Block Scheduling – Better Service, Less Stress, Increased Production

One of the most consistent problems in many practices is scrambled scheduling – random scheduling that creates great stress and prevents optimum use of treatment time.

Scrambled scheduling happens when a doctor tries to see all types of treatment at any time of day, sometimes simultaneously. For example, the doctor may be doing a crown prep while a new examination patient is waiting, and the hygienist has a patient or two ready to be checked.

Block scheduling on the other hand is scheduling similar treatment together as closely as possible at the time of day or on the weekday that the doctor and staff find best fits practice flow. An art, not a science, block scheduling will:

- Allow optimum treatment to be delivered in the most efficient way.
- Assure the daily production goal is often met.
- Reduce stress inherent when a mixture of treatment is scheduled.

The next time your office experiences an ideal day, thank your scheduling coordinator -- it's a tough job! Then analyze the day. Chances are that patients were seen on time, all planned treatment was done for each, the daily production goal was met, staff maintained a steady, non-frantic work pace, and everyone involved felt pleased. Block scheduling will allow duplication of ideal days.

It can take four to six months to move into block scheduling as a template must be developed for each day and/or week. To begin the process, name categories of patients seen in your office -- new exams, consults, hygiene, crown and bridge, restorative, endo, perio, ortho, emergencies, short appointments for post ops, adjustments, checks, etc. After three months, count the number of patients seen in each category and calculate the average amount of time dedicated daily or weekly to each type. Then decide the best time of day or days in the week for scheduling each category, i.e., construct an ideal day and week.

I recommend beginning the block scheduling process by blocking new exams. Properly impressed, new exams are one of your best referral sources, so set time aside to impress them when you are not stressed or trying to hurry back to RCT in chair 1.

Here are several ground rules for successful block scheduling:

- The entire staff must believe block scheduling is best for the practice *and* for the patients and be committed to implementing. Remember, patients listen to Station WIIFM (What's In It For Me), and staff must be able to tell Mr. Smith why is best for him to have an 8 AM crown prep appointment.
- Only the scheduling coordinator (or a back-up when she/he is out) makes appointments. The dentist must not allow an assertive patient to box him/her into saying, "We'll see you whenever you can come."
- The scheduling coordinator should know the daily production goal and be flexible with scheduling to meet that goal. Occasional adjustments to the block pattern may be necessary in order to meet production goals.
- Offer a patient the choice of two appointment times only; if neither will do, two more, etc., until one is chosen. Never say to a patient, "When would you like to come?"
- Offer alternate days for specific types of appointments to give patients a choice; for example, new exams or consultations that might not be done every day.

Block scheduling in general practice and specialty practices will differ in reality, but not in theory, from pediatric or orthodontic practices. General dentists, oral surgeons, endodontists, periodontists, and prosthodontists may schedule 10 to 20 patients daily, depending on the service mix, dentist's preference, number of treatment chairs, and number of staff. Pediatric Dentistry and Orthodontics survive on a patient load that may be twice or even three or four times that number. For that reason, block scheduling is particularly effective in pediatric and orthodontic practices.

I believe that any type of practice can benefit tremendously from block scheduling adjusted to match the office patient flow, doctor's work pace, production goal, and physical facility. Try it -- you'll agree! An example of block scheduling for General Practice follows.

Example of General Practice Block Scheduling

	I	II	III	IV
	Restorative		Hygiene	
8:00	Crown & Bridge (3 to 12 units)		Perio or New Patient Exam	
8:30				
9:00				Recare
9:30			Recare	
10:00	Crown & Bridge or Endo or Surgery or Amals/Comps.			Recare
10:30			Recare	
11:00	Restorative		If working with a hygiene assistant, 4 or 5 patients may be seen between 9 and noon, depending on patient need.	
11:30		Restorative		
12:00	Restorative/ Adjustments/ Emergencies		New Patient Exam	
12:30				
1:00 Lunch				
2:00	New Patient Consult (exam on which perio records and other diagnosis has been done)		Perio	Sealant
2:30		New Patient Consult		Sealant
3:00	Restorative		Recare	
3:30		Restorative		Recare
4:00	Adjustments/Emergencies/ Quick Follow-up Procedures		Recare/ New Patient Exam	
4:30				
5:00				

- Ten-minute mini meeting each AM or PM for Dr. and staff to review day.
- Four treatment rooms -- rooms III and IV for the hygienist, preferably working with an assistant which can lessen hygienist time per patient.
- Ten-minute units
- Computerized scheduling -- one column per treatment chair (color-coded time blocks).
- Enter complete treatment plans for each patient into computer.
- Note patient's age if a child.

Suggestion: Do Not make a series of appointments for any patient. The lay-person patient is more likely to break an appointment, reasoning that he/she has another scheduled. Additionally, block scheduling is difficult if the schedule is filled with a variety of appointments sprinkled throughout the weeks and months ahead.

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