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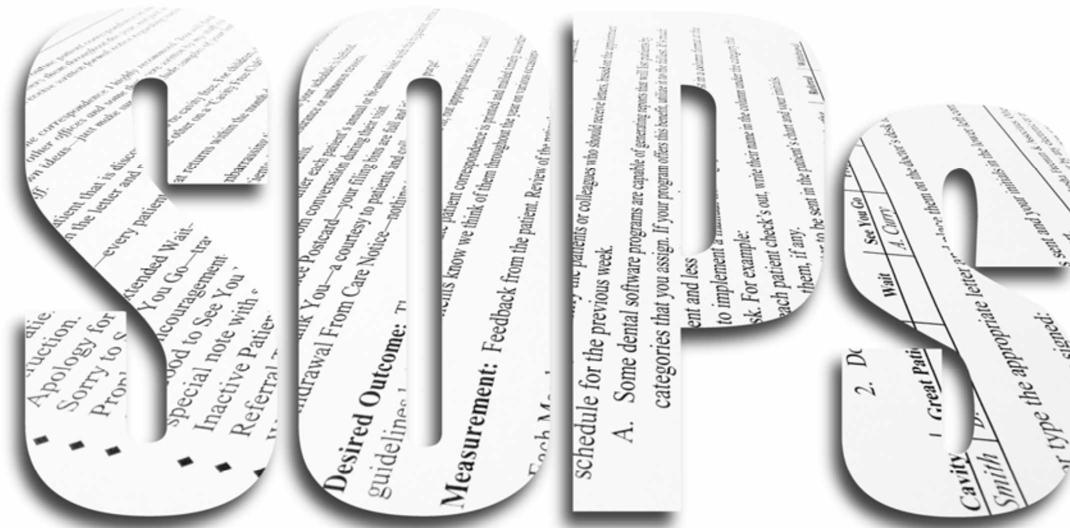

For Pediatric Dentists, 3rd Edition, by Marsha Freeman

Standard Operating Procedures for Pediatric Dentists

Third Edition

by Marsha Freeman

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Why we created a **DEMONSTRATION COPY** of

Standard Operating Procedures for Pediatric Dentists

We want you to see and experience why dentists nationwide are buying this book and the other SOPs manuals available from Marsha Freeman & Associates (shop online at www.sops.com).

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 third edition of *Standard Operating Procedures for Pediatric Dentists*) describing tasks that every pediatric dentist can immediately relate to.

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 Pediatric Dentists

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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 over 20 years I've worked in the dental profession is the dentist and the staff both trying to please each other, the patients, and their parents 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 when 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 Pediatric Dentists.*** This book, with its accompanying computer disc, 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

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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 how other dentists have explained their processes and crafted their instructions; it will make yours better and more useful.

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FRONT OFFICE SOPS PROJECT FLOW SHEET

FILE:	CREATED:	REVISED:
3foflow	01-JUL-07	01-JUL-07

The SOPs Project Flow Management is a means of controlling the paper flow of a large SOPs project. In all my years of consulting, I have seen many different tracking methods employed, but this has by far been the most successful no matter what the size of the practice.

The backbone of this tracking method has two parts. The first is the use of a SOPs Project Flow Sheet (appears at the end of this document), a form where each and every task that you are going to write (or edit) a SOP for is listed and assigned a number. Each department in the office (front office, back office, hygiene, etc.) should have its own Flow Sheet.

The second component of this plan is the use of batch envelopes. Together with a well-maintained Flow Sheet, batching SOPs in numbered envelopes will enable the Project Leader to know at any given moment where a SOP is in the office, and in the process.

Here are some operations suggestions that I feel are particularly helpful:

- Use large TYVEK envelopes (they are strong and durable) that will hold 15-20 sheets of paper at a time. These will survive the entire project.
- Make sure that the task titles listed on your Flow Sheet match your task titles on your task inventories identically. Later, both should match the task titles on your table of contents for your SOPs manual and the actual titles of the SOPs themselves.
- Assign each task a unique number. Once a SOP is generated for this task (or if the SOP already exists), this becomes the SOP's number. (We've already numbered the sample form, just add to it or change it as you need.)
- Begin assigning SOPs to be edited to specific people in your office based on their level of expertise or position in the office.
- Batch them in the envelopes accordingly, doing your best to batch like tasks together and limiting the number of SOPs in each batch to a manageable chunk (3-5 or so).
- SOPs should always travel around the office in their Batch Envelope.
- The Batch Envelope is assigned a number, and that number is written on the SOP and on the Flow Sheet. This way, the Project Leader can, at any time, know where in the office a SOP is located.
- Each Batch Envelope's contents are listed on the outside of the envelope.
- Consider generating three (3) copies of the Flow Sheet: one alphabetical, one in order by SOP #, and a last one in order by Batch #. This way you can reference the SOPs in multiple ways.
- Update the Flow Sheet as often as you can, if not in the computer, than pen to paper.
- As much as possible, limit the management of the Flow Sheet and Batch Envelopes to one person in each department. (In a small office, you may be able to use one person to manage it all.)
- For tasks that don't already have a SOP, remember to use the SOPs worksheet! (**§8: SOPS WORKSHEET**)

While writing and editing SOPs:

- Use the SOPs Swap Label to track who has reviewed and signed off on a SOP.
- Always staple previous versions of the SOP to the most current version. This way, if the typist has taken anything out of context, you can go back to a previous version to see what you meant.

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- Standardize your formatting ahead of time, and use footers to note SOP title, file name, creation date, and revision date.
- It is normal for a SOP to be edited three times before it is final, so be patient! Refer back to the Sanity SOP at the end of Chapter 3 (**CCHAP3**) to help you maintain your perspective.

SOP #	Task	Filename	Assigned To…	Batch #	Date to Typing	Team Review	Date to Typing	Team Review	Final Typing	To Book
1.	Front Office SOPs Project Flow Sheet	3foflow								
2.	Abbreviations	3abrv								
3.	Adjustments	3asadj								
4.	as: Answering the Telephone	3answer								
5.	as: Basic Dental Anatomy	3anatomy								
6.	as: Confirming Hospital Cases	3confirm								
7.	as: Dental Benefits Eligibility Verification	3veribens								
8.	as: Emergencies	3asemerg								
9.	as: Guidelines	3asguide								
10.	as: Hospital Cases (O.R.s)	3ashosptl								
11.	as: New Patient/Non-Emergency	3asnewpat								
12.	as: Oral Sedation	3asoralsed								
13.	as: Oral Sedation Verbal Skills	3asoralvs								
14.	as: Ortho Extractions and X-ray Orders	3asortho								
15.	as: Periodic Coronal Polish and Oral Exam	3asoralex								
16.	as: Restoratives	3asrestore								
17.	as: Sample Schedules	3assamp								
18.	as: Sealants	3asseal								
19.	as: Specialists	3asspecs								
20.	as: Time Units	3asunits								
21.	as: Verbal Skills	3asverbal								
22.	as: X-Rays	3asxray								
23.	Bands and Impressions	3asbands								
24.	Bleaching	3asbleach								
25.	Building Rapport with Parents	3rapport								

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FRONT OFFICE SOPS PROJECT FLOW SHEET

FILE:	CREATED:	REVISED:
3foflow	01-JUL-07	01-JUL-07

SOP #	Task	Filename	Assigned To…	Batch #	Date to Typing	Team Review	Date to Typing	Team Review	Final Typing	To Book
26.	Calling in Prescriptions	3prescript								
27.	Canceling and Rescheduling Recall Appointments	3cxrecalls								
28.	Care Credit Payment Plans	3ccplans								
29.	Cleaning The Reception Area	3clnrecept								
30.	Collecting and Authorizing Credit Card Payments	3ccauth								
31.	Collecting the Day of Treatment	3dayoftx								
32.	Communicating with the Special Needs Patient	3hearpt								
33.	Confirming Appointments	3nexday								
34.	Consultations	3asconslts								
35.	Dealing with the Upset Parent	3upset								
36.	Extractions	3asxtract								
37.	Final Preparation for the Ideal Day	3finalprep								
38.	Greeting and Checking in Parent and Child	3greetpt								
39.	Handling Multiple Phone Lines	3multiphones								
40.	Maintaining Patient Charts	3ptrecords								
41.	Making Collections a Team Approach	3colltmap								
42.	Managing Patient Finances	3patfin								
43.	Monitoring Production Goals	3prodgls								
44.	Morning Huddles	3mornhudl								
45.	New Patient Welcome Letters	3welltr								
46.	Office Supplies	3orderg								
47.	Opening and Closing the Office	3openclse								
48.	Operating Office Equipment	3equipt								
49.	Outgoing Mail	3outmail								
50.	Patient Checkout	3ptcheckout								
51.	Patient Transfers and Records Release	3transf								

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SOP #	Task	Filename	Assigned To…	Batch #	Date to Typing	Team Review	Date to Typing	Team Review	Final Typing	To Book
52.	Pre-Determinations: Patient Notification	3predetrm								
53.	Preparing Routing Slips	3rtslipprep								
54.	Primary and Permanent Teeth	3dentition								
55.	Recall	3recall								
56.	Recall and Treatment Control Cards	3rclltxcrd								
57.	Routine Parent/Child Correspondence	3ptcorres								
58.	Treatment Follow-up Routine	3txrecarer								
59.	Walk-out Statements	3walkout								
60.	X-ray Duplication Request	3xraydupe								

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INTRODUCTION AND ACKNOWLEDGMENT

Name: ____

Date of Hire: ____________ Starting Salary: $ _______ per _______

[Doctor/Practice Name] provides all of our families quality dental care and exceptional, warm, and caring patient/customer service. We believe that each child 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 parents and children 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 parents and children 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 ____________

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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: Employee 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. Employee 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 parents, children 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	

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PERFORMANCE STANDARDS

Performance Standards	*Rating* Employee	Supervisor
1. Consistently recognizes the needs and desires of other people (doctor, staff, parents, children, 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, parent or child 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.	______	______
14. Communicates clearly and tactfully with parents and children, following practice philosophy guidelines and verbal as outlined in SOPs for specific circumstances.	______	______
15. Responds promptly to inquiries and requests from the parents, children, staff, doctor, and referring offices.	______	______
16. Accurately maintains children's records and charts to ensure easy retrieval and complete documentation of all children's treatment and transactions.	______	______

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

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PERFORMANCE STANDARDS *(continued)*

Performance Standards	*Rating* Employee	Supervisor
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 parents and children 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 parents 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.	______	______
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

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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.

____

____

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SUPERVISOR COMMENTS (cont.)

____

____

____

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: ________________

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APPOINTMENT SCHEDULING:
EMERGENCIES

FILE: 3asemerg
CREATED: 01-JUL-07
REVISED: 01-JUL-07

Desired Outcome: Use the emergency triage sheet (**§8: TRIAGE SHEET**) to successfully book children into the schedule with minimal disruption of other appointments scheduled that day. Also, accurate and empathetic assessment and treatment of the patient's needs.

Measurement: Satisfaction of the emerging patient and parent with minimal delay of other patients.

1. Determine the necessity and reason for the appointment. Pull the chart if an established patient. Complete the triage by asking the following questions:
   A. Does patient have discomfort? If so, how long?
   B. Is the patient taking any medication? What?
   C. Any swelling or fever? How long?
   D. Is the patient's problem due to an accident? If so,
      1. When did it happen?
      2. What happened?
      3. Is there bleeding?
      4. Has the patient seen any other doctor?

2. If the patient meets the above criteria, they are to be seen the same day.
   A. Look for time on today's schedule
   B. If it's a trauma case, patient usually needs to be seen immediately
   C. If it's a toothache that keeps the patient awake at night, the patient needs to be seen the same day. If less severe, the patient may wait until the next day if the parent and patient are comfortable with that.
   D. Attach the completed triage slip to the patient's chart.

3. Scheduling the appointment:
   A. Enter the patient's last name and first name in the computer.
   B. Get a parent's phone number for work and home.
   C. Be sure (if they are a new patient) that they know the location of and directions to the office.
   D. Verbally inform the clinical staff and write the patient's name on the back office schedule.

4. Upon patient arrival,
   A. Verbally inform the clinical staff that the emergency patient is in the office and mark off the patient's name with highlighter pen on the schedule to indicate that the patient has arrived. Depending on the severity of the emergency, the patient may need to be seated prior to the completion of paperwork
   B. If the patient is new, have them fill out a medical history form (**§8: MEDICAL HISTORY**). If the patient is also a trauma case, have them fill out a trauma sheet (**§8: CLINICAL EVALUATION SHEET FOR TRAUMA**).
   C. If the patient is established and a trauma case, fill out a trauma sheet
   D. Be sure to check that the triage slip is attached to the chart before taking it to the back office.

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FINAL PREPARATION FOR THE IDEAL DENTAL DAY

FILE:	3finalprep
CREATED:	01-JUL-07
REVISED:	01-JUL-07

Desired Outcome: Quickly, efficiently, and correctly pull all charts, complete routing slips for the designated day. Do whatever it takes to pull together an "Ideal Dental Day" that meets the needs of the patients, parents, and the practice in a team centered environment that is pleasant for everyone.

Measurement: Feedback from staff, patients, parents and doctors regarding the smoothness of the day. Review of end of day reports to see that we have met production goals and completed all necessary treatment.

1. Two days in advance, pull dental 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/Billing Dept
      - Purged files
      - To-be-filed bins
      - Posting/Billing Dept
      - Doctor's office
      - Collection/Billing Dept
      - New patient folder
      - Prepped chart bin
      - Clinical area

   B. If the chart is not found in the areas noted in step one above, call the parent.
      1. Confirm the spelling of patient's last name. (on Denti-Cal card, healthy families card, ins. name, program letters).
      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 parent.
      1. Ask the parent to arrive early for their appointment to complete new paperwork.
      2. Inform the doctor and staff that we've seen the patient before. Indicate on the route slip date of last exam.
      3. Clearly write on top of the routing slip that the patient has been seen before, the approximate date of last visit, and that this is a duplicate chart.
      4. Duplicate charts: print super bill to verify last date of service and treatment delivered.

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 and the parent has been reminded of their need.
   E. Preauthorization, lab cases, X-rays, and extraction slips are available.
   F. Signed Financial arrangements are in chart.
   G. Information in patient's chart matches computer information.
   H. Verify medical card with eligibility and status.
   I. Verify Healthy families name, ID#, and eligibility.
   J. Program letters or fax
   K. Insurance information
   L. Check for allergies/meds.

3. Complete a routing slip for each chart with the following information:
   A. Patient's full name, DOB, and Account #

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B. Amount due
C. Note the insurance carrier, plan limitation, deductibles.
D. Indicate heart medications needed.

4. Add a new chart card to the chart, if the current chart card is full.

5. Use applicable chart card character or documentation chart card.

6. Document health form checked with date and initials.

7. Bind the charts with a rubber band and place them in the appropriate provider's basket for review.

8. Remainder charts place in check-in bins in alpha order.

9. End of day print schedule for following day, sort charts by provider and to match the schedule.

10. Confirm that all of the charts are present and accounted for.

11. Confirm that all patients are confirmed.

12. For high risk no show patients, keep calling until you actually speak with them. This means to try again the morning of the appointment

13. When confirming patients, use the route slip to note all reminders regarding medication, referral slips, and financial arrangements.

14. Analyze the schedule for the next day according to "The Ideal Dental Day' standards set by the team and make whatever changes necessary to match it.
    A. If the Provider's are double booked, make sure they are aware of it and if they can handle it.
    B. If we have openings and are short on production goals:
        1. Look for restorative pull-overs from the recall schedule.
        2. Look for recall needs from the restorative schedule.
        3. Look for expanded treatment for the children scheduled.
        4. Check for treatment needed for siblings.

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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

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- 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

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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.

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X-RAYS: DEVELOPING, MOUNTING, AND DUPLICATING

FILE:	5xrays
CREATED:	01-JUL-07
REVISED:	01-JUL-07

Desired Outcome: To promptly take quality X-rays the first time and to limit the exposure for the child. 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 children and staff by consistently achieving quality radiographs. Number of times X-rays need to be retaken.

The doctor examines the child and orders the appropriate radiographic series. This may be a Full Mouth X-rays Series (FMX—14 PAs and 4 BWXs; BWX with a Panograpic (Pano) X-ray, or additional Periapical (PA) radiographs. A radiograph of the problem area is taken for emergency toothaches. If the child 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 FMXs (depending on the size and age of the child).

It is important in all radiographic procedures that the health history (suspicion or chance of pregnancy, previous or ongoing radiation therapy, etc.) be reviewed to ensure the protection of the child's current health status.

Taking X-rays

1. Place the lead apron on the child. Include the thyroid collar when possible.

2. Lay out the necessary radiographic film or sensors according to the image series ordered by the dentist (smaller sizes will be used for children).

3. Select the choice technique. If using radiographic film, choose the appropriate holders, tabs, or positioning devices best suited for acquiring an accurate image.

4. Remove the lead apron from the child and escort the child back to the assigned treatment room.

Taking Digital X-rays

We are using the Patterson EagleSoft version 11.00 dental software program as a model for the SOPs in this edition: If you use different software, modify the steps to correspond to your program.

1. Go to **Activities | Imaging**, and select any of the options on the submenu.

2. To use the icons, click on a template. You now have two options for acquiring images;
   A. Click **Acquire** on the **Advanced Imaging** toolbar, or
   B. right-click on a template, choose **Acquire From**, and select a source.
      1. Depending on your installation, you have different image sources available from this menu; however, the following sources appear at all times:

- ♦ Default Source – Select this to acquire an image from your predetermined default source. To review your default source, click **File**, **Preferences, X-Ray**.
- ♦ Sensor – Choose this option to acquire an image from a sensor.

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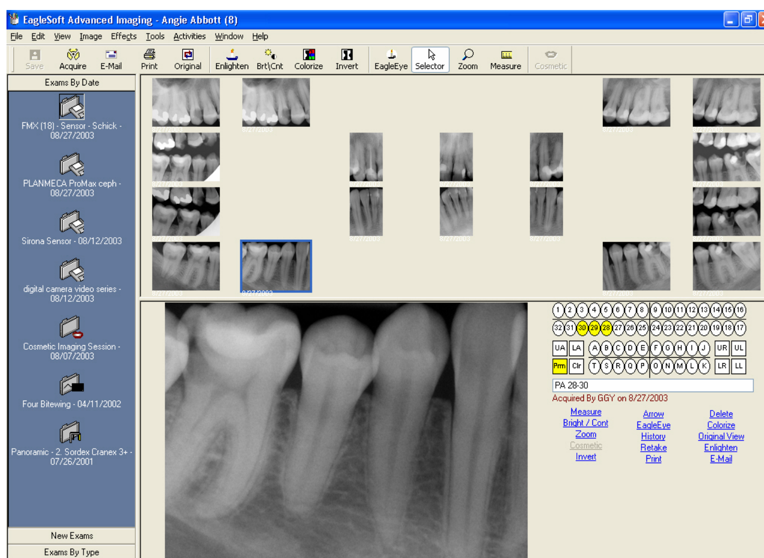
- Scanner – Choose this option to acquire an image from a flatbed scanner or another TWAIN-compliant device.
- Video Capture – Choose this option to acquire an image from a video capture device.
- Other Exam – Select this to acquire an image from a previous exam.
- File – Select this option to import an image file from a location outside of EagleSoft.
- Clipboard – Select this option to paste an image you have copied into the clipboard.



3. Choose **Save** to keep the current image and any modifications you've made to the image.

Developing X-Rays (Automatic Processing)

1. Check the temperature gauge on the automatic film processor to ensure its temperature is stable at the preferred 68° F and label the appropriate mount.

2. Shut and lock the darkroom door and turn off the lights, except for the protective red or amber light.

3. BWX, PA's
   A. With gloved hands, pull apart the plastic, lead foil, and black paper and drop out the X-ray film into paper cup.
   B. Discard the lead foil wrappers in the proper waste receptacle and the plastic wrappers in the trash.
   C. Remove your gloves and put the film through the processing machine.
   D. Be sure the X-rays have entered the machine before opening the door.

4. Panographic Film (Pano)
   A. With gloved hands, release the buttons on the film carrier and remove the panographic film.
   B. Remove your gloves and place the film through the developing machine.
   C. Place the new unexposed panographic film in the cassette.
   D. Be sure the X-ray has totally entered the processor before opening the door.
   E. Disinfect wipe the film carrier and other contaminated areas and place the film carrier back in the Panoramic X-ray Machine holder.

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Mounting X-Rays

1. Periapicals (PA's) and bitewings (BWX's) and full mouth X-rays (FMX)
   A. Retrieve the appropriate posterior or anterior mount from the darkroom shelf.
   B. Label the mount with child'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. Panograph
   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 if necessary (avoid image sections) so it will fit in the child's chart.

Duplicating X-Rays

1. Remove the X-ray from the mount.

2. Align the X-ray in 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 them through the processor.

10. Do not open the door until the 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.

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BASIC TRAY SETUP

FILE:	5trays
CREATED:	01-JUL-07
REVISED:	01-JUL-07

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. Child 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

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Desired Outcome: Removal of a tooth with as little discomfort and displeasure to the child as possible. All instruments, equipment, and paperwork are accurately prepared. The doctor is assisted efficiently and timely. The patient receives successful treatment and is comfortable and calm throughout the procedure.

Measurement: Response of the child to the procedure. Feedback from the doctor and parent. Oral examination post-procedure.

Room Preparation

1. Prepare the following items for this procedure:
   A. Tip A Dilly straw
   B. One air/water disposable tips and plastic covers
   C. Two light covers
   D. Local anesthetic syringe with a 30g tip/ or wand
   E. Mouth mirror
   F. Explorer
   G. Straight elevator
   H. Forceps of doctor's choice
   I. Patient bib
   J. 2x2 gauze and extras (for the patient to take home)
   K. Gelfoam, cut in half
   L. Q-tip with local anesthetic

2. Place the following items on the mobile unit:
   A. Basic tray set-up
   B. Gauze
   C. Gelfoam: ½ per tooth
   D. Elevator and forceps (located in open bay area in the drawer underneath the X-ray near room #1 and #2 supply area closet.)
   E. Tip A Dilly
   F. Nasal hood
   G. Syringe and topical

Procedure

1. Greeting the patient: Greet both the child and the parent by name.

2. Ask the parent the following:
   A. Has child had anything to eat within the last two hours?
   B. Has there been any change in the child's health?

3. Review with the parent, which teeth are to be extracted.

4. Escort the child to chair #1or #2. Remember to use their language to put them at ease.

5. Explain to the child what will be happening (see **§5: SPECIAL WORDS AND PHRASES FOR KIDS**).

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6. Review with the child what they will experience with the N_20 (happy air) and let them pick out the flavor of the nose piece (clown nose or mask).

7. Place the nose mask on the patient and turn on the O_2 to a #4 setting for at least 5 minutes.

8. Double-check the tray setup on the doctor's FE stand.

9. Put a bib on the patient and lean them back in the chair.

10. Explain to the child that you're going to put some "sleepy gel" on the gum to make it sleepy using 2x2's, dry out the area of the mouth to be worked on and place a topical for at least one minute.

11. Out of sight of the patient, pass the syringe to the doctor.

12. Ask the patient to close their eyes because the doctor's going to squirt sleepy water around the tooth to make it go to sleep.

Note: The doctor will talk with the patient until the area numbs. Prior to beginning the procedure, he will explain to the patient that he or she may feel some pushing and lots of noise while we wiggle the tooth out. He will extract the tooth and apply Gelfoam, as needed—the patient bites down on a 2x2.

13. Once the procedure is complete:
    A. Turn off the N_20 and leave the O_2 on at setting #6 for at least 5 minutes—longer if the patient feels dizzy
    B. Slowly return the patient to an upright position
    C. Review the post-op instructions with the patient and parent (remind them of numbness cautions).
    D. Give the parent a copy of the written post-op instructions (**§8: POST-OPERATIVE INSTRUCTIONS**).
    E. Give the child their extracted tooth to take home for the tooth fairy

14. Escort the patient and parent to the waiting parent by way of the toy box and let the patient choose a toy. Make sure the child has their teeth and extra gauze.

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CHARTING PATIENT BEHAVIOR

FILE: 5chrtbehave
CREATED: 01-JUL-07
REVISED: 01-JUL-07

Desired Outcome: Thorough and accurate charting of patient behavior in the chart when indicated.

Measurement: Review of the chart for useful information about child's past behavior. Feedback from the doctor.

1. Refer to the definitions below when determining what to chart about a child's behavior.

2. Do not abbreviate. If the child's behavior meets the definition of no cooperation, then write "no cooperation" in the chart at the end of the treatment notes.

   No Cooperation: Patient won't sit in chair, no treatment was completed.

   Poor Cooperation: Patient sits in chair but is crying and upset. Patient sits on parent's lap for treatment to be completed.

   Limited Cooperation: Patient sits in chair but does not follow instructions of turning head, opening mouth, etc.

   Great Cooperation: Patient cooperates, sits in chair and follows instructions with little to no complaints.

   Violent Behavior: Patient needs to be with Dr. in the quiet room. They kick, yell, fight and spit during the procedure.

   Very Hesitant, Scared: Patient does well if assistant is patient, calm, and willing to work at a slower pace.

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BACTERIA CONTROL TECHNIQUES

FILE:	6baccontrl
CREATED:	01-JUL-07
REVISED:	01-JUL-07

Desired Outcome: Patients learn techniques that enable them to maintain optimal bacterial control for oral health.

Measurement: Plaque levels, tissue tone, calculus deposits, bleeding points, caries rate, and degree of inflammation all within normal limits

1. All the patients are taught 10 counts circular brushing on each tooth (parent as well).

2 According to their individual needs, patients are taught proper flossing technique, including threaders.

3. Daily use of power assisted toothbrushes (Interplak, Braun, or Sonicare for examples) is encouraged, when appropriate.

4. Colgate-Prevident 5000 plus 1.1% sodium fluoride is available for purchase in the main office and are recommended, if needed.

5. Patients are given recommendations regarding effective dentifrices.

6. Other hygiene aids available and shown at the hygienist's discretion are:
   A. Toothbrush—infant, youth, adult
   B. Floss and flossfingers
   C. G.U.M. End Tuft Brushes #308.
   D. Proxabrush handles with small cylindrical brush #612.
   E. Stimulator (rubber tip)
   F. Disclosing tablets

7. Patients are counseled regarding the following:
   A. home fluoride therapy
   B. use of anti-microbial agents
   C. dietary habits
   D. limitation of sucrose

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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. Receive 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:
   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 (**§8: AGENDA**) 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.

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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 forms **§8: STRATEGY AND GOAL SHEET** and **GAP ANALYSIS**)

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 **§8: MEETING EVALUATION** 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?
   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.

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REVIEWING PATIENT STATEMENTS

FILE: 4statmts
CREATED: 01-JUL-07
REVISED: 01-JUL-07

Desired Outcome: All delinquent accounts reviewed so that the appropriate messages can be added to the statements. Print and mail all account statements by the 2nd of each month. Statements are generated at other times of the month as necessary. For instance, if: 1)when the insurance pays shortly after statements have been mailed 2) as a walk out statement when they "forget their check book" or for some other reason fail to make the payment as promised, 3) when their statement has been mailed to the wrong address and now you have the correct one. Our goal is to collect 98% of our collectable production and have our accounts receivable balance less than 1 1/2 times the average monthly production.

Measurement: Patients pay their bills when they receive our personalized statements. Likewise, they pay sooner when they receive a statement sent during the month. We use an accounts receivable log **(§8: MIDMONTH COLLECTIONS MONITOR)** to track our efforts and can see that they are paying off. Use your accounts receivable aging report to compare your percentages against industry standards.

Statement Messages

1. Two days prior to printing statements, print an Overdue Accounts Receivable Report.

2. Using a yellow highlighter, identify all current accounts (shows a payment last month or the current month of the report) and accounts with insurance problems that are pending.

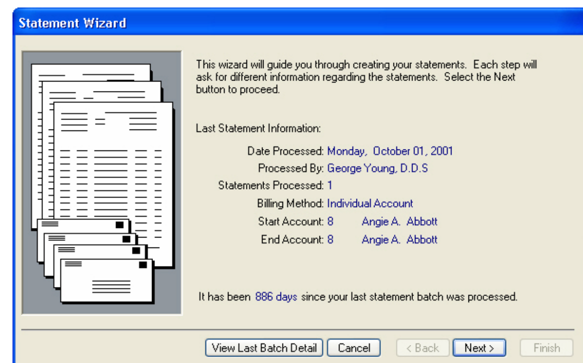
3. Using a pink highlighter, identify all patients whose payment are past due.

4. Review the account of each name highlighted in pink and decide what action will prompt payment.
   A. Computer message
   B. Appropriate colorful delinquent sticker.
   C. Personal handwritten note.
   D. A phone call. If unable to reach, follow thru with decision A, B, or C.

5. Attach all messages prior to mailing statements.

Generating and Printing Statements

We are using the Patterson EagleSoft version 11.00 dental software program as a model for the SOPs in this edition: If you use different software, modify the steps to correspond to your program.



1. Go to **Activities** and choose **Statement Wizard**. The first **Statement Wizard** window displays a summary of information from the last batch of statements processed.
2. To review a detailed summary for the last batch of statements that were processed, click **View Last Batch Detail**.

3. Click **Next** when you are ready to continue.

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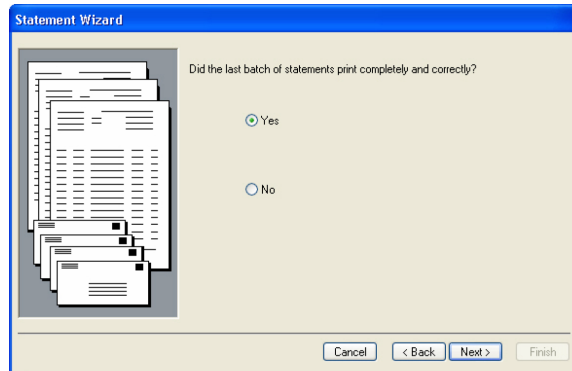
4. If the last batch of statements processed correctly, make sure that the **Yes** button is marked and click **Next**.
   A. If the last batch did not process correctly, click the **No** radio button, and enter the Responsible Party or ID of the last statement that was processed successfully. When the information needed to "restart printing with" is entered, click the **Next** button.

5. Make your selection for the account(s) to **Create Statements For** (see the following image).



Use:	To:
All Accounts	Print statements for all accounts with balance due.
Accounts A - L	Print statements for accounts with last names beginning with the letter A through the letter L.
Accounts M - Z	Print statements for accounts with last names beginning with the letter M through the letter Z.
Range of Accounts	Print statements for accounts that fall in the range that you specify. This will be based on the beginning letter of the last name of the responsible party.
Individual Account	Print statement for specified account.
Accounts that have not had a statement in the last _ days	Enter a number in the days box to print statements that meet this criterion.

6. Enter the criteria you wish to use from the following to specify **What Accounts Should Receive Statements**.

- **Accounts with balance greater than or equal to: $______**(blank)—Enter the least amount an account can have in order for a statement to process.
- **Accounts with 100% estimated insurance**—Select this check box if you want to print statements for accounts that have their entire balance in estimated insurance. If the estimated insurance is expected to cover all of the balance but the office has not received payment, this feature enables you to send a statement to the parent even though the parent's portion is zero.
- **Accounts with estimated insurance—**Uncheck this box if you would prefer to not generate statements for accounts with outstanding estimated insurance.

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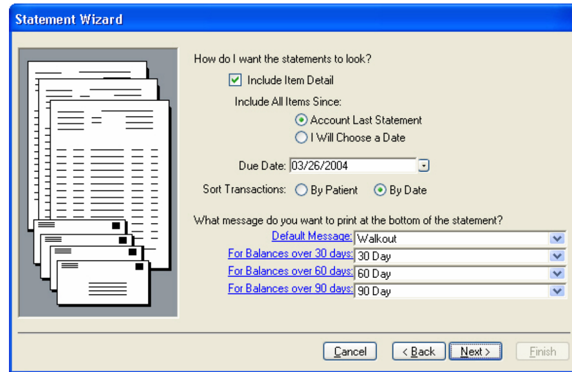
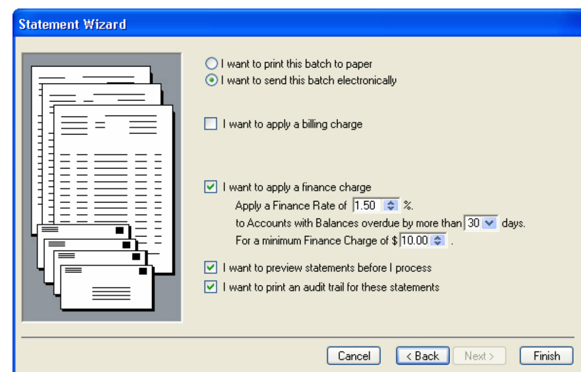
- **Accounts with outstanding claims**—Uncheck this box if you prefer not to generate statements for any account that has an outstanding claim, even if insurance was not estimated.

7. Specify your choices for **How do I want the Statements to Look**?



- **Include Item Detail**—If this box is checked, the statement contains detailed information about the services that were rendered and payments received.
- **Include All Items Since**—choosing **Account Last Statement** includes all new activity on the account since the last statement was processed for the account. If you would like to choose the date range for activities, click on the radio button next to **I Will Choose A Date**, and enter the date you would like statement detail to start from.
- **Due Date**—This is the date to appear on the statement by which you will require payment.
- **Sort Transactions**—This is how the transactions for each account will be sorted on the statement. Choose either **By Patient** or **By Date**.
- **What Message do you want to print at the Bottom of the Statement**?—Choose a message from each of the drop-down boxes, or press the **F2** key to create a new message. If you have set up a **Message for Statements** in the **Account | Preferences** window, it will override any of these messages.

8. Click **Next** when you are ready to continue.



9. If you want to process statements and print the batch to paper, choose **I want to print this batch to paper**. **-OR-**

10. If you want to process statements and submit them electronically, choose **I want to send this batch electronically**. If you are sending the statements electronically, skip to step 11.

11. Click on the drop-down box to choose the type of form that you print the statements on:

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APPLYING THE MINIMUM NECESSARY STANDARD

FILE:	7hipminec
CREATED:	01-JUL-07
REVISED:	01-JUL-07

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 parents and privacy officer. Monitoring of parent 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.
   A. Disclosures authorized in writing by your parent 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 parent'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.
   A. If the request for PHI is not specific enough (or too broad), review the matter with your privacy officer.
   B. If needed, the privacy officer can contact the requesting party to clarify the request.

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AGENDA

FILE: 8agendas
CREATED: 01-JUL-07
REVISED: 01-JUL-07

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!

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TRIAGE FOR DENTAL EMERGENCIES

FILE: 8triage | CREATED: 01-JUL-07 | REVISED: 01-JUL-07

Date of call: ____________ **Patient Name:** ____________ **Parent:** ____________

Appt date: ____________ **Scheduled with:** ____________

"To help your child I need to ask you a few questions."

INSTRUCTIONS: Carefully listen to the parent's answers and place a check mark beside each symptom they say applies. Determine how quickly the child must be seen depending on which column the check marks fall into.

✓	**Abscess Symptoms:** *Must be seen today!*	✓	**Toothache:** *See tomorrow or within week*	✓	**Bothersome Dental Condition** *See within 2 weeks?*
	Location of pain or which tooth:		Location of pain or which tooth:		Location of pain or which tooth:
	persistent, throbbing pain		intermittent pain		broken tooth, lost filling, no pain
	acute pain not relieved by pain meds		relieved by pain medication		intermittent pain, bothersome
	keeps patient awake at night		can sleep okay		responds quickly to medication
	prolonged reaction to heat, cold, pressure		sensitivity to heat or cold that ceases within 30 seconds		chronic pain, not acute
	swelling or fever				happened or started "awhile back"
	Broken tooth with above symptoms		lost filling or broken tooth with minimal discomfort		Parent doesn't mind waiting
	ASK: "on a scale of 1 to 10 how badly is your child hurting?"		***ASK***: "on a scale of 1 to 10 how badly is your child hurting?"		***ASK***: "on a scale of 1 to 10 how badly is your child hurting?"
	7 and above = MUST BE SEEN TODAY		**5 -6 = TOMORROW OR SOON**		**4 And Below = COUPLE OF WEEKS**
	How long has your child been hurting?		How long has your child been hurting		How long has your child been hurting
	Are there recent X-rays?		Are there recent X-rays?		Are there recent X-rays?
	What medication have you given to your child?		What medication have you given to your child?		What medication have you given to your child?

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# CHART PREP ROUTINE	
	FILE: 8chartprep
	CREATED: 01-JUL-07
	REVISED: 01-JUL-07

OFFICE:____ **DATE:** ______________

Day ______________ **Date** ________________ **Time**_______ **Prepped by** _____________________

There will be a daily huddle between the scheduling supervisor and clinical supervisor to finalize their preparation for the next day no later than 4pm.

#	ITEM	X	X	DOUBLE CK EACH CHART
1.	Schedule is full (List openings below)			Right patient
2.	All charts are pulled or location known.			Right chart
3.	Charts are in right order			With right doctor
4.	Make sure there are four unscheduled			For right procedure
	break times.			Right amount of time
	a) one at 9:50 – 10:30 sealant column			Right description on schedule
	b) one at 9:50-10:30 4th column doctor schedule			Scheduled correctly
	c) one at 2:50 – 3:30 sealant column			Recall date
	d) one at 2:50-3:30 column doctor schedule			Health history update
5.	Please check recall dates on chart with schedule			Premed
7.	Strategy for unconfirmed appointments or			X-rays
	high risk cancellations. Please list:			Referral slip
				Special needs
				Financial status
				Instruction letter
8.	Missing charts, please list – check off as found:			
			11.	Questions for Dr or clinical team
			12.	Openings in Schedule:
9.	Reviewed and initialed by back office manager		13.	Emergencies where?
10.	Initial when completed: _____________		14.	Staffing
	END OF DAY ANALYSIS: Doctor: **Clinical Team:** **Front Office Team:**			

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About the Author

Marsha Freeman is a nationally recognized speaker/presenter, author, dental management consultant, and Standard Operating Procedures (SOPs) specialist. She holds a master's degree in Organizational Management and a bachelor's degree in Organizational Psychology.

Working in dentistry since 1978, she started consulting in 1989 with Team Systems Unlimited. In 1995, she co-founded Dental Communication Unlimited (DCU) and Medical Communication Unlimited (MCU) to publish SOPs-based books, training manuals and audio/visual products. In 2000, she founded Marsha Freeman & Associates, a consulting firm committed to improving organization and system delivery for dental practices. In 2006, Marsha Freeman & Associates assumed sole ownership of DCU/MCU and established a publishing division: SOPs Press.

Marsha's standards-based approach echoes her academic training and reflects her service in the dental field—both "front line" and managerial. Using psychological and management systems, her methods emphasize staff involvement while maximizing the doctor's leadership. She is committed to helping dental teams achieve excellence by collaboratively setting standards of care, service and performance.

She is a member of the Academy of Dental Management Consultants and is a certified facilitator for The Thomas Concept: Opposite Strengths (formerly the Institute of Foundational Training and Development). Marsha is the author of seven training manuals: *Standard Operating Procedures for All Dentists, Standard Operating Procedures for Pediatric Dentists, Specialized SOPs for Orthodontists, Specialized SOPs for Oral Surgeons, Specialized SOPs for Endodontists, Specialized SOPs for Periodontists*, and creator of the *SOPs Video Implementation Guide for Dentists*.

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