

Practice Success Depends on Scheduling



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Conflict of Interest Disclosure Statement

- Dr. Levin reports no conflicts of interest associated with this course. He has no relevant financial relationships to disclose.

Short Description – Forensic Dentistry

This free dental continuing education course demonstrates that Practices that can implement ideal scheduling and while delivering excellent customer service are more likely to enjoy a high level of success.

Overview

Practice success is dependent on having excellent systems. This course will focus on the scheduling system with an overview of why it is the single most important system, how it integrates with other systems, how to design an ideal schedule, and how to track and monitor performance through the scheduling results. Practices that can implement an ideal schedule and follow it while delivering excellent customer service are almost always practices that enjoy a high level of success.

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Learning Objectives

Upon completion of this course, the dental professional should be able to:

- Understand why scheduling is the most important operational system in a dental practice and how it controls all other systems.
- Learn specific methodologies to modify or replace a current schedule with one that is more efficient, productive, and less fatiguing.
- Recognize when it is time to change or replace a schedule to improve practice performance.

Introduction

Scheduling is the most important system in a dental practice. It is the system that controls all other systems to some degree, and practice production is often directly proportional to the schedule's quality and design. Every practice has a schedule, and some have put different levels of thought and effort into creating a scheduling design.

We see practices that have well-designed schedules that are followed explicitly by the

scheduling coordinators, who use excellent scripting to maintain the protocols and regulations of that schedule. At first, this may seem rigid but, when properly presented, it can exist in a high-level customer service environment with very satisfied patients. Conversely, we also see practices that have what we refer to as "chaotic scheduling." This type of scheduling has patients who are placed everywhere, and the schedule is nothing more than a set of times and chairs where patients can be placed. Still other practices have what we refer to simply as an "open book." This involves patients scheduling according to what they desire, whether or not that time is available. Signs that the schedule is not working include Fatigue (doctor and team) in the afternoon or at the end of the day, patients are complaining about appointment times and the practice is more than 10% below the annual production goal.

Scheduling is Time Management

The success of any company is often tied to the time management system. Time management will, to some degree, control the customer experience and all other operational systems. For example, even a company with the best products will struggle if it cannot develop the products quickly or deliver them on time. Many companies with excellent products have faced significant challenges because of wasted time contributing to higher overhead, and lower profitability has kept those excellent products from being enough for the company to be successful.

The same is true for dental practices. In a dental practice, the time management system is referred to as the scheduling system. A mathematically designed schedule, based on scheduling principles that will be taught in this course, will allow a dental practice to reach its real potential. In an era where overhead is higher than in the past due to technology and staffing costs and inflation, scheduling is more important for dental practices than ever before.

Unfortunately, many practices simply have scheduling "habits" rather than having principles that allow them to design a schedule that creates the right level of patient appointment availability, patient flow, production, and efficiency, which all allow for a low-stress profile. Having a highly efficient, smooth-running practice, which starts

with having a well-designed scheduling model, is often the antidote to stress levels that feel too high in the practice.

Prior to computer software scheduling, dental practices used hardcopy scheduling books, and most practices never thought about the reality that they always scheduled in 15-minute increments. A patient appointment could be 15 minutes, 30 minutes, 45 minutes, or an hour. This was accepted simply as the way it was without ever asking why. The answer, which makes many dentists laugh when they realize it, was that all of the manufacturers of the hardcopy scheduling books printed each day scheduled in 15-minute units. It wasn't until the advent of computer software for dental practices that dentists began to realize that all appointments did not have to be in 15-minute units. This potential time savings, which will be explained as one of the most important opportunities to increase practice production for dental practices, was significant in reaching practice potential.

In this course, we will analyze scheduling based on the number of doctors and hygienists that work in the practice and for how many hours. We will refer to this as “per provider” in order to understand that a one-doctor practice may follow the same principles as a five-doctor practice if we look at scheduling design, production, efficiency, and other factors on a “per provider” basis. By analyzing scheduling techniques and measuring results per provider, we can get a realistic picture of how efficient and effective the scheduling system is. As an example, if one doctor can save one hour a week, then five doctors can save five hours a week, assuming they are working the same number of hours, and the schedule has been redesigned. However, there are mitigating factors, such as the speed of each doctor, which will be discussed in our next section.

Practices must never underestimate how important scheduling is to their success. It is estimated that most dentists could reach financial independence 10 years earlier if they have the right scheduling design and operational systems.(ref) In an era where the average retirement age of a dentist is currently 69 years of age and moving quickly towards 70+, it is

more important than ever before to design a schedule over the course of a dentist's career to allow the practice to maximize potential. Although this is not a course on dental practice finance or dentist's personal financial strategy, it is important to understand that the higher level a practice performs the faster, the trajectory is toward reaching financial independence.

Furthermore, higher performing practices can create compensation models and offer bonus systems that lower performing practices won't have the opportunity to provide. Scheduling is the starting point of increasing practice production, maximizing, efficiency, and effectiveness of all systems, and contributing to excellent performance throughout a practice career.

Procedural Times Studies

The first step in designing a new scheduling system is to truly understand how much time is needed per procedure. As previously mentioned, most dental practices operate more by habit than mathematical analysis, which means that they simply have a certain amount of time allotted for different services for patients and it has been that way indefinitely. However, with the advent of higher levels of efficiency, and new technologies and materials, many procedures can now be performed faster than they were in the past.

We always recommend starting with procedural time studies. These studies involve taking the top 15 practice services and timing them during the next 10 times they are performed to evaluate the composite average of time needed for each procedure. This will illustrate how much time is generally needed for each service and it can then be built into the schedule. Only by doing procedural time studies can you get the mathematical data that will allow you to know exactly how much time is needed. Interestingly, most practices find that they save a great deal of time after they perform the procedural time studies. Be careful not to rush or do anything differently. Otherwise, this may be built into the schedule, creating more stress rather than higher efficiency. Once the practice has determined how much time is needed for each procedure it can then go to the next step, which is power cell scheduling.

| Time Study Analysis Tool - SAMPLE |
|--|
| Procedure: Quadrant- Composites |

| A Time Study | B Patient Seated | C Doctor In | D Hygiene Exam | E Other | F Doctor Out | G Patient Exits Chair | H Total Doctor Time | I Total Procedure Time |
|----------------------------|---------------------|----------------|-------------------|------------|-----------------|--------------------------|------------------------|---------------------------|
| #1 | 8:05 AM | 8:10 AM | 0 | 0 | 8:35 AM | 8:45 AM | 25 | 40 |
| #2 | 9:02 AM | 9:10 AM | 7 | 0 | 9:41 AM | 9:50 AM | 24 | 48 |
| #3 | 1:15 PM | 1:26 PM | 0 | 0 | 2:00 PM | 2:08 PM | 34 | 53 |
| #4 | 11:00 AM | 11:06 AM | 0 | 5 | 11:55 AM | 12:03 PM | 44 | 63 |
| Average times (rounded) | 7.5 | | 1.75 | 1.25 | 8.8 | | 31.75 | 51 |
| | J | | K | L | M | | N | O |

| Time Study Card Legend | | |
|------------------------|----------------------|---|
| Column | Description | Time information needed |
| A | Time Study | # of Time Study being performed (minimum of 4 time studies per procedure) |
| B | Patient Seated | Time patient is actually seated in treatment chair- this time also includes patient prep time by assistant after patient is seated, but before doctor arrives |
| C | Doctor In | Point at which doctor arrives to start treatment |
| D | Hygiene Exam | TOTAL time that doctor leaves to perform a Hygiene Exam (if the doctor does not leave, please enter 0) |
| E | Other | TOTAL additional time if the doctor leaves patient for any other reason (if the doctor does not leave, please enter 0) |
| F | Doctor Out | Point at which doctor completes treatment and leaves room |
| G | Patient Exits Chair | Time patient leaves operatory |
| H | Total Doctor Time | TOTAL time doctor spent in operatory for procedure |
| I | Total Procedure Time | How long the total procedure took to complete from time patient is seated to time patient exits |
| J | | Average total time between patient arrival and doctor arrival |
| K | | Average time needed for hygiene checks |
| L | | Average time needed for the doctor to perform other duties |
| M | | Average total time between doctor out and patient exit |
| N | | Average total doctor time needed |
| O | | Average total appointment time needed |

Figure 1. Time Study Analysis Tool

Power Cell Scheduling

Power cells are based on production and built into the schedule. Certain procedures are more productive than others and some procedures take more time or have multiple appointments. By throwing out the current schedule, rather than attempting to simply amend it, the practice can build daily blocks for where different procedures go based on production. Although the schedule should be created to reach the annual production goal, this particular process is not simply about production. It is about grouping or categorizing different services at production levels, which often reflects the complexity of the service. (Different services, new patient appointments, hygiene appointments, follow-up and postoperative visits, etc.) As these services are grouped, they can then be entered into the schedule based on the amount of time identified from the procedural time studies.

Power cell scheduling is about proactively building the schedule with the intent of meeting production goals. Power cells are reserved for specific procedures and procedures are placed into the schedule in the manner that most benefits the practice and its goals. We see far too many schedules that have complex and non-complex procedures randomly intermingled in the schedule. This is guaranteed to create a lower level of efficiency and a higher level of fatigue. By blocking the schedule in the best interest of the practice, production will go up as well as energy and a better scheduling flow. This often means performing the most complex procedures in the morning when the team is least fatigued. That leaves the least complex procedures, such as postoperative appointments, for the later afternoon.

One final benefit of procedural time studies and time blocking is that you are much more likely to run on time. We are in an era where running late is annoying to patients and often leads to negative reviews. Furthermore, running late is indicative of an inefficient schedule that will continue to deteriorate further overtime.

The Daily Production Goal

One of the best mathematical goal-setting approaches to building a new schedule is to

identify an annual production goal. Once that goal has been established, a simple formula can break down the annual production goal into a daily production goal, and then the schedule is created to achieve that goal. Once the time blocks are placed in the power cell schedule, then they should be evaluated to determine if they will allow the practice to hit the daily goal. There are many factors that go into scheduling, but in the end it is important to have a certain level of production for the financial success of the practice. The daily goal is one of the factors that needs to be evaluated when building a schedule.

Once the schedule has been built to achieve the daily goal, it is then necessary to monitor it closely. We encourage practices to have a 10-minute morning meeting where they go over a checklist of information about the day. The first agenda item is to review the daily goal from the previous day. Was the practice over the goal, on the goal or below the goal? Ultimately you want to be within 90% of the daily goal for 90% of the days. Practices that can achieve this typically come very close to their annual production goal.

This means the administrative team must be focused on what is happening with the daily goals throughout the day. For example, a no-show may reduce the opportunity to achieve the daily goal unless it is filled in, and there are numerous ways to approach that. On the other hand, an additional emergency that unexpectedly generates increased production could contribute to exceeding the daily goal that day. Overall, each of these areas needs to be managed within the schedule. For example, you want no-shows to be under 1% and emergencies managed to increase practice production without scheduling disruption. All of these management systems can be put in place to support the schedule as it has been designed allowing practices to achieve the daily goal. By achieving the daily goal, the practice will have financial success, allowing it to invest in the practice for the future.

If you are continually missing your daily goal, go back and review the scheduling. Look at the next few days or weeks and analyze each day

to determine if the daily goal can be achieved. We have seen practices that have a daily goal and then simply ignore it and follow a schedule that immediately restricts the opportunity to achieve daily goals and, consequently, the annual goal. Conversely, we have seen many practices implement new schedules and immediately note a jump in production based on working to achieve the daily goal. This takes a cooperative effort between the clinical staff and administrative team to manage the schedule, communicate clearly, and monitor scheduling changes and alterations throughout the day. Overall, you want more positive scheduling opportunities than negatives. In the example above, this would involve handling emergencies productively with a significant decrease in no-show or last-minute cancellation patients.

Changing Your Schedule

Changing the schedule takes time, effort, and mathematical analysis. It is not something that practices enjoy doing and they often go years without addressing it. This is a mistake. If the daily goal is being missed more often than it is achieved or exceeded, then it is time to reevaluate the schedule, redo the procedural time studies, build new time blocks, and retrain the team in a new scheduling modality.

For example, one practice we worked with was able to increase production by adding an extra time block in the morning and moving smaller morning time blocks to the afternoon. This made it easier to schedule larger cases, and at the same time required a longer timeline to schedule smaller cases that could easily wait an extra week or two. As a result, production increased immediately. Another example was a practice that became more skilled in case presentation, increased the average size of patient cases, and then built a new schedule to accommodate these patients sooner rather than later, increasing production on an indefinite basis.

If in either of these examples the schedule had not changed, the end result would simply be that the while practice had taken steps for improvement, the schedule restricted any opportunity to increase practice production. Practice improvements need to be reflected in the overall schedule, because, as explained

above, time management controls all other systems. Always remember that the schedule is the key system for the practice.

Monitoring the Schedule All Day

One of the most important aspects of scheduling is recognizing that there will be changes almost every day. In many cases, administrative staff members simply accept last-minute cancellations or scheduling alterations as the normal course of business without taking any further action to address the daily goal. Although the daily goal is reviewed in the morning meeting, that may be the last time it is thought about that day. Unfortunately, this often results in missing the daily goal rather than exceeding it.

Throughout the day there should be check times in the schedule to consider the following: available open time, how to fill open time, and what effect the open time will have on the practice achieving the daily goal. For example, if there is open time, there are options that can be immediately put in place. Putting an emergency into that time, contacting an elderly patient who may be more flexible to come in sooner, and a hygienist identifying potential treatment that can be handled in the open time if the patient is willing to wait. These are options that can be taken throughout the day when monitoring the schedule to ensure reaching the daily goal. However, most practices do not focus on this as administrative staff are extremely busy, and people focus on their normal daily checklist. Taking further action is a key to achieving the annual production goal through regularly achieving the daily production goal. Only by monitoring the schedule throughout the day can this happen.

We recommend having daily check times for the schedule and always looking to see what the daily goal is, based on that check. For example, check times could be at 10 am, 12 pm, and 3 pm. In each case, the schedule could be monitored for any open time or opportunities, as well as where it stands regarding the total production for the day versus the daily production goal. This habit alone will have a dynamic effect on creating a strong focus on the daily schedule, which is how you end up with an excellent year.

Sample Daily Schedule Template

| | Doctor Chair 1 | Doctor Chair 2 | Overflow Chair | Hygiene 1 | Hygiene 2 |
|------------|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------|
| | \$(Daily production goal) | \$(Daily production goal) | \$(Daily production goal) | \$(Daily production goal) | \$(Daily production goal) |
| 8:00 AM | X 90 min appointment | | X 30 min appointment | 60 min hygiene appointment | |
| 8:10 | I | | X | | SRP |
| 8:20 | I | | X | | |
| 8:30 | I | | | | |
| 8:40 | I | | X 20 min appointment | | |
| 8:50 | I | | X | | |
| 9:00 | I | | | 40 min hygiene appointment | |
| 9:10 | I | | | | |
| 9:20 | X 90 min appointment | | | | |
| 9:30 | I | | | | 60 min hygiene appointment |
| 9:40 | I | X 10 min appointment | | 50 min hygiene appointment | |
| 9:50 | I | | | | |
| 10:00 | I | | | | |
| 10:10 | I | | | | |
| 10:20 | I | | | | |
| 10:30 | X 60 min appointment | I | | 30 min hygiene appointment | 50 min hygiene appointment |
| 10:40 | I | X | | | |
| 10:50 | I | | | | |
| 11:00 | I | | | 50 min hygiene appointment | |
| 11:10 | I | | | | |
| 11:20 | X 60 min appointment | X 60 min appointment | | | 50 min hygiene appointment |
| 11:30 | I | | | | |
| 11:40 | I | X 30 min appointment | | | |
| 11:50 | I | X | | 60 min hygiene appointment | |
| 12:00 | I | X | | | |
| 12:10 | X | | | | 50 min hygiene appointment |
| 12:20 | X 30 min appointment | | | | |
| 12:30 | I | | | | |
| 12:40 | X | | | | |
| 12:50 | | | | | |
| 1:00 Lunch | | | | | |
| 1:10 | | | | | |
| 1:20 | | | | | |
| 1:30 | | | | | |
| 1:40 | | | | | |
| 1:50 | | | | | |
| 2:00 PM | X New Patient | | X 30 min appointment | 60 min hygiene appointment | |
| 2:10 | X | | X | | 60 min hygiene appointment |
| 2:20 | I | | X | | |
| 2:30 | I | | | | |
| 2:40 | I | | | | |
| 2:50 | X 60 min appointment | | | | |
| 3:00 | | I | | 60 min hygiene appointment | |
| 3:10 | | I | X 20 min appointment | | New Patient |
| 3:20 | | I | X | | |
| 3:30 | X 40 min appointment | I | | | |
| 3:40 | I | X | | | |
| 3:50 | I | | X 10 min appointment | | |
| 4:00 | X | | | 30 min hygiene appointment | |
| 4:10 | | X 30 min appointment | | | |
| 4:20 | | I | X 10 min appointment | | |
| 4:30 | | X | | | |

Figure 2. Power Cell Scheduling

Summary

Scheduling is time management and time management controls almost all other systems. Practices that improve case acceptance, customer service, etc. often do not increase production unless the schedule is addressed. One way expressed is, "You cannot out-produce your schedule." This true statement is reflective of the need to continually update schedules and occasionally completely replace them as services, technology, materials, and efficiency change. Making positive changes in the practice without updating the schedule will still restrict the level of production growth or even contribute to production decline. By mathematically analyzing the schedule through

procedural times studies and time blocking exercises, as described above, the practice can continually improve performance. As the speed of treatment can increase, without rushing the doctor or team, it creates a wonderful opportunity to increase practice production.

The recommendations in this course will work unless there is a shortage of patients or new patients. Those practices are operating significantly below their production potential, and this is an opportunity to bring it up to the highest level of performance. Additionally, better schedules are more efficient, smoother, easier, and less fatiguing. It truly is the best of all worlds.

Course Test Preview

To receive Continuing Education credit for this course, you must complete the online test. Please go to: www.dentalcare.com/en-us/ce-courses/ce704/start-test

1. The scheduling system is:

- A. Not essential to overall dental practice performance.
- B. The most important operational system in a dental practice.
- C. A system that should be different every day.
- D. A system in the practice that should only be changed every 10 years.

2. Which one of the following statements is true?

- A. The scheduling system is the main factor in producing clinical excellence for patients.
- B. The scheduling system is all about how hard dental team members want to work.
- C. The scheduling system is a form of time management.
- D. The scheduling system is dependent on the speed of practice sterilization techniques.

3. The first step in the analysis for a new schedule design is:

- A. Asking how the front desk people feel about the schedule.
- B. Discerning if the practice is running on time.
- C. Determining the percentage of no-show patients.
- D. Conducting procedural times studies.

4. The recommended method to design a schedule is:

- A. Leave extra time for every patient.
- B. Move patients out of treatment rooms as quickly as possible.
- C. Placing time blocks in the schedule to achieve the daily production goal.
- D. Scheduling design is not important.

5. To determine a daily production goal:

- A. Start with the annual production goal and calculate the daily goal based on that number.
- B. Determine how hard everyone wants to work each day and then set the daily goal.
- C. Randomly set a daily production goal and hope that it will be achieved.
- D. Is not possible. The daily production goal depends on how many patients show up.

6. One sign that the schedule is not working and needs to be redesigned is:

- A. Fatigue (doctor and team) in the afternoon or at the end of the day.
- B. Patients are complaining about appointment times.
- C. The practice is more than 10% below the annual production goal.
- D. All of the above

7. When designing a practice schedule:

- A. Give patients any appointment time they desire to create a feeling of good customer service.
- B. Schedule the most complex procedures in the morning to reduce fatigue in the afternoon.
- C. Don't worry about finishing at the end of the day on time.
- D. Make sure everyone has input as to how they would like to see the schedule designed.

8. The practice should...

- A. Not worry about a daily production goal once it has been established.
- B. Push the doctor to work faster if the practice is behind schedule.
- C. Monitor the daily production goal at specific times throughout the day and adjust accordingly using practice management scheduling techniques.
- D. Monitor the daily production goal every five minutes throughout the day.

9. If the practice is missing the daily production consistently:

- A. Redesign the schedule using mathematical analysis.
- B. Try to schedule more patients every day.
- C. Monitor it closely and hope it will get better.
- D. Identify which team member is not working hard enough.

10. One way to accommodate for no-show patients is:

- A. Do not let them back in the practice.
- B. Work slower on other patients to fill in the time.
- C. Place emergency patients in no-show open time.
- D. Use the empty time to take a renewal break.

11. The design of the scheduling system:

- A. Has no real effect on practice production.
- B. Directly controls practice production.
- C. Is only successful if the team is exhausted at the end of the day.
- D. Is not one of the more important systems in the practice.

References

1. Levin R. Power Cell Scheduling, Baltimore, MD, Levin Group, Inc. 2009, page 47.
2. Levin R., 4 ways to improve your scheduling, October 16th, 2024. Accessed January 31st, 2025.

Additional Resources

- Levin Group

About the Authors

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Dr. Roger P. Levin is the CEO of Levin Group, a leading dental management consulting firm. Founded in 1985, Levin Group has worked with over 30,000 dental practices. Dr. Levin is one of the most sought-after educators in dentistry and is a leading authority on dental practice success and sustainable growth.

Through extensive research and cutting-edge innovation, Dr. Levin is a recognized expert on propelling practices into the top 10%. He has authored 65 books and over 4,000 articles on dental practice management and marketing.

Dr. Levin sits on the editorial board of 5 prominent dental publications and has been named as one of the “Leaders in Dentistry” by Dentistry Today magazine for the last 15 years. He was recently named one of the “32 Most Influential People in Dentistry” by Incisal Edge magazine and voted Best Dental Consultant by the readers of Drbicuspid.com. He has been featured in the Wall Street Journal, New York Times, and Time magazine and is the creator of the Levin Group Tip of the Day which has over 30,000 subscribers.

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