

Scheduling Policy

No matter what position you hold within this organization, the daily schedule of patients affects you and your position. A good schedule can make everyone's day smooth and keep our production on task. A poor schedule can cause unnecessary stress, and keep the office from achieving our individual and team goals. Therefore, it is very important that each and every team member understand and abide by the scheduling policy. The scheduler is ultimately responsible for the daily production of the Doctors and of the Hygiene Department. Another can help but one must be responsible. No one else touches the appointment book to include the doctor, unless directed by the person responsible.

- The initials of whomever schedules the appointment needs to be put into the appointment block, located in the staff field in the appointment screen
- Not the doctor or hygienist ever tells the patient a specific date or time they need to be seen unless they know that the time is available and it follows all scheduling policies.
- If the doctor or hygienist approves an appointment not following this policy, then put a note in the note field stating that.
- Doctor and hygienist should never do more work than is scheduled unless a previously scheduled patient will not have to wait. Also, the case must be "sold" with payment collected.
- Today is the most important day in the appointment book. Tomorrow is the next most important day in the appointment book.
- Have one assistant for each treatment room and they will maintain full responsible for production of that room.
- The doctor should not do any procedure that can be delegated. Such as writing in charts, taking x-rays, making temps, or writing prescriptions.
- Emergency patients are seen the same day they call in and emergency times for patients to be seen should be worked out in the huddle in the morning so the scheduler knows where they can be put.
- The scheduler needs to determine if this is truly an emergency or not, prior to giving them the emergency spot. Especially if the emergency spot may push back the rest of the schedule or is being squeezed in. If the emergency is not a "true" emergency, then look for a better time in the next day or two to fit them in.
- No secondary or tertiary procedure into primary block area until 70% of goal is scheduled or after noon the day before.
- Once the x-rays are taken and initial review of findings is completed, the hygienist is 100% interruptible. When the doctor comes into the operatory, they will drop what they are doing and begin the transfer of data.
- The doctor and staff are not to take personal calls or check cell phones, social media or text messages during productive time.

- All patients are to be scheduled for their next visit before they leave.
- There is no “Cancellation Policy”. If they make an appointment they are expected to be there. Do not imply that you expect them to cancel by having a “Cancellation Policy”.
- If a patient cancels or wants to reschedule a primary or secondary appointment within a 48-hour period of the scheduled appointment, they cannot be rescheduled without speaking to the office manager.
- The patient is explained the rules of the office and a verbal agreement is made, with the understanding of needing a minimum of 48 hour notice, with notes made in chart.
- If a patient is late for their appointment, the chair side assistant or hygienist notifies the scheduler, and the scheduler decides who is best suited to call at that time. If the patient is running late, the clinician notifies the scheduler to fix the schedule accordingly. If the patient cancels, they do not reschedule and must be turned over to the office manager.
- If any clinician is running behind schedule by 20 minutes or more, someone has to be moved out of the schedule. If the next patient is there, ask them if they would like to wait or reschedule.
- Fill cancellations with an equal or greater dollar value.