

DEMONSTRATION COPY

**Standard Operating Procedures
for All Dentists**

Marsha Freeman, M.A.

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Standard Operating Procedures for All Dentists

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Marsha Freeman & Associates, P.O. Box 68, Nipomo, CA 93444
(800) 253-2544 • FAX (805) 929-0931 • E-Mail: info@sops.com •
Websites: www.marshafreeman.com and www.sops.com

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Dental Back Office SOPs
Dental Hygiene Department SOPs
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ISBN 0-910167-62-1 (Binder Format)

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Why we created a **DEMONSTRATION COPY** of

Standard Operating Procedures for All Dentists

We want you to see and experience why dentists nationwide are buying this book and the five supplementary SOPs books for specialists (orthodontists, endodontists, periodontists, oral surgeons, and pediatric dentists), as well as the SOP marketing counterpart, *Standard Marketing Procedures for All Dentists*—the DENTAL SOPs LIBRARY.

The reasons for a SOPs book are many, but the most important is that the best organizational tool for the dentist to be able to create, maintain, and perfect the kind of practice that he or she wants is a practice procedures manual. Marsha Freeman then took that maxim, used the mission statement concept (put in writing the ideal practice you want), and developed a way to make standard operating procedures help make your dream come true, by building the SOP around a desired outcome and a measurement to see if it is living up to the ideal.

Better that you see *examples* of what your colleagues are putting into practice. So we have assembled this demonstration copy of selected sample SOPs (from the fifth edition of *Standard Operating Procedures for All Dentists*) describing tasks that every dentist can immediately relate to. The accompanying disc contains editable versions of the SOPs, to serve as the starting points for “SOPpifying” the tasks in your office. Together, you have the foundation of the whole program.

Could it be any easier to create your own manual? The full book contains three opening chapters that walk you through that process—we even have a great 80-minute, seven-part program, *The Video Implementation Guide for Dentists*, that will further help you. The rest of that book is full of SOPs, job descriptions, task sheets, forms, charts, and guidelines. And every one of them can be changed with a keystroke. We provide a model manual based on actual, excellent practices that you can easily modify to meet your style and needs.

We are proud of our support service, before the purchase and after. So please call, fax, e-mail, or write us if we can help explain anything we offer. Thank you for your interest; we look forward to helping you and your practice.

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Standard Operating Procedures for All Dentists

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DENTAL SOPS LIBRARY

Standard Operating Procedures for All Dentists is the core book of the DENTAL SOPS LIBRARY.

Chapters One, Two, and Three explain how to create and customize your own dental procedures manual, plus the philosophy supporting that process. In summary, it starts with a Mission Statement—a paragraph, two, or many—that clearly defines how the dentist wants his or her practice to look and act. Then the doctor and staff create a task sheet for every department listing each job to be done. A SOP (Standard Operating Procedure) is then produced that describes the task, step-by-step, through completion. Each one begins with a “Desired Outcome”—what must be done to realize the doctor’s dream and support the Mission Statement—and a “Measurement”—how that SOP is evaluated to see that it is fully and properly completed.

Two elements make this process of creating a procedures manual easier and faster. Chapter Two explains the “SOPs Productivity Pyramid,” which provides a systematic progression from the Mission Statement to the finished manual. To coordinate the actions of the doctor and staff, *The Video Implementation Guide for Dentists* breaks the process into seven basic steps, to be implemented collectively on a regular basis, such as weekly or monthly, until the manual is completed.

The rest of *Standard Operating Procedures for All Dentists* provides an actual model procedures manual for about 80% of all dentists’ in-office activities, whether they are generalists or specialists. To conform to the Mission Statement, most SOPs will have to be modified or adapted. That’s where the accompanying disk is useful. The user calls up the corresponding file on their computer, makes the needed changes, prints the page, and replaces the original with one describing how the process or task is performed in your practice. The table of contents follows to clarify the scope of the book.

Five smaller books are part of the DENTAL SOPS LIBRARY, each with key SOPs related to a dental specialization: oral surgery, endodontics, orthodontics, periodontics, and pediatric dentistry. With accompanying computer disks, they are modified in the same way.

Since marketing is a critical element of successful dentistry, *Standard Marketing Procedures for All Dentists* is likewise a valuable module in the larger DENTAL SOPS LIBRARY. It relies upon *Standard Operating Procedures for All Dentists* to explain how a manual is created and modified, while focusing on how the doctor and staff can implement their own practice’s internal, referral, and external marketing systems.

If we can answer any questions or you wish to augment your DENTAL SOPS LIBRARY, please contact us.

Standard Operating Procedures for All Dentists

Marsha Freeman

(5thedtoc.doc)

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THE MISSING LINK: A DENTAL PROCEDURES MANUAL

Every dental office already has a procedures manual in a raw, unrefined form: it's those snips of paper taped to the x-ray machine, cabinet doors, and telephone pad that remind the person how a procedure is best done.

The missing link between those memory jogs and a dozen benefits for the dentist, a healthier bottom line, and far less stress that an usable manual brings is commitment, a reason to do it, and the time needed to convert "tradition," hand-me-down processes, and common sense into such a cohesive system.

The magic word and salvation is SOPs, friend of any military recruit trying to reassemble their rifle or make a bed. Standard operating procedures are no less vital to busy dental offices, particularly where personnel turnover, vacation fill-ins, scattered supplies, and the need for legal consistency are the rule—and overwhelming chaos eternally threatens.

"I've yet to meet a dentist who didn't want a dependable, reliable process in place and on paper," says Marsha Freeman, author of *Standard Operating Procedures for Dentists*. "But they're busy and think they must write it themselves, when in truth they have little idea—nor should they—about the minutia of the front office. The whole thing seems overwhelming, so it never gets done."

"The quickest way to start is to gather up every one of those helper notes, copy them or tape them to sheets of paper, and put them in a three-ring folder.

"Then have the staff sit down and draw up a task sheet for every department: front office, back office, hygiene,... List every

task that needs to be done. Then prioritize them: those you need immediately, those that would be very useful now, and those that can wait.

"Start with the urgent ones. Set an hour a week aside for the staff to write down the best way to do the most needed things. Don't worry much about the form at first, just so the points are clear. Pass the sheets around so the others in that department can add, modify, or question the contents. When the process is hammered out, check the spelling, type it up, and put it in the book! A few months of this and everything needed will be on paper—created by the very people who know it best and will use it!"

There's a key element still missing that makes a procedures manual doubly important to the dentist.

At some point most dentists envision a dream practice: a way they could uniquely serve, an ideal relationship between themselves and their patients and staff, a place where they would enthusiastically go to work. Yet the reality never seems to match that ideal.

SOPs can provide a basis and means, however, for that dream (or those expectations) to take form.

The steps to tie a smoother-running office to both the dentist's dream and a standard of care, service, and performance required for legal protection are straightforward, and can be implemented by standard operating procedures.

But first the doctor must put that dream into words. What they want their practice and office to be like must be converted into a Mission Statement, a paragraph or two (or

many) that clearly defines how the dentist wants his or her practice to look and act.

Without such a statement, a dental practice is like Alice in Wonderland who, when asked where she was going, said she didn't know. "Then any road will get you there!" The dentist must first select and define the road, the verbal direction, through a Mission Statement. (Input from staff, spouse, and friends is encouraged, but the final vision in statement form must describe the dentist's dream.)

Once done, then every SOP starts with a "Desired Outcome" and a "Measurement."

The "Desired Outcome" must be in concert with and support the Mission Statement. What does the doctor want to have happen when the patient checks in? The "Desired Outcome" might read "The patient should be warmly greeted and brought back for treatment within five minutes of arrival." Is that consistent with the doctor's dream or expectations?

How might that be measured? "Observation and feedback." How would you measure "Tray Setups"? "By observation, plus the number of times you must leave your chair to get something forgotten!"

Creating the actual step-by-step SOP makes more sense when you have a guideline, a "desired outcome" first established. If your SOP is for "Bleaching" and your desired outcome is "to return post RCT teeth that have discolored back to their natural shade," the rest is putting down, in order, how that is done.

"I suggest a simple E-D-I-T process," says Marsha, who developed her original *Standard Operating Procedures for Pediatric Dentists* book while creating procedures manuals as a consultant in the San Luis Obispo, California region.

"After they have a task list for each department and a Mission Statement for guid-

ance, they gather up the SOPs they have and (E) edit each makeshift SOP so that it describes the task in a way that meets the doctor's needs or they (D) delete what they have and (I) insert a completely rewritten version. The new or edited SOPs are then subject to (T), team review. That is, all to whom that SOP pertains read and correct it. From those modifications and comments each final SOP is prepared.

A full procedures manual also includes job descriptions, evaluation forms, and task sheets, plus tray layouts for clinical use. (Trays laid out in desired form can either be photoed, with the photos inserted in the manual, or the instruments can be set on the copier in the proper order, the light shield carefully laid on top, and copies made, to be inserted.) Many copies of the final manual are produced, one each to be kept in the various departments, one for the office manager, and one for the doctor.

"We find it much easier to start with Marsha's *Standard Operating Procedures for Dentists* book, then adapt it on the accompanying computer disks to meet that office's Mission Statement and specific peculiarities or needs," says Robyn Hayes, one of the 29 Certified SOPs Consultants trained by Marsha.

"If the doctor's in a hurry, we zip right in on the six or eight key SOPs most needed now, then we work outward until the project is finished. The *SOPs Implementation Video Guide for Dentists* is particularly useful if the doctor wants us to get them started, then they want to complete it on their own. It breaks the process into seven sections that they can plug into their video for guidance."

The value of having a SOPs manual completed and current?

Beyond creating the dream practice that allows excellent dentistry to be practiced without the constant intrusion of managerial

hassles and procedural questions, it provides an ideal starting point for vacation fill-ins or new staff members to carry out daily activities in the best and preferred way. All the office manager does is clip the pages of the processes most performed by that person, explain where the forms, supplies, and machines are, and the learning curve is reduced from months to days!

The doctor and the staff know where things are, procedural questions are minimized ("It's in the book!"), consistency rules (the same function is performed correctly time after time), and legal protection is possible because the processes are defined in detail in print.

"There's a bonus for doctors who hate the semi-annual or annual job evaluations as much as I do," Marsha confides. "The SOPs provide a key measuring tool that helps the doctor evaluate the person's performance. Together they define the SOPs the person uses, and each independently appraises how well the tasks were performed. Focus falls on the areas where the appraisals differ, and improvements are based on bringing the weaker areas into line. It takes the guesswork out of it and at least establishes a starting point for a true evaluation."

Who needs SOPs most? Those with the greatest urgency are new dentists, who immediately benefit from the structure; prac-

tices that are growing and adding staff; those bringing in a new associate (so a standard of operation exists between two strong personalities), and certainly those planning to sell a practice (so there is an office structure that will survive the absence of the original dentist).

"In truth," says Marsha, "every dental office needs a procedures manual to help them operate more efficiently, happily, and productively. With SOPs, everybody wins—the doctor, each member of the staff, and particularly the patient."

MARSHA FREEMAN

Marsha has worked in the dental profession for 18 years as an oral surgery assistant, receptionist, office manager, and, for the past eight years, as a dental consultant, speaker, and SOPs specialist. She has an M.A. in Organizational Management and a B.A. in Organizational Psychology. Marsha is a member of the Academy of Dental Management Consultants and a Certified Trainer for the Institute of Foundational Training and Development. For more information about Marsha's speaking or consulting, contact her at (800) 563-1454. To order the SOPs products, please contact your Burkhart representative.

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INTRODUCTION

(intro.doc)

Socks or Coffee?

A couple I know divorced after 21 years of marriage. (Yes, this is a book for dentists. Read on.) They had a "good" marriage but as so frequently happens in relationships, they never learned to clearly communicate their needs to each other.

For 21 years the non-coffee-drinking wife arose early to brew fresh coffee for her sleeping husband. She hated getting up before dawn, but she enjoyed pleasing him. Truth be known, her husband hardly noticed the coffee ritual. What he did notice was that she never sorted and folded his clean socks! He hated rummaging through the laundry basket every morning searching for a matching pair.

Silly? Yes. She could have folded his socks while watching a late movie, skipped the pre-dawn coffee ritual, and both of them would've been much happier. A sign of bigger communication problems? Absolutely. During the divorce proceedings they laughed about the socks and coffee, but not about other missed expectations that led to their split-up.

The point is, we set others and ourselves up for failure when we don't clearly communicate our expectations. It's no different in dental offices. What I've seen repeatedly in the 20 years I've worked in the dental profession (the last ten as a consultant) is the dentist and the staff both trying to please each other, and the patients, without clearly knowing what the other wants or needs. How do we clarify everyone's expectations, then effectively collaborate to not only meet them but to surpass them?

That's where Standard Operating Procedures (SOPs) fit in. They are the living, ever-adaptable documents that answer the burning question, "What are those expectations? What is our standard of care, performance, and service for every task we do in our dental office? Who does what, when, where, why, and exactly how to meet or, better yet, surpass those expectations?" SOPs can be expanded, changed, or even totally replaced. But while they are in effect, they provide a common unspoken denominator that allows peak efficiency and satisfaction to reign.

Congratulations on your investment in *Standard Operating Procedures for All Dentists*. This book with its accompanying computer disk(s), is the creative, multi-tasked tool that makes writing SOPs and assembling them into a comprehensive operations manual not only doable, but also fun. For both the new dentist and the veteran with an experienced staff, SOPs are a great launching pad. Read on to learn how to collaborate with your team to set standards, write SOPs, evaluate their effectiveness, and reap the benefits of happier patients, more personal satisfaction, increased profits, and better dentistry. Socks or coffee? You decide. Then tell others through SOPs.

Some Important Points

The outline style used in this book is merely a suggested format. There is no “right” format for your procedure manual. It can assume whatever style you select. Whether you choose to begin with numbers or letters; put periods at the end of each item listed, each sentence, or use none at all; enclose the most important elements inside boxes, in capital letters, in bold type, or underlined, or you want your book divided and subdivided, it’s your choice. However you choose to format your final manual, make it clear, explicit, and easy to follow.

An important point best made here is that all of the examples used—operating procedures, forms, and charts—are based on information gathered from actual dental practices and advice from other dental professionals. They probably differ to some degree from what you do in your practice. We are not suggesting these SOPs represent the “best” way to do each task. Rather, we have used actual examples so you can see precisely how they are written and the degree of detail we think is needed to make the operating procedures most helpful. This completeness will not only enable a new employee to perform the function while they learn it, but also allow use by regular employees striving for continuity in excellence. Our purpose is to provide you a sample manual that can be adapted to your own protocols and that acts as a guide to making your own manual. We feel that by seeing another dentist’s manual it might serve as a guide to making yours better and more useful.

DEPARTMENT TASK LIST: FRONT OFFICE

(fotask5th.doc)

This Front Office Department Task List shows the order in which the SOPs are presented in this edition of *Standard Operating Procedures for All Dentists*. It can perform a very useful secondary function: as a control document to track the changes you make with your in-office SOPs (and procedures manual). Simply use the columns to track the progress of each SOP as it goes through the editing process. Ultimately, it is your book: you can make whatever changes you wish to the SOP titles, their file names, and the order of appearance in your in-house Front Office final Table of Contents. For more details about this editing process, please see **Chapter 3, Session 5: Divide & Conquer**.

Task	Filename	Deleted	1 st Edit	2 nd edit	Finalized
Opening and Closing the Office	openclse.doc				
Morning Huddles	mornhudl.doc				
Answering the Telephone	sanswer.doc				
New Patient Welcome Letters	welltr.doc				
Routine Patient Correspondence	ptcorres.doc				
Dealing With the Hostile Patient	hostile.doc				
Communicating with the Special Needs Patient	hearpt.doc				
Greeting and Checking In Patients	greetpt.doc				
Dental Benefits Eligibility Verification	veribens.doc				
Patient Dismissal	ptdismiss.doc				
Walk-Out Statements	walkout.doc				
Collecting the Day of Treatment	dayoftx.doc				
Collecting and Authorizing Credit Card Payments	ccauth.doc				
Managing Patient Finances	spatfin.doc				
Making Collections a Team Approach	colltmap.doc				
Pre-Determinations: Patient Notification	predetrm2.doc				
Operating Office Equipment	sequipt.doc				
Cleaning the Reception Area	clnrecept.doc				
Office Supplies	sorderg.doc				
Maintaining Patient Charts	ptrecords.doc				
Monitoring Production Goals	prodgls.doc				
Chart Preparation	spullcht.doc				
Patient Transfers and Records Release	stransf.doc				
X-Ray Duplication Request	xraydupe1.doc				
Outgoing Mail	outmail.doc				
Confirming Appointments	snexday.doc				
Canceling and Rescheduling Recall Exam	cxrecalls.doc				
Appointment Scheduling:					
Guidelines	apptguide.doc				
Verbal Skills	sverbsk.doc				
Abbreviations Used in Scheduling	scedabr.doc				
Adjustments	scedadj.doc				
Bleaching	sbleach.doc				
Consultations	scedcons.doc				
Crown and Bridge	scrown.doc				
Emergencies	sappteme.doc				
Extractions	scedextrac.doc				
Full and Partial Dentures	sfullde.doc				
Hygiene	shygenr.doc				
New Patient/Non-Emergency	snewpat.doc				

For further information concerning this book, its accompanying CD, the **Dental SOPs Library**, or any other products offered by Marsha Freeman & Associates, please call (800) 253-2544, fax (805) 929-0931, e-mail to info@sops.com, or check our websites at www.sops.com and www.marshafreeman.com.

PERFORMANCE AGREEMENT: Patient Treatment Coordinator

(paptcoor.doc)

INTRODUCTION AND ACKNOWLEDGMENT

Name: _____

Date of Hire: _____ Starting Salary: \$ _____ per _____

[Doctor/Practice Name] provides all of our clients quality dental care and exceptional, warm, and caring patient/customer service. We believe that each patient deserves the best oral health care available in today's dental industry.

This PERFORMANCE AGREEMENT outlines how we carry on this tradition and continue to maintain a financially successful and professionally fulfilling dental practice.

Our Standards of Service

1. We seek to develop a partnership with our patients in creating a higher level of health.
2. We are dedicated to maintaining our education and our professionalism at the highest level.
3. We understand that the achievements of our organization are the result of building teamwork with those we serve and among ourselves.
4. We will share information with our patients so they can make educated and comfortable decisions about their oral health care.
5. We believe that only through providing care to others in a value system that is compatible with our own can we achieve harmony in our lives.

In addition to these company-wide standards, as an employee you also have individual standards for your personal area of responsibility, which you will find outlined in the PERFORMANCE STANDARDS attached. How you maintain these standards will determine your future with our practice.

You will find the following forms provided in this PERFORMANCE AGREEMENT package:

- ◆ Introduction and Acknowledgment
- ◆ Performance Standards
- ◆ Overall Evaluation
- ◆ Position Summary
- ◆ Performance Plan

I have reviewed this position description and understand that I am expected to abide by these standards as outlined. I understand that I will be evaluated on these standards after the three-month orientation period, as needed throughout the year, and annually at the anniversary date of my employment. I further understand that this agreement does not represent an employment contract; employment with this practice is not for any specified term; employment can be voluntarily or involuntarily terminated "at-will," with or without cause or notice at any time.

EMPLOYEE SIGNATURE _____ DATE _____

MANAGER SIGNATURE _____ DATE _____

POSITION SUMMARY

NAME: _____

JOB CLASSIFICATION: Non-exempt

SUPERVISOR: _____

WORK SCHEDULE: Prior to employment, you will be notified of your actual hours and work schedule. This schedule is subject to change (i.e., daily hours increased or decreased) according to the needs of the practice.

POSITION SUMMARY: Performs a variety of general reception, secretarial, insurance, and data entry duties while promoting a safe environment of minimal stress. Answers the telephone, schedules appointments, assists with patient finances, maintains patient records, and coordinates patient flow.

PHYSICAL REQUIREMENTS: Must be able to meet the physical requirements and demands of an active position, including but not limited to: extended duration of standing, walking, stooping, bending and sitting; manual dexterity; good eye-hand coordination; visual abilities (depth perception, ocular focus, close vision, color vision, and peripheral vision), and adequate hearing to perform daily work. Must be able to adjust physically and emotionally to a spontaneous, fast-paced and hectic environment.

HAZARDS: The dental office environment may result in employees being exposed to toxic chemicals, radiation, potentially infectious materials, and increased noise level.

JOB SPECIFICATIONS

dental or business experience
high school graduate
CPR and first aid

COMPETENCIES

exceptional human relations skills
ability to maintain outgoing, friendly attitude with patients and staff even under pressure
ability to work with interruptions and to manage multiple priorities
ability to speak, understand, and write fluent English
knowledge of correct grammar, spelling, and punctuation
knowledge of organizational filing procedures and systems
proficiency in alphabetizing and spelling
ability to write legibly and work with numbers
ability to meet deadlines
ability to work unsupervised
ability to satisfactorily perform essential duties listed in the Position Task Inventory

SKILLS

calculator	fax machine	postage meter
typewriter	multiple phone lines	copier
computer	verifone for VISA/M/C	

Performance Agreement: Patient Treatment Coordinator / 3

PERFORMANCE STANDARDS

<i>Performance Standards</i>	<i>Rating</i>	
	<u>Employee</u>	<u>Supervisor</u>
1. Consistently recognizes the needs and desires of other people (doctor, staff, patients, and business associates). Treats them with respect and courtesy. Inspires respect and confidence.	_____	_____
2. Provides a motivational environment by encouraging and supporting individual growth and development as a means to superior teamwork and greater success.	_____	_____
3. Appropriately uses conflict resolution and problem-solving skills in managing interpersonal conflict, patient complaints, and other discord.	_____	_____
4. Effectively manages own time and workspace to accomplish individual and practice objectives.	_____	_____
5. Consistently keeps workspace and department neat and orderly.	_____	_____
6. Cheerfully and without hesitation assists other departments and performs backup duties as outlined on the Position Task Inventory sheet as needed and requested.	_____	_____
7. Appropriately and conscientiously uses office supplies.	_____	_____
8. Consistently maintains professional education in relative areas.	_____	_____
9. Maintains productive and efficient use of company time, demonstrating good attendance, on-time arrivals, and completed work shifts.	_____	_____
10. Constantly aware of total quality management and recommends improvements when and where needed.	_____	_____
11. Immediately reports any unsafe working conditions.	_____	_____
12. Adheres to office policies outlined in the Employee Handbook regarding code of conduct, attendance, appearance, administrative requests, and confidentiality.	_____	_____
13. Consistently and accurately performs all tasks as outlined in SOPs and the Position Task Inventory sheet. Promptly and thoroughly corrects all errors.	_____	_____

(1) did not achieve expectations	(2) partially achieved expectations
(3) fully achieved expectations	(4) exceeded expectations

Performance Agreement: Patient Treatment Coordinator / 4

PERFORMANCE STANDARDS *(continued)*

<i>Performance Standards</i>	<i>Rating</i>	
	Employee	Supervisor
14. Communicates clearly and tactfully with patients and parents of minor children, following practice philosophy guidelines and verbal as outlined in SOPs for specific circumstances.	_____	_____
15. Responds promptly to inquiries and requests from the patients, staff, doctor, and referring offices.	_____	_____
16. Accurately maintains patient records and charts to ensure easy retrieval and complete documentation of all patient treatment and transactions.	_____	_____
17. Participates fully in staff development through morning huddles, staff meetings, continuing education courses, and evaluations.	_____	_____
18. Promotes team cohesiveness by interacting with team members using common courtesy, active listening skills, respect, and non-judgmental attitude.	_____	_____
19. Promptly and warmly greets patients as welcomed guests to our office, following office guidelines for efficient check in and transfer to clinical staff.	_____	_____
20. Answers the telephone by the third ring and, using a warm friendly voice, identifies the office and self. Accurately assesses and meets the needs of the caller. Accurately completes emergency message slips, message memos, and chart documentation.	_____	_____
21. Schedules all general appointments as outlined in SOPs to ensure a smooth patient flow and production goals are met.	_____	_____
22. Tactfully and effectively discusses finances with patients, providing written estimates, insurance benefit information, and financial options. Reaches and documents financial arrangements prior to treatment.	_____	_____
23. Tactfully collects money from patients on the day of the visit, negotiating arrangements as needed, providing a receipt, and completing all necessary documentation and posting.	_____	_____
24. Prepared for the next day by timely and through confirmation of appointments, accurate typing of the schedule, and chart preparation.	_____	_____

(1) did not achieve expectations	(2) partially achieved expectations
(3) fully achieved expectations	(4) exceeded expectations

Performance Agreement: Patient Treatment Coordinator / 5

PERFORMANCE STANDARDS *(continued)*

<i>Performance Standards</i>	<i>Rating</i>	
	<u>Employee</u>	<u>Supervisor</u>
25. Consistently monitors and follows up on no-shows, cancellations, and treatment still needed.	_____	_____
26. Follows office procedure for patient referrals and record transfers to other dental offices. Cheerfully and promptly assists patients in making appointments with specialists.	_____	_____
27. Actively promotes practice by following guidelines for welcome letters and educational handouts.	_____	_____
28. Maintains the clean and uncluttered appearance of the reception and front office area.	_____	_____

(1) did not achieve expectations	(2) partially achieved expectations
(3) fully achieved expectations	(4) exceeded expectations

I have reviewed this position description and understand that I am expected to abide by these standards as outlined. I understand that I will be evaluated on these standards after the three-month orientation period, as needed throughout the year, and annually at the anniversary date of my employment. I further understand that this agreement does not represent an employment contract; employment with this practice is not for any specified term; employment can be voluntarily or involuntarily terminated "at-will," with or without cause or notice at any time.

Review completed by: _____
Signature/Date

Supervisor Administrator Doctor Other _____

Employee: _____
Signature/Date

Next Review Date: _____

OVERALL EVALUATION

Check the rating level that best describes this employee's overall performance since their last review.

(1) **Did Not Achieve Expectations as described in the following Performance Statements:**
#’s: _____
Improvement needed in these areas by: _____ or _____

(2) **Partially Achieved Expectations as described in the following Performance Statements:**
#’s: _____
Improvement needed in these areas by: _____ or _____

(3) **Fully Achieved Expectations as described in the following Performance Statements:**
#’s: _____

(4) **Exceeded Expectations as described in the following Performance Statements:**
#’s: _____

SUPERVISOR COMMENTS

Comment on how the overall evaluation was determined and the effectiveness of the evaluation session. Clearly document if the employee’s job is in jeopardy and specifically state what she/he must correct, and by when, to keep their job.

PERFORMANCE PLAN

Focus on two or three areas that need improvement, particularly those performance factors for which the employee received less than a rating of 3. Develop a plan with the employee that allows for additional training, feedback, or change in routine that will lead to the employee's success in fully achieving performance expectations.

Date	Concern	Action Plan	By When	Result

EMPLOYEE COMMENTS

The employee may provide comments on the performance review and plan in the space provided below.

SIGNATURES

I have reviewed this document, discussed its contents with my supervisor, and had the opportunity to make written comments. My signature indicates that I have been advised of my performance status and does not necessarily imply that I agree with this evaluation.

Review completed by: _____
Signature/Date

- Supervisor Administrator Doctor Other _____

Employee: _____
Signature/Date

Next Review Date: _____

APPOINTMENT SCHEDULING: EMERGENCIES

(sappteme.doc)

Desired Outcome: Emergency patients successfully worked into the schedule with minimal disruption of other appointments scheduled that day. Also, accurate and empathetic assessment of the patient's needs.

Measurement: Satisfaction of the emergency patient with minimal delay for other patients.

1. Determine the necessity and reason for the appointment and pull the chart, if an established patient.
2. Complete the emergency slip, asking the questions listed on the form and attach it to the patient's chart. Refer to the Forms Section for an Emergency Telephone Slip.
3. The patient must be seen the same day, if any of the following symptoms apply:
 - A. Confirmed trauma. (Refer to the Clinical Evaluation for Trauma form in the Forms Section.)
 - B. Pain keeps the patient awake at night.
 - C. Current fever or swelling.
 - D. Sudden onset of severe pain.
4. The patient can be seen within the next couple of days, if any of the following circumstances and symptoms apply:
 - A. The patient is satisfied with the appointment date and time scheduled.
 - B. The patient has a history of chronic toothaches that do not keep them awake at night or require medication.
5. Broken or sensitive tooth causing mild discomfort and the patient is satisfied with the appointment date and time scheduled.
6. Once an acceptable and appropriate appointment date and time has been selected, enter the following information in the appointment book:
 - A. Patient's last and first name (i.e., Smith, Mary).
 - B. Work and home phone numbers.
7. Before ending the call, confirm the following information with the patient:
 - A. Appointment time.
 - B. Office address (if new patient).
 - C. Easy-to-follow directions to the office (if new patient).
8. Verbally inform the clinical staff of the change in schedule and write the patient's name on the back office schedule.

CHART PREPARATION

(spullcht.doc)

Desired Outcome: Quickly, efficiently, and correctly pull all charts and complete routing slips for the designated day.

Measurement: Feedback from staff. Review of charts.

1. Two days in advance pull charts according to chart prep schedule. First look in the main file.
 - A. If not found in the main file, look in the following areas:
 - * Insurance
 - * Posting
 - * New patient posting
 - * Purged files
 - * Doctor's office
 - * Prepped chart basket
 - * To-be-filed baskets
 - B. If the chart is not found in the areas noted in step one above, call the patient or parent, if patient is a child.
 1. Confirm the spelling of patient's last name.
 2. Ask whether we have seen them before and when.
 3. Could the file be under another name? (i.e., married, adoption, divorce)
 - C. If the chart is still not found, make a second call to the patient or parent, if patient is a child.
 1. Ask the patient to arrive early for their appointment to complete new paperwork.
 2. Inform the doctor and staff that we've seen the patient before.
 3. Clearly write on top of the new patient form that the patient has been seen before, the approximate date of last visit, and *that this is a duplicate chart.*
2. Once charts are pulled, review and confirm the following items:
 - A. Chart name and schedule name match with the correct provider.
 - B. The procedure scheduled corresponds with the last clinical entry.
 - C. The appropriate amount of chair time has been allowed for the procedure.
 - D. All necessary prescriptions have been called in to the pharmacy.
 - E. Preauthorizations, lab cases, and extraction slips are available.
 - F. Financial arrangements made.
3. Complete a routing slip for each chart with the following information:
 - A. Patient's name
 - B. Name of responsible party
 - C. Note the insurance carrier
4. Add a new treatment sheet to the chart, if the current sheet is full.
5. Stamp the date of service on the treatment sheet.
6. Bind the charts with a rubber band and place them in the appropriate provider's basket.

OSHA AND THE BACK OFFICE

(oshbo.doc)

Congratulations! You are on your way to OSHA compliance! While this book is not an "OSHA" manual, SOPs are an integral part of regulatory compliance. And, if used appropriately, SOPs make adhering to state and federal regulations easier than you think.

OSHA is concerned with the safety of your employees and the hazards present in their workplace. Although not inclusive of all potential dangers, your clinical procedures and other related tasks comprise the majority of the occupational hazards in your office. If all of these job tasks are "SOPified," you've already done half the work involved in regulatory compliance!

The Back Office and Hygiene sections of this book represent the "front lines" of OSHA compliance in a dental office. The SOPs in these two sections will be the ones most affected by regulatory and safety concerns, an important fact to keep in mind as you edit and customize them to suit your practice particulars. In that vein, you will notice that some of the sample SOPs that follow have "safety-" or "regulatory-driven" steps, but understand **they are only examples and may or may not apply to your office!**

Because of the near-infinite variables in modern dental offices (and the differences in some state plans), it's impossible to provide you ready-made, OSHA-compliant SOPs for *your* unique practice. But, armed with this book and these sample SOPs, you are well on your way to achieving this goal.

Manuals and Plans

Retail OSHA Manuals are common in dental offices and widely available from diverse sources. These "ready-made" binders often provide information about regulations and blank forms and plans, making "compliance" seem to be just a matter of filling in a few blanks and filing MSDSs. While these tools are extremely useful, the common misconception is that they are stand-alone volumes. However, none of them describe how procedures are performed in your office, which chemicals you use, or the specifics of your equipment—all of which affect the scope and details of your compliance programs. A "SOPified" office will have all that information documented in an easily understood, readily revisable, and workable form.

In addition, these manuals are usually inclusive, meaning the programs and plans are all in one place. While this provides for ease in filing, it can work against you during an inspection. If an inspector asks you for your Bloodborne Pathogens Exposure Control Plan, please **do not** hand him or her your entire "OSHA" binder! Having your programs organized separately so each is readily presentable and independent of the others will facilitate a cooperative and efficient inspection process, and enable your employees to access the same information quickly and easily. Just as I recommend with your SOPs manual, make these programs easy to find and easy to use.

These Plans don't have to be lengthy, but they must be accurate and complete. The following Plans are the most common, but your office may require others:

- ◆ Hazard Communication Plan: Contains a master list of all the hazardous chemicals present in your office and where they're stored, provisions for container labeling, collection and availability of Material

OSHA and the Back Office / 2

Safety Data Sheets (MSDSs), and an employee training program. Your individual MSDSs should be filed elsewhere, in a designated file or dedicated binder that is "readily accessible" to your employees.

- ◆ Bloodborne Pathogens Exposure Control Plan: Documents all the procedures and related tasks where occupational exposure to blood and Other Potentially Infectious Material (OPIM) occurs, necessary training for employees performing these procedures, required protective equipment, engineering and administrative controls, vaccinations, and post-exposure procedures.
- ◆ Personal Protective Equipment: Certifies your performance of a hazard assessment for all job tasks and the PPE required for each, covers the training provided for PPE such as wearing, caring for, limitations and disposal.
- ◆ Fire and Emergency Plans: Includes plans and procedures (such as exit routes, personnel responsibilities, etc.) during a fire or other emergency (tornado, earthquake, etc.).
- ◆ General Office Safety and Housekeeping: Covers storage, floors, some waste, trips and slips and other preventative measures to reduce accidents.
- ◆ Waste Management: Details the handling and disposal of hazardous and biohazardous wastes, also reflects state and local requirements.

OSHA, the Back Office, and SOPs

As you can see, SOPs can make it very easy to identify where your hazards are. When you begin writing your SOPs, you will start by documenting what you're actually doing. The next step will be to use this information to identify the hazards present in these tasks. To do this you must first understand what OSHA considers a hazard: bloodborne pathogens, hazardous materials, noise, heat, sharps...the list goes on. Each of these is addressed in the regulations, and depending on the circumstance, might need to be addressed in your Plans and SOPs. Just because a chemical is hazardous and your employees use it, it may or may not warrant special precautions. It's the probability and frequency and extent of employee exposure that determine the necessary precautions. That's why your hazard assessment is so important. Based on established guidelines (see publications on page 3), the employer is granted some leeway in the development of workplace policy and programs.

After a thorough hazard assessment and careful review of your compliance Plans, you will see where to refine and edit your SOPs to include the "safety-" or "regulatory-driven" steps necessary to ensure complete agreement between the Plans and your SOPs.

Don't stop here! After you have edited your procedural SOPs to agree with your compliance plans, review the OSHA and Regulatory Compliance Coordinator performance agreement in the Job Descriptions Section of this book. There you will find a list of additional tasks that, although are not directly related to patient care, must occur in a dental office. SOPs should be written for these tasks as well, with primary, shared, and backup assignments noted.

Note: Don't have an OSHA Coordinator? Elect one! In a small office, this may be as easy as asking your lead assistant to devote 3-5 hours per week to compliance activities. A larger practice may require the help of an independent third party—such as a compliance consultant—to implement and maintain programs and train staff.

Without standard operating procedures, it is very easy to fall into saying one thing and doing another, as your staff may be aware of the OSHA regulations, but not taught how to incorporate them into routine procedures. Having compliance-minded SOPs in place indicates that you're committed to training your employees correctly, not just paying lip-service to the safety rules by filling in a few blanks in a generic binder. This level of commitment could demonstrate "good faith" to an inspector—that you are implementing the required plans, training and documenting to the intent (if not the letter) of the law. Penalties may be reduced up to 25% in recognition of this “good faith” commitment—provided other criteria are met.

OSHA knows the regulations are hard to navigate and often difficult to interpret, so they provide numerous resources in the form of handbooks and guidance documents. Some of the actual standards also have guidance sections written in, and while these sections of the regulations are not enforceable, they can provide excellent insight into how to comply. The following publications are available free from OSHA, available on their website.

- ◆ *Controlling Occupational Exposure to Bloodborne Pathogens in Dentistry* (PUB. #3129)
- ◆ *Assessing the Need for Personal Protective Equipment: A Guide for Small Business Employers* (PUB #3151)
- ◆ *Chemical Hazard Communication* (PUB. #3084)
- ◆ *Hazard Communication Guidelines for Compliance* (PUB. #3111)
- ◆ *Job Hazard Analysis* (PUB. #3071)
- ◆ *How to Prepare for Workplace Emergencies* (PUB. #3088)
- ◆ *How to Prevent Needle Stick Injuries* (PUB. #3161)
- ◆ *Training Requirements in OSHA Standards and Training Guidelines* (PUB. #2254)

The Centers for Disease Control and the National Institute of Occupational Safety are also excellent resources. While not enforceable law, these organizations conduct research and affect OSHA's mandates. I suggest the *Recommended Infection-Control Practices for Dentistry*, MMWR 42(RR-8), available from the CDC.

What's the bottom line? Documentation! Keep your plans short, accurate, and workable. Reference them in your SOPs. Make sure your SOPs agree with and reinforce your plans. Then train your staff on both, showing them how the office compliance programs and SOPs work together to ensure their ongoing safety while providing exceptional care. After SOPs implementation, regulatory compliance can be downright easy! Your staff will already be primed to doing things by the book, the right way every time.

X-RAYS

(sxrays.doc)

Desired Outcome: To promptly take quality x-rays the first time and to limit the exposure for the patient. To efficiently develop, mount, and place the x-rays on the view box for the doctor to view prior to the treatment.

Measurement: Minimal exposures to patients and staff by consistently achieving quality radiographs. Number of times x-rays need to be retaken.

The doctor examines the patient and usually orders a BWX and Pano x-ray and/or additional P.A.'s of visual decay or sensitive teeth. An x-ray of the problem area is taken for emergency toothaches. If the patient is uncooperative or has a gag reflex, take as many as possible, at least a Pano. Orthodontic referrals typically are for Pano and anterior PA's or FMX (full mouth x-rays): 14 PAs and 4 BWXs, depending on the size and age of the patient.

Taking X-rays

1. Question female patients if there is any suspicion or chance they could be pregnant and place the lead apron on the patient.
2. Lay out the necessary film (usually 2-4 films) based on the size of the mouth.
3. Select the choice technique, Bite Wing tabs vs. Rinn Holder and take the appropriate x-ray.
4. Remove the lead apron from the patient and escort the patient back to the operator.

Developing X-Rays

1. Check the temperature gauge to ensure it is below 30° and label the appropriate mount.
2. Shut and lock the darkroom door and turn off the lights, except for the red light.
3. BWX, PA's, and PAN's
 - A. With gloved hands, pull apart the plastic, lead foil, and black paper and drop out the x-ray film.
 - B. Discard the lead foil wrappers in the proper OSHA receptacle and the plastic wrappers in the trash.
 - C. Remove your gloves and put the film through the developing machine.
 - D. Be sure the x-rays have entered the machine before opening the door.
4. Panalipse (pano).
 - A. With gloved hands, release the buttons on the film carrier and remove the panalipse film.
 - B. Remove your gloves and place the film through the developing machine.
 - C. Place the new unexposed panalipse film in the cassette.
 - D. Be sure the x-ray has totally entered the processor before opening the door.
 - E. Wipe off the film carrier and other contaminated areas and place the film carrier back in the Panalipse.

Mounting X-Rays

1. Periapicals (PA's) and bitewings (BWX's) and full mouth x-rays (FMX)
 - A. Get the appropriate posterior or anterior mount from the darkroom shelf.
 - B. Label the mount with patient's name, doctor's name, doctor's license number, and the date.
 - C. Remove the x-ray from the top of the developer and place it in the mount with the bubble facing out.
2. Panorex
 - A. Type the labeling information into the x-ray unit computer so that it appears on the film when processed.
 - B. If labeling by hand, write the information on a white label and place it on the left hand edge of film.
 - C. Trim the x-ray so it will fit in the patient's chart.

Duplicating X-Rays

1. Remove the x-ray from the mount.
2. Align the x-ray the duplication machine.
3. Push the "view" button to activate the light.
4. Close and lock the darkroom.
5. Select and trim the duplication film to size.
6. Lay the film over the x-rays with the dark side up.
7. Push the "duplicate" switch.
8. Close the lid and push the button. (An orange light should appear.)
9. Remove the films and run through the processor.
10. Do not open the door until the entire film enters the processor. (When you hear a "click", the x-ray has gone completely through.)
11. When the light goes off, remove the films and return the original to the mount.

BASIC TRAY SETUP

(strays.doc)

Place photos or drawings of each of your tray setups in your SOP book. This is an excellent training guide for new or substituting employees. One creative office set up each of their trays on their copier machine. The copies came out great!

Desired Outcome: To have sterilized instruments arranged in order of use on the tray, as well as other needed supplies, to facilitate quick and efficient dental treatment.

Measurement: Consistency of tray set-up arrangements, plus the number of times you must leave the chair to get something you've forgotten!

1. Mouth mirror
2. Explorer
3. Perio-probe
4. 2x2 gauze
5. Hand mirror
6. Floss
7. Brush
8. Red and Blue Pencil
9. Black ink pen
10. Patient Bib and Bib chain
11. Two pair of examination gloves (doctor and assistant)
12. Two protective masks (doctor and assistant)
13. Large white tray cover

EXTRACTIONS

(sextrac.doc)

Desired Outcome: Successful removal of teeth with minimal patient discomfort. Accurate and efficient room preparation.

Measurement: Response of the patient and doctor. Inspection of the room. The number of times the assistant must leave the room to obtain supplies or instruments.

Simple Extractions

1. Set up the following items for this procedure:
 - A. Oral surgical pack
 - B. Extra gauze
 - C. Interosseous with pink needle
 - D. Topical anesthetic
 - E. Forceps
 - F. Syringe with blue needle
 - G. Advil/Tylenol tablets
 - H. Injectable anesthetic
 - I. Patient bib
 - J. Cotton rolls
 - K. 2x2's

Procedure

1. Professionally and warmly greet and seat the patient.
2. Place the bib on the patient and put on the appropriate personal protective equipment.
3. Review the day's scheduled treatment and the health history form with the patient and make any necessary changes to the patient's chart.
4. Apply the topical anesthetic to the proposed surgical site and inform the doctor the patient is ready.
5. Use the surgical evacuation tip as the doctor injects anesthetic around the surgical site. Once the gingival tissue and tooth are numb, the doctor will extract the tooth or teeth.
 - A. Evacuate the patient's mouth, as needed.
 - B. Prep a 2x2 to place in the extraction site(s).
6. Once the extraction is complete, slowly return the patient's chair to an upright position, assist them as needed, and give them the appropriate post-operative instructions.
7. Escort the patient to the front desk and clearly communicate to the patient and receptionist when the patient should return.
8. Complete the necessary documentation in the patient's chart and clean and prepare the room for the next patient. Refer to the appropriate corresponding SOPs for further instructions.

Surgical Extractions

1. Set up the same supplies and instruments as with Simple Extractions, in addition to high speed and burs, root tip pick, scalpel, 15 blade for scalpel, and suture supplies.

TREATMENT OF THE DENTAL HYGIENE PATIENT

(spatrea.doc)

Desired Outcome: Thorough evaluation of the patient's oral health needs and the complete provision of necessary hygiene treatment in a manner that maximizes treatment outcome while maintaining patient comfort. The restoration of the patient's oral tissues to the best state of health possible for the individual and the education of the patient to maintain or improve upon this state in the future.

Measurement: Feedback from the patient. Review of the patient's chart. Oral examination post-treatment.

1. Introduction of the patient to hygiene procedures:
 - A. Greet the patient by name and escort to the operatory.
 - B. Introduce yourself to the patient by name and position.
 - C. State the general purpose of this visit to the patient.
 - D. Update the patient's information sheet.
 1. Verify the patient's address, phone number, and insurance.
 - a. Make changes on the information sheet and circle "yes" in changes section on the fee sheet/rate slip.
 2. Review their medical history with the patient and note current health problems and medications.
 - a. Determine implications of such medications to the systemic health of the patient and to possible dental treatment.
 3. Ask the patient how long it has been since their last dental cleaning and if they've experienced any problems with previous treatment.
 4. Confirm that the patient has taken antibiotic premed, if prescribed.
 - a. Make notation on chart.
 - E. Prepare patient and yourself for treatment.
 1. Secure a bib on the patient.
 2. Put on your mask, gloves, and glasses.
 3. Recline the patient's chair to the optimum position.
 4. Offer audio headphones, a blanket, or lumbar to a patient at the appropriate time during the appointment.
2. Evaluate the patient's dental hygiene treatment needs:
 - A. New patient or patient long overdue for recall/recare:
 1. Explain to the patient that you will be doing a visual and tactile examination of the mouth to determine what dental hygiene treatment is needed and how it can best be provided.
 2. Examine the patient's mouth and confirm the doctor's treatment plan, including the type and number of visits needed, the necessity of local anesthesia, and the corresponding fees and insurance coverage.
 3. Explain your findings and diagnosis to the patient and obtain this verbal consent for the prescribed treatment, making sure that the patient understands the treatment plan, its ramifications, and the fees to be charged (patient should already have fee estimate, so clarify that).

- B. Routine recall patient
 - 1. Examine the patient's mouth to verify the nature of the appointment.
 - 2. Discuss oral health changes since last appointment with the patient and advise the patient of any additional treatment needed.
- 3. Provide dental hygiene treatment
 - A. Administer local anesthesia, if indicated.
 - 1. Obtain assistance from the dentist, if needed.
 - B. Perform a complete and thorough root planing or prophylaxis for the removal of all deposits on the teeth resulting in clean and smooth surfaces and tidy gingival margins, through the use of ultrasonic scaler, hand instruments, and laser and slow-speed handpiece polisher, in the best sequence and combination of equipment required.
 - 1. Explain the procedures, equipment, and tools as procedure progresses.
 - 2. Monitor and maintain the patient's physical comfort through observation and direct inquiry.
 - a. Provide medicaments and/or additional local or topical anesthesia.
 - b. Maintain optimum saliva/blood control with water syringe and vacuum system.
 - c. Show consideration for the patient's TMJ comfort.
 - 3. Monitor and maintain the patient's emotional comfort through observation and direct inquiry.
 - a. Offer open acceptance of the patient's questions and concerns.
 - b. Avoid disturbance of the patient from visual negatives such as blood and syringes.
 - 4. Perform complete dental probing at each visit and record on the chart, including the date.
 - 5. Advise the patient of the prognosis of administered treatment and point out any problems that will need additional treatment.
 - 6. Document in the charts:
 - a. A complete description of the patient's oral tissues
 - b. The treatment you provided
 - c. Medications and equipment used
 - d. The patient's response to treatment
 - e. The patient's concerns
 - f. Important and/or interesting personal information about the patient
 - g. Any patient education given including what plaque control aids were demonstrated and given to the patient
 - h. Date and initial all of the above on the chart
- 4. Patient Education:
 - A. Explain the patient's oral condition, treatment, and equipment and tools used, pointing out problems to the patient with the hand mirror, before, during, and after the treatment.
 - B. Explain periodontal disease, its causes and results, treatment needed, and the patient's responsibilities to his/her future oral health.

Treatment of Dental Hygiene Patients / 3

- C. Demonstrate needed plaque control aids and make certain the patient understands their purpose and use.
 - 1. Evaluate and tactfully correct the patient's plaque control techniques.
 - D. Give the patient a "mouth map," with problem areas marked and advice given.
 - 1. Ideally, make a copy and have the patient initial it.
 - 2. Give the original to the patient and put the copy in the chart.
 - 3. Record in the chart that a mouth map was given.
 - 4. Explain the mouth map's purpose and use by the patient.
 - E. Recommend home-use products for desensitization and plaque control, such as toothpaste, rinses, fluoride products, etc.
 - F. Give the patient post-operative instructions such as saline rinsing, desensitizing, etc.
5. Determine the next treatment needed:
- A. Evaluate the treatment just given, the resulting condition of oral tissues, the patient's response to the treatment, and the patient's plaque control skills.
 - B. Advise the patient of optimum time lapse until next appointment with the hygienist.
 - 1. Example: Additional root planing appointments; prophylaxis recalls at 3, 4, 6 months; periodontal recall vs. routine prophylaxis.
 - C. Explain our recall notification system.
 - D. Necessary restorative work should be noted on the chart, flagged for back office notice, and discussed with the patient, if appropriate.
6. Patient dismissal:
- A. Make sure the patient has the opportunity to ask final questions.
 - B. Verify the patient's expectations regarding future treatment.
 - C. Give the patient plaque control aids and literature.
 - D. Tell the patient to call you with any questions or concerns.
 - E. Escort the patient to the front desk and clearly indicate when and why the patient should return.
 - 1. Charting should be complete, including prescribed future treatment and recall recommendation.
 - 2. The fee schedule (or routing slip) should be marked.
 - 3. Notes for routing to the dentist should be prominently affixed to the chart.
7. Treatment follow-up:
- A. Consult with the dentist regarding problems or recommendations for additional treatments.
 - B. Phone root planing patients the following day to inquire about their comfort, problems, or questions they may have.

FACILITATING AND CONDUCTING STAFF MEETINGS

(sfactf.doc)

Desired Outcome: Effective, meaningful, fun staff meetings that use the team as a constructive problem-solving force in a safe, trusting environment.

Measurement: Review of the Meeting Evaluation. Feedback from staff and doctor.

Monthly Or Semi-Monthly Staff Meetings

1. Schedule staff meetings six months at a time.
2. Enter "staff meeting" in the appointment book and block off the needed time.
3. Implement a 3-ring binder note system for each staff member to keep all of their meeting notes.
4. Maintain a "secretary's" book containing all of the master agenda forms and notes from the meetings for future reference.

Staff Meetings: A Shared Responsibility

1. Encourage the responsibility of facilitating staff meetings to be a shared duty. Ask staff members take turns as "facilitator."
2. As a group, agree on the ground rules for staff meetings. For instance:
 - A. Written agenda format.
 - B. One person speaking at a time.
 - C. Starting and ending on time.
 - D. Promptly responding to the lead of the facilitator.
 - E. Promoting a safe, trusting environment by avoiding sarcasm, put-downs, and finger pointing.
3. Identify clearly and discuss the responsibilities of the facilitator. For instance: (*Refer to the following pages for instructions pertaining to these items.*)
 - A. Preparing for the meeting.
 - B. Conducting the meeting.
 - C. Acting as a mediator, if needed.
 - D. Encouraging participation.
 - E. Maintaining an environment of trust, respect, and safety.

Staff Meeting Preparation

1. Confirm the time and location of the meeting with all participants.
2. One week before the staff meeting:
 - A. Decide on the educational segment.
 - B. Distribute Agenda sheets (found in the Forms Section of this book) to all staff members and to the doctor.

3. Two days prior to the meeting, collect the agenda sheets from everyone and prepare a master agenda.
4. One day prior to the meeting, give all staff members a copy of the master agenda, even if they will not be attending.

Conducting the Staff Meeting

1. Define the objective of the meeting and solicit a commitment from everyone to achieve that goal.
2. Set time limits for discussion of agenda items to ensure all meeting goals and objectives are met.
3. Redirect the group and keep them goal-oriented, if the meeting gets sidetracked. Try saying, for instance: "It seems we're getting off-track. Let's focus on the issue which I understand to be ..."
4. Ask the group to problem-solve by defining clearly and objectively what is happening, what they want to happen, and possible solutions. (Try using the Strategy/Goal Sheet and GAP Analysis forms found in the Forms Section.)
5. Encourage staff members to participate.
 - A. Make a positive inter-active statement, such as "I'd like to hear what everyone thinks. Can we go around the group and have each person state their views in turn?"
 - B. Ask everyone to take 3 to 4 minutes of quiet time, write down their thoughts, and then solicit their comments.
6. Ask the person taking the meeting minutes to record ideas on a flip chart and ask each member to indicate their top three choices.
7. Maintain an environment of trust, respect, and safety.
 - A. Insist that everyone share his or her thoughts in objective terms. For example, "Jane, I can see you're upset about this, but let's focus today on the problem itself, not the people involved."
 - B. Redirect them to problem-solving techniques described in steps five through six above.
 - C. Review and seek recommitment to meeting guidelines set by the group.
8. Call for decisions and ask the person taking the meeting minutes to restate assignments.
9. Conduct a meeting evaluation with the group and ask the minute taker to record the results. The following are potential questions for such an evaluation. (Refer to the Forms Section for a blank Meeting Evaluation form to use for this purpose.)
 - A. Did we start on time?
 - B. Did we end on time?
 - C. How many follow-up tasks were reported as completed?
 - D. How many decisions were made today?

Facilitating and Conducting Staff Meetings / 3

- E. On a scale of 1 to 4, indicate how effective you think the meeting was:
1. Did not meet expectations.
 2. Partially met expectations.
 3. Met expectations.
 4. Surpassed expectations.
10. Set the date and location of the next meeting and remind the group who the facilitator and minute taker will be.

AGENDA

(agendas.doc)

TYPE OF
MEETING _____

DATE _____ NAME _____

OBJECTIVE: _____

ANNOUNCEMENTS

REMINDERS

CONTINUING EDUCATION

FOLLOW-THOUGH CHECKS

PROBLEMS (Attach Strategy Sheet)

POSSIBLE SOLUTIONS

ASSIGNMENTS

GOALS

*Please complete and return to _____ two days prior to the meeting. Please contribute!
We need you, your suggestions, and your feedback!*

EMERGENCY TELEPHONE SLIP

(erslip.doc)

EMERGENCY TELEPHONE SLIP			
Patient's Name _____		Age _____	M or F _____
Parent's Name (if minor) _____			
Home Phone # _____		Work # _____	Ext. _____
Referring Doctor/Source _____			
Address _____			
Current X-Rays <input type="checkbox"/> Y <input type="checkbox"/> N		X-Rays Requested <input type="checkbox"/> Y <input type="checkbox"/> N Date _____	
Mindset : <input type="checkbox"/> Frightened <input type="checkbox"/> Hostile <input type="checkbox"/> Shy <input type="checkbox"/> Neutral <input type="checkbox"/> Pleasant <input type="checkbox"/> Other			
Lost filling?	Broken tooth?	Toothache?	Where?
Trauma?	Swelling?	Fever?	How long?
Sensitive to hot/cold?	Pressure?	Awake at night?	
Pain Medication _____			
<hr style="border-top: 1px dashed black;"/>			
Payment Info: <input type="checkbox"/> Ins. <input type="checkbox"/> MC <input type="checkbox"/> CAP <input type="checkbox"/> PVT		Fees Explained <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Estimate \$ _____ Given by _____	
Special Needs _____			
New Patient Practice Portfolio sent? <input type="checkbox"/> No <input type="checkbox"/> Yes		Medical History Form sent? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Call Taken by _____		Comment _____	
<hr style="border-top: 1px dashed black;"/>			
SCHEDULED W/DR. _____		APPOINTMENT DATE _____	TIME _____

*Two copies of this form can be made on one letter size paper.

APPLYING THE MINIMUM NECESSARY STANDARD

(minnec.doc)

Desired Outcome: The application of the Minimum Necessary Standard when called for in reviewing a request for or making a request for the disclosure of PHI.

Measurement: Feedback from patients and privacy officer. Monitoring of patient complaints.

USES OF PHI

1. The following chart identifies:
 - A. Employees (or other persons) who need access to PHI to carry out their duties
 - B. Categories/types of PHI to which such persons need access
 - C. Conditions, as appropriate, that would apply to such access

Employee / Position	Type & Level of PHI to be Accessed	Conditions of Access
Susie White Registered Dental Asst.	entire dental record	In the course and scope of regular duties
Jane Black Receptionist	entire dental record	In the course and scope of regular duties
Dr. Robert Tooth Dentist	entire dental record	In the course and scope of regular duties
Linda Blue Part-time Bookkeeper	None, unless by special request of the doctor	Not required to complete routine duties

2. Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on your reasonable determination as to the nature of the health information they require to complete their job responsibilities.

DISCLOSURES TO AND AUTHORIZATIONS FROM PATIENT

1. You are not required to limit to the minimum necessary your disclosures of PHI to your patient who is the subject of the PHI.
2. Disclosures authorized in writing by your patient are exempt from the minimum necessary requirements.
3. Authorizations received directly from third parties, such as life, disability, or casualty insurers that direct you to release PHI to them are not subject to the minimum necessary standards. For example, if your office receives a patient's authorization to disclose PHI to a life insurer for underwriting purposes, you are permitted to disclose the PHI requested without making any minimum necessary determination.

ALL OTHER REQUESTS FOR PHI

1. For all other requests, determine, on an individual basis, what information is reasonably necessary to complete each request and send only that information.
2. If the request for PHI is not specific enough (or too broad), review the matter with your privacy officer.
3. If need be, the privacy officer can contact the requesting party to clarify the request.