Developing a functional mentality

The normal recipe of a dentist working in a surgery assisted by a nurse with a receptionist in an office adjoining the waiting room is so ingrained in the thinking of most dentists that options for change are rarely, if ever, considered. Yes, we think about issues like how to get the best from our nurse, should we have a computerised appointment book, should our x-rays be digital. But if we can surmount a problem, and are thereby likely to increase efficiency or generate more profits or increase our time spent with patients, and through your practice are rarely part of the average dentist’s stream of consciousness.

How can one's practice of dentistry be more efficient? By developing a functional mentality. The following ten steps will illustrate how this can be done:

1. Pause to reflect on what you are doing at the moment
   
   Observe your daily working pattern. The following scenario is likely to be enacted between ten and forty times each working day: patient arrives on time for 30-minute appointment, checks in with receptionist, sits in waiting room, waits 20 minutes, is sent to surgery, given injection, waits a few more minutes, has three fillings done by dentist assisted by nurse, plus two x-rays by the dentist, leaves surgery after 40 minutes, queues at reception to pay and book another appointment.

2. Reflect on obvious points of inefficiency
   - Patient arrives on time, is kept waiting for 20 minutes
   - Patient is given injection and dentist waits for 5–10 minutes before proceeding
   - 30-minute appointment has stretched to 40 minutes, dentist now running 30 minutes late

3. Consider obvious possibilities for eliminating inefficiencies noted in point 2: What things could be changed easily?
   - Employ a single person more
   - If more than half of our workforce need not be employed, reduce rather than absenteeism

4. Carry out functional analysis of who does what and who gains when
   - Everything that happens and everybody who works at your practice conforms to a pattern which if you look for long enough will be definable. Define it.

5. What possibilities for change exist (stretching the envelope, even going over the edge)?
   - Four-handed or even six-handed dentistry, multiple surgeries for individual dentists, different rooms for different procedures, and not having cabinetry in the surgery are some of the more obvious possibilities, known and practised by some for many years, rejected by others as too complicated or too expensive. Many new ideas will arrive with active thought.

6. What would the ideal scenario be?
   - In an ideal world, the dentistry we would like to practise would not have constraints of time, space and costs. Thus we would all like to see no more than 6 patients each day, work four days/week for 40 weeks a year; we would have two surgeries, a discussion room, a laboratory on site, have three nurse and two receptionists, not to mention a hygienist/therapist, treatment co-ordinator, marketing manager, radiographer.

7. What steps need to be taken?
   - First start dreaming. Second, transfer your dreams to paper. See what they would cost. Discuss possibilities with an advisor. Begin somewhere.

8. Consider cost of implementing these solutions
   - Everything has a cost. The only good thing about costs is that they have a range which is easily quantified. Carry out the exercise for essential, desirable, and would be nice things to have. Digital x-rays are essential, two surgeries are desirable, a Cree computerised cutter would be nice to have.

9. What benefits?
   - Digital x-rays are easy to store and vastly improve your diagnostic capacity, two surgeries and three nurses would improve your productivity, a Cree would save having to make provisional crowns and save loads of time and make you less reliant on your technician.

10. Decide on strategies to be implemented
   - Sit down with your accountant, bank manager, spouse, financial advisor and/or practice consultant/advisor. Work out an action plan and start changing your working life; and in the process become wealthier and more efficient. Good luck.

Ed Bonner can be contacted at the10thdimension@dentaltribunek.com

The Case For ... and Against EMPLOYING COVER STAFF

A 49.9% employee

Ever heard of Dee Hoch?

Nobody that well-known, really. Just the man who ‘invented’ the Visa credit card. Dee wrote a marvellous book called The Chaordic Age*, and, based on the research that he himself carried out, noted that in every organisation, the majority of people working there spent the majority of their time subverting the interests of that organisation. Sobering thought, really... if this is so, then we, the dental profession, who spend approximately 40–45% of our income on employing staff, are wasting 5.1–7.6% plus costs. Now, if more than half of our staff costs are being wasted, it would seem to make sense not to employ a single person more than we have to. In other words, if we can get by with one nurse per surgery (i.e. 49.9%), and one receptionist running the practice, then

we are running lean and mean.

There are other advantages, too. Each person working will be likely to be stretched to full capacity, and boredom is unlikely to creep in. Everyone will have the satisfaction of feeling needed, and is therefore likely not to take time out unnecessarily, and to give their best i.e. 49.9%. And if for any reason, someone does have to be replaced due to illness or vacation, well that’s what agencies are for, and no matter how much these cost us, it will still be less than even a fully paid extra nurse or receptionist (excluding of course the cost of loss of production).

The cost of loss

Let’s remove those parentheses and look carefully at the last six words... the cost of loss of production. If a dentist is capable of grossing say £150–200,000 a year, then a loss of 10% of time due to staff absence will cost £15–20,000 a year. Ah, you will say, my nurse doesn’t miss one day in 10, probably only one in 20. You may be right, but only if you consider illness and not vacation. Even so, if even this loss could be avoided by employing just one extra member of staff, you would still be well on the way to justifying the cost of built-in cover. One could also argue that not only would productivity not be decreased, it would actually increase because one could work more efficiently with four-handed rather than two-handed assistance. When someone leaves, the replacement is already in situ. So what’s the downside?

The weakest link

For starters, each additional link introduced is likely to make the chain proportionately more fragile: more possibility of inter-personal conflict, definitely a greater likelihood of unnecessary absenteeism (usually on a Monday from hangover to x-mas bonuses. More kids ill at home. In short, far more potential for problems.

Delegate and motivate

However, when all is said and done, this one is not as insurmountable a problem as it would seem. Like most things in life, you need to consider what is and what is not working for you at your practice. Then calculate the cost of what is not working. Then calculate what it would cost to make it work. Develop an employment policy that encourages attendance rather than absenteeism.

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6. What would the ideal scenario be?
7. What steps need to be taken?
8. Consider cost of implementing these solutions
9. What benefits?
10. Decide on strategies to be implemented

Are you for or against employing extra cover?

E-mail jury@dentaltribunek.com and let us have your views.

The 10th Dimension

The power of 10...

... a series of articles by Dr Ed Bonner BDS MDent, Sloan Fellow London Business School, practice coach & development consultant

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10 Practice Matters