Lunch & Learn

Tracking Broken Appointments & Improving Hygiene Scheduling Protocols

June 13, 2018
Welcome!

Today’s Session Objectives:

*By the end of this webinar participants will be able to:*

1. Use the scientific method as a framework for programmatic improvement in the area of broken appointments and hygiene scheduling protocols.
2. Employ run charts to determine if a significant improvement has occurred in a process.
3. Learn how a swim lane diagram can be used to identify areas of improvement.
Q&A Logistics

• After the presentation we’ll have some time for Q&A

• Two options:
  • Use the raise hand feature and we will unmute you
  • Type your question in the chat box
Additional Housekeeping

- All lines will remain muted to avoid background noise.
- A copy of the slides & a link to the recording will be shared after the webinar concludes.
- In order to receive CE credit you must fill out the evaluation, which will be shared at the end of the presentation.
Dr. Isaac Zeckel, Dental Director, HealthLinc

Isaac Zeckel, DDS, graduated from Indiana University with a Master’s of Science in Cellular and Integrative Physiology in 2005 and a Doctor of Dental Surgery in 2011. While attending Indiana University, he researched new methods of identifying and classifying caries and developed an electronic training program that is used to teach early caries detection for dental students. Since graduating from Indiana University School of Dentistry, Dr. Zeckel has been caring for the oral health needs of HealthLinc patients as a full-time staff dentist. In May 2014, Dr. Zeckel accepted the Dental Director position at HealthLinc and has since been promoted to Chief Dental Officer due to the growth in his department. He strives to continue expanding and improving the dental care patients at HealthLinc receive.
Tracking Broken Appointments & Improving Hygiene Scheduling Protocols

Isaac Zeckel, DDS
Chief Dental Officer
HealthLinc
Traditional Scheduling of Hygiene patients

- New
- Children
- clean
- New Adult prophy and SRP
- recall

Appointment Scheduled
The Problem!
No openings for 6 months

“I want to use my time off”

“The new patient is being told that they cannot proceed with treatment until they get their teeth cleaned.... What do you want me to tell them?”

“The hygienist just called and said her wrist is broken and will be out at least 6 weeks”
Possible Solutions:

- Hire more hygienists?
- Stagger a third column to accommodate broken appointments.
- Shorten the hygiene appointments from 1hr to 45 min.
- Change the way we schedule the patients.
Does Our Scheduling System Encourage Patients to Break Appointments?

The further out an appointment is scheduled the more likely it is that a person will break that appointment.

If we could reduce the time between when the appointment is created and the date of that appointment the patient will be less likely to break it.
What is Our Baseline?

• Dentist & Hygienist combined
  ➢ Separate the provider type and by locations

• How is the broken appointment rate being calculated?
  ➢ What about the patients that cancel or reschedule w/o notice?

Corrected for cancelations & reschedules with for <24hr notice

Broken Appointment rate Valparaiso Dental Hygienists

Corrected for cancelations & reschedules with >24hr notice

Broken appointment calculation
It makes sense to me...

Proposed change in the way hygiene appointments are scheduled

Change the way the hygiene appointments are scheduled. Currently, they are making appointments as soon as they complete recall appointment to return 6 months. Propose making appointments closer to the date they are due ideally 5-4 weeks maximum.

Proposed sequence

1) Hygienist completes recall card

<table>
<thead>
<tr>
<th>Patient Name &amp; DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best phone number to contact them</td>
</tr>
</tbody>
</table>

2) Recall card is taken to front desk where it is categorized by recall date.
3) Patient is given reminder card for when they are due (instructed to contact office at that time)
4) When patient are due recall cards for that month are organized by number of NCNS that those patients have forecast missed appointments first followed by more NCNS. This schedule should not be made further than 4 weeks out.
5) When calling patients to schedule leave message for patient but return the card to the appropriate month.
6) Patients will be called two days prior to their appointment to confirm.

If patients call to make their appointment at the due date the card should be removed from the list of patients due.

Strength

1) Limit the time between scheduled time and appointment date.
2) Reduce the backlog of new patients to see the RDH
3) RDH can take appointments without needing to reschedule appointments.

Weakness

1) More paper to keep track of.
2) RDH is more responsibility.
3) 

Opportunity

1) Reduce the NCNS rate for hygiene.
2) Increase RDH’s flexibility.
3) 

Threats

1) New process change.
2) Patients are used to making 6 mo appointments.
3) 

Aim: Improve efficiency of RDH as well as access to dental hygiene for new patients.

Specific: Reduce the number of hygiene NCNS

Measure: NCNS percentage

Attainable: reduce the NCNS by 5% from baseline.

Time: The effect of this policy change is expected in 6 months as we clear the backlog of patients.
It makes sense to me....
Swim Lane Diagrams

1. Map out the flow of the care process
2. Standardize steps in the care process
3. Clarify individual responsibility/authority
4. Measure and feedback data on steps
5. Analyze failures
6. Re-design based on learning from failure of a process to work as intended
Broken Appointment Rate Valparaiso Dental Hygienist

No Show Rate Down! Yay.... But Not So Fast..

250 Encounter Capacity if Schedule is Full

205 Encounters Possible
(18% Broken appointment rate)

187 Encounter Avg.
(1st quarter)
How does the timing of the call affect reliability?

Change excel to generate time stamp and date of when call is made.

How often does eligibility/slide fee/large balance issues affect patients reliability to show?

Can we utilize scheduling system to automate recall lists?

How does the appointment latency affect the reliability?

System is 43% Reliable

90 Patients

68%

98%

143 calls

62%

146 Cards

316x185

Goals: NS RDH ≤ 17%, 85–90% Capacity, 256–271 Encounters
Take Away Message:

1. Structure your problem solving
   - Define the problem
   - Create a potential solution (new process)
   - Predict what might happen
   - Test the new process
   - Analyze the results
   - Make changes and retest

2. Process mapping:
   - Clarify roles/responsibilities
   - Identify problem areas
   - Test reliability of a process

3. Run Chart:
   - Was there a significant improvement?
**Broken Appointments Defined:**

Any time a patient misses or cancels a scheduled appointment, leaving insufficient time for the dental program to schedule another patient.

<table>
<thead>
<tr>
<th>No-Show:</th>
<th>A patient is scheduled for an appointment and they do not show up for that appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Cancellation:</td>
<td>A patient cancels an appointment less than 24 hours prior to the start of the appointment.</td>
</tr>
<tr>
<td>Late Arrival:</td>
<td>A patient does not arrive by 10 minutes after the start of their appointment.</td>
</tr>
</tbody>
</table>
To Calculate the **Broken Appointment Rate**

- **Broken Appointment Rate** = The percentage of all scheduled appointments that were broken appointments.
- **Calculation**: Divide the sum of all no-shows and cancellations by the number of scheduled appointments
- **First you must determine the number of scheduled (planned) appointments for the reporting period**
  - Take the total number of actual patient visits
  - Add “no-show” appointments
  - Add last-minute cancellations
  - Subtract walk-ins/same day appointments
Sample Calculation

Bright Smiles Community Dental Clinic has a broken appointment rate of 29%

- $5,378 + 1,216 + 536 = 7,130 - 1,174 = 5,956$
- $1,216 + 536 = 1,752$ visits (not including walk-ins)
- $1,752 \div 5,956 = 29\%$

<table>
<thead>
<tr>
<th>Broken Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Visits</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>Example</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Tracking/Coding No-Shows and Late Cancellations

• The ADA has three CDT (current dental terminology) codes to help dental programs track broken appointments:
  • D9986: missed appointment
  • D9987: cancelled appointment
  – D9991: Dental Case Management – addressing appointment compliance barriers
Sample Policies & Tools

Post-Webinar Evaluation

https://www.surveymonkey.com/r/PXT82YK

*required for CE credit
Next Lunch & Learn Webinar

Risk Management in the FQHC Dental Program

Wednesday, July 25th 12-1 CT

Presenter: Dr. Bob Russell

*1 CDE credit available
Partnering to Strengthen and Preserve the Oral Health Safety Net