EP.18 Who owns the Recare System?

This is a question we get asked a lot! The hygiene schedule falls apart, but no one is putting any effort into filling it during that downtime. One of the benchmarks of a profitable Hygiene department is 5% or less downtime. Many offices we are in has a much higher percentage than this!

We offer a number of tips for helping to keep the schedule full-- it's a multi-faceted issue and there is no magic wand, but if everyone is working towards this common goal, you can certainly make headway to address this problem.

First, the entire team has to recognize that this problem, whether it be openings in hygiene or on the doctor's side effects everyone. Patients in hygiene go into the doctor's chair. Emergencies should also be directed into the Hygiene chair. Does the team know the office goals and do they have individual goals? If not, this should be the first thing to be addressed.

Next, does the team know what is expected of them in "down time?" Everyone tends to "stay busy" when patients don't show-- stocking rooms, putting in notes, etc., but no one tends to race to the phones to call past due patients - hygienists and assistants included. If there is a direct expectation of the team of what to do during downtime and why it's important, then they will know that "I didn't have time" will not be a justifiable excuse. Make the expectation known.

What about accountability? I recommend that what was done during downtime be tracked. Here is what each person with downtime should track, and then turn into a team-leader at a designated time:

1. What time was available? One hour between 10:00 and 11:00.
2. How many calls were made during that time? 15 calls were made.
3. How many actual patients were reached and spoken to? Reached 8 patients in person.
4. How many appointments were scheduled? 5 appointments.

Tracking creates accountability but also allows you to see a trend over time as to when the best times to reach patients might be.

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PODCAST NOTES

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All that said, ideally there should be someone at the front desk who actually "owns" the re-care process. We teach the "owner" to create the process, and recommend that the system is worked intentionally and uninterrupted over several hours each week. Then, that person can train and then delegate to the team when the time is available to contact patients in whatever way is needed. This owner should also be tracking the hygiene downtime and have a goal of less than 5% in this area.

So regarding "ownership" of the recare process: one person needs to own it, but the entire team should recognize the value and importance of putting the time and effort into this. All should understand that they are accountable for working on this-- tell them directly what is expected of them, then trust but verify (through the tracking process) that it is being done.

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