HIGH PERFORMANCE HYGIENE

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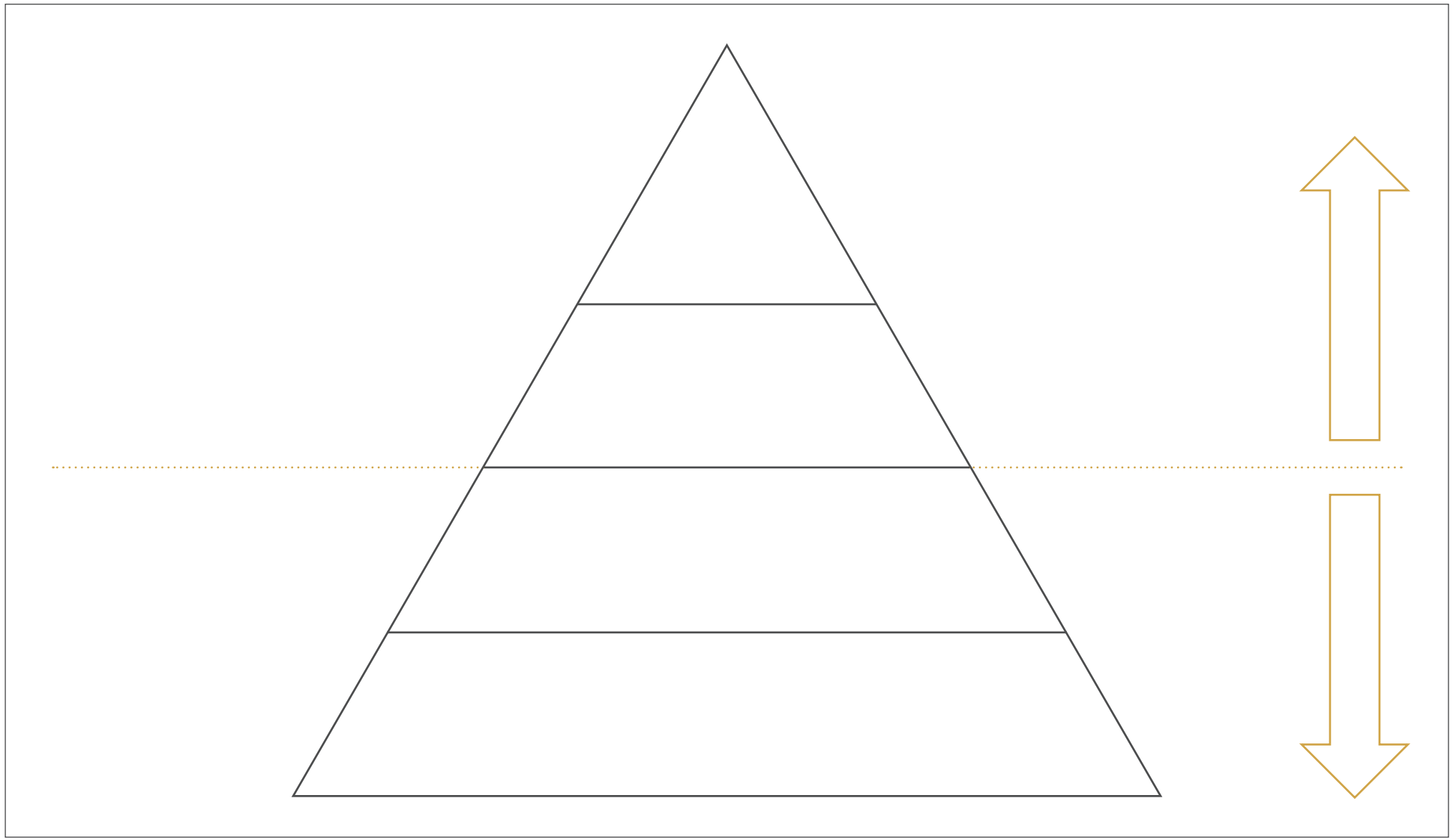
INSIGHTS AND ACTIONS

MODULE	INSIGHTS / TAKEAWAYS	ACTIONS
Deliver Efficiently		
Communicate with Intent		
Build Value		
Convert Cases		
Level Up		

HYGIENE SUPERSTARS



A TEAM OF ‘A’ PLAYERS

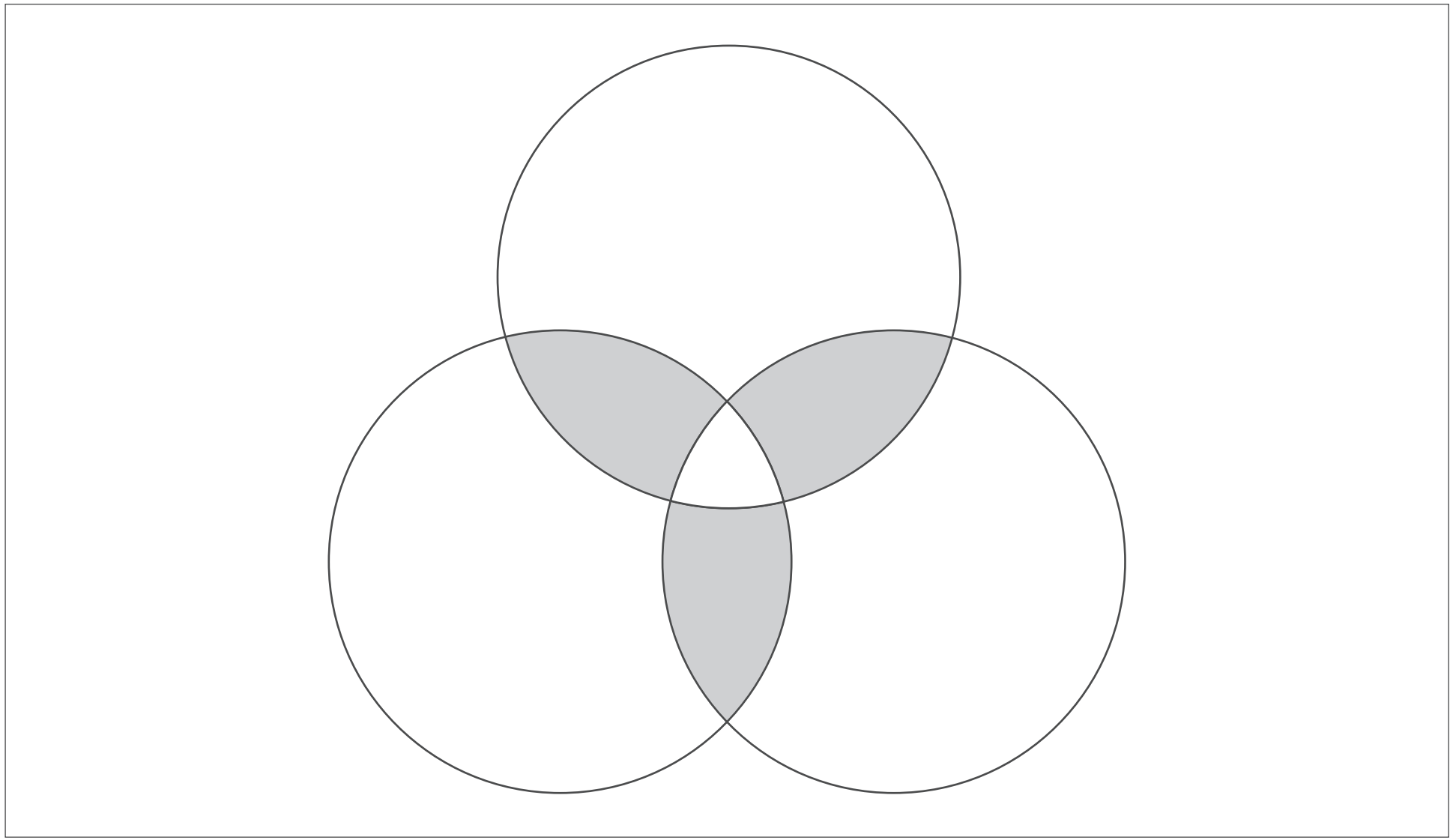
IN THE OWNER'S SHOES

	PRO ✓	CON ✗
DENTIST		
THERAPIST		

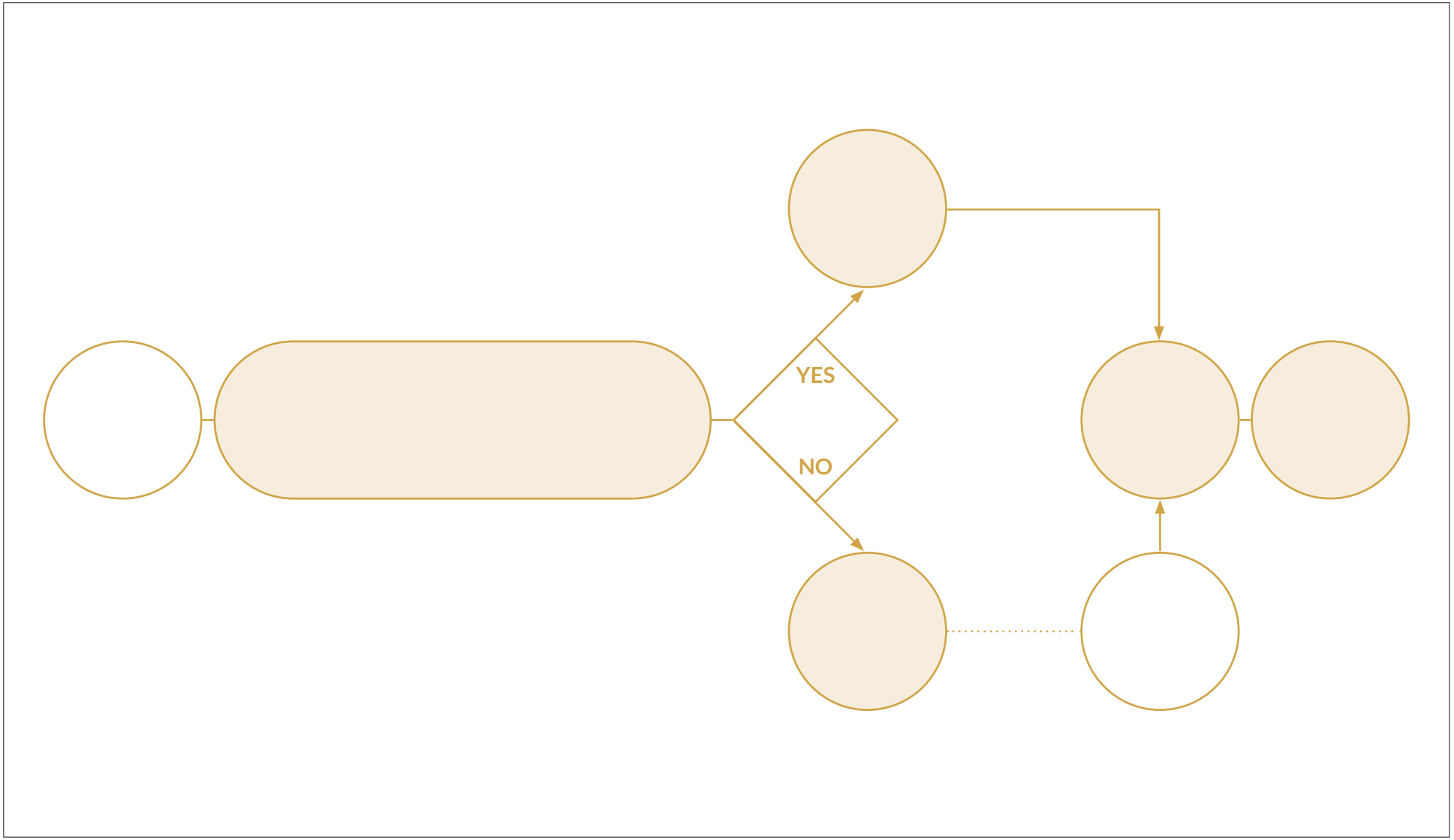
THE OWNER'S QUESTIONS

1. Is the patient receiving the best possible care?
2. Is what I'm handing off being delivered well?
3. Are all opportunities for ideal care being identified and offered?
4. Are my patients being retained?
5. Do I have more time?
6. **Am I doing more work I enjoy?**
7. **Are we making more money?**

THE BIG OUTCOME



THE COMPLETE PROCESS



NOTES

MODULE 1

DELIVER EFFICIENTLY

SAMPLE WORKFLOW

BEFORE	DURING	AFTER
☐ Medical history checked and updated as required ☐ Social history discussed and updated discretely in notes ☐ Radiographs checked and updated if older than 2 years ☐ Photographs of heavily restored teeth – photos shown to patient ☐ Identified any areas of concern ☐ Teeth scaled and prophied but not fluoridated	☐ To be provided with an overview of how the patient is going – social history update, medical history, OH overview ☐ To be informed of any areas of concern – cracks in teeth, heavily restored teeth, wear, occlusal issues, deep pockets etc ☐ To know of any recommendations made (so I can support the hygienist) The hygienist (or DA) to write my notes so that by the end of the appointment, my notes are complete and next steps clearly written	☐ Ask if the patient has any questions ☐ Build value for the treatment that has been recommended ☐ Escort the patient to reception to have the appointment booked and repeat building value as a third party listening exercise ☐ Say goodbye to the patient and edify the receptionist / front desk person

HUDDLE PREPARATION FORM - DENTAL HYGIENIST / THERAPIST

HYGIENIST / THERAPIST

YESTERDAY'S SCHEDULE

- ☐ Our one Big Win was:
- ☐ Number follow-up calls completed:
- ☐ One thing we could improve is (what & how):

TODAY'S SCHEDULE

- ☐ Problem areas?
- ☐ When can dentist check hygiene patients? (Based on Dentist's schedule, not Hygienist's)
- ☐ Relevant clinical information (e.g. regarding emergencies)
- ☐ Significant past dental history
- ☐ Who needs a new medical history?
- ☐ ID patients needing follow up calls
- ☐ When can emergencies be seen today?
- ☐ Where are the opportunities to catch-up if required?
- ☐ Personal information about the patient that can be used to greet and engage the patient

PROMOTING RESTORATIVE TREATMENT

- ☐ Generate at least 2 patient names to fill the next production pre-block.
- ☐ Which patients seen today require restorative treatment? Think how you will promote treatment in conjunction with the Dentist's diagnosis to encourage the patient to schedule an appointment.
- ☐ If patient is not scheduled for a dentist check, do you need to have the dentist do a quick diagnosis anyway? When should this occur?

LAB WORK

- ☐ Lab work due today (has it arrived):
- ☐ Outgoing today is (booked and form complete):
- ☐ Internal lab materials available (eg. Cerec blocks):

MARKETING

- ☐ Results from yesterday's referrals are:
- ☐ Today we are asking these people for referrals or reviews:
- ☐ Our one 'patient delight' focus for today is:

TIME SAVERS

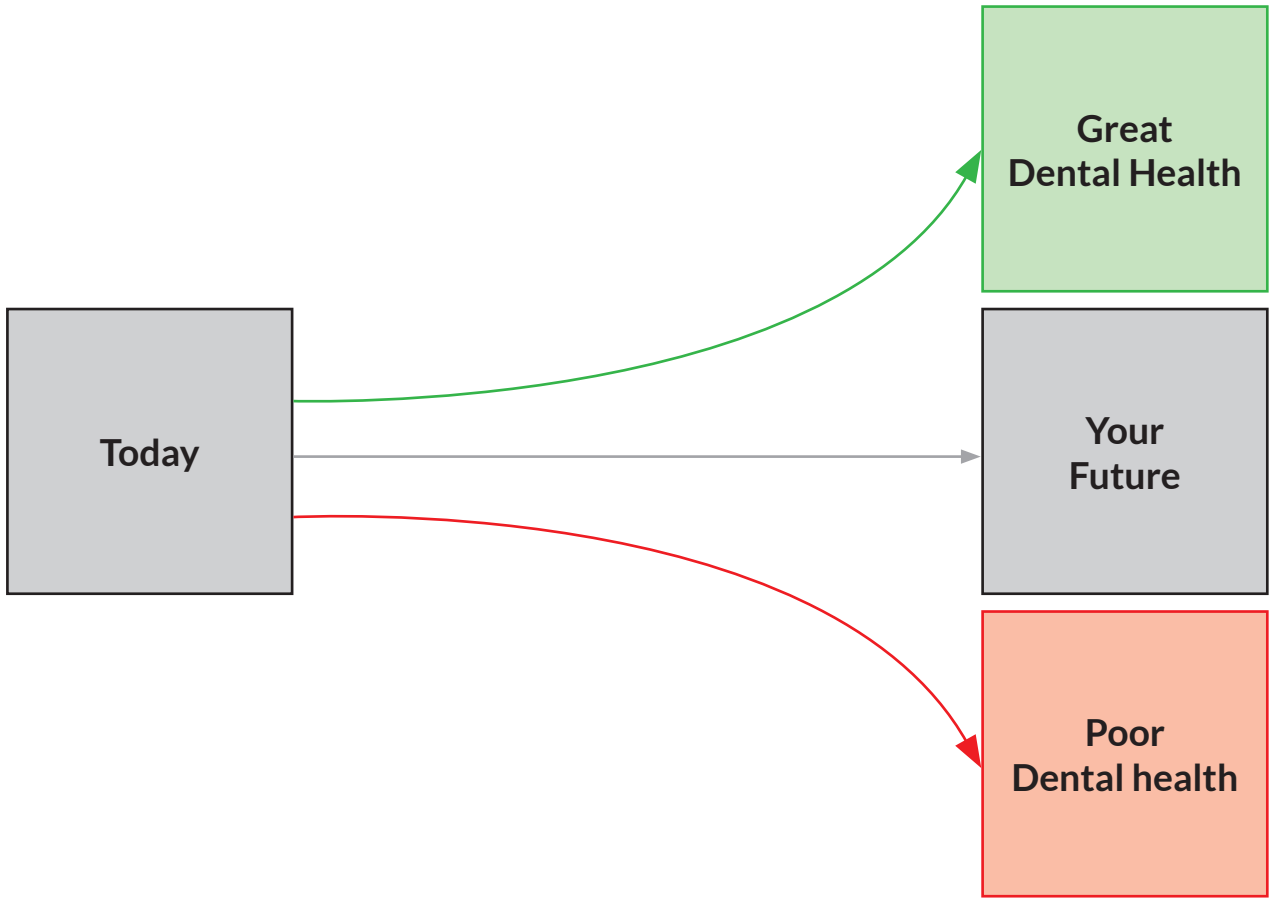
TACTIC	DO WE DO THIS (Y/N)	ACTION
Batch room prep at the start of the day		
Batch instrument use		
Batch treatment (get more done in each appointment)		
If assisted: handover room turnaround + meet and greet		
Rubber dam for isolation		
Cancellation management plan		
Four-handed dentistry		
Put your talkers (patients) at the end of the day		
Waiting for the dentist • structure appointment booking • identify crunch points in the huddle • could therapist do the check-up		

NOTES

MODULE 2

COMMUNICATE WITH INTENT

CARE PLAN, NOT JUST TREATMENT



When we see a new patient, we see that they are on one of 2 paths.

The green line to great dental health, or the red line to poor dental health.

Our focus is ensuring that you get on the green line and making sure you stay there.

Staying on the green line takes combination of a few things

We want to:

1. Look at the things you came in for today
2. Address the underlying reason those things occur
3. Put in place the appropriate preventative measures so they don't reoccur
4. Have a chat about care from a cosmetic point of view, because ultimately we want to help you feel great about your smile.

FIRESIDE CHAT

1. GREET

Hello Mrs Jones, I am Jesse Green. Welcome to our practice.

Today we are going to be spending an hour together and before I examine you clinically, I thought it would be good to have a conversation with you to find out a little bit more about you and your past dental experiences. Is that ok with you?

2. ENROL

Before we get into that, I just want to mention that our goal is to make you feel as comfortable as possible.

It's important that you let me know how you are feeling throughout the process so I can be sure I am meeting your needs. If there is anything we can do to make your experience more comfortable, please do let me know

3. QUESTIONS TO EXPLORE

- Chief complaint
- Dental history & past experience
- Dental philosophy
- Perception of current dental health
- Patient goals
- Current home care regime

(see over page)

4. PRE-FRAME

Separate consultation

Mrs Jones, as always, we will try to get through everything today. However, depending on the complexity of your needs / if things in your mouth have changed, I may need to spend some time with Dr Green reviewing the information we gather today so I can give you the best options for you to consider as we move forward. If that occurs, I may need to schedule a follow up consultation with you. Of course there will be no extra charge for that. Is that ok with you?

5. SUMMARISE

So to make sure we are on the same page, what's important to you is . . .
(reflect back significant answers to questions)

6. SEGUE

Ok Mrs Jones, before I look at your teeth I just want to look at your medical history to make sure I have all the information so I can treat you safely.

QUESTIONS TO EXPLORE

A. CHIEF COMPLAINT

"I believe you have a ..... "

"Susie, our receptionist, indicated you have a ..... "

"How can I help you today?"

B. DENTAL HISTORY AND PAST EXPERIENCES

"Can you tell me about your previous dental experiences?"

"As you Look back on those experiences, is there anything that makes you think "that made life easier" or"/ didn't enjoy that"?"

"How do you feel about being at the dentist today?"

C. DENTAL PHILOSOPHY

"So, from your perspective what's the most important thing about receiving regular dental care?"

"Our goal/ philosophy is ..... (red line/green line)"

D. PERCEPTION OF CURRENT DENTAL HEALTH

"How do you feel about your oral health at the moment? On a scale of 1-10 how would you rate it?"

"What factors do you think are responsible for that score?"

"Can you tell me more about that?"

If they have a denture:

"How long have you had it?"

"How comfortable is your denture?"

"On a scale of 1-10 how would you rate your ability to chew?"

"Do you have to be mindful of what you order at restaurants?"

"Do you get food caught?"

"Does it affect your speech in any way?"

"How do you feel about its appearance?"

E. PATIENT GOALS

"Using the same 1-10 scale, how healthy would you like your mouth to be?"

"What does that look like for you?"

"If you had a magic wand and could change anything about your mouth, would you?"

"What would that be?"

"What are your long term goals for your dental health?"

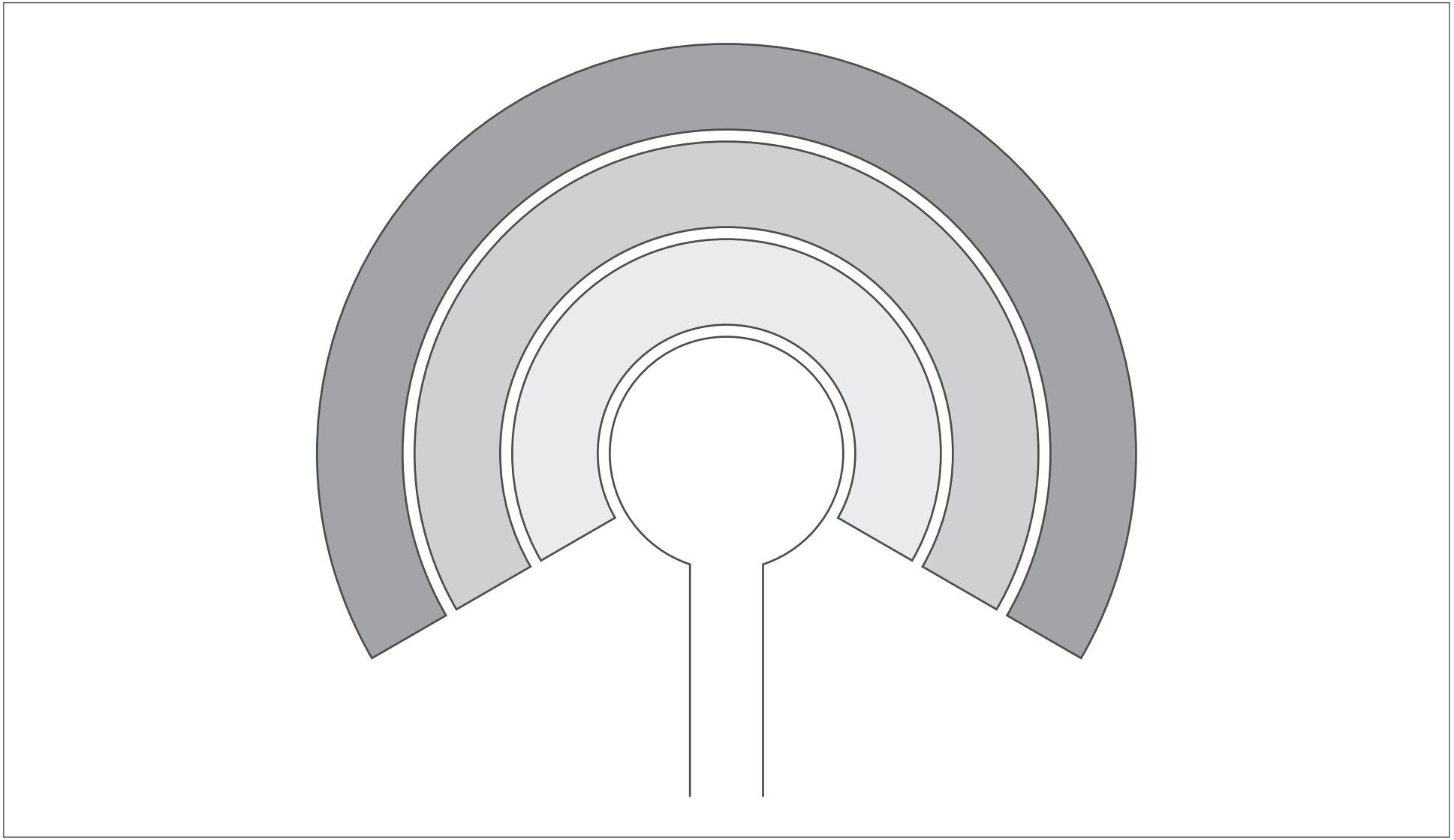
F. CURRENT HOME CARE REGIME

"Can you tell me about your home care routine please?"

YOUR FIRESIDE CHAT

FRAMEWORK	QUESTIONS TO EXPLORE	
1. GREET	• Chief complaint	• Perception of current dental health
2. ENROL		
3. QUESTIONS TO EXPLORE	• Dental history & past experience	• Patient goals
4. PRE-FRAME		
5. SUMMARISE	• Dental philosophy	• Current home care regime
6. SEGUE		

A COMPELLING REASON TO RETURN



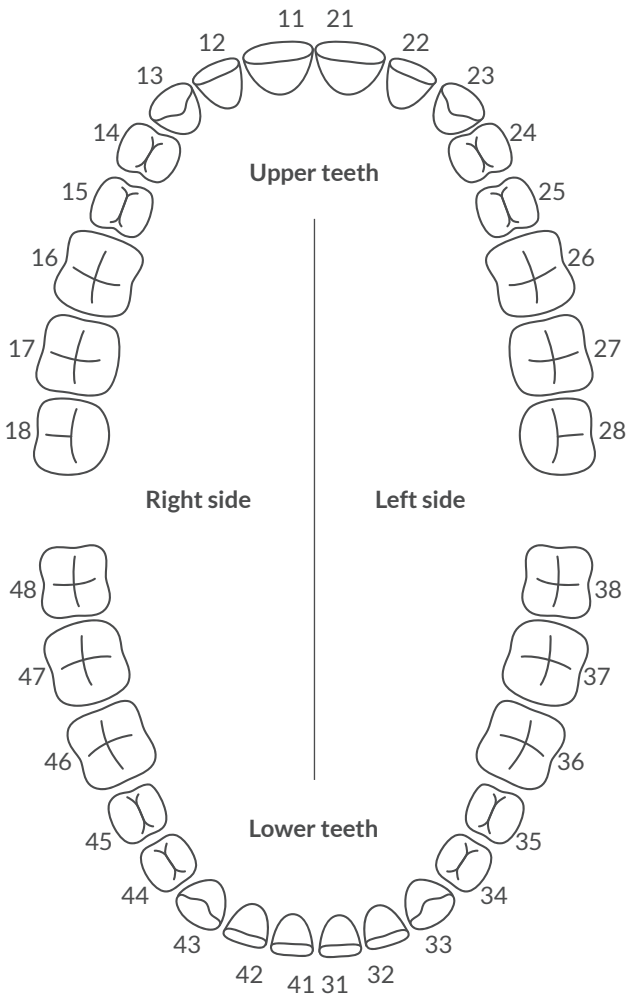
A COMPELLING REASON TO RETURN

FRAMEWORK	SAMPLE 1	SAMPLE 2	SAMPLE 3
Problem	Crack on lower molar	Gum pockets (Gingival pockets)	Tooth decay (Caries)
Consequence	Propagate		
Implication	Nerve problem Tooth break		
Seed concern & potential treatment	Because if it has, we will want to jump on it before it becomes an issue.		

A COMPELLING REASON TO RETURN

FRAMEWORK	SAMPLE 1	SAMPLE 2	SAMPLE 3
Problem	Tooth wear	Tooth movement	Shadow on the x-ray (Periapical lesion)
Consequence			
Implication			
Seed concern & potential treatment			

CONTINUING CARE SLIPS



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MODULE 3

BUILD VALUE

BUILD VALUE

TREATMENT ROOM			RECEPTION
START	**MIDWAY**	**END**	**HANDOVER**
Hey Josh *Great we are getting this done today.* *Clearly this cavity is not going to get smaller. I'm relieved we are getting onto it now.*	*Really am glad we got started on this. The cavity is bigger than I anticipated, and if we had waited any longer it almost certainly could have caused something more nasty.*	*I'm happy to report that the filling has gone smoothly.* *As I mentioned earlier, it was bigger than expected so I'm glad we got onto it because if we left it, it would almost certainly have given you a lot of grief.* *The issue this presents is that the outstanding filing on the left hand side might also be bigger than expected, so now I want to make sure we don't delay and we get onto it as quickly as possible.* *The last thing you need is a toothache or root canal therapy.*	(See worksheet: Patient Handover)

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PATIENT HANDOVER

1 PASSING MEMBER TO RECEIVING MEMBER	**CELEBRATE PATIENT** *Bob has done really well today. We covered a lot of territory* *The filling today was bigger than expected and I'm glad we got it done, because had we left it, it almost certainly would have given Bob problems*	**COMPELLING REASON** *My worry is that . . .* • problem • consequence • implication • seed concern	**NEXT STEPS** *Our next step is to book an appointment.* *Mary, can you please find a time for Bob in Feb that works.* *It's really important that we see him at that time and that it doesn't slide.*
2 PASSING MEMBER TO PATIENT	**COMPELLING REASON** *Bob, given today's filling was bigger than expected* • problem • consequence • implication • seed concern	**NEXT STEPS** *So let's get that appointment booked in ASAP. We just don't want a drama.* OR *Let's get that appointment booked in today and that way its locked and loaded. Its important this doesn't slip.*	**EDIFY & EXIT** *Mary is an expert at finding a time that will sync well with your diary and ours.* *Is there anything you need from me before I leave you with Mary?*

NOTES

PATIENT TRANSFER: RECEIVE THE BATON

SOCIAL	**INTRODUCTION** *Nice to finally meet you. I've heard a lot about you.* *It's good to have a face to put to the name.*	**ALIGNMENT** *Your name came up in conversation the other day and Dr. Green mentioned . . .* (something interesting about them OR an interest of theirs)	**LEVERAGE RELATIONSHIP** *He's bound to be curious when I see him next, tell me . . .*
CLINICAL	**CHECK IN** **BEFORE STARTING** *Last time you were in you mentioned 'x' to Dr. Green. How's it going?* (OR) **DURING EXAM** *You will probably recall that Dr. Green was keeping an eye on 'x'. Now I know why he was keeping an eye on that.*	**COMPELLING REASON** *You'll probably recall . . .* • problem • consequence • implication • seed concern	**RESULT** **IF GOOD NEWS** *The good news is that it's stable. We still need to keep a close eye on it because I don't want that situation to change.* **IF BAD NEWS** *The bad news is that the situation has changed and we need to act.*

PATIENT TRANSFER: PASS THE BATON

COMPELLING REASON	ESTABLISH REASON TO HANDOVER	INTRODUCE & EDIFY ASSOCIATE
Bob, • problem • consequence • implication • seed concern	*Bob, this treatment is important and it can't wait.* *The challenge that we face is that next available appointment is . . .* (outside the desired time frame)	*My strong desire is that this is treated in a timely manner. For that reason, I'd love to introduce you to my associate Dr. Peters. She is an expert at this particular type of treatment.* *In fact Dr. Peters is my dentist.* OR *Dr. Peters has done this type of treatment for many of our patients.*
TEST FOR ACCEPTANCE	**REMOVE RISK / OBJECTIONS**	**REITERATE COMPELLING REASON**
How does that sound to you? OR *Are you ok with that?*	*If I have a change of schedule prior to that time, I'm more than happy to do that treatment myself.*	*I just don't want to leave this because of* • problem • consequence • implication • seed concern

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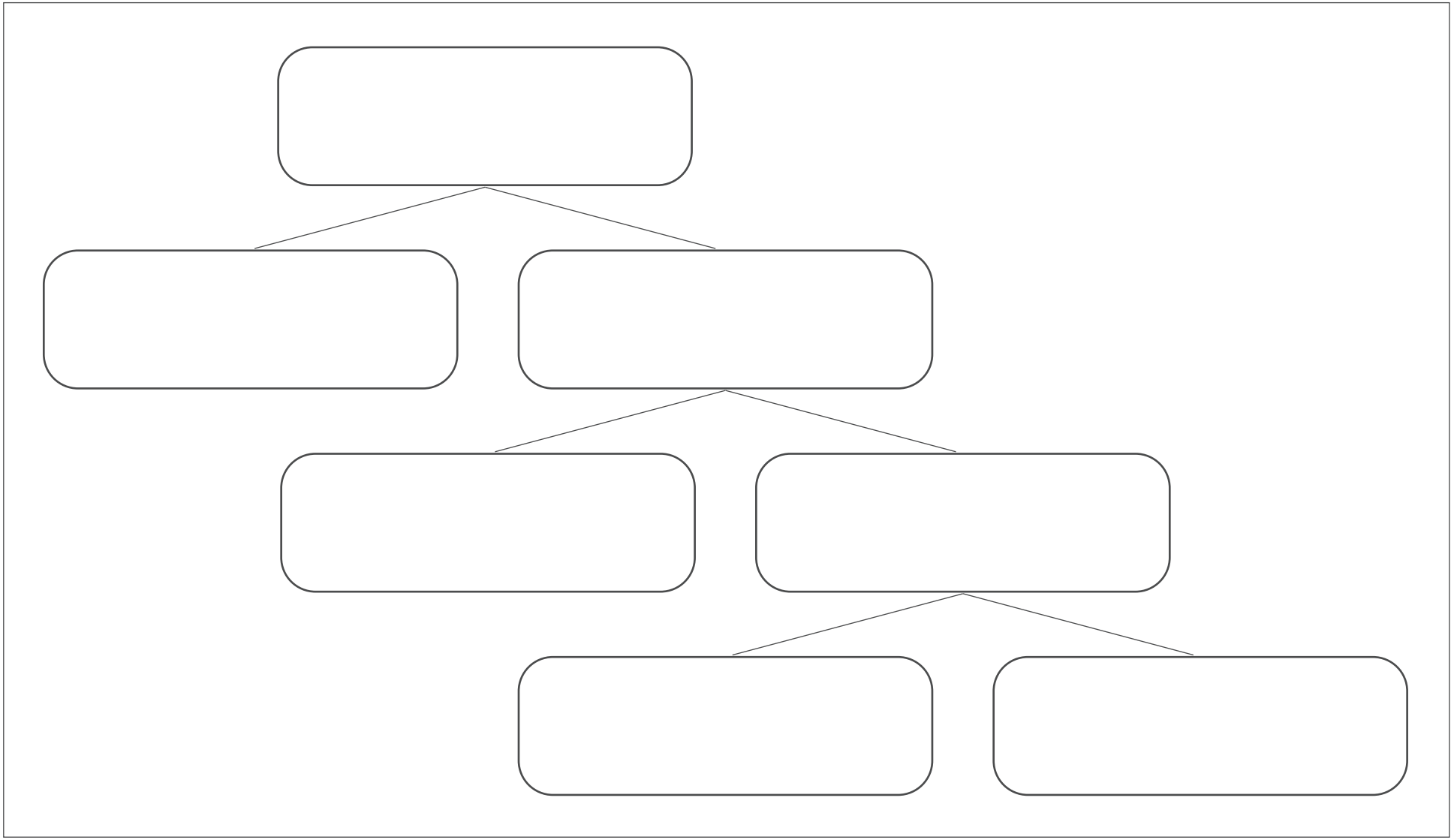
MODULE 4

CONVERT CASES

PRESENTING SIMPLE CASES



PRESENTING SIMPLE CASES

SITUATION	OPTIONS	INFERIOR
You have a large cavity in tooth and tooth has crack.	*Here is 2 things we could do* **Inferior:** *We could restore tooth with direct restoration, sometimes called a filling.* **Superior:** *Or use indirect restoration which is made outside of mouth, then cement it into the tooth.*	**Advantage:** *This is the cheapest option and can be done in one sitting.* **Disadvantage:** *However, the disadvantage is that it doesn't adequately address the crack in tooth and we are asking the filling material to do a job it's not designed to do, and it's likely to break.*
SUPERIOR	**TEST POSSIBLE SOLUTION**	**NEXT STEPS**
Disadvantage: *When it comes to indirect restorations, the main disadvantage is cost.* **Advantage:** *The advantage however is that the restoration is custom made, which means it is an exact replica of what we need it to be.* *As well as reinforcing the cracked tooth structure, it will be strong enough to withstand chewing forces so it will last longer.*	*Which one of those do you think would work best for you?*	**If Inferior:** *Ok, let's do that.* **If Superior:** *So when it comes to indirect restorations there are two types we can do . . .* *An inlay (inferior) or a crown (superior) . . .*

HYGIENE COMMUNICATION SLIP

TOOTH	COMMENT	TOOTH	COMMENT	TOOTH	COMMENT	TOOTH	COMMENT
18		28		38		48	
17		27		37		47	
16		26		36		46	
15		25		35		45	
14		24		34		44	
13		23		33		43	
12		22		32		42	
11		21		32		41	

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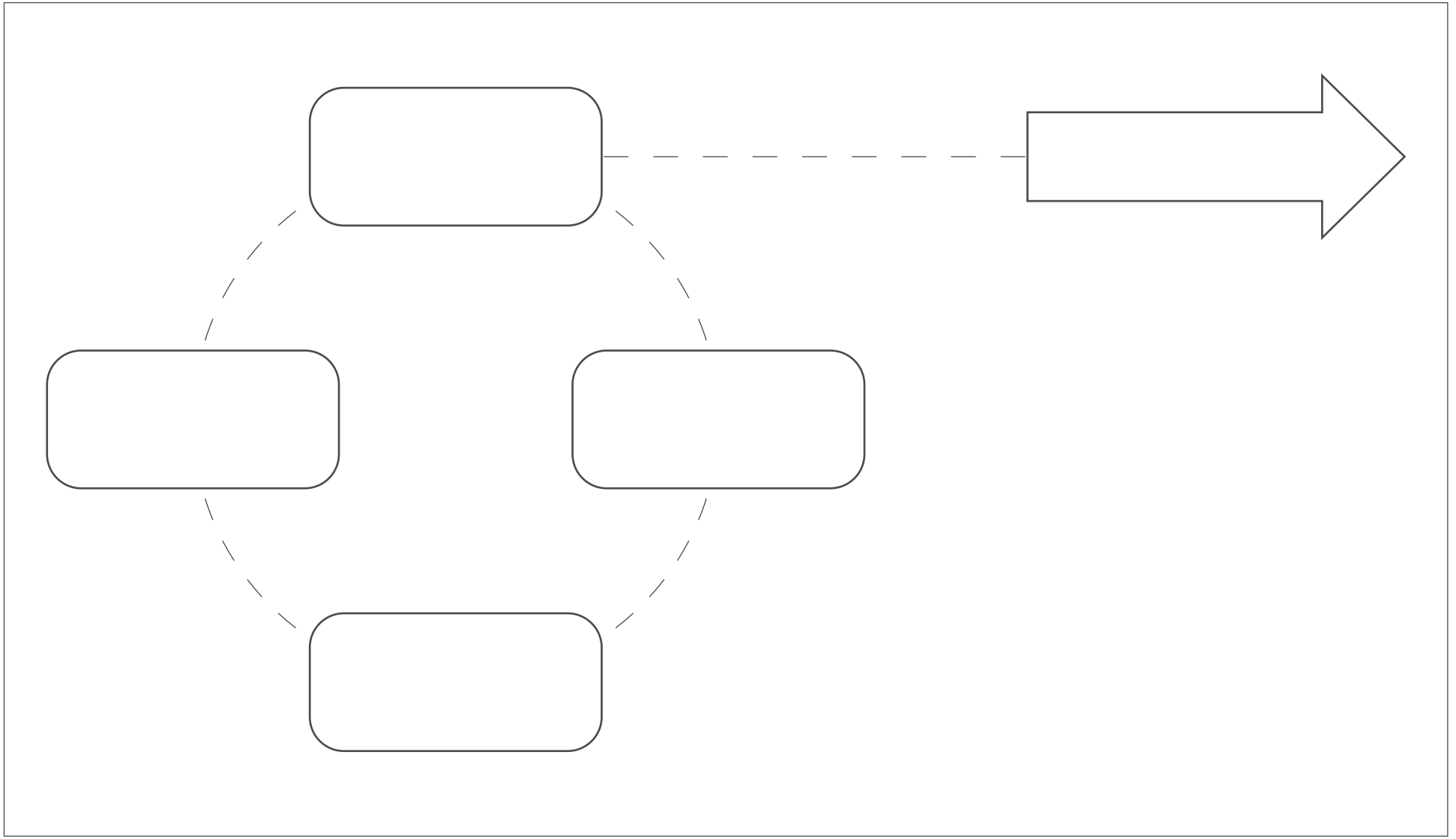
MANAGE OBJECTIONS



MANAGE OBJECTIONS

YOUR OBJECTION HIT PARADE (What are the 5 most common objections you face in your practice?)	THE 4 MOST COMMONLY USED OBJECTION HANDLING TECHNIQUES
1.	1. **Feel, Felt Found** *"I understand you're anxious about experiencing pain. Other patients have felt this way too. However, what they found was that with today's techniques and anaesthetics, they were very comfortable."*
2.	2. **Objection is the Reason For Proceeding** *"That's exactly why you should have the crown. By crowning the tooth we are going to prevent it breaking, and avoid more costly treatment later."*
3.	3. **Name the Elephant** *"It appears you have some concerns about proceeding with treatment. What is it that is worrying you?"*
4.	4. **Solve the Problem** *"If we could find a way to fit the treatment into the family budget, would you be happy to proceed?"*
5.	

NOTES

10 KEYS TO A GREAT CLINICAL EXAM

	START EXTRA-ORALLY
	ACKNOWLEDGE THEIR CHIEF COMPLAINT
	USE METAPHORS TO EDUCATE
	FORWARD ANNOUNCE YOUR ACTION
	REVEAL THE CRITERIA TO ENSURE CO-DISCOVERY
	THINK OUT LOUD
	SMARTEN DOWN YOUR LANGUAGE
	HEIGHTEN CONCERN
	LOOK PRO WITH TECH
	CONSTANTLY CHECK IN

USE METAPHORS TO EDUCATE

TERM	METAPHOR (It's like . . .what?)
Crown	It's like a tooth coloured, tooth shaped thimble that sits over the top of the tooth and its role is to wrap the tooth up and protect it from breaking.
Bridge	It's like the Sydney Harbour Bridge. The teeth either side act as the pylons, we build one prosthesis that spans the 2 teeth and the gap.
Gum disease	Just like having a fence post, the more you have underground, the more stable it is.
Missing teeth	It's like taking a book out of the bookcase and the books on either side of the space tend to collapse inwards.

USE METAPHORS TO EDUCATE

TERM	METAPHOR (It's like . . .what?)
Root Canal Therapy	
Dentures	
Matrix band	
Single visit crown	

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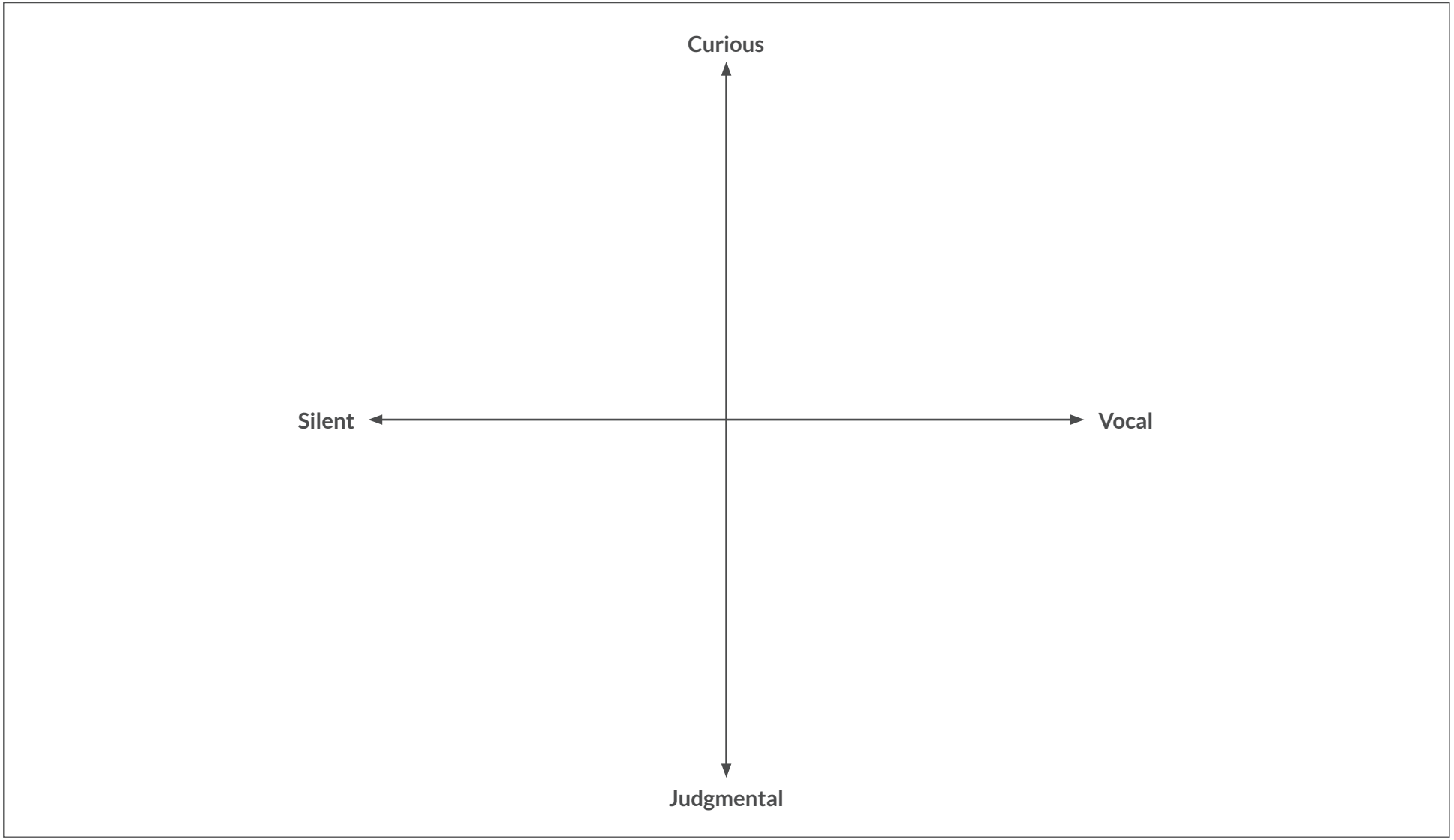
MODULE 5

LEVEL UP

CASE SELECTION



THE ACTIVE LEARNER

On the Same Page (Clinical alignment)

- The problem I see is X
- I was taught to do A
- You did B
- Help me understand why?
- What about option C or D? Why or why not?
- To recap, when I see X, I understand B is our way of doing things because . .

On the Front Foot (Clinical replacement)

- How do I know when to fill a tooth / crown / orthodontics / root canal therapy / pain management, etc?
- Where can I research past cases?

THE ALIGNED HYGIENIST

With Patients (80% cases)

- I know Dr. Jesse:
  - would want to ***(crown that tooth)***
  - would be concerned about ***(that tooth wear)***

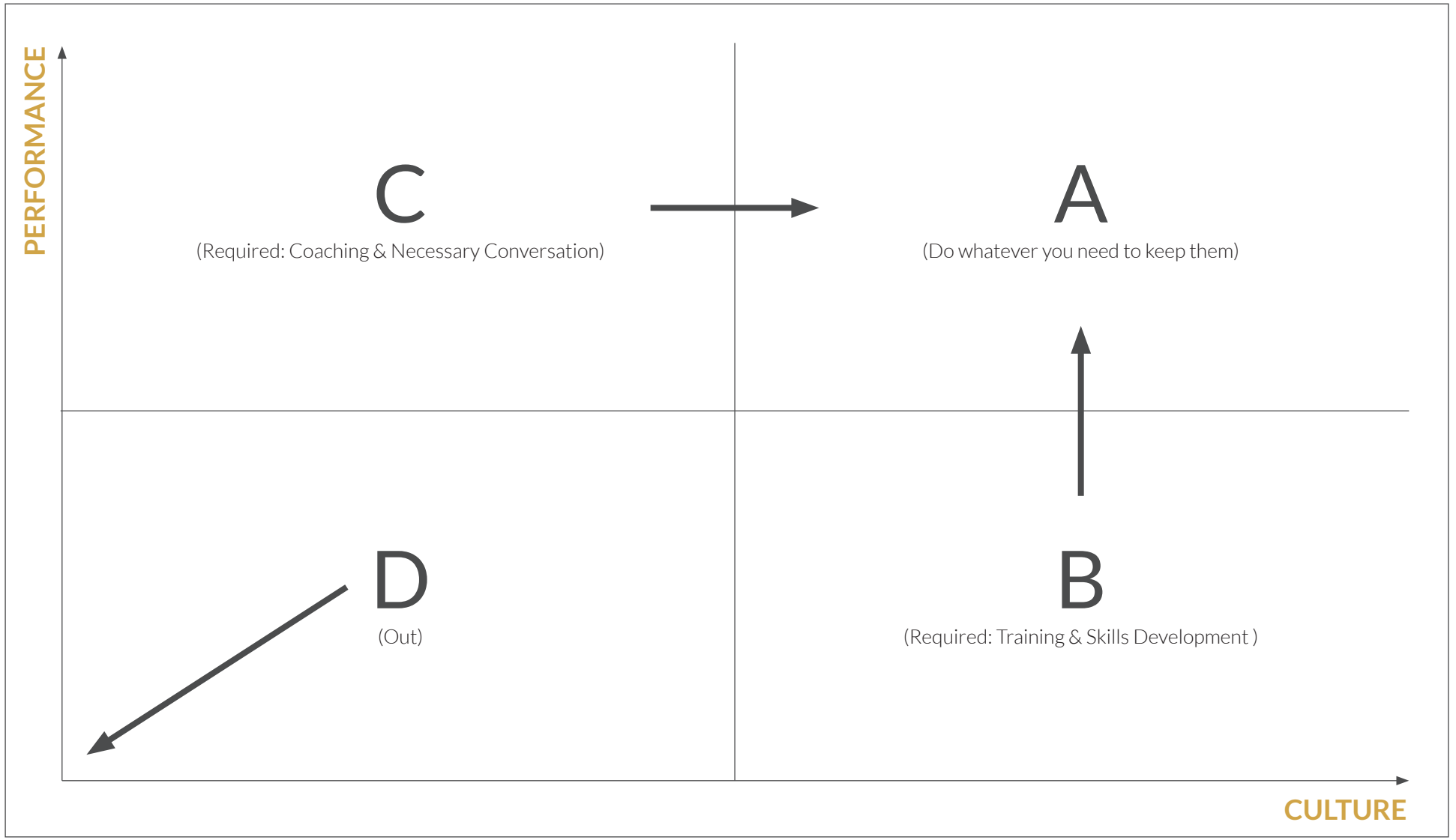
To Dentist in front of Patient (20% cases)

- I'm concerned about this tooth – what do you think we should do?

If suggested a treatment and Dr. suggests otherwise

- "Yes, I see how that's the best solution"

THE PERFORMANCE CULTURE MATRIX



Credit: Keith Cunningham

DENTAL HYGIENIST / ORAL HEALTH THERAPIST SCORECARD

OBJECTIVES:

1. To ensure every patient on the database is retained.
2. To ensure every patient has a future appointment
3. To ensure the patient base grows through internal marketing
4. Daily production budget is achieved

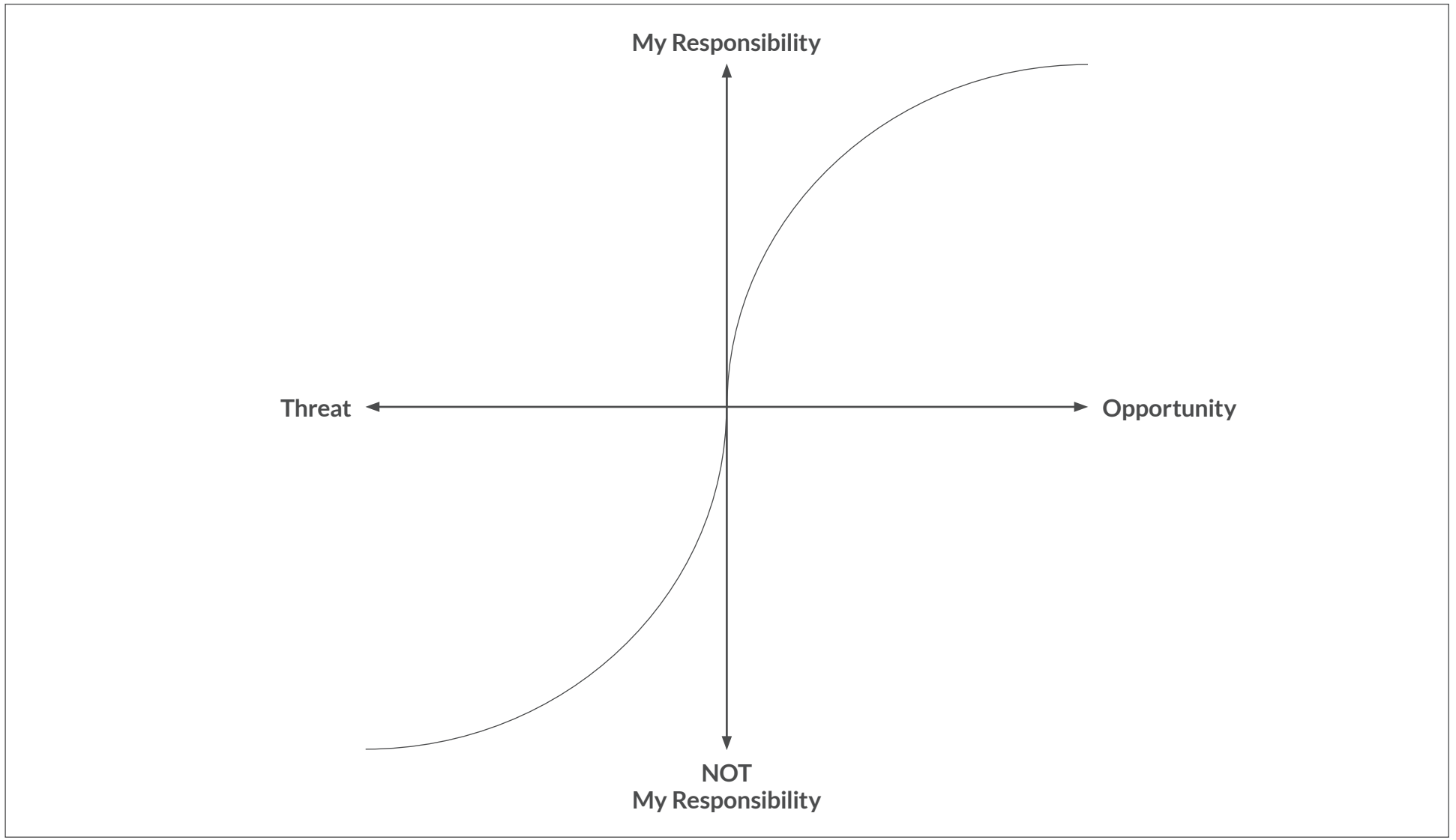
AS MEASURED BY:

KPI	Standard
Rebooking rate	95%
Recall success rate	90%
Cancellation / FTA rate	<3%
New patients	1 per day
Pre- blocks filled	95%
Daily production - personal	$xx / day
Daily production - dentist	$xx / day

AND ACHIEVED BY THESE CRITICAL DRIVERS (activities):

Critical Driver (Activity)	Standard
Greet patient by name and explain treatment	100%
Compelling reason to return	100%
Every patient leaves with appointment	95%
Ask for referrals	2 per day
Properly prepared for huddle	100%
Present high value treatment in DH / OHT book	2 per day
Identify potential pre-block patient for dentist's book	2 per day
Promote restorative dentistry into dentist's appointment book	2 units per day

RECEIVING FEEDBACK



RECEIVING FEEDBACK

Promote openness & honesty

Give 100% or your attention

Receive graciously

Query and ask for examples

Be mindful of your emotional response

Use only as a tool for improvement

MENTORING SESSION AGENDA

1. WINS What am I proud of?	**2. CHALLENGES** What headaches have I encountered?	**3. WHAT DO I NEED?** What will help me make progress?
4. CASE REVIEW My best recent work & / or something that could have been better	**5. SCORECARD**	**6. FEEDBACK** • 1 thing done well • 1 thing to improve
7. REVIEW TRAINING SCHED What skills need to be developed next?	**8. SET THE FOCUS** Next week & month	**9. RESOURCES** What is required to assist me?

MENTORING SESSION PREPARATION FORM

NAME:

DATE:

WINS | What are you proud of?

CHALLENGES | What headaches have you encountered?

WHAT I NEED | What will help you make progress?

CASE TO DISCUSS

Chief Complaint:

History:

Differential Diagnosis:

Treatment Options:

Questions I have:

Records to bring:

NOTES

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