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Practice Management Articles



Hygiene Exam Management: Critical System for Success

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The dental hygiene department directly impacts patient loyalty and retention, periodontal disease management, re visiting outstanding dentistry, treatment planning of new dentistry and increasing case acceptance.

Every practice differs in vision, personality, emphasis, and demographics, all have common negative “stressors” that prevent or block optimal performance. A common “stressor” that drives chaos if not properly managed, is hygiene exams. The need to juggle a full day of restorative procedures with speed and skill while having multiple inter-ruptions to “get up” and leave their restorative patient to check a hygiene patient can be disruptive if not handled accordingly.

The chaos of a poorly managed hygiene exam system not only impacts the dentist but has impact on the entire team. For the dental hygienist, the chaos is the “wait time” for DDS exams that cause them to run behind when another patient is waiting in reception.

If hygiene exam management is not a problem for you then you are one of the lucky ones. However, if you find the process frustrating then it is time to problem solve as a team by reviewing a day sheet of a hectic day in hygiene exams and read across the schedule to assess how many places one DDS was expected to be in the same place at the same time each hour.

Daily Preparation: RDH reviews their charts prior to the day and alerts the team at morning huddle who does or doesn't need an exam for the assistant to help the DDS to prepare in the morning as opposed to winging it on the fly.

Stagger the start times of the hygiene/restorative appointments. Begin the hygiene department 10-15 minutes (one unit) later or earlier than the restorative department at the beginning of the day. This may prevent all appointments ending at same time and all needing the DDS in the same time frame. This will also prevent a long line of patients waiting at the 3-5 minute check out station.

Create a level of Urgency system for hygiene exams. Develop a respectful non-intru-sive way to alerting the restorative department when ready for an exam based on level of urgency. Level 1 —

Green means ready anytime, Level 2 — Yellow means need you soon and Level 3 — Red means we are past the end of appointment time and need you NOW.

Agree that the Periodontal Maintenance patients who honor their 3/4 month intervals only need an exam twice a year. Work together to agree and be comfortable that providing there are no new dental conditions and the oral health is maintained, checking the patient 3-4 times a year is not necessary.

Procedures for the hygienist which prevents fatigue and burn out while scheduling day where not every hygiene patient needs an exam.

Don't wait until the END of the appointment to call the DDS. The RDH collects all assessment data (medical history, cancer screen, perio charting, patient concerns, x-rays, photos, cavity check) in the first half of the appointment. Then communicate with the dentist and assistant that you are ready and can accept the DDS to pop in at any time during the remainder of appointment.

The RDH NEVER leaves the DDS alone to check the patient to guess what occurred during the appointment. The hygienist may feel tempted to leave the room to begin preparing their instruments for the next patient. If the dentist goes it alone, it takes more time to figure out what occurred in the appointment which causes the need to RE-QUESTION.

Patients get irritated being asked the same questions they've already answered with the RDH and the duplication makes them think there is a lack of shared communication between professionals.

Cruise Hygiene. When DDS gets up to check one RDH, check them all at same time before returning to Restorative patient. Especially with more than one RDH

Complex treatment plans are rescheduled. If the treatment plan is simple and involves one tooth or quadrant treatment, ask if the patient has any further questions and the DDS can exit the room for the hygienist to transfer them to the financial/treatment coordinator to explain insurance and financial arrangements.

When the patient needs more than a cursory hygiene exam due to complex needs or massive changes to oral health, reschedule them to come back for a comprehensive exam or separate consult to give the DDS time to work up the treatment plan.

The RDH prompts the Dr. out loud, using a systematic format of the data. Prompting the Dr. is a concrete, routine way for a hygienist and a dentist to communicate clearly and out loud in front of the patient, involving them in the results of their exam. It allows the dentist to maintain uniqueness of diagnosis and treatment plans while receiving patient information in the same way and order every time.

The result is an establishment of a succinct dialogue between two dental professionals which naturally causes the patient to be more secure in regard to the treatment they are receiving and demonstrates a high level of trust between both providers. The acronym to remember how to prompt is PMSHARD.

Personal information. State the patient's correct name so the DDS knows who is in the chair and they can use their name as part of their communication. Share something personal about their family, occupation or what they do for recreation. This eases the approach and builds immediate connection between the dentist and patient.

e.g. Dr., Mrs. Smith just returned from a two-week vacation in Mexico.

Medical history review. Provide a general medical health statement that encompasses a review of the patient overall wellness and medical concerns. Areas to cover may include information such as medications, systemic diseases, risk factors or hospitalization.

e.g. Mrs. Smith has developed early onset diabetes and is currently managing with diet. No other changes noted today.

Soft tissue/hygiene status. Communicate a hygiene conclusion of health, disease or maintenance status. If the patient has active disease, state the case type by name, Gingivitis, Early, Moderate or Advanced periodontal disease. Be sure to emphasize the patient's recommended interval of hygiene visits to reinforce the importance of their next visit. (Practices that have not instituted a structured periodontal disease management program will struggle with this technique)

e.g. "Mrs. Smith's periodontal examination indicates she has signs of Early Periodontal Disease. I have recommended upon your confirmation that she return for half-mouth gum therapy. This would involve three one hour visits with the first two being 7-10 days apart and the third 4-6 weeks later to assess her healing. (Re-evaluation)."

Hard tissue / restorative conditions. This is most effective when the dentist begins in the same quadrant each time and follows a sequence. If the beginning point is the upper right, review each quadrant with speaking out loud anything suspicious that the dentist needs to check, see or evaluate. Examples of these conditions may be large fillings, discolored margins, fractures, crowding, missing teeth etc...

Once the dentist has assessed this area and told the hygienist what to document, they are then guided through other areas of the patient's mouth. Try to keep things moving as quickly, but efficiently as possible while writing in the chart what was diagnosed.

"Dr. beginning in the upper right quadrant, could you please assess the missing tooth? Dr. moving along to the upper front teeth, Mrs. Smith doesn't like the color of teeth and was asking me about whitening."

Ask the DDS is there is anything else to document before bringing the exam to closure. "Dr., is there anything else you would like me to note for Mrs. Smith."

Radiographs for next visit.

"Dr what photos or Radiographs would you like to have next visit."

Dismiss the doctor to help the dentist exit the room gracefully and allow them to return back to their restorative patient.

"Thank you Dr. Jones," and give them a window to get up, say good bye and move on.

**It is important for the hygienist to never say out loud in front of a patient that they didn't see or find anything; this makes it uncomfortable for the dentist if they see some-thing to be addressed and discredits the RDH.

"Dr., please assess the upper left."

**The patient may request to know what the treatment options are, before you are finished and interrupt your exam process. This is a risky trap to fall into, so the best approach here is tell the patient that once the diagnostics have been reviewed in completion, you will discuss the treatment solutions or options.

If everything goes according to plan, not only will the patient be impressed by the smooth transfer, they have heard about their oral health more than once. They will see you as a cohesive dental team and develop a trust that will encourage them to be more open to treatment solutions.

Managing the time spent in a hygiene exam, checking patients at the convenience in the schedule by sequencing the first half of appointment and identifying suspicious restorative conditions will reduce negative stress caused by disorganized exam sequence.

As long as you're covering all of the ground that you need to during the exam by keeping the dentist active, removing professional jargon to keep the patients involved, then you will definitely be on the right track to a smooth flowing hygiene exam.

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