

Quality in a Solo Dental Practice: Theory and Practice

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Is Quality Important in a Dental Office?

- Everyone wants properly diagnosed, well planned, conveniently scheduled, properly executed, comfortable, beautiful dentistry.
- National Center for Chronic Disease Prevention and Health Promotion states:
 - 500 million visits per year in USA
 - \$102 billion on dental services in 2009
 - Others claim at least \$40 billion spent per year on over the counter dental items.



**Definitions of quality
are like excuses,
everybody has one.**

Definitions

- Some definitions are ludicrous.
 - I know it when I see it.
 - Every thing we do is quality, so what is the big deal?
 - It costs a bundle, it must be good.
 - How to tell a real Montblanc from a fake Mockblanc.

OUR HIGHEST PRIORITY
IS SATISFYING OUR
CUSTOMERS... EXCEPT
WHEN IT IS HARD... OR
UNPROFITABLE... OR
WE'RE BUSY.



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Definitions

- Some definitions are very technical
 - The objective of Six Sigma Quality is to reduce process output variation so that on a long term basis, which is the customer's aggregate experience with our process over time, this will result in no more than 3.4 defect Parts Per Million (PPM) opportunities (or 3.4 Defects Per Million Opportunities – DPMO). For a process with only one specification limit (Upper or Lower), this results in six process standard deviations between the mean of the process and the customer's specification limit (hence, 6 Sigma). For a process with two specification limits (Upper and Lower), this translates to slightly more than six process standard deviations between the mean and each specification limit such that the total defect rate corresponds to equivalent of six process standard deviations.

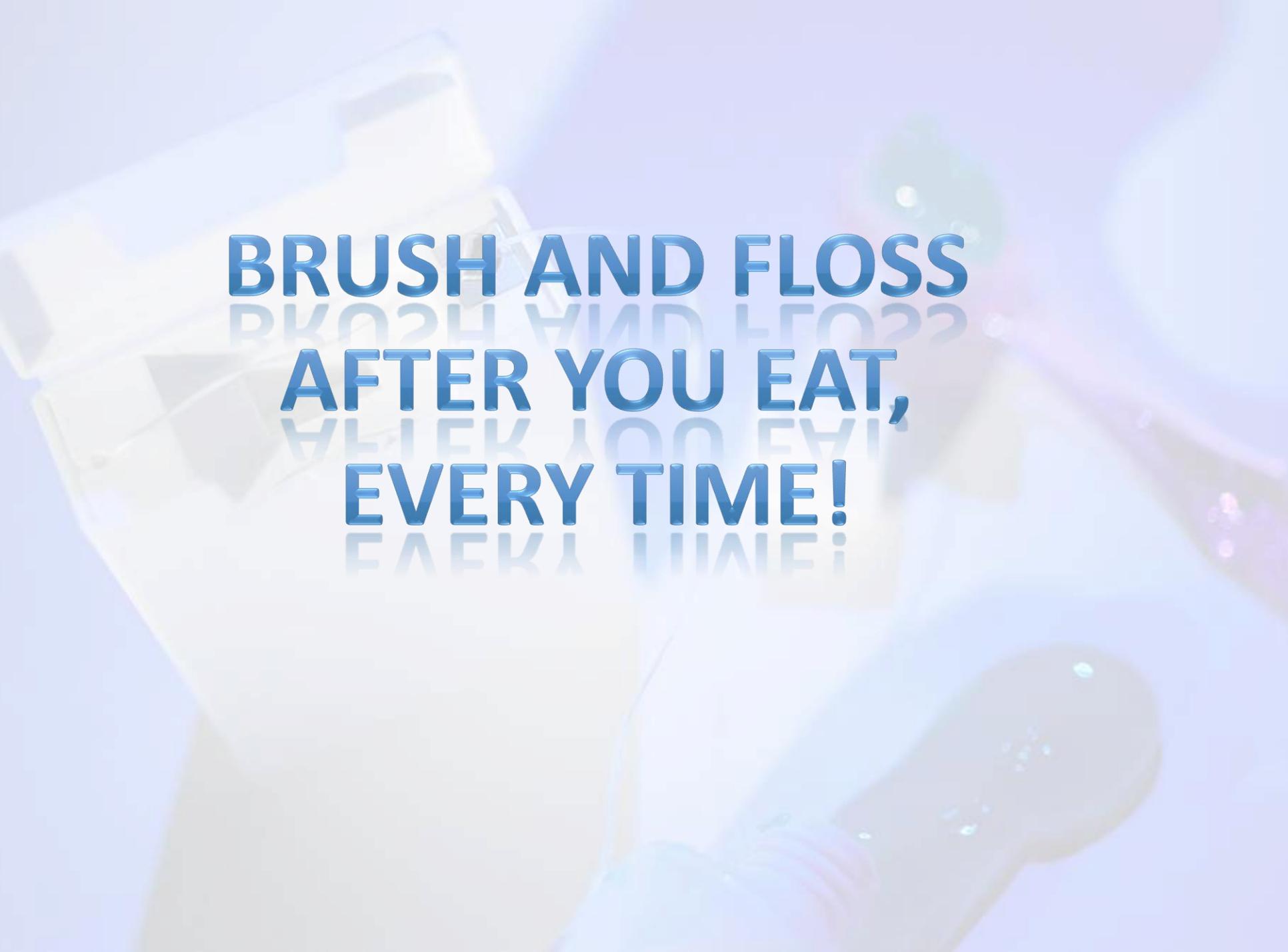


No metric, no protocol, no control chart or any other part of any quality system ever changed anything.

It is **all** about human behavior modification.

Example

- There is a protocol for the prevention and cure of most dental diseases.
 - It is easy to implement.
 - It is easy to communicate.
 - It is inexpensive to use.
 - It can improve your health.

A collection of dental hygiene products including a toothbrush, floss, and mouthwash. The background is a soft, light blue gradient with a subtle pattern of dental tools. The text is centered and reads:

**BRUSH AND FLOSS
AFTER YOU EAT,
EVERY TIME!**

Importance

- Dental problems are associated with other health problems
 - Heart attack
 - Stroke
 - Diabetes
 - Rheumatoid arthritis
 - Low birth weight babies
 - Premature babies

Definitions

- You can only manage what you measure (Hawthorne effect)
 - Kellogg Institute studies in dental offices
- Quality = expensive or prestigious
- Quality outcomes result from meeting customer requirements
- Quality outcomes result from meeting customer desires
 - Give the customer what he wants

Ethics

- Traditional – do no harm.
- Medicolegal
 - Doctor is the expert
 - Patients can choose their treatment

Complications

- Wide variety of treatment options are available to the dentist
 - Hundreds of composites
 - Dozens of all-ceramic systems for crowns
- Technology and science are moving faster than a solo dentist can possibly keep up with.
 - How to know what produces a better outcome?

Problems

- Statistical methods
 - What to measure and how to measure it?
 - Color
 - Bite

Problems

- Quality = expensive or prestigious
 - Coach handbag vs. Walmart handbag
 - Are dentures bad?
 - Is it always better to save a tooth?

Problems

- Meeting customer requirements

Aside: **Readers Digest** article

- Schools of thought: patching the hole vs. fixing the mechanism
- Who determines the requirements?
 - Should the treatment change when the dentist takes a continuing education course?

Problems

- Give the customer what they want.
 - Nobody **wants** dentistry!
 - Some people want their front teeth kept perfect but are willing to lose back teeth in a second
 - Cosmetic junkies exist!
 - People rarely know the importance of teeth and will choose the least expensive choice even when it will be detrimental to their long term health.

First Conclusion

- People don't want what they need or they would already be brushing and flossing.
- The philosophies and psychologies of the patient and dentist have as much to do with treatment as biology, physics, and material science.

Application

- *First Things First!*

- You have to decide you want a quality system.

- Dentists are not trained in quality, but “the right way”.
- Dentists ignore statistics that could lead to continuous improvement.
- Causes of failure are not examined. The procedure is simply repeated.
- There are few credible examples because dentists who teach or preach quality seem like crackpots.
- The majority view of dentists is expensive = quality.

Application

- Where I started:
 - I bought a practice that had been poorly managed.
 - Rapid staff turnover due to command and control structure.
 - This makes it easy to choose to change.

How I learned

- My wife, Kathleen Eaves, CQA, CMQ/OE, served as my consultant, teaching me how to get started and how to monitor the results. She continued to help me through the years and I also benefited from her PMP training.
- I read a few books, but **Quality is Free** by Philip Crosby was my favorite because it is simple to understand and to implement.

Application

- To change the basic structure, staff were equal participants.
- Started with mission statement.
- Added values to guide rest of practice
 - Quality, Integrity, Compassion
 - This lead to discussions about quality.

Mission Statement

Our mission is to provide optimal dental care in a warm trusting environment. We dedicate ourselves to technical excellence. We commit ourselves to rendering compassionate and caring service. We vow to build doctor-patient trust relationships through honest, open communication with our patients and ourselves.

Application

- The mission statement is the goal or promise.
- Where are we today.
 - If you want to go from point A to point B, you need to find out where point A is!
- First surveys
 - Naïve
 - Learned three things:
 - Hygienist should not run behind schedule
 - **Southern Living** magazine in the waiting area is essential
 - Doctor talks too much.

Protocols

- To fix the problems found in the surveys, we created protocols (Standard Operating Procedures).
 - Protocol on writing protocols.
 - Peanut butter sandwich exercise.
 - Entire staff approves protocols by consensus.
- Some problems require more than one solution.
 - Give hygiene appointments more time.
 - Make the doctor leave the hygiene room when talking about onlays.

Protocols

- Procedural protocols
 - What to set up for an appointment.
 - How to set up for an appointment.
 - When to set up for an appointment.
 - How to greet the patient and what to say to start a conversation.
 - What materials to use, how to hold the curing light, etc.

Protocols

- Office protocols
 - How to answer the phone (phone scripts).
 - How to greet a patient as s/he walks in the door.
 - How to collect information on the phone, especially for new patients.
 - How and when to file insurance.
 - When to use collection agencies.
 - What to do with wet umbrellas.

Protocols

- General protocols
 - How to stock the patient bathroom.
 - How to open and close the office.
 - How to make coffee and cookies.
 - How the division of labor works.
 - How to lose your raise.
 - How to reward your coworkers.

Protocols

- Proof of a technically good protocol is “working” it.
- Use illustrations as needed.

Training

- Start at the basics.
 - Who is the customer?
 - What is a system?
 - A collection of prescribed behaviors done every time the same way.
 - Does this protocol match the values and mission of the practice? If not, why not?
 - Problems are good if they can teach us what not to do next time. The solutions become protocol.

Training

- Seeing each other as customers makes teamwork easy.
- Measurements are essential.
- You don't learn anything if everyone says they like you. You learn a great deal when they say they don't like you.
- New staff
 - Initial attitude “Protocols = Ten commandments”
 - Later attitude “Protocols = Best friend”

Certification of Suppliers

- For equipment and supplies.
 - Only buy from ISO900x suppliers.
 - When these are wholesalers, verify their suppliers are certified.
- For specialists
 - Make no assumptions about existing referral network.
 - Screening questionnaires were sent to all.
 - Interview all who pass the initial screening.
 - Outcome: changed several specialist.
 - “What business is it of yours?” was common response from unsuccessful specialists.

Metrics

- Patient satisfaction surveys.
 - Not as useful as I hoped.
- Unexpected follow-up visits.
 - Led to new protocols.
- Remake rate.
 - Very expensive to remake.
 - Determine when to change laboratories.
- Patient sensitivity surveys.

Metrics

- Is the diagnosis consistent
 - Recorded every procedure from 1999 to last day of practice on a spread sheet and tracked trends.
- Is the color OK?
 - Have the patient and significant other examine the color prior to cementation.
 - Choose a lab with color corrected monitors in the laboratory and send photos.
- Is the bite ok?
 - Mark and adjust the bite in at least two positions.

Metrics

- Time of crown in laboratory
- Time of first crown appointment
- Time of filling appointment
 - Only significant fillings tracked.

Communications

- Teach staff to recognize and respond to different communication styles.
- Created signs and forms for the many aspects of the practice that needed tracking or reminding.

What Quality is Not!

- Evidence Based Dentistry is a term used to describe treatment that is based on “scientific” principles and statistically proven to be the most cost effective.
- As you can see from our discussion, statistics don’t tell the entire story.
- If the patient’s desires, life situation, psychology, and philosophy are taken into account, the result may or may not agree with “Evidence Based Dentistry”.

Optimum Dentistry

- This is the concept of acceptable care taught in dental schools. It means that the **entire patient** including psychology, economic status, desires, philosophy, time constraints, and other factors has been included in determining treatment. In addition, the dentist's knowledge and skills are factors and may require referral to specialists. In no case should biology and physics be ignored, but optimum does not mean the best available. It does mean **the best for this patient at this time.**

Thanks!

- A special thanks to my wife, Kathleen Eaves, who was my inspiration and taught me that quality is worth the effort.