



ORTHO2

Tracking Emergency Procedures

by **Lori Garland Parker, RDAEF, MS**

With all the advancements in technology, today's orthodontic patients typically require fewer visits with often longer intervals between appointments. In addition, practice management software is more sophisticated and allows us to track more information easily; detailed reports are now at our finger tips. All this sophistication is great, but what reports should we be routinely running? Recently there have been excellent Ortho2 articles including information about tracking finances, new patient conversion, maintaining correct statuses, and more. In an effort to fully utilize your computer system and improve your clinical effectiveness, you may also want to consider using your computer to track your emergencies.

Is it really that big a deal?

There are numerous costs associated with loose brackets, poking wires, procedures that need to be redone, or avoidable procedures of any kind. There are the clinical costs of supplies, equipment usage, instruments, sterilization, and disinfection of the dental unit in addition to doctor and staff time. In speaking with several orthodontists, their estimates for each loose bracket vary from \$75 to \$150 or more. Others say that it costs between \$50 and \$100 just to put a patient in a dental chair, even if it is to clip a wire or replace a separator.

There is also the negative effect on your patients and parents. Patients are busier than ever and become frustrated when they need to come in for an additional appointment or when a regular appointment must be lengthened or rescheduled. Repairing broken appliances can also extend treatment time, which reduces profitability. This also frustrates patients and parents, and can affect referrals by both patients and their primary care dentists. In addition, staff costs include lost production, stress, and lowered morale. Unnecessary repairs can have far reaching effects both in the tangible and in relationship concerns.

Okay, I get it. What do I do first?

Assign a procedure code to each of the most common "emergency" procedures that you have. The most frequently used are loose brackets, loose bands, loose or broken appliances, wire poking, etc. The advantage of having more detail is that you can track information more accurately. The disadvantage is that you could have almost an unlimited number of possible options. Work with your entire team to find a happy medium that will help you track these extra procedures in enough detail to provide enough information to analyze and correct the problem, yet few enough that your team will actually be able to use them without studying the procedure list for just the right code. For example, if your primary concern is in the area of poking wires, consider having your codes descriptive enough—e.g., noting whether the wire was left long, skewed because of missing or loose stops, or long due to closing spaces. If broken brackets are your most common culprit, then elaborating on the failure options simplifies the evaluation process. Consider using red for both the procedure color and for unscheduled areas of the grid reserved for these procedures for easy association.

At right is an example of a fairly comprehensive emergency procedure list from an office whose primary concern is wire issues.

Wire Poke-skewed wire
Wire Poke due to alignment
Wire Poke (left long)
Wire Out
Wire Broken
Door Open
Lig Poke/Off
Loose Bond
Loose/Broken Appliance
Ret Lost
Ret Broken
Hawley not fitting
Trauma
Misc.

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General | Auto-Events

Text: Emergency - Skewed AW

Code: EMER - SKAW Units: 2

Start time: End:

Appt. reminder: (none)

Appt. card text:

Appt. card length:

Appt. card reminder:

Recall procedure:

Inactive procedure:

Open Start Match:

Cell characters:

Cell #	Cell Contents	DyTime
Cell 1	EMER - SKAW	0
Cell 2	EMER - SKAW	0

Forecolor: Backcolor: Classes: Emergency

Show Procedure Type:

Regular Procedures

Recall Procedures

All Procedures

Statistics Classification:

Other

New Exam

Deband

<< Previous Next >> EMER - SKAW New Print Exit

The good news is that carefully tracking these procedures can provide information on how many and what kind of clinical issues you are having. The next step is to identify the cause(s) of these problems and put in the correction, whether it be expanding your patient/parent education delivery or modifying your clinical protocols. In addition to using the appropriate code, noting the reason for the problem in Treatment Chart allows the Clinical Coordinator to evaluate the charts as needed to look for trends. For example, if the number of loose or broken appliances suddenly spikes, the charts can be reviewed to see what information can be gleaned.

Monthly reports for this purpose can be run in one of two ways: Kept Procedures or Kept Report Summary.

- 1 From the ViewPoint Main Menu, click Practice Reports and then Appointment.
- 2 Double-click Kept Procedures (or Kept Procedure Summary).
- 3 Select the date range and each of your emergency procedures, and click OK.

These reports can also be run by office location or specific doctor.

KEPT PROCEDURES

All Patients -- Office: ALL, Doctor: ALL

Doctors Smith and Jones, PC, Ltd. Date: 4/1/2008

KEPT PROCEDURES - Saturday, March 1, 2008 to Monday, March 31, 2008 Time: 11:54:24 AM

Code	Procedure	Date	Time	Patient Name	Status	Reminder
EMER - BW	Emergency - Broken Wire	03/28/2008	10:00 AM	Karp, Stephen	API	
(1 records were printed)						
EMER - LB	Emergency - Loose Bracket	03/07/2008	11:00 AM	Shea, Susan	AF	
		03/19/2008	10:00 AM	Doucet, Dan	AF	
		03/20/2008	9:30 AM	Jonasson, Chandra	API	
(3 records were printed)						
EMER - SKAW	Emergency - Skewed AW	03/13/2008	9:30 AM	Hanover, Judith	API	
(1 records were printed)						
(5 records were printed)						

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What about problems found at regular visits?

Issues that are not found until a patient's regular visit will need to be tracked using a different method. Consider creating a Stack for each extra procedure—"Extra Broken Wire," "Extra Loose Bracket," etc.—and adding patients to the appropriate Stacks whenever unscheduled work is performed at an appointment. The number of patients in each Stack can be counted and transferred to an Excel document for trend analysis. The Clinical Coordinator can then remove the patients from the Stacks. (Refer to the Training & User's Guide or contact Software Support for more information on Stacks.)

You will quickly see what percentage of your patients call in advance to notify the office of a problem versus those who show up saying that the bracket "fell off on the way to the office" or were not even aware that there was a problem. Use this information to make improvements to your patient education and clinical protocols.

Conclusion

By utilizing your computer system to track and analyze special visits instead of having to complete lengthy forms, you can then focus on steps to prevent unnecessary repairs. This helps to improve the economic aspect of your practice, along with enhancing the quality of life for you, your team, and your patient families. ☺

About the Author



Lori Garland Parker is a Clinical Consultant and co-owner of Consulting Network. She works with orthodontic teams to maximize their talents to achieve clinical efficiency and effectiveness, develop systems for continuity of care, and enhance communication skills with patients and parents. Her popular Clinical Coordinator courses and customizable Clinical Training and Procedures Manual prepares participants for the important job of managing the clinic. She can be contacted at (805) 552-9512 or www.consultingnetwork.org.