The quest for excellence – business as usual?

By Fiona Stuart-Wilson

Most people coming or running a practice like to think that they are providing excellence in their clinical care and justifiably proud of what they do. However in today’s increasingly competitive environment in which we deliver dentistry to an increasingly discerning and critical public it is happy to exercise its right of choice, clinical excellence and efficiency are no longer enough. For practice excellence to be a thread through all of the management and operational activities of the practice. It also has to involve the embracing of change. Excellence is not about maintaining the status quo and carrying on with business as usual. In today’s rapidly changing environment, doing that could mean that you are running your practice slowly into the ground.

Any quest for excellence needs a leader and as the owner or manager of the practice you are in the position to make changes and vital decisions that will have money towards excellence. In theory this sounds great but putting this practice can be more difficult. There are several practical steps you need to take, do, but it’s what you do that is important but also the way that you do it.

First you need to think about exactly what you are trying to achieve and develop a very clear image as to what the successful practice you are striving for actually looks like and feels like to work in. A surprisingly large number of practice owners do not give this great consideration. You could start by thinking about what ideally you would like patients to say about your practice if they were talking to other people about it. That done, you must then crystallise this picture into meaningful, measurable and realistic goals across the key business areas of your dental business.

Next you need to tell your staff and others who work with you what these goals are. You also need to be enthusiastic about them if you are expecting them to follow your lead and work at explaining your goals in a motivating and compelling way. It is important for your team to be really clear about what successful looks like for you. They will be delivering your ideas.

Now you can start to examine the systems and procedures you have in place to achieve your goals – not as the case may be. You may have had these systems for some time. They were designed to get you where you are now, and not necessarily to where you want to be, so they may need to be changed or updated. It does not mean they are wrong or inherently bad. It simply means that the world has moved on and we and our systems need to move with it. Take each aspect in turn. Ask yourself the following questions for example:

- The experience of your patients from the moment they contact the practice compared to your idea of what should be happening?
- Does the staff have the right skills?
- How effective is your marketing strategy at attracting the right patients for the practice you want to have?
- Are you investing in the right equipment and technology to attract those patients?
- Are you charging the right fees to allow you to reviv the examined systems you need to prepare and get on with your plan to make changes.

This is about demonstrating that you are leading the change. You have to demonstrate integrity, enthusiasm and commitment in order for your staff to trust you enough to help you achieve your aims. Things may of course go wrong but you need to learn from the mistakes we make. However, your commitment, enthusiasm and leadership will communicate itself to your team and encourage them to achieve and overcome obstacles that arise and bring your vision to life.

This does not of course mean you should be doing everything yourself. You should encourage others, help them be creative in their thinking as a team and individually about how things can be done. Above all as a good leader you will be a role model, and demonstrate in yourself the characteristics that you want your staff to display. So if you want your team to be committed, motivated and passionate about what they do, you need to be just as committed, motivated and passionate. Good leaders also notice contributions, and make time to ensure everyone feels appreciated and included in the quest for excellence.

All of this involves hard work. It almost certainly involves stepping out of our comfort zone. Real excellence means that we ourselves must also be willing to change and see and do things differently. Thinking of new, better, different, more efficient, more effective ways of doing things that are already working is part of that commitment to excellence just as much as rectifying things that are going well less.

For many years people in the profession talked about the management ‘side’ of dentistry. Some still do. Yet the truth is there is no management ‘side’. Good management is a vital part of the platform underpinning the delivery of great clinical dentistry and the less time that you spend thinking about that view that are in the forefront of the quest for excellence.

What topics do you wish to share with our readers?

A successful dental business requires well thought out and integrated management activities as seen below. An effective Practice Manager looks after 4 essential management activities such as Operations, People Management, Business and Finance Management to aid the clinic in achieving its objectives. The Clinical Management area is co-ordinated by the principal dentist / practice owner.

We have to focus on:
- Leading your practice to excellence.
- The role of the Treatment Coordinator: Enhanced patient journey - increased treatment acceptance.
- The risky business of dentistry
- Art of persuasion - How to get to a YES
- Managing Performance in your Clinic
- Giving your Practice a Competitive Edge

Enjoy reading.

About the Author

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Appointments & no shows

By Dr. Elah Heikal

How many of your female patients would miss their appointment with you? The answer is, “not many”.

Do you know that women in USA generally spend about $100 to $130 on their hair appointments and they do this every day for 6 to 7 weeks? That’s at least $1200 per year on their hair! And it’s all out of pocket, without the necessity of being confirmed or re-confirmed. They arrive on their own terms, with no feeling for needing to check with their husbands to see if it’s okay. (Do you have salon clients who will get in the amount spent in our area)?

Perhaps you’ve even had a patient who asked for appointment with you so they could make their hair appointment? So why is it that hairdressers have a much easier time than dentists? The reason is they have a desire and want for the salon service.

This is what you need to create with the patients in your practice. You need to educate the patient on hygiene care, on preventive dentistry; and create desire, want and value for the service.

Getting tough is not enough. You’ve got to discover—and try to eliminate—the reasons why patients skip appointments.

For many practices, missed appointments are like a perpetual flu—always keeping them under the weather.

Sure, some no-shows are inevitable, and if only 4% of your appointments are broken (an accepted average) you’re not suffering much. But it’s unusual for practices to experience skip rates of 10, 20, or 50%. That’s on top of cancelled appointments.

You can fill some empty slots with walk-in and same-day appointments, but probably not all of them, and such substitutes usually won’t generate as much revenue as regular visits. We have studied how these factors into account and estimated that no-shows deprived clinics of 14% of anticipated revenue.

No-shows isn’t just a money sapper. It wastes the time of staffers who prepare for appointments, deprives patients of needed care, and exposes you to a malpractice risk if an untreated condition worsens. Some doctors have taken the draconian step of charging for missed appointment
implement a reminder system that works for you. If you schedule any appointments in advance, your no-show strategy should include patient reminders. Some practices favor a hybrid system that gives you the personal touch of coloring in the chart, but offers the convenience of online scheduling. One sound approach is to designate a reliable employee who is well versed in computer skills. In early morning, consider adding an extra dentist, hygienist, or assistant to help out — especially when you’re busy or at work. Then they generally spend less time and energy being on the phone. However, after two days of applying this policy, they achieved their primary goal, reducing the no-show rate from roughly 35 percent to 15 percent. Practices are serious about no-shows, although they give patients the benefit of the doubt about their first missed appointment. But the penalty has definitely raised patients’ awareness about their responsibilities. Discharging no-show patients While no-show charges remain controversial, virtually everyone agrees that practices are entitled to drop patients who repeatedly blow off appointments. One sound approach is to dismiss a patient after three no-shows within a given period, say, six months. Record the first no-show in the chart and send a letter or email asking him to reschedule. A second violation triggers a second, stronger letter. After the third skip, the decision to terminate should fall to the doctor—not to the office manager. You may want to contact the patient to ferret out any extenuating circumstances that would warrant leniency. The best policy, however, is preventing no-shows in the first place. Face it—nobody really likes going to the doctor. By helping patients overcome barriers to keeping appointments, you’ll spend less time and energy being a medical truant officer. 

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