**NINE STEPS TO FILLING A LAST-MINUTE HYGIENE OPENING**

**THE RULES:**

1. While you do each of these steps, it’s critical that you have the patient’s information/chart handy, whether it’s in your software or an actual physical chart. And you should have always read/reviewed the chart prior to doing *any* of these steps – especially as it relates to a patient’s schedule in hygiene.
2. Always check the chart **prior to moving or rescheduling patients (especially those patients with dental insurance to ensure it’s been at least six months since their last cleaning. In many cases, if it hasn’t they won’t be covered. So…don’t do it.**
3. Today is the MOST important day on the hygiene (and doctor’s) schedule. Tomorrow is the next most important day – and so on. Time can be your friend or enemy with regards to filling an opening. The longer you have until the opening the easier it is to fill; tomorrow’s (or the day after’s) opening is easier to fix than one at 11 AM this morning. So, if you must pull appointments closer to the present – that’s a far preferable alternative to an empty/non-productive slot.

**THE NINE STEPS**

**STEP 1:** Look at the doctor’s schedule to see if anyone *that day* needs a cleaning. If it’s a patient **without insurance**, the timing might have a small degree of wiggle room, for example, it might not be a huge issue if they get in a week earlier than 6 months. Obviously, we’re not going to be ridiculous with this and have them get cleaned 1-2 months early – but a week probably isn’t a disaster.  And to your surprise, you may also find patients that are overdue for hygiene and are on the doctor’s schedule that day. Preferably you’re looking for someone that’s coming in to see the doctor *around the time of the hygiene opening – before or after.*  But, you also might find someone who lives close and has the day off that can do both!

**STEP 2.** See if any of the patients *already scheduled in hygiene* (such as a patient receiving gum treatment – i.e. Scaling/Root Planing, or a New Patient Initial that the Hygienist normally wouldn’t have time to do a prophy on that day), that can have their next step done by the hygienist – i.e. next quad of scaling or a New Patient getting their prophy.

**STEP 3:** Now pull your “ready/last minute” call list (your list of people who can come in earlier if needed) and try one of them. Go from top to bottom.

**STEP 4:**  Now, pull your “Executive” list – i.e. patients who are not to be pre-scheduled due to inconsistency in attendance and try one of them.

**STEP 5.**Look at the hygiene schedule for tomorrow, the day after and so on through next week and see if there is someone *in the same or similar time slot* that could be moved up. Again, ensure that the appointment stays 6 months or more from their last cleaning or the patient loses insurance benefits. Best to check this BEFORE you call and don’t bother calling someone who doesn’t fit these criteria.

**STEP 6:** Review recent cancellations and/or no-shows and see if one of them could fill the slot.

**STEP 7:** Call your recall list (i.e. patient’s due for a cleaning that are not scheduled) for this and the previous month.

**STEP 8:** If you begin to run out of time, attempt to move the patients scheduled to come in after your opening up.  You could move the 12 PM hygiene patient up to 11 AM or the 2PM patient up to 11 AM and so on), to allow yourself more time to fill the opening.

**STEP 9:** If you have exhausted **all** of the above – now call the overdue/reactivation list. The worst-case scenario is you don’t fill the opening – but you’ll at least schedule some patients!

If you go through all nine steps above and still end up with an opening – well…you gave it your all! And chances are through all those calls you scheduled more patients – well done! You may have even filled a few openings you had over the next few days.

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