

To Review

The October issue offered information on the Health Insurance Portability Accountability Act (HIPAA) of 1996. This Act includes regulations that govern privacy, security and electronic transaction standards for health care information. The deadline for covered entities, dental practice included, to comply with the privacy issue part of these new national standards was October 16, 2002. However, an extension could be filed extending the time for compliance on standard #7. The deadline for compliance with other standards is April 14, 2003. Visit the HIPAA Web site www.cms.hhs.gov/hipaa/hipaa2 for additional information.

Leadership of Your Dental Team

Several years ago, I was privileged to participate in validation studies for a new instrument created and published in Minneapolis, Minn. by an organization specializing in the psychology of relationships, personal style, personality, individuality, etc. The survey is enlightening, describing various styles of leadership found in individuals. The logo for this particular instrument is a "V" of geese.

After I learned that geese rotate the leadership position at the apex of their "V," the logo took on additional meaning. Geese fly great distances by working synergistically, piercing the wind for the bird following, encouraging flight mates by honking and sharing the leadership position. As the lead goose tires, it falls back into the body of the "V" and another goose assumes leadership. A friend recently e-mailed me a message that emphasizes this team-shared leadership concept. Consider:

Fact: As geese flap their wings, they create a "lift" for the birds that follow. By flying in a "V" formation, the whole flock adds 71% greater flying range than if each bird flew alone.

Lesson: People who share a common direction and sense of community get where they are going quicker and easier when they lift each other up along the way.

Fact: If a goose falls out of formation, it feels the drag of flying alone. So it quickly moves back into formation to take advantage of the lifting power of the birds immediately in front of it.

Lesson: If we have as much sense as a goose, we will stay in formation with those headed where we want to go.

Fact: When the goose tires, it rotates back into formation and another goose flies to the point position.

Lesson: It pays to share leadership and take turns doing the hard work.

Fact: Geese flying in formation honk to encourage those up front to keep up the pace.

Lesson: It is important that our "honking" be encouraging. Otherwise, it is just honking.

Fact: When a goose gets sick, wounded, or shot down, two geese follow it down to help and protect it. They stay until it dies or is able to fly again.

Lesson: When one of us is down, it is up to the others to stand by us in our time of trouble.

If these concepts work well for feathered creatures, consider their possibilities for your dental team.

Effective Team Meetings

There are *five* types of staff meetings:

A **morning huddle** is useful to review charts, discuss particulars about certain patients in order to best care for each individual, plan patient flow, etc. This is also a good time to note if business staff should collect an overdue balance at check-in. The agenda can include a checklist for each department. The following example highlights the possible points for consideration during the morning huddle:

Operative

1. Number of sedations, on whom? Previous experience? Special needs?
2. Any medical alerts today? If so, prescriptions? Special needs?
3. Any medical alerts tomorrow? If so, prescriptions? Special needs?
4. Special needs or setups for today? Tomorrow?
5. Time for emergencies?

Hygiene

1. Number of hygiene appointments scheduled?
2. Number of new patients? Special needs?
3. Any medical alerts today? If so, prescriptions? Special needs?

4. Any medical alerts tomorrow? If so, prescriptions? Special needs?
5. Special needs or setups for today? Tomorrow?

Orthodontic

1. Bandings? Debandings? On whom? Time? Assistants involved?
2. Appliances? Retainers? Problems?
3. Impressions? On whom? For what?
4. Records? On whom?
5. Consults within next three days? With whom? Times? Work-ups done?
6. Appliances due tomorrow? For whom? Type? Are they ready? Problems?
7. Any unusual needs today?
8. Follow-ups from yesterday?

Activities Report

1. Yesterday's production and % of goal.
2. MTD production vs. MTD goal.
3. MTD new patient count.
4. Today's projected production.
5. Tomorrow's projected production.
6. Collection problems with individual patients today? Tomorrow?
7. Number of broken appointments yesterday? Number reappointed?
8. Concerns with schedule, today, tomorrow and through five days hence?

Business Desk

1. Any missing charts for today? Solution?
2. Any missing charts for tomorrow? Solution?
3. Information about today's new patients.

One-on-ones are meetings between two individuals that can be impromptu or planned in advance. In these sessions the doctor and one or two team members or doctors can communicate unhurriedly and productively. Performance appraisals are an example of productive one-on-ones.

A **general** meeting with the entire staff (including part-time employees) should be held minimally once a month.

An **area** meeting can also be scheduled once a month. Here business staff convenes, while clinical staff meet, each group discussing details of systems pertinent to their areas in order to improve efficiency and effectiveness. Decisions, analyses, results and news from area meetings should be shared during the monthly general meeting so that staff members in each work area are informed about activities and/or changes in the entire office. "Front" and "Back" are one team that must work together to best serve patients.

Annual or semi-annual planning retreats provide time to understand the vision the doctor has for the practice,

write and assess the group mission, evaluate work systems and results, and plan new goals.

Regular team meetings are a prerequisite for a practice committed to total quality. One general staff meeting per month is minimal. Each meeting should have an agenda to which all auxiliaries have contributed, including ideas determined during the workday. To facilitate collecting ideas, each auxiliary should carry a small notepad to jot down ideas, concerns, parent or patient comments on slips of paper. These can be deposited in a central location to be added to the agenda by the staff person writing the meeting outline. Ideally, copies of the agenda should be distributed prior to each meeting.

The privilege of leading a staff meeting should rotate among the dentist(s) and staff members alphabetically by last names in order to encourage participation from all auxiliaries. Presentation of "health reports" is another method of encouraging individual's participation. A staff member can present a three- to five-minute report on a health-related subject at the beginning of each meeting. The report presentation also can rotate alphabetically by staff last names. Another idea to encourage participation: every team member has a topic to report on or leads a discussion to update the group on activities in her/his work area, in other words, everyone must speak at every meeting.

Another excellent tool to keep staff abreast of changes in dentistry and improve communication among the group is a brief (5-10 minute) clinical "lesson" presented by the dentist at the end of each staff meeting. In this way, the entire team, even business staff, can be made aware of clinical updates, new methods, new materials, etc.

Do not forget to schedule a fun staff meeting occasionally. Invite resource speakers (makeup artist, motivational speaker, CPR instructor, color consultant, etc.) or plan a staff party during meeting time. "Fun" is a necessary ingredient for thriving dental practices.

To further enhance practice efficiency, business staff and clinical staff should meet separately at least once per month. During these area meetings, business and clinical details can be discussed. Improvements and methods of implementation can be decided. Information from each area can be shared at the monthly general meeting.

The planning retreat is one of the most important meetings for any dental group. Interpersonal exercises are sometimes used to strengthen communication and teamwork. Work systems, scheduling, production, collections, patient flow, OSHA, emergency procedures, inventory control, budgeting can be scrutinized, improvements planned and deadlines set for implementation. Practice goals for the next 6 to 12 months can be established.

Surveys – A Tool for Improved Communications with Staff and Patients

Keeping staff motivated and involved in the practice is a challenge for every dentist. Keeping patients active long-term is a challenge for dentist and staff. These challenges can be fun and rewarding personally, professionally and monetarily. Making staff and patients feel important and fully appreciated is critical in maintaining a successful practice.

To do this is, seek opinions through surveys and use the advice gained to improve all aspects of your practice. Doctors can perform informal staff surveys by asking, “How is it going?” “Can I do anything to help you do your job better?” or “Is there anything you would like to discuss with me?” Staff surveys may also be written or distributed prior to a monthly meeting or planning retreat during which comments and ideas submitted will be discussed. Patient surveys can best be done on written forms that patients can submit anonymously and given every couple of years.

Staff surveys can prove to be valuable tools to strengthen staff communications and involvement in the practice. Sample questions may include:

1. What do you enjoy most about working in our practice?
2. What do you enjoy least?
3. Is everything you feel competent to do delegated to you?
4. Do you feel you are asked to do anything you should not do? If so, what?
5. Are there things you would like to do, but are not allowed to do because of lack of training or experience? If so, what?
6. Do you have any suggestions to improve the working conditions and/or atmosphere of our practice? If so, what?
7. How would you rate communication among staff?
8. How would you rate communication between dentist and staff?
9. List ways communication within the office can be improved.
10. If you owned the practice entirely, name one or two changes you would make.

If your staff is just beginning to interact and communicate openly, these surveys may be completed anonymously. After several sessions of idea exchange and brainstorming, auxiliaries will become more comfortable and uninhibited with open discussions.

If the survey is completed before a staff meeting, the information should be categorized and used during the meeting to enumerate strengths and areas needing improve-

ment. Specific plans can then be made for capitalizing on strengths and overcoming weaknesses.

Another option is to distribute and complete the survey during a planning retreat. The opinions, when read aloud by the author or reviewed anonymously, should lead to a spontaneous, open discussion. Plans can be made during the retreat or scheduled for a future meeting. If heated discussions are generated by some of the questions or comments, they can serve to clear the air of unspoken tensions. Working problems together in an open and frank manner often produces a solution. Only when the staff perceives the worth of their ideas and contributions to the practice will they give the 100% effort necessary for a practice to meet its potential.

Parent surveys are equally as important as surveys for staff. Comments from a parent/patient survey can be real eye-openers. Questions for a parent survey could include:

1. Are your telephone calls to our office answered promptly?
2. Are your telephone calls answered courteously?
3. Do you frequently receive a busy signal when you call our office?
4. Are telephone calls requiring a return call from the dentist or one of the staff members returned as promised?
5. Are our hours of operation convenient for you and your family?
6. When you arrive for your appointment, are you always greeted immediately and courteously?
7. Do you find the parking lot, patient restroom and treatment rooms clean?
8. Do you have any suggestions for changes in our reception area?
9. Is your treatment clearly explained to you?
10. Were our fees and financial policies adequately explained to you before and during your appointment?
11. We appreciate referrals. Would you recommend us to other family members, friends and co-workers? If yes, we thank you. If no, please help us understand what we can do or change to encourage your referrals.
12. Please comment about any other aspect of our practice.

Add a comment to the end of the survey, “Our practice grows by your referrals. We are honored to have you refer your friends and family to us.” Parents often think that a busy practice could not possibly want or need another patient. The doctor and staff have an opportunity to change this perception by including the request for referrals on the parent survey.

Better patient service, fewer lost patients and better collections often result when patients feel free to make constructive suggestions. In addition, reception areas, patient

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restrooms and other areas of the office often receive badly needed attention after the practice receives candid answers from parent surveys.

Mini-surveys are completed as part of the health history update at each recare visit. This survey says, “We care all the time,” to parents and patients. It gives the doctor and staff the opportunity to respond to problem areas and thanks parents for positive comments. The mini-survey allows for constant feedback from parents and patients. Questions for the mini-survey may include:

1. Do you feel you and your child are treated well in our office?
2. What do you like most about the treatment your child receives in our office?
3. What suggestions do you have for improving your child’s care and our service in the future?

The mini-survey yields the greatest benefit when an auxiliary or the doctor takes time to respond to negative

comments, as well as the glowing ones. The positive feelings generated by letting parents and patients know they are important and that you and your staff want and appreciate their ideas, guarantees greater patient retention and increased referrals.

Likewise, letting staff know they are important, contributing members of the practice works like magic to stimulate cohesiveness and synergism. The more auxiliaries perceive they are needed, the more careful effort they give to their work.

Try this winning combination of surveys. You and your practice will certainly benefit.

Preview

In the February 2003 issue, we will visit Infant Oral Health, one of the unique aspects of the pediatric dental practice.

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