



## Scheduling for Production

*Based on the works of  
L. Ron Hubbard*

### Section I: *Introduction and Overview*

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**What are the  
biggest problems you  
face with Scheduling?**

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### **Hard Sell Defined**

*By L. Ron Hubbard*

**“Hard Sell:** Caring about the person, not being reasonable with stops and barriers and getting him fully paid up and taking the service.”

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## Reasonable Defined

By L. Ron Hubbard

1. Faulty explanations.
2. When an executive starts to explain the "reasons" for low stats instead of working to get high stats, he is being reasonable."

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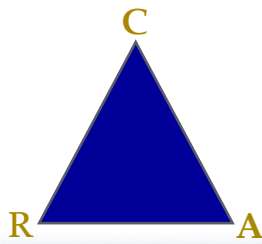
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## The ARC Triangle

From the works of L. Ron Hubbard



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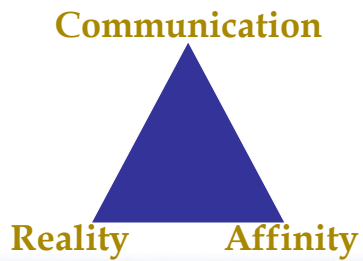
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## The ARC Triangle

From the works of L. Ron Hubbard



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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

A blue equilateral triangle with the letter 'C' at the top vertex, 'R' at the bottom-left vertex, and the word 'Affinity' at the bottom-right vertex.

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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

A blue equilateral triangle with the letter 'C' at the top vertex and 'R' at the bottom-left vertex. A dark blue rectangular box is positioned at the bottom-right vertex, containing the text: "Love, liking or any other emotional attitude."

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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

A blue equilateral triangle with the letter 'C' at the top vertex, 'Reality' at the bottom-left vertex, and 'Affinity' at the bottom-right vertex.

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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

**C**

**The solid objects.** **Affinity**

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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

**C**

**The solid objects.  
Reality is fundamentally  
agreement.** **Affinity**

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11

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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

**Communication**

**Reality** **Affinity**

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12

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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

An interchange of ideas  
between two people.



Reality Affinity

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13

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**The ARC Triangle**  
*From the works of L. Ron Hubbard*

Communication



= Understanding

Reality Affinity

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14

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**The ARC Triangle**  
*By L. Ron Hubbard*

“One can’t cut down one without  
cutting down the other two.”

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### The ARC Triangle - Example

Think of someone that you have a lot of Affinity for.

Now, recall a disagreement you have had with that person.

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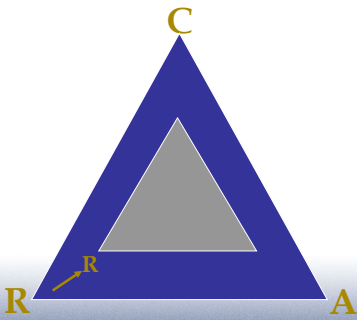
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### The ARC Triangle

*From the works of L. Ron Hubbard*



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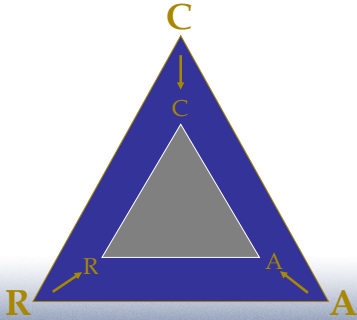
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### The ARC Triangle

*From the works of L. Ron Hubbard*



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## The ARC Triangle

By L. Ron Hubbard

"One can't rehabilitate one without rehabilitating the other two."

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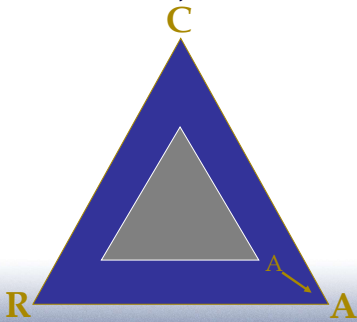
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## The ARC Triangle

From the works of L. Ron Hubbard



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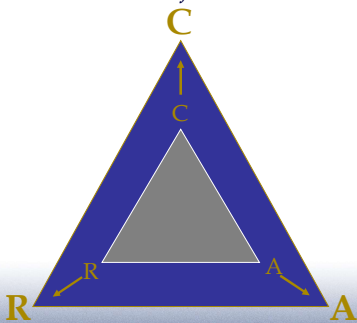
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## The ARC Triangle

From the works of L. Ron Hubbard



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## The ARC Triangle

By L. Ron Hubbard

“The most important corner of the ARC Triangle is communication. If you knock communication out, they will all go.”

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## The Office Schedule

There must be agreements as to how the appointment book is managed/controlled in the office.

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## Control and Income

By L. Ron Hubbard

“Control = Income”

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## Definitions

By L. Ron Hubbard

**“Control:** *predictable change.*”

**“Confusion:** could be called an uncontrolled randomness.”

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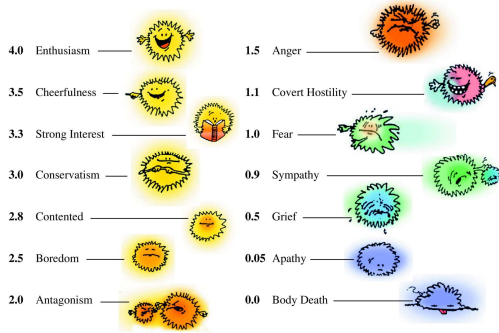
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## THE EMOTIONAL TONE SCALE

By L. Ron Hubbard



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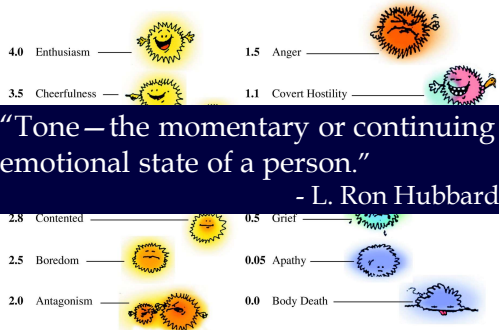
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## THE EMOTIONAL TONE SCALE

By L. Ron Hubbard



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27

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**THE EMOTIONAL TONE SCALE**  
By L. Ron Hubbard

4.0 Enthusiasm  
3.5 Cheerfulness  
3.3 Strong Interest  
3.0 Conservatism  
2.8 Contented  
2.5 Boredom  
2.0 Antagonism

**"Affinity, Reality and Communication ascend and descend the Tone Scale in unison."  
- L. Ron Hubbard**

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28

**THE EMOTIONAL TONE SCALE**  
By L. Ron Hubbard

**If you have difficulty with this side of the Tone Scale, you're limited on who you can help!**

1.5 Anger  
1.1 Covert Hostility  
1.0 Fear  
0.9 Sympathy  
0.5 Grief  
0.05 Apathy  
0.0 Body Death

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29

**The Tone Scale**  
By L. Ron Hubbard

**"Skillful use of this scale enables one to both predict and understand human behavior in all of its manifestations."**

**Manifestation:** An observable indication of something. It can be seen or is plainly evident.

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30



## Scheduling for Production

Based on the works of  
L. Ron Hubbard

### Section II: *Appointment Coordinator Hat*

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31

## What Improves Control?

By L. Ron Hubbard

“HATTING = CONTROL”

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32

## Hat Defined

By L. Ron Hubbard

“**Hat.** 1. Slang for the title and work of a position in an organization. Taken from the fact that in many professions such as railroading the type of hat worn is the badge of the job. 2. The duties of a position.”

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33

## Hat Defined

By L. Ron Hubbard

“**Hat: 3.** A term used to describe the write-ups, checksheets, and packs that outline the purposes, know-how and duties of a position. It exists in folders and packs and is trained in on the person on the position.”

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## Hatted Defined

By L. Ron Hubbard

“**Hatted:** each organizational staff member is a specialist in one or more functions. These are their specialties. If they are fully trained to do these they are said to be **hatted.**”

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## Product Defined

By L. Ron Hubbard

“**PRODUCT: 1.** a completed thing that has exchange value within or outside the activity. **2.** a product is a finished high quality service or article, in the hands of the being or group it serves, as an exchange for a valuable. That’s a product.”

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36

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## Product Examples

Some examples of a **product**:

- a. **Receptionist** - A properly routed phone call.
- b. **Appointment Secretary** - A patient who shows up on time for their appointment for the correct amount of time.
- c. **Collections Person** - All funds collected for services rendered.
- d. **Cook** - A dinner that tastes good and is worth paying for.

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37

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## Planning by Product

*By L. Ron Hubbard*

“One of the cycles or correct sequences of action is:

BE – DO – HAVE

This sequence is often altered in organizations and even in individuals. Be is first in the physical universe, Do is second, Have is third.”

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38

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## Exchange

**Exchange:** generally, the barter or trading of money, property or services in return for like rewards of equal or similar value.

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39

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## Statistics

By L. Ron Hubbard

"A **Statistic**: is a number or amount compared to an earlier number or amount of the same thing and refers to the quantity of work done or the value of it in money."

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## Setting Goals

Once you've established the **Monthly Production Goal**, you'd break it down as follows:

### MONTHLY GOAL

# Of working days that month

This will establish your daily production goal for that month.

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## Setting Goals

**Example:** Monthly goal is \$95,000 for August which has 17 working days, so:

$\$95,000/17 = \$5588.23$  (or we'd probably just say \$5,600).

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## Setting Goals

You could even map this out a few months in advance as knowledge of working days are well established into the future.

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43

## Setting Goals

Daily goals along with how the office is doing cumulatively for the month are critical to office planning and should be covered at every **Morning Production Meeting**.

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44



## Scheduling for Production

*Based on the works of*  
**L. Ron Hubbard**

### Section III: *Scheduling System*

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45

## Types of Procedures

- **PRIMARY** (HIGH COST)
- **SECONDARY** (MEDIUM/LOW COST)
- **TERTIARY** (NO-CHARGE)

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46

## Primary Procedures

- **High-Dollar** - regardless of how much time or how many visits are needed to complete the procedure.
- **Includes:** *Crowns, Implants, Veneers, Endo, Denture and Partial Denture starts, Invisalign starts, etc.*

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47

## Secondary Procedures

- **Middle-to Low-Dollar:** Again - regardless of time and number of visits.
- **Includes:** *Basic restorations, bleaching, sealants, new patients/emergencies etc.*

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48



**Tertiary Procedures**

- No Charge appointments.
- **Includes:** *Crown deliveries, adjustments, consults appointments, etc.*

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**A Note on Consults**

While consult appointments are “Tertiary,” or “no-charge” procedures from a production perspective, they are extremely important as they lead to future production.

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**Procedure Duration**

The first step to organizing your schedule is determining how long procedures *actually take*. This would include from the time the patient is seated, until they are dismissed.

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## Procedure Duration

As you determine this, ensure that:

- a. The timing is *realistic* and *uniform* and
- b. That you build in a little bit of extra time in to account for the unexpected.

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52

## Procedure Duration

- c. You may wish to add uniform adjustments to appointment times in the event there are multiple instances of that procedure in the same appointment, - e.g. One crown prep = one hour. Add twenty to thirty minutes to that appointment if doing an additional (i.e. a total of 2) crown preps, and so on.

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53

## The Appointment Book

Your appointment book should be broken into ten (10) minute intervals or "units" (most are - but some are not) as opposed to fifteen (15) minute intervals or units.

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54

## Dental Assistant Duties

What an assistant can and cannot do depends on the **Dental Practice Act** for your State/Province.

With that in mind, the Dental Assistant **should** be trained to do **all** procedures *they are legally allowed to do* as called for in your applicable **Dental Practice Act**.

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55

## Dental Assistant Duties

Things included under this heading might be: *chart notes, making temps, taking x-rays, writing prescriptions* (not signing them of course), etc. Again, this list **depends on your Dental Practice Act** and you would **have to consult** it to ensure you are in compliance.

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56

## Double Booking

A "double booked" schedule done properly can be *immensely* productive and efficient.

Several conditions must be in place to make this work:

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57

## Double Booking

1. Each doctor treatment room must have an assigned Dental Assistant, or at worst you must have an assistant *for each treatment room*.
2. The appointment book would need to have adequate **primary procedure** time "blocked" each day to ensure that the production goal can be met.

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58

## Double Booking

3. The doctor cannot be scheduled to be in more than **one place at a time**.
4. Using the procedure times you've estimated, you would now break them down into *doctor vs. assistant* time. This is detailed in the slides that follow.

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59

## Doctor/Assistant Time

During any procedure, there are steps that *require* the doctor along with steps which do not. Again, much of this is dependent on the procedure, what an assistant can legally do in your locality and the assistant's skill-set or level of training and certification.

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### Doctor/Assistant Time

Taking all of this into account, we would **show on the schedule** *when the doctor is in the room (with an assistant) and when the assistant is in the room without the doctor.*

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61

### Doctor/Assistant Time

This would be represented with a **"/"** for an assistant only and an **"X"** for the doctor plus assistant.

Most software has this capability, although it may require set-up.

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62

### Doctor/Assistant Time

For example: Doctor Smith determines that a single crown prep is a 70 minute (7 unit) appointment. The first 10 minutes would be assistant time (seating, etc.), the next 40 minutes doctor time and the last 20 minutes, assistant time. It would be represented on the schedule as follows:

**/XXXX//**

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63

## Exercise

1. Pick five procedures in your office.
2. Work out the total time for each procedure - factoring in the points we've covered thus far.
3. Now, determine the doctor and assistant time in each procedure.
4. Write these procedures out as "/"s and "X"s.
5. If you're watching via live-stream, type "**procedure**" in the live-chat when you're done!

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64

		ROOM 1	ROOM 2
8	00	/ Bill Board	
	10	X CR PREP 4	
	20	X	
	30	X	
	40	X	
	50	/	
9	00	/	
	10		
	20		
	30		
	40		
	50		
10	00		

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65

## Efficient Scheduling

Using this system allows for the doctor to operate effectively out of *more than one* chair. It also allows the doctor to start with the next patient while the assistant wraps up with the patient the doctor just completed.

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		ROOM 1	ROOM 2
8	00	/ Bill Board	
	10	X CR PREP 4	
	20	X	
	30	X	
	40	X	/ Sally Johnson
	50	/	X CONSULT
9	00	/	X
	10		X
	20		/
	30		
	40		
	50		

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## Efficient Scheduling

Carrying forward we can look at how the remainder of a morning might begin to look:

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		ROOM 1	ROOM 2
8	00	/ Homer Simpson	
	10	X CR PREP 4	
	20	X	
	30	X	
	40	X	/ Bugs Bunny
	50	/	X CONSULT
9	00	/	X
	10	/ Charlie Brown	X
	20	X RCT 14	/
	30	X	
	40	X	
	50	X	
10	00	X	/ Spongebob Squarepants
	10	X	/ Ven 7-10
	20		X
	30		X
	40		X
	50		X
			X

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## Efficient Scheduling

A few last pointers on putting the schedule together:

1. Again - it's critical that policy on appointment times is *slightly exaggerated*. Better to have an extra five to ten minutes than run behind. It can also allow for you to fit in quick procedures, that you would not be able to do otherwise. E.g. an Invisalign start, etc.

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70

## Efficient Scheduling

2. Don't forget to account for Hygiene/Recall exams and NP Exams. NP Exams average approximately 20 minutes and **MUST** be accounted for on the doctor's schedule. Be wary of this - especially if you see NP Initial Exams in Hygiene as they will not be immediately apparent in the doctor's treatment room.

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		ROOM 1	ROOM 2
8	00		
	10		
	20		
	30		
	40		
50			
9	00		
	10		
	20		
	30		
	40		
50			
10	00		
	10		
	20		
	30		
	40		
50			
11	00		
	10		
	20		

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72



## Meeting Daily Goals

Assuming you've established a monthly and daily goal (as we covered earlier), you now have to determine exactly HOW you will schedule to meet a daily goal. A helpful exercise follows:

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73

## Meeting Daily Goals

- 1. DETERMINE DOCTOR PRODUCTION:** Take your daily production goal and subtract the expected Hygiene Production. This will give you what the doctor needs to produce in order to make the daily goal.
- 2. SCHEDULING:** Now work out what combination of Primary and Secondary treatment would hit that goal.

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74



## Scheduling for Production

*Based on the works of*  
**L. Ron Hubbard**

### **Section IV:** *Scheduling Drill, Sales Time, and Scheduling Policies*

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75

## Sales/Case Acceptance

You can't produce what you don't sell!

"Sales time" not only needs to be built into the schedule; it needs to be monitored *regularly* to ensure that "sales" time is **filled** (as we'd do with production).

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76

## Sales/Case Acceptance

Treatment might be presented the same day (time allowing), or patients would be brought back for a "consult" appointment.

Adequate treatment presentations (consults), are what leads to a productive schedule!

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77

## Consult Appointments

Consult appointments require the doctor's undivided attention. If you have difficulty fitting consults in throughout the day, then at least schedule them **first thing in the morning or first thing after lunch**.

It's critical that the doctor has adequate time to present treatment - in this way it's at least built into the schedule.

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78

## Consult Appointments

With consults first thing in the AM, doctor is:

1. Distraction-free,
2. Not in the middle of another procedure and,
3. Has the potential to replace last minute cancellations by starting treatment immediately on the patient coming in for a consult!

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		ROOM 1	ROOM 2
8	00	/ Bill Board	
	10	X CONSULT	
	20	X	/ Molly Muffet
	30	/	X CONSULT
	40	/ Mary Lamb	X
	50	X Impl. 2-3, 13-14	/
9	00	X	
	10	X	
	20	X	
	30	X	
	40	/	
	50		
10	00		

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		ROOM 1	ROOM 2
8	00	/ Bill Board	
	10	X CONSULT	
	20	X	/ Molly Muffet
	30	/	X CONSULT
	40		X
	50		/
9	00		
	10		
	20		
	30		
	40		
	50		
10	00		

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81

		ROOM 1		ROOM 2	
8	00	/	Bill Board		
	10	X	CONSULT		
	20	X		/	Molly Muffet
	30	/		X	CONSULT
	40			X	
	50			/	
9	00				
	10				
	20				
	30				
	40				
	50				
10	00				




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82

		ROOM 1		ROOM 2	
8	00	/	Bill Board		
	10	X	CONSULT		
	20	X		/	Molly Muffet
	30	/		X	CONSULT
	40	/	Bill Board	X	
	50	X	Cr. Prep 3-6	/	
9	00	X			
	10	X			
	20	X			
	30	X			
	40	X			
	50	/			
10	00				

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83

## Consult Appointments

With consults first thing after lunch, the doctor is again,

1. Distraction-free,
2. Not in the middle of another procedure and,
3. Can usually stay on time, even if they had to work through some of lunch.

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84

## Exercise

1. Download and print a copy of the "Appointment Book Drill Sheet," from our website (<https://www.mgeonline.com/scheduling-for-production-handouts/>).
2. Review the "Scheduling Drill" handout we just covered.
3. Now, using the Appointment Book Drill Sheet, work out how to schedule all patients and meet the daily goal of \$8,000.
4. Note, the office closes at 5:00 PM and lunch is from 1:00-2:00 PM, no patient should be scheduled after 5 or between 1 and 2.
5. If your watching this seminar with someone else, you can work together on this exercise. When done, type "done," in the live-chat.

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## Exercise

1. Review the Scheduling Policy Ideas handout we've just covered.
2. Note any additional areas or points of policy that you would need to add for your office.
3. When finished, type "policies," in the live-chat.

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86



## Scheduling for Production

*Based on the works of*  
**L. Ron Hubbard**

### Section V: *The Hygiene Department*

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87

### 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.

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88

### The Hygiene Formula

- 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 work 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.

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89

### The Hygiene Formula, Example

- A. List out total charts for at least last five years. **4,000**
- B. Multiply by 2 (for 2 recalls/year). **8,000**
- C. Subtract 40% from this number to account for attrition. This would equal potential recall appointments per year. **4,800**
- D. Divide "C" by the number of weeks you normally work in a year. This will give you your potential weekly recall appointment number.  **$4800/50 = 96$**

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90

## The Hygiene Formula, Example

- 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.

$$96/8 = 12 \text{ Days of Hygiene/wk}$$

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## The Hygiene Formula

- 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 work in a year (e.g. 50).

Total recalls in 4 months  $500 \times 3 = 1,500/50$   
weeks equals 30 recall appointments per week.

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## The Hygiene Formula

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

i. = 30 recalls week divided by "D" which was 96, equals 32.2% compliance percentage.

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## Common Recall Problems

1. No one responsible.
2. Person doing it has difficulty handling people.
3. No follow up.
4. Not made important by the office.
5. No pre-schedule.
6. Lack of capacity. (Can also cause NP problems).

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94

## Rudimentary Hygiene Department Rules

1. Employ a Hygienist. If you don't you're doing your own hygiene - so it's a simple matter of working out how many days of hygiene you are doing a week, and hiring a Hygienist to pick up these days.
2. Pre-schedule next Hygiene Appointment. **Always.** Hygienist can do this, if you prefer.
3. Ensure patients are reminded with enough advance notice of their next visit with the Hygienist.

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95

## Rudimentary Hygiene Department Rules

4. Ensure your Hygienist meets your clinical standards and that you have a positive working relationship.
5. If your Hygienist is seeing New Patients, ensure that they are clear on exactly how you want New Patients handled. Any sequences or rules relating to this should be put in policy format.

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96



### Building Your Hygiene Department

1. Appoint someone responsible for building the Hygiene Department. It may be your "Lead Hygienist," for example.
2. Establish a posted Mission Statement for your practice that you share with patients and staff. This would include **all** New Patients.
3. Hygienist (and Doctor as applicable), to educate each Hygiene patient on the importance of maintaining a regular check-up schedule.

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97

### Building Your Hygiene Department

4. Doctor to educate the **entire staff** on the importance of Dental Hygiene procedures as they apply to patient's overall oral health. Ideally, put this into policy and regularly review these points to account for new staff. Should also do this with all dental procedures.

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98

### Building Your Hygiene Department

5. Ensure regular routine outreach is done to your patient base via phone, email and newsletter to reactivate patients (**see MGE Reactivation Program**) and keep them active on the Hygiene schedule.
6. Doctor to establish clear clinical guidelines for the office's Perio/Soft-Tissue Management Program, if not done already.

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99

## Building Your Hygiene Department

7. Take the information from "6" above and put it in policy format, along with scheduling guidelines for these procedures.

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## Adding Hygiene Days

Assuming you have the need (i.e. lower percentage Hygiene compliance, large new patient inflow or Hygiene Department booked out for quite some time), you should be reactivating patients and adding Hygiene days.

To reactivate patients, use the **MGE Reactivation Program**. A key here, is that you have personnel in place to execute it. It might require hiring someone part or full-time (depending on your need).

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101

## Adding Hygiene Days

To add a day of Hygiene, you can use the following procedure:

1. Pick the day of the week you plan to add.

If you are open four days and only have three days of Hygiene, then you would probably add a fourth day. If you have four days and you need to add a fifth (and second Hygienist), then you would pick the day of the week that is easiest to book. The Appointment Secretary or OM should know which one this is.

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102

## Adding Hygiene Days

2. Now, go out six weeks in advance to the day you'll be adding and start booking it from that point forward.
3. Hire an Hygienist to work on this day. You can use a temp if needed, but ideally hire someone who wishes to work one day a week.

103

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## Adding Hygiene Days

4. When this day is solidly booked, add your next day of Hygiene using steps one and two above. Your one day Hygienist may wish to move to two days a week and take this day as well. Continue this pattern for adding additional days.

104

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