The business of hygiene

By Editor in Chief Angie Stone, RDH, BS

The title of this article inevitably bothers some hygienists. After all, hygiene school does not teach anything about the “business” of hygiene, so many hygienists feel running a hygiene department as a business is wrong and impinges on the quality of care.

Dental hygiene curricula is focused on educating students to be safe clinicians upon graduation. This rigorous schedule does not allow any time to be spent on non-clinical education. What is taught in school is what clinicians feel is right. While schools need to focus on patient care in order to produce clinicians, the lack of education regarding the business side of hygiene makes it difficult for hygienists to understand that dental hygiene is a business.

Yet, in reality, dental hygiene is a business within a business. The hygiene department is responsible for bringing in enough money to pay for all the expenses incurred by the department, cover hygiene salaries and benefits, and make a profit. Industry standards state that 53 percent of total practice production should come from the hygiene department, and that hygiene wages and benefits should never exceed 53 percent of hygiene production. The last industry standard suggests that 53 percent of hygiene production should come from periodontal codes.

If these standards are met, the hygiene department should operate as a profitable business. If these standards are not met, the dentist needs to subsidize the hygiene department with his/her production. Hygienists need to be aware of their percentages. If stats are not at the level they should be, the hygienist needs to take measures to help improve them.

Recall system

Quite frequently, hygiene numbers that are below the industry standard are that way because of an inefficient recall system. One of the biggest problems an inefficient recall system causes is openings in the schedule. A chair that is sitting empty is not bringing revenue in. Even worse is that an empty chair is actually causing the department to lose existing money if the hygienist is paid while the chair is vacant.

An evaluation of this system can be undertaken by answering the following questions:

- Does the office have a staff member whose job description includes responsibility for the recall system?
- Is the hygiene schedule full (less than 30 minutes open per hygienist per day)?
- Is the amount of production lost due to open time being monitored?
- How does the office determine the amount of hygiene hours needed each month to accommodate all the patients in need of a professional cleaning and oral examination?
- Is the available hygiene time based upon the number of active recall patients in the practice?
- Is the amount of hygiene hours needed determined every three months?

A “no” response to two or more of these questions points to a potentially inefficient recall system. Without fixing this system, the hygiene department will struggle to meet industry standards, and probably will always need subsidizing from the dentist’s production.

Periodontal protocol system

Another deficiency that leads to not meeting industry standards is the lack of a sound periodontal protocol system. Without a system in place, hygiene departments are prophy driven. Fees collected primarily from prophylaxis will not sustain a hygiene department. In today’s dental climate, no hygiene department should be prophy based.

Research shows at least 53 percent of the adult population has some form of periodontal disease. It would make sense then that at least 53 percent of adult patients, in any given practice, should be in a periodontal program. Having patients who require periodontal services receiving necessary treatment is a win for the patient and a win for the hygiene department. Perio services are charged out at a higher rate and, therefore, can help sustain hygiene.

If a periodontal protocol does not exist, patients are not being examined thoroughly for the presence of periodontal disease. The most important element in detecting periodontal disease is completion of a periodontal probing and charting. Current standard of care requires

Editor in Chief Angie Stone utilizes Florida Probe’s “GoProbe” to help her deliver periodontal standard of care to her patients.
Dear Reader,

As spring nears, hygiene students across the country have taken written and clinical exams so they can finally become a real registered dental hygienist. Excitement looms as they anticipate being in an actual dental office, treating patients who will not be in the chair for four hours at a time. They are eager to use their newly found skills to improve the oral health of the world. What enthusiasm they carry with them out into the dental hygiene workforce!

As licensed dental hygienists, we can relate to graduating students for we too have experienced the same feelings. Some of us have been in clinical practice for many years and may still feel exhilaration in the byproduct of our work. Others among us, while we may still be practicing clinically, are not completely satisfied with this setting. When thoughts turn to transitioning out of clinical hygiene, the vision of academia may be the first option that comes to mind. Teaching is a great fit for many, but it is not a great fit for all. What else then can one do with an associate’s degree in dental hygiene?

I want to invite you on an exploration regarding this question. Over the next several months, I will offer ideas of avenues to explore. The dental hygienist of today has many career options available. The trouble is we don’t always know what is available or how to get to a new level. How can we know what we haven’t been taught? Hygiene schools have a responsibility to make sure their graduates are only safe beginners. There is hardly time to provide extensive education in regard to alternative career paths available to hygienists — and as editor in chief, that’s my job.

Join me next month for the beginning of a journey that is sure to travel over roads less traveled by dental hygienists. Each month I will highlight an avenue available to colleagues who are looking to add to their clinical hygiene career. It is my hope that many readers of Hygiene Tribune will find something appealing to their particular dreams.

Best Regards,

Angie Stone, RDH, BS
Editor in Chief

Ozone therapy

By Robin Goodman, Group Editor

During the recent IDS in Cologne, I had the opportunity to speak to Managing Director Dr. Domagcić Prebeg about his company, Biozonix, and the advantages of ozone therapy. Its OzoneX unit is currently awaiting FDA approval, but its devices have been approved for use in Europe for 10 years already.

When you say “ozone,” most people will raise their eyebrows in alarm, so how is it used in medicine?

Very few people know that ozone has been successfully used in medicine for nearly 125 years. What people hear about are “holes in the ozone layer” and “ozone warnings” as the ozone in our atmosphere and the reversion of oxygen in the surrounding atmosphere and the reversion of ozone to oxygen. Treatment is not only painless, but shortly thereafter the patient will experience a reduction of pain in the area. Ozone therapy is the cleanest, safest, most gentle and completely natural medicine available to man.

(Visit the company’s Web site at www.biozonix.com for more information.)

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see articles about in Hygiene Tribune? Let us know by e-mailing feedback@dtamerica.com. We look forward to hearing from you!
that patients receive six-point periodontal probing and charting on an annual basis at minimum. While this is the standard of care, the American Academy of Periodontology has stated that 75 percent of dental offices do not diagnose periodontal disease. According to the American Dental Association, 50 percent of the offices diagnosing periodontal disease do not probe on a regular basis. This means, at best, 13.5 percent of dental offices across the country are meeting the periodontal probing standard of care.

Implementation of a periodontal protocol that mandates annual probing/charting of all adult patients is the first step toward delivering the current periodontal standard of care and increasing hygiene revenue. Protocol also needs to dictate treatment needs to be delivered based upon probing/charting data.

Review of an existing recall system can typically be completed by dental practice management consultants. Information can also be found on dental practice management Web sites. Periodontal protocols can be found in textbooks, Web sites and in conjunction with many periodontal related products. Knowledge of what a successful recall system is and what an effective periodontal protocol is, followed by implementation of both systems, will certainly lead to an improvement in the business of hygiene.

About the author

Angie Stone graduated in dental hygiene from Madison Area Technical College and obtained a bachelor’s in psychology from Upper Iowa University. Prior to obtaining her hygiene degree, she was a dental assistant for 15 years, five of which were in the United States Navy. She has taught both dental assisting and dental hygiene courses at the technical college level. Stone has authored many articles and speaks on several topics throughout the country. Learn more about Stone at her Web site at sharprdh.com.

Study shows flossing reduces mouth bacteria

By Dental Tribune Staff

The study, conducted at New York University, examined 51 sets of twins between the ages of 12 and 21. Each set was randomly assigned to a two-week treatment regimen with one twin brushing with a manual toothbrush and toothpaste and the other twin brushing with a manual toothbrush and toothpaste and flossing. At the end of the two-week trial, samples were taken from both pairs of twins and compared for levels of bacteria commonly associated with periodontal disease.

The study findings indicated that those twins who did not floss had significantly more of the bacteria associated with periodontal disease when compared to the matching twin who flossed in addition to tooth brushing with toothpaste.

“This study illustrates the impact flossing can have on oral health. The twins experimental model is a powerful tool to help sort out genetic and environmental factors that often confound the interpretation of treatment studies. This study demonstrates that flossing can have an important and favorable impact on an individual, as compared to that of a non-flossing individual with similar genetics and possibly similar habits,” explains Dr. Kenneth Kornman, editor of the Journal of Periodontology.

“Twins tend to share the same or similar environmental factors such as dietary habits, health and life practices, as well as genetics. In this case, the only difference was flossing, and the outcome was significant. Flossing may significantly reduce the amount of bad bacteria in the mouth.” For more information, contact the American Academy of Periodontology, www.perio.org.