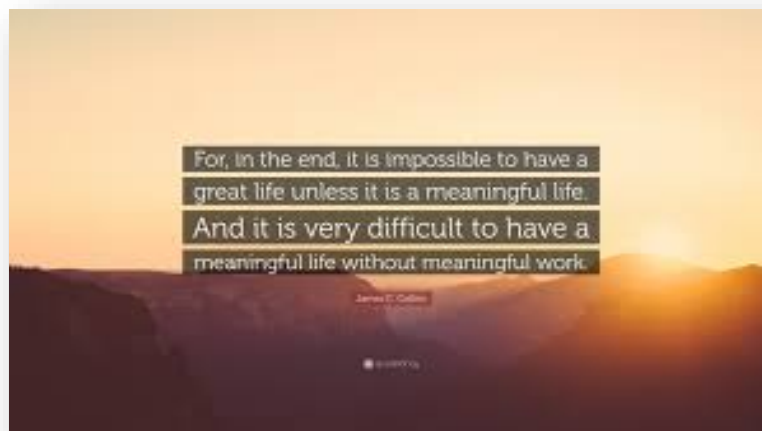
pur·pose

/ˈpɜrpəs/

noun

1. the reason for which something is done or created or for which something exists.

- IDOC exist **to educate** our patients on dental health and the link between their oral health and their overall physical and mental well-being.
- **It is our job** to serve & lead our patients to health. We are here to provide compassionate care at a high level and assist them with getting beyond the barriers that are preventing them from choosing health.
 - We must remember to listen for the purpose of understanding
 - We must remember not to judge or make assumptions
 - We must earn the trust of our patients
 - Sometimes that can look like tough love
- **Everything** we do here matters. And your specific role/contribution is vital to our success as it relates to serving our patients.



Current Reality

Team IDOC, Patients & the General Public

- Many people have been personally impacted by Covid
 - Loss of a loved one
 - Loss of employment/income
 - Fear of public places
 - Heighten paranoia/ anxiety
 - People are entitled to feel the way they feel
 - We need to be respectful and thoughtful b/c we do not know all they have been through

IDOC Reality

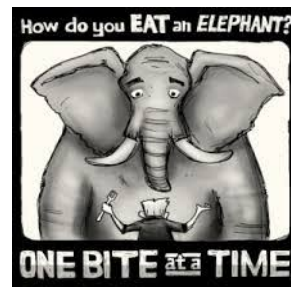
- We have a backlog of patients that need to be seen
- We have not had a “normal” workday in nearly 8 weeks (out of sync)
- We have new protocols which means change...and we all know EVERYONE LOVES change.
- Our cost of delivering care has gone up
- The office has had marginal production/collections since March 17th
- We have new members joining our team in the near future



So, What Now?

- Let's control what we can control
 - Our messages (safety, compassion, we missed you)
 - Our intentions (to have healthy patients)
 - Our effort (Show up & do what we do, lend a hand)
 - Our attitudes (be thoughtful, honest, inviting)
- Understand that people may be a little on edge (including Team IDOC)
 - Give them grace...NOT a High Five.

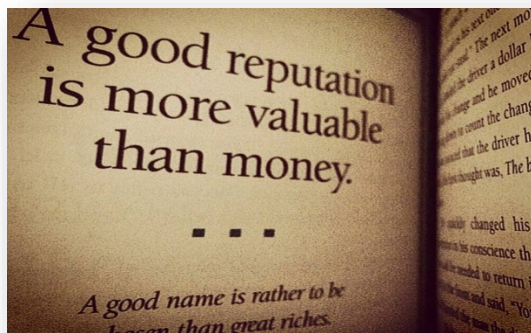
SOME PEOPLE
JUST NEED A
**HIGH
FIVE**
IN THE FACE
WITH A CHAIR



- Remember the only way to eat an elephant is.....
 - We are NOT going to catch up on Hyg in a month, or 2 or 3
 - We are NOT going to make up 2 months of lost revenue in a month.
 - For now, let's just make sure that every encounter is as good as possible.
 - Let's clear up any misunderstandings regarding patient flow, treatment planning, scheduling, payment options/expectations, etc.
 - Try to find ways to say "yes" without compromising another patient's experience, a team member's experience or the practice. If ALL the aforementioned can't be satisfied, it cannot be done.
 - Look for ways **YOU** can deliver a Category IV exchange daily
- Prior to Covid, we were in a major growth phase. Let's resume with that mentality, ***prepare for and expect growth.***
 - Speak honestly with our patients about their health and ask questions
 - Keep the focus on them and their "M&M"
 - Expect them to trust your recommendations
 - Insist they make healthy choices
 - Ask for referrals and thank referral sources
 - Call to follow-up with patients after treatment

So, What Now (continued..)

- ___ Make a list of VIP Patients that have been displaced and prioritize
 - Patients that have prepaid for treatment receive special consideration when scheduling (Melissa)
- ___ Create a list of patients past due for recare ***without*** an appointment (Barb)
- ___ Make a list of all outstanding cases to be delivered (Buffy)
- ___ Create a list of supplies needed for my review and order (Robin)
- ___ Draft and send an email to all patients to notify them of our new protocols and heightened vigilance to ADA & CDC recommendations (Doc & Melissa)
- ___ Print current A/R report and devise a plan to collect 50% of the outstanding AR in the next 30 days (Karen)
 - Be mindful of the economics due to Covid
 - If their employment was negatively impacted be compassionate and understanding.



So, What Now (continued...)

The schedule:

- ___ Schedule towards production \$8.5k/day
- ___ Honor High Value blocks for both Doc & the Hyg Team
 - We must still reserve blocks for new patients & Tissue Therapy starting in June
- ___ We will not be adding additional time for hygiene until we have had a chance to evaluate the flow with the addition of a dedicated rover to manage sterilization, turning over rooms, Hyg assisting etc.
- ___ We will add 10 mins to “new” doc appts for the purpose of building in additional time to close patients for restorative care.
- ___ PLS UNDERSTAND...we will need new patients when we reopen. Over 30M new people are unemployed and some of our patients are among them.
- “Blue Dot” patients that have been impacted by Covid (lost their job or ins), invite them to continue with their recare at no charge. (i.e. S. Hess)
- Keep a close eye on October’s Hyg schedule. We saw ZERO hyg patients in the month of April. That **WILL** show up in October if we aren’t careful.
 - The solution lies in “outflow” (reactivation and new patients)
 - We will double or triple our marketing budget in August and September as well as offer a “NP Promotional special” for the month of October.

So, What Now (continued....)

Finance:

- It is normal to feel self-conscious discussing the cost of dental care with patients amidst all that is going on.
- If you feel uncomfortable in any way, I need to know. Our ability to present dental needs and the financial implications confidently are critical to getting to “yes.”
 - My personal experience over these past 2 months of treating emergencies only has reassured me of the need to insist our patients choose health. We are not doing them any favors by shying away from what’s real. *Tooth decay is real. Peio dz is real. Pain is real. Swollen faces are real. Broken teeth, sleepless nights, 4am calls to the emergency DDS & desperation are ALL VERY REAL! And they don’t “shy away.” They are BOLD and unapologetic.*
- 3rd party finance companies are a bit reserved right now as is all of banking.
 - Steer patients to Lending Club and CareCredit for now. Greensky is very particular and not user friendly at the moment.
- ***We will be collecting deposits for all restorative appointments.*** 50% of the expected patient portion or 30% of the total, whichever is greater at the time of scheduling.
 - If patients are unable to secure the appointment at the time of scheduling, we WILL hold the appointment for them. The deposit must be received within 5 days of the appointment or it will be removed from the books and the patient placed on a short call list.
 - **Verbage:** *“Mr/Mrs Jones, a deposit will be required to reserve this time with Dr. Selden. If you are unable to secure the appointment with the deposit today, that’s ok. I can still pencil you in today, but the deposit will need to be received at least 5 days prior to the appointment in order the secure and confirm it. Dr. Selden’s patients have been displaced for 2 months while we complied with the stay at home order and we have a backlog of patients that need to be seen. I’m sure you can understand. How would you like to pay that today?”*

Team Development/Accountability

- The need for regular team meetings is greater than ever.
- Karen, please ensure that we honor our monthly team meetings
- MGE has made many of the seminars and course work available online
 - If you have interest, let me know and I'll help get you registered
- Karen, please reserve time for you and me to meet weekly preferably for 1 hour on Fridays from 12-1pm.
- Now is the time for each of us to show up for one another.
- It is easy to become distracted by the outside noise and that's why the messages we send here are so important. This little 2 month hiatus was probably what I needed. I have rediscovered my focus and purpose. I have a heightened appreciation for the right to work and earn; but most importantly the privilege to Lead.



Commitment to Safety

Facility:

- Hepa Filters (7) air turned over and disinfected 4x/hour
 - Turn to Level I during tx and afterhours
 - Turn to Level III when your patient has been dismissed from the op
- Hand Sanitizer stations (2 – Cintas)
- Touchless soap dispensers
- Sneeze Guards (2)
- Removal of non-essentials from bathrooms and op countertops
- Spacing of chairs in the reception area
- Removal of magazines, coffee bar and cookies
- All solid surfaces, doorknobs & bathrooms disinfected 2x/hour
- Limit patient flow (guest of patients must wait in the car unless the patient is a minor in which case one (1) adult may accompany the patient)
- Safe Zones (Break Room, Reception)
 - No contaminated outer garments in the safe zones

Team:

- If you are not feeling well, stay home
- Covid-19 screening log completed daily (Buffy)
- Temperature taken daily and recorded (>100.4) (Buffy)
 - If dismissed, must seek medical treatment prior to returning
- Masks (Level III) are worn upon entering the office **until** all team members have had their temps taken and passed the screening)
- Practice social distancing
- Keep cell phones and other personal belongings in “safe zones”
- Clinical team wears scrubs (3 sets/clinical team member)
 - **Recommended** that scrubs are removed before leaving and placed in a drawstring bag(provided). Empty contents then drop bag in the wash.
- Admin team professional attire (standard uniform)
 - If additional outer garments are needed, let Robin know.

Commitment to Safety (continued..)

Patient Flow:

- Prescreen during confirmation call
- Covid-19 patient screening and temp taken upon arrival (<100.4)
 - If dismissed, must seek medical treatment prior to returning
- Provide a mask if they arrive without one. Mask is to be worn while in the office. Remind them to utilize the hand sanitizer.
- Gloves are available at the check-in station for patients
- Check in as usual on the computer. (remove barrier and place a new barrier after each patient (Melissa or Rover)
- Patient payment taken prior to entering the clinical area to better control patient flow and minimize congestion.
- Patient care as usual (the pre-procedural rinse is not proven to be effective, but if it makes YOU (the provider) more comfortable, feel free to have them rinse with 3% Chlorhexidine Gluconate, or Hydrogen Peroxide.
- Prior to treatment, ask “what changes have you had in your health, medicines taken etc.”
- Treatment as usual, post-op instructions, schedule next visit from the back if possible.
 - If a deposit will be due, please notify Karen as soon as this becomes known, so she can be prepared/ available at the conclusion of the visit.
 - Post op instructions should now include requesting they notify us if they become ill or experience covid symptoms in the coming 14 days.
 - ***14-day post op call/text for every patient (Admin Team/Rover)***
- Try to minimize the transfer of papers from the clinical area to the admin area
 - Papers that were in the op during an aerosol generating procedure (AGP) will be placed in a gallon Ziplock marked (M/T/W/TH/F) and stored for 72 hours before being removed and scanned if needed. Papers not needing to be scanned can be discarded immediately and do not need to be bagged.

Commitment to Safety (continued...)

Clinical Procedures & Recommended PPE/ Precautions

- **AGP (Aerosol Generating Procedures)**
 - N95/kN95 Mask with surgical mask over top
 - (*Face shield recommended*)
 - Protective Outer Garment
 - Gloves
 - Surgical cap *recommended*
 - HVE whenever possible
 - (HVE reduces aerosols by 90%)
 - Use of a rubber dam when possible is *recommended*

- For Hyg Team 1:1 ratio of chlorhexidine & water in Dual Select reservoir
 - Study from 2016 shows that a 1:1 ratio in Cavitron creates an aerosol that is virucidal
 - **NOTE:** Water ONLY in the main chair reservoirs. *Medicaments are harmful to the tubing in ADEC Units per the manufacturer.*

- **NON AGP**
 - N95/kN95/Surgical Mask are all acceptable
 - Protective Eyewear or Face shield
 - Protective outer garment
 - Gloves

- **Sterilization**
 - Mask, gloves and protective eyewear required

Commitment to Safety (continued....)

■ Mask Management

- N95 mandatory for clinical team, optional for Admin team
- Clinical team will be provided 5 individually wrapped N95 masks, bagged and labelled for each day of the week.
- N95s & kN95s are to be covered by a surgical mask
- Mask will be rotated out of circulation daily for 6 days before returning to circulation, unless soiled.
 - After use, masks are to be inspected for fit and cleanliness. If acceptable, re-bag and store until the following week.
 - If not acceptable, replace with a new mask and label it for the appropriate day of the week and date it enters circulation.
- Mask will be worn no more than 4 times before discarded

Questions?

COVID- 19 PROTOCOLS

I am choosing to be here because I want to be here. I realize I may choose to not work, however I will not be paid by the office and my unemployment may be terminated if I choose not to work. I will be here and am enthusiastic about my return to work and will project an image of cheerfulness that promotes out ability to return to work to care for my patients oral health.

- Be at work by 7:35 and ready for first patient, as they arrive so they won't sit in waiting room.
- Get Patients back on time, so it limits how many patients are in the waiting room(if patient prefers to stay in car till ready, make sure we have a good number for them and know what car they are in)
- Front staff wear a mask and gloves if you prefer
- Front is to Lysol waiting room and bathroom every hour and Sterilization assistant is to Lysol every hour clinical area on things patients touch.
- Recommended staffs to bring a change of clothes to change into at the end of the work day.
- Clinical staff is to wear all PPE while in room with a patient
- Keep Keyboards cover with headrest sleeve and changed out after each patient
- Each opt is to be wiped down and then sprayed down with lysol
- Clinical staff is to take temps at checkout door before patient is taken fully back and document their temp.
- Each patient is to fill out a questionnaire
- Each patient is to rinse their mouth out with peroxide mouth wash before starting appointment
- Staff is to wash their hands after every patient and hand sanitize throughout the day.
- If a patient does not want to come to appt. schedule them in a month they are comfortable with and reassure them that this can be adjusted as needed
- If you are sick and running a fever, notify OM or Dr. Dill immediately
- Staff is to have their temps taken daily
- All TX presented in chair with exception for some
- Any payments card can be taken from chair and staff can let patient out side door
- Staff needs to be mindful where all patients are and have been
- Can tape the side door so it is a push door

Signature/Date

Updated Office Protocol/Precautions Policy April 2020

Staff & Office:

- Air purifiers in or around the operatories and front desk
- Sneeze guards at the front desk and check out desks
- The schedules will be minimized to accommodate “Social Distancing”
- Signage on the doors and bathrooms for Social Distancing & Hand Washing instructions. This is for patients and staff to adhere to.
- SafeZone area - staff will leave all personal belongings including purses, cellphones, food and drinks in one area away from the patient area (To be determined at each office)
 - Anyone wearing contaminated PPE is not allowed in this room
 - All PPE must be removed prior to entering this area. To reduce the spread to personal items
- staff cannot share food like pizza and we stagger their breaks
- Daily Wellness documentation
 - We will be taking all staff temperatures daily in a log as well as documenting any symptoms
 - If you are experiencing any symptoms at all they should stay home, no exceptions!

Front Office:

- Front desk staff will wear a lab jacket or disposable gown/lab jacket that will not go home with them.
- Front desk staff will also be supplied with gloves and masks for the interactions they have with patients.
- Disinfect pens - have a clean jar and an unclean jar at the desks. Patients will be told that they can keep the pen.
- Collecting payment - The idea is to limit staff contact with patients personal items
 - Call ahead of time for copays when we know the amount
 - Disinfect credit cards before and after use
 - Have the patient use the keypad/swiper themselves
 - Have the patient hold the card as the staff member types in the information
 - Have the patient use Paypal
 - Check payments accepted with gloves on

Clinical area

- N95 masks are available. You can cover this with a level 2 or 3 mask
- All clinical staff are required to wear safety glasses, glasses with side shields OR a face Shield
 - If you are seen not wearing the proper PPE you will be written up and/or sent home without pay
- Please continue your normal disinfection processes that follow OSHA guidelines.
- Pens will be used once by the patient.
 - Disinfected pens will be stored in each room in a drawer or cabinet (not out in the open). Once used the patient can take the pen with them.
 - The used pens will be placed in a bin to be disinfected at a later time.
- During Cavitron scaling, an assistant will be required to use the high speed suction to reduce aerosols, until further notice.

Patient:

- Patients will be asked CoVID-19 Survey questions prior to making their appointment.
- At the time of their appointment they will have their temperature taken & documented at the front desk or in their cars.
- The patient will then sign the survey stating the information is correct.
- No friends or extended family allowed in the office to wait for a patient. With the exception of Parents of minors or a child of an elderly patient. All other should wait in their cars
- To prevent the doctors from doing multiple PPE changes. They will be doing “Virtual” Hygiene exams when they can. This will consist of:
 - Communication from the hygienist of their findings
 - Doctor will look at x-rays and intra-oral photos from outside of the treatment room.
 - If the doctor needs to see the area in person, they will change PPE to do the in person exam.

Curbside service

- When patients arrive they will call the office cell number or a number that rings directly to the office, not the call center.
- We will find out their needs and handle them accordingly
- When New Patients arrive, the front desk staff will go to their car with gloves and mask on to give them:
 - their paperwork
 - take pictures/scan their ID and Insurance cards.
 - Give them their NP gift that will include a “tour” of the office on paper.
 - The patient will fill out their paperwork in their car and call when it is completed.
- If they are making payment we will try to handle it over the phone or the front desk staff will go to their car to get the check
- Existing Patients with appointments will call the office number to notify us they’ve arrived and wait in the car until we are ready to seat them

I _____, have read and understand the listed changes, precautions and protocol. I agree to follow each as an addendum to the Office Policy. I also understand that all of these items hold strict guidelines and if not followed could lead to a write up, suspension or termination. These items are subject to change as we get updates and new information is learned.

Employee Signature _____ Date _____



SCHEDULING ACTION ITEMS

PURPOSE: To repopulate the office schedule with routine, needed dental treatment and move the practice back to a productive state.

1. Immediately outflow to your patient base via email, letters, texts that you're back in the office and ready to see them again. Do this weekly at least 3-5 times. These messages can be varied but we want this as a repetitive communication.
2. Make a "welcome back" video for your patients. Put it on your Facebook page, and YouTube, possibly your website.
3. Do video updates weekly (if you can).
4. If not done already, assign someone to be responsible for refilling the schedule.
5. Work out an "all-hands" approach to getting the schedule repopulated. Might include stay teleworking from home, or staff on other positions.
6. Immediately follow up with any new patient emergencies you saw during the shutdown and get them in for a New Patient Exam.
7. Goals/objectives should be set daily and monitored to ensure they are met.

SAMPLE LETTERS FROM MGE CLIENTS



April 29, 2020

Our office is now fully open for all dental care. We have been seeing emergency patients only for the past several weeks and the Governor has reopened dental offices as of May 1st and we are ready to see you!

We do have new precautionary measures in place to protect you and our team. Please do not come for your appointment if you are ill or have been exposed to the Corona virus. Please visit our Facebook Page for a video from Dr. Macalik regarding some of the measures we're implementing.

We are taking this opportunity to kick off our **Wellness Program**. Our mission is to improve the oral health of our community through preventive care and education, which can eliminate the need for major dental work. Now, more than ever, it is important that people are receiving proper care and taking care of their bodies. Dental care contributes to overall systemic health. We are offering a new patient special of a free exam and x rays*. Please let us know if there is anyone in your house that does not have a dentist. We would love to take care of them!

We look forward to seeing you soon!

Dr Macalik and team

*Free comprehensive exam and four xrays to patients never seen in our office. Does not include dental cleaning.

5/15/2020

Dear Patient,

Great news! The Contra Costa County Public Health Officer has lifted quarantine restrictions for dental care. **Dentists can, once again, provide you with regular dental treatment.** Infection control and sterilization in dental offices is nothing new to us. We have always been sterilization experts who closely monitor guidance and any new rulings on infection control, including recommendations made by:

- CDC (Centers for Disease Control and Prevention)
- OSHA (Occupational Safety and Health Administration)
- ADA (American Dental Association)

Cheers to the phasing off of quarantine and seeing you at your next dental visit!

With warm regards,

Dr. Ellis and Staff

Your Guides to Better Teeth and Gums

P.S. Call us to schedule your next appointment!

925-254-4043



CASE ACCEPTANCE ACTION ITEMS

PURPOSE: To increase case acceptance in the practice by establishing and running the Sales Line.

1. Review the material from the Sales Line presentation and work out how to implement it in your practice.
2. Meet with you team and discuss the steps (and their roles) on the Sales Line.
3. Dummy run the steps on the Sales Line. Have one of your staff act as the patient. Note where things bog down and take appropriate action to fix it.
4. Doctor and team to review the Morning Production Meetings handout.
5. Ensure everyone understands their role in the meeting.
6. For follow up and better understanding, have the team watch the DDS Success Teambuilding Session “Morning Production Meetings.”
7. Schedule when your Morning Production Meetings would occur.
8. Start having them daily! OM to follow up on targets set during the meeting.



MORNING PRODUCTION MEETING

Many offices have a “morning huddle.” And what’s covered at this meeting varies office to office. And while many offices coordinate the day’s treatment – very few coordinate how the office will actually achieve their production goals for that day or week.

To that end, one of the first things MGE clients implement in their practices is a “Morning Production Meeting.” In this article, we’re going to talk about what a Morning Production Meeting is, how it’s run and what it’s supposed to achieve.

I. PURPOSE OF THE “MORNING PRODUCTION MEETING”

The purpose of this meeting is to coordinate the scheduled production and case presentation activities of that day. It is also used to “line-up” which patients you will be presenting treatment to (or closing cases that have already been presented earlier) and when they will be seen to ensure that all your patients are moving along on their treatment plans.

II. WHEN TO HAVE IT

The morning production meeting needs to be held at least fifteen to twenty minutes before the first patient of the day. It should take no more than this to get it done.

III. WHO SHOULD ATTEND

All staff should attend. And note, that this meeting is primarily to cover treatment planning and acceptance – as well as any specific patient scheduling and delivery issues.

Detailed clinical discussion of cases should not be covered at this meeting. These should be covered in a separate “clinical meeting” accordingly.

IV. PRODUCTION MEETING RULES

Several rules should be followed to have an effective “production meeting”:

- The meeting should be kept brief and efficient (no more than 15-20 minutes).
- Every person attending needs to be on-time and come prepared.
- Keep the tasks that you assign simple and doable. Do not set “unreal” or unattainable targets.
- The Office Manager runs the meeting and is in charge of starting, managing, and coordinating activity, as well as when to end the meeting.

V. PRIOR TO THE MEETING

1. The Scheduling Coordinator would listen to voicemails and check office emails to ensure that any schedule changes and updates are accounted for.

2. The Scheduling Coordinator would print/copy hard copies of that day's schedule for all attendees.
3. The Hygienists would review their charts for any outstanding treatment and bring this information to the meeting. If the office still uses physical charts, they would bring these to the meeting.
4. The Doctor and Office Manager would do the same as #3 above for the doctor's patients (at least initially as you establish the meeting procedure).

VI. SEQUENCE OF THE MEETING

To begin, the OM, has the Scheduling Coordinator point out any changes to the schedule along with any open time on today's and tomorrow's schedule.

The OM covers where the practice is at statistically (for collections, new patients and production) for the week and month to date and how this compares with the overall goal for the month. If below goal, the OM indicates any adjustments or actions that will occur to get the office back on track. This may include adjustments to the schedule or actions to be taken that day.

Beginning with Chair 1, review each patient coming in that day. As you cover each, look at the following:

- What is being done with this patient today?
- Are there any peculiarities to or specific requirements for this patient?
- Is there an outstanding balance to collect from this patient?
- Does this patient have any outstanding treatment that has already been diagnosed and not yet accepted?
- If so, who is going to present/discuss this outstanding treatment with this patient?
- Is there time in the schedule to discuss this outstanding treatment?
- If not, is a consult appointment needed and if so, when would we like to get them in for a consult?
- If we can present today, do we have time to begin this patient's treatment in the schedule? And if not, how can we make time as needed?

Do the above with each chart. For any patients that require action (i.e. collecting a balance, presenting treatment, etc.) determine WHO will be doing this and approximately when it will be done. As you go through your charts, keep the overall monthly goal as well as upcoming open time in the schedule in mind. For example, you might see that patient X who's seeing the Hygienist at 11:00 was interested in Invisalign. You might have time to get the doctor over to discuss, close and start the case without disrupting today's schedule. Things like this might make or help make your daily goal.

Before the close of the meeting, have each person present, note their tasks as applicable — i.e., the Financial Coordinator may need to check on Mr. Jones' account, etc.

Adjourn the meeting and have the Office Manager ensure throughout the day that everyone is accomplishing what was discussed.

VII. PRODUCTION BUGS

In the event you've hit a snag and are having trouble meeting your daily/weekly/monthly goal – a few things to keep in mind:

Be careful to keep the focus on the right things: the purpose of your practice, which is helping patients! It's easy to fall into the "numbers" trap – i.e. "We have to hit a certain number, etc." The problem with this is that patients aren't there to help you "hit your numbers." They are there to get help! If you stay focused on the same thing as they are (help), things tend to work out well.

If you find that you aren't lined up to meet your goal and there is not enough outstanding treatment on the schedule to hit it, you can look at:

- New patients – While you can never guarantee what the person might need – there's always a chance, if you have time, to present and start treatment that day. Not a surefire solution but a possibility and
- Future Treatment: You can always pull treatment from the future into today. Some patients might like the idea of being seen sooner. And today as far as the schedule goes, today is THE most important day!

Then tomorrow and so on. On the flip side – please NEVER move patients to make room for a "Productive

Procedure." Honor the scheduled time you've given people.

VIII. SUMMARY

The first step in getting production to occur is to figure out where it is going to come from (i.e., state exactly what is going to be accomplished). By following the above, you put CONTROL in on your office and can push yourself to new heights!

Please Note: These materials are being provided as suggestions and ideas from which to improve the success and viability of your practice. This is not to be taken as a guarantee that the information provided is appropriate to your practice. Due to the high ethical standard in business expected of MGE clients, it is assumed that each client and/or their staff would observe and follow applicable laws relating to employment, taxation and general business. Each practice, their owners, officers and staff are individually responsible for ensuring that any system implemented complies with the applicable federal, state and local laws, rules and regulations governing the place in which your practice is located. These suggestions do *not* constitute legal advice. You should seek advice from your own legal advisors as to what is appropriate to implement in your practice, prior to implementation. MGE: Management Experts, Inc is not responsible for any claims, real or otherwise, associated with this material and information or any part thereof.



MARKETING ACTION ITEMS

PURPOSE: To immediately increase office new patient flow.

1. Do the following with your website:
 - Get your website a COVID-19 pop-up to reflect if you are open, open for emergencies only, etc.
 - Review the following great examples to ensure your website is truly an updated marketing site:
 - » www.mathesondentistry.com
 - » www.drjohnsondds.com
 - » www.marksdilldds.com
 - » www.dentalgroupofwestchester.com/about/our-team/
2. Ensure you have a simple new patient special that you are happy with.
3. Continue to post in your Social Media, covering points such updates, videos, and practice culture.
4. Ensure the person answering the phone is a TOP NOTCH person at handling patients and getting appointments scheduled. **NOTE:** Do NOT allow large amounts of time between the time of a phone call or any promotional response and the scheduled appointment. Work internally to eradicate any delays.
5. Ensure you have availability on your schedule for new patients – regardless of how busy you are. New patients should be seen within 24-48 hours.
6. Get in past marketing actions. If you paused or stopped, get it turned back on right now. These would include:
 - SEO
 - Paid Online Ads (Google / Facebook)
 - Getting online reviews

- Direct mail promotion that worked in the recent past.
7. Contact Dan Brown (danb@mgeonline.com) to have your online presence reviewed. Have the following checked:
- Online Visibility (SEO)
 - Opportunity for Google Adwords
 - Opportunity for Facebook Ads
 - Opportunity for Digital Reactivation (bulk texting)
8. Use your most powerful marketing channel - existing patients. Do this by:
- Asking patients for referrals. All outgoing calls to confirm or schedule should include asking if anyone in that patient's household needs a dentist (you could even do this with new patient calls). Then schedule their family member/friend using your new patient special.
 - Reimplementing your CARE TO SHARE program
 - Getting patients to leave online reviews.
 - Getting happy patients with great work to do video testimonials.

MARKETING GUIDE

21 May 2020

WEBSITE TIPS:

1. COVID-19 Update Pop-Up:

- If COVID-19 message, make sure it is headed with **WE ARE OPEN!**
- Don't make it long. Short and to the point.
- Make it easy to close

2. Home page:

- Office photos (steer away from stock photos)
- Great new patient special
- Offer free 2nd opinion special
- Possibly one other special offer, such as Invisalign, Whitening, Implant or Veneers
- Social Proof (testimonials, awards & at least 2 “before and after” sets of photos)
- Calls-to-action – including a contact form
- Good examples:
 - www.mathesondentistry.com
 - www.drjohnsondds.com
 - www.marksdilldds.com
 - www.myfrederickdentist.com (missing “Before & After” photos, but nice home page with big fonts, not too much text, good contrast, use of video and use of lots of space)
 - www.phillydentistry.com (too much text but many positive marketing elements)

3. Smile Gallery (for Canada, titled “Case Studies”)

- Show lots of before and after photos of all services do you want to attract patients for? (Invisalign, veneers, whitening, implants, etc.)
- Give a title, before on the left, after on the right, description of what service was done in SIMPLE terms.



- Good examples:

- www.phillydentistry.com/smile (not a fan of the “drag bar” down the middle to slide to see before and after because by survey many people don’t catch this functionality so would suggest the photos are laid out as above)
- www.jerseymiles.com/smile-gallery

4. About Us Page

USE LOTS OF PHOTOS:

- Great professional shot of Doctor(s)
- Family shot of Doctor(s)
- Fun shot of team & Doctor(s)
- Culture photos of the staff and patients
- Feature all team members with fun smiles
- Good examples:
 - <https://somidentalgroup.com/about/meet-our-team>
 - www.mathesondentistry.com/page/meet-the-doctors
 - www.dentalgroupofwestchester.com/about/our-team/

5. Create (at least) a page for all important services

- What services do you want to attract patients for? (Invisalign, whitening, veneers, dentures, implants, perio, etc.)
- Keep text MINIMAL and use before and after photos on each page
- Have calls-to-action on each page (such as “FREE IMPLANT CONSULTATION”, etc.)

Contact Dan Brown (danb@mgeonline.com) if you need help with what website provider to use or to review your website.

SEO / GOOGLE / SOCIAL MEDIA MARKETING TIPS:

- Find a computer you don’t use or a phone not yours that doesn’t frequent the practice
- Search the following phrases in locations near your office
 - “Dentist Near Me”
 - “Emergency Dentist Near Me”
 - “Cosmetic Dentist Near Me”
 - (other such phrases you want to rank in)
- Note how many dental offices are advertising on Google.
- Note your ORGANIC positions on each search.
- Hire a proven Google / Facebook Ads Specialist
- Hire a proven SEO specialist.
- Contact Dan Brown (danb@mgeonline.com) if you need help with who to use.

SOCIAL MEDIA POSTINGS TIPS:

- Owner to approve all posts until anyone else authorized to post shows they fully understand the guidelines, policy and culture of the practice.
- When to post: Every day or at least 3-4 times per week
- What to post:
 - Video messages:
 - Updates
 - Doctor tips
 - Fun in the office
 - Patient Testimonials (ensure you get a HIPAA release signed)
 - Community work
 - Local businesses that are doing a great job
 - Local, local, local – keep it all about the office, patients, local businesses, etc.
 - Photos /videos of the office, staff, happy patients, events, cute stuff (holidays, celebrations, greetings, etc.)
 - Special offers, office news
 - Interesting dental tidbits, education material, your blog posts
 - Charity/community work you're involved in
 - Anything else you'd like that's appropriate & professional
- What NOT to post:
 - Inappropriate, risqué (lewd or racey) or unprofessional imagery
 - Opinions on hot topics, such as politics, abortion, religion, etc.
- Those who do it well:
 - Salvatore Dental: <https://www.facebook.com/salvatoreddental>
 - Mark S. Dill, DDS, PC: <https://www.facebook.com/Marksdilldds>
 - Oak Brook Smiles: <https://www.facebook.com/OakBrookSmiles>

2-WAY TEXTING TIPS:

- Use a platform that integrates with your dental software. Use them for scheduling reminders and auto-reconfirmations.
- As to what platform to use, we like WEAVE (www.getweave.com) the most, but they are all good and getting better. Others include SolutionReach, Lighthouse360, RevenueWell, etc.
- Never doubt the process if a few people complain. Unsubscribe them, but continue to use this aggressively as it works.
- Always send a personalized text after calling a patient who didn't answer your call and after you left a voice message (and of course, always leave a voice message!).
- Send texts to patients when you want the fastest response.
- Don't use any 2-way texting platform that is tied to schedule reminders for bulk texting because if patients unsubscribe from the bulk text, they will unsubscribe from your scheduling reconfirmation process.
- Contact Dan Brown (danb@mgeonline.com) if you need help with what platform maybe best for your practice.

BULK TEXTING (“DIGITAL REACTIVATION”) TIPS:

- Use a mass text platform to assist in digital reactivation of those who haven't been in the practice for some time (8+ months)
- Use it to get out a global message you need all your patients to know about.
- Use a platform that is HIPAA compliant and that won't violate anti-spam laws.
- Do NOT use your practice 2-way texting platform because if patients unsubscribe from the bulk text, they will unsubscribe from your scheduling reconfirmation process.
- Contact Dan Brown (danb@mgeonline.com) if you need help with who to use.
- If dealing with a company such as Blumberg Digital that has a texting platform that is fully HIPAA compliant and has built-in reply automation, samples of what to send using bulk texting could be:

COVID UPDATE:

"Hi {name}, it's Ashley at {office}. We are letting you know we are seeing patients and are available for free over-the-phone consultations and to any dental needs during this time for you, friends or family who may need dental assistance. If you have a dental concern, please reply 'TOOTH'. To no longer receive messages, reply 'STOP'."

IF TOOTH: Auto response to patient and alert to office of patient needing help. Office calls patient and schedules phone consultation and makes appointment now if emergency or within 2 weeks if not.

IF OPT OUT: Add to opt-out list.

DIGITAL REACTIVATION:

"Hi {name}, it's Ashley at {office}. It has been a while since we have seen you for a routine cleaning. People with healthy teeth and gums have been found to live longer and healthier lives. We want you to be healthy and live long! Can we get you scheduled? Reply 'YES' to get you scheduled. To stop these messages, reply 'STOP'."

IF YES: Auto response to patient with calendar automation preference, and alert to office of patient wanting appointment. Office calls patient and schedules the patient and makes appointment ASAP.

IF OPT OUT: Add to opt-out list.

MARKETING OPT-IN:

"Hi {name}, it's Ashley at {office}. We are giving away free dentistry and big prizes valued \$10,000! We need your okay to enter you in the drawing. Reply "OK" to enter you in and receive these messages. Reply 'STOP' to stop them."

IF OPT IN: Add to opt-in list and now we can move forward with marketing messages regarding INVISALIGN / ORTHO, CROWNS, WHITENING, IMPLANTS, SMILE MAKEOVERS, ETC.

IF OPT OUT: Add to opt-out list.



REACTIVATION ACTION ITEMS

PURPOSE: To begin effectively reactivating your patient base and contribute to practice growth.

1. Do the Hygiene Formula for your office. A spreadsheet version can be found at www.mgeonline.com/practice-recovery-handouts.
2. If your compliance is poor, you'll need to start doing reactivation.
3. If reactivating, use the MGE Reactivation Program as a guide, a copy can be found at www.mgeonline.com/practice-recovery-handouts.
4. Read the Reactivation Program.
5. Assign someone to be responsible for reactivation.
6. If the numbers are not too great, you could "all-hands" reactivation with current employees working on it part time, assuming you are not terribly understaffed.
7. If the number of patients that need to be reactivated is high, and you would not be able to effectively communicate to this list with a part time effort, you will need to hire someone.
8. If hiring someone for reactivation, make sure they are hatted on how to do reactivation and understand the Reactivation Program.
9. Additional hatting, including how to handle cancellations & no shows, schedule hygiene appointments and add hygiene days, may be found on DDS Success, in the Schedule Coordinator Training Course.
10. Ensure that your reactivation efforts are regularly monitored and productive. Targets, goals, and so on should be set and met daily on your reactivation efforts.



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THE HYGIENE FORMULA

A. List out total charts for at least last five years:

B. Multiply by 2 (for 2 recalls/year):

C. Subtract 40% from this number to account for attrition. This would equal potential recall appointments per year:

D. Divide “C” by the number of weeks you normally work in a year. This will give you your potential weekly recall appointment number.

E. POTENTIAL HYGIENE DAYS: Divide figure from “D” by 8. This will tell you how many days of hygiene you potentially should have in a given week—from just recall appointments.

F. COMPLIANCE PERCENTAGE:

i. Total up the average weekly recall appointments that your office has seen for the past four months. Simple way: get the total recall patients seen for the past four months and then multiply by 3 (for a 12 month year) and then divide by the weeks you for in a year (e.g. 50):

ii. Now, divide “i” above by “D” above. This will give you your compliance percentage in your Recall/Hygiene program.

%



OVERHEAD ACTION ITEMS

PURPOSE: To gain control of and manage office expenses as the office moves back into a normal state.

1. Completely fill out an overhead sheet for your practice. If you run into trouble or have any questions, contact your Power Client Manager or the Director of Practical, Chris Menkhaus. A copy of the Overhead Sheet can be found in this booklet.
2. Compare your figures to the Overhead Percentage by category Handout also found in this booklet. If any of your percentages are too high, investigate why and determine what needs to happen to fix it. Again, if you run into trouble or have any questions, contact your Power Client Manager or the Director of Practical, Chris Menkhaus.
3. Review the last four months of credit card statements and your checkbook register. Look for any unneeded expenses and work out how to eliminate them in the future.
4. Set hard budgets for items associated with an expense account (e.g. dental and office supplies).
5. Work out setting aside something for reserves. Minimum of 5%, 10% is better.
6. Add up what your overhead, monthly reserves set aside and adequate doctor salary/compensation amount to. This figure would be your “overhead” figure when discussed with your team or for bonus purposes. Bonus levels would not begin until this figure is exceeded.
7. Your monthly collections goal should exceed the amount in #6 above.



OVERHEAD & EXPENSE WORKSHEET

Dentist

Please be as specific as possible so that an accurate overhead may be established. All expenses listed are to be monthly. For weekly expenses, multiply the expense by fifty-two and then divide it by twelve. (E.g. the receptionist's salary is \$300.00/week = \$300 x 52 = \$15,600 , 12 = \$1,300/month) When the worksheet has been fully filled out, the totals are carried forward to the summary sheet. List the monthly payments to the right. For loans & credit cards, please list the minimum payment due.)

1. PROPERTY RENT & MORTGAGE EXPENSES

- | | |
|--|----------|
| a. Property Rent | \$ _____ |
| b. Mortgage Expense - Primary | \$ _____ |
| c. Mortgage Expense - Secondary or Other | \$ _____ |
| d. Leasehold Improvement | \$ _____ |
| e. Association dues | \$ _____ |
| f. Real Estate Taxes | \$ _____ |

TOTAL RENT & MORTGAGE EXPENSES \$ _____

2. LEASES - EQUIPMENT & OTHER (list piece of equipment and lease company if possible)

- | | |
|----------------|----------|
| a. Lease _____ | \$ _____ |
| b. Lease _____ | \$ _____ |
| c. Lease _____ | \$ _____ |
| d. Lease _____ | \$ _____ |
| e. Lease _____ | \$ _____ |
| f. Lease _____ | \$ _____ |
| g. Lease _____ | \$ _____ |
| h. Lease _____ | \$ _____ |

TOTAL LEASE EXPENSE \$ _____

3. LOANS & LINES OF CREDIT

- | | |
|-----------------------|----------|
| a. Loan payment _____ | \$ _____ |
| b. Loan payment _____ | \$ _____ |
| c. Loan payment _____ | \$ _____ |
| d. Loan payment _____ | \$ _____ |
| e. Loan payment _____ | \$ _____ |
| f. Loan payment _____ | \$ _____ |
| g. Loan payment _____ | \$ _____ |

TOTAL LOAN PAYMENTS & LINES OF CREDIT \$ _____

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4. CREDIT CARDS (Note: If you are currently carrying a balance on your office credit cards, list the minimum payments below. If you use your credit cards for other expenses detailed in this worksheet and pay the entire balance when payment is due, please detail these expenses in the other sections provided. As an example, let us say that you use your Visa for Office Supplies and then pay it off at the end of the month. These expenses would not be listed here, but instead under office supply)

- a. Credit Card Payment _____ \$ _____
- b. Credit Card Payment _____ \$ _____
- c. Credit Card Payment _____ \$ _____
- d. Credit Card Payment _____ \$ _____
- e. Credit Card Payment _____ \$ _____
- f. Credit Card Payment _____ \$ _____
- g. Credit Card Payment _____ \$ _____
- h. Credit Card Payment _____ \$ _____

TOTAL CREDIT CARD PAYMENTS \$ _____

5. INSURANCE COVERAGE

- a. Malpractice/Professional Liability \$ _____
- b. Work Comp \$ _____
- c. Group Health \$ _____
- d. Auto \$ _____
- e. Insurance - other _____ \$ _____
- f. Insurance - other _____ \$ _____
- g. Insurance - other _____ \$ _____
- h. Insurance - other _____ \$ _____
- i. Insurance - other _____ \$ _____

TOTAL INSURANCE \$ _____

6. OUTSIDE SERVICES

- a. Accountant \$ _____
- b. Lawyer/Legal Services \$ _____
- c. Dry Cleaning & Laundry \$ _____
- d. Hazardous Waste disposal \$ _____
- e. Payroll Service \$ _____
- f. Temporary Help Agencies \$ _____
- g. Computer Software Support \$ _____
- h. Sewer & Garbage \$ _____
- i. Outside Service - other \$ _____
- j. Outside service - other \$ _____

TOTAL OUTSIDE SERVICES \$ _____

7. UTILITIES & SERVICES

- a. Gas & Electric \$ _____
- b. Water \$ _____
- c. Cable TV \$ _____

TOTAL UTILITIES & SERVICES \$ _____

8. COMMUNICATION & PHONE

- a. Local Phone bill \$ _____
- b. Long distance carrier (if not incl. in a. above) \$ _____
- c. Answering service \$ _____
- d. Pager service \$ _____
- e. Cellular phone \$ _____
- f. Cellular long distance \$ _____
- g. Internet Service \$ _____

TOTAL COMMUNICATION & PHONE \$ _____

9. DUES - PROFESSIONAL ASSOCIATIONS & SOCIETIES

- a. ADA Dues (Include any additional moneys paid above yearly membership dues to ADA) \$ _____
- b. AGD Dues \$ _____
- c. County Association Dues \$ _____
- d. City Association Dues \$ _____
- e. Dues - other _____ \$ _____
- f. Dues - other _____ \$ _____

TOTAL DUES \$ _____

10. LICENSING

- a. Business license \$ _____
- b. Controlled Substance license \$ _____
- c. DEA License \$ _____
- d. Licensing - other \$ _____
- e. Licensing - other \$ _____

TOTAL LICENSING \$ _____

11. SUBSCRIPTIONS

- a. Office Magazines \$ _____
- b. Professional Journals \$ _____
- c. Subscriptions - other _____ \$ _____
- d. Subscriptions - other _____ \$ _____

TOTAL SUBSCRIPTIONS \$ _____

12. PAYROLL EXPENSES

Salaries & Wages (List Gross Monthly Wages)

- a. Doctor/Owner \$ _____
- b. Office manager \$ _____
- c. Receptionist \$ _____

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- d. Financial Secretary \$ _____
- e. Appointment Secretary \$ _____
- f. Associate Doctor \$ _____
- g. Associate Doctor \$ _____
- h. Hygienist \$ _____
- i. Hygienist \$ _____
- j. Hygienist \$ _____
- k. Assistant \$ _____
- l. Assistant \$ _____
- m. Assistant \$ _____
- n. Assistant \$ _____
- o. Other _____ \$ _____
- p. Other _____ \$ _____
- q. Other _____ \$ _____
- r. Other _____ \$ _____

I. TOTAL GROSS WAGES \$ _____

- Payroll related taxes
- a. Company FICA \$ _____
 - b. State Unemployment (% varies by company) \$ _____
 - c. Federal Unemployment \$ _____
 - d. Local taxes \$ _____
 - e. Taxes Other - _____ \$ _____
 - f. Taxes Other - _____ \$ _____

II. TOTAL PAYROLL RELATED TAXES \$ _____

TOTAL PAYROLL EXPENSES
(Equals I + II) \$ _____

13. ADVERTISING

- a. Yellow Pages (if not included in phone bill) \$ _____
- b. Yellow Pages - Other _____ \$ _____
- c. Yellow Pages - Other _____ \$ _____
- d. Yellow Pages - Other _____ \$ _____
- e. Yellow Pages - Other _____ \$ _____
- f. Newspaper Ads \$ _____
- g. Val-Pak/Coupon Magazines \$ _____
- h. New Resident Programs \$ _____
- i. TV \$ _____
- j. Radio \$ _____
- k. Referral Services (1-800 DENTIST, etc.) \$ _____
- l. Mailers/Flyers \$ _____
- m. Bulk Postage (for flyers & mailers) \$ _____
- n. Billboards \$ _____
- o. Website \$ _____
- p. Advertising - other \$ _____
- q. Advertising - other \$ _____
- r. Advertising - other \$ _____

TOTAL ADVERTISING \$ _____

14. PUBLIC RELATIONS & PROMOTIONS

- a. Birthday cards \$ _____
- b. Seasonal mailings (printing & postage) \$ _____
- c. Sponsorship of local organizations (little league etc.) \$ _____
- d. Newsletter printing & postage \$ _____
- e. Promotions - Other \$ _____
- f. Promotions - Other \$ _____
- g. Promotions - Other \$ _____
- h. Promotions - Other \$ _____

TOTAL PR & PROMOTIONS \$ _____

15. CONTINUING EDUCATION

- a. Clinical/OSHA compliance seminars & material \$ _____
- b. Practice Management seminars & materials \$ _____
- c. Travel & Accommodation Expense \$ _____

TOTAL CONTINUING EDUCATION \$ _____

16. OFFICE EXPENSES

- a. Office Supplies \$ _____
- b. Stationary & Envelopes \$ _____
- c. Clothing & Uniform \$ _____
- d. Parking \$ _____
- e. Repairs & Equipment Maintenance \$ _____
- f. Entertainment & Food \$ _____
- g. Postage \$ _____
- h. Office Expense - other \$ _____
- i. Office Expense - other \$ _____
- j. Office Expense - other \$ _____

TOTAL OFFICE EXPENSES \$ _____

17. BANK & CREDIT CARD CHARGES

- a. Merchant charges - credit cards & finance cos. \$ _____
- b. bank charges \$ _____
- c. Other _____ \$ _____

TOTAL BANK & CREDIT CARD CHARGES \$ _____

18. MEDICAL/DENTAL SUPPLIES \$ _____

19. LAB EXPENSES \$ _____

20. BACK BILLS (list any creditors that you are on a payment plan with due to inability to pay original bill - include tax payment plans)

- a. Back bill _____ \$ _____
- b. Back bill _____ \$ _____
- c. Back bill _____ \$ _____
- d. Back bill _____ \$ _____
- e. Back bill _____ \$ _____
- f. Back bill _____ \$ _____

TOTAL BACK BILLS \$ _____

21. EXPENSES: OTHER (If anything was missed, please list it below)

- a. Other _____ \$ _____
- b. Other _____ \$ _____
- c. Other _____ \$ _____
- d. Other _____ \$ _____
- e. Other _____ \$ _____
- f. Other _____ \$ _____
- g. Other _____ \$ _____
- h. Other _____ \$ _____
- i. Other _____ \$ _____

TOTAL OTHER EXPENSE \$ _____

Please take your totals and carry them forward to the Overhead & Expense Summary Sheet.

OVERHEAD & EXPENSE SUMMARY SHEET

Dentist

Practice: _____ Doctor: _____

Address: _____

City: _____ State: _____ Zip: _____

Date: _____ Filled out by: _____

EXPENSES	COST - MONTHLY
1. RENT & MORTGAGE EXPENSE	\$
2. LEASE EXPENSES	\$
3. LOAN & LINES OF CREDIT	\$
4. CREDIT CARDS	\$
5. INSURANCE	\$
6. OUTSIDE SERVICES	\$
7. UTILITIES	\$
8. COMMUNICATION & PHONE	\$
9. DUES	\$
10. LICENSING	\$
11. SUBSCRIPTIONS	\$
12. PAYROLL EXPENSE	\$
13. ADVERTISING	\$
14. PR & PROMOTIONS	\$
15. CONTINUING EDUCATION	\$
16. OFFICE EXPENSE	\$
17. BANK & CREDIT CARD CHARGES	\$
18. DENTAL SUPPLIES	\$
19. LAB EXPENSES	\$
20. BACK BILLS	\$
21. OTHER EXPENSES	\$
TOTAL MONTHLY EXPENSES	\$

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Overhead Guidelines - General Dentist

(These figures are only to be used as loose guidelines)

NOTE: This write-up is being provided as suggestions, guidelines and ideas from which to do financial planning for your office. This is not to be taken as a guarantee that the information provided is appropriate to your practice. Each practice is individually responsible for ensuring that any system implemented complies with the applicable federal, state and local accounting, tax and employment laws, rules and regulations governing the place in which your practice is located. These suggestions do NOT constitute legal or accounting advice. You should seek advice from your own accounting and legal advisors as to what is appropriate to implement in your practice, prior to implementation. MGE: Management Experts, Inc. is not responsible for any claims, real or otherwise, associated with this document or any part thereof.

EXPENSE CATEGORY	ESTIMATED PERCENTAGE
Rent and Mortgage Expense	4-5%
Lease Expenses	**
Loans and Lines of Credit	**
Credit Cards	**
Insurance <i>(Does not include disability or life)</i>	2%
Outside Services <i>(accountant, etc.)</i>	1.65%
Utilities	.6%
Communication & Phone	.6%
Dues & Licensing	**
Subscriptions	**
Payroll Expense <i>(Includes Taxes)</i>	22.5%
Advertising	3-5%
Continuing Education	1-5%
Office Expense <i>(business office supplies, postage, etc.)</i>	1.25%
Dental Supplies	6-7%
Lab Expenses	8-10%
TOTAL	50.6-60.6%
GROSS PROFIT	39.4 - 49.4%



TEAM ACTION ITEMS

PURPOSE: To properly staff the office to maintain excellent customer service and productivity.

1. Determine what is happening with any of your staff who are not yet back to work – i.e. can't come back, don't want to come back.
2. Work out how each individual case is going to be handled, e.g. telework until childcare or summer camp is open, and so on.
3. If need to hire, write ads for each of the positions you need to fill. To get started, examples provided by MGE can be found in this booklet.
4. Place your ads using the venue that works best in your area, i.e. Indeed, Craigslist, Newspaper, etc.
5. You could also look for personnel in “unconventional” places as well – ask your team who they know, your patients who they know (or them), post it on Facebook, ask your supply rep, and for clinical staff, contact colleagues in your area. You could also use any of the various dental employment agencies for harder to fill positions.
6. When receiving resumes, act fast! Do not “sit” on them. Get anyone you might potentially hire contacted and scheduled for an interview immediately. You might also do a video preliminary interview and move it into an in-person interview if the person seems to be a workable candidate.
7. Do not forget to check references!
8. If more than one good candidate is available for one job (you would hire either of them), you may wish to hire both, finances allowing. Especially with administrative staff.
9. When onboarding, hat the new person on the COVID-19 procedures they need to know to BE in the office ASAP. Follow this up with an understanding of the practice purpose.
10. If you have not done so already, create an Orientation Checklist for new staff. A sample can be found at www.mgeonline.com/practice-recovery-handouts.
11. After your staff have been through the orientation checklist, get them trained on and working in the area they were hired for. Ensure they are trained on the COVID-19 specific policies

that relate to their job. You'll also have to train them for their position! Use whatever manuals or policies you have on hand. You can also use the positional training on DDS Success for administrative staff. Ensure they are properly apprenticed so as to be able to get the job done.

12. Ensure that whoever is supervising them pays close attention to ensure they can get the expected products in an acceptable volume.
13. Keep an eye out for the same mistakes being repeated over and over.

Getting Back to Work in the COVID-19 Era When Employees Refuse to Return

By Devora L. Lindeman, Esq.
Labor and Employment Partner at Greenwald Doherty LLP¹

So, your business is getting ready to reopen. You are figuring out what health and safety guidelines to implement, ensuring you have sufficient PPE, getting patients or clients scheduled, and otherwise preparing to deliver. You reach out to your employees to schedule them to return and, instead of enthusiasm about being able to be productive again, you are faced with multiple versions of “Gee, I’d really like to return, but I can’t because” What is an employer to do?

Depending on the location(s) of your business, the number of employees you have (both total, and in each location), and other factors, different federal, state and local employment laws may govern an employer’s legal obligations. Below I will discuss how some of the federal laws are going to apply to most businesses in the U.S., but keep in mind that other laws could also govern your decisions. This article is not legal advice, but rather only general information and an overview of suggested best practices. It is always prudent to consult with employment counsel familiar with the law applicable to the location(s) of your business regarding any specific employee situations.

Please also be mindful that employer obligations in this COVID-19 era are constantly changing. Therefore, the legal issues discussed here are subject to change.

Here are some of the main reasons employees may give for not returning to work:

1. I have kids at home and no childcare.
2. I am in the “high risk” category and have concerns.
3. I live with someone in the “high risk” category and don’t want to get them sick.
4. I am just scared to return.
5. I am making more money on unemployment so, no thank you.

Before looking at how to potentially deal with each situation, let’s look at some general employment law and other obligations employers may have so you have some information to think with.

Disability Discrimination Avoidance/Providing Reasonable Accommodations: Under federal and local disability discrimination laws, employers are prohibited from making employment decisions *because* of an employee’s disability, as long as the employee could otherwise perform the job “with or without reasonable accommodations.” A “reasonable accommodation” is something that helps the employee do their job. For example, providing a phone with enhanced volume for someone hard of hearing; providing an ergonomic keyboard or desk chair; or potentially providing leave to get better and come back. It is something that is “reasonable,” and does not create an undue hardship for the business.

Employees need not say any “magic words” to request a reasonable accommodation. However, once an employer knows that an employee has a medical condition/disability interfering with their ability to do

¹ Greenwald Doherty LLP advocates for, protects and defends businesses in all aspects of labor and employment law. It has offices in New York, New Jersey, Connecticut, Pennsylvania, California, and Florida. Ms. Lindeman is admitted to practice law in New York and New Jersey and has been working with MGE and its clients for over 20 years. This article provides general information and a summary of the laws being discussed. It is not legal advice, nor does it create an attorney-client relationship. Ms. Lindeman can be reached at dl@greenwalddlpl.com. This piece may be considered attorney advertising. Consult with counsel regarding situations specific to your business.

Getting Back to Work in the COVID-19 Era When Employees Refuse to Return

their job, there is an obligation to enter into an “interactive process” (that’s a conversation/exchange of information) to see what, if anything, can be provided. If you are not familiar with how to do this, it is generally prudent to get legal advice. An employment lawyer can guide you through the process to endeavor to protect against a disability discrimination lawsuit alleging a failure to accommodate.

EEOC Reasonable Accommodation Guidance: The EEOC (Equal Employment Opportunity Commission) which enforces the the federal ADA (Americans with Disabilities Act), has issued COVID-19-related guidance providing that certain categories of employees at higher risk of serious COVID-19 illness—as determined by the CDC—are entitled to **request** reasonable accommodations when they are concerned about coming back to work. The CDC currently identifies the following “higher risk” individuals:

- Individuals 65 years and older; and
- Individuals of all ages with underlying medical conditions, particularly if not well-controlled, including:
 - chronic lung disease or moderate to severe asthma;
 - serious heart conditions;
 - immunocompromised;
 - severe obesity (body mass index [BMI] of 40 or higher);
 - diabetes;
 - chronic kidney disease undergoing dialysis; and
 - liver disease.

Keep in mind that not everyone who falls into these categories is going to refuse an offer to return to work. Treat everyone the same until an employee brings up his or her own concerns. Then, engage in the interactive process discussed above, to see if an accommodation can be provided.

Unemployment Insurance: Unemployment is supposed to be a minimal safety net to provide employees with some compensation between jobs when a position is lost through no fault of their own (i.e., if they did not quit or engage in gross misconduct such as violence or theft). Employees usually receive only a percentage of their overall compensation, as the state does not want to carry the employee indefinitely. The decreased income is meant to incentivize employees to find a job and go back to work. During the COVID-19 pandemic, however, government unemployment subsidies now allow some employees to get more income from unemployment than they would if working. Employees who have been laid off (lost their jobs), or furloughed (not terminated but currently not working because their workplace is shuttered or there is no work for them), or who have had their work week shortened (depending on the state) will probably be eligible for unemployment benefits—until they are offered the ability to return to work. Refusing to work without a good reason (*more on that, below*) usually means the individual will be denied unemployment benefits. State law varies, but it is generally considered a voluntary quit for which unemployment insurance benefits are not payable. As a practical matter, state unemployment offices are so overwhelmed that claims are not being scrutinized closely and even those who quit may be getting paid—but eventually, it is likely that they will catch up with employees who took compensation when they should not have. For that reason, proper documentation of employee status is important.

Families First Coronavirus Response Act (“FFCRA”): The FFCRA created certain mandatory leave that many businesses with less than 500 employees must provide.

Getting Back to Work in the COVID-19 Era When Employees Refuse to Return

- a) **Emergency Paid Sick leave** (for all employees) – up to 80 hours (two weeks) of job-protected leave paid for the hours an employee would have worked in the two weeks (and following a complicated formula if the employee’s schedule varies) when the employee can not work because, among other things: (1) the employee has COVID-19, or is ordered to quarantine/isolate; (2) the employee has to care for an individual with COVID-19 or who is under a quarantine or isolation order; or (3) the employee’s child’s school or day-care is closed or childcare provider is unavailable for COVID-19 related reasons. Leave for reason 1 is at full pay and leave for reasons 2 and 3 are at 2/3 pay; AND
- b) **Expanded FMLA (Family and Medical Leave Act) leave** (for employees who have been employed at least 30 days) – up to 12 weeks of job-protected leave if the employee’s child’s school or day-care is closed or childcare provider is unavailable for COVID-19 related reasons. The first 2 weeks are unpaid, unless the employee has available Emergency Paid Sick Leave or other paid time off; the remaining up to 10 weeks are paid at 2/3 pay. Employees must attest that there is no other suitable caregiver and explain why care is needed if child is over age 14.

Note that “job-protected” means that the employee must be returned to their job at the end of this leave, and should not be fired for refusing to return to work when eligible for this leave. “Health Care Providers” (including doctor’s offices) may exclude their employees from eligibility for all types of FFCRA leave. Business with under 50 employees may exclude employees from the “no school/childcare” leave after analyzing the potential harm to the business by providing leave in each case. If leave is provided, and certain documentation obtained, there is a dollar-for-dollar tax credit available against federal employment taxes for the compensation paid for FFCRA leaves and certain related expenses.

Be mindful that states may have passed local emergency paid sick leave laws without exemptions that may require the provision of other COVID-19-related required leaves. Your goal is to avoid employee claims asserting a failure to provide leave for which the employee was eligible.

Paid Family Leave: States that mandate paid family leave insurance (such as NY, NJ, and CA), may allow this family leave to be taken in COVID-19-related situations and/or have modified their laws to cover it.

Payroll Protection Program (“PPP”): Businesses receiving PPP loans are supposed to maintain employee headcount to obtain loan forgiveness. However, if a laid off or furloughed employee is offered work, refuses to return, and that communication is properly documented, that employee’s failure to return (and the resulting decrease in headcount), should not count against the PPP. Also, the employee can be replaced because maintaining “headcount” does not mean keeping the same employees on payroll.

Other considerations: In addition to legal situations, there may be other factors to consider. For example, how you treat your employees will be remembered not just by the employee who does not want to return, but by the rest of your team. You might want to consider the PR issues both internally and externally. How would a social media post look: “Dr. Frankenstein fired me just because I have kids!!!” You also obviously want to have a sufficient team to reopen, but there may be ways to hire replacements so you can function without terminating the employment of those who cannot yet come back.

There may also be factors regarding an employees’ performance, attitude and productivity. Do you want a particular employee to come back or not? In certain situations, you can treat employees differently and factor this concern into the equation. However, be mindful that any such distinctions do not give the

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impression of being made for a discriminatory reason, or an employee could bring a discrimination suit. Having documentation outlining the reason all employment actions are taken is prudent.

When considering what to do when employees refuse to return to work, taking things one step at a time is better than jumping to hurried conclusions you cannot undo.

With that background, let's now look at some general guidance regarding how it might be prudent to respond to employees who do not want to come back to work. This information below presumes that your employees are employed at will and are not members of a union. In the latter case – call a lawyer. But, even outside the union context, multiple legal obligations can be implicated in each of these situations. The following scenarios presume that (1) the employee has not been working; (2) the employee has been collecting unemployment; (3) work has been offered; and (4) the employee refused to return to work for one of the reasons noted:

1. I have kids at home and no childcare.

If your business is covered by the FFCRA, or other applicable local law, by giving this reason for not being able to return to work, the employee just went from “not working because there was no work,” to “not working because of no childcare.” In other words – presuming the no-childcare is because of a COVID-19-covered reason, the employee may just have become eligible for applicable job-protected paid leave. If the employee is offered this paid leave, however, he or she could potentially refuse it because it unemployment compensation was more than was being offered for the paid leave. This refusal to return to work could technically be taken as a resignation for which the employee would not be eligible for unemployment. (Referring to my earlier discussion of how unemployment benefits may be denied if the employee refuses work “without good reason.”) Having no childcare, in this COVID-19 era, would probably be considered a good reason to refuse work, and unemployment benefits would probably continue. If the employee is not eligible for FFCRA or other paid leave, he or she is still refusing work for a likely “good reason.”

That being said, an employer's options are: (1) offer mandatory paid leave (if required), and tell the employee to contact you if/when they can return to work as their job will likely need to be held; (2) keep the employee furloughed/laid off and collecting unemployment, but fill the position so you can run the business, and tell the employee to contact you if/when they can return to work; or (3) fire the employee for refusing to return, report the refusal to unemployment (and hire a replacement). Consider the issues and implications of each option, particularly where terminating employment is a consideration. Be sure you have the offer and employee's rejection with the reason in writing, as well as the business's response. Document this business decision in an internal memo.

2. I am in the “high risk” category and have concerns.

By stating he or she cannot return because the employee is “high risk,” this employee just asked for a reasonable accommodation. In this case, you need to engage in the interactive process to see what the concerns are and whether they can be addressed. For example, can this job be done from home? If the

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employee has been working effectively from home, the business will be hard-pressed to say it cannot continue to allow it. If the employee has not been working, the employer should consider whether there is anything that can be done to allay the employee's concerns? For example, the business could provide additional PPE; move the employee's workspace further away from others; move the employee to a back-lines position they are qualified for; change starting hours so the employee is not commuting on a rush-hour subway; etc. Ensure the employee is aware of the safety protocols you are putting in place. See if there's something that would make the employee comfortable returning to work and if you can do that. It may come down to providing leave as an accommodation. Document everything you considered, everything the employee requested, and write down why the business refused employee suggestions and which business suggestions were refused by the employee. If you cannot come to an agreement, an employer's options are to (1) leave the employee on unemployment and fill the position in the meanwhile or (2) let the employee go because no accommodation can be provided. Consult with counsel in this case before letting an employee go who might claim they were wrongfully terminated.

3. *I live with someone in the "high risk" category and don't want to get them sick.*

Unlike the prior question, an employer usually has no obligation to provide a reasonable accommodation to someone who is not, themselves, disabled, but has concerns about someone who is. That said, it likely would be prudent to engage in the same interactive process anyway and see if there is anything that can be done to provide the employee with some comfort and ability to return to work. If not, (1) leave the employee on unemployment and fill the position in the meanwhile or (2) let the employee go because they refused to return. Be sure to document the offer of work and the employee's refusal to return.

4. *I am just scared to return.*

In this case, it likely would be prudent to talk to the employee and find out why they are scared. Can the situation be addressed? Can you allay their fears? Make sure they know all the safety procedures being put in place. Make sure there is no underlying unmentioned health condition. If they still refuse to return, (1) leave the employee on unemployment and fill the position in the meanwhile or (2) let the employee go because they refused to return, and report the offer of work and refusal to Unemployment. Have documentation of the offer and the employee's refusal to return.

5. *I am making more money on unemployment so, no thank you.*

This is a clear case of refusing available work for no good reason. Document the offer of work and the employee's rejection. Accept the employee's resignation, and document in a letter or email to the employee that such action is being taken. Report the employee's resignation to Unemployment, with the understanding that the agency likely will take no action for some time, if ever.

Each of these situations raises a number of legal questions and concerns. The above guidance outlined a number of potential landmines where employers should tread carefully as they navigate the return-to-work landscape. Consulting with employment counsel familiar with the law applicable to the area(s) where your business is located is generally the safest course of action.



Sample Help-Wanted Ads

For Dentists

Scheduling Coordinator/Office Manager Ad

Are you looking for a position where you can use all of your skills in a fun, energetic environment? We are looking for a Scheduling Coordinator/Office Manager to join our dental team.

If you are highly organized, willing to learn and bi-lingual (Spanish/English), please call _____ at _____.

Dental Lab Technician

Are you looking for a position that will allow you to use all of your talents, and gain new skills in a fun, fast-paced environment?

We are a rapidly growing dental lab looking for an energetic person to help us expand.

If you are willing to learn and seeking a position with room for advancement, call _____ at _____.

New Patient Coordinator

Are you looking for a position that will allow you to use all of your skills in a fun, fast-paced environment? We are a family dental practice looking for an energetic person to help with our rapidly expanding patient base. If you are willing to learn, and seeking a

position with room for advancement, call _____ at _____.

Dental Hygienist

Are you looking for a fun, energetic environment where you can use all of your skills? We are a busy, expanding dental practice looking for a hygienist to join our team. Call _____ at _____ today!

Dental Hygienist

Are you looking for a fun, energetic environment where you can use all of your skills? Would you like the opportunity to learn how to ensure every patient gets the treatment he needs?

Call _____ at _____ to join our rapidly expanding team of family practice professionals.

Dental Associate

Are you looking for an office where you can use all of your skills in a caring and upbeat environment?

We are a fast-paced, rapidly expanding office looking for an associate to join our dental team. Some hygiene required.

Call _____ at _____ today!

Scheduling Coordinator

Are you looking for a great part-time job that will allow you to have fun while you work?

We are a fast-paced, rapidly expanding dental practice looking for someone to help manage our busy schedule.

If this sounds like a position for you, call _____ at _____.

Doctor's Office General Help-Wanted Ad

_____ needed for a Doctor's Office.
(Position Name)

Are you looking for a position that allows you to use all of your skills with room for advancement?

Our busy, rapidly expanding office needs a new _____.
(Position Name)

and you may be the person we are looking for! The position entails

_____/_____/_____.
(duties) (duties) (duties)

No dental experience necessary. We will train. A desire to work with a lot of people is a must.

Contact: _____ at _____.

Office Manager

Are you looking for a position that will allow you to use all of your skills in a fun, fast-paced environment?

We are a rapidly expanding dental practice looking for an energetic person to manage our busy office. If you are willing to learn and seeking a position with room for advancement, call _____ at _____ today!

Dental Assistant

Are you looking for a position that will allow you to use all of your skills in a fun, fast-paced environment? We are a rapidly expanding dental office looking for a full-time dental assistant to join our team. If you are energetic, willing to learn, and seeking a position with room for advancement, call _____ at _____ today!



FINANCIAL SECRETARY DAILY CHECKLIST

W/E _____

TIME	TASK	M	T	W	TH.
8:30-8:45	BOOT COMPUTER & TURN ON PRINTER IF NOT DONE SO ALREADY				
	ENSURE SPACE IS NEAT & TIDY				
	IF NEEDED HANDLE ANY LAST-MINUTE BENEFIT DETERMINATIONS				
	REVIEW MONTHLY CHECKLIST FOR DUTIES THAT MIGHT OCCUR TODAY THAT ARE TO BE DONE BETWEEN 1-2				
	TURN OVER PREVIOUS DAY'S FINANCE COMPANY CONTRACTS TO RECEPTIONIST OR O/M FOR PICK UP				
	NOTE CANCELLATIONS & HOW THEY MAY AFFECT YOUR LINE-UP				
	WITH A/R REPORT IN HAND - REVIEW DAILY LINE-UP WITH O/M.				
8:45-9:00	ATTEND MORNING PRODUCTION MEETING				
9:00-9:30	FILE ANY CLAIMS FOR WHICH YOU WERE WAITING FOR DOCUMENTATION FOR				
9:30-10:00	CALL INSURANCE COMPANIES FOR BENEFITS THAT YOU WERE UNABLE TO REACH PREVIOUS DAY				
10:00-10:45	ENTER TX PLANS AND DETERMINE BENEFITS				
10:45-11:30	POST PAYMENTS FROM MAIL AND DIRECT DEPOSIT				
	SEND OUT EOB LETTERS				
	FILE ANY SECONDARY INSURANCE				
12:30-1:00	CALL INSURANCE COMPANIES ON ANY OVERDUE CLAIMS				

	HANDLE ANY INSURANCE DENIALS, INQUIRIES & OR NARRATIVES				
1:00-2:00	**TIME ALLOCATED FOR MONTHLY DUTIES** OTHERWISE CONTINUE CALLING			xxxxx LUNCH	
	IF NO MONTHLY DUTIES TODAY - CONTINUE TO PROCESS OVERDUE CLAIMS AND INSURANCE INQUIRIES				
2:00-3:00	LUNCH TIME - STAFF MEETING ON MONDAY				
3:00-4:00	CALL ON CLAIMS THAT HAVE AGED 15 DAYS				
5:00-6:00	REVIEW DAYSHEET FOR COMPLETENESS UP TO THIS POINT IN DAY				
	ENSURE DEPOSIT SLIP UP TO DATE FOR DAY				
	REVIEW SCHEDULE AND ENSURE ALL INSURANCE FILED UP TO DATE				
6:00-6:30	PRINT DAY SHEET				
	PRINT BANK DEPOSIT REPORT				
	ENSURE ALL INSURANCE FILED/BATCHED (OR NOTED ON THE SCHEDULE IF NOT) & FILE YOUR COPY OF SCHEDULE.				
	CHECK BATCH REPORT TO ENSURE ALL CLAIMS ACCEPTED.				
	USING YOUR CASH RECONCILIATION REPORT, CLOSE OUT CASH BOX & LOCK IT				
	USING BANK DEPOSIT REPORT, CLOSE OUT DEPOSIT.				
	ENSURE CREDIT CARD MACHINE BATCHED & BATCHES STAPLED TO RECEIPTS				
	PUNCH HOLES IN DAYSHEET, CASH RECONCILIATION REPORT & BANK DEPOSIT REPORT. FILE IN DAYSHEET FOLDER				
	PLACE DEPOSIT, & CREDIT CARD RECEIPTS IN DEPOSIT BAG & HAND DELIVER IT TO O/M				
	GIVE CLOSED OUT CASH BOX TO O/M				
	ENTER YOUR STATS ON GRID				
6:30-6:45	DO LINE UP FOR NEXT DAY				
	DO DAILY PRACTICE ANALYSIS				

FRIDAYS

TIME	TASK	DONE
8:30-9:15	OPEN UP (GET CASH BOX) TURN ON COMPUTER	
	PRINT CURRENT A/R LIST (2)(WITH INSURANCE & WITHOUT)	
	PRINT PAYMENT PLAN REPORT	
	PRINT COLLECTION AGENCY REPORT	
	DO WEEKLY FIN SEC REPORT	
9:15-9:30	DO WEEKLY LINE-UP AND MONDAY LINEUP	
9:30-10:00	MEETING WITH OFFICE MANAGER	
10:00-10:15	DO WEEKLY STAFF MEETING REPORT	
10:15-11:30	WORK ON PROBLEM INSURANCE	
	FOLLOW UP ON PATIENT ACCOUNTS	
	AUDIT ANY PROBLEM ACCOUNTS	
	ENSURE THAT YOU ARE LINED UP FOR MONDAY	
	STRAIGHTEN SPACE	
	POST PAYMENTS	
	SEND OUT EOB LETTERS	
	FILE SECONDARY INSURANCE	
	ENTER YOUR STATS ON GRID	
	LOG HOURS IN HOURS BOOK	

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RECEPTION DAILY CHECKLIST

What follows is a checklist of general reception duties for a dental office. Work with your Office Manager to customize it so it reflects how things are done in your office.

TASK	M	T	W	TH	F
OPENING CHECKLIST					
A. TURN ON THE LIGHTS					
B. TIDY UP THE FRONT OFFICE					
C. TURN ON COPY MACHINE					
D. OPEN THE BLINDS					
E. TURN TV ON IN RECEPTION AND START DVD, OR TUNE TO _____ CHANNEL					
F. MAKE COFFEE, SET OUT DRINKS AND SNACKS					
G. ENSURE RESTROOM IS NEAT AND SUPPLIED					
H. UN-FORWARD PHONE/GET MESSAGES					
I. TURN ON COMPUTERS & PRINTERS					
J. ROUTE MESSAGES					
K. TIDY UP RECEPTION, ENSURE ALL MAGAZINES ARE RECENT					
L. UNLOCK THE FRONT DOOR AND OPEN THE OFFICE					
M. MAIL LETTERS OUT					
ONGOING DURING DAY					
A. ANSWER PHONES, GREET PATIENTS, PROCESS NEW PATIENTS					
B. DO FILING AS NEEDED					

C. NEATEN RECEPTION ROOM, REST ROOM AND FRONT DESK AS NEEDED					
D. KEEP RECEPTION ROOM BEVERAGES, COFFEE AND SNACKS STOCKED					
E. ORDER OFFICE SUPPLIES WITH OM APPROVAL (1X PER WEEK)					
F. PROCESS DELIVERIES AND OUTGOING PACKAGES					
G. PROCESS OUTGOING MAIL FOR ALL FRONT DESK POSITIONS					
H. GET AND ROUTE THE OFFICE MAIL					
I. SEND OUT WELCOME (NEW PATIENT) AND THANK YOU (REFERRAL) LETTERS					
J. ASSIST SCHEDULING COORDINATOR WITH RECALL, REACTIVATION AND OUTSTANDING TREATMENT CALLS IF APPLICABLE					
K. ASSIST SCHEDULING COORDINATOR WITH LETTERS, TEXTS OR EMAILS FOR REMINDERS, RECALL AND REACTIVATION IF APPLICABLE.					
CLOSING CHECKLIST					
A. CHECK BATHROOMS					
B. TIDY UP THE RECEPTION AND FRONT DESK AREA					
C. EMPTY FRONT DESK TRASH					
D. COMPUTER BACK UP (IF APPLICABLE OR NOT ON A CLOUD BASED SYSTEM)					
E. TURN COMPUTERS & PRINTERS OFF					
F. TURN TV OFF					
G. TURN COFFEE MAKER AND OTHER APPLICABLE ELECTRONICS OFF					
H. CLOSE BLINDS					

I. TURN LIGHTS OFF					
J. FORWARD THE PHONE IF APPLICABLE					
K. LOCK DOOR					
L. ARM ALARM (IF APPLICABLE)					

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MANAGEMENT ACTION ITEMS

PURPOSE: To gain control of and manage office expenses as the office moves back into a normal state.

1. Determine when you are going to hold your meetings. Specifically:

DAILY:

- Morning Production meeting and stat collection,
- Clinical meeting with providers as needed,
- Quick coordination between doctor and OM,
- End of day coordination and follow up meeting to ensure any changes or adjustments to operations can be made quickly.

WEEKLY:

- Executive Meeting (doctor, OM and any Executives).
 - Staff meeting.
 - Additional staff training (if needed) to include drilling time to ensure adjustments to any new policies or procedures are grooved in.
 - Financial Planning/Review
2. Set monthly, weekly and daily quotas or “goals” for key office statistics – i.e. production, collections, new patients. Use your monthly goal to determine your weekly and daily goals.
 3. If a statistic is not on track to reach its goal, troubleshoot it early in the month to ensure you pull it off.
 4. To that end, the OM to ensure that daily targets set at the Morning Production Meeting are done throughout the day to ensure the daily goal is met (hence moving toward any weekly or monthly goals).

5. Lastly, ensure that the team members in the areas that oversee the major practice statistics (e.g. Schedule Coordinator, Financial Coordinator, PR Officer), understand that they are accountable for these statistics. They are not just "reporting them." They are responsible for managing their areas to make their goal.