Why improving your practice is a mystery – part 1

Jacqui Goss says: don’t forget to stop and smell the roses

We’re looking at having sheets of smiley face symbols so that staff can simply tick eg happy, face, surprised, face, angry face and so on’

Taking time to ‘smell the roses’ can be an eye opening experience for practice managers

As a practice management consultant I have a range of daily rates depending on what I’m asked to do – consulting, training, mentoring, an audit, patient coordination and so on. Compared to some others in this business, my rates are modest and clients have even told me this. This allows more practices to be able to afford me, which broadens my experience, and means I’m quite often asked to stand in for an absent team member or members. Not clinical staff but practice managers, business development managers and patient coordinators, for example. In doing this, I sometimes ‘hold the fort’ at reception while somebody is on lunch break or has a hospital appointment etc.

Fresh eyes

I enjoy doing so and in this article I shall explain why you should facilitate and take part in job swaps within your practice as well as occasionally bringing in outsiders to look at roles with a ‘fresh pair of eyes’. We’ve moved on from the days of ‘time and motion’ studies but similar principles still apply – somebody new to a task can often suggest more efficient ways to do it. There are other good reasons why you should take a turn on the reception desk, why your practice manager should sit in (with the patient’s agreement) on a treatment and why your nurses should see how some of the monthly management reports are run off and analysed.

I can’t recall their names just now but some bosses of large retail companies are well known for rarely being in their offices. Instead, I sometimes ‘hold the fort’ at reception while somebody is on lunch break or has a hospital appointment etc.

They are constantly touring their shops, often turning up unannounced. They monitor activity, talk to shoppers, meet their staff and generally keep abreast of what’s happening. Such an approach is impossible within dental practices. For maximal turnover dentists and hygienists need to be encouned in their treatment rooms from dawn until dusk and only let out at weekends if they’re lucky! The practice manager is rarely seen as they batte continuously with new regulation requirements and the front of house (FoH) staff can barely cope with the phones ringing ‘off the hook’. I exaggerate for effect, of course.

Opportunity

However, patients do fail to arrive and there are sometimes gaps in appointment schedules. Practice managers and patient coordinators do get 20 minutes ‘to spare’ every so often. These are the opportunities to man the reception desk, answer the telephones or assist one of the team to do a stock check. Similar opportunities may arise for managerial or administration staff to find out what goes on in the treatment rooms.

Let me give you examples of what you may learn – based on my recent experience of ‘covering’ reception in a small but busy practice. First, even though it was a business in which I’ve consulted quite frequently and know well, I gained an even better understanding of the dynamics of the practice – the hectic and less hectic periods, the frequency of telephone calls and the movements and changing priorities of the staff.

I now understand better why FoH staff can sometimes struggle to interpret correctly and act speedily upon messages that come from the treatment rooms. A hastily scribbled note or brief telephone message can have a perfectly clear meaning to a dentist or nurse totally involved with a complex treatment but seems out of context to a receptionist dealing with a patient asking about the dental plan, a courier unloading deliveries and a member of the public wanting directions to the post office!

Ambience

Sat at a reception desk within sight and earshot of the patients’ lounge, as I was, I learned that you don’t have to actively eavesdrop to get a feel for the (constantly changing) collective mood and ambiance. Silence ‘says’ a lot as, on the other hand, dora animated conversation and laughter. Sometimes, I collected valuable feedback from patients either without asking or just by posing a simple enquiry such as: “Is there anything that would have made your visit more pleasant?” I’ve written previously about how FoH staff can gather useful patient feedback and market your practice (you can view my articles on www.dental-tribune.com/epaper or my LinkedIn profile http://uk.linkedin.com/in/jacquigoss). My session on the reception desk reinforced just how worthwhile this can be.

From my spell on reception the learning points for the practice I was in were:  

- Additional resources need to be available at the front of house at two or three particular times of the day to cope with increased telephone and in-person patient activity.

A common language of key words needs to be agreed between FoH and clinical staff for messages together with a priority rating system (such as one to five or ‘hi/med/lu’) instead of everything being classed ‘ASAP’.

- FoH staff need a quick and easy way of noting comments and feedback from patients so that they can subsequently be discussed at team meetings. We’re looking at having sheets of smiley face symbols so that staff can simply tick eg happy face, surprised face and so on – including some we’ll make up (such as a ‘would welcome SMS appointment reminders’ face and a ‘liked the new website’ face). You, of course, will have different experiences when you job swap and discover different learning points to be solved. However, if you take a turn on reception, as I did, I’m sure you’ll be reminded what a difficult and demanding role it is. Oh, and that you need a strong bladder, because ‘comfort breaks’ can be few and far between!

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