Building a Better Hygiene Department
For Patient Care and Profitability
A Peer-Reviewed Publication
Written by Janet Hagerman, RDH, BSDH

Abstract
The practice of dental hygiene has existed since 1913 when the term dental hygienist was first coined, and 1914 when Dr Alfred Fones graduated his first class of 27 hygienists in Bridgeport Connecticut. Today 75.9% of all dental general practitioners employ a hygienist.

The hygienist of today has come a long way since Dr Fones’ school. Today’s hygienists must excel, not only clinically, but also in the areas of business skills and communication. A productive and profitable hygiene department is priceless to a dental practice. It is the engine that drives the practice, and can maintain and propel it to success.

This course will outline how to create and maintain a highly functioning hygiene department that supports the practice protocols, is profitable, and delivers outstanding patient care.

Educational Objectives:
At the end of this course the participant will be able to:
1. Create and maintain a patient centered and profitable hygiene department as part of a successful dental practice.
2. Implement and manage multiple revenue streams from the hygiene department as appropriate for best practice protocol.
3. Implement comprehensive diagnosis and co-discovery protocols to increase patient care and profitability.
4. Implement effective periodontal, re-care and monitoring protocols for hygiene department success.
5. Implement and maintain regular effective hygiene meetings for practice success.

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The hygienist of today has come a long way since Dr Fones’ school. Today’s hygienists must excel, not only clinically, but also in the areas of business skills and communication. A productive and profitable hygiene department is priceless to a dental practice. It is the engine that drives the practice, and can maintain and propel it to success. This course will outline how to create and maintain a highly functioning dental hygiene department that supports the practice protocols, is profitable, and delivers outstanding patient care.

The Engine driving the Practice
A hygienist can make or break a dental practice. A good hygienist can be friendly and sociable with patients and have a high “likability” factor. A great hygienist will ALSO be efficient and effective with systems such as scheduling, re-care, implementing radiographic and periodontal protocols. An outstanding hygienist will ALSO
• have excellent communication skills (with patients and the team)
• have good business skills (monitoring hygiene production for congruency with production goals)
• partner with the doctor for co-diagnose of restorative treatments making considerable contributions to the doctors restorative production
• Conduct monthly reviews with doctor, anticipate and forecast future opportunities for department growth.

A great hygienist does so much more then “clean teeth”. A great hygiene department is like an engine that drives the practice. A great hygienist can take a new patient from emergency limited visit to an ongoing patient of record, maintain the practice “family of patients” with an effective re-care system, support the doctor’s treatment plans for continual maximum acceptance, and refer restorative treatment to the doctor (“sell” dentistry).

From a dentist’s perspective, having a great hygiene department makes good sense, and is worth the effort to create. The hygiene department can and should produce several revenue streams while supporting the doctor, thus allowing dentists to spend more time at their own clinical production. From a hygienist’s perspective entering into, or helping to create, a strong hygiene department is empowering and assures a job and career that is active, challenging and rewarding. And, ultimately, a strong hygiene department, that partners strongly with the dentist, is the best assurance for greatest advocacy of patient care.

Philosophy
Creating and implementing a solid practice philosophy of patient care is the essential first step to establishing a solid hygiene department. A good hygienist works in smooth partnership with the dentist. They share a congruency about patient treatment including clinical evaluations, periodontal protocols, co-diagnosis, etc. A well functioning dentist-hygienist relationship will be mutually beneficial with the doctor supporting hygiene procedures (i.e. a solid periodontal protocol) and the hygienist supporting the doctor in co-diagnosis of restorative and cosmetic therapies.

This congruency is best established by examining, and then documenting, the core beliefs of patient care for the practice. What are the doctor’s beliefs and how can they be supported by the hygienist? What are the hygienist’s beliefs concerning patient care and how can the patient benefit from the doctor’s support of hygiene? These questions should be answered in the practice’s written philosophy of patient care.

The philosophy should be simple and direct. This way it will be easier for all team members to remember and implement. It is also helpful to get feedback from other team members who may have positive philosophical contributions. The feedback should be clearly expressed and include an associated plan of implementation. The practice philosophy becomes the office culture, so create it thoughtfully.

Once the philosophy is written, it will become the basis of job descriptions for team members. The dentist or hygienist can write the job description for the hygiene position and it should reflect the practice core beliefs. Additionally, the practice philosophy will be used to determine if future employee candidates are a fit for your practice, and subsequently to coach them into the practice culture.

30% X 3 – Hygiene Revenue Expectations
Expectations, like goals, are subject to many variables. Nevertheless, there are some industry guidelines which set the standards for best practices. Here are the revenue basics for a healthy hygiene department.
• **30% of the total practice production** (gross production - before write offs) **should come from hygiene.**
There are exceptions. A practice that does a lot of very high end cosmetic dentistry may have a lower hygiene % relative to doctor’s high end procedures. However, generally speaking, most practices with lower hygiene production percentages (12-25% is typical) have a great opportunity for growth.

• **30% of hygiene production is hygiene compensation.**
In other words, hygienists should produce three times (minimum) their compensation rate. Hygiene compensation should be based on net or adjusted (after collections) production and include all costs related to having the hygienist on staff such as benefits, salary, payroll tax match, bonus, etc. So hygiene compensation is based on various mentioned production components (just like the other office provider, the doctor) not just seniority or office tenure.

• **30% of restorative production should come from hygiene referral.** This is a seriously overlooked aspect of potential hygiene department contributions. If new patients initially come through the hygiene department, then this percentage should be even higher. Subsequently, as the hygienist regularly spends more time with the patient for maintenance appointments, this is the perfect opportunity to support the dentist’s comprehensive treatment plan and promote the enrollment (“selling”) of needed &/or wanted dentistry to each patient. This is where hygiene and doctor co-partnering for patient advocacy can realize significant profitability. Thirty percent is a minimum standard and good hygienists can easily exceed this percentage with good communication and patient relationship skills.

Comprehensive Diagnosis and Treatment Planning

The importance of complete and comprehensive diagnosis and treatment planning cannot be overemphasized. At first glance diagnosis may seem to live exclusively in the realm of the dentist and not hygiene. After all, state laws mandate that only a dentist can officially diagnose. However, there is much a hygienist can do to contribute to diagnosis and support a treatment plan. Completion, by the doctor, of comprehensive diagnosis and treatment planning thoroughly, at the patient’s first visit, is the imperative step to ensure hygiene support and re-enforcement of the dentist’s recommended treatment. A patient may not be allowed to consent to completing all of the treatment on their plan immediately. However, if a prioritized treatment plan is documented from the beginning, the hygienist can now consistently refer to the plan at each subsequent hygiene appointment. The hygienist can re-assure the patient that the treatment is still needed, answer questions, and recommend the next steps of treatment acceptance.

For example, if Bob is present for his continuous care (prophylaxis or perio-maintenance) appointment and hygienist Mary sees a large, old, deteriorating amalgam in a posterior molar, she would need to educate the patient about the breakdown, mention restorative options, and then still not know if the doctor will agree upon inspection. Since hygienists cannot legally diagnose, the hygienist can only prepare the educational foundation. However, if the doctor has already diagnosed the eventual need of a crown, it becomes a much more productive conversation for the hygienist with Bob. She can now say, “Wow Bob, we’ve been looking at that tooth for awhile now since Dr first diagnosed it. It has further deteriorated and is probably time for that crown. We’ll ask Dr about that. What questions do you have for me about this?”

By the time the doctor arrives the patient has been reminded of what he had already been told, (repetition promotes learning and enrollment), has had his questions answered, and is just waiting for confirmation from the doctor. This makes the dentist’s job easier and is only possible with a comprehensive treatment plan already established by the dentist.

There is no way a hygienist can support the dentist in this capacity without a comprehensive treatment plan. The importance of comprehensive diagnosis and treatment planning from the start creates the foundation for implementation through the hygiene department, creating a continual revenue stream for the doctor’s clinical production.

Co-Discovery Process

Additionally, the hygienist can function as additional eyes for the doctor by looking for possible treatment that may have escaped the attention of the doctor. Or, through carefully focused communication with the patient, the hygienist may discover additional, previously undisclosed, dental/cosmetic wants that the patient may now be ready to act upon. Therefore, the hygienist contributes in a process of co-discovery with the patient and the dentist. Solid congruent clinical and practice philosophies, between the dentist and hygienist, must be in place for co-discovery to work. When this occurs it is highly effective resulting in uncovering needs and wants based dentistry, increasing patient care and profitability for both hygienist and dentist.

Your Periodontal Protocol - Why you need it and How to create it

A healthy hygiene department must have a strong periodontal protocol. Not only is it profitable, it is the right thing to do. Prophy mills and “bloody prophys” are obsolete and not appropriate treatment for any practice or patient. Here’s why.
• **75% of adults are affected by periodontal disease**
• **Despite this, the average dental practice treats far less than 50% of their patients with periodontal therapies,** treating them instead with inappropriate prophylaxis
procedures. Prophylaxis procedures outnumber SRP procedures by a staggering 20:1
• Periodontal disease is linked to many major systemic diseases including, but not limited to, heart disease, diabetes and pre-term births.5,9
• Failure to diagnose periodontal disease is one of the leading causes of dental malpractice litigation.10
• The oral systemic link is clear. Ongoing research continues to indicate oral-systemic connections linking periodontal disease with other systemic diseases and conditions.11

It is incumbent upon the dental community to support the periodontal health of all patients. An easy way to assess the effectiveness of your periodontal protocol is to review hygiene production-by-procedure reports. A best practice benchmark to follow is that at least 30%-50% of all hygiene productivity should be in the 4000 (Periodontics) codes. Since we know that 75% of adults suffer from periodontal disease, it is reasonable to expect more therapeutic periodontal procedures than preventive prophylaxis procedures from the hygiene department. A low percent of periodontal procedures (4000 codes) is an indication that the practice does not have a solid periodontal program intact and suffers from an inappropriate and dangerous overabundance of prophys.

**Establishing a Periodontal Protocol**

Like a goal, a protocol doesn’t really exist until it is written. This doesn’t mean that it can’t be changed or updated. But it needs to live in writing. This way it becomes the periodontal protocol of YOUR practice. All too often the periodontal protocol is left to the current hygienist alone, the hygienist “du jour”, and changes with each successive hygienist. Some hygienists are more aggressive than others in their approach to treating periodontal disease so it is important that the periodontal treatment your patients receive is consistent. The doctor must be involved with hygiene to create this protocol. It is then incumbent upon any new hygienist to follow this practice periodontal protocol.

The written protocol should address:
• How you look for periodontal disease (ie; annual FMX, full mouth 6 point probing for all new patients and then annually, periodontal risk assessments, salivary diagnostic testing, etc.)
• How you document periodontal disease (ie; Classification of periodontal diseases and conditions,12 periodontal case types13
• How you treat periodontal disease (ie; utilizing appropriate ADA CDT codes14
• When you treat periodontal disease. (i.e. This would include managing periodontal therapy prior to restorative treatment such as crowns and bridges, and when to perform periodontal therapy rather than a preventive prophylactic procedure.)
• Patient Education materials (i.e.; hand-out brochures, reference to websites)
• Doctor and Hygienist agreement for all items of periodontal protocol and how to support each other and the periodontal program
• Office congruency and team commitment to support the periodontal protocol
• Discuss, create and implement the Periodontal Protocol at an office meeting and discuss implementation and improvement at subsequent meetings. Maintain ongoing discussion and support of program and it’s relevance to restorative and other clinical systems.

Keep your written protocol as simple as possible. Protocols have a tendency to get verbose and complicated. Don’t do that. A one page chart outlining various stages of periodontal disease, with corresponding symptoms and treatments, can be an easy, helpful guide for the clinician and double as an education tool for the patient.

A successful periodontal protocol is only as successful as the team makes it. It is vital for all team members to support the program. This can include re-assuring the patient that the prescribed periodontal therapy is indeed necessary to assisting the hygienist with periodontal probing when necessary. Even the administrative team can support the periodontal protocol, helping patients manage their periodontal disease, by supporting and encouraging timely adherence to periodontal maintenance appointments. When the whole team is on board, the periodontal protocol becomes, not just a “hygiene” program but rather, a strong patient care program advocating “whole body health” and a significant revenue stream.

**The “Wellness” Hygiene Model**

The oral-whole body connection has ushered in an entire new approach to treating patients, which can be fully embraced in the hygiene department. While the hygiene department has long been the arena for “prevention” of disease, it has now evolved to a whole new level of “wellness” which includes not just the absence of disease but the maintenance of health. The first step of a wellness model is the utilization of risk assessments. These assessments can be used for both periodontal disease15 and caries,16 and should be accompanied by careful medical history review. The purpose of early risk assessment is to screen for patients who are at risk for periodontal disease and dental caries who will benefit from early aggressive intervention. Risk assessment indicators can include factors such as history of heart conditions, diabetes, hormonal changes, smoking, heredity, oral hygiene, xerostomia, hormonal changes, dietary habits, fluoride exposure, quality of existing restorations and others. The ultimate goal of early assessment is the customized delivery of preventive and therapeutic protocols and educational information to patients at high risk in order to avoid, prevent &/or control
the disease process. “Counting the patient’s risk factors provides an understanding of their impact in the predictability of disease resolution.”8 The future of hygiene will include routine disease risk factor assessment and management thereby helping patients to maintain wellness of the whole body including and especially the oral cavity.

“The doctor of the future will give no medicine but will interest his patients in the care of the human frame”

Thomas Edison

Re-Care
A well run re-care system is the foundation of your hygiene department. Not only does it provide a dependable on-going revenue stream, it is the ultimate advocate for assuring your patients continue to receive your quality care and have their oral conditions monitored regularly.

Your goal should be to keep all of your patients “active”. What does active mean? - seen in the last 6 months?, 12 months? 18 months? A good definition of an active patient is one who has an appointment. Every patient in your practice should always have at least one appointment at all times. They should have an appointment for any needed restorative treatment. And, regardless of restorative needs, they should always have a future hygiene re-care appointment. Don’t let them leave the office without it!

Pre-appointed re-care appointments help patients to maintain their on-going care, help the office by building in a schedule and decrease the likelihood of patients dropping out of your patient base. While some causes of patient attrition (such as moving, death, etc) cannot be controlled, too often patients end up leaving a practice for “no good reason”. According to a study by the research firm CRMGuru, customer service is three times more important than price--and five times more important than functionality (i.e. needs changed).16 Other studies agree and indicate that most customers change businesses, not due to location or price, but simply due to “no good reason”. The average dental practice loses 50% of its patient base every 5 years.17 Don’t give your patients a reason to leave you. Maintain impeccable customer/patient service. Keep them in the loop, in your dental family, with an efficient re-care system – always.

Be sure to confirm re-care appointments two weeks out and then just prior to appointment. Take advantage of technology and utilize one of the many automated reminder programs that can utilize cell phones, emails and texting for patient reminders. Automated reminders reduce no-shows by up to 40%.19 Attempting to re-capture an inactive patient and bring them back into your patient base is difficult, time consuming and typically unsuccessful. Keeping your patient in the loop of your connection of care is easy once you commit to it for each and every patient each and every time.

Expand Service Menu
Hygienists can further expand benefits to their patients by providing services like occlusal guards for sports &/or bruxism. Varying levels of comprehensive fluoride therapy can be provided for patients at high risk for caries.

Another overlooked service is whitening. Typically the majority of patients state (on their information forms) that they want whiter teeth, yet dental offices typically provide whitening services for only approximately 25% their patients. What accounts for this gap? This results in patients utilizing unreliable over the counter whitening products. Dental offices miss an important opportunity to provide their patients with a much wanted service, whitening, in the safe professional environment of the dental office with dentist and hygiene supervision. An easy way to initiate this conversation is with the shade guide exam. This is done on the initial evaluation, and every subsequent periodic exam. Let the patient hold the shade guide and ask the patient to match the shade to their cuspid and tell you the corresponding shade number, which you document in their chart. The conversation sounds like this: “As time goes by our teeth tend to change color. We want to document that change.” This simple step, the shade guide exam, opens up opportunities for questions and answers paving the way for further patient interest in whitening.

Measure/Monitor
All hygiene procedures can and should be monitored. This is easily done by pulling “production-by-procedures” reports from any dental software. These reports can be pulled with daily, weekly, monthly, yearly regularity. The more often you read your reports, the more often you will have the opportunity to gauge your adherence to production goals and shift course to attain them.

It is also helpful to compare reports if a practice has more than one hygienist. It is always interesting to see where each hygienist’s strengths lie. This should be used as a positive opportunity for growth. Ideally, the hygienists would coach each other to share the success strategies they use for their strongest production procedures, thereby improving all hygiene skills and the total hygiene production.

Production reports, goals and projections should be reviewed regularly by dentist and hygiene.

Meetings Make Money
Meetings can make or cost money. It’s true that a poorly run meeting is a waste of time and a loss of a few precious hours of “production”. However, planned, organized, focused and purpose driven meetings can increase practice production by far more than a mere few hours. Well run office meetings improve every aspect of a practice, including the hygiene department, and by doing so, inevitably increase quality production and profitability.
Hygienists/DR meeting
Hygienists and dentists should meet on a regular basis. This is not a “staff” meeting as other team members do not attend, with the possible exception of the office manager &/or any hygiene assistant or coordinator. The hygiene/Dr meeting should occur initially twice per month and eventually once per month, or as often as needs determine. The meetings should never stop. This meeting can easily be conducted during a one hour lunch break and should include the following:

- Pre-planned agenda
- Review of successes (what’s going right?)
- Review of goals and production benchmarks
- Review of monitoring reports in relation to production goals.
- Adjustment of goals &/or protocols.
- Forecasting future protocols and goals
- Review of 2-3 clinical cases (to keep Dr & hygienist congruent in their approach) (Need for additional case reviews would require a separate meeting)
- Current challenges and opportunities for growth
- Planning and implementation of new projects, products, services, protocols, etc
- Specific action steps

The hygienist should come well prepared for this meeting with meeting agenda, goals, reports and any viable solution suggestions already prepared. This will assure that the meeting concludes in a timely manner.

Too often people think they need to have a meeting only when there is a “problem(s)”, which always sets a negative tone. Better to conduct regularly scheduled meetings where you can discuss successes as well as challenges, and eventually focus forward on future goals, programs, action steps and implementation. These meetings should be energetic and optimistic, future focusing on “how can we work together to be better?” This will facilitate a true partnership between dentist and hygiene department for practice productivity and will maximize patient care.

Morning Huddle
The morning huddle is an important pre-requisite for a successful dental day, and the hygienist plays an important role in this success. Although this meeting includes the entire team, and it is a short meeting, it is also an excellent opportunity for the hygienist to strategize schedule maximization. This starts with a thorough chart review prior to the meeting. The hygienist, as well as assistants, should be looking for any medical alerts as well as all previously diagnosed but uncompleted treatment. At the meeting when the hygienists and assistants review their patient’s charts for the day (after medical alerts) they should direct attention to any unfinished treatment as they review any open time in the schedule. Hygienists will look for opportunities to send a patient to the dentist for needed restorative treatment, and the assistants will look for opportunities to send a restorative patient to the hygiene department to complete hygiene treatment. The goal is to keep the schedule full while leveraging the patient’s in office time if they can accomplish more treatment in one visit. This meeting is the opportunity to maximize the daily schedule and it requires preparation so it runs smoothly and quickly.

Conclusion
A productive and profitable hygiene department is critical to a successful dental practice. It supports the dentist, provides and maintains the foundation for a strong patient base, contributes significant revenue streams to overall practice production and provides a crucial key towards advocacy for maximizing patient care. A productive hygienist can be a dentist’s greatest asset, and a supportive dentist can be a hygienist’s greatest asset. The ideal is a partnership that is mutually beneficial for both, while providing the best patient care.

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Author Disclosure
Janet Hagerman, RDH, BSDH, has no commercial or financial ties to disclose.
Questions

1. What % of American general dental practices employ a hygienist?
   a. 100%
   b. 85.9%
   c. 75.9%
   d. 65.9%

2. Which of the following best describes a highly functioning dental hygiene department?
   a. is profitable
   b. delivers outstanding patient care
   c. supports the practice protocols
   d. all the above

3. A solid practice philosophy of patient care:
   a. is nice to have but not imperative
   b. should be written
   c. assures practice congruency for team and patients
   d. b & c

4. A strong hygiene department is crucial to a successful dental practice because it will:
   a. support the doctor’s restorative recommendations
   b. provide additional revenue streams
   c. allow the dentist to spend more time at their own clinical production
   d. all the above

5. A profitable hygiene department:
   a. is not congruent with patient care
   b. works best with a high level of patient care
   c. has nothing to do with patient care
   d. results in poor patient care

6. In a healthy hygiene department, what % of the total practice production should come from hygiene?
   a. 10%
   b. 30%
   c. 15%
   d. 25%

7. Complete and comprehensive diagnosis:
   a. Are irrelevant to the hygiene department since hygienists cannot diagnose
   b. Typically scare away patients
   c. Enable hygiene to support the dentist’s restorative plan
   d. Takes too long

8. The following is true about the Co-Discovery Process:
   a. The hygienist can function as additional eyes for the doctor
   b. Solid congruent clinical and practice philosophies must exist between the dentist and hygienist
   c. Increases patient care and profitability for both hygiene and dentist
   d. All the above

9. A highly functioning hygiene department excels at the following:
   a. Clinical protocols and business skills
   b. Business skills and communication
   c. Productivity and patient care
   d. All the above

10. In a healthy hygiene department, what % of doctor’s restorative production should come from hygiene referral?
    a. 30%
    b. 25%
    c. 20%
    d. 15%

11. What % of adults are affected by periodontal disease?
    a. 20
    b. 45
    c. 75
    d. 90

12. What % of hygiene procedures should be periodontal therapies (4000 code)?
    a. 30%
    b. 30%-50%
    c. At least 30%-50%
    d. None of the above

13. An effective periodontal protocol:
    a. is imperative for a healthy hygiene department and dental practice
    b. must be written
    c. must be implemented and supported by the entire team
    d. all the above

14. An effective written periodontal protocol should be:
    a. long and detailed
    b. very short and abbreviated
    c. clear and easy to implement
    d. none of the above

15. An effective periodontal protocol:
    a. is implemented by the hygiene department only
    b. implemented by the entire team
    c. must have dentist input and support
    d. b & c

16. An active patient is one who:
    a. has an appointment
    b. has two appointments
    c. has been in the office within the last 6 months
    d. has been in the office within the last 12 months

17. Pre-appointed re-care appointments:
    a. help patients to maintain their on-going care
    b. help the office by building a schedule
    c. decrease the likelihood of patients dropping out of the patient base
    d. all the above

18. Automated confirmations can reduce no-shows by up to what %?
    a. 40
    b. 15
    c. 20
    d. 35

19. A dentist/hygiene department meeting should:
    a. occur regularly
    b. is a waste of time and money
    c. will increase productivity when managed effectively
    d. a & c

20. The hygienist should prepare for the hygiene/dentist meeting by:
    a. preparing meeting agenda, goals, reports and solution suggestions
    b. preparing all problems that need to be addressed
    c. preparing for review of 2-3 clinical cases
    d. a & c

21. The morning huddle is the hygienist’s opportunity to:
    a. introduce new product ideas
    b. maximize daily schedule
    c. strategize future forecasting
    d. discuss case reviews

22. To prepare for the morning huddle the hygienist must conduct thorough chart reviews looking for:
    a. Medical alerts and unfinished treatment
    b. Medical alerts and unpaid balances
    c. Unpaid balances and unfinished treatment
    d. Medical alerts and personal alerts

23. A hygiene “wellness” model includes not just the absence of disease but the:
    a. maintenance of health
    b. use of risk assessments
    c. cure of disease
    d. a & b

24. The purpose of early risk assessment is:
    a. to screen for patients who are at risk of disease
    b. identify patients who will benefit from early aggressive intervention
    c. customize delivery of preventive and therapeutic protocols
    d. all the above

25. Counting the patient’s risk factors:
    a. 1900
    b. 1913
    c. 1923
    d. 1925

26. The practice of dental hygiene has existed since:
    a. 1900
    b. 1913
    c. 1923
    d. 1925

27. A good way to assess the effectiveness of a practice periodontal protocol is to:
    a. check the schedule for SRPs
    b. supervise a hygienist’s clinical expertise
    c. review hygiene production-by-procedure reports
    d. none of the above

28. Attempting to re-capture an inactive patient and bring them back into the patient base is:
    a. imperative
    b. difficult
    c. time consuming
    d. b & c

29. Most customers change businesses due to:
    a. location
    b. cost
    c. clinical incompetence
    d. no good reason

30. Dental offices typically provide whitening services for approximately what % of their patients?
    a. 25%
    b. 35%
    c. 45%
    d. 75%
Building a Better Hygiene Department For Patient Care and Profitability

Educational Objectives

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   Objective #2: Yes No
   Objective #3: Yes No

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Not applicable

For Questions Call 216.398.7822

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