

The Scheduling for Production Seminar

MGE: Management Experts, Inc.

Scheduling Policy Ideas

NOTE: This write-up is being provided as suggestions and ideas from which to apply the seminar information to 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.

1. There must be one person ultimately responsible for the daily production. Another can help but one must be responsible. No one else touches the appointment book – including the doctor.
2. The doctor never does more work than is scheduled unless a previously scheduled patient will not have to wait.
3. The doctor doesn't change the treatment plan that has been scheduled for that day.
4. The doctor never tells the patient a specific date or time they need to be seen unless he or she knows what time is available and it follows all scheduling policy.
5. Today is the most important day in the appointment book. Tomorrow is the next most important day in the appointment book.
6. New patients are given the first available appointment with doctor or hygienist (depending on your office policy) and are seen within 24 hours. New patients that "no-show" for that day are called by the doctor to make sure that they are OK and to find out what happened.
7. Emergency patients are seen the same day they call in and doctor doesn't spend more than five minutes with an emergency patient unless time allows for it in the schedule.
8. Have one assistant for each treatment room.
9. Doctor doesn't do any procedure that can be delegated, i.e., taking x-rays, making temps, etc.
10. Record the exact procedure being done in the appointment book including the patient's phone number.
11. No Secondary/Tertiary procedures into Primary block until 70% of goal is scheduled into Primary block or after 12:00 PM of day prior.

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Scheduling Policy Ideas, Cont.

12. No Primary procedures are to be appointed to be done after lunch.
13. The hygienist is interruptible. When the doctor comes into the operatory, he or she drops what they are doing so the doctor can do the exam.
14. Doctor and staff take no personal calls during production time.
15. All patients are scheduled for their next visit before they leave, i.e., prophys, restorative adjustments, etc.
16. There is no "Cancellation Policy." If a patient makes an appointment, they are expected to be there. Don't imply that you expect them to cancel by having a "Cancellation Policy."
17. If a patient is late for their appointment by five minutes, the chairside assistant tries to find them. The assistant doesn't throw this problem into the lap of the appointment secretary.
18. If you are running behind schedule by 20-30 minutes, someone has to be moved out of the schedule. If the next patient is there ask them if they would like to reschedule. If they choose to wait, go to the next patient and get them rescheduled. Do this until the doctor's book is freed up enough so he or she can get back on time.
19. Fill cancellations with an equal or greater dollar value.